

AGENDA

A meeting of the Council of Governors
to be held on Tuesday, 18 June 2024 at 09:00 to 12:30 hours
at the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	Welcome and Apologies for absence Sean Lyons, Group Chair	Verbal	Information	09:00
1.2	Declarations of Interest Sean Lyons, Group Chair	Verbal	Information	
1.3	Minutes of the Previous Meeting held on 18 April 2024 Sean Lyons, Group Chair	CoG(24)019 Attached	Approval	
1.4	Urgent Matters Arising Sean Lyons, Group Chair	Verbal	Information	
1.5	Action Tracker – Public Sean Lyons, Group Chair	CoG(24)020 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(24)024 Attached	Assurance	09:10
2.2	Capital & Major Projects CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	CoG(24)025 Attached	Assurance	09:20
2.3	Performance, Estates and Finance CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	CoG(24)026 Attached	Assurance	09:30
2.4	Quality & Safety CiC Highlight Report / Escalation Report Sue Liburd, Non-Executive Director CiC Chair	CoG(24)027 Attached	Assurance	09:40
2.5	Workforce, Education & Culture CiC Highlight / Escalation Report Sue Liburd, Non-Executive Director (representing Kate Truscott, Non-Executive Director CiC Chair)	CoG(24)028 Attached	Assurance	09:50
3. REPORTS AND UPDATES				
3.1	Group Chair's Update Sean Lyons, Group Chair	CoG(24)021 Attached	Information	10:00
3.2	Group Chief Executive's Update Jonathan Lofthouse, Group Chief Executive	CoG(24)022 Attached	Information	
3.3	Lead Governor's Update Rob Pickersgill, Deputy Lead Governor To include:	CoG(24)023 Attached	Information / Assurance	
3.3.1	• Appointments and Remuneration Committee Highlight Report			
3.3.2	• Membership and Public Engagement & Assurance Group Highlight Report (MPEAG)			

3.3.3	• Membership and Public Engagement & Assurance Group (MPEAG) Activity Report			
BREAK - 11:00 – 11:10				
4. COG BUSINESS ITEMS				
4.1	Operational and Financial Plan 2024-25 Ivan McConnell, Group Chief Strategy & Partnerships Officer and Adam Creeggan, Group Director of Performance	CoG(24)029 Attached	Information	11:10
4.2	Group Digital Developments to include Electronic Patient Records (EPR) Andy Haywood, Group Chief Digital Officer	CoG(24)030 To follow	Information	11:30
5. ITEMS FOR APPROVAL				
5.1	Appointments and Remuneration Committee (ARC) Terms of Reference David Sharif, Group Director of Assurance	CoG(24)031 Attached	Approval	11:55
6. OTHER				
6.1	Questions from Governors Sean Lyons, Group Chair	Verbal	Information	12:00
6.2	Questions from the Public Sean Lyons, Group Chair	Verbal	Information	
6.3	Items for Information / To Note (as per Appendix A) Sean Lyons, Group Chair	Verbal	Information	
6.4	Any Other Urgent Business Sean Lyons, Group Chair	Verbal	Information	
6.5	Matters to be escalated to the Trust Board Sean Lyons, Group Chair	Verbal	Information	
6.6	Council Performance and Reflection Sean Lyons, Group Chair	Verbal	Information	
7. DATE OF THE NEXT MEETING				
7.1	The next meeting of the Council of Governors will be held on: Council of Governors Annual Review Meeting (ARM) Thursday 22 August 2024 from 14:00 - 17:00 hours in the Grays Room, Butterwick House, Scunthorpe General Hospital or via MS Teams			

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.

6.3.	<u>Items for Information</u>		
6.3.1	Quality Account 2023/24	Dr Kate Wood, Group Chief Medical Officer and Amanda Stanford, Group Chief Nurse	CoG(24)032 Attached
6.3.2	Finance Report	Lee Bond, Group Chief Financial Officer	CoG(24)033 Attached
6.3.3	Board Assurance Framework	David Sharif, Group Director of Assurance	CoG(24)034 Attached
6.3.4	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(24)035 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, 18 April 2024
at 09:30 to 12:30 hours at the Tennyson Suite, Forest Pines, Brigg, DN20 0AQ

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Linda Jackson	Vice Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Diana Barnes	Public Governor (virtual)
Jeremy Baskett	Public Governor
Mike Bateson	Public Governor (virtual)
David Cuckson	Public Governor
Cllr David Howard	Stakeholder Governor (partial virtual attendance)
Raquel Jakins	Staff Governor
David James	Public Governor
Corrin Manaley	Staff Governor
Shiv Nand	Public Governor
Rob Pickersgill	Deputy Lead Governor
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor

In Attendance:

Julie Beilby	Associate Non-Executive Director
Lindsay Cunningham	Associate Director of Communication and Engagement - HAS
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Jonathan Lofthouse	Group Chief Executive
Ivan McConnell	Group Chief Strategy and Partnerships Officer
Simon Nearney	Group Chief People Officer
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
Carla Ramsay	Chief of Staff
David Sharif	Group Director of Assurance
Brian Shipley	Deputy Director of Finance
Shaun Stacey	Group Chief Delivery Officer
Kate Truscott	Non-Executive Director

Suzanne Maclennan	Corporate Governance Officer (minutes)
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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) meeting in public. The Council's attention was drawn to the first CoG meeting of the new format which would provide assurance in public from the Board Committees-in-Common highlight reports presented by the Non-Executive Director Chair's. Sean Lyons welcomed David Sharif, Group Director of Assurance to the first CoG since joining the Group in March 2024 and to newly appointed Associate Non-Executive Director, Julie Beilby. It was reported that Amanda Stanford, the new Group Chief Nurse would commence employment on 22 April 2024. In line with the CoG changes, the previous Governor Assurance Group (GAG) will commence as the Membership and Public Engagement and Assurance Group (MPEAG) as of 21 May 2024.

Alison Hurley provided details of the following apologies for absence:

Lee Bond	Group Chief Financial Officer (represented by Brian Shipley)
Tony Burndred	Public Governor
Karen Green	Public Governor
Emma Munday	Stakeholder Governor
Dr Gorajala Vijay	Public Governor
Dr Kate Wood	Group Chief Medical Officer

1.2 **Declarations of Interest**

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

1.3 **To approve the minutes of the previous meetings:**

1.3.1 **Council of Governors Business Meeting held on 11 January 2024**

The minutes of the Business meeting held on the 11 January 2024 were accepted as a true and accurate record.

1.3.2 **Council of Governors Annual Members' Meeting held on 1 February 2024**

The minutes of the Annual Members' meeting held on the 1 February 2024 were accepted as a true and accurate record.

1.4 **Urgent Matters Arising**

Sean Lyons reminded members that the Council had contributed to the new Group Values during their development session held within the January CoG meeting, and the new Group Values had been revealed at the Senior Leadership meeting held on 16 April 2024. Jonathan Lofthouse confirmed the new values had been signed off at the Boards-in-Common meeting on 11 April 2024 and would be launched across the organisation within the next five to six weeks in response to a query from Ian Reekie. It was reported it would take a few months to become embedded across the Group.

Kevin Allen queried whether the new Group Values would align with those of the patient values through the Kings Project Patient Charter. Jonathan Lofthouse was

confident there would be no conflict as the Group Values were complimentary to the Group objectives. The values had been organically created by the staff and amplified compassion and team spirit.

1.5 CoG Action Tracker - Public

Shaun Stacey provided an update for action CoG(24)07 – The patient safes had been purchased and were in the process of being rolled out across the organisation through the support of the Health Tree Foundation Committee (HTFC).

The Council agreed to archive the six actions noted as complete and move them to the closed section.

In relation to action CoG(23)18, Sean Lyons explained the Electronic Patient Record (EPR) system was a contentious issue, particularly financially and queried whether enough support had been provided. Jonathan Lofthouse reported that nationally the Department of Health (DoH) provided several trusts an allocation of funds which was only available to Trusts with sub-optimal internal electronic infrastructure on a scale of need. Both NLaG and HUTH were included in the allocated funds to purchase an EPR system although due to poorly calibrated calculations insufficient monies were received. £60-90 million was required to purchase an EPR system and only £32 million had been provided, therefore it had been agreed a further debate with the DoH for additional monies would be more beneficial than purchasing a substandard EPR system. It was confirmed the Chancellor of the Exchequer had committed to an extra £3.5 billion for digital enhancements within healthcare for the 2025/26 operating year and a revised bid for the Group would be submitted. Jonathan Lofthouse suggested Andy Haywood, Group Chief Digital Information Officer report to the June CoG meeting and provide an overview of the journey to date.

In response to a query from Stuart Hall, Jonathan Lofthouse confirmed the purchase of a single product across the Group and not separate products. The debate with the Integrated Care Board (ICB) was whether the organisation should have the same system as York and Scarborough Teaching Hospitals NHS Foundation Trust and Harrogate and District NHS Foundation Trust which would create a super-regional system.

Jeremy Baskett raised a query regarding a wider discussion relating to patients from Lincolnshire and how this would link to GP surgeries. Jonathan Lofthouse confirmed that seven hospitals in the East Midlands were using the same system although this was yet to be determined for the Humber and North Yorkshire region. There were approximately seven or eight vendors with electronic patient record systems which must conform to HL7 national language, this allowed some interoperability between health economies. It was confirmed that the majority of GP practices on both sides of the Humber use SystemOne so this does not present a concern.

Following an update on patient experience from Mike Bateson, a discussion ensued regarding patients needing to provide duplicate information and multiple completion of forms, and it was agreed a standardised approach was required. Stuart Hall and Mike Bateson agreed to continue the discussion outside of the

meeting regarding improvements required within the Queens Centre for Oncology and Haematology at Castle Hill Hospital, Cottingham.

Action - Invite Andy Haywood, Group Chief Digital Information Officer to the June CoG Business meeting to provide an EPR progress update

Post meeting note:

Shaun Stacey provided the following update after the meeting regarding action CoG(24)07 about the purchase of the safes supported by the HTFC on the 22 March 2024:

The Security Group, Infection Prevention and Control and the respective leadership teams for Surgery and Medicine had all approved the purchase of the safes. Finance was working with HTF to purchase the safes and a full roll out of the policy, safes and bright boxes would take place. All these needed to be brought together as all were aligned to the major changes in the policy. All wards were fully in support of this change and upon delivery the safes would be in use.

2. REPORTS AND UPDATES

2.1 Group Chair's Update

The report was taken as read and a summary was provided. Sean Lyons confirmed the challenging operational environment continued although positive progress continued in developing the Group working arrangements. Governors were invited to show appreciation to staff when the opportunity arose for their continued hard work and care for our patients.

Sean Lyons welcomed any questions and none were received.

2.2 Group Chief Executive's Update

An overview of the report was provided by Jonathan Lofthouse.

Mike Bateson queried the level of confidence in the data in relation to any anomalies in relation to the Lorenzo patient administration system (PAS) implementation. Jonathan Lofthouse confirmed the system roll out on the south bank had been seamless from a digital perspective the transition. It was reported there had been some difficulties for the front-line users and further support was required in addition to the four weeks of initial support provided. The additional support had required a £200,000 investment and would continue until March 2025. Staff learning to use the new system and administrative practices had created a slight backlog which would be addressed. Confidence was expressed in relation to the assurance from the application of safety and validation practices in place which ensured data entered was true and accurate, reflected the patient journey and allowed waiting times to be calculated.

Following a query from Raquel Jakins, Jonathan Lofthouse confirmed that in addition to Lorenzo there was a specific patient administration system for maternity care called Badgernet which covered hospitals in England.

Jeremy Baskett raised a query regarding the continued use of WebV. In response it was confirmed that WebV would not be migrated to the north bank and a singular EPR system would replace WebV across the Group.

Shaun Stacey reported the Trust had not delivered on the 65 week wait with 30 patients over this target at year end. It was confirmed all these patients had since been scheduled for a procedure or outpatient appointment by the end of April 2024. The reasons were due to several issues such as industrial strike action, migration of data across a new system and normal day to day running pressures. It was reported that the Trust maintained the 61% Emergency Department (ED) performance although this was lower than the anticipated 68% due to the acuity and demand of patients. In recent weeks performance had increased above 70% and Shaun Stacey expressed sincere gratitude to all the staff who had enabled this which had been facilitated by the two new Integrated Acute Assessment Units (IAAU) and Same Day Emergency Care (SDEC) at Grimsby and Scunthorpe sites.

David Cuckson requested an update on patients with no criteria to reside (NCTR) in hospital. Shaun Stacey confirmed progress had been fantastic on the south bank following the development of a plan over two years, although there were of course exceptions. It was reported that no more than 30 beds were maintained across the Trust for patients with no criteria to reside. The Trust's relationship with the Care Plus Group, North Lincolnshire Council, North East Lincolnshire Council and Home First had dramatically changed the flow of patients out of hospital. The biggest challenge and aim for the upcoming year would be to manage medical and surgery patients more effectively. It was confirmed the national average length of stay (LoS) was four days although the Trust had been delivering five and a half to six days. Now the NCTR issues had been addressed the LoS would be addressed.

Jonathan Lofthouse provided a summary of the finance elements of the report and invited Simon Nearney to provide an overview of the workforce updates. Simon Nearney reported that staff absences had improved to 5.6% with a future target set at 4.1%. The consultant workforce was highlighted as the key vacancy area and initiatives and partnerships were in place to address this. The NLaG staff survey had been completed by 48% of the staff which had improved from the previous 36% completion figures although this had still left the Trust in the lower quartile nationally.

In response to a query from Ahmed Aftab, Jonathan Lofthouse confirmed that further work was required regarding health inequalities, the overall equality and diversity indices and advised the Executive team were very focussed on progressing this work.

Ian Reekie queried whether the Group had the specialist expertise to drive the delivery of improved population health outcomes or would the Trust employ a public health advocate. Jonathan Lofthouse confirmed the Group worked within a health eco system and the expertise was largely hosted by the local authority and the ICB at a system level. The six Places across Humber and North Yorkshire Health and Care Partnership had a range of aspirations regarding health and wellbeing. Jonathan Lofthouse was confident the correct expertise was in place across the system and did not feel there was a shortfall within the Group's senior leadership structure. Sean Lyons concurred and supported the need to drive a response to form part of the solution. In response to a query Jonathan Lofthouse explained the Group served four of the most deprived electoral wards in England and as a formal board member of the ICB, had the opportunity to sit alongside local authority leaders to generate a solution.

Ian Reekie queried whether the review of the fundamental role of the Goole District Hospital (GDH) would be commissioner led or integral to the Group's Strategy Development. Jonathan Lofthouse informed members about the increased challenge from the Department of Health (DoH) in relation to resources providing 'the most for the most'. It was reported that the pure cost of GDH versus the level of service provided did not match, and there was a responsibility to ensure the facilities were used effectively and therefore the Boards-in-Common would review the range of services available at GDH.

In relation to the maternity services review, Jonathan Lofthouse confirmed the timing would not necessarily need to be after the general election.

Mike Bateson questioned whether income generation had been considered and Jonathan Lofthouse outlined that in simple terms the £84.6 million CIP could be saved or traded. The Group had taken a blended plan approach which had meant a large proportion would be saved and an increase in productivity would allow for a trade of an extra £16 million.

Shiv Nand queried whether the blended approach was shared across the country and how the Group compared. Jonathan Lofthouse confirmed that any additional activity would be paid for whether that be waiting list initiatives or to increase the use of theatres and facilities during the evenings and weekends. The commissioners for the wider health authority had directed a large amount of work to the private sector totalling £79 million which could be undertaken by the Group. With the new initiatives across the Group such as Community Diagnostic Centres (CDC), Jonathan Lofthouse was optimistic the trade up to £16 million was achievable.

Corrin Manaley requested that messages delivered to staff regarding the CIP be framed in a manner which is more understandable for staff and does not suggest cost cutting that would affect patient care. Jonathan Lofthouse confirmed the future messages would reflect this following the hard-hitting initial message.

2.3 Lead Governor's Update

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

- Note the highlights from the Governor Assurance Group meeting held on 15 February 2024
- Note the highlights from the Appointments & Remuneration Committee held on 14 March 2024
- Note that virtual Council of Governors approval had been obtained for the appointment of Julie Beilby as an Associate Non-Executive Director for a term of two years
- Ratify the governor membership of the new MPEAG and note the work being undertaken in preparation for the first meeting of the group on 21 May 2024
- Endorse the appointment of Ian Reekie and Mike Bateson to act as Governor Observer/Deputy Governor Observer for the Capital & Major Projects Committee-in-Common

The Council approved the above recommendations and noted that virtual CoG approval had already been obtained for the appointment of Julie Beilby as an Associate Non-Executive Director for a term of two years.

**A ten-minute break took place at 11:00 and the meeting resumed at 11:10
Shaun Stacey left the meeting during the break and Ivan McConnell and
Linsay Cunningham joined the meeting at 11:10**

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

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

Simon Parkes notified the Council that the last highlight report was presented to the Governor Assurance Group (GAG) on 15th February 2024 and the next committee meeting was scheduled to meet on 25th April 2024.

In response to a query Simon Parkes confirmed the committee had not reviewed the apportionment methodology for income and expenditure and would expect it to meet the necessary external audit tests and benchmarks. The outcome would be for one set of consolidated accounts although both NLaG and HUTH would each produce financial statements. It was reported good progress on the year end accounts was being made.

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

Gill Ponder provided a summary of the report which was taken as read and welcomed any questions.

David Cuckson queried whether money was being saved by combining contracts across the Group. Gill Ponder confirmed that some contracts had been extended to align end dates which would enable a tender process for joint contracts and greater buying power in the future. There were currently no combined contracts in place.

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

The report was taken as read, Gill Ponder provided an overview and welcomed questions.

Shiv Nand raised a query regarding progress on an historical item relating to geothermal energy at Scunthorpe General Hospital (SGH). Gill Ponder reported the rules had changed and it was no longer possible to bid for such projects. The initial drilling work had taken place and the possibility remained on the radar should the opportunity to bid for funding arise in the future.

Kevin Allen requested an update on signage as the last two Signage Committee meetings had been cancelled due to a lack of information. It was noted various paper signs had appeared on hospital walls which looked unprofessional to patients. Gill Ponder confirmed the topic had been discussed at the Health Tree Foundation Committee (HTFC), and Stuart Hall confirmed the HTFC were receptive to supporting this work. Jonathan Lofthouse agreed to provide an update to Governors.

Raquel Jakins suggested the use of incentives for substantive staff to take on additional work/shifts instead of using agency staff as this approach had worked previously during Covid-19. Simon Nearney welcomed the proposed idea and reported it was one option being considered further. Agency spend was the number one priority for saving money and proposals were in the pipeline for certain areas such as Critical Care, ED, Maternity and Paediatrics. Simon Nearney reported the agency spend at HUTH was £400,000 for the last twelve months against NLaG's agency spend of £850,000 per month and a significant improvement was expected by December 2024. This area had been a focus for the last two years, Simon Nearney was pleased with the progress to date and would report back to the Council at the next meeting.

Action: Jonathan Lofthouse to provide Governors with a signage update

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

Sue Liburd provided a summary of the report and confirmed the committee had approved the six Quality Priorities which were, End of Life, Deteriorating Patients, Sepsis, Medication Safety (weight related prescribing), Mental Capacity and Maternity.

Sue Liburd reported that one of the issues raised regarding Goole Maternity Services was mandatory training compliance. In relation to the antenatal triage service it was reported that 482 birthing parents had been seen face-to-face and 1,960 phone calls had been received although the service was short of 246 clinics slots per week.

A discussion ensued regarding the completion of mandatory training particularly in relation to consultants. Jonathan Lofthouse confirmed that supporting professional activities (SPA) time was paid for the 892 consultants across the organisation and they were expected to complete their mandatory training during this paid time. It was recognised that some departments were more challenged than others.

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

The report was taken as read and Kate Truscott informed members that mandatory training was on the committee agenda with further work to be completed. It was confirmed that Dr Kate Wood, Group Chief Medical Officer, was completing a review of job plans which included mandatory training and this would form part of a medical workforce strategy.

Simon Nearney reported that there were several Health Care Assistant (HCA) vacancies, a significant role within the NHS. There had been various pay band queries nationally with some Trusts grading the position at Band 2 and others at Band 3. The Group were relaunching efforts on recruitment in this area by holding taster days.

Kate Truscott highlighted the significant challenge of recruiting the medical workforce and work was in progress to address this. Simon Nearney confirmed three focus areas, which were working alongside HUTH as part of the Group, partnership working overseas and head hunting of individuals.

Jeremy Baskett queried whether there were job evaluations and comparable pay bandings across the Group. Simon Nearney confirmed there were national job descriptions for various roles although differences had been identified within the Group where no national job description was present. Work was ongoing to align roles.

Ahmed Aftab reported concerns had been raised amongst the consultants regarding the need for additional investment to support the organisational development of new staff in the newly formed Care Groups. It was confirmed an official letter would be written to Jonathan Lofthouse. Kate Truscott provided assurance to the Council that resources had been dedicated to support staff affected by the restructuring.

4. COG BUSINESS ITEMS

4.1 Integrated Care System (ICS) Working

Ivan McConnell delivered the presentation and welcomed any questions.

Jeremy Baskett raised a query regarding the consideration of Lincolnshire patients attending Diana, Princess of Wales Hospital (DPoW) and Ivan McConnell his attendance at the monthly Lincolnshire ICB along with Linsay Cunningham where such patient flow was discussed, and this had proved constructive.

It was agreed to take agenda item 4.3 next

4.3 Trust Priorities 2024-25 and Quality Priorities

Jonathan Lofthouse presented the Trust Priorities 2024-25 and welcomed any questions. None were received.

Jonathan Lofthouse and Carla Ramsay left the meeting at 12:13

The agenda returned to item 4.2

4.2 Humber Acute Services (HAS) – Decision Making Business Case

Linsay Cunningham provided an overview of the presentation and the ICB led consultation.

David Cuckson suggested the new Membership and Public Engagement & Assurance Group (MPEAG) should review the timeline and next steps slide.

Ian Reekie queried why the Joint Health Overview and Scrutiny Committees (JHOSC) were on the timeline after the decision-making business case and not before. Linsay Cunningham confirmed the JHOSC had been involved in discussions and had formally provided feedback. Ivan McConnell confirmed engagement on multiple occasions with one local authority Health and Wellbeing Board who had requested a follow up meeting post the decision which was agreed.

5. ITEMS FOR APPROVAL

5.1 Council of Governors Annual Work Plan

Alison Hurley presented the updated CoG work plan which reflected changes to the format of the CoG meetings, notably to include the Committees-in-Common highlight reports. Members were requested to review and e-mail any suggestions or amendments to Alison Hurley.

5.2 **Annual Governors' Register of Interest**

Sean Lyons requested approval from the CoG for the updated Governors' Register of Interest. The document was approved.

Action: Corporate Governance to forward the approved Annual Governors' Register of Interest to the Communication Team for publication on the Trust's website

6. **ITEMS FOR NOTING**

6.1 **Membership and Public Engagement and Assurance Group (MPEAG) Activity Report**

Ian Reekie confirmed the agenda was being prepared for the new Membership and Public Engagement and Assurance Group meeting due on 21 May 2024. One agenda item would be to determine the format in which the intelligence gained by Governors was fed back to the CoG via an activity report.

7. **OTHER**

7.1 **Questions from Governors**

Sean Lyons welcomed any questions.

Kevin Allen drew the Council's attention to a patient who had paid a £5.00 postage fee due to underpayment of postage by the Trust. David Sharif agreed to follow this up outside of the meeting.

Raquel Jakins queried the timescale for combining the High Dependency Unit (HDU) and Intensive Care Unit (ITU) to provide 17 beds. Ivan McConnell confirmed that should the HASR consultation agree the Trauma Unit be sited at DPoW there would be an increase in Critical Care/HDU beds. In addition, work was underway to review the use of Critical Care/HDU beds. Ivan McConnell agreed to continue the conversation with Raquel Jakins outside of the meeting.

Mike Bateson expressed frustration regarding transport issues as public transport was not fit for purpose at present and the Transport Group meetings had been deferred with no formal documentation received. Linsay Cunningham confirmed the transport issue was significant and complex. Positive conversations had taken place with local authorities regarding opportunities with the devolution scheme. Linsay Cunningham provided assurance that paperwork would be issued for the upcoming Transport Group meeting.

7.2 **Questions from the Public**

There were no members of the public present.

7.3 Items for Information / To Note

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

7.4 Any other Urgent Business

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

7.5 Matters to be escalated to the Trust Board

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

7.6 Council Performance and Reflection

David Cuckson suggested information during the meeting should only be relevant to NLaG and not HUTH.

8. DATE AND TIME OF THE NEXT MEETING

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

Tuesday, 18 June 2024 at 09:00 – 12:30 hours to be held in the Main Boardroom at Diana, Princess of Wales Hospital, Grimsby.

The Group Chair closed the meeting at 12:39 hours.

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

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

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



Hull University
Teaching Hospitals
NHS Trust



Northern Lincolnshire
and Goole
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION TRACKER

2024/25

ACTION TRACKER - CURRENT ACTIONS - 18TH JUNE 2024

COUNCIL OF GOVERNORS

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(24)09	18/04/24	Annual Governors Register of Interest	5.2	Forward Annual Governors Register of Interest to Communications for publication on the Trust website	Corporate Governance Office	May-24	Emailed to Communications on 22nd April and published on the Trust website	Complete	Email and website
COG(24)08	18/04/24	Performance, Estates and Finance Highlight Report	3.3	Provide Governors an update on signage within 7 days	Jonathan Lofthouse	May-24	Email update sent to all Governors on 5th June 2024	Complete	Emails
COG(24)07	11/01/24	Any Other Urgent Business	5.4	Provide an update on the Safekeeping of Patient's Cash, Valuables and Property Policy and associated staff training	Shaun Stacey	Apr-24	Emailed Shaun Stacey on 20.03.24 for a response. Shaun Stacey provided an update during the April CoG meeting and post meeting note in the minutes	Complete	Email and April Minutes
COG(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		Jan & April 24 CoG minutes

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(24)06	11/01/24	Annual Governors' Register of Interest	4.3	Add updated Annual Governors' Register of Interest to April CoG agenda	Corporate Governance Office	Apr-24	Governor declarations approved by Corporate Governance within ROI system	Closed	ROI System & Emails
COG(24)05	11/01/24	Future Role of the Council of Governors and Governor Assurance Group	4.1	Add Membership and Public Engagement & Assurance Group (MPEAG) terms of reference to the first agenda of the group for approval and return to CoG for ratification	Corporate Governance Office	May-24	Added to the MPEAG draft agenda for the first meeting on 21st May 2024	Closed	MPEAG draft agenda
COG(24)04	11/01/24	Future Role of the Council of Governors and Governor Assurance Group	4.1	Seek expressions of interest for the Membership and Public Engagement & Assurance Group (MPEAG)	Corporate Governance Office	Feb-24	Invitations for expressions of interest requested from Governors on 23rd January 2024. Governors informed of the group members via email on 7th March 2024	Closed	Emails
COG(24)03	11/01/24	Chief Executive Update	2.2	Circulate Executive structure and Operational structure	Corporate Governance Office	Jan-24	Operational structure emailed to Governors on 16th January 2024 and Executive Structure emailed to Governors on 17th January 2024	Closed	Email
COG(24)02	11/01/24	Chief Executive Update	2.2	Humber Acute Services (HAS) proposal concerns and outcome of HAS consultation work	Linda Jackson	Jan-24	Response requested from Ivan McConnell and circulated to Governors following the meeting on 11th January 2024	Closed	Emails
COG(24)01	11/01/24	Chief Executive Update	2.2	Confirmation on the qualification required for the Group Chief Nurse vacancy	Shaun Stacey	Jan-24	Update provided by Shaun Stacey and emailed to Governors on 22.02.24	Closed	Emails

Key:

Grey	Completed - can be closed/archived following meeting
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Council of Governors Business Meeting

Agenda Item No: CoG(24)021

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	Sean Lyons, Group Chair
Contact Officer/Author	Sean Lyons, Group Chair
Title of the Report	Chair's Update
Executive Summary	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

Chair's Update

Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting 18 June 2024

I am pleased to present my report to Governors, providing an update on matters since the last report of 18 April 2024.

Operational pressures remain a significant challenge with flow through the hospitals and the wider system being the major issue. The Group Chief Executive report will cover these challenges in more detail.

As reported at the last meeting the British Medical Association (BMA) Consultants Committee has reached a pay settlement with HM Government, although, the Junior Doctors remain in dispute with their next action being planned from 7.00 am on the 27 June until 7.00 am on the 2 July 2024.

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

We are now into a Pre-Election period and the usual instructions to remain silent on anything that may be contentious are in place. Having said that the Scunthorpe and Grimsby sites at NLaG hosted a visit by the Health Minister Andrew Stephenson who was accompanied by Scunthorpe MP Holly Mumby-Croft and Grimsby MP Lia Nici.

It was a real pleasure to show appreciation for our many volunteers during the recent Volunteer Week – we are so lucky to have such support from this group.

Organisation and Governance

Group 'In Common' working continues and I feel positive that at Board and Committee level, these arrangements are working well.

Accountability arrangements for the Care Groups are being implemented, and we have a much-improved Integrated Performance Report (IPR) which will help highlight the absolute and relative Trust performances which will stimulate useful comparisons. The Group Chief Executive report will cover operational and financial challenges that are faced.

Non-Executive Directors (NED) appraisals have been conducted and shared with the Governors Appointment & Remuneration Committee (ARC) meeting, along with recommendations for the renewal of some NED's terms of office. This meeting will hopefully receive the ARC report favourably.

Shaun Stacey

Governors will already be aware that due to personal reasons Shaun Stacey has stood down from his role.

I would like to register my appreciation to Shaun for his hard work over the last six years, and we wish him well for the future. Paul Bytheway will be the Interim Group Chief Delivery Officer (GCDO) until a permanent appointment is made.

Membership and Public Engagement

I was pleased to be able to support the refreshed Membership and Public Engagement & Assurance Group meeting on the 21 May 2024. The Lead Governor's report will provide more details.

New NED at Hull University Teaching Hospital (HUTH)

Although this report mainly deals with NLaG matters I am sure Governors will forgive me mentioning the departure of Mike Robson, who was the Senior Independent Director at HUTH and supported the development of the Group Model. We thank Mike for his service and wish him well for the future.

I am pleased to advise Governors that Mike's replacement is Helen Wright who is an experienced former Finance Director in the Hull area.

Sean Lyons
Group Chair

Council of Governors Business Meeting

Agenda Item No: CoG(24)022

Name of the Meeting	Council of Governors		
Date of the Meeting	Tuesday 18 June 2024		
Director Lead	Jonathan Lofthouse, Group Chief Executive		
Contact Officer/Author	Jonathan Lofthouse, Group Chief Executive		
Title of the Report	Group Chief Executive's Update		
Executive Summary	<p>This report updates the Council of Governors on the headlines of patient safety, quality, finance and performance. There are several good news stories and progress in capital developments of note.</p> <p>This report has been prepared in line with pre-election guidance that applies to all NHS organisations.</p>		
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance below: </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail </td> </tr> </table>	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance below:	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail
<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance below:	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail		

Group Chief Executive Officer

Briefing to the Council of Governors Tuesday 18 June 2024

1. Introduction

- 1.1 I would like to start my report confirming to the Council of Governors that we are in a pre-election period. As such, my report and the information to the Council of Governors today reflects the requirements of the NHS England pre-election guidance. We continue as business as usual for our patients and it does not change the discussion at Council of Governors today, however, we will ensure we are compliant with requirements during this period.
- 1.2 I would like to acknowledge the publication on 20 May 2024 of the report from the national Infected Blood enquiry, chaired by Sir Brian Langstaff. On behalf of our organisation, and as a centre where we did give blood products to patients during the 70s, 80s and early 90s, we thank the Inquiry for its hard work and final report. I have received official correspondence from NHS England which has assured us that the Inquiry's detailed recommendations will be considered by a clinically-led NHS England task and finish group, with next steps shared as soon as possible. A number of teams worked hard on our response to the publication of the Inquiry report. A clinical team has put in place a pathway to deliver blood tests to anyone concerned about their health. Our PALS team has been available to take calls from concerned members of the public and recorded their details so that we can contact them for testing and clinical advice. Finally our communication team published details of our helpline and other useful links on our website. Thank you to all those colleagues involved in this work.
- 1.3 Northern Lincolnshire and Goole NHS Foundation Trust has been invited to participate in Phase 2 of the Fuller Inquiry, which is a deeper dive into mortuary practice nationally. There have been eight criteria used by the national Inquiry team to select Trusts to be invited to participate. This is to enable the Inquiry to hear from a range of different types of NHS Trusts across the geography of England, who serve different communities, and to have Trusts with different CQC ratings and performance against Human Tissue Authority standards. I have indicated to the national inquiry that we will embrace this invitation to participate and will provide our full cooperation with the requirements of this review.
- 1.4 Since the last time I met with the Council of Governors, we have taken the next steps in our Group model and held the first round of Performance and Accountability meetings in our new governance structure. This has meant that the North and South Site Triumvirate teams have met formally with all 14 Care Group triumvirates, concluding the cycle with the first Executive Cabinet to Site Triumvirate Performance and Accountability meetings held on 30 May 2024.
- 1.5 I am also pleased to report that the cross-cutting elements of the Group Governance structure have also been stood up, replacing individual Trust-levels meetings from our previous structure. The Group-wide Boards on Urgent and Emergency Care, Planned Care, Cancer and Diagnostics have been stood up in the last two months, with operational delivery groups underneath these. The Groups new senior leadership meeting, of which all Chiefs of Service are members takes place a little later this month.

- 1.6 As a new set of principles and governance processes, this has started on a strong footing and I would like to thank all of our senior leadership teams, as well as our Group Cabinet and Director colleagues, particularly Ivan McConnell and Adam Creegan, supported by the Site triumvirate teams and the information teams, for the efforts to get this in place. I am confident that over time, this structure will give us grip vertically and horizontally across our Group organisation, and enable us to focus on identifying and managing exceptions in patient safety, quality, finance, workforce and performance as they arise.
- 1.7 On Friday 24 May there was a CQC engagement visit to the Emergency Department at Diana Princess of Wales Hospital led by Amanda. The CQC team had the opportunity to meet the Care Group leadership Team who walked them through the patient pathway, the visit was positive and the feedback from CQC showed recognition of the improvement journey the service has been on since the last formal CQC inspection.
- 1.8 I have continued to meet fortnightly with my Cabinet together with the two Site Triumvirate teams as part of a Financial Improvement Delivery Board. This Board is coordinating the delivery actions of our Group requirements on waste reduction, staffing and workforce requirements as well as service transformation. We have put a programme management approach in place to capture the impact of cost improvement plans, service transformation and pathway changes, to aim for top quartile performance by maximising our capacity and assets as well as adopting best in class pathways and service models. The equality impact assessment of suggested schemes occurs within the parameters of this Group.
- 1.9 This will work in conjunction with the work we are undertaking at system level through the Collaborative of Acute Providers, as to how we maximise our system capacity, particularly our elective capacity, for the best benefit to our patients across our geography.

2. Patient Safety, Quality Governance and Patient Experience

- 2.1 Our Group was notified on 29 April 2024 that Northern Lincolnshire and Goole NHS Foundation Trust has moved up into Tier 1 in NHS England's Elective Recovery Programme National Tiering Process.
- 2.2 Tier 1 is the highest level of oversight scrutiny. We will be attending the regular review meetings with NHS England's team, which are most frequent for Tier 1 Trusts. These will focus on the review of performance progress and improvement against the 62 day referral to treatment and 28 day Faster Diagnosis Cancer Waiting Times Standards and any actions associated with recovery.
- 2.5 Our latest reported performance against these two standards for the Trust are: 62-day performance for March 2024 was 71.6% and Faster Diagnosis achievement for March 2024 was 71.4%, which was a deterioration in performance. Actions have been identified against 5 specific tumour sites to move to an improvement again against this standard.
- 2.6 Since my last report to the Council of Governors, we have received written confirmation of our annual accreditation status for both our Endoscopy suites on the south bank from the Joint Advisory Group on GI Endoscopy. I would like to express my sincere thanks for the continued hard work of our teams to maintain these standards for a further year.

2.7 Last month, we received notification from the National Institute of Health Research via the Clinical Research Network for Yorkshire and Humber of our funding allocation and recruitment targets for health research for national portfolio studies. These are national, high calibre clinical trial projects that lead to improved treatments and outcomes for thousands of NHS patients each year. I am very pleased that we have been asked to maintain the excellent recruitment rates that we achieved last year, which will see us aim to enrol across our Humber footprint at least 5,800 patients locally into these national portfolio studies. This is recognition of the growing capacity and capability we are starting to demonstrate in our sovereign organisations, and a solid foundation on which to grow a Group approach to research, development and innovation, with national portfolio studies being only one of the strands of research work undertaken by our teams.

3. Urgent and Emergency Care and Elective Care

3.1 The headline data position for ambulance handover and the four-hour Emergency Department standard for April 2024 are set out below.

3.2 The four-hour standard is now measured on a 'footprint' basis against the 78% standard set nationally, accounting for all Type 1 and Type 3 activity, i.e. Emergency Department and Urgent Treatment Centre performance combined.

3.3 The south bank 'footprint' performance in April 2024 for all Type 1 and Type 3 activity, including the UTC in Goole, was 76.9%, which continues the performance increase seen in March 2024.

3.6 The ambulance handover position for the south bank in April 2024 is an improving position, for the second month in a row. Circa 300 hours of ambulance crew time was lost due to delayed handovers. Targeted actions are being taken to further improve and embed better ways of working. It is important to recognise that emergency related services on the south bank are substantively more costly to run than those on the north bank. The Care Group triumvirates are reviewing spend profiles.

3.7 The 65-week position in Northern Lincolnshire and Goole NHS Foundation Trust has also been subject of specific data analysis, and actions put in place to achieve national standards by end September 2024.

4. Strategy and partnership developments

4.1 As noted at the beginning of my report, this section is subject to the pre-election guidance. I would like to reassure the Council of Governors that the work to develop our first Group strategy continues at pace, with excellent engagement across our stakeholders. During the pre-election period, this work will continue, but will not be reported in detail publically. We remain on schedule for this Group strategy to be published in July 2024.

5. Financial Performance and Estates and Facilities updates

5.1 In respect of the Group financial position, the Month 1 position was reported to the Performance, Estates and Finance Committee on 29 May 2024. We are £2m away from plan for income and expenditure, and Group capital spending was £2.3m behind plan. The Group has spent £5.4m on agency and bank pay year to date. This is £1.6m less than the same period in 2023/24, and is one of the first actions coming out of our grip and control on financial management.

5.2 I am pleased to report that Scunthorpe General Hospital has been awarded £20.6 million in funding from the Public Sector Decarbonisation Scheme. It will enable improvements including site-wide glazing replacements and roof upgrades, replacing the main boiler house, putting in an improved Building Management System and Air Handling Units and installing more solar panels.

6. Workforce Update

6.1 We are discussing key workforce metrics in our new Care Group Performance and Accountability meetings. We had an engaged discussion around support to our staff, and in particular to staff mental well-being at our Cabinet to Site triumvirate team meetings. Whilst our overall sickness absence is carefully managed, with managers having supportive conversations with members of staff, mental health and well-being is a key underlying reason for staff absence at the present time.

6.2 We have agreed a full programme of support from our Organisational Development team to both of the site triumvirate teams, the 14 care group triumvirate teams, as well as to the two support directorates coming under the site triumvirates. This will be an extensive, tailored package of support, including 'storming' and 'norming' time, strategy and service development, coaching and psychological safe space to support these new senior leadership teams. I am very proud to be using the expertise of our organisational development team to support our new senior leadership teams to galvanise the capacity and capacities of our new Group organisation at pace, in order to bring out significant improvement for our patients.

7. Equality, Diversity and Inclusion (EDI)

7.1 We raised the Inclusion flag on each of our 5 hospital sites on Tuesday 4 June 2024 to mark the start of the LGBTQIA+ Pride season. This is a moment of joy and reflection for all of our staff and I was honoured to be invited to be part of the flag raising at Hull Royal Infirmary. A big thank you to the team. We have a number of Pride events in our area over the next two months and I know that lots of our staff, their family members and friends, proudly fly the NHS and Inclusion flags at all of these events. There will be a number of activities for the next two months for LGBTQIA+ inclusivity and I encourage all staff to participate, show solidarity and ally-ship, and be proud of the diversity in our workforce.

7.2 A big thank you to the Organisational Development and Human Resources teams who have supported our teams to move to a Group level Equality, Diversity and Inclusion Steering group. The planned start for this will be in June 2024. This will include a wide range of stakeholders from across our Group organisation, including our staff networks. I am pleased to report that Ivan McConnell has taken up the Cabinet-level sponsorship of this crucially important work, in his role of health inequalities lead.

8. Good News Stories and Communications Updates

8.1 Recent good news for Northern Lincolnshire and Goole NHS Foundation Trust include:

- North Lincolnshire Endometriosis centre securing a renewed accreditation as an Endometriosis centre for the fourth year in a row.
- Health Minister Andrew Stephenson visited both Grimsby and Scunthorpe with a focus on the capital investment in Urgent and Emergency Care, as well as capital improvement requirements.
- Mrs Elizabeth Fairchild very generously has left Northern Lincolnshire and Goole NHS Foundation Trust £326,000 in her Will, for Scunthorpe General Hospital. We are spending the money on improved dementia facilities across the hospital, with Ward 17

the latest to receive these improvements. The mystery of why Mrs Fairchild, who lived in America, has also been solved following extensive media coverage, including national radio.

- The launch of a new physiotherapy service in Scunthorpe, where 115 patients with musculoskeletal (MSK) problems were invited to a special Community Appointment Day (CAD) at The Pods, the sports and leisure facility next to Central Park in the town.
- One of the benefits of being a group is we're able to offer more flexibility and use local NHS resources to their full capacity, to reduce waiting times. For patients coming in for a procedure at one of our Endoscopy departments at Hull, Scunthorpe, Castle Hill or Grimsby hospitals, it means they could now be offered an appointment sooner at one of the other sites. There is no obligation for them to take up the invite; if patients are not able to travel, they can choose to be seen at their local hospital. This applies to Colonoscopies, Flexible Sigmoidoscopies and Gastrosopies.

Jonathan Lofthouse
Group Chief Executive
10 June 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)023

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	
Contact Officer/Author	Ian Reekie
Title of the Report	Lead Governor's Update
Executive Summary	<p>The purpose of this report is to update governors on highlights from the first meeting of the Membership and Public Engagement & Assurance Group (MPEAG) held on 21 May 2024 and an Appointments & Remuneration Committee meeting held on 30 May 2024.</p> <p>It is recommended to Council of Governors:</p> <ul style="list-style-type: none"> • that a new governor membership and public engagement strategy be developed in conjunction with an overarching NHS Humber Health Partnership communications and engagement strategy • that the new strategy should concentrate on communication and engagement with FT public members to avoid giving FT staff members preferential engagement opportunities compared to other Group employees • that the new strategy should prioritise developing broader public engagement opportunities rather than focusing on new member recruitment • that, notwithstanding the different statutory basis of the two trusts, the Boards-in-Common be urged to consider developing some form of HUTH representative patient/public involvement forum equivalent to NLaG membership • that a governor editorial board be established to work with the Communications Team to oversee FT member communication and develop governor initiated content • that a pilot programme of member/public events be reintroduced on a trial basis • that an engagement techniques training programme be developed for governors to include interactional observation • that, subject to the Joint Chair indicating that he is willing to continue in the role and the concurrence of NHS England, Sean Lyons be reappointed as Joint Chair for a further three year term • that Linda Jackson be re-appointed as Vice Chair for a further period of one year • that Simon Parkes be re-appointed as a NED and Audit Committee Chair for a further period of three years
Background Information and/or Supporting Document(s) (if applicable)	None

Prior Approval Process	None	
Financial implication(s) (if applicable)	None	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None	
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

COUNCIL OF GOVERNORS

18 June 2024

Lead Governor's Update

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

The first MPEAG meeting was held on Tuesday 21 May when governors formally adopted the draft terms of reference for the new group that were approved at the CoG meeting held on 11 January 2024 (minute 4.1). The group also considered several residual assurance functions inherited from the former Governor Assurance Group including:

- an update on the 2023/24 Quality Account and 2024/25 quality priorities
- the approval of a governor statement for inclusion in the Quality Account
- a review of governor attendance at CoG and committee meetings
- a review of Foundation Trust membership.

The principal business of the meeting related to consideration of key strategic and operational issues arising from the statutory engagement responsibilities of governors.

Following detailed consideration it was agreed to recommend to CoG:

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

Finally, the MPEAG considered how best to convey intelligence gained by governors from member and public engagement to NEDs and Executive Directors. It was agreed that this could best be achieved through the production of regular governor engagement feedback reports to CoG which could then decide to escalate an issue for Boards-in-Common consideration based on feedback evidence. A first attempt has been made to collate governor engagement feedback and this is attached as Appendix 1. However, it is recognised that this initial report is more a record of governor engagement activity than it is of evidence based feedback worthy of escalation. It is therefore proposed to develop a revised reporting format for subsequent iterations that concentrates on feedback outcomes.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

At an ARC meeting held on Thursday 30 May the following items were considered:

- **Joint Chair Appraisal** – ARC was advised of the outcome of the annual appraisal of Sean Lyons' 2023/24 performance which was conducted in accordance with the prescribed NHSE framework and covered his responsibilities in respect of both NLaG and HUTH. Feedback from a multi-source stakeholder assessment survey was

overwhelmingly positive and acknowledged his leadership of the successful launch of the group structure as being a major achievement. The survey also emphasised his effective and inclusive chairing of Board and CoG meetings. As part of the process the Joint Chair's principal objectives for 2023/24 were agreed covering:

- the development of a feasible and relatable Group strategy by Autumn 2024
- ensuring consolidated Group assurance oversight and appropriate risk management
- ensuring appropriate focus on quality priorities and improved patient experience.

- **Joint Chair Re-appointment** – In accordance with the ARC terms of reference a review of possible re-appointment was undertaken six months in advance of expiry of Sean Lyons' current term of office. Based on the outcome of his annual appraisal ARC members had no hesitation in recommending to CoG that, subject to the Joint Chair indicating that he is willing to continue in the role and the concurrence of NHS England, Sean Lyons be re-appointed as Joint Chair for a further term of three years.
- **NED Appraisals** – The Joint Chair reported on the positive annual appraisals of NLaG NEDs, the Associate NED and the Senior Independent Director three of whom were rated as having demonstrated 'strong performance' with the other three rated as being 'fully competent'.
- **Vice Chair Re-appointment** – Although Linda Jackson will have served as a NED for ten years when her current term of office ends in September, the Joint Chair put forward a powerful case for a further one year extension based on the need for continuity during the period of Group structure consolidation. The NHSE Regional Director has agreed to this exceptional course of action. ARC therefore recommends to CoG that Linda Jackson be re-appointed as Vice Chair for a further period of one year.
- **NED Re-appointment** – Based on the outcome of his annual appraisal and positive discussions regarding his future working arrangements, the Joint Chair proposed that Simon Parkes be re-appointed as a NED and Audit Committee Chair for a further period of three years. ARC agreed to recommend this course of action to CoG.
- **ARC Terms of Reference** – ARC considered proposed minor amendments to its terms of reference and agreed to recommend that CoG approve the revised version which is included as agenda item 5.

Membership and Public Engagement and Assurance Group
Individual Governor Engagement Activity Report – Collated Responses

April 2024

Governors were invited to provide examples of their engagement activities for the month of April. Please see below the collated responses:

Governor name	Engagement Activity title / event	Engagement date	Feedback or suggestions/learning for the CoG	Comments
Corrin Manaley	Organised Governor IAAU/ SDEC Visit	15 th April 24		Great to see the new department before open to the public.
	CoG Pre meet	17 th April 24		Very beneficial for me, would be better if there was an increased attendance.
	CoG	18 th April 24		
	Q&S CiC	25 th April 24		
	Gov WhatsApp Group – Update on Q&S CiC findings	29 th April 24		
	Engaging with staff through my role	April 24		General feeling of low morale as we move into the new care group structure, additional pressures with the movement of senior clinical staff in new care groups. Wards are running on emergency staffing levels more often, staff feel wards are just ‘keeping their heads above water,’ unable to deliver the additional asks e.g. improvement work.
Dave James	CoG Business Meeting	18 th April 24		
David Cuckson	Director’s Meeting	11 th April 24		A printed agenda available at the meeting would be helpful.
	CoG Business Meeting	18 th April 24		
David Howard	COG Meetings	Various		Online attendance is far more appropriate if possible as Thursdays are inevitably busy with clashes with both regular ward and Parish Council meetings.
	Governor pre-CoG meetings	Various		
	CEO Howden Action Group CIC	On going		Start-up planning to Open a Men’s Shed & Youth Hub, Warn Space & Community Larder.

				The Men's Shed and Youth hub will have a remit to deal with isolation and other mental health issues and seek to provide accessible facilities for SEND children and a home for a local dementia support group.
	Moorland Charity Goole Trustee / management board	On going		Charity supporting local residents with a foodbank, lunch club, advocacy and a link to the local social prescriber.
	EYRC Ward Councillor Howden	On going		
Diana Barnes	PPG Meeting	30 th April 24	Patients do not seem to want to be engaged with the practice.	It appears to be the same with the hospital.
	Trustee of Pilgrim Shed Part of the men in sheds	Tuesday and Thursday	I talk to the dozen or so participants about their experiences with the Health service	Most people feel that they normally get the help needed when attending A&E now with the new department.
Jeremy Baskett	Council meetings as Councillor work with other councillors and also electorate.	Ongoing sometimes attend events	Councillors and public are very anxious about health care and social care. We need as Governors and Membership teams to get out and publicise what we are doing and what new 'Trust Groups' mean.	Need to increase engagement with public in these turbulent NHS and Social care times. Public are much more interested as they are concerned about possible changes to their local services both health and social care.
	Update from Scrutiny committee		Hear of issues and concerns both about Lincolnshire and from the Humber perspective. Real issues in past around concerns about discharges between NLAG and Lincolnshire residents. Also concern that cross ICS boundaries and 'Place' that communication and joint planning is not great	
	Met with local MP on my concerns at a few events on concerns about the NHS. She is now the Health Minister. I shall return soon	Ongoing		Concerns about the disjointed Health and social care systems.

	My wife works with a local dementia group who receive feedback from both carers and sufferers on services	Ongoing		
	Family and friends (a large number still work in both the NHS and Social care who feedback to me.	Ongoing		
Kevin Allen	Pre CoG and CoG mtg	4 th April 24		
	HAS non statutory transport mtg	8 th April 24		
	Kings Project mtg	15 th April 24		
	Pre CoG mtg	17 th April 24		
	CoG business mtg	18 th April 24		
	15 Steps SGH	23 rd April 24		
	15 Steps SGH	30 th April 24		
	Hospital Guide	2-5 th April 24		12hrs public engagement
	Hospital Guide	9-12 th April 24		12hrs public engagement
	Hospital Guide	16-19 th April 24		9hrs public engagement
Hospital Guide	23-26 th April 24		12hrs public engagement	
Hospital Guide	29-30 th April 24		12hrs public engagement	
Paula Ashcroft	Attend Healthwatch – Every Voice Matters meetings	Monthly		
	Attended a PPG group at my GP surgery		I found out who to contact at my GP surgery and pushed for PPGs to re-commence – only one has taken place to date but another is planned for later in May.	I have suggested they have an agenda and not have a free for all as it was just people moaning and that took over the meeting
	Attended various voice group meetings, Experts by Experience, Winterton Seniors, Learning Disability, Carers	Monthly/bi monthly		Feed in where appropriate to health colleagues

EXAMPLES OF ENGAGEMENT OPPORTUNITIES PROVIDED BY THE TRUST:

CoG Meetings

Governor pre-CoG meetings

Members' newsletter

Governor Briefings

Organised Governor site/ward visits

15 Step Challenge Reviews

Governor & NED briefing sessions

Governor WhatsApp Group

PLACE Inspections

EXAMPLES OF ENGAGEMENT OPPORTUNITIES AVAILABLE TO INDIVIDUAL GOVERNORS:

Trust Staff – colleagues, teams, services, departments, care groups, directorates

HealthWatch, local family, friends, neighbours and community groups, neighbourhood groups, Patient Participation Groups (PPGs) at local GPs, School Governor and/or volunteering opportunities

Various – including local Social Groups (e.g., golf, walking, Men In Sheds, Knit and Natter, craft, religious, cultural, Age UK, lunch, political, reading, gardening, bowls, running and specific health groups etc)

Thank you for your support with this work.

Council of Governors Business Meeting

Agenda Item No: CoG(24)024

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
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
Executive Summary	The attached highlight / escalation report to the June 2024 Trust Board summarises the key matters presented to, and discussed by the meeting of the Audit, Risk and Governance Committees-in-Common on 25 April 2024.
Background Information and/or Supporting Document(s) (if applicable)	Audit, Risk and Governance Committees-in-Common Agenda Papers – 25 April 2024
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	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

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

	18 June 2024
	Audit, Risk and Governance Committees-in-Common
	25 April 2024
	Yes

1.0 Purpose of the report

1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 25 April 2024 including those matters which the Committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

- 2.1 The ARG CiC considered the following items of business:
- Accounting Policies 23/24 – HUTH & NLAG
 - Going Concern Reports 23/24 – HUTH & NLAG
 - Draft Annual Accounts 23/24 – HUTH & NLAG
 - Draft Annual Governance Statements 23/24 – HUTH & NLAG
 - Draft Head of Internal Audit (IA) Opinions 23/24 – HUTH & NLAG
 - External Audit Planning Reports and Updates – HUTH & NLAG
 - Internal Audit Progress Report / Overdue recommendations – HUTH & NLAG
 - HUTH IA Report - Discharge Management Action Plan
 - NLAG IA Report – Change Control Management
 - Group Internal Audit Plan 24/25
 - Group LCFS Update
 - Group Annual Counter Fraud Operational Plan 24/25
 - Group Information Governance (IG) Highlight Report
 - Group eRostering Rollout Update
 - Group Assurance Map
 - Group Waiving of Standing Orders Report 23/24
 - Group Losses and Compensations Report 23/24
 - Group Standards of Business Conduct Declarations 23/24
 - Salary Overpayments 23/24 – NLAG
 - Document Control Report – NLAG
 - HUTH Declaring Gifts & External Interests Policy
 - HFMA NHS Audit Committee Handbook Review

3.0 Matters for reporting / escalation to the Council of Governors

- 3.1 The ARG CiC agreed the following matters for reporting / escalation to the Trust Boards:
- a) **Going Concern Reports 23/24 – HUTH & NLAG** – The Going Concern reports for both HUTH and NLAG were received and accepted by the ARG CiC who endorsed the recommendations that the HUTH and NLAG Trust Boards can assume the 2023/24 statutory annual accounts for both Trusts are prepared on a 'Going Concern' basis.
 - b) **Draft Annual Accounts 23/24 – HUTH & NLAG** – Both sets of draft annual accounts were received by the Committees, with key points highlighted in writing and discussed by the Assistant Director of Finance – Planning and Control. The Committees were assured that the accounts were being completed to the agreed central NHS timescales and that variance between years could be explained appropriately. The Committee commended the Finance team for both the quality of the draft financial statements for the two Trusts and the speed of their production, adding that it was a tribute to the quality of financial management in place. The External Auditors at both Trusts will commence their audits of the draft accounts.
 - c) **Draft Annual Governance Statements 23/24 – HUTH & NLAG** – The Committees received the initial drafts for both Trusts, noting that some sections required further updates. The Committee recommended that the section in the report on risks was enhanced in terms of the significance of the issues that the Trust is dealing with. Any comments/corrections are to be supplied to the Group Director of Assurance for consideration. The final drafts will be received by the Committees in due course for approval and inclusion in the Trust's Annual Reports for 2023/24.
 - d) **Internal Audit Recommendations Follow-Up Status Reports** – The HUTH Committee was assured that progress was being made on closing down its overdue actions, hearing that further progress had been made since the report was produced for the ARG CiC papers, with only two overdue recommendations at the time of the meeting. The HUTH ARG CiC Chair had confirmed with the Trusts Information Governance lead that ten further actions had been closed since the report was produced. The NLAG Committee noted that there were six overdue recommendations at 27.3.24, however 31 recommendations had recently become overdue at 31.3.24. The ARG CiC was however assured that there was a process in place for sending regular reports to Executive Directors for review/action and that overdue recommendations were also monitored by the monthly operational Group Risk and Assurance Committee.
 - e) **Group Internal Audit Plan 2024/25** – the Committees received, considered and approved the draft Internal Audit Plan 2024/25 for the Group. The Committees were pleased to see that the two Trusts Internal Auditors had collaborated well to produce a plan of audit work for the coming year, with a number of audits to be undertaken jointly at both Trusts, working to one agreed scope and producing a single audit report. The Committees thanked Audit Yorkshire and RSM for their work on a Group Internal Audit plan.

- f) **Provision of Financial Services** – the Committees noted the financial challenges for the Group for 2024/25 and the potential impact of CIP targets on the ability of the Finance team to maintain effective corporate service provision to the wider organisation as a consequence. Automated processes are to be explored to enhance processes where possible. A further update will be received at the July 2024 ARG CiC meeting.
- g) **Group IG Highlight Report** – One action that sits on both Trusts Data Security and Protection Toolkit (DSPT) improvement plan (and is the only item remaining outstanding for NLAG) is the requirement for 95% compliance with mandatory DSP training. At 31.3.24 HUTH were 89.1% compliant and NLAG 86%. 95% compliance must be achieved by 30 June 2024 in order to complete this improvement action for both Trusts for the DSPT annual submission. Work continues to look at ways to ensure staff complete this mandatory training and that this DSPT requirement is achieved.
- h) **eRostering Rollout** – The Committees received an update from the Director of People Services on the position with the rollout of eRoster for doctors within the two Trusts. There is a need to look at rostering across the Group and the Committees heard about the work being done by the team to develop a joint plan, but this comes with many challenges due to the complexities of some multi-specialty rosters. There is a need for the team involved in compiling the rosters to now engage closely with Clinical Directors to determine how they want the rosters designed and for them to engage and take ownership of roster design to ensure that they deliver what is needed. The Committees agreed that this is a complex piece of work which needs clinical leads to take ownership. It was agreed to escalate this matter to both the Workforce, Education and Culture Committees-in-Common and the Trust Boards-in-Common.
- i) **HUTH Declaring Gifts and External Interests Policy** – the HUTH ARG CiC approved minor updates to the existing HUTH policy.
- j) **HFMA NHS Audit Committee Handbook Review** – The Healthcare Financial Management Association (HFMA) published its latest version of the Handbook on 21.3.24, having undergone a complete re-write since it was last published in 2018. The Committees discussed a limited number of items for adjustment in its aligned Terms of Reference and workplan as a result. These adjustments will be presented to the Group Boards-in-Common for review and approval at its June 2024 meeting as part of the three-month review of all CiCs.
- k) **Review of ARG CiC Meeting** – The Committees noted the ARG CiC was the third CiC meeting on consecutive days that week and members raised concerns that the volume of papers and preparation for three such significant meetings in one week was considerable. The Committees considered how such difficulties could be effectively addressed in general terms across all CiC's, through the timing of the various CiC meetings, the level of detail in reports and the effectiveness of executive summaries. The Group Director of Assurance agreed to consider this issue further.

4.0 Matters on which the committees have requested additional assurance:

4.1 The Committees made no specific requests for additional assurance during the meeting.

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

5.1 The Board Assurance Framework (BAF) was not received at this meeting.

6.0 Trust Board Action Required

6.1 The Council of Governors are asked to:

- Note the highlight report from the ARG CiC.

Simon Parkes
NLAG ARG CiC Chair / NED

Jane Hawkard
HUTH ARG CiC Chair / NED

29 April 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)025

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	Gill Ponder and Mike Robson, Non-Executive Directors and Capital & Major Projects Committees-in-Common Chairs
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	Capital and Major Projects Committees-in-Common Highlight / Escalation Report
Executive Summary	The attached highlight / escalation report provides an overview of the key matters presented to, discussed and escalated at the Capital & Major Projects Committees-in-Common meeting held on 23 April 2024
Background Information and/or Supporting Document(s) (if applicable)	Capital & Major Projects Committees-in-Common Terms of Reference for HUTH and NLaG
Prior Approval Process	The report has been approved by the Committee Chairs
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

KEY:

HUTH – Hull University Teaching Hospitals NHS Trust

NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

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

	18 June 2024
	Capital and Major Projects Committees-in-Common
	23 April 2024
	The Capital and Major Projects (CaMP) Committees-in-Common (CiC) meeting held on 23 April 2024 was quorate

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the CaMP CiC at their meeting held on 23 April 2024 including those matters which the committees specifically wish to highlight to the Council of Governors.

2.0 Matters considered by the committees

- 2.1 The committees considered the following items of business:

- Risk Register (verbal progress update)
- Review & Evaluation of New Business Cases, Investments & Dis-Investments within Delegated Limits and / or Endorsement for Trust Board Approval
 - New Build at Hull Royal Infirmary (HRI) short form business case - HUTH
- Capital Contract Approvals
 - North East Lincs Community Diagnostic Centre (CDC) Fit Out & Materials - NLaG
 - Castle Hill Hospital (CHH) Day Surgery (DSU) Phase 2 & 3 - HUTH
- Group Monthly Capital Finance Report (NLaG/HUTH)
- Draft Capital Programme 2024/25 (NLaG/HUTH)
- Major Service Change/Transformation
 - Humber Acute Services Review Update
 - Community Diagnostic Centre Programme Update
- Digital Plan Delivery (bi-monthly update)

3.0 Matters for reporting to the Council of Governors

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

- a. **Risk Register** – the Committees noted the plan to provide a draft Risk Register for the next meeting which raised concerns about the possible lack of appropriate oversight for the committees in 2024. It was agreed to refer this issue for review to the Audit Risk and Governance (ARG) CiC on behalf of all other CiCs (to be addressed upon receipt and prior to the next CaMP meeting in June 2024, as agreed at the meeting with the ARG CiC Chair). The review requested is to consider whether there is an assurance gap with the Committees not having recent sight of the Risk Register and to what extent any gap is mitigated by other arrangements including the Group Cabinet Risk and Assurance Committee.
- b. **Terms of Reference** – the revised CaMP CiC terms of reference were approved by the Committee for submission to the Board for approval.
- c. **Draft Capital Programme** – the CaMP CiC endorsed the draft Capital Plan for 2024/25 and recommended approval by the Trust Boards-in-Common. However, a number of risks were discussed by the Committees, including the risk that the Electronic Patient Record (EPR) funding could not be spent in 2024/25. A request had therefore been submitted to defer it until 2025/26 to allow time for a contract to be awarded and further funding to be secured. Risks of insufficient capital being available to complete all planned schemes in year due to a lack of contingency reserves and a potential risk arising from the validity of warranties where CDC funds had been transferred to Hull City Council, who would then place contracts with Sub-Contractors, were also discussed.
- d. **North East Lincs CDC** – the NLaG Committee reviewed and endorsed the NE Lincs CDC Fit Out and Materials contract for Board approval.
- e. **Digital Plan Delivery** – The delivery date for BadgerNet at NLaG was being replanned as there were three different maternity systems on the south bank requiring data cleansing and some concerns were expressed about the level of resources available in the Digital Team to deliver all of the priority programmes, alongside supporting Business as Usual requirements.

4.0 Matters on which the committees received assurance:

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

- a. **Group Capital Finance** – The Committees were assured that the Group Capital programme had been delivered for 2023/24 and that the Capital Departmental Expenditure Limit (CDEL) had been achieved, but noted that £4.0 million of Public Dividend Capital (PDC) relating to the underspends on the Community Diagnostic Centres (CDCs) had been deferred to 2024/25 and that £3.8 million had been transferred from NLaG to HUTH, which would be repaid in 2024/25.
- b. **Humber Acute Services Review (HASR)** – the Committees were assured about the level of public engagement involved in the review and the progress made to date.

- c. **Community Diagnostic Centre (CDC) Programme** – assurance on the progress and pace of the CDC Schemes was noted by the Committees.

5.0 Matters on which the committees have requested additional assurance:

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

- a. **Digital Plan Delivery** - The Committees sought additional assurance on the lack of timely and appropriate reporting functionality following the data migration to Lorenzo. A report was requested to be presented to the May 2024 Performance, Estates and Finance (PEF) CiC meeting to note where the gaps were and the mitigations and timescales identified to address them. The patient safety risk had been mitigated by the operational teams, but this required a number of manual workarounds.

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

6.1 The Committees received the BAF risks relating to its scope for information which included a progress update regarding the harmonisation and rationalisation of the BAFs for HUTH and NLAG.

7.0 Trust Board Action Required

7.1 The Council of Governors are asked to note:

- the contents of the escalation report;
- that the CaMP CiC have referred a risk relating to the lack of oversight of the Risk Register to the ARG CiC for review;
- that the CaMP CiC have requested a Digital Plan Delivery report be presented to the May 2024 meeting of the PEF CiC with an update on mitigations and timescales to address the requirement for timely and appropriate operational data reporting following the migration to Lorenzo;
- the revisions to the CaMP CiC Terms of Reference and to approve those changes;
- the Committees' endorsement of the 2024/25 draft Capital Programme, which will require Board approval;
- The Committees' endorsement of the NE Lincs CDC Fit Out contract, which the Board will be asked to approve.

Gill Ponder,
Capital & Major Projects Committees-in-Common Chair for the meeting on 23 April 2024



Council of Governors Business Meeting

Agenda Item No: CoG(24)026

Name of the Meeting	Council of Governors						
Date of the Meeting	18 June 2024						
Director Lead	Mike Robson and Gill Ponder, Non-Executive Directors (Chairs)						
Contact Officer/Author	Mike Robson and Gill Ponder, Non-Executive Directors (Chairs)						
Title of the Report	Performance, Estates and Finance Committees-in-Common Highlight / Escalation Report						
Executive Summary	<p>This report provides an overview of the key matters presented to and considered by the Performance, Estates and Finance Committees-in-Common from the April and May 2024 meetings. It also includes matters for escalation to the Boards, matters where additional assurance is required, confirm and challenge of the Board Assurance Framework (BAF), any action(s) required of the Boards.</p> <p>The Council of Governors are asked to:</p> <ul style="list-style-type: none"> Note the key points highlighted in the escalation report from the PEF CiC meetings held on 24 April 2024 and 29 May 2024; Note that the CaMP CiC had referred a risk about the Digital Plan Delivery to the May 2024 PEF CiC meeting for review. 						
Background Information and/or Supporting Document(s) (if applicable)	Performance, Estates and Finance Committees-in-Common Terms of Reference for Hull University Teaching Hospitals (HUTH) NHS Trust and Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust						
Prior Approval Process	The attached report has been approved by the Committee Chairs.						
Financial implication(s) (if applicable)	N/A						
Implications for equality, diversity and inclusion, including health inequalities	N/A						
Recommended action(s) required	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Approval</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Information</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discussion</td> <td style="border: none;"><input type="checkbox"/> Review</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Assurance</td> <td style="border: none;"><input type="checkbox"/> Other – please detail below:</td> </tr> </table>	<input type="checkbox"/> Approval	<input type="checkbox"/> Information	<input type="checkbox"/> Discussion	<input type="checkbox"/> Review	<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Other – please detail below:
<input type="checkbox"/> Approval	<input type="checkbox"/> Information						
<input type="checkbox"/> Discussion	<input type="checkbox"/> Review						
<input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Other – please detail below:						

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

	18 June 2024
	Performance, Estates and Finance Committees-in-Common
	24 April 2024 and 29 May 2024
	<p>The following dates of Performance, Estates and Finance Committees-in-Common meetings were quorate:</p> <p>were quorate:</p> <ul style="list-style-type: none"> • 24 April 2024 • 29 May 2024

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Performance, Estates and Finance (PEF) Committees-in-Common (CiC) at their meetings held on 24 April 2024 and 29 May 2024, including those matters which the committees specifically wish to highlight to the Council of Governors

2.0 Matters considered by the committees

- 2.1 The Committees considered the following items of business:

29 May 2024

- Board Assurance Frameworks (BAF)
- Financial Report – Month 1 (2024/25)
- Deep Dive into Diagnostics
- Digital Plan Delivery Report – Data Accuracy and Access to Reporting
- Contract for supply of Radiopharmaceuticals and Associated Consumables approved
- CQC Action Report
- Group Integrated Performance Reports (IPR)
- Estates and Facilities update
- Health and Safety Policy Statement approved

24 April 2024

- Board Assurance Frameworks (BAF)
- CQC Action Report

- Annual Plan update (Operational and Financial) including Cost Improvement Programme (CIP)
- Deep Dive on Urgent Care
- Care Group Transitional Arrangements
- Financial Report – Month 12 (2023/24)
- Group IPR
- Estates and Facilities update & Lifts Deep Dive

3.0 Matters for reporting to the Council of Governors

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

- a. Financial position** – Whilst the Group had delivered a small surplus in 2023/24 a large proportion of the savings delivered had been non-recurrent which had contributed to the revised underlying deficit of £105.3 million at year-end. For 2024/25, the Committees were concerned about the following:
- the high-risk Cost Improvement Plan (CIP) savings planned, with £10.5 million of unidentified savings and a requirement to deliver all CIP savings planned to maintain the cash position and meet the financial plan for the year
 - the financial performance being £2 million adrift of the month one plan, with the plan becoming more challenging as the year progresses
 - the Group's cash balance was £53.6 million for month one with an anticipated requirement for Central Cash Support in Quarter two (highly dependent on the actual delivery of CIP savings planned in year). As there is a 3-4 month lead time to secure support, a more detailed Cash Report will be presented to the Committees in June.
- b. Annual Plan and CIP** – The Committees received an update on the latest annual operational and financial plan submission at the April meeting, which included a CIP of £84.6 million, which was 6% of turnover and the highest requirement ever for both Trusts. The plan had been amended a number of times during the submission process, but did not yet include aligned activity, finances and workforce plans. The Committees were unable to endorse the plan for Board approval without that alignment. (Post Meeting Note: The Annual Plan was subsequently reviewed at the Board Development meeting in May, where it became clear that the available financial envelope and ERF expectations could not be aligned due to the requirement to submit a plan with no headcount increases, despite pre-existing commitments such as the staffing of the CDCs. All alignment gaps in the Group's submission reflect national guidance and are due to be formally approved by the Board in June.)
- c. Urgent Care Deep Dive** – The positive actions being undertaken were noted against the initial improvements evidenced, particularly the progress with rota changes to align demand and capacity. However, neither Trust was meeting the 76% standard, despite decreased attendances. Whilst the benefits of the Same Day Emergency Care (SDEC) and Integrated Acute Assessment Unit (IAAU) models were being seen, frailty remained a concern as too many elderly patients were being admitted after long waits in the Emergency Department (ED).
- c.1 Multi-Agency Discharge Events (MADE)** – Assurance was noted by the Committees on the effectiveness of the North and South Bank MADE events and the lessons learned and shared from them, although concerns were

expressed about the ability to embed and sustain the improvements seen during these events.

- d. **Cancer Performance** – NLaG was now receiving Tiering support from NHS England for Cancer performance in addition to the actions being taken to focus on the diagnostic journey, consistent achievement of the Faster Diagnosis Standard and visibility of and development of an alternative pathway for patients on the 62-day Cancer pathway where diagnostics had ruled out cancer.
- e. **Referral to Treatment (RTT) Performance** - Approximately 6,000 outpatient clinic patients required their outcome to be input on the electronic Lorenzo system, due to initially recording it on a paper record during the transition to the new system. The Committees were assured that there was a recovery plan in place to clear the backlog within 3 weeks.
- f. **Fire alarm replacement** – The Committees had previously been advised that the installation of the fire alarm systems at Scunthorpe General Hospital (SGH) was complete and that the risk score would reduce accordingly. That was included in the last highlight report to the Board. However, the Committees have now been advised that the risk score cannot be reduced until testing of the newly installed system has been carried out, which is now planned for completion by August 2024. This timescale includes the installation and zoned testing timescales.
- g. **Cancelled operations and late starts** – HUTH reported 35% of operations cancelled on the day were due to non-clinical reasons (against a performance tolerance of 0.5%), this equated to 129 such cancellations for April. This compared to 14% cancellations at NLaG. Late starts were also a concern. Work to improve effective theatre utilisation to improve productivity was noted by the Committees.
- h. **Contract for Supply of Radiopharmaceuticals and Associated Consumables (HUTH)** – The Committee approved the contract, but again expressed concern at receiving a renewal request months after the expiry of the previous contract.
- i. **Health and Safety Policy** – The Committees approved the high-level Health and Safety Policy for the Group, which would be underpinned by more detailed policies covering each specific area.

4.0 Matters on which the committees received assurance:

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

- a. **Progress on CQC Actions** – The Committees were assured that appropriate work was in progress to ensure a consistent Group approach in addressing the required CQC actions for both Trusts.
- b. **Finance** - The Committees were assured that the Group had delivered its financial plan for 2023/24. In month 1, the material reduction in temporary staffing expenditure at NLaG was noted (particularly in Nursing), which contributed to a strong CIP delivery in month. That was offset at Group level by slippage on the CIP programme at HUTH.

- c. **Performance** – Whilst many of the constitutional standards were not yet being met, the updated IPR provided the Committees with assurance that effective improvement plans were in place to address cancer and referrals to treatment (RTT) performance. The Committee were struck by the number of measures which were very close to target and asked what final push could be made to get those measures to achieve the relevant targets. The Committees also noted the improvement in 62 Day Cancer Performance across both Trusts.
- d. **Care Group Transitional Arrangements** – The Committees were assured on transitional arrangements to the new Care Group structure.
- e. **LED Lighting** – The Committees recognised the achievement in securing funding for the installation of LED lighting.
- f. **Group-wide Contracts** – Ongoing plans to align North and South Bank contract end dates to enable future tendering of Group-wide contracts provided assurance to the Committees, although it was noted that this was a two to three year plan.
- g. **Diagnostics Deep Dive** – The Committees were assured by the work highlighted as part of the deep dive to improve performance in specific modalities, including reducing unwarranted variation across the Group, equalising waiting times and improving activity levels by making greater use of available equipment.
- h. **Digital Plan Delivery update – Data Accuracy and Access to Reporting** - The PEF CiC received the Digital Plan Delivery report at the May 2024 meeting as requested by the CaMP CiC. The report confirmed that timely and appropriate access to reports remained available and the concerns raised about the accuracy and availability of data since the migration to Lorenzo were due to a lack of awareness of how to access the reports. This had been mitigated with increased staff communications and IT service desk support.

5.0 Matters on which the committees have requested additional assurance:

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

- a. **Risk Register** – it was noted that the Capital and Major Projects (CaMP) CiC have referred a risk relating to the lack of Committee oversight of the Risk Register to the Audit, Risk and Governance (ARG) CiC for review on behalf of all CiCs of whether there is a gap in controls and, if so, if that gap had been sufficiently mitigated. It was noted that the revised Risk Register should be available from July 2024 meetings.
- b. **Water Tank replacement at SGH** – The Committee asked for confirmation that sufficient work had been undertaken on the replacement of the water tanks at SGH to enable the improvement notice to be lifted at the April meeting. It was subsequently confirmed that the notice for Water Tanks had been lifted, but there was an ongoing notice relating to Water pipework. To avoid future confusion, the Committee requested that future Estates and Facilities reports to the Committee

should include a table showing the status of all open improvement notices from external bodies.

- c. **Management of Estates, Facilities and Development Risks** – concerns remained around significant risks which were currently unfunded and it was noted that this would not change in the short term. However, the Committees were assured on the management of the risks and the mitigations in place.
- d. **Loss of income from catering and retail outlets** – the Committees suggested a strategic review of retail and catering arrangements due to the loss of income reported via the Estates and Facilities report.
- e. **Items for information** – The Committees discussed and agreed the need for the following minutes/reports to be received by the PEF CiC for future meetings:
 - Consolidated North Bank Site Report;
 - Consolidated South Bank Site Report;
 - Planned Care Board Meeting Minutes;
 - Unplanned Care Board Meeting Minutes.

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

- 6.1 The Committees received the areas of the BAF for which they have oversight which included a progress update regarding the harmonisation and rationalisation of the BAFs for HUTH and NLAG. The Committees will further consider the Committee specific areas of the BAF upon receipt of the planned revised version once available and will continue to receive the current version until this time.

7.0 Trust Board Action Required

7.1 The Council of Governors are asked to:

- note the key points highlighted in the escalation report from the PEF CiC meetings held on 24 April 2024 and 29 May 2024
- note the high risks associated with delivery of the CIP plan for the year and the implications of under delivery on the Group's cash position.

Gill Ponder, PEF CiC Chair

For meetings held on 24 April 2024 and 29 May 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)027

Name of the Meeting	Council of Governors		
Date of the Meeting	18 June 2024		
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees in Common		
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chairs of the Quality and Safety Committees in Common		
Title of the Report	Quality and Safety Committees-in-Common Highlight and Escalation Report		
Executive Summary	<p>The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common at both its 25 April 2024 and 23 May 2024. The following matters are highlighted:</p> <ul style="list-style-type: none"> • CQC statement of purpose update • CQC action mapping and harmonisation of reporting exercise. • Progress on departure from Maternity services special measures programme. • Care Groups alignment of reporting processes and outcomes to the Committee in Common. • Ratification of Q4 BAF risk ratings. 		
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	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </td> </tr> </table>	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:
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Committees-in-Common Highlight Report to the Council of Governors

	18 June 2024
	Quality and Safety Committees in Common
	25 April 2024 23 May 2024
	Yes on both occasions

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Quality and Safety Committees-in-Common at their meetings held on 25 April 2024 and 23 May 2024 including those matters which the committees specifically wish to escalate to the Council of Governors.

2.0 NLaG Matters considered by the committees

2.1 25 April 2024

- Operational Pressures Update
- Board Assurance Framework
- Integrated Performance Report
- CQC Action plan NLAG
- Maternity Services
- Safeguarding
- PSIRF
- Patient Experience
- Annual PLACE Report

2.2 23 May 2024

The committees considered the following items of business:

- Operational Pressures Update
- Board Assurance Framework
- Risk Register Report
- Integrated Performance Report
- CQC Improvement Plans
- CQC Statement of Purpose
- Nursing assurance report
- Maternity action update
- PSIRF
- CLIP Report
- Quality Impact Assessment
- Register of External Interests
- Mortality and learning from deaths
- Clinical Effectiveness Report
- CQUINs
- Mental Health Strategy update

3.0 Matters for reporting / escalation to the Council of Governors

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

25 April 2024

- (a) Significant Assurance: Maternity Services. - Good progress is being made regarding year 6 CNST standards. The Trust awaits notification of exit from the Maternity Special Measures Programme.
- (b) Significant Assurance: PSIRF (including duty of candour and lessons learned). - Work is ongoing regarding the harmonisation of Group processes and reporting. Although sovereign status of Trusts reporting requirements will be maintained. The number of Serious Incidents has reduced since last November.
- (c) Significant Assurance: PLACE reporting & outcomes of non-clinical aspects of healthcare settings. - NLaG scores were above the national average in all domains except appearance, maintenance and cleanliness in our older buildings at Scunthorpe and Goole Hospitals.
- (d) The Trust has a SHMI which is within the as expected banding.
- (e) NLAG Friends and Family Test (FFT) performance was stable. The majority of respondents provided positive feedback. A reduction in FFT in A&E and Outpatients response rate was noted (although the responses are the highest it has ever been in the trust). The Patient Experience Manager is undertaking work to understand the reduction. For maternity NLaG scored 100% on birth score.

23 May 2024

- (a) NLaG has a requirement as part of the Care Quality Commission Registration Regulations to notify CQC of any changes to its statement of purpose. The statement of purpose was last updated with the CQC in April 2023. The 2024 review makes minor changes about services and updates the changes in the Group leadership and management structure.
- (b) The new Care Groups are to review their CQC actions and highlight any risks to the services. The Quality and Safety Committees-in-Common will continue to receive the progress updates.

4.0 Matters on which the committees have requested additional assurance:

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

25 April 2024

- (a) Moderate Assurance: CQC Actions.
The actions are reducing. 122 actions down to 72. Closed actions are still tracked but removed from the action plan. Good progress was being made; significant assurance was received relating to the process. Moderate assurance was received for the outcomes as actions were not yet embedded. For noting, there is a NLAG and HUTH CQC action mapping exercise being

undertaken to ensure that the Care Groups know who owns and is accountable for each CQC action.

(b) Reasonable Assurance: Patient Experience.

There is work to be done with the Care Groups to align processes and agree metrics for performance outcomes between NLaG and HUTH. There has been a spike in complex lengthy complaints although the complaint position was positive with a 92% response rate within the 60-day target.

23 May 2024

a) Limited Assurance: Risk reporting.

A review of all risks is being carried out within the Care Groups. A report is to be received detailing progress at the October 2024 CIC.

b) Limited Assurance: The Clinical Effectiveness.

- Notification of potential national outlier alert for the national audit of dementia. This related to one standard – Delirium. It was noted that NLaG has made significant year on year improvement.
- The Trust status against NICE guidance is 87.4% against a compliance target of 90%. There is a persistent non meeting of target.

c) Significant Assurance: Maternity Services.

Trust awaits notification of exit from the Maternity Special Measures Programme. The Maternity Transformation Improvement Board will be stood down and reformed as a Group Maternity Assurance Committee in Common in the next few months. The CIC will seek to ensure there is no reduction in the quality of NLaG maternity services.

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.

25 April 2024

The NLAG BAF was presented to the Committee for information to show the progress being made relating to the development of the Group BAF. The committee considered the areas of the BAF for which it has oversight, and no changes were proposed.

23 May 2024

The Q4 BAF risk ratings were ratified and the Committees in Common agreed to recommend approval by the Boards in Common in June 2024. There were no changes proposed. The Q1 BAF risk ratings were also received and will be presented to the Boards in Common in June 2024.

6.0 Trust Board Action Required

6.1 The Council of Governors is asked to:

- Note the items reported/escalated on 25 April/23 May 2024
- Note the assurance received by the Committees in Common 25 April/23 May 2024

Sue Liburd
Non-Executive Director
07 June 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)028

Name of the Meeting	Council of Governors		
Date of the Meeting	18 June 2024		
Director Lead	Kate Truscott, Non-Executive Director Chair of Workforce, Education and Culture Committees-in-Common		
Contact Officer/Author			
Title of the Report	Workforce, Education and Culture Committees-in-Common Highlight Report		
Executive Summary	<p>Feedback reports from the Workforce, Education and Culture Committees-in-Common held on 30th April and 23 May 2024</p> <p>Committee members considered the following issues :</p> <p>Board assurance framework; CQC Action Plan; Group Performance report; Reduction in agency expenditure; recruitment time to hire; Freedom to speak up report; Care Group Support; Impact of implementation of Lorenzo system; Band 2/3 job bandings; group consultant job planning and group medical staff engagement; and asked for further information and identified matters to be escalated to the Trust Board</p>		
Background Information and/or Supporting Document(s) (if applicable)			
Prior Approval Process	The report has been approved by the committee Chairs		
Financial implication(s) (if applicable)	N/A		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A		
Recommended action(s) required	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </td> </tr> </table>	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:
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**Committees-in-Common Highlight /– NLaG and Group Matters for Council of
 Governors meeting June 2024**

	18 June 2024
	Workforce, Education and Culture Committees in Common
	30 April 2024 23 May 2024
	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 30 April 2024 including those matters which the committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

2.1 The committees considered the following items of business:

30 April 2024

- Board Assurance Framework
- CQC WECC Actions HUTH and NLaG focusing particularly on mandatory training compliance – medical staff compliance
- Group IPR
- NLaG reduction in agency spend – from 4000 hours per week to 1400 – resulting from more stringent application of levels of authorisation to utilise agency staff – ongoing scrutiny by the Committee
- Group recruitment time to hire
- Freedom to Speak Up and NLaG – Increase in number of issues raised generally. Issues around behaviour, general support and some patient safety related matters
- Care Group Support – OD Team working with Group Chief Delivery Officer to produce a comprehensive plan
- Impact of Lorenzo – NLaG
- Band 2/3 Job Descriptions and impact of change to national profiles
- Group Job Planning development – to consider the job planning processes and number of Programme Activities undertaken
- Group medical engagement update
- NLaG EDS 22 Approval

- Group Vacancy Control - A strengthened process had been put in place to ensure critical analysis of all workforce requirements in light of Cost Improvement Programme

May 2024

- Board Assurance Framework
- NLaG Nursing and Midwifery staffing report
- CQC HUTH/NLAG Action updates
- Group IPR
- Group Memorandum of Understanding
- Guardian of Safe Working NLaG
- CDC Recruitment issues – particularly Scunthorpe
- Medical Workforce update
- Group Staff Charter
- Un-registered nurse vacancy rate
- Nursing band 2/3 options
- Pharmacy recruitment update

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:

30 April 2024

- NHS England has removed funding for resilience hubs for all NHS Trusts from September 2024. This will impact NLaG's provision of support for staff. NLaG does have an Employee Assistance programme which includes access to mental health services. The provision of health and wellbeing services across the Group will be the subject of a deep dive by the Workforce Education and Culture Committee
- NLaG – Impact of transition to the Lorenzo system. There had been considerable challenges for the teams in implementing the new system, particularly ward clerks and receptionists. This has caused anxiety and distress for some staff. Action had been taken to provide additional training and support including support from HUTH teams familiar with the system and NLaG staff dedicated to help. Feedback after the support had been provided was positive

23 May 2024

- The WEC CIC agreed the Group Staff Charter recommending approval by the
- NLAG Community Diagnostic Centres - risks – The CIC was assured that there was a plan in place for delivery of a limited service on time but there were many variables such as finance, governance, remote reporting and recruitment that could impact on it.
- Band 2/3 uplift financial implications. A report detailing the required funding to be shared with the CIC and was being reviewed by the Cabinet.

4.0 Matters on which the committees have requested additional assurance:

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

30 April 2024

- a) Internal Audit report on sickness absence management – to be considered at a future meeting once received from Audit Risk and Governance Committee in Common
- b) E- Rostering – particularly for junior doctors – Internal Audit report – to be considered at a future meeting once received from Audit Risk and Governance Committee in Common
- c) Group Community Diagnostic recruitment – referred by the Capital and Major Projects Committee – on the May agenda
- d) Pharmacy recruitment – referred by the Quality & Safety Committee in Common – on the May agenda
- e) IPR data – further work being undertaken to ensure data sets are accurate and consistent
- f) Group Job Planning – a written report to be received in October 2024 when further work had been carried out. Liaison with Joint Consultative committees was ongoing regarding terms and conditions of service

23 May 2024

- a) NLAG unregistered nursing staff position was discussed and the CIC were assured that a good, robust plan was in place. The over-establishment for registered nurses for NLAG had not yet been approved which would impact on the non registered workforce position and the gaps remained. The CIC gave limited assurance until the establishment was confirmed
- b) Medical Consultant vacancies were presented to the CIC. There were Certificate of Completion of Training issues which could impact on the 23 new consultants that had been recruited. A report to the next WEC CIC detailing the issues and solutions would be received in July 2024. Limited assurance was given for this item.
- c) Pharmacy recruitment had been referred by the Quality and Safety CIC. This was discussed and a plan was in place and the CIC was assured that there was safe service provision. However, the mix of grades within the team meant that the service was not functioning as well as it could and the CIC deferred the item back to the Quality and Safety CIC in case any quality issues were emerging.
- d) Details of agency expenditure would be incorporated into the monthly integrated performance report.
- e) A report on the current leadership programmes provided across the group would be presented at a future CIC meeting, followed by proposals for future leadership programmes.

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 accepted the risk ratings at both April and May meetings.

Kate Truscott – Chair of Workforce, Education and Culture CIC

27th May 2024

Council of Governors Business Meeting

Agenda Item No: CoG(24)029

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	Ivan McConnell, Group Chief Strategy & Partnerships Officer
Contact Officer/Author	Adam Creeggan, Group Director of Performance
Title of the Report	Operational and Financial Plan 2024-25
Executive Summary	<p>The attached slide pack provides the Council of Governors with the planning submission that has been made in accordance with NHSE National Guidance.</p> <p>The Operational Plan is based upon National Planning Guidance issued by NHSE.</p> <p>The key priorities within the guidance are:</p> <ul style="list-style-type: none"> • Recovery of core services to pre Covid 19 levels • Supporting the workforce • Improving productivity • Finance <p>The Plan has been subject to multiple reviews by the Humber and North Yorkshire ICB, NHSE both nationally and regionally during its preparation</p> <p>Additionally the plan has been discussed at Committees and a Board Development session.</p> <p>The Council of Governors is asked to note the Operational Plan</p>
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:



Humber Health
Partnership

Final Operational Plans 2024/25 HUTH and NLaG

Summary

NHS 2024/25 Priorities and Operational Planning Guidance (published 27 March 2024)

Overall priority for the NHS in England: “Recovery of core services and productivity following the Covid-19 pandemic”.

Priorities 2024/25

To improve patient outcomes and experience we must continue to:

- maintain our collective focus on the overall quality and safety of our services, particularly maternity and neonatal services, and reduce inequalities in line with the Core20PLUS5 approach
- improve ambulance response and A&E waiting times by supporting admissions avoidance and hospital discharge, and maintaining the increased acute bed and ambulance service capacity that systems and individual providers committed to put in place for the final quarter of 2023/24
- reduce elective long waits and improve performance against the core cancer and diagnostic standards
- make it easier for people to access community and primary care services, particularly general practice and dentistry
- improve access to mental health services so that more people of all ages receive the treatment they need
- improve staff experience, retention and attendance.

Recovery of core services

- A focus on:
 - shifting activity to settings outside of hospital
 - increasing diagnostic capacity
 - Shifting the balance of outpatient activity towards 1st appointments or for a procedure
 - Improving the productivity of priority cancer pathways
 - Investing in technology
 - Improving support to GP practices
 - Increasing the use of community pharmacies.
- NHS Impact (Improving Patient Care Together) to support delivery of clinical and operational excellence. Focus will be on interventions that improve patient flow.

Supporting the workforce

- Emphasis on improving staff experience, retention and attendance.
- Focus on pregnancy loss, menopause
- Embedding the NHS Equality, Diversity and Inclusion Improvement Plan
- Implementing actions in the NHS Sexual Safety Charter to improve safety at work

Improving productivity

- Deliver more with the resources we have
- Reduce temporary staff spend and off framework agency use
- Reduce delayed discharges
- Improve adoption of and compliance with best value frameworks and contracts
- Productivity and supporting metrics to be introduced and reported on from Q3 2024/25.

Finance

- Deliver a balanced net system financial position for 2024/25
- Cost uplift factor 2024/25 = 1.7%
- Allocations include a nominal 2% for pay and allows a 0.1% increase for pay drift (final pay arrangements for 2024/25 not yet agreed)
- Efficiency factor is 1.1% nationally
- Reduce agency spend to maximum of 3.2% of total pay bill across 2024/25
- Elective Recovery Fund – in scope:
 - Elective spells (day case and ordinary)
 - 1st outpatient attendances
 - Outpatient procedures that group to a non-WF HRG with a published price
 - Advice and guidance that results in a diverted pathway.

Other key actions:

- ICBs and providers to complete the NHS Impact self assessment and use to create a shared, measurable plan for embedding improvement
- Embed a quality and equality impact assessment (QEIA) process as part of financial and operational decision-making (including cost improvement plans)
- Reduce proportion of waits over 12 hours in ED
- Maintain G&A beds at levels funded and agreed in 2023/24 operational plans
- Improve access to virtual wards (80%+ utilisation) with a focus on frailty, acute respiratory infection, heart failure, children and young people
- reductions in:
 - admitted and non-admitted time in emergency departments, and in particular arranging appropriate services for mental health patients requiring urgent care
 - the number of patients who are still in hospital beyond their discharge ready date, as well as the length of delay
- all Type 1 providers to have an SDEC service in place at least 12 hours a day, 7 days a week and an acute frailty service in place at least 10 hours a day, 7 days a week
- make significant improvement towards the 85% day case and 85% theatre utilisation

Other key actions:

- New metric measuring the proportion of all outpatient attendances that are for first or follow-up appointments attracting a procedure tariff (the proportion of activity that is pathway completing). To meet the national ambition of 46% systems to deliver a 4.5 percentage point improvement against their 2022/23 baseline up to a maximum local ambition of 49%. (HUTH plan = 44.17%, NLaG plan = 49.59%)
- improve patient and list management, including consistent application of the referral to treatment (RTT) rules suite, utilisation of the national access policy and a strong focus on validation, so that at any time at least 90% of patients waiting over 12 weeks are validated
- Cancer:
 - improve productivity in priority pathways; lower GI (at least 80% of referrals accompanied by a FIT result), skin (accelerate the adoption of teledermatology) and urological cancers (continued implementation of nurse-led biopsy and implementation of risk-stratification tools in prostate cancer)
 - establish, where not already in place, breast pain pathways and unexpected bleeding pathways for women receiving HRT
 - support the delivery of NHS-wide early diagnosis programmes, including the expansion of targeted lung health checks (TLHC), by ensuring sufficient CT-guided biopsy, endobronchial ultrasound (EBUS) and treatment capacity to diagnose and treat people identified with cancer, and commissioning the required phlebotomy capacity to support implementation of the Multi-Cancer Blood Test Programme in participating areas.

NHS Objectives 2024/25 and current Group compliance

Area	Objective	HUTH Compliance	NLaG Compliance
Quality and patient safety	<ul style="list-style-type: none"> Implement the Patient Safety Incident Response Framework (PSIRF) 	Yes	Yes
Urgent and emergency care	<ul style="list-style-type: none"> Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 	61.2% (Mar 24)	66.39% (Mar 24)
	<ul style="list-style-type: none"> Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 	No	No
Primary and community services	<ul style="list-style-type: none"> Improve community services waiting times, with a focus on reducing long waits 		
	<ul style="list-style-type: none"> Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need 		
	<ul style="list-style-type: none"> Increase dental activity by implementing the plan to recover and reform NHS dentistry, improving units of dental activity (UDAs) towards pre-pandemic levels 		
Elective care	<ul style="list-style-type: none"> Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties) 	69 (Mar 24)	28 (Mar 24)
	<ul style="list-style-type: none"> Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107% 		
	<ul style="list-style-type: none"> Increase the proportion of all outpatient attendances that are for first appointments or follow-up appointments attracting a procedure tariff to 46% across 2024/25 	44.17%	49.59%
	<ul style="list-style-type: none"> Improve patients' experience of choice at point of referral 		
Cancer	<ul style="list-style-type: none"> Improve performance against the headline 62-day standard to 70% by March 2025 	54.4% (Feb 24)	71.1% (Mar 24)
	<ul style="list-style-type: none"> Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026 	81.7% (Feb 24)	72.5% (Mar 24)
	<ul style="list-style-type: none"> Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028 		
Diagnostics	<ul style="list-style-type: none"> Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95% 	Achieving in MRI and Audiology	
Maternity, neonatal and women's health	<ul style="list-style-type: none"> Continue to implement the Three-year delivery plan for maternity and neonatal services, including making progress towards the national safety ambition and increasing fill rates against funded establishment 		
	<ul style="list-style-type: none"> Establish and develop at least one women's health hub in every ICB by December 2024, working in partnership with local authorities 		

NHS Objectives 2024/25 and current compliance

Humber Health Partnership

		HUTH Compliance	NLaG Compliance
Mental health	<ul style="list-style-type: none"> Improve patient flow and work towards eliminating inappropriate out of area placements 		Partnership
	<ul style="list-style-type: none"> Increase the number of people accessing transformed models of adult community mental health (to 400,000), perinatal mental health (to 66,000) and children and young people services (345,000 additional CYP aged 0–25 compared to 2019) 		
	<ul style="list-style-type: none"> Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement and 48% reliable recovery 		
	<ul style="list-style-type: none"> Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025 		
	<ul style="list-style-type: none"> Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025 		
People with a learning disability and autistic people	<ul style="list-style-type: none"> Ensure 75% of people aged 14 and over on GP learning disability registers receive an annual health check in the year to 31 March 2025 		
	<ul style="list-style-type: none"> Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults or 12–15 under 18s for every 1 million population 		
Prevention and health inequalities	<ul style="list-style-type: none"> Increase the % of patients with hypertension treated according to NICE guidance to 80% by March 2025 		
	<ul style="list-style-type: none"> Increase the percentage of patients aged 25–84 years with a CVD risk score greater than 20% on lipid lowering therapies to 65% by March 2025 		
	<ul style="list-style-type: none"> Increase vaccination uptake for children and young people year on year towards WHO recommended levels 		
	<ul style="list-style-type: none"> Continue to address health inequalities and deliver on the Core20PLUS5 approach, for adults and children and young people 	Ongoing	Ongoing
Workforce	<ul style="list-style-type: none"> Improve the working lives of all staff and increase staff retention and attendance through systematic implementation of all elements of the People Promise retention interventions 		
	<ul style="list-style-type: none"> Improve the working lives of doctors in training by increasing choice and flexibility in rotas, and reducing duplicative inductions and payroll errors 		
	<ul style="list-style-type: none"> Provide sufficient clinical placements and apprenticeship pathways to meet the requirements of the NHS Long Term Workforce Plan 		
Use of resources	<ul style="list-style-type: none"> Deliver a balanced net system financial position for 2024/25 	Group – Break even position	
	<ul style="list-style-type: none"> Reduce agency spending across the NHS, to a maximum of 3.2% of the total pay bill across 2024/25 		

Summary of Changes in HUTH/NLAG Second Cut Submissions

Changes to previous draft submissions have taken into account the NHS 2024/25 Priorities and Planning Guidance issued 27 March 2024. These included:

- Revised A&E trajectory to achieve 78% 4 hour compliance (all types combined) – now based on geographic footprint, not individual provider.
- SDEC – June go live for Type 5 attendances at HUTH delayed to July. Adjustments made to zero LOS and SDEC totals for month of June 2024. (HUTH SDEC total: 9,042, NLaG SDEC total: 16,509)
- New outpatient metric – conversion of follow ups without procedure into new op/follow up with procedures: HUTH 48.2% and NLaG 49.0% NHSE set targets. Impacts at HUTH with adjustments to outpatient activity forecasts.
- Revised RTT trajectories– forecast position to March 2025 now arrests waiting list growth for both Trusts and reduces >52 week backlog at NLAG:
 - NLAG: mitigates first cut >52 week growth of 29.4% (311 pathways). Revised plans generate -10.1% (-106 pathway) reduction in the >52 week backlog
 - HUTH >52 week trajectory remains unchanged with a reduction of -40.8% (961 pathways)
 - In combination with NLAG the aggregate reduction in >52 waits for 24/25 is -31.3% (-1,067 pathways)



Hull University
Teaching Hospitals
NHS Trust

Summary: Outpatients

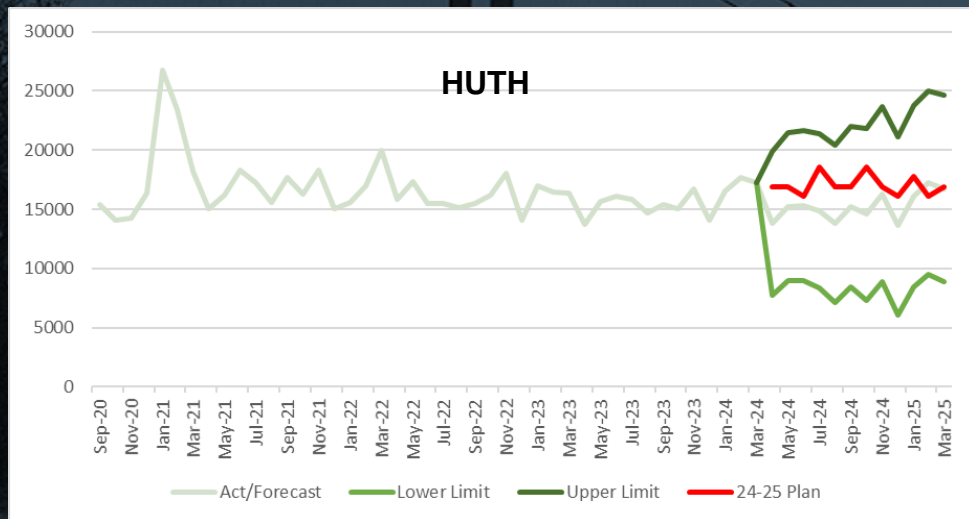


Northern Lincolnshire
and Goole
NHS Foundation Trust

Domain: Outpatients	HUTH 2023/24	HUTH Plan 2024/25	HUTH Plan as % of 2023/24	Change from First Draft submission	NLaG 2023/24	NLaG Plan 2024/25	NLaG Plan as % of 2023/24	Change from First Draft submission
All outpatient attendances	858457	862193	100%		366872	373440	102%	
No. of episodes moved to or discharged to PIFU as outcome of outpatient attendance	13909	21899	157%		11879	18671	157%	
PIFU as % of total outpatient attendances	1.6%	3.4%	By March 2025		3.2%	5.0%	By March 2025	
1st outpt spec acute	202619	202490	100%	12429	102460	110887	108%	
Outpatient procedures - ERF Scope	119360	143301	120%	14535	62855	64411	102%	
1st attendance without procedures	186420	204724	110%	14538	96222	102094	106%	
Follow up spec acute	473775	470078	99%		146440	143436	98%	
Outpatient follow up without procedure ERF scope	406987	374011	92%	-29063	181887	169234	93%	
% follow up without procedures	57.10	51.80	91%		53.34	50.41		

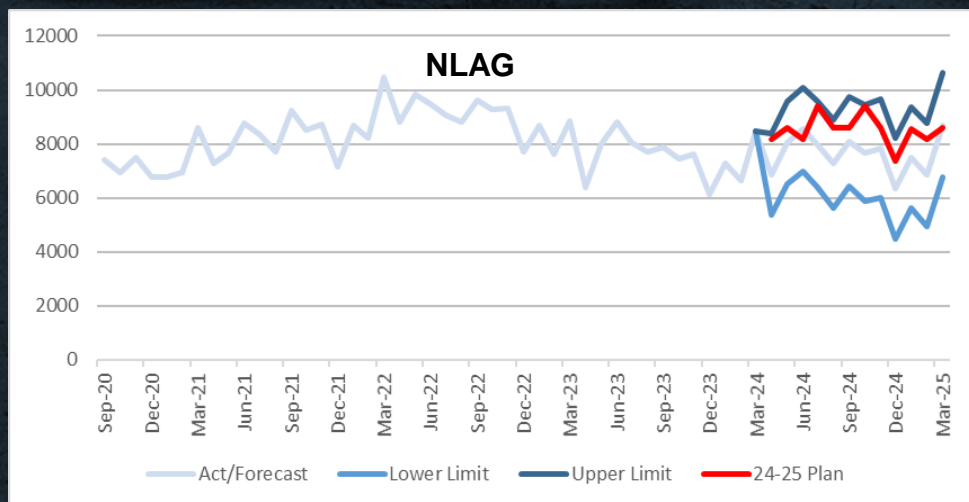
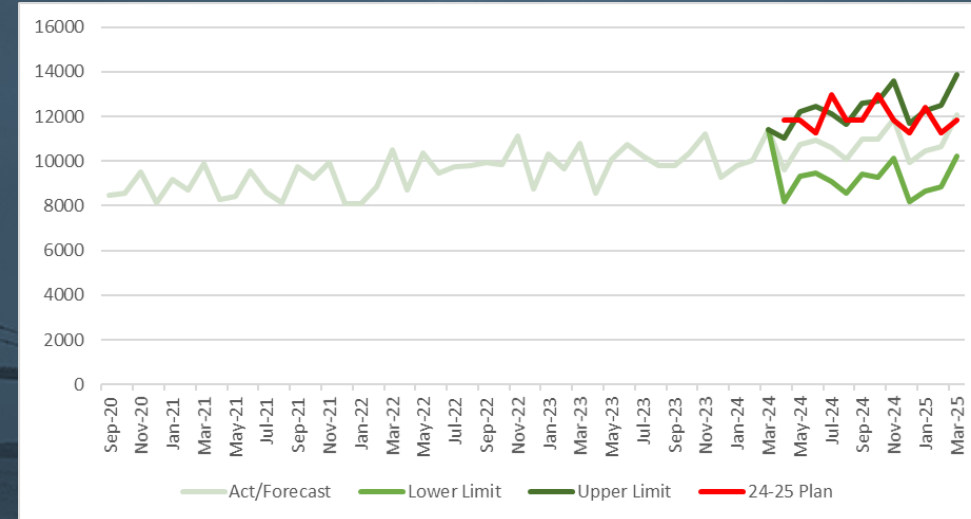
Phased Plans: Outpatient New (in ERF Scope)

Outpatient first attendances without a procedure

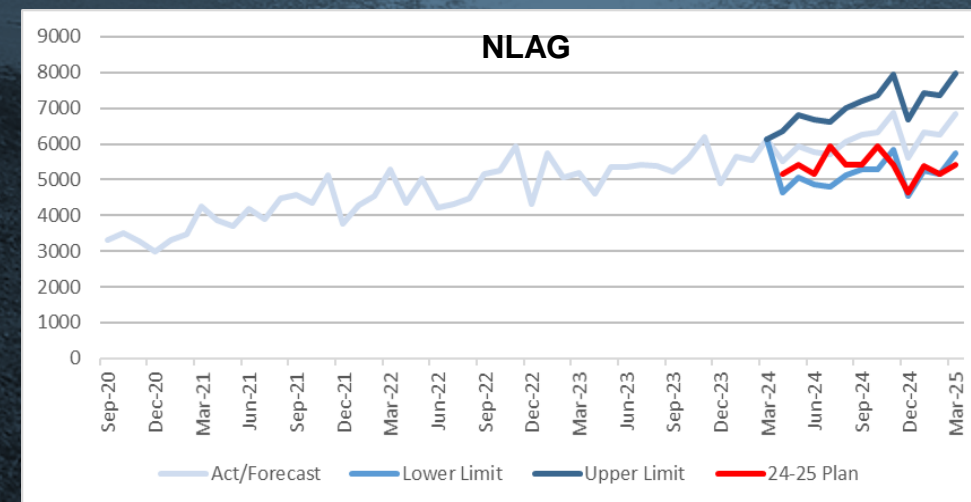


HUTH: increase in OP First of 10.9% on 23/24 actuals. Outpatients with procedure increase by 18.2% on 23/24 actuals driven by increased activity and improved data recording

Outpatient procedures

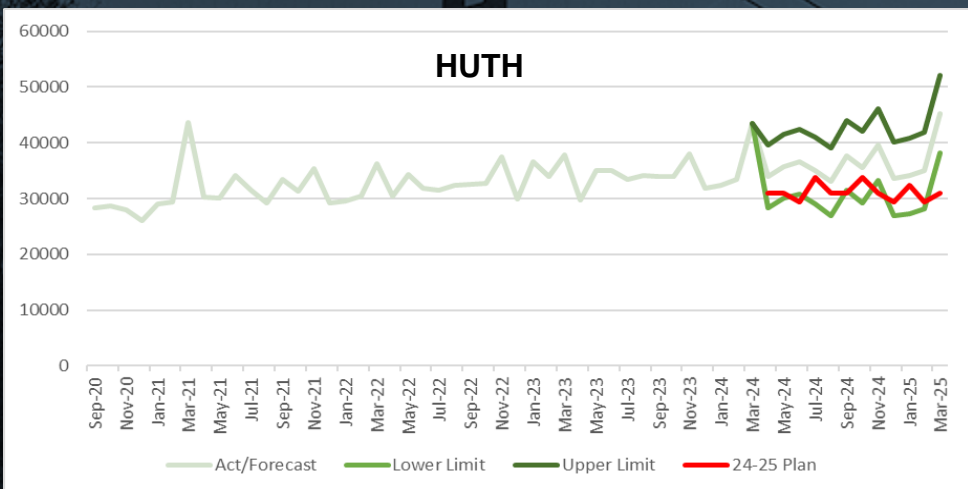


NLAG: increase in OP First of 9.9% on 23/24 actuals. 23/24 outpatient with procedure rates are maintained as NLAG currently meets the 48% target

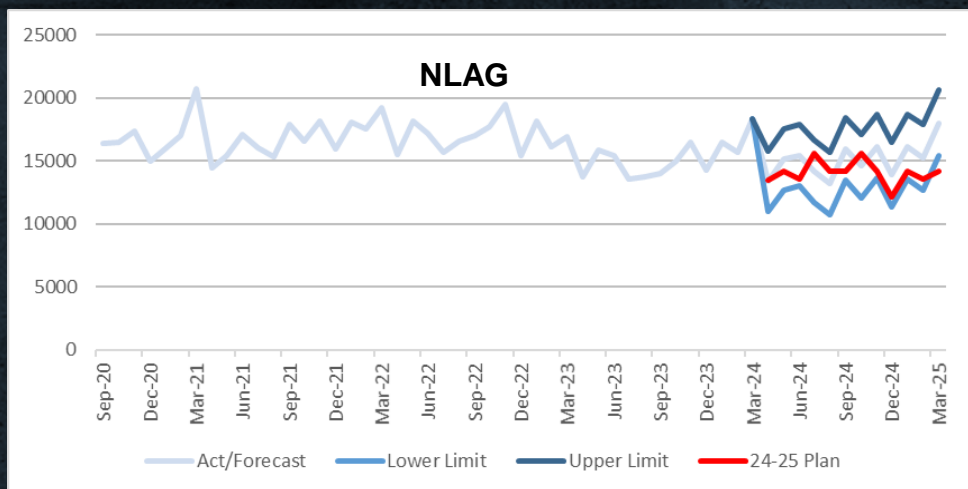


Phased Plans: Outpatient Follow Up (in ERF Scope)

Outpatient follow up attendances without procedure

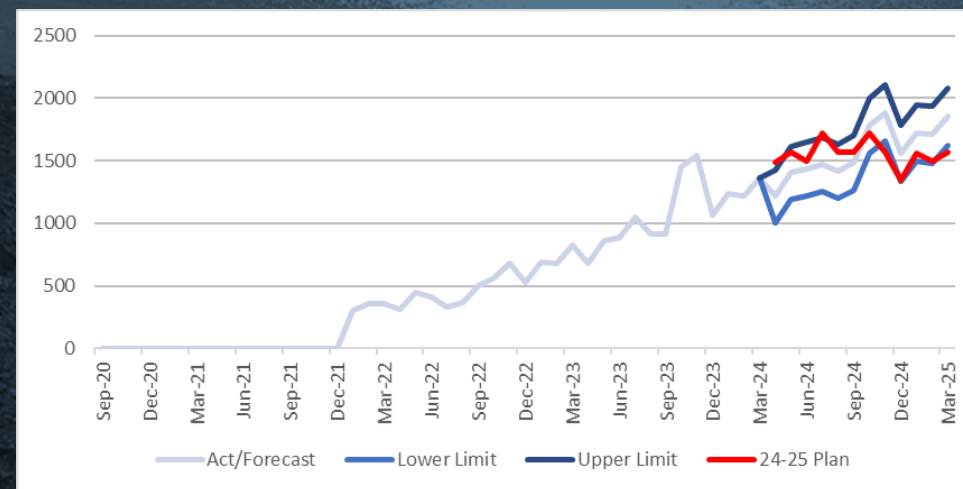
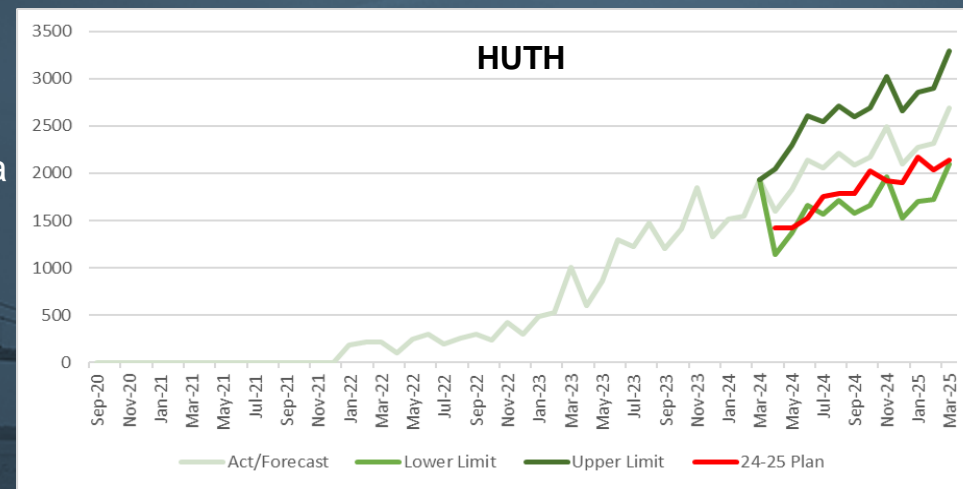


HUTH: reduction in follow ups without procedure of -8.8% on 23/24 actuals and a 34.8% increase in patients discharged to a PIFU pathway



NLAG: reduction in follow ups without procedure of -4.3% on 23/24 actuals and a 41.6% increase in the volume of patients discharged to a PIFU pathway.

Outpatients moved or discharged to patient initiated outpatient follow-up pathway (PIFU)





Hull University
Teaching Hospitals
NHS Trust

Summary: ED Attendances

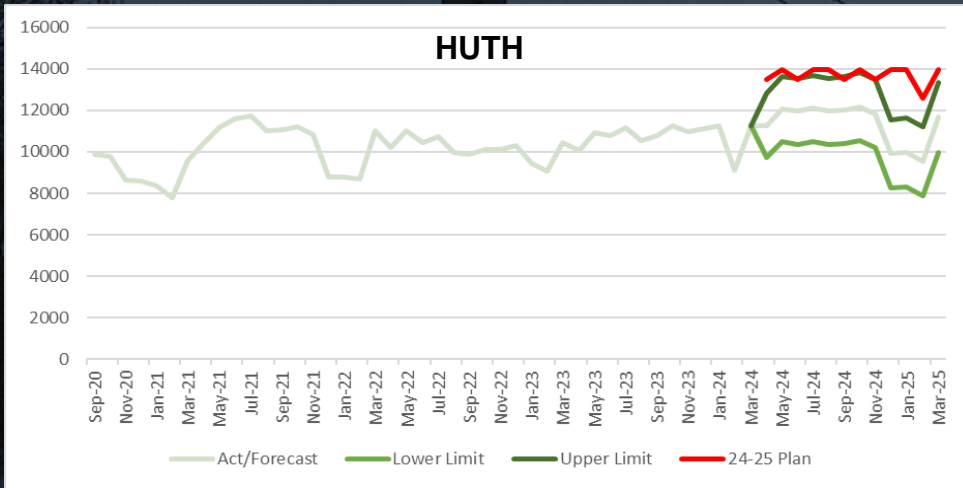


Northern Lincolnshire
and Goole
NHS Foundation Trust

Domain	HUTH 2023/24	HUTH Plan 2024/25	HUTH Plan as % of 2023/24	Change from First Draft submission	NLaG 2023/24	NLaG Plan 2024/25	NLaG Plan as % of 2023/24	Change from First Draft submission
A&E attendances								
Total no attendances Types 1, 2, 3 AE excluding planned follow ups departing in less than 4 hours	63580	113648	179%	7243	108323	127619	118%	1969
Total no attendances Types 1, 2, 3 AE excluding planned follow ups	129947	164250	126%		171591	176062	103%	
% attendances Types 1, 2,3 AE excluding planned follow ups, departing in less than 4 hours	48.9	78.3		Revised threshold	63.4	78.0		Revised threshold
		by March 2025				by March 2025		
No of attendances Type 1 AE where patient spent less than 4 hours from time of arrival to admission, discharge or transfer	63580	51460	81%	7179	108323	60034	55%	7951
No of attendances Type 1 AE	129947	98550	76%		171591	108477	63%	
% of attendances at Type 1 AE excluding planned follow ups departing in less than 4 hours	48.93	64.5			63.13	64.9		
		by March 2025				by March 2025		
No of attends at other type AE where patient spent less than 4 hours from time of arrival to admission, discharge or transfer		62188				67585		
No of other type AE attendances		65700				67585		
% of attendances at Types 2 and 3 AE excluding planned follow ups departing in less than 4 hours		99.0				100.00		
		by March 2025						
Same Day Emergency Care		9042		990		16509		

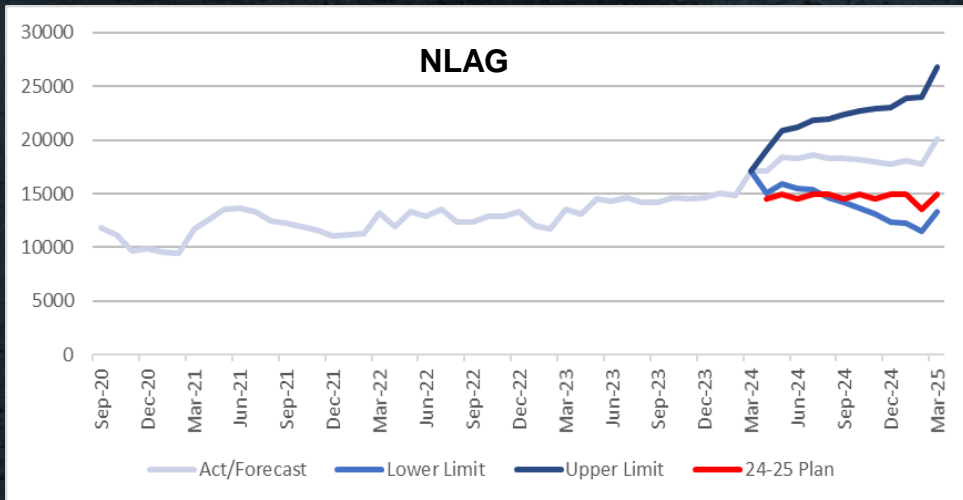
Phased Plans: ED Attendances

TOTAL attendances in A&E departments

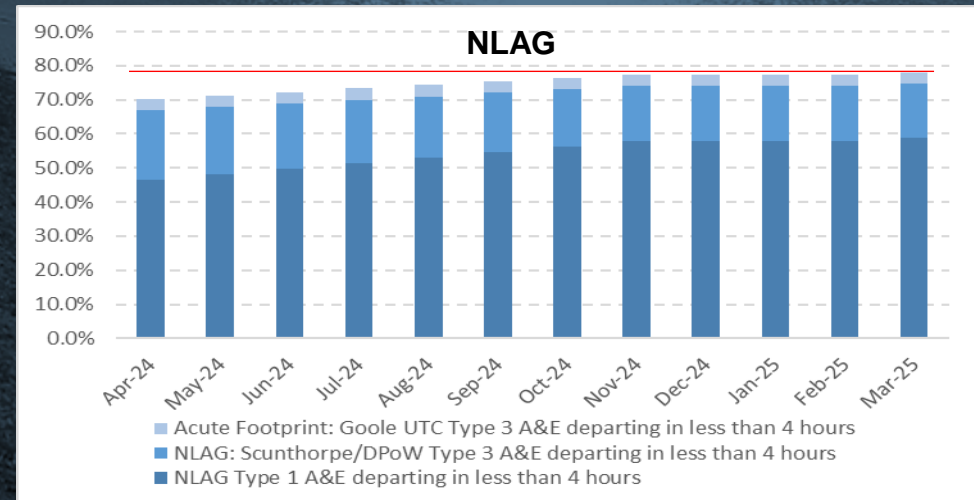
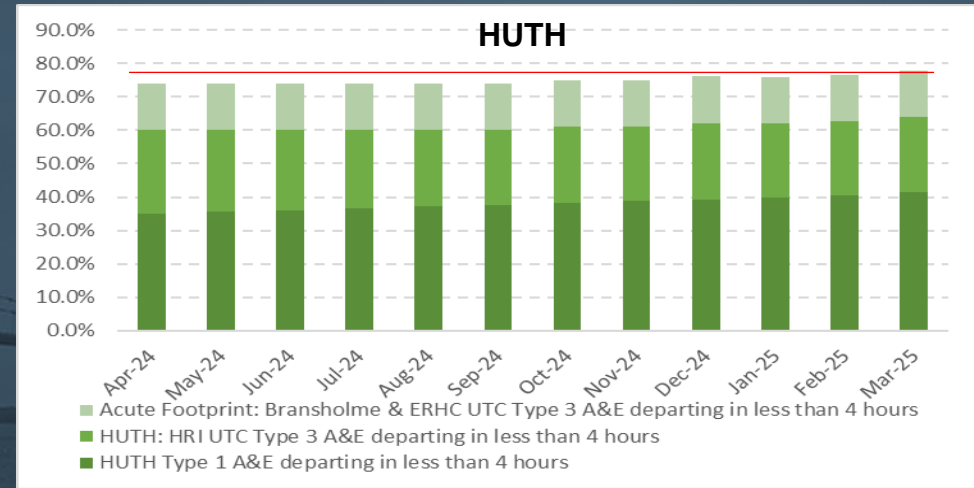


HUTH: Increased activity reflects the FYE of HRI UTC

A&E 4 Hour Target: NE&Y Region/HNY ICB have instructed trajectories based on Acute footprint rather than Acute Provider. This incorporates 14.0% and 3.3% into HUTH and NLAG due to footprint UTCs, MIUs etc. This creates 24/25 HHP targets of 64.0% for HUTH and 74.7% for NLAG.

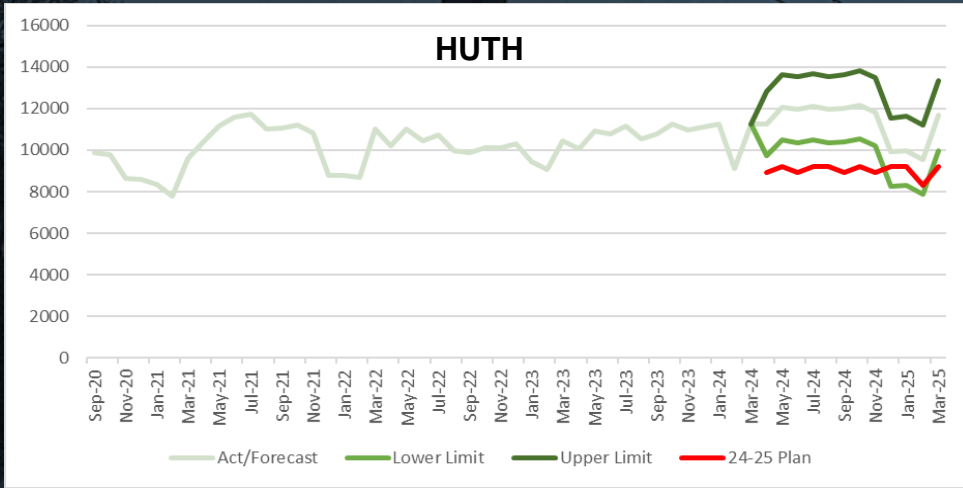


A&E 4 Hour Target



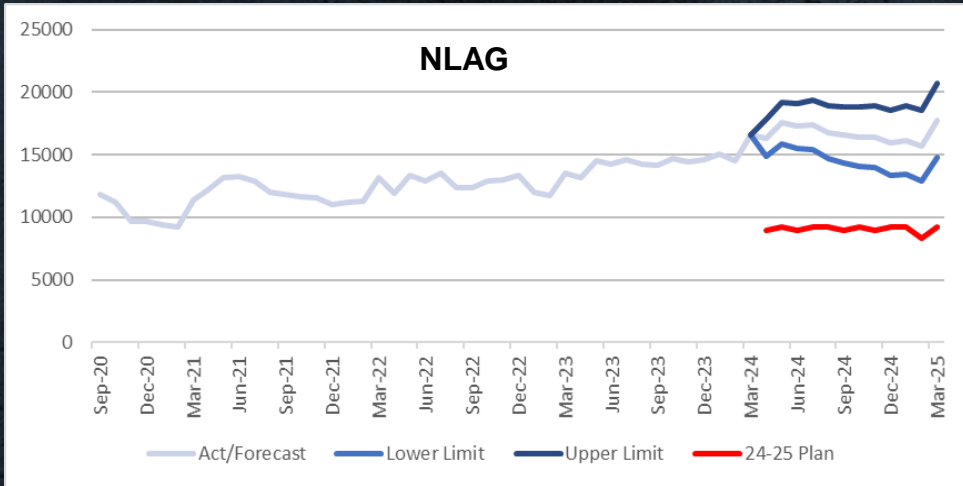
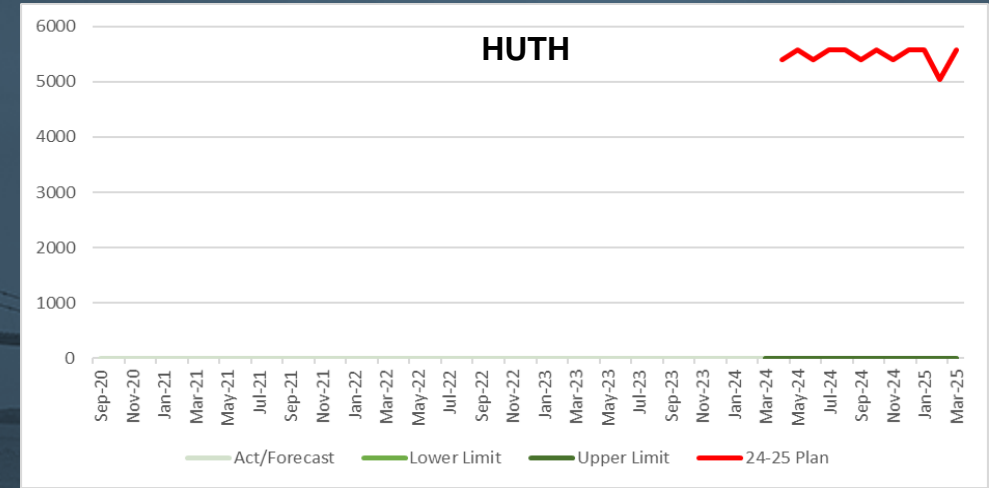
Phased Plans: A&E Attendances by Type

Number of Type 1 attendances in A&E departments

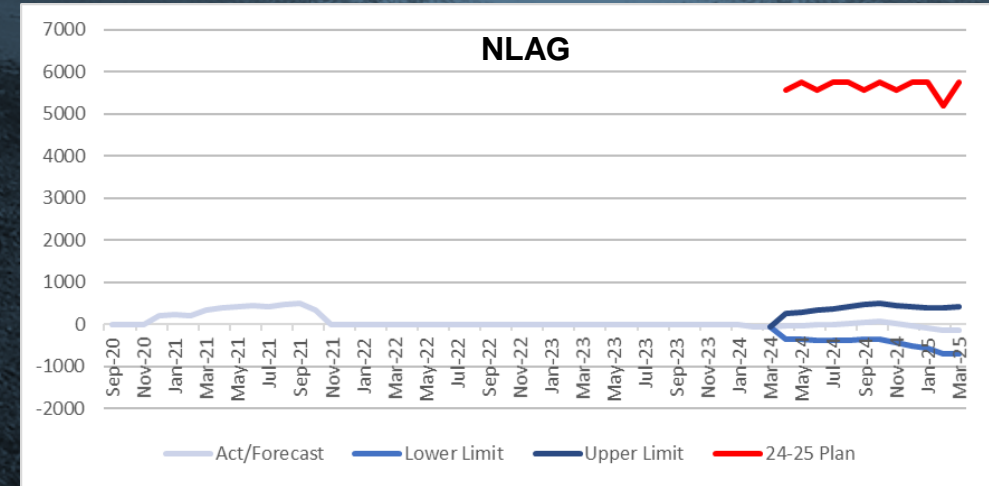


HUTH: Reflects the full year effect of streaming of historic Type 1 activity to HRI UTC

Number of Type 3 attendances in A&E departments



NLAG: Reflects the full year effect of correction of historic reporting of Scunthorpe UTC from Type 1 to Type 3



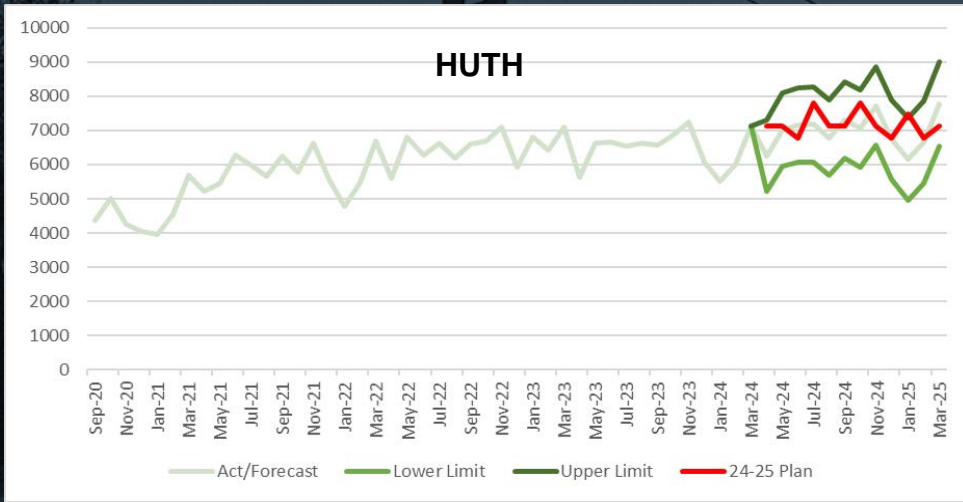


Summary: Elective and Non Elective Spells

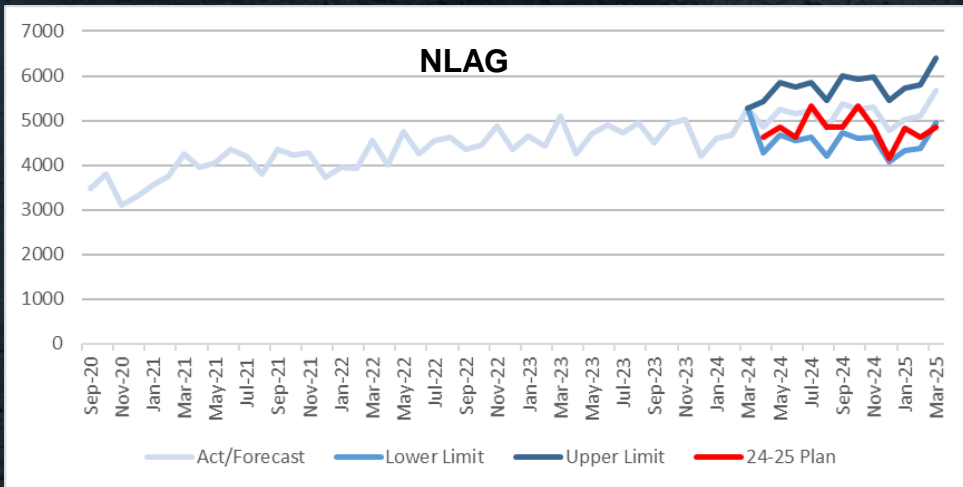
Domain	HUTH 2023/24	HUTH Plan 2024/25	HUTH Plan as % of 2023/24	Change from First Draft submission	NLaG 2023/24	NLaG Plan 2024/25	NLaG Plan as % of 2023/24	Change from First Draft submission
Elective Spells	92075	101259	110%		61486	62997	102%	
day case	78696	86225	110%		56357	57812	103%	
ordinary spells	13378	15034	112%		5129	5185	101%	
day cases (under 18 years)		2689				866		
ordinary spells (under 18 years)		631				250		
Non-Elective Spells	61345	53479	87%	750	61299	46623	76%	
LOS of zero days	22498	14836	66%	750	29028	13455	46%	
LOS of 1 day or more	38847	38645	99%		32272	33168	103%	

Phased Plans: Elective Spells

Day Case Elective Spells

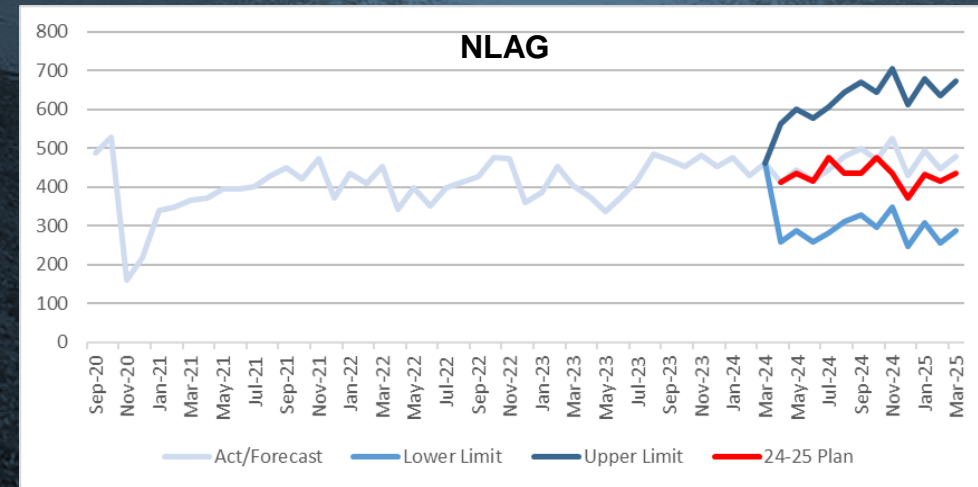
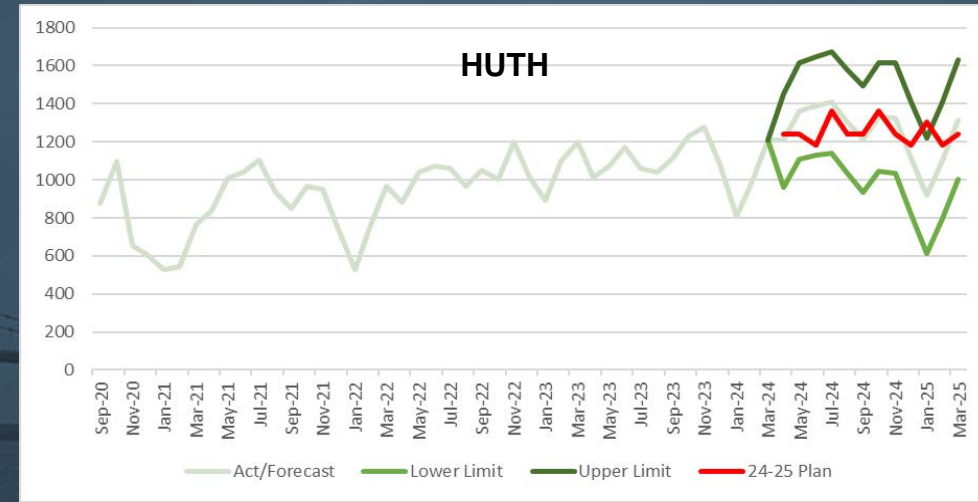


HUTH: Increased DC volumes reflects the part year effect of Castle Hill expansion



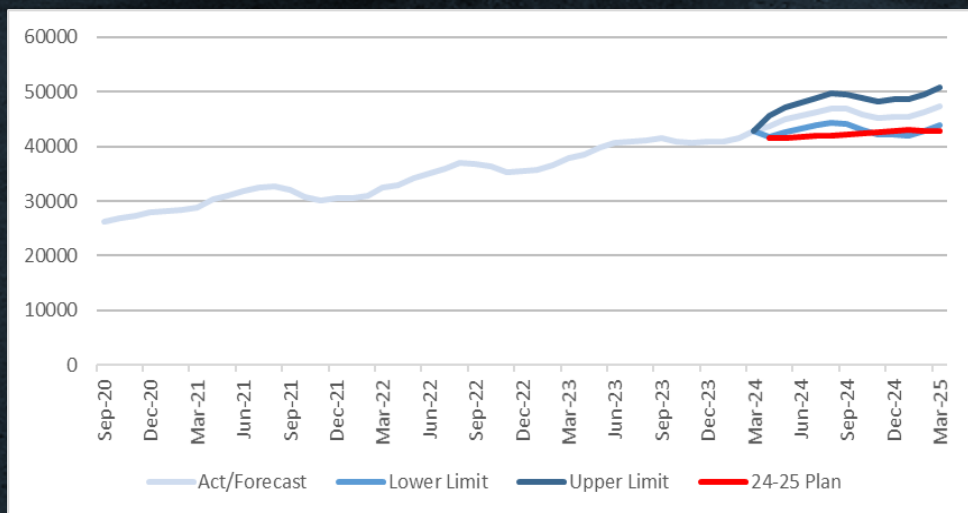
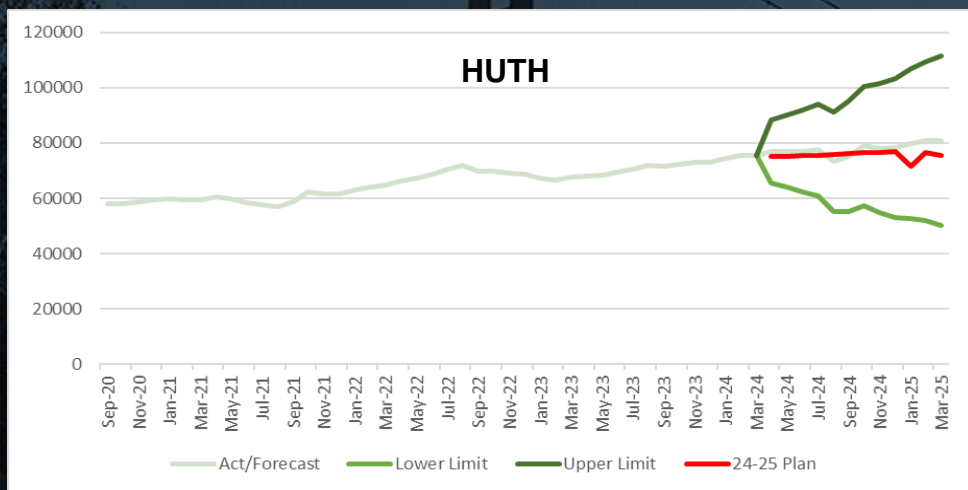
NLAG: No material changes in spell volumes

Inpatient Elective Spells

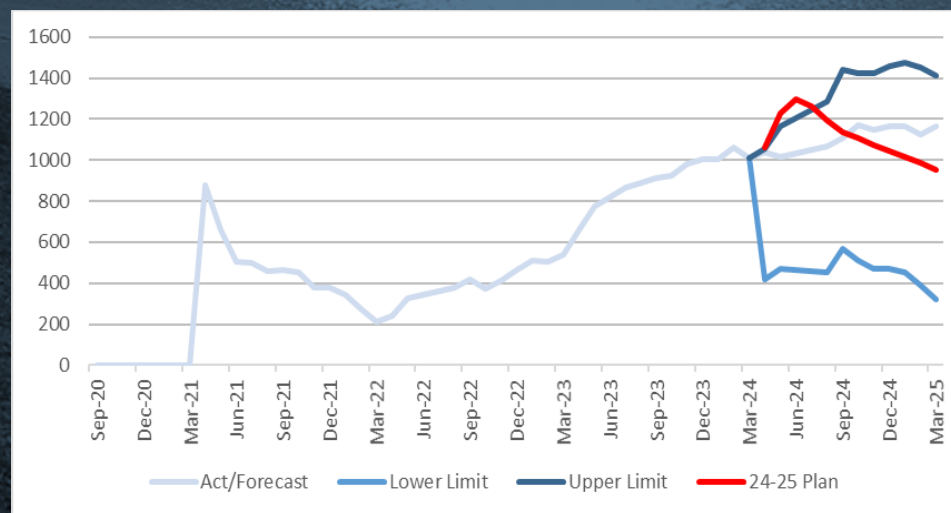
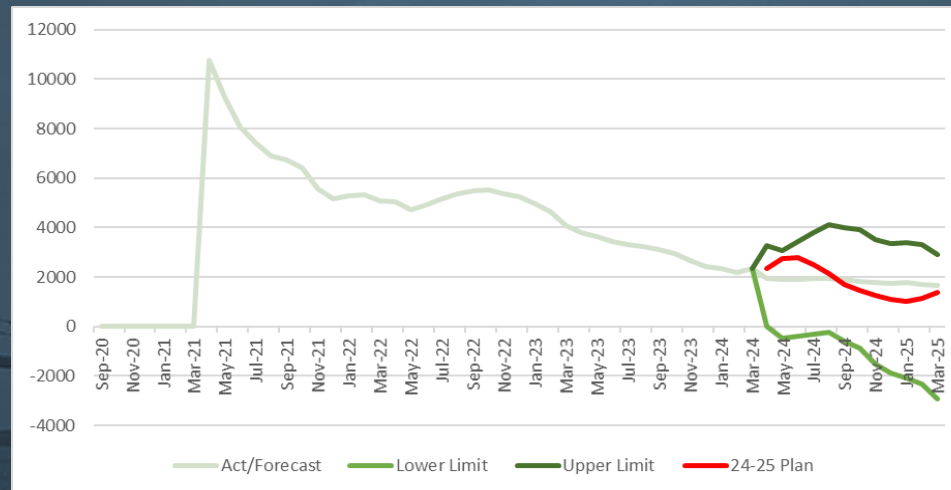


Phased Plans: Referral to Treatment (RTT) Delivery

Total Patient Tracking List Size (Waiting List)



RTT Patients waiting >52 weeks

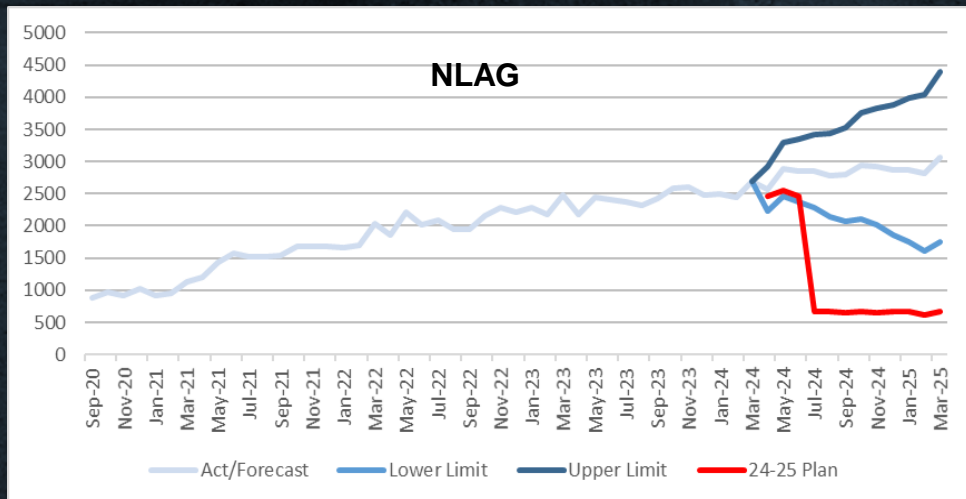
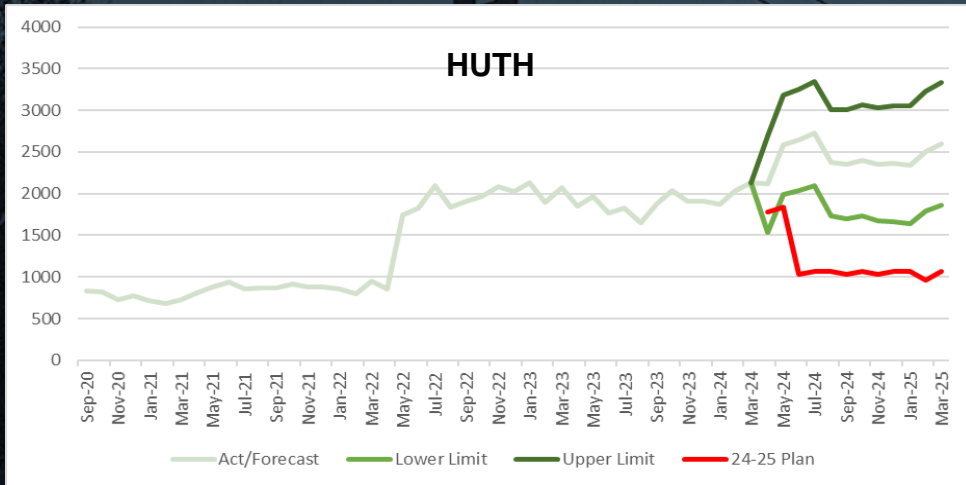


Revised plans for both Trust arrest the PTL/>52 week growth shown in the 1st cut submission. In year delivery is linked to a number of factors:

- 1) Increased first outpatient & diagnostic activity
- 2) System referral reduction via ICB led Single Point of Access model
- 3) Increased use of fallow capacity via insourcing

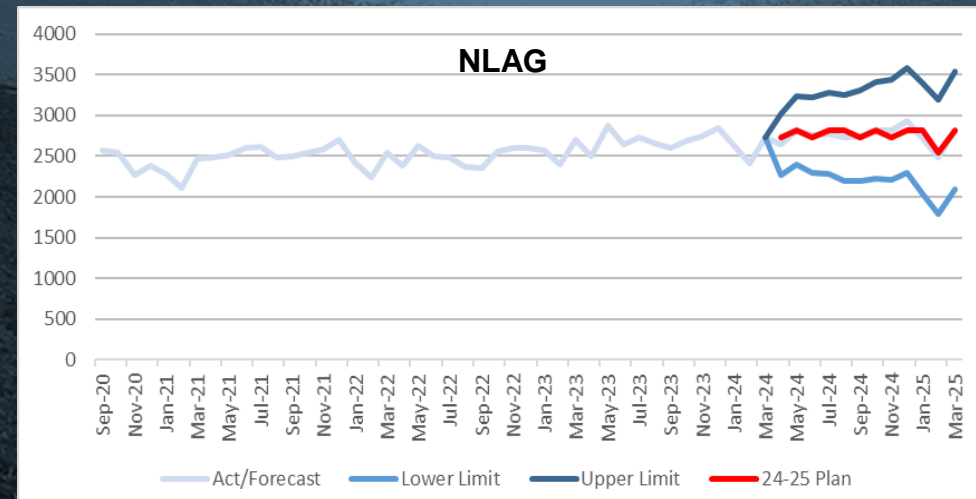
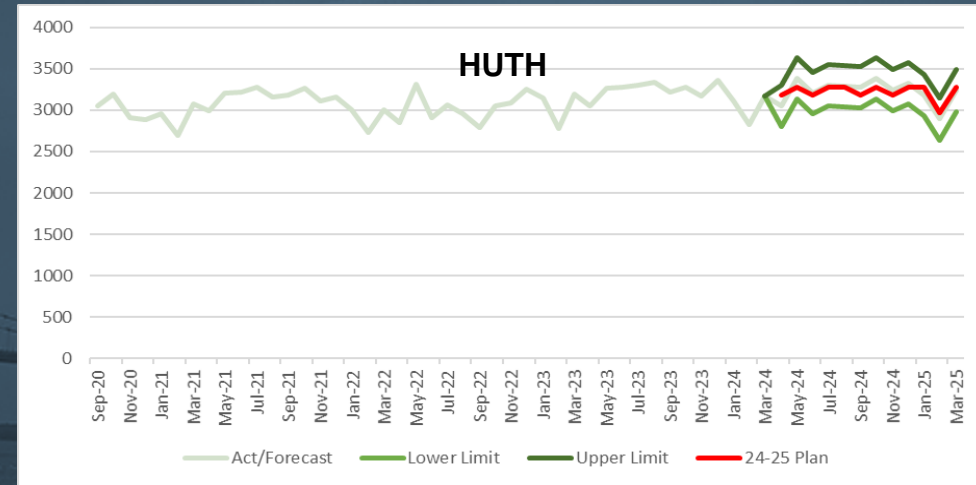
Phased Plans: Non Elective Spells

Non Elective Spells with a Length of Stay 0



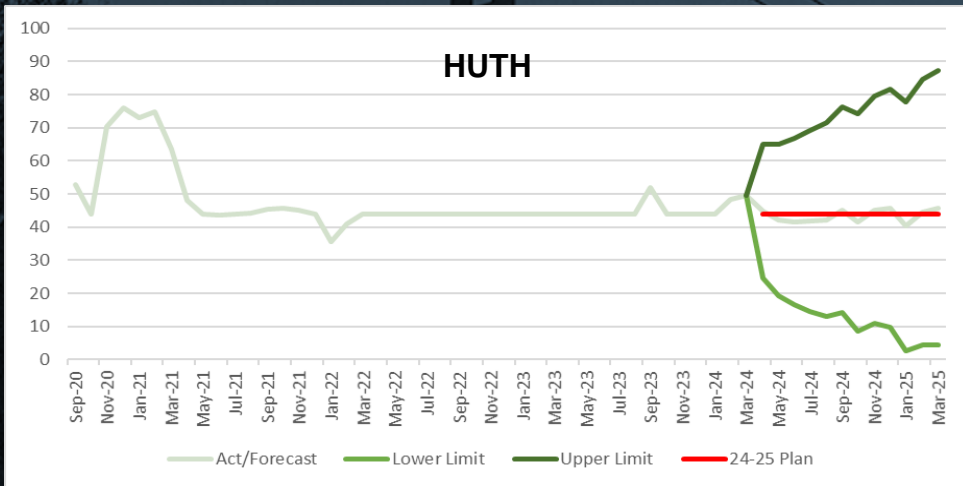
Reduction in LOS=0 in both Trusts reflects national recording change to SDEC activity which becomes A&E Type 5 (OP attendance) rather than an admission (spell)

Non Elective Spells with a Length of Stay >0

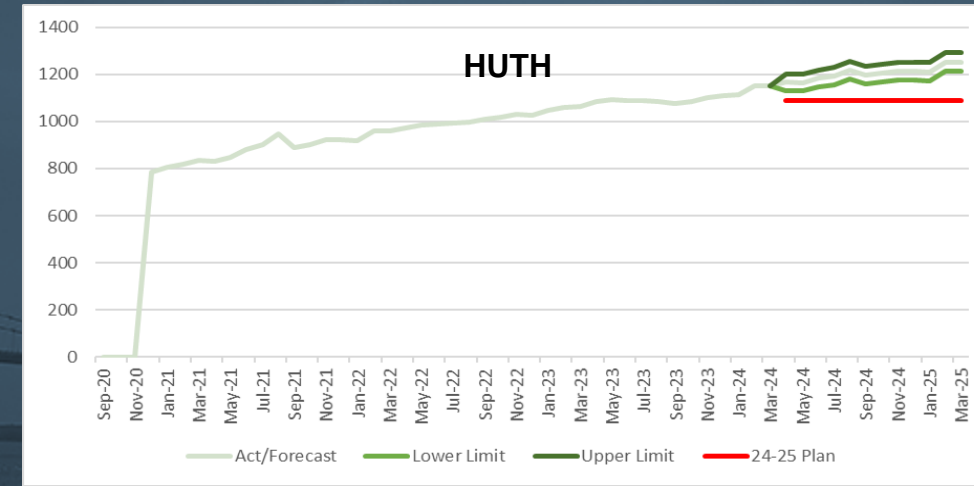


Phased Plans: Beds

Adult Critical Care Beds



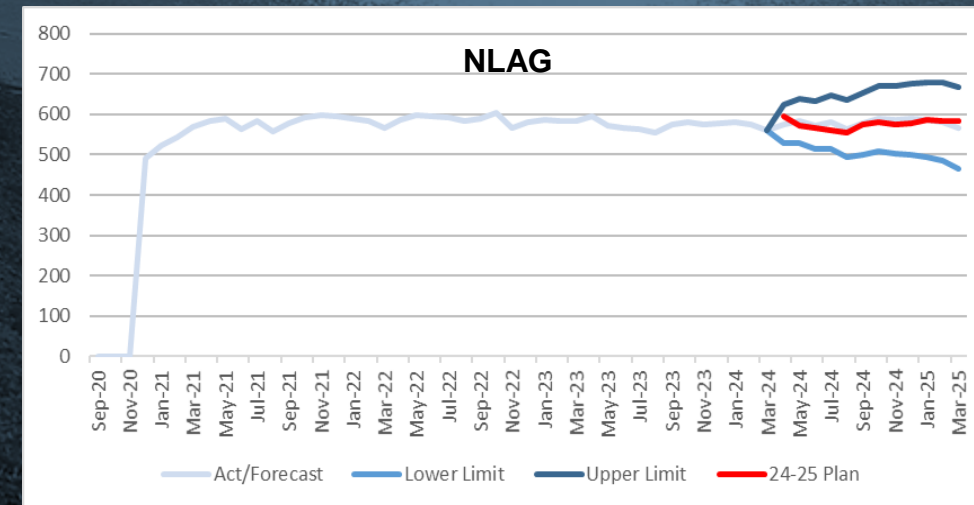
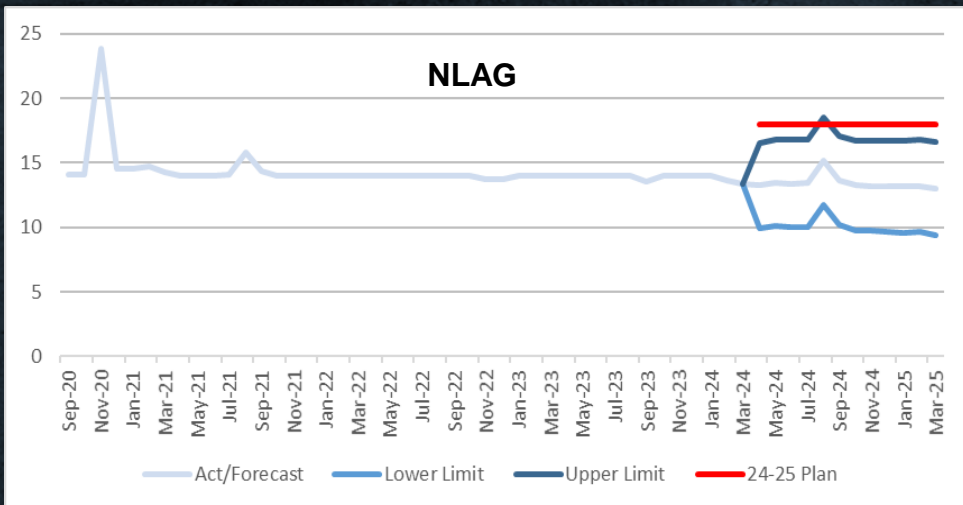
Adult General & Acute Beds



No material change in bed use at either Trust.

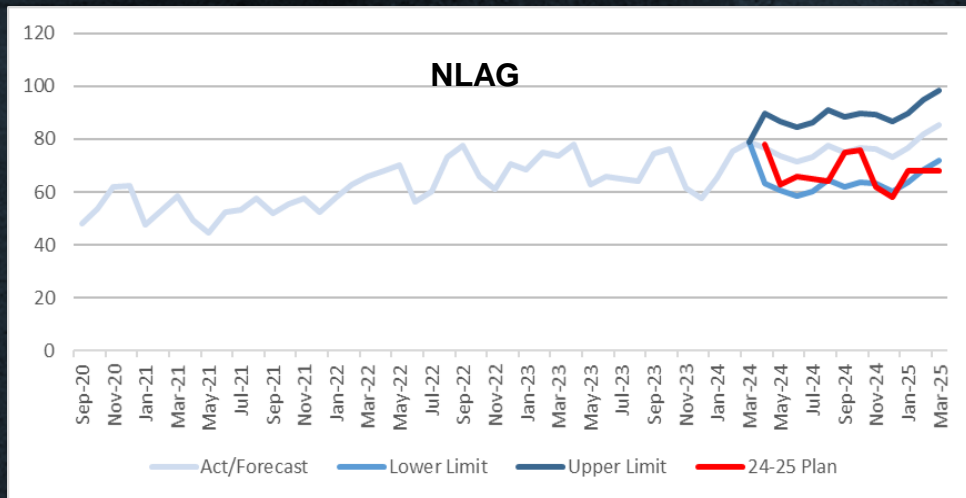
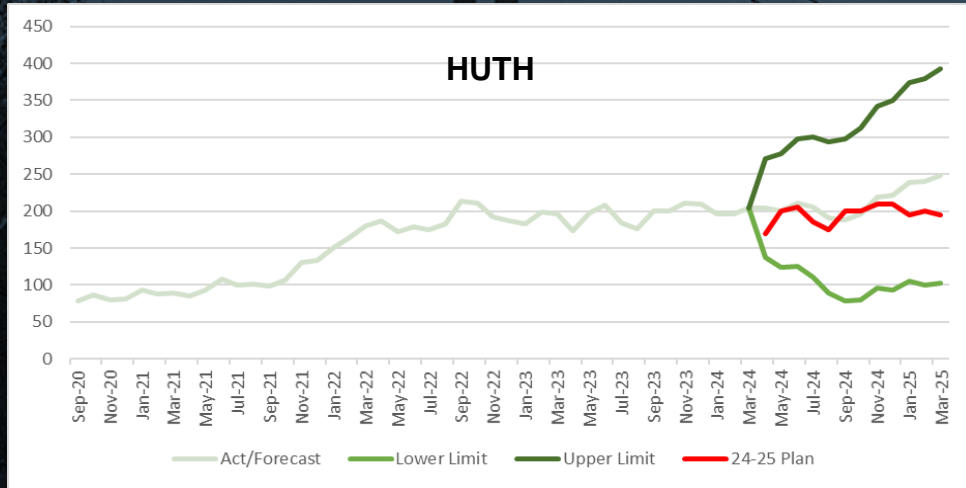
Where variance to underlying trend is shown this reflects variation in currencies – the 24/25 plan is based on average beds open rather than the range of bed use. This does highlight particular risk at HUTH in which forecast demand may continue to exceed available funded beds

NB. The 24/25 plan excludes routine use of escalation beds which are subject to winter funding arrangements



Phased Plans: Beds

Reducing length of stay for patients in hospital for >21 days

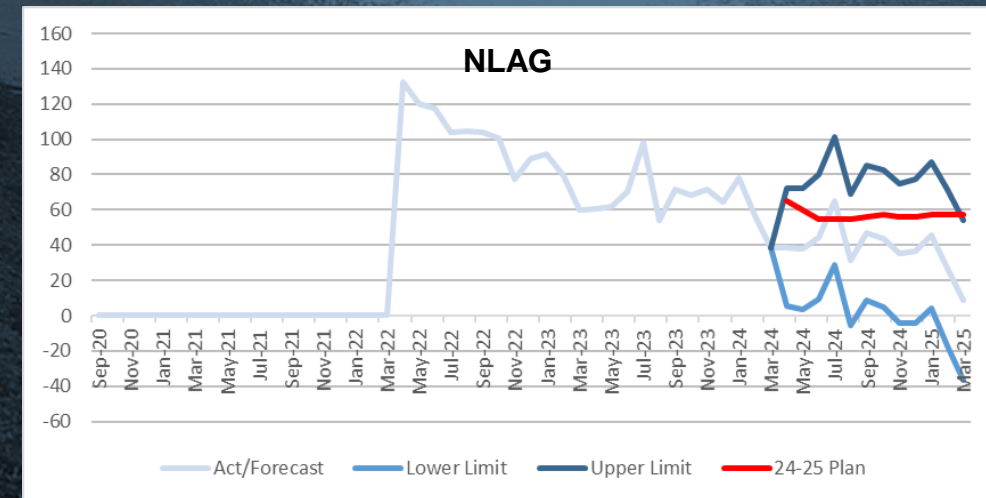
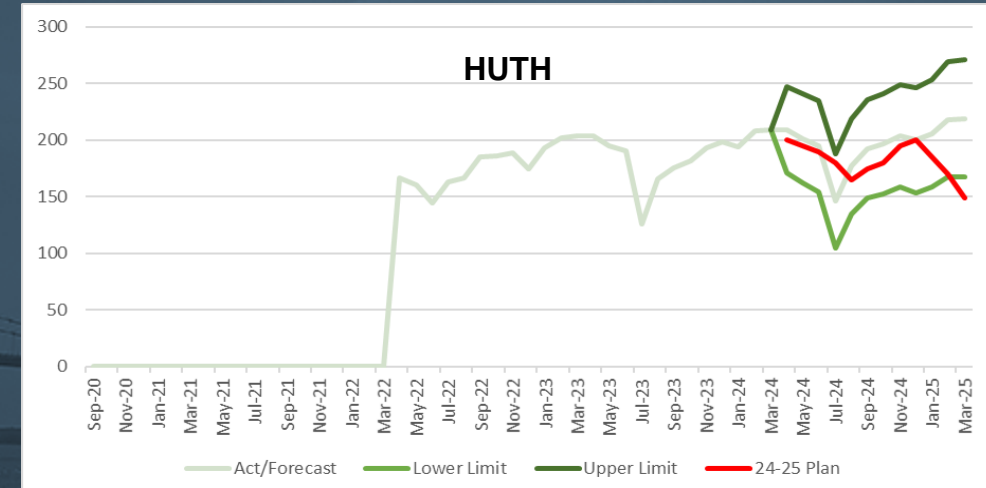


As part of mitigation of the risk to non-elective bed demand in the previous slide both Trusts are forecasting reduction in NCTR occupancy:

- HUTH – to reduce to no more than 15% of G&A beds occupied by NCTR patients by March 2025 (149 patients/beds)
- NLaG – to reduce to no more than 10% of G&A beds occupied by NCTR patients by March 2025 (57 patients/beds)

Both changes in NCTR levels generate and associated impact in arresting the underlying upward trend in admissions >21 days

Number of beds occupied by patients no longer meeting the criteria to reside (NCTR)





Summary: Diagnostics



Domain	HUTH 2023/24	HUTH Plan 2024/25	HUTH Plan as % of 2023/24	Change from First Draft submission	NLaG 2023/24	NLaG Plan 2024/25	NLaG Plan as % of 2023/24	Change from First Draft submission
Diagnostics								
MRI	32432	31214	96%		60406	58619	97%	
CT	70263	71182	101%		122014	127390	104%	15202
Non obstetric ultrasound	54029	54605	101%		47109	66513	141%	
Colonoscopy	3305	4182	127%		6762	8349	123%	
Flexi sigmoidoscopy	1392	2195	158%		2415	2541	105%	
Gastroscopy	5550	6203	112%		6496	7986	123%	
Echocardiography	8150	6738	83%		12405	10088	81%	
Dexa	5219	4752	91%		2675	2904	109%	
Audiology	6429	7092	110%		5086	4240	83%	400

Summary of System Plans

Operational Planning Priorities – Activity performance

Area	Objective	Target 24/25	HNY ICB	YSTHFT	HDFT	NLAG	HUTH
Urgent and Emergency Care emergency	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	78.00%	78.00%	78.00%	78.00%	78.00%	78.00%
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	<30 mins	YAS 30:23				
Primary and community services	Continue to improve the experience of access to primary care, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently are assessed the same or next day according to clinical need	N/A	85.00%				
Elective care	Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties)	0	0	0	0	0	0
	Deliver (or exceed) the system specific activity targets, consistent with the national value weighted activity target of 107%	108.90%	114.8%	106.6%	107.00%	110.5%	108.7%
Cancer	Improve performance against the headline 62-day standard to 70% by March 2025	70.00%	70.03%	70.00%	70.59%	70.87%	70.05%
	Improve performance against the <u>28 day</u> Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	77.00%	77.01%	77.02%	77.11%	77.04%	77.03%
Diagnostics	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	95.00%	82.85%				

Opportunities to increase activity/ERF income above 24/25 plan

- Discussion held at RTT and Diagnostic Delivery Groups regarding the need to ensure that specialties restore services to (and exceed) baseline (2019/20). Investment opportunities identified to date include:

RTT Recovery	Additional activity per month
Cardiology	260
Gastroenterology (NLaG)	462
Neurosurgery	64
Neurology	60 increasing to 120
ENT	390
Plastic Surgery	300
Ophthalmology – Cataracts	100
Ophthalmology – Glaucoma	190
Ophthalmology – Retinal Surgery	240
Ophthalmology – Medical Retina	160
Ophthalmology – Neuro	210
Orthoptics	130

Diagnostic Modality	Additional activity per month
Dexa Scans	140
Cystoscopy	80
Endoscopy (NLaG)	100-200
Chemical Pathology	16
Imaging – Cardiac CT	100
Imaging – CT	280
Imaging – mobile MRI	690
Relocation of Colposcopy service to CHH	18 sessions per week
Hysteroscopy (following CHH relocation)	TBC

Council of Governors Business Meeting

Agenda Item No: CoG(24)031

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	Appointments and Remuneration Committee (ARC) Terms of Reference (ToR)
Executive Summary	<p>The updated Appointments and Remuneration Committee (ARC) Terms of Reference (ToR) reflects suggested changes and points considered following the March ARC meeting. The attached ToR was approved by the Appointments and Remuneration Committee at the meeting held on 30 May 2024.</p> <p>The recommendation is for the ARC Terms of Reference to be approved by the Council of Governors.</p>
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Appointments and Remuneration Committee
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Directorate of Corporate Assurance

APPOINTMENTS & REMUNERATION COMMITTEE FOR NON-EXECUTIVE DIRECTORS (INCLUDING JOINT CHAIR, TRUST VICE CHAIR, SENIOR INDEPENDENT DIRECTOR AND ASSOCIATE NON- EXECUTIVE DIRECTORS)

Membership and Terms of Reference

Reference:	DCT073
Version:	2.1
This version issued:	
Result of last review:	Minor
Date approved by owner (if applicable):	N/A
Date approved:	30/05/24 /
Approving body:	Appointments & Remuneration Committee / Council of Governors
Date for review:	April 2025
Owner:	David Sharif, Group Director of Assurance
Document type:	Terms of Reference
Number of pages:	25 (including front sheet)
Author / Contact:	Alison Hurley, Deputy Director of Assurance

Northern Lincolnshire and Goole NHS Foundation Trust actively seeks to promote equality of opportunity. The Trust seeks to ensure that no employee, service user, or member of the public is unlawfully discriminated against for any reason, including the “protected characteristics” as defined in the Equality Act 2010. These principles will be expected to be upheld by all who act on behalf of the Trust, with respect to all aspects of Equality.

1.0 Purpose

The Appointment and Remuneration Committee (ARC) considers issues on behalf of the Council of Governors (CoG) and provides advice and recommendations to the full Council in respect of the appointment and removal of the Joint Chair and other Non-Executive Directors (NED). (Trust Constitution Annex 7, Sections 4.2 and 4.3 and NHS England (NHSE) Code of Governance for NHS Provider Trusts).

2.0 Authority

2.1 The ARC has delegated authority which includes the engagement of specialist advisors as required, but is limited to the formulation of recommendations to the full CoG in relation to the matters under consideration.

2.2 For the appointment of a Joint Chair, a nominations committee shall be appointed from the ARC which will include the SID (or another NED in the case of a conflict of interests), and/or the Vice Chair and at least three governors who will interview applicants and make a recommendation to the CoG by virtual correspondence.

2.3 For other NEDs, a nominations committee shall be appointed which will include the Joint Chair and/or Vice Chair, and at least three governors to interview applicants and to make a recommendation to the CoG by virtual correspondence.

2.4 The Committee will meet three times a year and have the authority to hold extraordinary meetings as the Committee deems appropriate.

3.0 Accountability & Reporting Arrangements

3.1 The Committee is directly accountable to the full CoG and the Chair of the ARC will submit a brief Highlight Report to the following CoG Business meeting.

3.2 All meetings of the Committee will be minuted by a member of the Group Director of Assurance team.

4.0 Responsibilities

- 4.1** To agree and periodically review the process to be followed for the appointment of the Joint Chair (working jointly across the Trust and Hull University Teaching Hospitals NHS Trust), Trust Vice Chair, SID* and other NEDs (see **Appendix A**), including the means by which views will be obtained from the Trust Board on the qualifications, skills and experience required for each position when considering potential candidates. [*Whilst the NHSE Code of Governance for NHS Provider Trusts assigns the authority to appoint the SID to the Trust Board, it also makes it clear that this is to be done in consultation with the Council of Governors.]
- 4.2** To ensure that the agreed process for selection is implemented effectively by the Nominations Committee of the ARC, and that a recommendation is made virtually to the CoG of a proposed appointment from the selection process. **[Note:** For the appointment of the Joint Trust Chair, the agreed process for selection and the recommendation is undertaken with NHSE].
- 4.3** To ensure that the selection process is consistent with the requirements of the Trust Constitution, particularly in terms of the eligibility and independence of candidates.
- 4.4** To determine a process for the appraisal of the performance of the Joint Chair, (see **Appendix B**), and to ensure that, via the SID, the views of NEDs on the performance of the Joint Chair/Trust Vice Chair are fed into the appraisal process.
- 4.5** To ensure that the Joint Chair/Trust Vice Chair puts in place an appropriate framework for the performance appraisal of NEDs (see **Appendix C and D**), and that the Joint Chair/Trust reports to the ARC on the performance assessment of NEDs.
- 4.6** On an annual basis to review the remuneration of NEDs (including Associate NEDs) in the context of changes to the cost of living and any national guidance such as the [NHSE NED Remuneration Structure](#). In light of that information to make a recommendation to a meeting of the CoG or by virtual correspondence about proposed changes to those levels of remuneration.
- 4.7** At intervals of no more than every two years to review the remuneration of NEDs with reference to benchmarking information on remuneration levels in comparable organisations. In light of that comparative information to make a recommendation to a meeting of the CoG or by virtual correspondence about proposed changes to those levels of remuneration.

5.0 Membership

5.1 Core Membership

- The Lead Governor (ex-officio)
- The Deputy Lead Governor (ex-officio)
- Four other Governors elected following the process described in paragraph 5.3 below, a maximum of one to be a staff governor.

5.2 Other Persons Attending Meetings

- The Group Director of Assurance will attend meetings of the Committee and will advise on issues relating to the Constitution
- The Group Chief People Officer will attend meetings of the committee and advise on matters such as remuneration, appraisal and recruitment
- The Committee will have the prerogative to invite other persons (e.g. the Joint Chair*, Trust Vice Chair* and SID*) to attend their meetings to provide advice as required and as the agenda dictates. * See 6.1.
- The SID will attend meetings where the appointment or re-appointment of the Joint Chair, Trust Vice Chair is discussed.

5.3 Election of Governor Members

5.3.1 The Governor members of the ARC will be elected by the CoG until the end of their current term of office as a Governor. If a Governor member whose term of office has expired is re-elected they will not automatically resume membership of the Committee but will be eligible to re-apply for membership.

5.3.2 As and when vacancies arise on the Committee, eligible Governors shall be invited to express an interest in standing for appointment by supplying a short written statement of no more than one side of A4 outlining their relevant skills and experience.

5.3.3 Should the number of expressions of interest exceed the number of vacancies then the CoG shall choose the persons to be appointed by secret ballot. This may be held at a meeting of the CoG or be conducted by post at the discretion of the Group Director of Assurance. In all cases members of the CoG will be supplied with copies of the statements described in point 5.3.2 to help inform their decision.

6.0 Procedural Issues

6.1 Conflict of Interest

It is an important principle that no NED should have any involvement whatsoever in setting their own remuneration. In all cases the individuals highlighted with an asterisk (*) in point 5.2 shall withdraw whenever their own salaries or performance assessments are being discussed.

6.2 Frequency of Meetings

The Committee shall meet on at least three occasions in any calendar year and additional ad hoc meetings will be arranged as appropriate.

6.3 Chair

6.3.1 The Chair of the ARC shall be the Lead Governor.

6.3.2 In the absence of the Chair the Deputy Lead Governor will Chair the meeting. If required, the Chair of the Committee will have the casting vote.

6.4 Secretary

The Deputy Group Director of Assurance or assigned Support Officer will act as Secretary to the Committee, preparing agenda papers in conjunction with the Chair.

6.5 Attendance

6.5.1 Members will be expected to attend a minimum of two thirds of all committee meetings.

6.5.2 The elected Governors must attend in person and no substitutes or deputies are permitted.

6.5.3 The Group Director of Assurance may nominate a deputy to attend in his/her absence as required.

6.5.4 The Deputy Group Director of Assurance or assigned Support Officer will maintain a record of attendance which must be presented at each committee meeting and at the annual evaluation exercise.

6.5.5 The Chair of the Committee will report attendance levels below this to the Joint Trust Chair/Trust Vice Chair.

6.5.6 Where a member's attendance is below the acceptable threshold, the Chair may discuss the reasons for this with the individual Governor in order to ensure that their continued membership of the Committee is in the best interests of the Committee, the CoG and the member.

6.5.7 Where concerns about acceptable attendance levels cannot be resolved within the Committee, then this matter will be referred to the next CoG business meeting for discussion and resolution.

6.6 Quorum

6.6.1. Four Governors shall form a quorum for the Committee.

6.7 Administration and Minutes of Meetings

6.7.1 Minutes of meetings will be circulated with the agenda papers to all members well in advance of each meeting but no less than seven calendar days before each meeting. In addition to the circulation of minutes, the 'action log' of actions agreed at each meeting will be circulated following each meeting. This will act as a reminder for the relevant action 'lead' and will assist in ensuring that actions are completed within timescale.

6.7.2 Draft minutes will be submitted to the Chair for approval within ten working days of the meeting.

6.7.3 Agenda items for consideration must be submitted 12 calendar days before the meeting.

6.7.4 Submission of papers to members should take place seven calendar days before the meeting. In exceptional or urgent circumstances, a shorter period may be acceptable, at the discretion of the Committee Chair.

6.7.5 The agenda shall be approved by the Chair of the Committee (or his or her nominated deputy).

6.7.6 Minutes of each meeting shall be submitted to the next meeting for formal approval and signature by the Chair as a true record of that meeting.

6.8 Decision Making

6.8.1 Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

6.8.2 Where this is not possible then the Chair of the meeting will ask for members to vote using a show of hands, all such votes will be compliant with the current Standing Financial Instructions and Scheme of Delegation of the Northern Lincolnshire & Goole NHS Foundation Trust.

6.8.3 In the event of a formal vote the chair will clarify what members are being asked to vote on – the 'motion'. Subject to the meeting being quorate a simple majority of members present will prevail. In the event of a tied vote, the chair of the meeting may have a second and deciding vote.

6.8.4 Only the members of the Committee present at the meeting will be eligible to vote. Members not present and attendees will not be permitted to vote, nor will proxy voting be permitted. The outcome of the vote, including the details of those members who voted in favour or against the motion and those who abstained, shall be recorded in the minutes of the meeting.

6.8.5 The Trust's Standing Orders and Standing Financial Instructions apply to the operation of this Committee.

6.8.6 Decisions which are outside of the Scheme of Delegation will be escalated to the CoG with the findings and recommendations of the Committee for action at CoG level.

6.9 Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Group Director of Assurance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Members of the Committee. The Group Director of Assurance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

6.10 Monitoring, Compliance & Effectiveness

6.10.1 In accordance with the requirements of good governance and in order to ensure its ongoing effectiveness, the ARC will undertake an annual evaluation of its performance and attendance levels.

6.10.2 A performance evaluation tool, which reflects the requirements outlined within this Terms of Reference, has been developed for this purpose. As part of this evaluation, the Committee will formally review the:

- Performance against core duties
- Completion of the actions outlined in the action log
- Effectiveness of the Annual Work Programme

6.10.3 Where gaps in compliance are identified arising from this evaluation, an action plan will be developed, and implementation will be monitored by the Committee.

6.10.4 The results from the annual evaluation exercise, including any agreed actions, will be reported to the CoG.

6.11 Review

6.11.1 The Committee will review its Terms of Reference every year, or as necessary in the intervening period, to ensure that they remain fit for purpose and best facilitate the discharge of its duties.

6.11.2 It shall recommend any changes of the Terms of Reference to the CoG for approval.

7.0 Equality Act (2010)

7.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to promoting a pro-active and inclusive approach to equality which supports and encourages an inclusive culture which values diversity.

7.2 The Trust is committed to building a workforce which is valued and whose diversity reflects the community it serves, allowing the Trust to deliver the best possible healthcare service to the community. In doing so, the Trust will enable all staff to achieve their full potential in an environment characterised by dignity and mutual respect.

7.3 The Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients and their carers the general population we serve and our workforce, ensuring that none are placed at a disadvantage.

7.4 We therefore strive to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

8.0 Freedom to Speak Up

Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with these terms of reference, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Freedom to Speak Up Policy for the NHS (DCP126) which has been adopted by the Trust in line with national guidance. Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg-tr.ftsuguardian@nhs.net or telephone 07892 764 607. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian can be found on the Trust's intranet site.

The electronic master copy of this document is held by Document Control, Directorate of Corporate Assurance, NL&G NHS Foundation Trust.

Appendix A

Process for the Appointment of the Joint Chair, Trust Vice Chair, Non-Executive Directors ((NEDs) including Associate NEDs) and Senior Independent Director (SID)

1.0 Introduction

- 1.1** This document sets out the agreed process to be followed for the appointment of Joint Chair (Section 2), NED (including Associate NEDs, Section 3), Trust Vice Chair (Section 4) and SID (Section 5).
- 1.2** This process will be periodically reviewed by the Appointments and Remuneration Committee (ARC), particularly in light of experience from recruitment exercises.
- 1.3** NEDs, including the Joint Chair, should be appointed by the Council of Governors (CoG) for specified terms subject to re-appointment thereafter at intervals of no more than three years and to the 2006 Act provisions relating to the removal of a Director. The ARC Chair should confirm to the Governors that, following formal performance review, the individual proposed for re-appointment continues to be effective and to demonstrate commitment to the role.
- 1.4** Any term beyond nine years (e.g. three three-year terms) for a NED should be subject to particularly rigorous review, and should take into account the need for progressive refreshing of the Board. NEDs may in exceptional circumstances serve longer than nine years (e.g. three three-year terms following authorisation of the NHS Foundation Trust), for a limited time to facilitate effective success planning and the development of a diverse board. Serving more than nine years could be relevant to the determination of a NED's independence (as set out in the NHSE Code of Governance for NHS Provider Trusts).
- 1.5** For Associate NEDs, the terms of office will be determined based upon the Trust Board identified skills gaps and necessary succession planning. This will usually be for a term of one or two years initially and may be eligible for appointment for up to two additional one-year terms.

2.0 Process for the Appointment of the Joint Chair

- 2.1** The appointment process for a forthcoming vacancy will commence approximately six months prior to the vacancy arising.

- 2.2** The appointment process will be undertaken with NLaG and NHS England (NHSE, on behalf of HUTH as per usual practices for NHS Trusts), using the Appointment and Recruitment Checklist at Appendix D.
- 2.3** The ARC, via the SIDs and Vice Chairs for both NLAG & HUTH, NHSE, Group Director of Assurance, Human Resources representative and the Lead Governor, will review the skills, knowledge and expertise required by the Board to fulfil the role in the form of a Job Description and Person Specification for the appointment. **[Note:** 1. The Group Chief Executive will be part of the review; 2. recruitment timescales, advert, closing date, interview meeting dates and a review of the skills matrix will be considered.]
- 2.4** Unless it has been reviewed within the preceding 12 months, prior to advert, a working group will be set up with the SIDs/Vice Chairs from both Trusts and ARC representatives to confirm the proposed remuneration of the Joint Chair with reference to benchmarking information on remuneration levels in comparable organisations and advice from external agencies. The working group will consult with NHSE as required. Should the ARC conclude that a level of remuneration other than that previously approved for the existing Joint Chair should be offered, this will require approval of the CoG prior to appointment and should reflect the principles set out in the NHS England guidance: '[A remuneration structure for NHS provider chairs and non-executive directors.](#)'
- 2.5** The vacancy will be advertised via a recruitment consultant (from the approved supplier list and after obtaining three quotations), in conjunction with NHSE. The recruitment consultant will undertake long-listing and preliminary interviews with the candidates.
- 2.6** A Nominations Committee of the ARC will be established and will include both SIDs and Trust Vice Chairs for NLAG & HUTH, a minimum of three Governors, at least two of whom should be Public Governors, the Group Director of Assurance, to review the appointment and recruitment process only. The Nominations Committee will be chaired by the SID and will take account of the requirements for eligibility and independence set out in the Trust Constitution and NHSE requirements.
- [Note:** 1. In respect of the appointment of the Joint Chair, the Group Chief Executive will act in an advisory capacity to the Nominations Committee but will not be a member of or have a vote on the committee.]

2.7 At interview the Lead Governor will represent the Nominations Committee, the interview panel may be supplemented by an independent assessor, typically an experienced Chair from another Foundation Trust, a representative from NHSE and a representative from the Humber and North Yorkshire Integrated Care Board.

[**Note:** 1. In respect of the interview panel for the Joint Chair, the Group Chief Executive will act in an advisory capacity. 2. Provision will be made (via a 'Meet & Greet' Session) for the other Governors on the ARC to have exposure to the candidates.]

2.8 The Nominations Committee will make a recommendation to a general meeting of the CoG, or by virtual correspondence, setting out the preferred candidate for appointment.

2.9 NHSE will follow their governance process for the Joint Trust Chair appointment, in conjunction with the agreed timeline.

3.0 **Process for the Appointment of Non-Executive Directors**

3.1 The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising. The Recruitment and Appointment Checklist must be used during the process – Appendix D.

3.2 In accordance with the Constitution of the Trust, the appointment and remuneration of the Non-Executive Directors are the prerogative of the CoG. However, when considering the appointment of NEDs the CoG should take into account the views of the Trust Board. The ARC will therefore, via the Joint Chair, obtain the Trust Board's advice and opinion on the structure, size and composition of the Board of Directors and on the skills, knowledge and expertise required by the Board to fulfil the role in the form of a Job Description and Person Specification for the appointment(s).

3.3 Unless it has been reviewed within the preceding 12 months, prior to advert the ARC will confirm the proposed remuneration of the NEDs with reference to remuneration levels in comparable organisations and NHS England guidance: ['A remuneration structure for NHS provider chairs and non-executive directors'](#). Should the ARC conclude that a level of remuneration other than that previously approved for the existing NED be offered, this will require approval of the CoG prior to appointment.

- 3.4** The ARC Chair and Joint Chair will review and decide the recruitment approach to be taken (advertisement or recruitment consultant). If required, the vacancy will be advertised in the relevant media channels covering the catchment area of eligibility for Trust membership.
- 3.5** A Nominations Committee of the ARC will be established comprising a minimum of three Governors, at least two of whom should be Public Governors and the SID. The Nominations Committee will be chaired by the Committee Chair. **[Note:** 1. There should be a majority of governors on the Nominations Committee. 2. Whilst the Nominations Committee will include a minimum of three Governors, provision will be made (via a 'Meet & Greet' Session) for the other Governors on the ARC to have exposure to the candidates. 3. The SID will commence the recruitment process, working with the Vice Chair. 4. The Joint Trust Chair, and/or the Vice Chair and the SID will be on the interview panel].
- 3.6** Once a suitable candidate has been identified, the Nominations Committee will make a recommendation to a general meeting of the CoG, or by virtual correspondence, seeking ratification of the appointment.
- 3.7** Where an existing NED (or Associate NED) seeks re-appointment, the Nominations Committee may wish to consider re-appointment without external competition, and in these circumstances will make a recommendation to a general meeting of the CoG or by virtual correspondence seeking ratification of the appointment. In such instances and prior to a recommendation being made by the Chair, an assessment will be undertaken of the candidate's ongoing suitability for the role against the current job description and person specification, any changes to the time commitment for the role, the outcome of the appraisal and the need for progressive refreshing of the Trust Board.
- 3.8** For NEDs seeking re-appointment who have already served three terms of office, the Nominations Committee can potentially recommend a limited time extension of their existing contract where the outcome of the annual appraisal was found to be effective. For Associate NEDs this will potentially be for a maximum of three terms of one year each or two years initially followed by two further terms of one year each.
- 4.0 Appointment of Trust Vice Chair**
- 4.1** The Trust Constitution specifies that the CoG will appoint a NED to be the Trust's Vice Chair who will be the Vice Chair of both the CoG and the Board of Directors.

- 4.2** The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising.
- 4.3** The Joint Chair will invite expressions of interest in serving as Vice Chair from all of the NEDs of the Trust, who may nominate themselves or a NED colleague. The Joint Chair's invitation will specify a closing date for those expressions of interest.
- 4.4** The expressions of interest should be accompanied by a short biography (no more than a single side of A4) including a resume of career history and experience of working with or within an NHS organisation(s).
- 4.5** The Joint Chair will submit the expressions of interest received to the ARC which in turn will be asked to make a recommendation to the next full meeting of the CoG occurring after the closing date. The CoG will be asked to ratify the appointment.
- 4.6** If there is any doubt over eligibility of a NED for appointment as the Trust Vice Chair, a final decision on eligibility will be taken by the ARC and Chair, taking account of the advice from the Group Director of Assurance.
- 5.0 Appointment of Senior Independent Director (SID)**
- 5.1** The NHSE Code of Governance for NHS Provider Trusts recommends that the Board of Directors should appoint a NED as the SID. The primary function of this appointment is to "provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The SID should be available to governors if they have concerns that contact through the normal channels of the Joint Chair/Trust Vice Chair, Chief Executive, Chief Financial Officer or Director of Corporate Governance has failed to resolve or for which such contact is inappropriate".
- 5.2** Whilst the Code of Governance assigns the authority to appoint the SID to the Trust Board it also makes it clear that this is to be done in consultation with the CoG. This will be achieved via the following process:
- 5.2.1** The CoG will be asked to consider and approve the overall process.
- 5.2.2** The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising.

- 5.2.3** The Chair/Vice Chair will invite expressions of interest in serving as the SID from all NEDs of the Trust who may nominate themselves or a NED colleague. The Joint Chair's/Trust Vice Chair's invitation will specify a closing date for those expressions of interest.
- 5.2.4** The expressions of interest should be accompanied by a short biography (no more than a single side of A4) including a resume of career history and experience of working with or within an NHS organisation(s). Desirable personal qualities for the SID include:
- Excellent interpersonal and communication skills;
 - The ability to deal with potential conflicts;
 - The ability to empathise with members and understand their concerns.
- 5.2.5** The Joint Chair/Trust Vice Chair will submit the expressions of interest received to the Trust Board with their recommendation setting out the preferred candidate for appointment.
- 5.2.6** The name of the proposed SID will then be submitted to the ARC which will be asked to make a recommendation to the next full meeting of the CoG occurring after the closing date. The CoG will be asked to endorse the appointment.
- 5.2.7** The SID will be appointed for a period determined by the Trust Board, but not exceeding the time remaining of their term of office as a NED.

Appendix B

Process for the Evaluation of Performance of the Joint Chair

1.0 Introduction

1.1 This document sets out the agreed process to be followed for the evaluation of the performance of the Joint Chair.

1.2 This process will be agreed and periodically reviewed by the Appointments and Remuneration Committee (ARC), particularly in the light of the experience of using the process.

2.0 Introduction

2.1 The SID will be appointed for a period determined by the Trust Board, but not exceeding the time remaining of their term of office as a NED.

2.2 This document sets out the agreed process to be followed for the evaluation of the performance of the Joint Chair.

2.3 This process will be agreed and periodically reviewed by the Appointments and Remuneration Committee (ARC), particularly in the light of the experience of using the process.

3.0 Process for the Evaluation of Performance of the Joint Chair

3.1 Evaluations will be conducted annually by no later than the 31 July each year. [Note: the annual evaluation will utilise the NHSE Framework].

3.2 The Senior Independent Director (SID) will be responsible for co-ordinating/leading the annual evaluation of the Joint Chair and as part of this process will seek feedback from the Chief Executive, Non-Executive Directors (NEDs) and the Council of Governors (CoG), and key external stakeholders – in accordance with the process outlined at point 2.4 below. The NHSE Chair Appraisal Framework, Appendix 2: NHS Provider Chair Multisource Assessment template will be utilised; [Report template - NHSI website \(england.nhs.uk\)](#).

This evaluation will take the form of assessment against agreed objectives and agreement of a personal development plan linked to achievement of the objectives for the coming year. The NHSE, Chair Appraisal Framework, Appendix 3: NHS Provider Chair Appraisal Reporting template will be used to undertake the assessment; [Report template - NHSI website \(england.nhs.uk\)](#).

[Note: In relation to the evaluation of performance of the Joint Trust Chair (NLAG and HUTH), the SIDs from each respective Trust will undertake the full process jointly].

- 3.3** The Joint Chair will undertake self-assessment of his/her performance against the objectives, providing examples/evidence to support this. The Joint Chair will complete the self-reflection assessment, following receipt of the Chair Multisource Assessment from the SID.
- 3.4** The SID will seek feedback from the Board of Directors on the Joint Chair's performance, ensuring that there are no specific areas of concern from Executives or NEDs, and will produce a summary of this feedback. The Lead Governor (who is also the Chair of the ARC) will seek feedback from the CoG through the CoG's Membership and Public Engagement Assurance Group (MPEAG), ensuring that there are no specific areas of concern, and will produce a summary of this feedback.
- 3.5** The SID and the Lead Governor will then meet to discuss and agree a final appraisal report and adhere to the [NHSE Framework for conducting annual appraisal of NHS provider chairs](#). [Note: the SIDs from both NLAG and HUTH, with the Lead Governor, will discuss the Joint Trust Chair final evaluation report.]
- 3.6** Once the report has been prepared, the SID(s) and the Lead Governor will meet with the Joint Chair to conduct the evaluation, by reviewing both the self-assessment and feedback from colleagues, and agree a Personal Development Plan and an overall assessment rating to describe the contribution of the Joint Chair as set out below:

Performance Level	Description
Satisfactory	Meeting their formal expectations
Cause for concern	Not meeting their formal expectations and will be formally logged and addressed

- 3.7** A final report setting out the conclusions of the evaluation of past performance, objectives for the coming year and key components of the future personal development plan will be shared with the ARC, which will be asked to consider the results and recommendations prior to submission of a summary report to the full CoG for ratification.
- 3.8** The Lead Governor, in conjunction with the SID(s), will present a summary report to the full CoG. The Joint Chair will excuse

themselves from the meeting for the duration of this discussion.

- 3.9** The appraisal documentation will be sent to NHSE, having been presented to the CoG.

Appendix C**Process for the Evaluation of Performance of the Non-Executive Directors (including the Vice Chair and Associate Non-Executive Directors)****1.0 Introduction**

- 1.1** This document sets out the agreed process to be followed for the evaluation of the performance of the Non-Executive Directors (NEDs) which includes the Vice Chair and Associate Non-Executive Directors.
- 1.2** This process will be agreed and periodically reviewed by the Appointments and Remuneration Committee (ARC), particularly in the light of the experience of using the process.

2.0 Process for the Evaluation of Performance of Non-Executive Directors (including the Vice Chair and Associate Non-Executive Directors)

- 2.1** Evaluations will be conducted annually by no later than 31 July each year.
- 2.2** Each NED will undertake a self-assessment of their performance against agreed objectives, providing examples / evidence as required and will submit this to the Joint Chair/Trust Vice Chair in advance of the evaluation. NHSE NED Appraisal Summary template must be used – Appendix E.
- 2.3** The Joint Chair/Trust Vice Chair will invite comments on the performance of the NEDs from the Chief Executive and, as part of this discussion, will determine whether any specific areas of concern have been raised by the Executive Directors.
- 2.4** Once the initial information outlined in 2.1 & 2.2 has been gathered, the Joint Chair/Trust Vice Chair will meet with each NED to conduct the evaluation, validate or otherwise the self-assessment and agree an overall assessment rating to describe the overall contribution of the individual as set out below:

Performance Level	Description
Level 1	Strong performance, making a critically important contribution to the work of the Trust & the Trust Board of Directors.
Level 2	Fully competent, demonstrating the range of skills and qualities required.

Level 3	Needs development, but with some room for improvement.
Level 4	Poor performance giving cause for concern across a significant number of areas requiring prompt improvement.

N.B. The role of NEDs is to provide independence, balance and challenge to the Executive element of the Board of Directors. The agreement of the overall assessment rating should consider the extent to which individual NEDs have fulfilled this responsibility.

- 2.5** The Joint Chair/Trust Vice Chair will use the performance evaluation as the basis for determining an individual personal development plan for each NED relevant to their duties as Board members.
- 2.6** The Joint Chair/Trust Vice Chair, assisted by the Group Director of Assurance, will prepare a draft summary report of the outcome of the evaluation process for all NEDs which will be shared with the ARC, who will be asked to consider the results and recommendations prior to submission of a summary report to the full CoG for ratification.
- 2.7** The Joint Chair/Trust Vice Chair or the Chair of the ARC will present the summary report to the full CoG which will be asked to ratify the outcome of the evaluation including recommendations for further action.

Appendix D

Recruitment and Appointment Checklist for Joint Chair and all NEDs (including Associate NEDs)

Appointees - People in post should include the following info

Name	
Ref	
Decision date	

Recruitment	Specific to:	Notes	Date
Panel Members for interview			
Group members for administration			
Stakeholder group members			
Map out recruitment process	Including with HUTH and NHSE for the Joint Chair		
Commission Recruitment Consultant			
Confirm recruitment panel	Including HUTH and NHSE for the Joint Chair		
Prepare JD/PS and Candidate Pack with recruitment consultant			
Final Candidate Pack sign-off with CEOs, Chair/Vice Chairs (as appropriate) and Lead Governor			
Venues to be arranged			

Advert / Search commencement and end date			
Recruitment Consultant undertakes longlisting and candidate summaries presented to group members (including unsuccessful)			
Meeting with NHSE and ICB CEO	Joint Chair		
Informal meetings with CEOs	Joint Chair		
Preliminary interviews with Recruitment Consultants			
Shortlisting Meeting with Group Members, Lead Governor and Recruitment Consultants			
Interviews and Stakeholder Event			
Appointment (Appt)	Specific to:	Notes	Date
Panel / Committee Recommendation		Appointee initials	Decision date
Emails from members of the ARC with recommendations as to the preferred candidate.		Details & appointee initials	Decision date Approval date
Meeting / Email from members of the CoG with approval or signed appointment recommendations.		Sender initials	Decision date
Start date - NLAG to agree with candidate	To include HUTH and NHSE for Joint Chair	Sender initials	Decision date
Appointment letters NLAG	To include HUTH and NHSE for Joint Chair	Appointment letter details and initials of sender	Decision date
Emails from NLAG sent to appointee with attachments (Information / T&Cs, standards /codes	To include HUTH and NHSE for Joint Chair	Appointment notification details and appointee initials	Decision date

Email sent to Trust with attachments notifying them of appointment (more recent campaigns will include reference to additional FPP checks)		Details and initials of officer responsible	Date actioned
Press release from Trust	To include HUTH for Joint Chair	Press release appointee initials	Decision date
Any other docs or correspondence relevant to this individuals appointment saved within the campaign appointment folder		Initials of officer responsible	Decision date
Checks	Specific to:	Notes	Date
Fit and Proper Person (FPP) signed self-declaration	NHSE to also undertake for Joint Chair	Initials of officer responsible	Date actioned
Google checks and news search undertaken by People Services		Details and initials of officer responsible	Date actioned
Check with regulators only if health professional		Details and initials of officer responsible	Date actioned
Search of insolvency register by People Services		Details and initials of officer responsible	Date actioned
Search of bankruptcy register by People Services		Details and initials of officer responsible	Date actioned
Search of disqualified directors register by People Services		Details and initials of officer responsible	Date actioned
Evidence of Occupational Health Clearance (OHC)		Details and initials of officer responsible	Date actioned
Evidence of Disclosure and Barring Scheme (DBS) check		Details and initials of officer responsible	Date actioned
Proof of qualification		Details and initials of officer responsible	Date actioned
Proof of identification / right to work		Details and initials of officer responsible	Date actioned

FPP assurance checks by People Directorate		Details and initials of officer responsible	Date actioned
Selection materials (Select)	Specific to:	Notes	Date
Application/supporting statement		Details and initials of officer responsible	Date actioned
CV		Details and initials of officer responsible	Date actioned
Monitoring form		Details and initials of officer responsible	Date actioned
Invite to interview and any associated correspondence		Details and initials of officer responsible	Date actioned
Interview record		Details and initials of officer responsible	Date actioned
Panel chair report		Details and initials of officer responsible	Date actioned
Administration	Specific to:	Notes	Date
MOU			
PC			
Email / Name Badge			
Mandatory Training			
Pre-Meetings			
Induction			
Point of contact on first day			

Appendix E

NED Appraisal Summary

Name	
Organisation	
Year	

1. Overall assessment of performance

The performance of the individual has been assessed as *(indicate with an 'x')*

Strong performance	Fully competent	Needs development	Poor performance	2.

Assessment of performance against agreed objectives

--

3. Specific strengths and aspirations

--

4. Learning and development needs

--

5. Any further comments, including any actions agreed to improve performance

--

6. Suitability for appointment

The appraisee has confirmed they continue to be a 'fit and proper person' as outlined in [regulation 5](#) and there are no pending proceedings or other matters which may affect their suitability for appointment.

YES/NO – If NO please provide details.

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

This form should be completed annually and copies provided to keely.howard1@nhs.net.

Council of Governors Business Meeting

Agenda Item No: CoG(24)032

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	Dr Kate Wood, Group Chief Medical Officer Amanda Stanford, Group Chief Nurse
Contact Officer/Author	Richard Dickinson, Associate Director of Quality Governance Fiona Moore, Head of Quality Assurance
Title of the Report	Annual Quality Account 2023/24
Executive Summary	<p>Each year trusts are required to publish an Annual Quality Account by the national deadline of 30 June 2024.</p> <p>The attached draft Quality Account for NLAG provides an overview of performance, particularly the progress made against the Quality Priorities for 2023/24 and sets out future priorities going into 2024/25.</p> <p>Each Trust is required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. However, some national data collection was paused during the COVID-19 pandemic leading to delays in future publications. Consequently, to retain consistency and to comply with the national guidance the tables within the report have been populated with the latest published data that is available from NHS Digital. Where appropriate the narrative provides a local update. As per national guidance no external audit is required for this year's publication.</p> <p>The Council of Governors are asked to note the paper for information.</p>
Background Information and/or Supporting Document(s) (if applicable)	<p>Trust has shared its draft Quality Account with the relevant external stakeholders for consultation: the ICB, Overview and Scrutiny Committees, Trust Governors and the local Healthwatch.</p> <p>Representatives from NLAG attended NLAG's Member and Public Engagement Assurance Group on the 21 May 2024 and the Lincolnshire County Council Health Scrutiny Committee on the 4 June 2024 to present the draft Quality Account. Positive verbal feedback was received.</p> <p>To date, NLAG has received statements from stakeholders for inclusion in the Quality Account from North East Lincolnshire Place - Humber and North Yorkshire Integrated Care Board (ICB) and Lincolnshire ICB, Healthwatch North East Lincolnshire, Healthwatch North Lincolnshire, Healthwatch East Riding of Yorkshire, North Lincolnshire Council – Health, Integration and Performance Scrutiny Panel and the Trust's Council of Governors. The Trust is awaiting final stakeholder statements from the</p>

	Lincolnshire County Health Scrutiny Committee, East Riding of Yorkshire Council and North East Lincolnshire Council. These will be included before final publication.
Prior Approval Process	The Quality and Safety Committees in Common received an update on the progress made against each Trust's 2023/24 Quality priorities in March 2024 and approved 2024/25 Group Quality Priorities. The workplan of the Quality and Safety Committee in Common has periodically reviewed the core data within the Quality Account. The draft Quality Account is tabled for approval from the Trust Boards-in-Common meeting on 13 th June 2024.
Financial implication(s) (if applicable)	Not applicable
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Not applicable
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Northern Lincolnshire & Goole NHS Foundation Trust

Annual Quality Account

2023/2024

Compassion - Honesty - Respect - Teamwork

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PART 1: Statement on quality from the Chief Executive of the Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

I would like to start this statement by thanking all our staff. I joined the Trust as Group Chief Executive, in a joint role with Hull University Teaching Hospitals (HUTH), in August 2023. Since my first week I have spent much time visiting services across NLaG's three hospitals and community services and speaking with staff. I am privileged to have met so many committed, hard-working staff who want to make a real difference to patients.

As with every part of our NHS, our services are under pressure. The Covid-19 pandemic had an impact on already long waiting lists and I am sorry for the extended waiting times that a number of our patients have had. I am pleased that our Trust was able to continue treating some of its elective patients during the pandemic, working in partnership with neighboring organisations. Our staff worked hard to treat patients who had waited the longest in this reporting year of 2023-24 and I thank all the teams involved in doing that.

We have seen increased pressure on our two Emergency Departments (EDs). Greater numbers of patients have presented to our Departments as well as an increase in ambulance conveyances, similar to other parts of the country. The target to see and admit or discharge patients in Emergency Departments was 76% for March 2024, and was a target we were not able to meet. Whilst we did manage to see and treat most patients in four hours 60% of the time during the year, this is not good enough and I am sorry that this has been our patients' experience.

Our patient wards have had consistently high levels of occupancy. As such, many patients who needed to be admitted had to wait a long time. Far too many waited longer than 12 hours and I sincerely apologise to these patients for this poor experience.

The patients and staff working in the EDs are starting to see the benefits of our investment in the new departments at both Grimsby and Scunthorpe. Building work continued in areas close to both new EDs to create Integrated Acute Assessment Units (IAAUs) and Same Day Emergency Care (SDEC) facilities at both hospitals. The Grimsby unit opened in winter 2023 and the Scunthorpe units opened in April 2024.

However, many staff face the challenge of providing patient care in wards and areas that are of quite poor quality and in need of investment or refurbishment. The Trust Board is acutely aware of this issue, and we are exploring ways to bring in much needed capital to improve these areas as well as those buildings where our support staff face similar working conditions.

Our staff remained focused on patient care during periods of industrial action taken by medical staff around their national terms and conditions. Thank you to everyone who worked over these periods as well as staff who have worked closely with patients whose appointments had to be cancelled and rescheduled. We did, by the end of the year, more or less catch up on our backlogs with a reduction in 65 week waits, which is a fantastic achievement in the circumstances.

Since joining the Trust in August 2023, I have been working with senior staff to put in

place a single shared Executive team as well as a new clinical service structure for the NHS Humber Health Partnership, the new branding name for the Group organisation. With new leadership teams in place in our 14 clinical service care groups as well as a new Group Executive Team too. The next financial year will be one where we can really start to realise the benefits of Group working.

As reported in the 2022/23 Quality Account the Care Quality Commission inspected NLaG's hospitals and community services in early 2022 and published their report in December 2022. The progress the Trust had made was recognised in May 2023 when NHS England, the Trust's regulator, took the decision to allow NLaG to exit the Recovery Support Programme. This was an important step and recognised the Trust's progress improving both its clinical services and its financial position. The CQC also identified areas that required further improvements and teams across the Trust have put together a comprehensive action plan to respond to the improvement requirements of the CQC's published report. This will remain a key area of focus in 2024/25.

End of Life (EOL) care was the single area where the CQC rating was 'Inadequate', their lowest available rating. This is why EOL was chosen as one of our five quality priorities for 2023/24, specifically to improve personalised palliative and end of life care to ensure patients are supported to have a good death. There has been the successful recruitment of three additional specialist palliative care clinical nurse specialists and an EOL practice educator. Implementation of seven-day Specialist Palliative Care started at Scunthorpe hospital in August 2023 utilising single point for WebV (electronic) referral. Collaborative working with the Care Plus Group has enabled electronic referrals to the EOL team to be rolled out at Grimsby Hospital in October 2023. A training video for doctors to help recognition of EOL pathway at an earlier stage has been developed. The percentage of in hospital deaths with anticipatory medications prescribed has significantly increased to 93% in February 2024 from 27.7% in 2023.

We have also seen significant progress in other areas of our quality priorities, in particular the Deteriorating Patient workstream, with sustained improvement in the percentage of adult observations recorded on time exceeding the 90% target. The Trust has also sustained achievement of the Commissioning for Quality and Innovation (CQUIN) recording and response to the National Early Warning Score (NEWS2) for unplanned critical care admissions, exceeding the maximum national target 30% in all three quarters to date with the latest quarter 3 compliance of 76.92%.

Our commitment to delivering safe maternity care has been recognised by CQC with their latest inspection of our Midwifery led unit at Goole being rated as Good overall. The Trust also achieved all 10 safety actions in the NHS Resolution Maternity Incentive Scheme. Actions included making sure we have an effective workforce in place, ensuring we co-produce maternity services with the Maternity and Neonatal Voices Partnership, showing we have a process in place for getting feedback from people using our services and making sure processes are in place to keep mums and babies together where possible. This is great news for anyone using our maternity services, as it gives us confidence that the care is of the highest standard.

As has been reported in previous Quality Accounts our challenge for 2024/25 will be to make sure our staff are able to offer the best possible patient care, by looking after our staff and supporting them whilst, at the same time, we do everything we can to reduce

our waiting times and managing the increased demand we are experiencing for urgent and emergency care. I know our staff will continue to rise to the challenge ahead and would like to close this statement by thanking them once again.

I can confirm that the Board of Directors has reviewed this report and can confirm that, to the best of my knowledge, the information contained within it is an accurate and fair account of our performance.

Signature:

Group Chief Executive and Accountable Officer: Jonathan Lofthouse
Northern Lincolnshire and Goole NHS Foundation Trust
Date:

About Northern Lincolnshire and Goole NHS Foundation Trust

Northern Lincolnshire and Goole NHS Foundation Trust (referred to as ‘the Trust’ throughout this report) consists of three hospitals and community services in North Lincolnshire. The Trust provides acute hospital services and community services to a population of more than 450,000 people across North and North East Lincolnshire and East Riding of Yorkshire and has approximately 750 beds across three hospitals. The site locations are:

- Diana, Princess of Wales Hospital in Grimsby (also referred to as DPoW),
- Scunthorpe General Hospital located in Scunthorpe (also referred to as SGH),
- Goole & District Hospital (also referred to as GDH), and
- Community services in North Lincolnshire.

The Trust was originally established as a combined hospital Trust on April 1 2001, and achieved Foundation Status on May 1 2007. It was formed by the merger of North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospitals NHS Trust and operates all NHS hospitals in Scunthorpe, Grimsby and Goole. In April 2011 the Trust became a combined hospital and community services Trust (for North Lincolnshire). As a result of this the name of the Trust, while illustrating the geographical spread of the organisation, was changed during 2013 to Northern Lincolnshire and Goole NHS Foundation Trust to reflect that the Trust did not just operate hospitals in the region. The Trust is now part of a Group – NHS Humber Health Partnership – as we work more closely with our colleagues at Hull University Teaching Hospitals NHS Trust.

The Group manages five main hospitals sites: Hull Royal Infirmary, Grimsby Diana Princess of Wales Hospital, Scunthorpe General Hospital, Castle Hill Hospital and Goole Hospital. It provides a wide range of community services across North and North East Lincolnshire, including district nursing, physiotherapy, psychology, podiatry and specialist dental services.

NHS Humber Health Partnership employs over 17,000 staff, sees more than 1,000,000 patients each year and has a budget of £1.4bn.

2023/2024

A YEAR IN NUMBERS



Figures from 1 April 2023 to 31 March 2024. Rounded figures used

Figure 1: 2023/24 - A year in numbers

Proud Moments of 2023/24

The Trust have received the National Preceptorship for Nursing Quality Mark from the NHS England National Preceptorship Programme.



Preceptorship is the way in which newly registered professionals, including nurses, are welcomed into an organisation and how they are supported to develop their skills, apply knowledge to everyday practice, and gain confidence. The Quality Mark is the national gold standard and was created in October 2022 when NHS England introduced the new national Preceptorship framework for Nursing, which NHS Trusts now use to benchmark themselves against.

Our Macmillan Information Centre at Scunthorpe has been awarded an accreditation in recognition of the high-quality service it provides. The centre has not only achieved the Macmillan Quality Environment Mark (MQEM)



award, but received the highest possible overall score, exceeding the level required to maintain the standard. The MQEM award recognises environments that meet the standards required by people living with cancer and celebrates those that go above and beyond to create welcoming and friendly spaces.



The Hospital at Home team at Grimsby hospital was selected from more than 900 entries as finalists in the Community and General Practice Nursing category of the Royal College of Nursing (RCN) Nursing Awards for supporting children to remain at home with their families. Families overwhelmingly rate the service as excellent.

The Safeguarding team and WebV team were shortlisted as finalists at the Health Service Journal (HSJ) Partnership Awards in the Safety Improvement



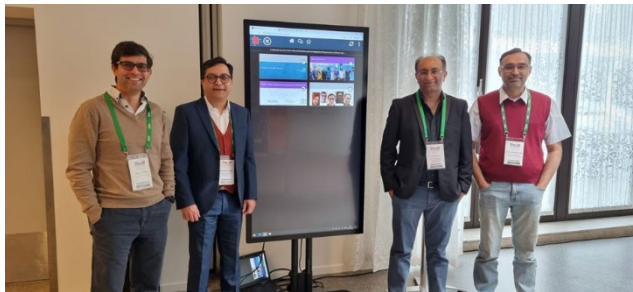
Through Technology category. They have been recognised for transforming their referral system from an outdated, complex system using paper forms, telephone and webpage referrals, to a new streamline electronic system on WebV, our electronic patient record system.



Our new Same Day Emergency Care (SDEC) and Integrated Acute Assessment (IAA) units at the Diana, Princess of Wales Hospital and Scunthorpe General Hospital opened providing us with modern, well-equipped facilities that are purpose-built to meet the needs of our communities for years to come.

Proud Moments of 2023/24

Medicine Division colleagues were honored



to present at the Society for Acute Medicine's Spring 2023 conference in Copenhagen. They highlighted the quality improvement approach they had taken in redesigning the Trust's emergency care pathways moving from Clinical Decisions Units to the Integrated Assessment Units and Same Day Emergency Care model.

The Care Quality Commission (CQC) has rated the Trust's midwifery led unit within Goole District Hospital as good, following an inspection in November 2023. Our commitment to delivering safe maternity care has also been recognised by a national scheme as the Trust achieved all 10 safety actions in the NHS Resolution maternity incentive scheme.



The Trust's international recruitment efforts and commitment to colleague wellbeing has been recognised by a national NHS award. The NHS Pastoral Care Quality Award is a benchmark for recruitment of international nurses and midwives across England. By achieving the award, the Trust has demonstrated a commitment to supporting internationally educated nurses and midwives at every stage of our recruitment and beyond.

All three hospital sites were recognised for successfully achieving high quality data provision recognition



with the National Joint Registry (NJR). The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes primarily for the benefit of patients, but also to support orthopaedic clinicians and industry manufacturers.



More than 250 staff attended the Trust's Quality Improvement (QI) conference to celebrate the great improvement work that is happening at the Trust.

Carol's Story – As Told By Her Daughter Sarah

I'm Sarah, my mum was a patient last year which has led me to work with the Trust on a new campaign to improve patient care and experience.

My mum, Carol, was a hairdresser by background but worked as a Phlebotomist at Scunthorpe hospital for 18 years. She was well known and popular with staff and patients because of her kind and empathetic nature. You could always hear her before you saw her, especially her distinctive laugh. She was a shopaholic, obsessed with Alan Titchmarsh and loved going for walks with my dad. She lived for her family.

Sadly, my mum died last year of genetic Creutzfeldt-Jakob disease (CJD). She spent some of her final few weeks in hospital and although she and our family received excellent care at times, there are certain aspects that could have been better. As a fellow NHS colleague, I have never appreciated family-centred care until I was in the position myself. At times, we struggled to do the right thing for mum due to barriers we felt were unnecessary.

For us, it was the little things that made a big impact. For example, due to the disease, mum's cognitive functions were declining rapidly. She experienced a long wait in the Emergency Department (ED) overnight with no access to food or drink. When we were able to feed her, we were spoken to by a staff member for sitting on the bed while trying to do so. She was moved wards during the night which was distressing for her and the presence of security in her room frightened her. As a family, we'd have liked to have spent more time with her on the ward to alleviate some of her confusion. We also felt it would be beneficial to assist with her feeding, but this didn't feel easy outside of visiting hours.

Sarah has worked in partnership with the Trust to improve some of the factors that negatively impacted on her mum's care and experience and wanted a common sense, person centred approach. We agreed to focus on 4 aspects:

- Time lost with her family when ultimately all the life Carol had left was 5 weeks.
- Visiting – Sarah questioned if our visiting arrangements were really meeting the needs of hospital or patients and families.
- The best utilization of our Security staff when they are called for older confused people – Sarah asked what do staff want security to do & what are security able to do.
- Could the care for older people in emergency areas be improved and is there enough being done to ensure nutrition, hydration and comfort are being addressed for older people in ED's.



Carol's Campaign was born out of a commitment to work in partnership with Sarah to make changes and influence culture. We agreed we were, without doubt, in this together.

We launched Carol's Campaign in March 2023 after it is presented to Trust Board by Sarah herself.

The key elements to the campaign were:

- Refining the level of security for frail/vulnerable patients.
- Reviewing the accessibility of visiting arrangements across the Trust.
- Positively influencing the culture through compassionate leadership.
- Enhancing the care of older people in the Emergency Department.

What we have done:

- We commenced a quality and compassionate improvement journey with Sarah endorsing all the aspects associated with this campaign as we wanted Carol's name to be synonymous with these partnership developments and for the positive changes to be a legacy to the positive life Carol led.
- We have reviewed thoroughly the training for our security leads to ensure they receive appropriate compassion training.
- We have commenced extended visiting from January 2024 and introduced Care Partners and we will review the visiting.
- We have shared Sarah's story and Carol's campaign widely throughout the Trust so all staff have access to this.
- We have worked closely with the Associate Chief Nurses to review our ED to assess the area and make any improvement needed.

What the changes aim to ensure is that we are providing compassionate and patient-centred care for people when they most need it. We know that having access to the person you need most when you are ill or in hospital can be massive and it can have a huge impact on a person's mental and physical wellbeing.

PART 2: Priorities for improvement, statements of assurance from the Board and reporting against core indicators

2.1 Quality priority planning for 2024/25

In February 2024 the Trust migrated the Patient Administration System (PAS). In preparation for this significant undertaking, an information services development freeze was put in place in 2023/24 to divert resource to ensure the PAS transition was successful. The work involved to ensure a smooth transition has reduced resource available to support the electronic reporting on the full suite of process and balancing measures associated with the 2023/24 quality priorities which has in turn impacted on the pace of progress.

Drawing on triangulated information from a wide range of quantitative and qualitative data sources including complaints, incidents, inquests, litigations, Structured Judgment Reviews (SJR), clinical audit, risk registers, staff, and patient surveys and linkages to the Trust's Quality Strategy a long list of potential 2024/25 quality priority topics was developed and shared with staff, the Trust Governors, stakeholders, the Quality Governance Group and the Trust's Quality and Safety Committees in Common. There was agreement that due to the constraints imposed by the ongoing PAS work and the collective desire to fully embed new methodologies until significant improvement is achieved no new topics should be considered and the existing 2023/24 quality priorities should be carried over to 2024/25. Therefore, the 5 quality priority topics for 2024/25 covering patient safety, clinical effectiveness, and patient experience will remain with stretch targets and a refocus on underlying workstreams:

- (1) End of Life:** To improve personalised palliative and end of life care to ensure patients are supported to have a good death. *(Clinical effectiveness and patient experience)*.
- (2) Deteriorating Patient:** Improved recognition and responding to the deteriorating patient. *(Clinical effectiveness and patient safety)*.
- (3) Sepsis:** Improved recognition and responding to sepsis in patients. *(Clinical effectiveness and patient safety)*.
- (4) Medication safety:** To improve the safety of prescribing weight dependent medication to adults. *(Clinical effectiveness and patient safety)*.
- (5) Mental capacity:** Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording. *(Clinical effectiveness and patient experience)*.

Recognising that communication is a key element linked to our workstreams, it will be included within the quality priorities as an associated qualitative KPI where appropriate. Communication is known to be a broadly applicable element of many aspects of how care is provided, so focusing on patient communication for critical phases of care, such as End of Life and managing patients' mental capacity to make decisions are areas where undertaking patient and their carers views through surveys to gain insight into their

experiences brings value. We also see that elements of communication between staff can contribute to safe and effective care, so the Trust will explore this through the Deteriorating patient workstream as well.

Progress against the 2024/25 quality priorities will be monitored monthly through a defined approach of data analysis and review in the Quality and Safety section of the Integrated Performance Report (IPR), with overall outcome measures included in the Trust Board IPR. Success will be measured through tracking progress and trends against baseline and targets for each of the quality priorities associated Key Performance indicators (KPIs).

Assurance and performance against the quality priorities will also be monitored via the Trust's Quality & Safety Committee in Common, Quality Governance Group and Care Group's monthly performance meetings.

2.2 Looking back on our priorities for improvement in 2022/23

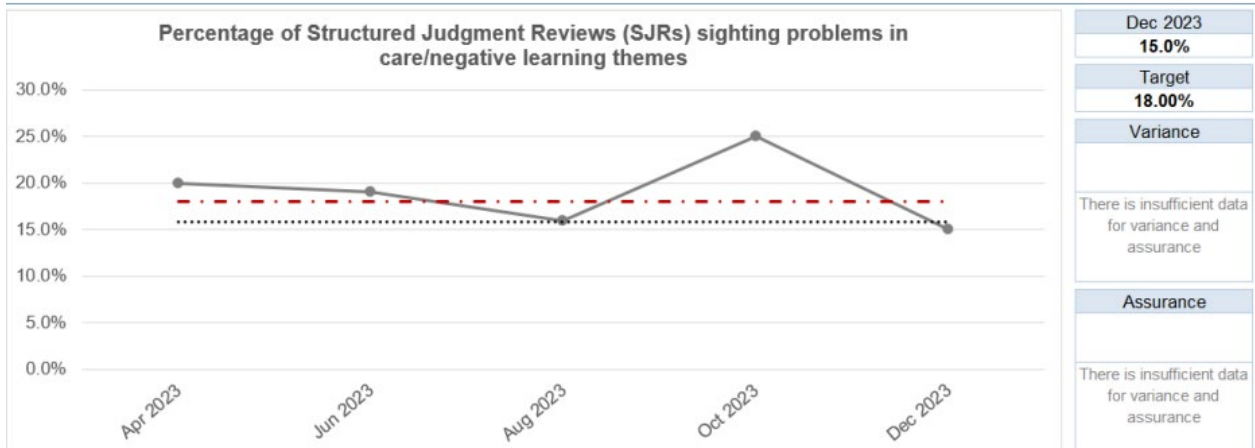
As part of the Trust's annual setting of priorities in 2023/24, the Trust had set 5 quality priorities:

- (1) **End of Life:** To improve personalised palliative and end of life care to ensure patients are supported to have a good death.
- (2) **Deteriorating Patient:** Improved recognition and responding to the deteriorating patient in patients age 16+.
- (3) **Sepsis:** Improved recognition and responding to sepsis in patients.
- (4) **Medication safety:** To improve the safety of prescribing weight dependent medication to adults.
- (5) **Mental capacity:** Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.

The Trust has not fully achieved all its priority ambitions however there is evidential progress in several areas with sustained improvements. The graphs and narrative below show a summary of achievement against the key measures of success for each of the quality priorities.

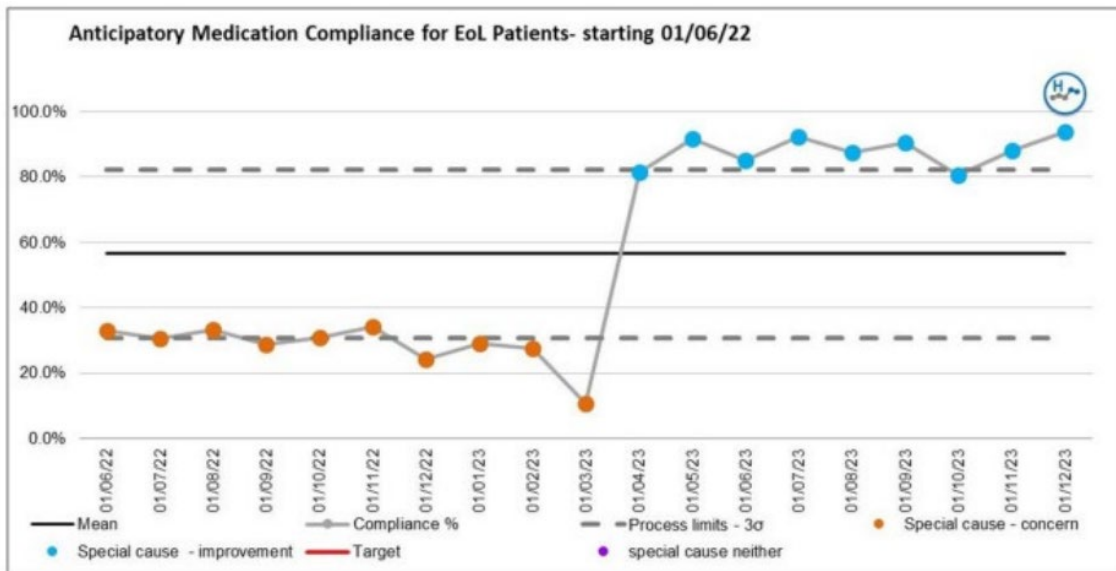
End of Life - Summary of milestones achieved, challenges and next steps

Outcome measure: Reduction in the percentage of Structured Judgment Reviews (SJR) sighting problems in care/negative learning themes associated with recognition of end of life pathway at earlier stage and the quality of ReSPECT/advanced care planning documentation.



Progress has been made towards reducing the percentage of SJRs sighting problems in care/negative learning themes associated with recognition of end of life pathway at earlier stage and the quality of ReSPECT/advanced care planning documentation with the latest data available in December 2023 achieving 15% which is below the 18% target (lower value is positive).

Process measure: Percentage of in hospital deaths with anticipatory medication prescribed.

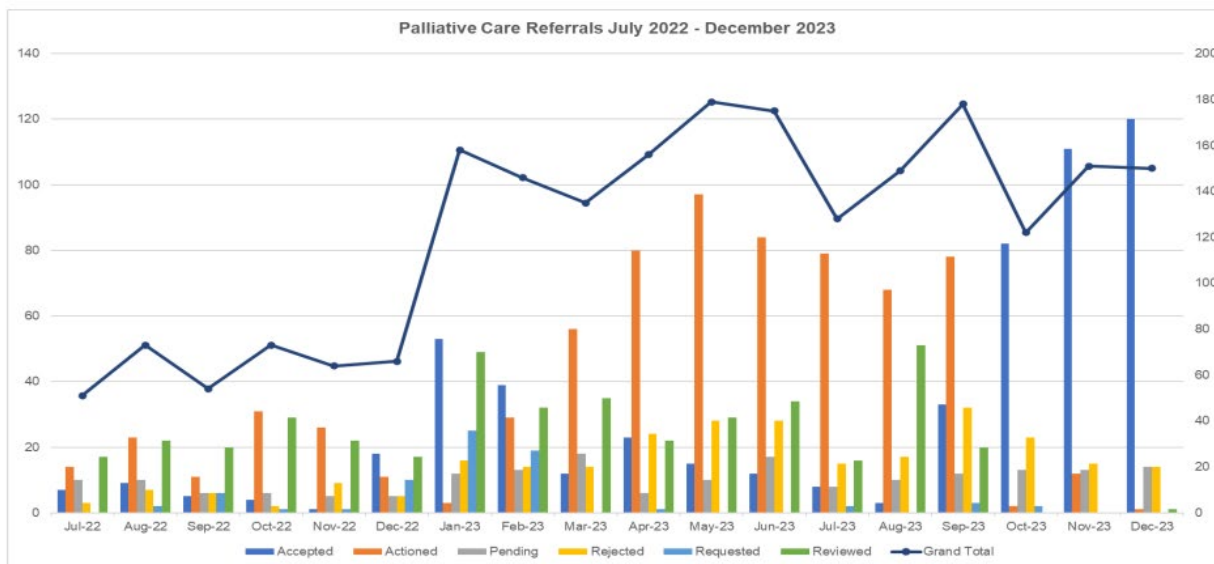


Note: Data from 01/06/22 to 01/03/23 pulled from previous power BI data. From 01/04/23 data pulled direct from WebV.

The deceased patient audit tool that captured data relating to anticipatory medication and linked to the End of Life PowerBI dashboard was moved from Sharepoint to WebV

in March 2023 as part of the End of Life QI project to improve completion compliance. Unfortunately, due to the PAS development freeze the information services team were not able to re-establish automated reporting of this metric. An interim report from WebV was produced which allowed manual identification of this data by the QI team. 94% of anticipatory medication was prescribed in December 2023 and the SPC chart shows special cause improvement since April 2023 coinciding with moving the tool from Sharepoint to WebV.

Process measure: Establish baseline of number of referrals to the End of Life team.



Due to the PAS development freeze automated reporting on the number of referrals to the End of Life and the time from referral to assessment was not possible. An interim report from WebV was produced which allowed manual identification of the number of referrals by the QI team to provide a baseline. It is hoped that reporting on the time from referral to treatment will be developed in 2024/25.

Implementation of 7-day Specialist Palliative Care commenced at SGH on 5 August 2023 utilising single point for WebV referral. Collaborative working with Care Plus Group enabled electronic referrals to the End of Life team to be rolled out at DPoW in October 2023.

There has been successful recruitment of three additional specialist Palliative care clinical nurse specialists and an End of Life practice educator. A gap in access to a Palliative Care Consultant at DPoW remains despite recruitment drives. Planned increase in Consultant capacity is on hold in both North Lincolnshire and North East Lincolnshire currently due to changes in allocated funds. Next steps regarding medical staffing are being considered through the Northern Lincolnshire Strategy Group as a new business case will be required.

An End of Life staff survey was launched to help understand the challenges and areas of focus. There were 109 responses and wards 22 and 17 at SGH and wards IAAU and C3 at DPoW became pilot wards to allow targeted support. Following success in the pilot wards, the care in the last days of life document was electronically rolled out Trust wide significantly increasing completion compliance.

The use of ReSPECT forms is now fully rolled out in all areas. Work has been completed to help improve the level of communication in our discharge summaries around DNACPR decisions and ceiling of care recorded on ReSPECT forms.

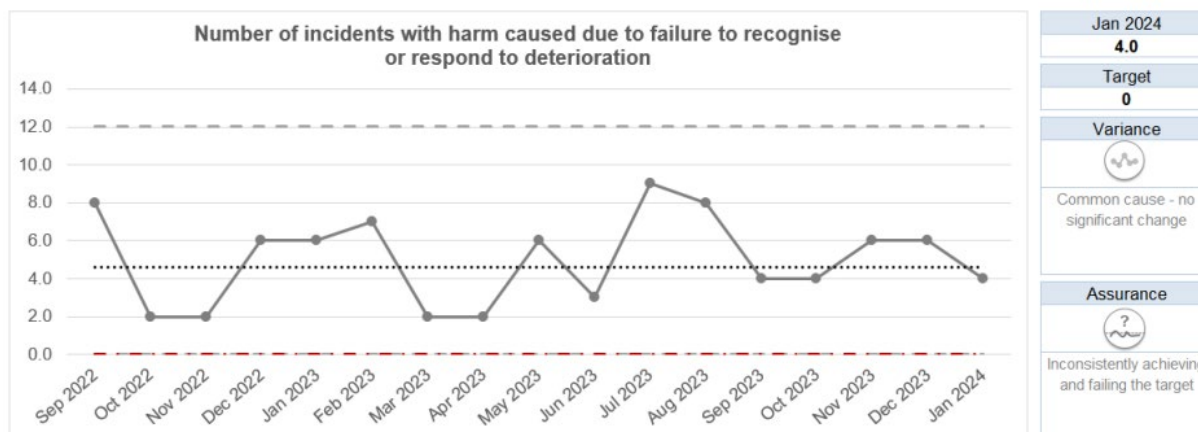
The divisional Doctors Induction has been updated to include an early introduction to ReSPECT and End of Life. Recognition and care planning are included in training delivered by the specialist End of Life team with different options of training delivery offered to improve compliance, including face to face, virtual training and targeted sessions. A training video for doctors to help recognition of End of Life pathway at an earlier stage has been recorded and a tiered approach to training is in development. A questionnaire for Medical staff has been launched to further understand the barriers to early recognition of End of Life and decision making to stop active treatment.

A patient and carer survey has been developed with support from Healthwatch to further understand patient and family experience related to end of life/palliative care communication.

A conference to understand the barriers to early End of Life recognition is planned for June 2024. The focus of the 2024/25 End of Life quality priority will be on improving recognition of End of Life pathway at an earlier stage.

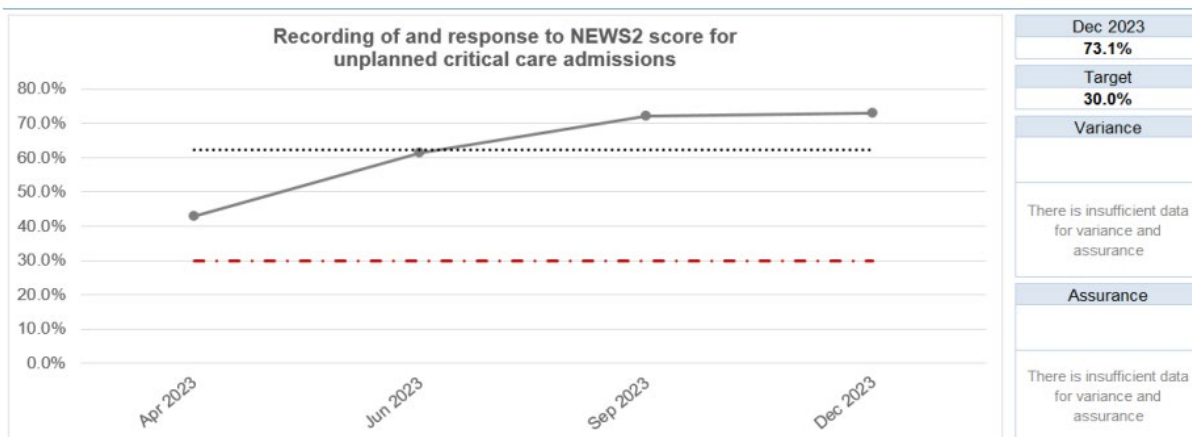
Deteriorating Patient - Summary of milestones achieved, challenges and next steps

Outcome measure: Reduction in the number of incidents with harm caused due to failure to recognise or respond to deterioration.



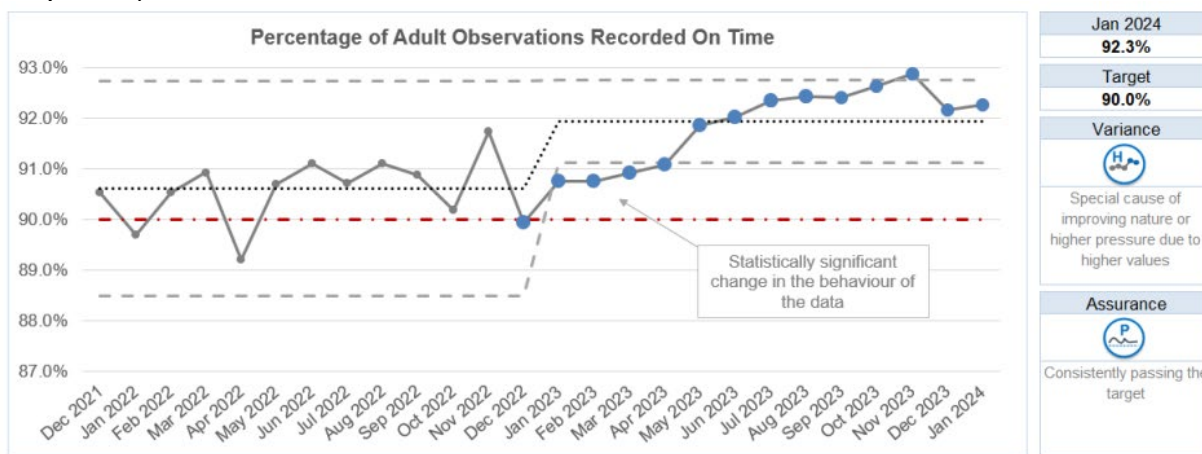
The SPC chart shows normal variation with no significant change in the number of harm incidents reports with a mean of 5.2. All incidents reported between 1 April 2023 to 31 January 2024 were either, near miss, no harm or low/minor harm. It was identified that there were inconsistencies in the category coding used by staff reporting incidents as not all the incidents reported under the deteriorating patient categories were explicitly related to a deteriorating patient. New incident category options have been added to Ulysses to improve accuracy of deteriorating patient incident coding which include failure to follow up on observations/recognise deteriorating patient, failure to escalate deteriorating patient, failure to treat deteriorating patient. Deteriorating patient incidents continue to be monitored through the Deteriorating patient/sepsis group to identify themes and learning.

Process measure: Recording of and response to NEWS2 score for unplanned critical care admissions (Aligned to CQUIN07 2023/24)



Sustained achievement of the CQUIN recording of and response to NEWS2 score for unplanned critical care admissions, exceeding the maximum National target 30% in all quarters to date with the latest quarter 3 compliance of 73.1%. Agreed allocation of time for Clinical Sisters to focus on NEWS2 QI work with nursing teams.

Outcome measure: Percentage of adult observations recorded on time (within 30minute grace period)



There has been a successive improvement in the percentage of adult observations recorded on time exceeding the 90% target. All divisions are expected to present a highlight report to the Deteriorating patient/sepsis group. This has helped to improve engagement and encourage clinical ownership of the improvement work. All clinical sisters and ward managers are continuing to undertake applying QI training to focus on deteriorating patient and escalation. Stop and check continues to be embedded across all areas, encouraging use through night shifts. In the Medicine Division, the escalation pathway has been distributed to all ward nurse base areas and staff rooms to raise awareness.

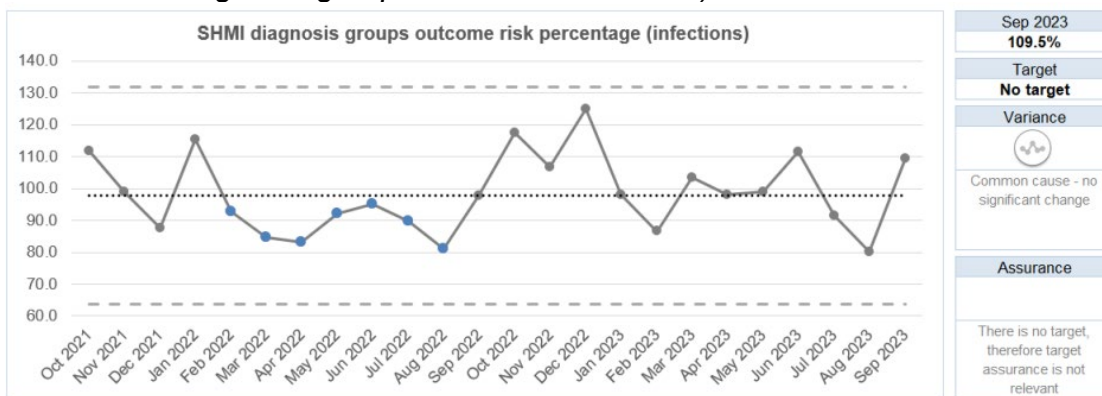
Clinical sisters and key members of staff within the Surgery and Critical Care division are continuing to undertake QI work on escalation of patients. This should support the recognition of deterioration and the appropriate escalation in line with the policy. Monitoring of referrals to Critical Care continues with oversight by the Deteriorating Patient/Sepsis group. Critical Care Outreach at DPoW are planning an electronic escalation pilot on wards

C2 and B3.

Building on the success of the 2023/24 deteriorating patient quality priority, stretch targets will be introduced for 2024/25 to strive towards 95% of adult observations recorded on time with a reduction in the grace period from 30 minutes to 15 minutes. The CQUIN target for recording of and response to NEWS2 score for unplanned critical care admissions will be increased from 30% to 80%. A new process measure of evidence of Situation Background Assessment Recommendation (SBAR) escalation will be introduced with a target of 30%.

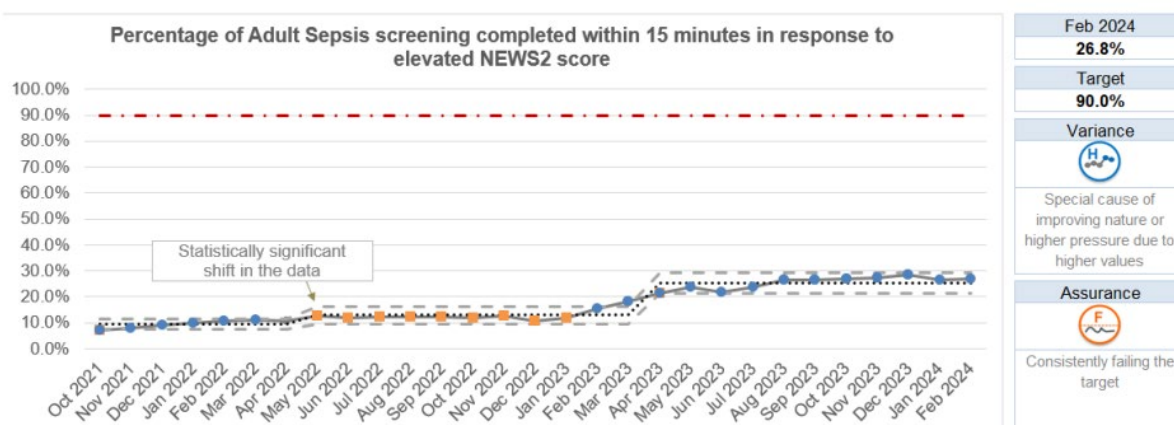
Sepsis - Summary of milestones achieved, challenges and next steps

Outcome measure: Maintain/improve SHMI diagnosis groups outcome risk percentage
(Note: to include diagnosis groups related to infections).



The SPC chart shows normal variation. The average rate (observed deaths/expected deaths) x 100 of patients that died with an infection related cause, for the period 1 April 2023 to 30 September 2023, was 98.6 which is below the England average 100.

Process measure: Adult primary sepsis screening completed on WebV within 15minutes in response to elevated NEWS2 score.



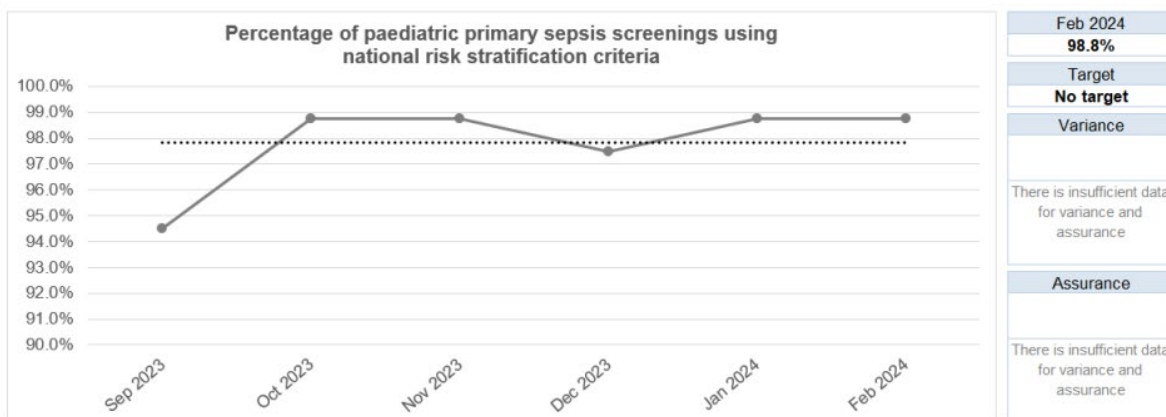
The SPC chart for the percentage of adult sepsis screening completed within 15 minutes in response to elevated NEWS2 score shows sustained special cause of improving nature rising to 26.8% in February 2024 compared to 10.81% in February 2022.

Electronic sepsis screening has been introduced in both Emergency Departments (ED) but challenges exist around IT systems as there is no automatic link to WebV to record sepsis screening from the ED Symphony system resulting in duplication and delays as 2 systems

are in use. A solution is being sought but will require financial investment. Despite these challenges, improvement was seen overall with sepsis screening but further work and system changes are required to improve recording within 15 minutes. With the time constraint removed, compliance of sepsis screening is better and has improved from 32.4% in February 2022 to 50% recorded in February 2024.

A snapshot audit has shown that the time delay of greater than 15 minutes to complete the sepsis screening tool is potentially due to the Health Care Assistant completing observations and escalating to a registered nurse who is then actively caring for the patient but is not completing the sepsis screen on WebV. DP/Sepsis nursing lead and QI lead continue to engage with frontline teams to progress QI work streams. Spot checks continue on the wards to ensure correct pathways and treatments have been followed.

Process measure: Paediatric primary sepsis screening completed in response to triggers to undertake screening using National risk stratification tools for “high risk” and “moderate to high risk” criteria.



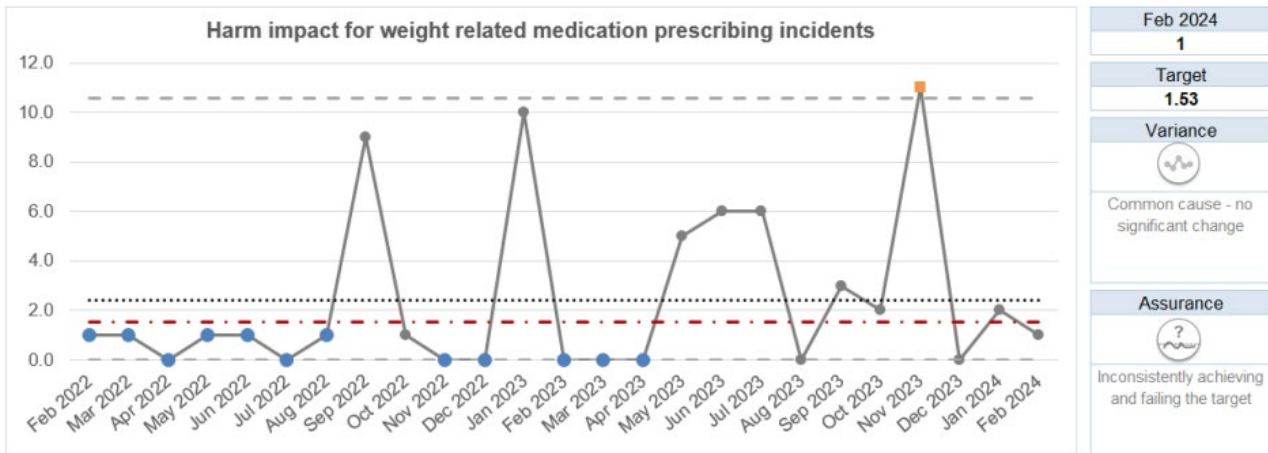
Paediatric sepsis screening audit data was collected from four areas (SGH Disney Ward, SGH Paediatric Assessment Unit, DPoW Rainforest Ward and DPoW Paediatric Assessment Unit). The mean percentage of Paediatric primary Sepsis screening completed in response to triggers to undertake screening using national risk stratification tools for “High Risk” and “Moderate to high risk” criteria was 97.8% although it should be noted that poor documentation and timeliness of treatment has been identified as an issue and will be the focus of improvement work in 2024/25. The audit results are shared with staff at team meetings and ward displays with a focus on a standard of the month.

The Symphony system in ED has been updated to include new prompts to complete a paper screening tool; Has a sepsis screen been considered? and What is the sepsis screen outcome? An audit is underway to quality check compliance with the new prompts.

To improve documentation of assessment, a new process measure of 90% of Paediatric Sepsis screening tools to be completed on presentation to ED/Paediatric Assessment Unit will be introduced as part of the 2024/25 sepsis quality priority.

Medication Safety - Summary of milestones achieved, challenges and next steps

Outcome measure: Reduction in harm impact for weight related medication prescribing incidents.



A low number of incidents and infrequent incidents with harm have been identified, so applying a weighted scoring for harm being the 5-point scale of no harm to death caused by the incident has been used. The harm value from 1-5 has been squared to illustrate the significant impact of incidents that cause more harm than others, while monitoring the no harm/near-miss incidents cumulatively. This means that a patient's death would score 25; severe harm 16; moderate harm 9; low harm 4; no harm 1. Whilst not reflected in the chart above, the SPC chart limits have been set in line with historical data points following the SI case in March 2018 with a score of 25. All weight related medication incidents reported between 1 April 2023 and 17 March 2024 were all near miss, no harm, low/minor harm incidents. All incidents are discussed at the Safer Medication Group to raise awareness and share learning.

The National Reporting and Learning System (NRLS) ceased to exist and was superseded with the Learning From Patient Safety Events (LFPSE). The National benchmark reports on under-reporting of patient safety incidents are no longer available. Therefore, the Trust was unable to monitor and report on the previously agreed balancing measure:

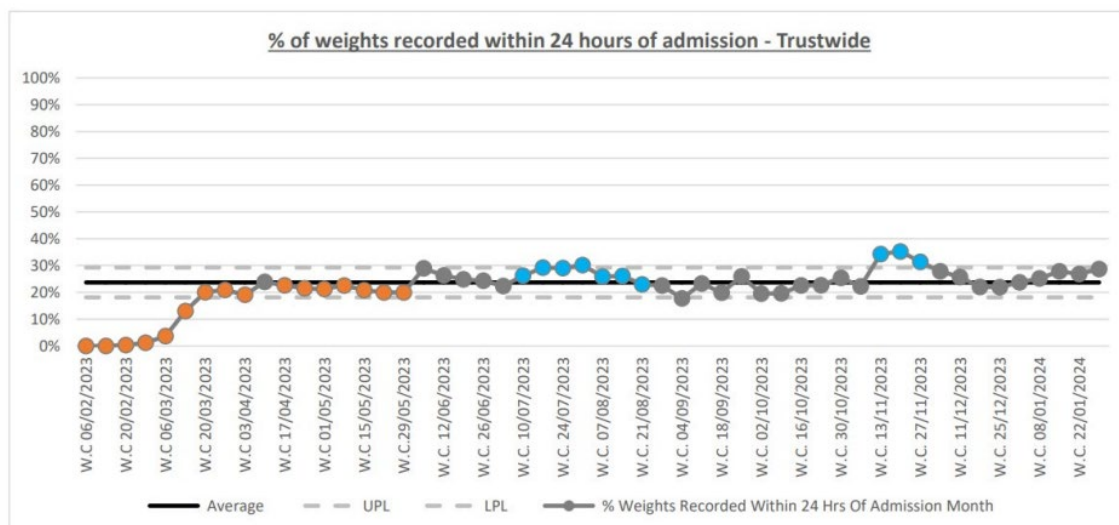
- **Balancing measure:** Potential under-reporting of patient safety incidents.

Weight entry on ePMA and WebV is challenged by dual systems as the two systems don't currently enable data to be shared between the systems meaning it must be entered into both systems manually. Weight data values also cannot be reported by ePMA which combined with the PAS development freeze has meant the Trust was unable to monitor or report on the previously agreed process and balancing measures:

- **Process measure:** Actual weight recorded on WebV within 24 hours.
- **Process measure:** Weight recorded on EPMA matches actual weight recorded in WebV.
- **Balancing measure:** MUST screening within 24 hours of admission.

The Trust is exploring investing in a bot to electronically transfer weight data between systems. In mitigation a self-serve excel dashboard showing data per site, division and ward has been created to allow wards to monitor their own compliance levels with weight

recorded on ePMA within 24 hours and 48 hours. A monthly summary report is taken to the Safer Medication Group and is shared with the Divisions to be discussed at Divisional Governance meetings. A monthly summary report was also provided to ward leaders highlighting the top 3 and lowest 3 wards per division per site to encourage improvement.



The SPC chart shows that the percentage of weights recorded on ePMA within 24 hours of admission has remained static with only slight improvement from 21.42% in April 2023 to 26.69% in January 2024. Due to the PAS migration in February 2024 there has been a pause in available data. In the interim data is being collected manually on pilot wards.

Presentations to raise awareness of the importance of weight recording on ePMA have been delivered to all levels of medical staff as well as sharing at Divisional Governance meetings.

A working group has been formed and a QI project has commenced. Surveys on all inpatient wards were completed to identify problems with recording weights on ePMA. Pilot wards A1, IAAU, B7 and Short Stay at DPoW and wards 5, 24, 28 and Stroke Unit at SGH were identified to trial Plan Do Study Act (PDSA) cycles before rolling out change ideas Trust wide.

The two new EDs have weighing bridges to allow patients arriving to be weighed by Ambulance crews. An observational audit of Ambulance staff weighing patients on arrival at both EDs has been completed which highlighted a site difference in practice with 100% of patients being weighed by the ambulance staff on arrival at DPoW but only 33% of patients were weighed by the ambulance staff on arrival at SGH. Ambulance staff at both sites are weighing patients with additional personal belongings on the trolley. Trust wide 49% were weighed with additional items. SGH had poorer compliance with 77% of patients being weighed with additional items on the trolley compared to 36% of patients at DPoW. An action plan has been developed and a re-audit is planned.

The 2024/25 Medication Safety quality priority will build on the 2023/24 QI work to further improve compliance with weight recorded in EPMA within 24 hours of admission.

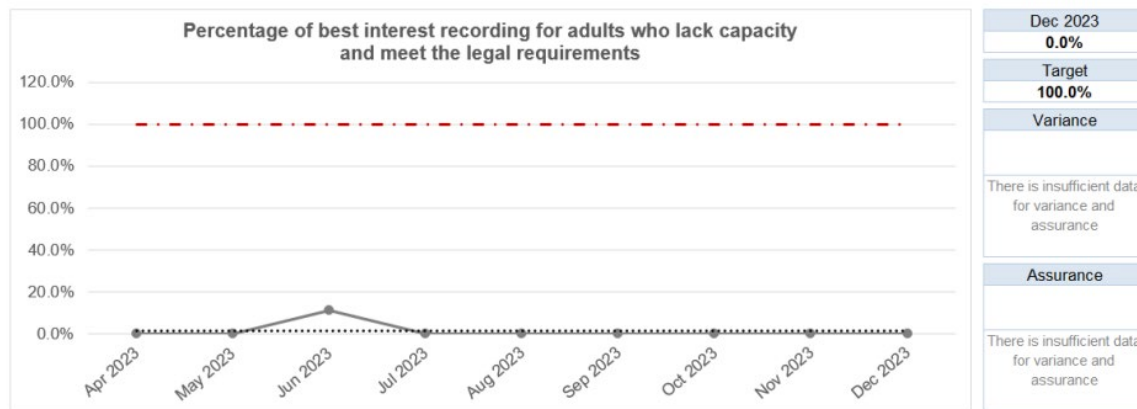
Mental Capacity - Summary of milestones achieved, challenges and next steps

Outcome measure: Percentage of MCA assessments that meet the legal requirements.



The percentage of MCA assessments that meet the legal requirements remains below target but has significantly improved from 6% in November 2023 to 35% in December 2023. We are starting to see improvements in the completion of some elements of the assessments. For example, 66% of assessments completed on Ward B6 in December 2023 had evidence that the patients had been supported to make a decision compared to 0% in May 2023.

Outcome measure: Percentage of best interest recording for adults who lack capacity and meet the legal requirements.



Compliance with best interest recording remains challenged. Progress has been limited due to single resource in the MCA/DoLS team and limited support from the QI team to support the Mental Capacity Quality Priority. Recruitment of a Specialist Nurse MCA/DoLS commenced their substantive post on 17 November 2023.

The **Process measure:** Attendance at bespoke training sessions on MCA assessments and best interest decision recording, was not formally monitored. Instead, bitesize training sessions have been delivered to Ward B6 and bespoke feedback forms for staff who have completed MCA assessment and best interest forms have been introduced and are shared for learning. MCA resource folders have been created and shared with all wards. A staff

survey to measure confidence and understanding of the MCA 2005 was undertaken. The MCA working group continue to meet to share learning and change ideas. The MCA/DoLS lead and Specialist Nurse MCA/DoLS continue to provide targeted support to wards.

The Community & Therapy Services Division have undertaken an audit in MCA assessments in community nursing to determine how many patients admitted to adult nursing caseload have had an MCA assessment undertaken when risk identified. The initial assessment template on SystmOne has been amended. A pathway to support the MCA assessment process has been developed. Best practice examples of MCA assessments tailored to community settings have been shared for learning.

The MCA assessment documentation audit has been transferred over to the Trust's new electronic Audit Management and Tracking System (AMaT). This will enable ward managers access to real time data giving greater oversight. A new process measure monitoring compliance with documenting key elements of the MCA/best interest record audit will be introduced to enable recognition where improvements are made as well as identifying areas for targeted improvement work.

2.3 Statements of assurance from the Board

2.3a Information on the review of services

During 2023/24 the Northern Lincolnshire and Goole NHS Foundation Trust provided and/or subcontracted 7 relevant health services. The 7 services are taken from the Trust's standard contract with the ICB as the "categories of service which the Provider is commissioned to provide under this contract". These are:

- A&E Services
- Acute Services
- Cancer Services
- Community Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services
- Urgent Treatment Centre Services

The Trust has reviewed all the data available to them on the quality of care in 7 of these relevant health and care services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health and care services for 2023/24.

2.3b Information on participation in clinical audits and national confidential enquires

During 2023/24, 72 national clinical audits and 7 National Confidential Enquiries into Patient Outcomes and Deaths (NCEPODs) were listed in the Quality Accounts for completion. During 2023/24, 51 national clinical audits and 7 NCEPODs covered relevant health services that Northern Lincolnshire and Goole NHS Foundation Trust provides.

During that period the Trust participated in 50 (98%) of the national clinical audits and 7

(100%) of the NCEPODs. Whilst 2 projects were listed for completion at the beginning of the year, these were delayed by the national audit supplier and will commence in 2024/25. Both audits have been excluded from the Trust's overall participation rate.

Participation did not occur for 1 (2%) national clinical audit; the National Ophthalmology Database Audit as the audit data collection is expected to be via an automated Electronic Patient Record System such as Medisoft that the Trust does not have. Therefore, it was agreed through the Trust's Quality Governance Group not to participate in the audit as diverting clinical resources to collect the vast amount of data required manually would be an adverse risk to the quality of the service. Instead, it was agreed that a local audit project of cataract surgery covering the key standards would be undertaken in its place to allow some level of benchmarking in comparison to the published national audit data.

The tables below list all National Clinical Audits, Clinical Outcome Review Programmes and other national quality improvement programmes which NHS England advise Trusts to Participate in. It also provides a breakdown of those applicable to the Trust and participation details during 2023/24.

Table 1: National Clinical Audits

Count	Programme / Workstream	Eligible for NLAG	NLAG Participated	No. of Cases Submitted	Rate of Participation	Outcome
1.	Adult Respiratory Support Audit (BTS)	✓	✓	29	100%	Awaiting National Report
2.	BAUS Nephrostomy Audit	✓	✓	4	100%	Awaiting National Report
3.	Breast and Cosmetic Implant Registry	✓	✓	34	97%	Awaiting National Report
4.	British Hernia Society Registry	N/A	N/A	N/A	N/A	Not yet commenced
5.	Case Mix Programme (CMP)	✓	✓	1338	On-going	Project still underway
6.	Child Health Clinical Outcome Review Programme (NCEPOD)	✓	✓	Please refer to Table 2	Please refer to Table 2	Please refer to Table 2
7.	Cleft Registry and Audit Network (CRANE) Database	✗	✗	N/A	N/A	N/A
8.	Elective Surgery (National PROMs Programme)	✓	✓	514	78%	Awaiting National Report
9.	Emergency Medicine QIPs:					
	Care of Older People	✓	✓	231	115%	Awaiting National Report
	Mental Health (Self-Harm)	✓	✓	388	100%	Awaiting National Report

Count	Programme / Workstream	Eligible for NLAG	NLAG Participated	No. of Cases Submitted	Rate of Participation	Outcome
10.	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	✓	186 (Cohort 5)	100%	Awaiting National Report
Falls and Fragility Fracture Audit Programme (FFFAP):						
11.	Fracture Liaison Service Database (FLS-DB)	✓	✓	291	On-going	Project still underway
	National Audit of Inpatient Falls (NAIF)	✓	✓	5	On-going	Project still underway
	National Hip Fracture Database (NHFD)	✓	✓	533	100%	Awaiting National Report
12.	Improving Quality in Crohn's and Colitis (IQICC) [Note: previously named Inflammatory Bowel Disease (IBD) Audit]	✓	✓	468 (Cumulative)	100%	Action Planning
13.	Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	✓	✓	24	100%	Action Planning
14.	Maternal, Newborn and Infant Clinical Outcome Review Programme	✓	✓	25	On-going	Project still underway
15.	Medical and Surgical Clinical Outcome Review Programme	✓	✓	Please refer to Table 2	Please refer to Table 2	Please refer to Table 2
16.	Mental Health Clinical Outcome Review Programme	✗	✗	N/A	N/A	N/A
National Adult Diabetes Audit (NDA)						
17.	National Diabetes Footcare Audit (NDFA)	✓	✓	89***	On-going	Project still underway
	National Diabetes Inpatient Safety Audit (NDISA)	✓	✓	8	On-going	Project still underway
	National Pregnancy in Diabetes Audit (NPID)	✓	✓	38	100%	Awaiting National Report
	National Diabetes Core Audit	✓	✓	1138	100%	Action Planning
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme:						
18.	a) COPD Secondary Care	✓	✓	535	On-going	Project still underway
	b) Pulmonary Rehabilitation	✗	✗	N/A	N/A	N/A
	c) Adult Asthma Secondary Care	✓	✓	174	On-going	Project still underway

Count	Programme / Workstream	Eligible for NLAG	NLAG Participated	No. of Cases Submitted	Rate of Participation	Outcome
	d) Children and Young People's Asthma Secondary Care	✓	✓	80	On-going	Project still underway
19.	National Audit of Cardiac Rehabilitation	✓	✓	1093	On-going	Project still underway
20.	National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPprevent)	✗	✗	N/A	N/A	N/A
21.	National Audit of Care at the End of Life (NACEL)	✓	✓	40	On-going	Project still underway
22.	National Audit of Dementia (NAD)	✓	✓	243	100%	Awaiting National Report
23.	National Audit of Pulmonary Hypertension	✗	✗	N/A	N/A	N/A
24.	National Bariatric Surgery Registry	✗	✗	N/A	N/A	N/A
25.	National Cancer Audit Collaborating Centre - National Audit of Metastatic Breast Cancer	✓	✓	278 NABCOP	100%	Awaiting National Report
26.	National Cancer Audit Collaborating Centre - National Audit of Primary Breast Cancer	✓	✓	As Above	100%	Awaiting National Report
27.	National Cardiac Arrest Audit (NCAA)	✓	✓	74	On-going	Project still underway
	National Cardiac Audit Programme (NCAP)					
	National Adult Cardiac Surgery Audit (NACSA)	✗	✗	N/A	N/A	N/A
	National Congenital Heart Disease Audit (NCHDA)	✗	✗	N/A	N/A	N/A
	National Heart Failure Audit (NHFA)	✓	✓	397	On-going	Project still underway
28.	National Audit of Cardiac Rhythm Management (CRM)	✓	✓	312	On-going	Project still underway
	Myocardial Ischaemia National Audit Project (MINAP)	✓	✓	408	On-going	Project still underway
	National Audit of Percutaneous Coronary Intervention (NAPCI)	✓	✓	334	On-going	Project still underway
	National Audit of Mitral Valve Leaflet Repairs (MVLRL) [estimated start date April '23]	✗	✗	N/A	N/A	N/A

Count	Programme / Workstream	Eligible for NLAG	NLAG Participated	No. of Cases Submitted	Rate of Participation	Outcome
	The UK Transcatheter Aortic Valve Implantation (TAVI) Registry	X	X	N/A	N/A	N/A
29.	National Child Mortality Database (NCMD)	X	X	N/A	N/A	N/A
30.	National Clinical Audit of Psychosis (NCAP)	X	X	N/A	N/A	N/A
National Comparative Audit of Blood Transfusion						
31.	2023 Audit of Blood Transfusion against NICE Quality Standard 138	✓	✓	67	84%	Awaiting National Report
	2023 Bedside Transfusion Audit	N/A	N/A	N/A	N/A	Postponed until March 2024
32.	National Early Inflammatory Arthritis Audit (NEIAA)	✓	✓	59	On-going	Project still underway
33.	National Emergency Laparotomy Audit (NELA)	✓	✓	221	On-going	Project still underway
National Gastrointestinal Cancer Audit Programme (GICAP)						
34.	a) National Bowel Cancer Audit (NBOCA)	✓	✓	333	100%	Awaiting Publication of Results
	b) National Oesophago-Gastric Cancer Audit (NOGCA)	✓	✓	103	100%	Awaiting Publication of Results
35.	National Joint Registry	✓	✓	845	99%	Awaiting National report
36.	National Lung Cancer Audit (NLCA)	✓	✓	382	100%	Project still underway
37.	National Maternity and Perinatal Audit (NMPA)	✓	✓	3939	On-going	Project still underway
38.	National Neonatal Audit Programme (NNAP)	✓	✓	454	100%	Awaiting National report
39.	National Obesity Audit (NOA)	X	X	N/A	N/A	N/A
40.	National Ophthalmology Database (NOD) Audit*	✓	X	N/A	N/A	N/A
41.	National Paediatric Diabetes Audit (NPDA)	✓	✓	269	Ongoing	Project still underway

Count	Programme / Workstream	Eligible for NLAG	NLAG Participated	No. of Cases Submitted	Rate of Participation	Outcome
42.	National Prostate Cancer Audit (NPCA)	✓	✓	346	100%	Awaiting Publication of Results
43.	National Vascular Registry (NVR)	✗	✗	N/A	N/A	N/A
44.	Out-of-Hospital Cardiac Arrest Outcomes (OHCAO)	✗	✗	N/A	N/A	N/A
45.	Paediatric Intensive Care Audit Network (PICANet)	✗	✗	N/A	N/A	N/A
46.	Perinatal Mortality Review Tool (PMRT)	✓	✓	24	On-going	Project still underway
47.	Perioperative Quality Improvement Programme	✓	✓	67	100%	Ongoing
Prescribing Observatory for Mental Health (POMH)						
48.	Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	✗	✗	N/A	N/A	N/A
	Monitoring of patients prescribed lithium	✗	✗	N/A	N/A	N/A
49.	Sentinel Stroke National Audit Programme (SSNAP)	✓	✓	884	On-going	Project still underway
50.	Serious Hazards of Transfusion UK National Haemovigilance Scheme	✓	✓	17	100%	Awaiting National report
51.	Society for Acute Medicine Benchmarking Audit	✓	✓	70	On-going	Project still underway
52.	The Trauma Audit & Research Network (TARN)	✓	✓	478**	100%	See below**
53.	UK Cystic Fibrosis Registry	✗	✗	N/A	N/A	N/A
54.	UK Renal Registry Chronic Kidney Disease Audit	✗	✗	N/A	N/A	N/A
55.	UK Renal Registry National Acute Kidney Injury Audit	✗	✗	N/A	N/A	N/A

**Note: The Trust did not participate in the National Ophthalmology Database Audit as this is not a mandated audit under NCAPOP and data collection is expected to be via an automated Electronic Patient Record System such as Medisoft that the Trust does not have. Therefore, it was agreed through the Trust's Quality Governance Group not to participate in the audit as diverting clinical resources to collect the vast amount of data*

required manually would be an adverse risk to the quality of the service. Instead, it was agreed that a local audit project of cataract surgery covering the key standards would be undertaken in its place to allow some level of benchmarking in comparison to the published national audit data.

****The University of Manchester (UoM) switched off the TARN platform and allied resources, such as the TARN website, in June 2023 because of the cyber breach. The Trust continued to collect data locally using the nationally established dataset.**

*****Scunthorpe General Hospital were unable to submit to the National Diabetes Footcare audit (NDFa) for 11 months of the 2023-2024 period due to accessibility issues. Scunthorpe General Hospital regained access to submit to the NDFa audit as of March 2024.**

Table 2: National Confidential Enquires

Count	Programme / Workstream	Eligible for NLAG	NLAG participated	No. of cases submitted	Participation Rate	Outcome
6.	Testicular torsion	✓	✓	7	100%	Action Planning
	Juvenile Idiopathic Arthritis	✓	✓	2	100%	Awaiting national report
15.	Community Acquired Pneumonia	✓	✓	3	43%	Action Planning
	Chron's Disease	✓	✓	6	75%	Action Planning
	Epilepsy: Hospital Attendance	✓	✓	7	100%	Action Planning
	End of Life Care	✓	✓	9	On going	N/A
	Endometriosis	✓	✓	16	100%	Awaiting national report

The reports of 20 National clinical audits were reviewed by the provider in 2023/24 and the Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit Programme	Summary of some actions taken
National Maternity & Perinatal Audit	<ul style="list-style-type: none"> - Current leaflets relating to instrumental intervention & caesarean births reviewed to ensure information is in a language and format which is accessible and tailored to each birthing person's circumstances.

National Audit Programme	Summary of some actions taken
National Paediatric Diabetes Audit	<ul style="list-style-type: none"> - Dietician in post to ensure children receive a dietician review to educate children and young people with Type 1 diabetes from diagnosis around carbohydrate counting. - Increase clinic slots to ensure children & young people have at least 4 HbA1c measurements in a year, by managing cancellations and DNA rates.
Epilepsy 12	<ul style="list-style-type: none"> - Local epilepsy pathway to be implemented based on NICE guidelines to ensure eligible patients have an MRI performed within 6 weeks. - A QIP has been undertaken by the Medical Physics service to improve EEG referral requests to be carried out within 4 weeks of request. - Nurse in post to support mental health issues.
MBRRACE-UK Perinatal Mortality Surveillance	<ul style="list-style-type: none"> - All stillbirths are reviewed and a PMRT carried out for all deaths to assess care, identify and implement service improvements to prevent future similar deaths.
National Audit of Breast Cancer in Older People	<ul style="list-style-type: none"> - To introduce the Fitness assessment form for older patients.
National Audit of Care at the End-of-Life (NACEL)	<ul style="list-style-type: none"> - Relaunch the End of Life document and have an electronic version on WebV - Palliative Care Nursing service to provide a seven day service (8hours during the day) - QI project in progress and new bespoke training package launched.
National Joint Registry (NJR 2022)	<ul style="list-style-type: none"> - To improve compliance rate for consent taken by alerting trauma coordinators and pre assessment nurses of the possibility of gaining consent retrospectively. - Escalate to the S&CC business manager the number of cases at Goole where consent will be submitted as 'not recorded' and the potential result in the 2023 report if the patients aren't contacted retrospectively.
National Hip Fracture Database (NHFD 2022)	<ul style="list-style-type: none"> - Discussions with the trauma coordinators and the administrator (DPOW) about the collection and submission of data relating to several lower scoring standards. - The project lead at Scunthorpe to escalate to senior management the importance of having a designated ward for T&O patients as he believes that this is key to improving some of the results. - A business case to be written regarding the development of a dedicated geriatric team for the S&CC Division, either within the division or working with the Medicine Division.
BAUS Management of the Lower End in Nephroureterectomy Audit 21-22	<ul style="list-style-type: none"> - Review the 2 open cases to establish the reason for the longer length of stay and also the higher than average blood loss and present back to the group for learning.
Sentinel Stroke National Audit programme (SSNAP)	<ul style="list-style-type: none"> - Stroke Assessment Area to move from ED to within Stroke Unit to improve performance for patients being admitted to Stroke Unit within 4 hours of arrival to hospital. - Recruitment of 0.6 WTE SALT therapist to improve access to SALT therapies
Cardiac Rhythm Management (CRM) Audit	<ul style="list-style-type: none"> - All Pacing in AV blocks were reviewed by lead clinician to ensure accuracy / learn lessons where applicable. Findings discussed at a regional meeting to prove each case was acting in the patients best interests.
National Oesophageal Cancer Audit (NOGCA 2023)	<ul style="list-style-type: none"> - Set up a process whereby the UGI CNS staff create a spreadsheet / complete forms on all of the Oesophago-gastric cancer cases they encounter via an emergency admission to try and establish why the patient has presented as an emergency. - To review the patients records of those who were diagnosed following an emergency admission and present findings back to the group.

National Audit Programme	Summary of some actions taken
National Bowel Cancer Audit (NBCA 2022)	<ul style="list-style-type: none"> - A request should be made to NBOCA to identify the cases that have an unreversed stoma after 18 months so that these specific cases can be reviewed.
National Prostate Cancer Audit (NPCA 2022)	<ul style="list-style-type: none"> - Ask the cancer tracker to input performance status into Somerset from 2WW referral. - Recruit additional hours to the cancer tracking team to assist with submitting quality data.
ICNARC Case Mix Programme (2021-2022)	<ul style="list-style-type: none"> - To review the mortality cases for DPOW ITU and present results back to group for learning. - To undertake a review of late discharges from DPOW HDU and present results back to group for learning. - ICNARC Clinical Audit Officer to provide the doctors with a minimum set of criteria as per ICNARC standards that need to be documented in the notes. - DPOW ITU Manager to send the admission forms to SGH ITU Managers so they can order and roll the forms out on their units and both sites can start trialing.
National Emergency Laparotomy Audit (NELA) 2022	<ul style="list-style-type: none"> - Invite Sepsis CNS to attend an audit meeting to discuss on-going work in the trust around sepsis and prescribing antibiotics within an hour
COPD Audit	<ul style="list-style-type: none"> - Piloted daily in-reach to AAU & Respiratory wards to identify patients with COPD for review within 24hrs of admission
Fracture Liaison Service Database	<ul style="list-style-type: none"> - Fracture Liaison Nurse working directly with acute care, setting up a process where radiology also informs FL Nurse when Spinal fractures are identified.
Early Inflammatory Arthritis	<ul style="list-style-type: none"> - Implemented a small reduction on new and follow up clinic lists to facilitate improved performance for EIA patients against National Key Performance indicators
National Audit of Dementia	<ul style="list-style-type: none"> - Acute and Emergency Clerking forms amended to incorporate Delirium screen using 4AT. Agreement to mandate 4AT within the Emergency Department electronic system for patients over 75 with a NEWs score of 4 or below.

The reports of 18 local clinical audits were reviewed by the provider in 2023/24 and the Trust intends to take the following actions to improve the quality of healthcare provided:

Local Audit Topic	Summary of some actions taken
Medical Documentation	<ul style="list-style-type: none"> - Attendance of Medical Defence Union at Medicine Quality and Safety/Audit Committee to discuss clinical documentation with examples if issues identified Nationally
Frailty in the ED Audit (CQUIN Pilot)	<ul style="list-style-type: none"> - Introduction of mandated Frailty Scoring within ED Electronic Systems for patients over 65yrs and implementation of Improved Frailty Pathway documentation to capture comprehensive geriatric assessment.
Local Version of National Ophthalmology Database Audit (NOD 2022-2023)	<ul style="list-style-type: none"> - Individual reports to be sent to the clinicians, reporting on VA Loss and PCR rate based on the operating surgeon.

Local Audit Topic	Summary of some actions taken
Paediatric SEPSIS Audit	<ul style="list-style-type: none"> - Monthly data displayed on the ward to raise awareness. - SEPSIS E learning for all staff - SEPSIS discussed in the Nursing huddle and Dr's safety huddle daily to ensure patients on the ward have been screened. - SEPSIS communication tool to be introduced to aid SBAR. Credit card style awaiting to be approved and printed.
Paediatric Early Warning Scoring	<ul style="list-style-type: none"> - The Monthly Dashboard is used to monitor the use of the PEWS Tool and presented at the Clinical Audit Meeting. - Areas of low compliance are displayed as standard of the month in the wards.
Paediatric Documentation	<ul style="list-style-type: none"> - Implementation of electronic documentation at DPOW, awaiting role out at SGH.
S&CC Documentation Audit 2021/2022	<ul style="list-style-type: none"> - To add where applicable to the "DNACPR status should be documented on admission" question to avoid cases being marked as non compliant when they weren't applicable. - Project lead to ask junior doctors to update the Web-V clinical handover every day with patient details to improve documentation for General Surgery.
Seven Day Hospital Services S&CC 2021/2022	<ul style="list-style-type: none"> - The group to discuss at the General Surgery Business Meeting the practicalities of trying to ensure that patients who have been admitted longest without a review are seen first on the ward round.
Intentional Rounding	<ul style="list-style-type: none"> - New weekly pressure ulcer review group commenced. To review documentation and embed changes for the pressure ulcer management pathways part of the audit. - Daily Stop & Check introduced to review documents and care by nurse in charge
Adult Nursing Documentation	<ul style="list-style-type: none"> - Electronic Nursing admission document currently being trialled at Goole and rolled out across the Trust once WebV3 introduced
MUST – Nutrition Risk Assessment	<ul style="list-style-type: none"> - Nutritional CNS to instigate weekly ward round. - Training package reviewed and delivered to all new staff both RN, NQN and HCA on induction.
Audit on efficacy of MatNeo tool in the prevention of reducing major PPH >1500ml	<ul style="list-style-type: none"> - Medical staff huddle to include the PPH protocol to ensure the Mat Neo is used for every patient and updated.
Seven day services (Gynae)	<ul style="list-style-type: none"> - Consultants to document post-take ward round to ensure patients are reviewed with 14 hours of admission.
Safe and Secure: Controlled Drug Monitoring and Storage	<ul style="list-style-type: none"> - Each area of non-compliance is incident reported and investigated, reviewed and actions taken by the ward/area manager. - Any trends are discussed at the Safer Medication group, and Pharmacy governance group and any lessons learnt will be shared via the safer medicines newsletter.
Safe and Secure: Controlled Stationary Monitoring and Storage	<ul style="list-style-type: none"> - Each area of non-compliance is incident reported and investigated, reviewed and actions taken by the ward/area manager. - Any trends are discussed at the Safer Medication group, and Pharmacy governance group and any lessons learnt will be shared via the safer medicines newsletter.
JAG Colonoscopy Audit	<ul style="list-style-type: none"> - Implement a trial of different bowel preparation, which will be reviewed on a monthly basis.

Local Audit Topic	Summary of some actions taken
JAG Endoscopy Service 30-Day Mortality and 8-Day Readmission 2022	- Information services to adjust the coded section that the SQL Server collects data for the report from. This will provide some assurance that all of the patients who have an endoscopic procedure will be identified in the report.
JAG Trust wide flexible Sigmoidoscopy Audit	- After the EndoVault update in November all audit templates to be reviewed to ensure all data required is captured.
Chest X-ray Quality Audit	<ul style="list-style-type: none"> - In order to improve chest radiograph positioning and centering feedback to radiographers regarding issues with chest positioning. Include image examples from the audit demonstrating incorrect technique. - Increase the radiographer comments for sub-optimal examinations by feeding back to radiographers the results of the audit and why examinations are needed.

The Trust takes part in the annual Learning Disability improvement standards audit that measures performance against the NHS improvement standards (2018). The aim of the standards is to ensure the provision of high quality, personalised and safe care for adults and children with learning disabilities and/or autism across England. The standards against which trust performance is measured are respecting and protecting rights, inclusion and engagement, workforce and specialist learning disability services, the first three are universal standards that apply to all NHS trusts, and the fourth is a specialist standard that applies specifically to trusts that provide services commissioned exclusively for people with a learning disability or autism. The audit consists of data collection around factors such as the percentage of patients admitted to the Trust with a learning disability in a 12 month period, reasonable adjustments that are provided to patients and audits carried out specifically into patient with a learning disability, In addition 50 staff and 100 patient surveys are sent out that were directly returned to NHSBN that look at factors such as waiting times in A+E, patient choice and carer engagement. Compliance with these standards demonstrates that a trust has the right pathways and resources in place to deliver high quality patient outcomes that people with a learning disability or autism, their families and carers deserve and expect. The timing of the audit changed in 2023 and therefore we are currently awaiting the results from 2022/23. For those areas where there is an identified gap the Trust has an improvement plan to address these, this will be updated following receipt of the report.

2.3c Information on participation in clinical research

What is Clinical Research?

Clinical Research is an arm of medical science that establishes the safety and effectiveness of Medication, Diagnostics products, Medical devices, and Treatment regimens which may be used for the prevention, treatment, diagnosis of relieving symptoms of a disease.

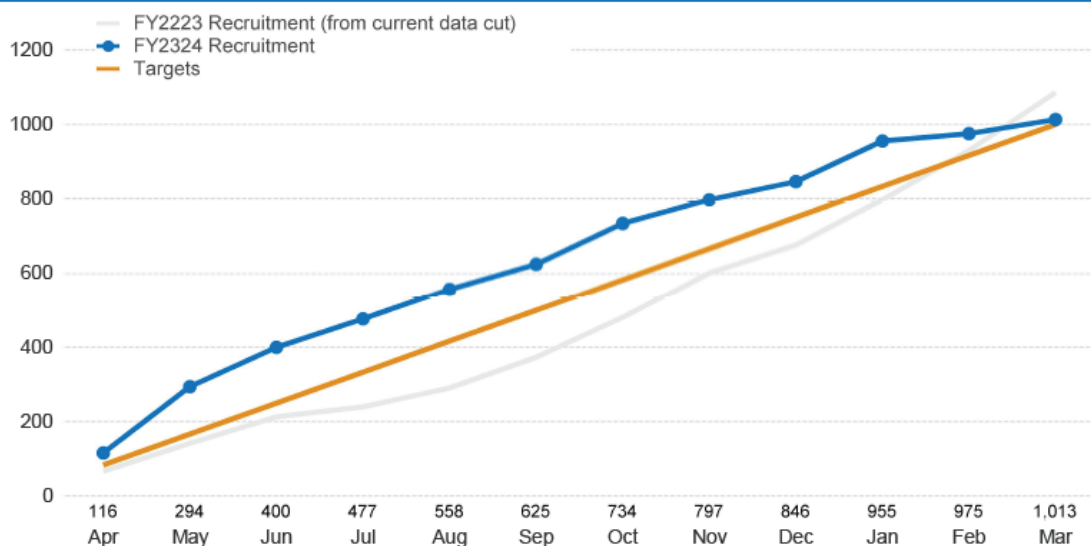
'Todays Research is Tomorrows Treatment'

Participation in Clinical Trials



The number of patients receiving NHS services provided or sub – contracted by Northern Lincolnshire & Goole NHS Foundation Trust in 2023/2024 that were recruited during that period to participate in research approved by a research ethics committee or Health authority was 1034 and the target for the Trust was set at 1000.

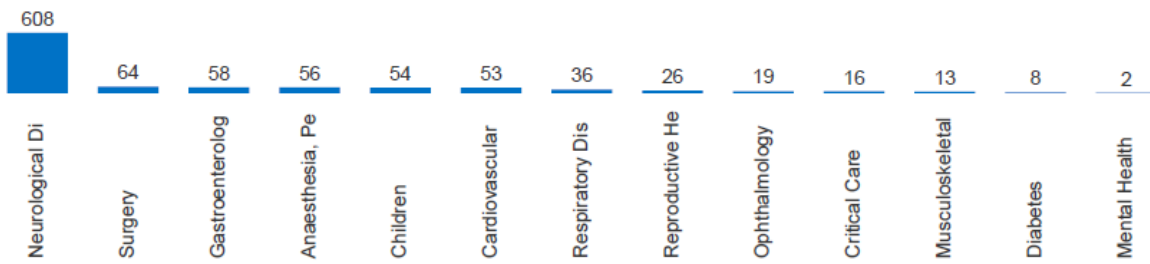
Monthly Recruitment Trend (data cut 03/04/2024)



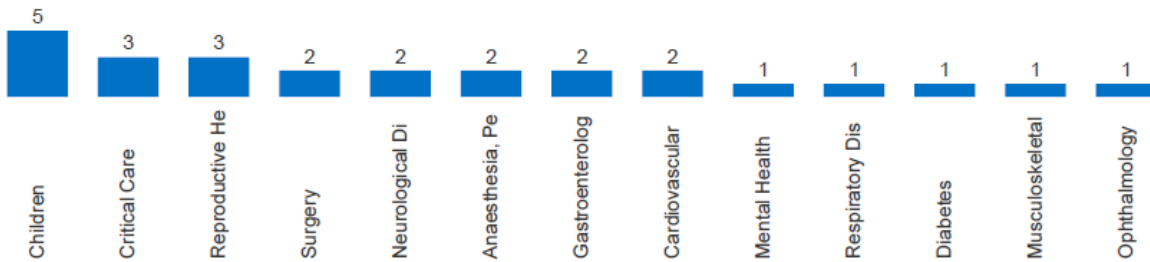
Recruitment for the most recent two months is likely to be incomplete

Recruitment by Specialty FY2324 (data cut 03/04/2024)

Recruitment



Recruiting Studies

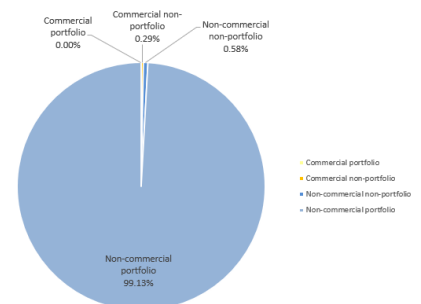


Commercial Trials

Over the last year we have had an imbalance of commercial trials that we had hoped for within the Trust. We have recruited very well into non-commercial trials and the National Institute for Health and Care Research (NIHR) Portfolio trials.

We would like to concentrate as a Trust into building up our commercial portfolio, this will be noted in the next financial report.

Project Type	Recruitment
Commercial portfolio	0
Commercial non-portfolio	3
Non-commercial non-portfolio	6
Non-commercial portfolio	1025
Total:	1034



Participation in Research Patient Survey

PRES Target	PRES Total	PRES % Tar...	Q1	Q2	Q3	Q4
43	54	125.58%	7	16	19	12

The NIHR Clinical Research Network asks thousands of patients that take part in research to share their experiences of taking part in a clinical trial. The Participant in Research Experience Survey (PRES) aims are to place participation and experience in research at the heart of research delivery. Responses from our research patients have highlighted through the years we have taken part that we have improved year on year. This year's responses to date are no exception we have 97% of our patients feel they are fully prepared for their research experience with NLAG research staff and feel valued when taking part in NLAG research. The patients gave 100% as they felt they were treated with courtesy and respect by the NLAG research staff. The patients that took part in research have said that they would consider taking part in research again 97%.

Celebrating Research Success

Paediatric Research Nurse has managed to achieve great success with her trials and has managed to recruit her first patient into a commercial trial called M21-572. We now have a Research Midwife who is proceeding to make good progress within the Obstetrics and Gynaecology team. We are as a Trust currently supporting the set-up of the Born and Bred in (BABi) this study originated from the Bradford Teaching Hospitals Trust. This study is a data linkage birth cohort study supporting the review of to the health and well being of families across our region. The study offers fantastic potential to assess the contributing factors of childhood disease, assess the impact of migration, explore the influences of pregnancy and childbirth on subsequent health and generate future research work that has potential to improve the health for some of our most disadvantaged within our region and society. The Trust are looking to work with maternity services and external partners in North Lincolnshire, North East Lincolnshire and East Yorkshire. This will enable us to maximise the benefits of cohort work.

Research and communications and engagement strategy

The Research Department are now collaborating with HUTH and providing information with regards to a Newsletter. We do promote research through social media page within the Trust and this is accessible to the patients who live in the community. We promote research within the Trust on the internal and external internet.

Black Asian and Minority Ethnic (BAME) and Research Trials

The Trust are looking at how best we can provide opportunities to engage BAME and socially deprived communities in research participation.

Partnerships: Hull University Teaching Hospitals NHS Trust

The Research departments of both Northern Lincolnshire & Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust at both Hospitals have commenced dialogue as to how we can pool resources, expand research programmes across sites and streamline the governance processes

2.3d Information on the Trust's use of the CQUIN framework

The Commissioning for Quality and Innovation (CQUIN) framework is about improving the quality of healthcare. Commissioners reward excellence by linking a proportion of income to the achievement of locally set and agreed improvement goals. These goals are embedded into contracts and are essential for the implementation of National Institute for Health and Care Excellence (NICE) Quality Standards, resulting in improved patient care, experience, and improvements against outcomes.

Use of the CQUIN payment framework

A proportion of the Trust's income in 2023/24 was conditional on achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

For 2023/24 the requirement for national ICB CQUINs was to report on all applicable CQUINs but also choose 5 schemes, for each contract, that would have a financial value attached.

The breakdown of the National CQUIN indicators is based on 1.25% of contract value. Funding was given to the Trust based on the assumption that the Provider would achieve full compliance with the applicable CQUIN Indicators and would therefore earn the full 1.25% value.

National CQUIN schemes 2023/24 for ICBs include:

- Flu vaccinations for frontline healthcare workers (Non-financial)
- Supporting patients to drink, eat and mobilise (DrEaMing) after surgery (Financial)
- Compliance with timed diagnostic pathways for cancer services (Non-financial)
- Prompt switching of intravenous to oral antibiotic (Non-financial)
- Identification and response to frailty in emergency departments (Financial)
- Timely communication of changes to medicines to community pharmacists (Financial)
- Recording of NEWS2 score, escalation time and response time for unplanned critical care services (Financial)
- Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway (Non-financial)
- Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery (Financial)
- Assessment and documentation of pressure ulcer risk (Financial)
- Assessment, diagnosis and treatment of lower leg wounds (Financial)

NHS England Specialised Services (NHSE):

The Trust receives a CQUIN value of 1.25%. The CQUIN payment was based on the block contract value: however, CQUIN is not payable on high-cost drugs, devices, listed procedures identified in the National Payment System and all other expenditure contracted on "pass through" basis.

The NHSE specialised schemes of 2022/23 include:

- Shared Decision Making (SDM) conversations (Financial)

The Trust has achieved the highest performance to date with the full CQUIN programme. Of the 6 financially incentivised CQUINs, 5 have exceeded the maximum targets. The assessment and documentation pressure ulcer risk assessment CQUIN did not achieve the full target but did exceed the minimum target and was within the payment range. Operational pressures impacting on completing the risk assessments within 6 hours of admission remains a challenge and will be taken forward in 2024/25 with the introduction of electronic risk assessments.

For the non-financial CQUINs, the Trust exceeded the maximum target for 3, showed improvement over each quarter for 1 and has not achieved the target for 1. There has been a national apathy towards vaccinations which has contributed to the under performance. The biggest improvement was seen in the non-financial CQUIN13 (Assessment, diagnosis and treatment of lower leg wounds) which achieved 39.43% in Q4 compared to 18.33% in Q1.

Key	
	Maximum target achieved or exceeded
	Minimum target achieved
	Target not achieved

Indicator	Financial / Non financial	Min	Max	Q1	Q2	Q3	Q4	Full year performance
CQUIN01 Flu vaccinations for frontline healthcare workers	Non-financial	75%	80%	N/A	N/A	27.27%	26.55%	
CQUIN02 Supporting patients to drink, eat and mobilise (DrEaMing) after surgery	Financial	70%	80%	83%	93%	98%	92.5%	
CQUIN03 Compliance with timed diagnostic pathways for cancer services	Non-financial	35%	55%	76.3%	74.2%	68.3%	64.1%	
CQUIN04 Prompt switching of intravenous to oral antibiotic (Target: Lower is better)	Non-financial	60%	40%	32%	37%	38%	33%	

Indicator	Financial / Non financial	Min	Max	Q1	Q2	Q3	Q4	Full year performance
CQUIN05 Identification and response to frailty in emergency departments	Financial	10%	30%	67.51%	68.51%	69.10%	70.44%	
CQUIN06 Timely communication of changes to medicines to community pharmacists	Financial	0.5%	1.5%	1.07%	1.53%	1.46%	1.57%	
CQUIN07 Recording of and response to NEWS2 score for unplanned critical care admissions	Financial	10%	30%	61.53%	72.41%	76.92%	73.27%	
CQUIN10 Treatment of non-small cell lung cancer (stage I or II) in line with the national optimal lung cancer pathway	Non-financial	80%	85%	92.30%	90%	92.85%	83.33%	
CQUIN11 Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery	Financial	65%	75%	N/A	83%	N/A	83%	
CQUIN12 Assessment and documentation of pressure ulcer risk	Financial	70%	85%	80%	81.37%	71.05%	72.54%	
CQUIN13 Assessment, diagnosis and treatment of lower leg wounds	Non-financial	25%	50%	18.33%	26.43%	38.98%	39.43%	

2.3e Information relating to the Trust's registration with the Care Quality Commission

Northern Lincolnshire and Goole NHS Foundation Trust is registered with the Care Quality Commission for the provision of a number of regulated activities at three locations managed by the Trust. The Trust had a Trust wide inspection in 2019 and 2022 and a service level inspection in 2023 for Maternity at the Goole Midwifery Led Unit.

The Care Quality Commission has not taken enforcement action against the Trust during 2023/24. The Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reported period.

Care Quality Commission (CQC) ratings grid for the Trust:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Trustwide	Requires Improvement ↑ Nov 2022	Requires Improvement ↔ Nov 2022	Good ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022
Diana Princess of Wales Hospital	Requires Improvement ↑ Nov 2022	Requires Improvement ↔ Nov 2022	Good ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022
Goole District Hospital	Good ↑ Feb 2024	Good ↔ Nov 2022	Good ↔ Nov 2022	Good ↑ Nov 2022	Requires Improvement ↔ Feb 2024	Good ↑ Nov 2022
Scunthorpe General Hospital	Requires Improvement ↑ Nov 2022	Requires Improvement ↔ Nov 2022	Good ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022
Overall Trust	Requires Improvement ↑ Nov 2022	Requires Improvement ↔ Nov 2022	Good ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022	Requires Improvement ↔ Nov 2022

The Trust underwent a Care Quality Commission inspection in June and July 2022, with the visit report published in December 2022. Arising from that inspection the Trust retained its overall rating of 'Requires Improvement' although significant improvements were noted. The Trust received a rating of 'Good' for the 'caring' domain and for Goole District Hospital overall. A 'Requires Improvement' rating was given for the: 'safe', 'effective', 'responsive', 'use of resources' and 'well-led' domains. The Trust underwent a focused maternity inspection for the Goole Midwifery Led Unit in November 2023, the findings of which helped to retain the overall 'Good' rating for Goole Hospital.

Following the last Trust wide inspection report in 2022, the Trust amended the action plan rating system to an assurance based system, meaning that actions would no longer be rated blue/green/amber/red to language in line with Recovery Support Programme and uses these ratings for all CQC action plans:

Full assurance	Evidence of embedded and sustained improvement
Significant assurance	Evidence of improvement and the improvements becoming embedded, but yet to be sustained
Moderate assurance	Some evidence of improvement but this has yet to be embedded and sustained
Limited assurance	Limited evidence of improvement and limited evidence of the improvements being embedded or sustained
No assurance	No evidence of improvement

A monthly report provides detail and assurance on progress for the Trust's action plan and is presented at the following Committees-in-Common with Hull University Hospitals NHS Trust: Quality and Safety, Workforce, Education & Culture and Performance, Estates and Finance.

At the time of writing in March 2024, the Trust had 122 CQC actions on the combined plan.

- 30 rated **full assurance**
- 32 rated **significant assurance**
- 45 rated **moderate assurance**
- 15 rated **limited assurance**
- Zero rated **no assurance**

Of these actions rated full assurance, 23 have been submitted to the CQC with details of how assurance has been attained and the action has been met.

In April 2024, following the move to a group structure with Hull University Teaching Hospitals NHS Trust, a full review of the action plan commenced to align actions with new care groups. The action plan was refreshed and some actions that had been closed have been removed. Four additional actions were included that had arisen from the latest Goole Midwifery Led Unit inspection. This has resulted in a much more focused action plan with fewer number of actions for monitoring.

The Trust has in place a quarterly review of all closed CQC actions. If assurance is obtained that the actions remains embedded the action remains closed, if sufficient evidence isn't available or the action lead has identified a deterioration in performance then the action will be re-opened. This process provides assurance that actions previously considered to be completed are still embedded.

The Trust continues to have engagement meetings with the CQC and provides them with regular updates on progress with the plan along with supporting evidence.

2.3f Information on Quality of Data

Northern Lincolnshire and Goole NHS Foundation Trust submitted records during 2023/24 to the Secondary Uses Service for inclusion in the hospital episode statistics which are included in the latest published data.

The percentage of records in the published data (as of April 2024) which included the patient's valid NHS Number was:

- 99.76 % for admitted patient care
- 99.97 % for outpatient care
- 99.39 % for accident and emergency care.

Which included the patient's valid General Medical Practice Code was:

- 100 % for admitted patient care
- 100 % for outpatient care
- 100 % for accident and emergency care.

2.3g Information governance assessment report

The Information Governance Data Security and Protection Toolkit (DSPT) is part of the Department of Health's commitment to ensuring the highest standards of information governance. It allows organisations to measure their compliance against legislation and central guidance and helps identify any areas of partial or non-compliance.

It remains Department of Health and Social Care policy that all organisations that process NHS patient information provides assurance via the IG Toolkit and is

fundamental to the secure usage, sharing, transfer, storage, and destruction of data both within the organisation and between external organisations. The Trust are currently working on the current version of the DSPT which was launched July 2023. The submission deadline for the 2023/2024 DSPT Assessment is the 30th June 2024.

The 2022/23 Version of the DSPT was released in July 2022, with an initial baseline assessment date of the 28 February 2023 followed by the final submission of the 30 June 2023. The current status for Northern Lincolnshire and Goole Hospitals NHS Foundation Trust following submission of the 22/23 DSPT was Approaching Standards.

As of March 2023, there was 1 action remaining on the improvement plan. Responses to this action will be captured in the 2023/24 return. The remaining action is detailed below, at the time of submission the Trust reported 90% of staff had completed their mandatory Data Security Training with the Toolkit year.

22/23 DSP ref	2020/21 DSPT Evidence Item Text
3.2.1	Have at least 95% of all staff, completed their annual Data Security Awareness Training?

2.3h Information on payment by results clinical coding audit

Northern Lincolnshire & Goole NHS Foundation Trust was not subject to the payment by results clinical coding audit during the reporting period by the Audit Commission as these no longer take place.

To provide coding quality assurance Northern Lincolnshire & Goole NHS Foundation Trust audited a sample of just over 200 Finished Consultant Episodes (FCEs - the time a patient spends under the continuous care of one care professional) for the period April 2023 – March 2024. A regular programme of individual coder audits conducted by NHS England approved Clinical Coding Auditors is in place. Established coders are audited every 12 months, novice and trainees coders are audited every 3 to 6 months.

Using the Data Security and Protection Toolkit Attainment Levels for Clinical Coding in an Acute Trust (table below) the Trust's coding sample achieved the level of Standards Exceeded. The Trust will continue a rolling programme of yearly audits for all Clinical Coding staff throughout 2024/25.

Data Security and Protection Toolkit Attainment Levels for Clinical Coding in an Acute Trust

	Level of Attainment	
	Standards Met	Standards Exceeded
Primary Diagnosis	>=90%	>=95%

Secondary Diagnosis	>=80%	>=90%
Primary Procedures	>=90%	>=95%
Secondary Procedures	>=80%	>=90%

Trust coding sample results

Date	Primary diagnosis %	Secondary diagnosis %	Primary procedure %	Secondary procedure %	FCEs	Number of case notes examined
April 2023-March 2024	96.06%	98.32%	97.35%	94.54%	203	164

2.3i Learning from Deaths

During 2023/2024, 1,796 of Northern Lincolnshire & Goole NHS Foundation Trust's patients died in hospital as an inpatient. In addition to this, 256 deaths occurred in ED or were dead on arrival and there were 16 still births. The inpatient deaths comprised of the following number of deaths which occurred in each quarter of that reporting period:

- 471 in the first quarter
- 365 in the second quarter
- 450 in the third quarter
- 510 in the fourth quarter

As at the 1st April 2024, 1,793 have been reviewed by the Medical Examiners, 141 have had a Structured Judgement Review (SJR) and 3 have been subject to a serious incident investigation. There were no cases which were subjected to both a SJR and a serious incident investigation. The number of deaths in each quarter for which an SJR or a serious incident investigation was carried out (as of 1st April 2024) was:

- 48 in the first quarter
- 26 in the second quarter
- 29 in the third quarter
- 38 in the fourth quarter

6 representing 0.3% of the patient deaths during the reporting period were judged to be more likely than not to have been due to problems in the care provided to the patient. [Definition: using Royal College of Physicians (RCP) question: "Avoidability of Death Judgement Score" for patients with a score of 3 or less – see narrative below for more information].

In relation to each quarter, this consisted of:

- 2 representing 0.20% for the first quarter.
- 1 representing 0.06% for the second quarter.
- representing 0.15% for the third quarter.
- 0 representing 0% for the fourth quarter.

These numbers have been estimated using the SJR which includes a 6 factor Likert scale ranging from Score 6: “Definitely Not Avoidable” to Score 1: “Definitely Avoidable”. The above number of cases includes all those deaths that were classified as scoring less than or equal to 3 on this 6-factor scale. This assessment is the initial reviewer’s evaluation from the retrospective analysis of the medical record.

Any SJR completed that identifies that further understanding is needed is subject to a second independent review. This process links into the Trust’s Serious Incident process. This data is not a measure of deaths that were avoidable, but as an indicator to support local review and learning processes with the aim of helping to improve the standard of patient safety and quality of care.

Summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths identified during 2023/24

And,

Description of the actions which the Trust has taken and those proposed to be taken as a consequence of what has been learnt during 2023/24

And,

An assessment of the impact of the actions taken by the Trust during 2023/24:

Following on from the success of the introduction of the Medical Examiner Service at the Diana Princess of Wales Hospital site in April 2021 the Trust expanded the service in July 2022 to include Scunthorpe General Hospital and all Emergency Department non-coronal deaths. The service now has full establishment with 1.2 whole time equivalent Medical Examiners comprising of 9 Medical Examiners and 4 full time equivalent Medical Examiner Officers. This is an invaluable service that oversees and scrutinises the quality of care for patients who die during admission. The benefits of the service for the families or carers are likely to be the most impactful as the service provides clarity, dissipates doubts, and helps to alleviate negative thoughts and experiences the families or carers may be experiencing. Providing a voice to the bereaved at this most difficult of times is critically important and rewarding. It allows them to make significant improvements in what happens after death, including identifying areas for improvement as well as highlighting good practice. The service ensures a correct and accurate cause of death is registered and appropriate deaths are referred to the coroner.

Representatives from the Medical Examiners attend the Trust’s Mortality Improvement Group and share a case review for learning bi-monthly. The Trust has invested in a bespoke module for SystemOne to allow primary care to refer deaths to the Medical Examiner Service for review. This will facilitate more robust scrutiny of community deaths.

In November 2023, the Trust transitioned onto a new electronic Audit Management and Tracking (AMaT) system which has a Mortality and Morbidity Review (MaMR) module for completing SJRs. This system was to replace the previous, SJR Plus System, provided by NHS England that had proved problematic resulting in a backlog of SJRs. The new system has gained positive feedback from users and engagement with timely completion of SJRs, clearing the backlog of SJRs.

The Trust is committed to continuously learning from deaths to improve the quality of care provided to patients, their families, and carers. The following learning themes have been identified in 2023/24:

- Incomplete or poor-quality documentation in Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documents.
- Missed opportunity for recognition of End of Life (EOL) pathway at earlier stage.
- Lack of anticipatory care planning.
- Quality of inpatient Medical/Nursing Documentation.

Actions implemented to address areas for improvement include:

- The divisional Doctors Induction has been updated to include an early introduction to ReSPECT and End of Life.
- Recognition and care planning are included in training delivered by the specialist End of Life team with different options of training delivery offered to improve compliance, including face to face, virtual training and targeted sessions.
- A training video for doctors to help recognition of End of Life pathway at an earlier stage has been recorded and a tiered approach to training is in development.
- A questionnaire for Medical staff has been launched to further understand the barriers to early recognition of End of Life and decision making to stop active treatment.
- The palliative care consultant at SGH has been attending the Medicine Quality and Safety/Audit Committee to provide ReSPECT training.
- The General Medicine Council (GMC) attended the medicine Division's Quality Safety meeting and provided a very detailed presentation in relation to Clinical Documentation.
- The implementation of the 7-day Specialist Palliative Care Clinical Nurse Specialists commenced on 1 August 2023.
- The Bluebell model fully rolled out across the trust in all 3 acute sites with good evidence of how individual elements impact on patient care being documented in the Care in the Last Days of Life document.
- Introduction of electronic referrals to the End of Life team via WebV introduced.
- Collaboration with chaplaincy and voluntary services continues.
- Re-design of the Family Voices Diary to improve compliance.
- The care in the last days of life document was electronically rolled out Trust wide significantly increasing completion compliance.
- End of Life champions are in place within ward areas.
- The Mental Capacity Act/Deprivation of Liberty Safeguards team have been providing additional training and support to staff to improve compliance and quality of mental capacity assessments and best interest forms.
- An End of Life staff survey was launched to help understand the challenges and areas of focus.
- There has been successful recruitment of three additional specialist Palliative care clinical nurse specialists and an End of Life practice educator.

- Work has been completed to help improve the level of communication in our discharge summaries around DNACPR decisions and ceiling of care recorded on ReSPECT forms.
- A patient and carer survey has been developed with support from Healthwatch to further understand patient and family experience related to end of life/palliative care communication.

2.3j Details of ways in which staff can speak up

All NHS staff should be able to speak up regarding any concerns they may have in full confidence of not suffering any form of detriment as a result. The Trust is committed to ensuring that employees working for the Trust are not only encouraged to do this but are actively supported and guided as to how they can do this, should they feel the need to, whether they are concerned about quality of care, patient safety or bullying and harassment within their workplace.

The Trust has encouraged and supported staff to speak up by instituting several mechanisms for staff to raise concerns, these include:

- Raise concerns with their line manager. If this is not possible for any number of reasons, staff have further established routes in place and available to them to speak up, including:
 - Through the Trust's nominated Freedom to Speak Up Guardian (FTSU).
 - Via the Human Resources Department, a part of the Trust's People Directorate.
 - Logging an incident on the Trust's incident reporting tool hosted on Ulysses.



The Trust's Freedom to Speak Up Guardian, their role, contact details and the principles of Freedom to Speak Up process is communicated to all new starters within the Trust as part of the corporate induction programme. The Trust's appointment of a substantive guardian in 2020 has led to a significant increase in the number of concerns raised and the role of the Guardian is widely publicised to all. Feedback shows staff would feel safe to speak up again.

The Guardian role and the Speaking Up process is further promoted through printed and digital materials.

In the Trust and in the past 12 months there have been several promotional events (including a highly publicised campaign for the NGO Speak Up month in October), and additional magazine features. The Guardian is active on social media and regularly uses it as a way of communicating to staff. The Freedom to Speak Up Guardian is accessed via a generic email address and a dedicated mobile telephone number. Staff can also raise concerns using the Staff App, which gives another portal to access Guardian support.

In October 2023, the Guardian began a recruitment campaign for colleagues to volunteer to become 'Speak Up Champions', this role will support the work of the Guardian as they will be available for colleagues to speak to, raise awareness of the Guardian and will be able to signpost to appropriate support services. Champions had to complete an application and have line manager support, so that they will be given the time to be actively involved in making speaking up, business as usual. Champions will not take on any cases. The development of Champions is something that the National Guardian's Office recommend to support the work of the FTSU Guardian. All Champions must complete recognised NGO/HEE Speak Up, Listen Up and Follow Up modules to increase their awareness and also undertake National Guardian Office Champions Training. To date (March 2024), there are 15 Champions trained. The Guardian will continue to advertise the role as part of their Communications strategy.

In February 2023, the Trust formally adopted the Freedom to Speak Up Policy and Process for the NHS, which was developed by the NGO and NHSE with a recommendation that all Trusts adopt it. The Policy has been amended to include relevant Trust contacts. The Freedom to Speak Up Guardian responds to all concerns raised under this process and follows through each case according to the individual requirements providing regular communications and feedback until the case is concluded. Evaluation feedback from staff raising concerns has shown confidence in the Guardian and the overall process.

The Trust's Freedom to Speak Up Guardian meets monthly with the Chief Executive and the Director of People (who is the Executive Sponsor) and bi-monthly with the Trust Chair and Non- Executive Director with specific responsibility for Freedom to Speak Up who provides support to this function. The Freedom to Speak Up Guardian also meets monthly with the Trust Patient Safety Specialist to discuss any concerns raised in relation to Patient Safety. A quarterly Freedom to Speak Up Guardian report is reviewed by the Trust Management Board and the Workforce Sub-committee prior to being presented to the Trust Board by the Freedom to Speak Up Guardian. This ensures the Trust, and its board are kept up to date on concerns including sufficient details as per the National Guardian's recommendations. An overview of the report is shared with all staff by quarterly infographics. The Guardian is also sharing information to all Divisions about the number and nature of the concerns raised via the HR business partners. This information now forms part of the Divisions performance review meetings and information and can be used in conjunction with other HR intelligence data to highlight potential areas for further analysis.

During 2022/23 there was a significant increase in concerns raised with 220 cases brought to the Guardian. This figure has already been exceeded for 2023/24 and is expected to be over 300. The latest staff survey results indicate an increased confidence in staff being able to raise concerns either clinical or about anything else to the organization and an

increase in confidence that the organization will address issues.

The FTSU Guardian has produced an annual progress report against the Trust's Freedom To Speak Up Strategy 2020-2024 which looked at the objectives set out in the strategy, progress made against them, and if additional actions are required to fulfil them. It is hoped that most objectives set out in the strategy will be met by 2024 and no additional actions were identified at this stage.

Future workstreams for the FTSU Guardian in 2024/25 include working with HUTH FTSU Guardian to produce a Group 'Freedom To Speak Up' strategy, and alignment of reporting themes for consistency of reporting. As we are two sovereign organisations, submission of data to the National Guardians Office will be separate and the Guardians will support employees of their respective organisations, this is in line with National Guardian Office requirements.

2.3k Information about the Guardian of Safe Working Hours

The 2016 national contract for junior doctors encouraged stronger safeguards to prevent doctors from working excessive hours. With this came the introduction of a 'Guardian of Safe Working Hours' in organisations that employ, or host, NHS doctors and dentists in training to oversee the process of ensuring they do not work excessive hours with inadequate breaks. The contract has stipulations on the length and frequency of shifts as well as rest breaks.

Exception reporting is a valuable instrument that provides up to date information regarding pressure points in the system. It ensures safe working hours and improves the morale of doctors in training, the quality of medical training and patient safety. It is also the agreed contractual mechanism for ensuring that trainees are paid for all work done.

The Guardian of Safe Working will support safe care for patients through protection and prevention measures to stop doctors working excessive hours. The Guardian of Safe Working oversees the exception reporting process and has the power to levy financial penalties where safe working hours are breached. The role sits independently from the management structure, and the Guardian is responsible for protecting the safeguards outlined in the 2016 Terms and Conditions of Service (TCS) for doctors and dentists in training. The Guardian will ensure that issues of compliance with safe working hours are addressed, as they arise, with the doctor and / or employer, as appropriate; and will provide assurance to the Trust Board or equivalent body that doctors' working hours are safe.

The safety of patients is a paramount concern for the NHS and for us as a Trust. Staff fatigue is a hazard to both patients and staff. The safeguards for working hours of doctors in training are outlined in the TCS and are designed to ensure that this risk is mitigated, and that this mitigation is assured.

There are no trainees within the Dentistry service at the Trust and so the Annual Report applies only to doctors in training. Fill rates for doctors in training at the Trust continue to be high, over 80%, which has helped with rotas, working hours, and ensuring access to

educational opportunities.

Rota design and co-ordination currently sits within the Workforce Resource Centre. This provides oversight of rota design and ensures that the terms and conditions of service as per the Junior Doctors Contract are met within that design.

Data Analysis

Number of training posts (total): 317.98

Number of doctors in training posts: 315.44 (includes 243.24 doctors in training programmes and 72.2 doctors in trust grade positions)

Number of training post vacancies: 2.54

Number of LTFT trainees: 52

The table below, provides a breakdown by specialty of the total number of exception reports received during the period April 2023 to March 2024.

Directorate	Total number of exceptions submitted	Number of trainees Per Area	Reports per trainee (2023/24)	Reports per trainee (2022/23)
Surgery and Critical Care	27	65	0.42	0.7
Family Services	40	59	0.68	0.3
Medicine	158	128	1.2	1.7
Grand Total	225	252	-	-

The number of immediate safety concerns received this year had decreased - 9 of the 225 reports received highlighted an immediate safety concern this year, in comparison with 25 of 252 reports the previous year. This ratio of immediate safety concerns to overall reports highlights that the system is being used appropriately and isn't just being used as a last resort when things are unsafe. This is a reassuring finding which we hope to see continue.

The majority of the reports received concern excess hours worked. The reason for this is likely to be that it is an easily recognisable incident which can be quantified, and thus is more likely to be reported. There appears to be an increase in the number of reports submitted in July and August, which is to be anticipated owing to the Junior Doctors rotating jobs. This usually settles down as the doctors, in particular the foundation year one doctors, become more familiar with their roles and therefore more efficient and less likely to need to stay after hours. There has been a high rate of reporting for excess hours during January and February, this is in keeping with what has been experienced in previous years and is likely to be due to a combination of winter pressures and staff sickness. It is reassuring to see that the impact of the consultant strikes seems to have been fairly minimal, with lower levels of reporting for lack of support during service commitments in the strike months of September and October.

The Trust was granted £60,000 of national money in 2021 to improve facilities for doctors in training and working in partnership with the doctors this has now been used to upgrade the doctors rest facilities and enhance the doctor's mess. This work has now been completed, and upgraded rest areas are available on both sites.

Fill rates remain high but this does not always translate in the reduction in need for locums and further work at Directorate level is required to understand the demands for locums, with the aim to reduce the reliance on locum doctors.

There have been no fines imposed for breaches of the Doctors in Training Contract. These fines were imposed for doctors missing breaks, and for excessive working hours. All money previously generated through fines has been spent on wellbeing resources to benefit the Doctors in Training.

This past year continued to see an improvement in engagement with our doctors in training. We will continue to build on this during the next academic year.

The Guardian of Safe Working holds monthly Junior Doctor Forums (JDF). Issues addressed at the JDF over the past year have included:

- Rota concerns
- Working conditions
- Locum pay
- Mandatory training requirements

There is a defined slot at the JDF to discuss quality improvement and there is a dedicated point of contact within the quality improvement office to support the Junior doctors.

The Guardian of Safe Working circulated a survey in the last quarter of the year. This showed that the role is well embedded in the trust, and the Junior Doctors felt able to approach the Guardian for help when needed. The role is held in positive regard, which we hope will continue in the coming years.

2.4 Reporting against core indicators

Since 2012/13 NHS foundation trusts have been required to report performance against a core set of indicators using data made available to the Trust by NHS Digital. However, due to the impact of COVID-19 some national data collection was paused leading to delays in publication. Consequently, to retain consistency and to comply with the national guidance the tables within the report have been populated with the latest published data that is available from NHS Digital. Where appropriate the narrative provides a local update.

For each indicator, the number, percentage value, score, or rate (as applicable) for the last two reporting periods as well as the lowest and highest values and national average for each indicator for the latest reporting period will be represented in table format below. Some of the mandatory indicators are not relevant to Northern Lincolnshire and Goole NHS Foundation Trust; therefore, the following indicators reported on are only those relevant to

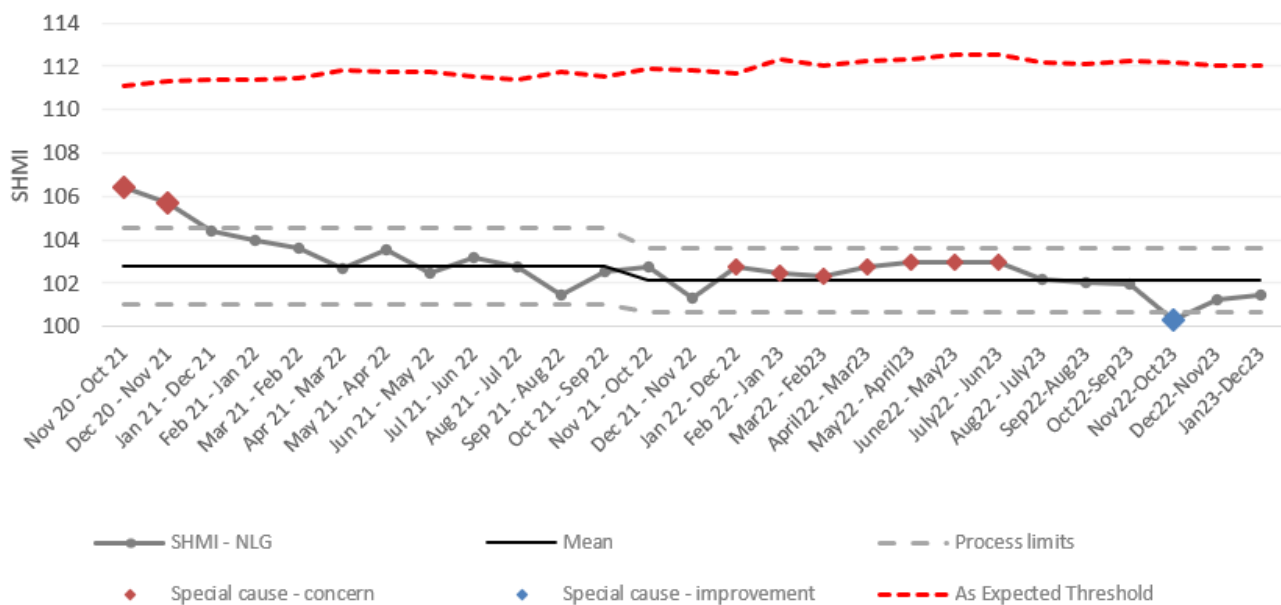
the Trust.

2.4a Domain 1 – Preventing people from dying prematurely

Indicator	Trust value Jan 2022 Dec 2022	Trust value Jan 2023 Dec 2023	NHS (England) Jan 2023 Dec 2023	National highest Jan 2023 Dec 2023	National lowest Jan 2023 Dec 2023
The value of the SHMI for the Trust for the reporting period*	1.03	1.01	1.00	1.25	0.72
The banding of the SHMI for the Trust for the reporting period*	2 (as expected)	2 (as expected)	2 (as expected)	1 (higher than expected)	3 (lower than expected)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	23%	23%	42%	67%	16%

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>). *Reporting period January 2021 to December 2022

NLAG SHMI Trending (rolling 12 months)



- The above chart illustrates the Trust's performance against the Summary Hospital Mortality Indicator (SHMI). The SHMI is a Standardised Mortality Ratio (SMR). SHMI is the only SMR to include deaths out-of-hospital (within 30 days of hospital discharge). The SHMI is a measure of observed deaths compared with 'expected deaths', derived statistically from the recording and coding of patient risk factors.
- NHS Digital guidance on SHMI interpretation states that the difference between the number of observed deaths and the number of expected deaths cannot be interpreted as 'avoidable deaths'. The 'expected' number of deaths is not an actual count but is a statistical construct which estimates the number of deaths that may be expected based on the average England figures and the risk characteristics of the Trust's patients. The SHMI is therefore not a direct measure of quality of care.
- The Trust, as demonstrated in the chart above, has demonstrated statistically significant improvement in the SHMI resulting in the Trust being categorised as having mortality that is 'as expected'. The rolling 12-month SHMI value for the Trust for the period January 2023 – December 2023 was 101.14.
- Palliative care coding is a group of codes used by hospital coding teams to reflect palliative care treatment of a patient during their hospital stay. There are strict rules that govern the use of such codes to only those patients seen and managed by a specialist palliative care team.
- The SHMI does not exclude or make any adjustments for palliative care. Other Standardised Mortality Ratios (SMRs) like the Hospital Standardised Mortality Ratio (HSMR) adjust for palliative care.

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

- The Trust continues with the processes to improve the quality and accuracy of the data that underpins statistical mortality calculations like the SHMI and improving the consistency of the learning from deaths programme of work.
- Data continues to highlight a difference between hospital sites with SGH having higher levels of palliative care coding than DPoW. This reflects the disparity of consultant-led Palliative care provision between both hospitals. Planned increase in consultant capacity is on hold in both North Lincolnshire and North East Lincolnshire currently due to changes in allocated funds. Next steps regarding medical staffing are being considered through the Northern Lincolnshire Strategy Group.

The Trust has taken the following actions to improve the indicator and percentage in indicators a and b, and so the quality of its services by:

- Clinician led coding validation sessions and mortality screening reviews have continued throughout 2023/24.
- Education around requirements to complete Co-morbidities sheet to be completed.

- Education to clinicians regarding coding rules supported by appropriate phrasing guide.
- Fracture of neck of femur, reintroduced dedicated ward at SGH.
- Teaching sessions and case study presentations have been shared at Divisions Quality & Safety meetings to share learning and reduce coding errors.
- The Trust is taking a pro-active approach to monitoring outcome risk of death for each SHMI diagnosis group and undertakes deep dive work with case reviews to learn from any early warning indicators to prevent future outlier alerts.
- Quality Summit packs created triangulating information from NICE, GIRFT, National Audits and Model Hospital identifying areas of good practice and areas for improvement.
- Referral for Gastrointestinal Bleed under review.
- Education for Junior Doctors on the appropriateness of referring patients with suspected Gastrointestinal Bleed.
- The Clinical Coding team receive monthly palliative care contacts extract from North Lincolnshire Community and Therapy Services and North East Lincolnshire Care Plus Group. This is cross referenced against the patient coded data and any omissions are added for data quality purposes.
- Implementation of 7-day Specialist Palliative Care commenced at SGH on 5 August 2023 utilising single point for WebV referral. Collaborative working with Care Plus Group enabled electronic referrals to the End of Life team to be rolled out at DPoW in October 2023.
- Successful recruitment of three additional specialist Palliative care clinical nurse specialists and an End of Life practice educator.

2.4b Domain 3 – Helping people to recover from episodes of ill health or following injury

Patient Reported Outcome Measures (PROMS)

The data detailed in the table below was made available to the Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for:

- a) Hip replacement surgery
- b) Knee replacement surgery
- c) Varicose vein surgery (*Not applicable as no longer performed by the Trust*)

The PROMs is a national initiative designed to enable NHS trusts to focus on patient experience and outcome measures. The table shows the adjusted health gain reported by the patient reported using the EQ-5D index, following their surgery. EQ-5D index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value. The single value scores for the EQ-5D index range is from -0.594 (worse possible health) to 1.0 (full health). As participation is voluntary, patients can choose not to participate in PROMs.

Type of surgery	Sample time frame	Trust adjusted average health gain	National average	National highest	National lowest
Hip replacement (Primary)	April 2020 – March 2021	0.410	0.472	0.574	0.393
	April 2021 – March 2022	0.465	0.462	0.534	0.375
Knee replacement (Primary)	April 2020 – March 2021	0.334	0.315	0.399	0.181
	April 2021 – March 2022	0.288	0.324	0.417	0.245

Source: NHS Digital Quality Account Indicators Portal, Primary data used, EQ-5D Index used (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The data period of April 2020 – March 2021 was during the peak of the COVID-19 pandemic and this resulted in some activity being cancelled altogether and limited restoration for the remainder of the period, the number of modelled records more than halved from the previous year. Also, some lower risk patients were transferred to the independent sector which would likely influence the Trust’s average patient reported outcomes scores.

Patient-reported outcomes following primary knee and hip replacement surgery are within the statistically calculated confidence intervals for EQ-5D measures.

The Trust has taken the following actions to improve these outcome scores, and so the quality of its services by:

- Data made available from the PROMs dataset is presented within the division of surgery to support reflective practice and agreement of actions required for improvement. A summary report is presented at the Quality Governance Group and also the Quality and Safety Committee.
- Some lower risk patients were transferred to the independent sector to help reduce waiting lists.
- To improve participation rates, the process for handing out the questionnaires should be the same across the Trust so patients who are pre-assessed at one site and then have surgery at another won’t be missed. A trial is taking place at DPOW for the ward clerk to hand out the pre-operative questionnaires on the day of the patient’s surgery which will mirror the current process at GDH.

Patients readmitted to a hospital within 30 days of being discharged

The data made available to the Trust by NHS Digital with regard to the percentage of patients aged:

- a) 0 to 15; and
- b) 16 or over,

readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital during the reporting period.

Indicator	Trust value April 2021 March 2022	Trust value April 2022 March 2023	National average	National highest	National lowest
Percentage of patients aged between 0 to 15 readmitted to a hospital within 30 days of being discharged.	12.4	14.9	12.8	302.9*	3.7
Percentage of patients aged 16 or over readmitted to a hospital within 30 days of being discharged.	12.1	12.6	14.4	46.8	2.5

*The score of 302% is considered an anomaly. The next highest data presented by NHS Digital is 37.9%.

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>)

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The Trust is below the England average for readmissions in patients aged over 16 years. This is borne out by local performance reporting against peer benchmarked data.

The Trust is above the England average for readmissions in patients aged between 0 to 15. This is thought to be a data quality issue relating to ward attenders following treatment from the Hospital at Home team being coded incorrectly as readmissions.

The Trust intends to take the following actions to improve these percentages, and so the quality of its services by:

- The Trust continues to monitor its readmission rates on a monthly basis (from locally available data) and compares these to the national rates in order to benchmark our performance.
- Patient flow and discharge workstreams continue in order to achieve national targets.
- Discharge lounge consultation to standardise and extend opening to 10pm completed.
- Weekly expert panel in place to review adult patients with multiple admissions, supported by Northern Lincolnshire system partners.
- A deep dive into the coding of Hospital at Home and ward attender patients is underway to improve coding accuracy.

2.4c Domain 4 – Ensuring people have a positive experience of care

Responsiveness to the Personal needs of patients

The Trust reviews its responsiveness to the needs of patients through monitoring responses to five specific questions:

1. Were you involved as much as you wanted to be in decisions about your care and treatment?
2. Did you find someone on the hospital staff to talk to about your worries and fears?
3. Were you given enough privacy when discussing your condition or treatment?
4. Did a member of staff tell you about medication side effects to watch for when you went home?
5. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

There has been no new data made available to the Trust by NHS Digital about the Trust's responsiveness to the personal needs of its patients since 2020. Therefore, the table below shows the data up to the most recent entry covering hospital stays between 01 July 2019 to 31 July 2019 (data collected between 01 August 2019 to 31 January 2020). Individual questions are scored according to a pre-defined scoring regime that awards scores between 0-100. Therefore, this indicator will also take values between 0-100.

Indicator	Trust value 2019 2020	National average	National lowest	National highest
Responsiveness to inpatients personal needs	62.5	67.1	59.5	84.2

Source: NHS Digital Quality Account Indicators Portal (<https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>).

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The data is provided by the national survey contractor.

The Trust has continued to take the following actions to improve the quality of its services, represented by this data, by:

The Trust continues to gather patient feedback about patient involvement in care and decisions through its monthly INSIGHT survey programme, which supports the national inpatient survey questions, and the 15 Step assurance programme. This feedback provides opportunity for divisions to work closely with areas where feedback indicates further improvement is required.

The recent National Maternity Survey shows a consistent position, in comparison to the 2022 survey with a positive or maintained improvements to our internal and external benchmark scores.

The Trust recommenced Friends and Family Test (FFT) feedback which had been paused during the pandemic, this is collected via text message, paper cards and QR codes. There has seen an increase in staff engagement and positive responses. The introduction of the new FFT provider service has also seen a recent improvement in Emergency Department responses. From mid-November 2023 monthly reports were available for all wards and services. FFT will be utilised as a thematic tool for all areas to allow for triangulation of themes and feedback, to improve quality of service.

The Trust Patient Advice and Liaison Service (PALS) team always provide a supportive signposting service for patients and families. Dedicated work within the PALS team has seen a significant increase in reducing the timeliness of responses to patients and relatives. A change to the complaints process has seen the time to resolve complaints reduce which ensures patients or their relatives receive a response in a timely manner.

Following a complaint from a family member Carols campaign was launched which resulted in a review of hospital visiting times. The Trust recognizes the positive benefits that visiting offers so the times were changed to 11-8 to offer visitors increased flexibility to visit. What the changes aim to ensure is that we are providing compassionate and patient-centered care for people when they most need it.

This change included the launch of the care partner scheme. Care Partners are people who support or care, unpaid, for a friend or family member. It is usually the person who the patient wants to support them in times of need or distress. They will have open access to visit when required by the patient.

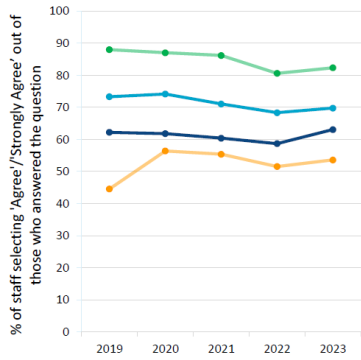
We know that having access to the person you need most when you are ill or in hospital can be massive and it can have a huge impact on a person's mental and physical wellbeing.

Staff recommending Trust as a provider to friends and family

The data made available by NHS Digital with regards to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends is taken from the Trust's NHS Staff Survey Benchmark report 2023 published on 07 March 2024.

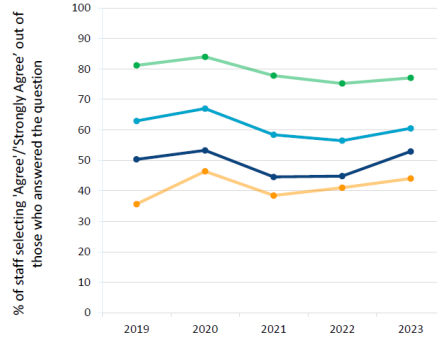
Indicator	Trust value 2022	Trust value 2023	National average	National lowest	National highest
The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	45%	52.03%	63.32%	44.31%	88.82%

Q25b My organisation acts on concerns raised by patients / service users.



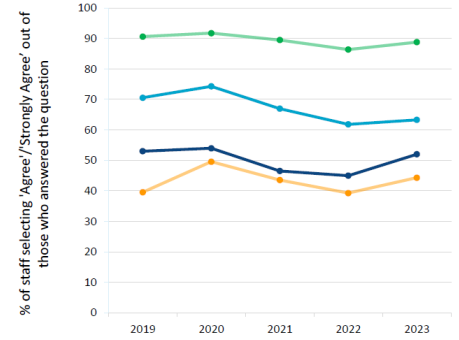
	2019	2020	2021	2022	2023
Your org	62.20%	61.80%	60.39%	58.68%	63.09%
Best result	87.98%	87.02%	86.18%	80.61%	82.34%
Average result	73.32%	74.14%	71.07%	68.32%	69.78%
Worst result	44.56%	56.41%	55.39%	51.54%	53.59%
Responses	2491	2358	2428	2348	3469

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	50.35%	53.28%	44.57%	44.84%	52.95%
Best result	81.18%	83.99%	77.82%	75.24%	77.09%
Average result	62.94%	67.00%	58.40%	56.48%	60.52%
Worst result	35.64%	46.44%	38.47%	41.03%	44.05%
Responses	2478	2360	2436	2352	3473

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	52.98%	53.97%	46.54%	45.00%	52.03%
Best result	90.62%	91.76%	89.51%	86.38%	88.82%
Average result	70.57%	74.32%	66.99%	61.82%	63.32%
Worst result	39.54%	49.58%	43.54%	39.27%	44.31%
Responses	2488	2363	2433	2349	3477

Source: Northern Lincolnshire and Goole NHS Foundation Trust Staff Survey Benchmark Report 2023.

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The above table illustrates the percentage of staff answering that they “Agreed” or “strongly agreed” with the question: “If a friend or relative needed treatment, I would be happy with the standard of care provided by this Trust” as published on the Staff Survey Coordination Centre website.

52.03% of staff surveyed would recommend the Trust (+7% since 2022); the increase in the Trust’s score is higher compared with other organisations nationally and in the integrated Care System (ICS) and is likely to be a response to the positive changes that the Trust has made in the last year. It should be noted that the England average increased from 61.9% in 2022 to 63.32% (+1.4% since 2022).

Whilst 2022 scores demonstrated that pressures and backlog of responses to health concerns and treatment the COVID-19 pandemic impacted on overall staff wellbeing and levels of engagement, resulting in a reduction in most scores in 2022 compared to 2021, 2023 shows a marked improvement overall. The Trust has worked on and across all staff survey themes through dedicated cultural and services improvement plans. It should be noted that despite continuous service pressures the Trust’s score in relation to “Care of patients/service users is my organisations top priority” continues to improve against 2022 and above national trends.

The Trust has taken the following actions to improve this percentage, and so the quality of its services by:

For the last four years significant work has gone into transforming the culture and supporting staff on front line services of the Trust. The Trust is taking the following strategic direction to improve our overall scores:

- The implementation of a Leadership Development Strategy focused on increasing line manager core skills, developing a values based leadership programme centred on improving leadership influence on culture and implementation of structured career pathways and education opportunities for clinical and non-clinical staff. As a result of investment in leadership development the Trust has piloted and rolled out 13 cohorts across all professions priority areas and management groups in 2023.
- The continuation of a cultural transformation programme developed with our staff since August 2022 to improve employee experience resulted in high levels of staff engagement and voice: the Trust has since rolled out a culture transformation working group and Board. 2023 has seen the development of a culture change academy aimed at individuals, teams, leaders and the development of a network of culture change ambassadors.
- Proactive career planning within nursing, including expanding the apprenticeship framework to enrich nursing career opportunities and retain good staff.
- Improved recruitment strategy and actions to become an Employer of Choice.
- Implementation of an Equality, Diversity, and Inclusion action plan to strengthen our inclusion, diversity and equity. The Trust has launched 3 staff networks Black and Minority Ethnic (BME), Disability, LGBTQ+ in 2022 and launched the Women's network in 2023. A provision of educational programmes from 2023 onwards, ran with and through the staff networks, will support a more inclusive and equitable workforce and workplace.
- The Trust's two year health and wellbeing plan designed to build on progress made to date and embed effective leadership of our staff's health and wellbeing, introduced Schwartz rounds, growing a network of wellbeing champions and offering training in the field of Mental Health First Aid along with a review of our staff wellbeing spaces, improvement of rest areas, and implementation of financial wellbeing services and education, social wellbeing and career wellbeing in collaboration with organisational development and learning and education.
- The Trust aims to further develop this work in 2024 through leadership programme, culture programmes, coaching, mentoring and the development of a culture change academy aimed at individuals, teams, leaders, and a network of culture change transformation and the introduction of a dedicated People Promise Manager in May 2024.

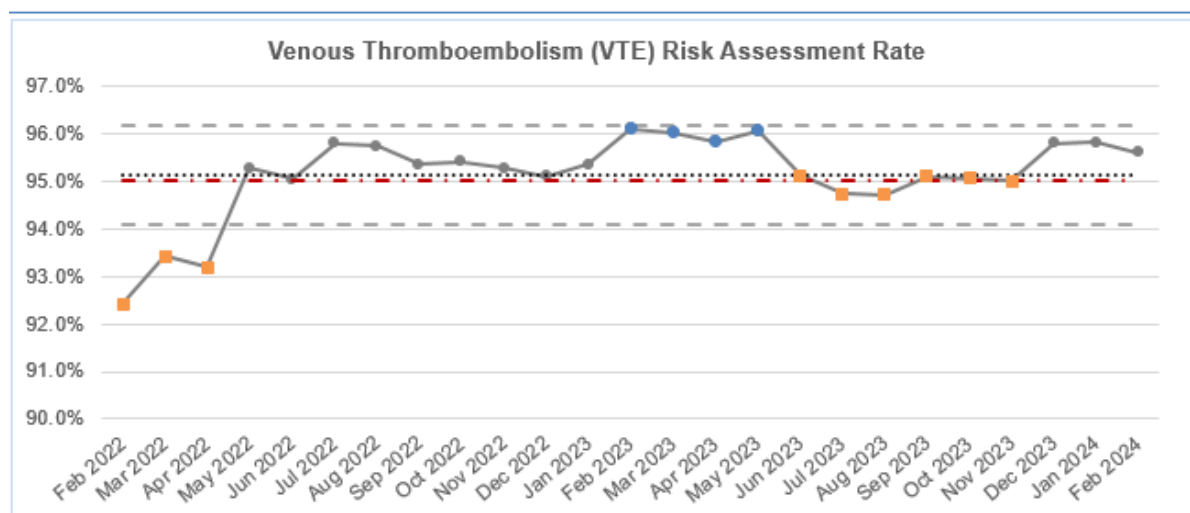
2.4d Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

Risk assessed for Venous Thromboembolism (VTE)

The national VTE data collection and publication was paused to release NHS capacity to support the response to the Covid-19 pandemic. National data collection remains

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paused, so the below data only reflects local Trust performance data.



Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

- The Trust reports on and oversees local VTE risk assessment compliance through the Trust’s Performance Review meetings and in the Executive Governance reporting mechanisms. Compliance figures are also available at specialty level, allowing targeted support if indicated.

The Trust has taken the following actions to improve this percentage, and so the quality of its services by:

- The Trust completed the implementation of an Electronic Prescribing and Medicines Administration (EPMA) system in November 2021. The system is having the desired effect in improving patient safety as built-in controls prompt doctors to undertake full VTE risk assessments in a timely manner, prior to prescribing or administering medications. Since the introduction of the EPMA system VTE risk assessment rate has significantly improved and remained above the Trust’s 95% target since May 2022,
- The Trust’s Quality Governance Group receives a highlight report in relation to VTE screening performance.

Clostridium Difficile infection reported within the Trust

The data made available to the Trust by NHS Digital regarding the rate per 100,000 bed days of cases of Clostridium difficile infection reported within the Trust (hospital onset) amongst patients aged 2 or over is shown in the table below. *(Most recent data published by NHS digital on 6 October 2023).*

Indicator	Trust value 2020/21	Trust value 2021/22	Trust value 2022/23	National average 2022/23	National lowest 2022/23	National highest 2022/23
The rate per 100,000 bed days of cases of C. difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	7.9	5.1	8	18.3	0	73.3

Source: NHS Digital Quality Account Indicators Portal <https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

The data shows that the Trust has maintained a position beneath the England average and is one of the best performing acute hospitals in England which is a major achievement.

The definitions for reporting Clostridium difficile cases changed in April 2019 meaning cases detected after 2 days would be attributed as Hospital Onset Healthcare Associated (HOHA) as opposed to the previous guidance, which specified 3 days previously. Cases would also be classed as Community Onset Healthcare Associated (COHA) if the patient was an in-patient within the previous 4 weeks.

Due to success of considerable reduction of cases in previous years, the trajectory for the year 2023 - 2024 of 20 cases was extremely challenging. The Trust had a Clostridium difficile infection objective of no more than 20 cases and ended the year on 18 reported cases combining Hospital-onset healthcare associated and Community-onset healthcare associated cases. There were no significant lapses in practice/care detected from the post infection reviews undertaken. Despite exceeding the threshold, The Trust performed exceptionally well for Clostridium difficile rates for all England acute trusts based on 100,000 bed days and the best performing trust in the region and in the lowest quartile nationally.

The Trust has continued to take the following actions to improve the quality of its services, represented by this data, by:

- Capital and planning teams factored the need to increase isolation capacity in building schemes e.g. The new Integrated Acute Admission Unit and Same Day Assessment Unit at Diana Princess of Wales Hospital and Scunthorpe General Hospital.
- The Trust has an evidence-based Clostridium difficile policy and patient treatment care pathway.
- Multi-disciplinary team meetings are held for inpatient cases where required to identify any lessons to be learnt and post-infection review is conducted for hospital onset cases.
- For each case admitted to hospital, practice is audited by the infection prevention and control team based on the Department of Health Saving Lives' audit tools.
- Themes learnt from the Post-Infection Review (PIR) process are monitored by the

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Infection Prevention & Control Committee and shared with relevant bodies.

- The bespoke IPC alert which informs the IPC team to previous cases of Clostridium difficile.
- GPs are sent an email to inform them of a patient's Clostridium difficile status again to help reduce the amount of antimicrobial use and prevent future Clostridium difficile cases; This is now incorporated into the patient discharge letter.
- The continuation of a rolling programme of antibiotic prescribing audits reviewed by the Infection Prevention & Control Group.
- PathLinks antimicrobial formulary reviewed with latest national standards.
- The Trust participated in the National Point Prevalence survey of healthcare associated infections antimicrobial use and antimicrobial stewardship in England. This will provide information and actions to improve antimicrobial prescribing and management. This can also have a positive patient outcome to minimize the acquisition of CDI.
- Updated antimicrobial Trust intranet site, the HUB, to make access to content easier for prescribers.

Patient safety incidents

Time frame	Trust number of patient safety incidents reported	Trust rate of patient safety incidents reported per 1,000 bed days	Trust number of patient safety incidents reported involving severe harm or death	Trust rate of patient safety incidents reported involving severe harm or death per 1,000 bed days	Percentage of safety incidents that resulted in severe harm or death
April 2021 – March 2022	15,533	72.6	25	0.11	0.16%
April 2022 – March 2023*	24,488	99.98	36	0.15	0.15%
April 2023 – March 2024*	19,627	82.29**	33	0.14	0.17%

Source: NRLS Organisation data workbook for the period April 2021 – March 2022. *From April 2022 there has been no data published nationally therefore this has been calculated internally by the Trust. **Bed days data is not available for the month of March 2024 due to the Trust switching to a new Electronic Patient Record (EPR) system in February 2024. Bed days for March 2024 has therefore been calculated using an average of the bed days from April 2023 – February 2024.

Northern Lincolnshire and Goole NHS Foundation Trust considers that the outcome scores are as described for the following reasons:

- A significant increase in incidents reported is noted for the reporting period April 2022 – March 2023 in comparison to the previous year (April 2021 – March 2022) and the subsequent year (April 2023 – March 2024). This was due to a requirement to report all Emergency Department 12-hour trolley waits on an individual basis. This was subsequently

changed to recording a daily summary of these types of incidents resulting in a reduction of incidents reported in April 2023 – March 2024.

The Trust has taken the following actions to improve this number and/or rate, and so the quality of its services by:

- The Trust continues to monitor incident rates locally and actively promotes and encourages staff to report all incidents including near misses as part of an open and transparent culture designed to support learning and improvement, recognising that high levels of reporting indicate a high level of safety awareness. This is particularly so when the high level of reporting is for no/low harm or near miss incidents. 98% of patient safety incidents reported in each of the timeframes shown in the table were in this category of harm levels.
- The Trust continues to monitor the data for understanding of key themes and sharing learning opportunities.
- The Trust continually works towards improving learning in the organisation and has a learning strategy in place.
- In December 2023 the Trust commenced transition to the new Patient Safety Incident Response Framework (PSIRF) as part of the new national initiative. The Trust has completed a number of proportionate learning responses focusing on areas where improvement will have the greatest impact as outlined in the Trust's Patient Safety Investigation Response Plan. Findings from these reviews are used to identify themes and trends across the organisation for learning and improvement purposes.
- The Trust oversees the identification and management of incident investigations weekly at the Learning Response Panel ensuring that the appropriate learning response is undertaken in line with the PSIRF and Patient Safety Incident Response Framework Policy and Plan. Incidents are also reviewed at a daily incident navigation meeting to actively determine the appropriate management of those incidents so that valuable learning can be identified and acted upon as early as possible to improve the quality of our services.

PART 3: Review of Quality Performance

3.1 Performance against relevant indicators and performance thresholds

Performance against indicators that form the Oversight Framework (not already reported on within this document) are shown as follows for 2023/24.

Indicator	Quarter 1 23/24 (Percentage)			Quarter 2 23/24 (Percentage)			Quarter 3 23/24 (Percentage)			Quarter 4 23/24 (Percentage)			Target	Full year average
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	64.49	65.07	63.91	63.16	61.87	61.24	61.85	61.46	60.48	61.50	60.58	60.47	92%	60.47% (March 2024 snapshot)
A&E: Maximum waiting time of four hours from arrival to admission/transfer/discharge	61.28%	65.15	65.25	63.28	65.38	64.34	60.77	65.61	61.46	60.35	59.42	66.36	76%	63.22%
All cancers: 62-day wait for first treatment from referral/screening	54.73%	68.23	61.54	55.94	48.54	50.00	51.97	43.67	50.70	49.44	52.11	70.89	85%	54.81%
Maximum 6-week wait for diagnostic procedures	38.52%	35.79	35.31	37.04	36.49	31.49	26.78	25.04	26.37	22.03	16.47	15.47	1.0%	28.9%

3.2 Information on staff survey report Summary of performance – NHS staff survey

Each year the Trust encourages staff to take part in the national staff survey. The survey results give each health Trust a picture of how its staff think it's performing as an employer and as an organisation.

Timeline

Survey Window: 2nd October 2023 to 24th November 2023
 Embargoed Findings: Received – 28th February
 2024 NHSEI Publication: 7th March 2024

Key Facts

Benchmark Comparators: 122 Acute & Acute Community Trusts

Benchmark Response Rate: 45% (-1 % on 2022 survey)

NLaG Response Rate: 48% (+13% on 2022 survey)

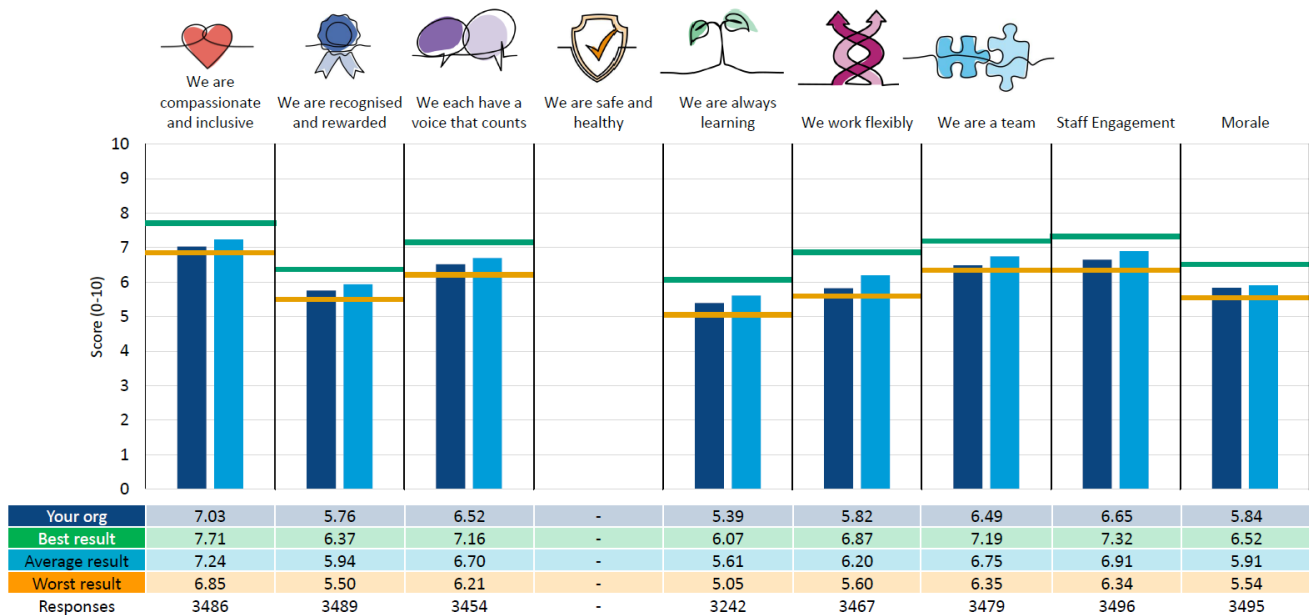
NLaG Survey Mode: Blended (3512 completed / +1097 on 2022)

Staff Survey 2023 findings

The 2023 survey questions are aligned to the seven themes of the People Promise.

Staff Engagement and Morale remain included as in previous years.

The chart below demonstrates Trust results in comparison to peer organisations.



Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Health and Well-Being

Due to national technical issues in gathering data the Trust cannot fully evidence the impact of its actions on:

- Positive action being taken regarding health and wellbeing support.
- The uptake of staff working flexibly.

More guidance is available on the [survey coordination centre](#)

However, there are sufficient markers that indicate a positive outcome with regards to Health and Wellbeing for the Trust as follows:

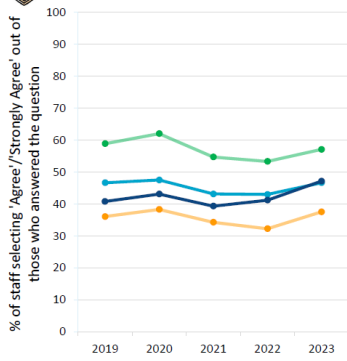
Health and Safety Climate

Improvements in this particular theme will be felt by our staff and reduce the feeling of burnout with a focus on staffing which improved by +8.59% (q3i) as well as having sufficient resources and equipment (+5.4% q3h) and calls for continued investment in

this area.

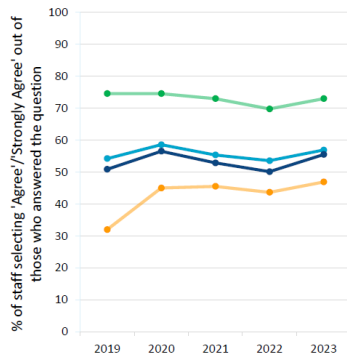


Q3g I am able to meet all the conflicting demands on my time at work.



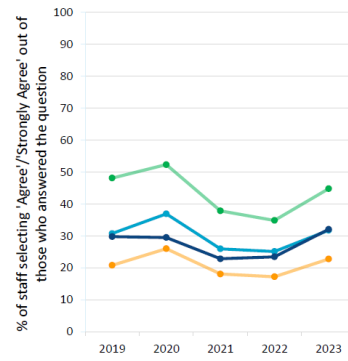
	2019	2020	2021	2022	2023
Your org	40.75%	43.09%	39.30%	41.16%	47.15%
Best result	58.86%	61.99%	54.69%	53.31%	57.08%
Average result	46.63%	47.50%	43.12%	42.96%	46.63%
Worst result	36.05%	38.27%	34.26%	32.24%	37.52%
Responses	2547	2379	2461	2355	3480

Q3h I have adequate materials, supplies and equipment to do my work.



	2019	2020	2021	2022	2023
Your org	50.85%	56.50%	52.84%	50.09%	55.47%
Best result	74.53%	74.54%	72.96%	69.73%	72.97%
Average result	54.19%	58.54%	55.33%	53.52%	56.88%
Worst result	31.96%	44.99%	45.51%	43.63%	46.87%
Responses	2551	2383	2480	2353	3488

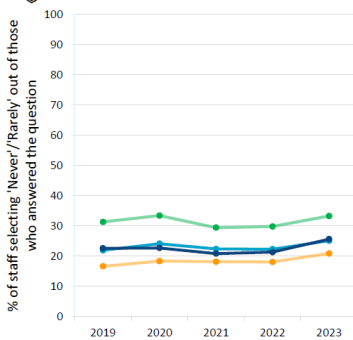
Q3i There are enough staff at this organisation for me to do my job properly.



	2019	2020	2021	2022	2023
Your org	29.78%	29.48%	22.82%	23.45%	32.04%
Best result	48.09%	52.30%	37.83%	34.84%	44.76%
Average result	30.74%	36.89%	25.94%	25.11%	31.75%
Worst result	20.78%	25.99%	18.06%	17.19%	22.75%
Responses	2546	2388	2480	2356	3491

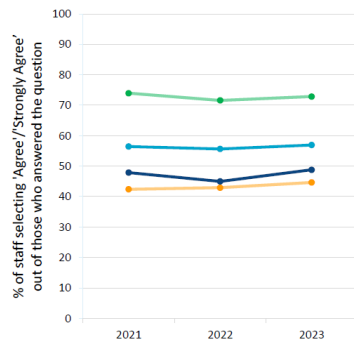


Q5a I have unrealistic time pressures.



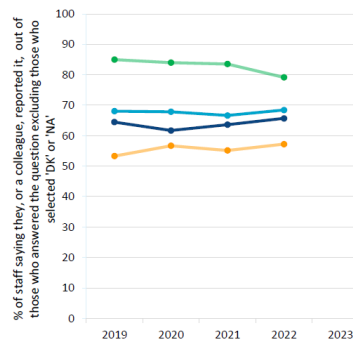
	2019	2020	2021	2022	2023
Your org	22.61%	22.70%	20.85%	21.33%	25.61%
Best result	31.33%	33.42%	29.43%	29.80%	33.29%
Average result	21.94%	24.12%	22.39%	22.31%	25.08%
Worst result	16.62%	18.37%	18.16%	18.05%	20.88%
Responses	2537	2383	2478	2348	3483

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023
Your org	47.84%	44.98%	48.79%
Best result	73.93%	71.57%	72.85%
Average result	56.44%	55.65%	56.95%
Worst result	42.41%	42.92%	44.63%
Responses	2426	2306	3479

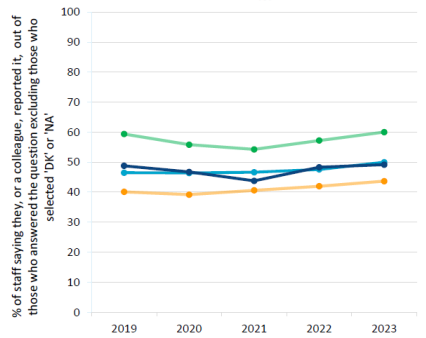
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	64.47%	61.69%	63.61%	65.68%	
Best result	84.97%	83.98%	83.53%	79.14%	
Average result	68.03%	67.86%	66.62%	68.43%	
Worst result	53.29%	56.69%	55.14%	57.21%	
Responses	233	216	202	267	

Note: 2023 results for Q13d have not been reported due to an issue with the data. Please see <https://www.nhsstaffsurveys.com/survey-documents/> for more details.

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?

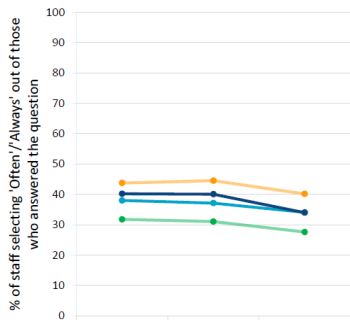


	2019	2020	2021	2022	2023
Your org	48.77%	46.72%	43.75%	48.31%	49.17%
Best result	59.36%	55.82%	54.24%	57.20%	60.00%
Average result	46.49%	46.39%	46.64%	47.58%	49.96%
Worst result	40.11%	39.16%	40.62%	41.97%	43.66%
Responses	921	856	862	856	1157

Burnout

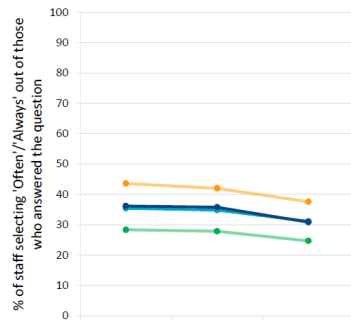


Q12a How often, if at all, do you find your work emotionally exhausting?



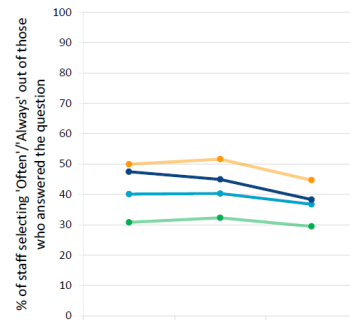
	2021	2022	2023
Your org	40.18%	40.03%	33.95%
Best result	31.73%	30.99%	27.56%
Average result	37.97%	37.10%	34.03%
Worst result	43.72%	44.49%	40.14%
Responses	2455	2359	3489

Q12b How often, if at all, do you feel burnt out because of your work?



	2021	2022	2023
Your org	36.14%	35.75%	30.82%
Best result	28.30%	27.84%	24.64%
Average result	35.39%	34.77%	31.12%
Worst result	43.56%	41.98%	37.54%
Responses	2452	2358	3484

Q12c How often, if at all, does your work frustrate you?

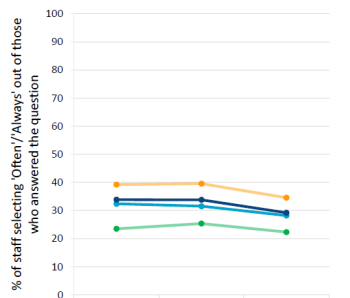


	2021	2022	2023
Your org	47.44%	44.91%	38.27%
Best result	30.75%	32.24%	29.42%
Average result	40.06%	40.25%	36.71%
Worst result	49.91%	51.58%	44.65%
Responses	2457	2354	3481

Generally we see an improvement in staff burnout throughout the Trust across all questions relating to burnout (-6.08% q12a; -4.93% q12b ; -6.64% q12c; -4.59% q12d ; -2.7% q12e; -3.19% q12f ; -1.82% q12g) which helps paint a more positive picture about work practices, better staffing, better work life balance as evidenced below and directly correlated to a reduction in work pressures and a better health and safety climate.

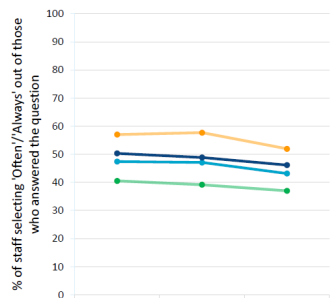


Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



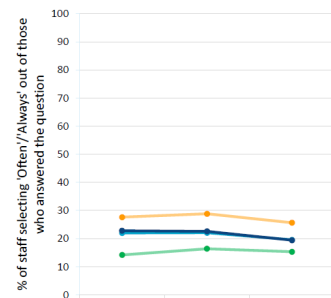
	2021	2022	2023
Your org	33.84%	33.80%	29.21%
Best result	23.50%	25.32%	22.32%
Average result	32.39%	31.53%	28.22%
Worst result	39.23%	39.56%	34.55%
Responses	2447	2357	3483

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?

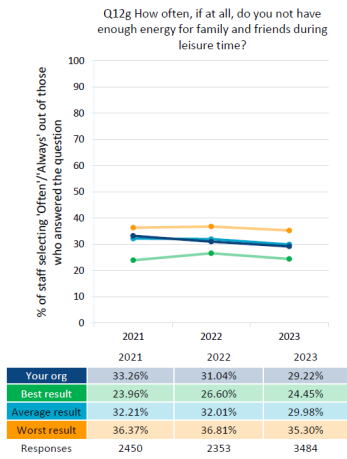


	2021	2022	2023
Your org	50.30%	48.87%	46.17%
Best result	40.53%	39.15%	37.02%
Average result	47.40%	47.08%	43.17%
Worst result	57.02%	57.69%	51.94%
Responses	2448	2352	3484

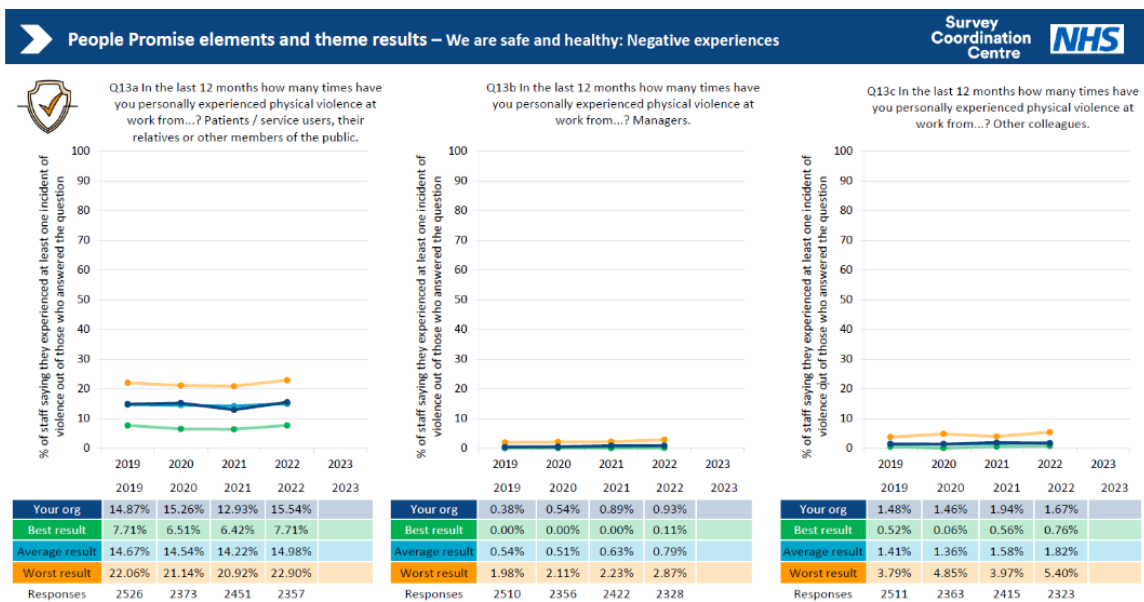
Q12f How often, if at all, do you feel that ever working hour is tiring for you?



	2021	2022	2023
Your org	22.77%	22.61%	19.42%
Best result	14.19%	16.40%	15.32%
Average result	21.99%	22.07%	19.59%
Worst result	27.62%	28.83%	25.65%
Responses	2448	2353	3478



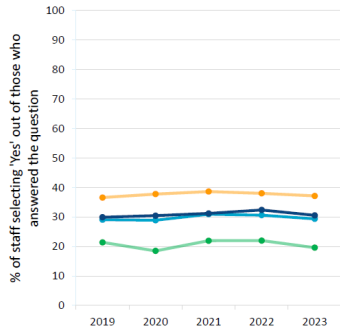
Negative experience



No data was available to evidence whether there was a reversal of the trend regarding physical violence, however we see a marked improvement this year compared to 2022 regarding MSK (-1.84% q11b), stress (-6.86% q11c) and staff not feeling compelled to come to work if they are feeling unwell (-2.5% q11d).

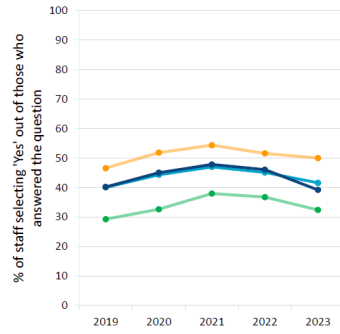


Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



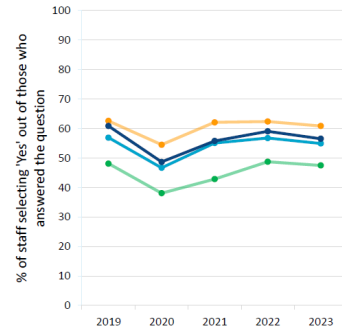
Responses	2523	2361	2456	2357	3476
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Q11c During the last 12 months have you felt unwell as a result of work related stress?



Responses	2526	2378	2445	2358	3471
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Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



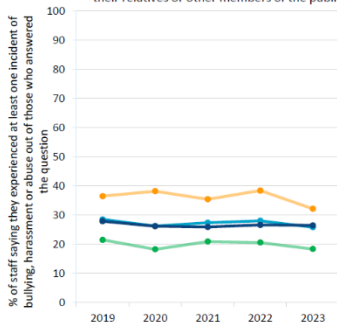
Responses	2530	2374	2431	2357	3475
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Although no improvement was markedly noticed regarding harassment, bullying and abuse from patient towards staff, there is a marked reduction in q14b (c-4%) and q14c (c-1.5%).

The introduction of training programmes on civility and respect in 2023 through 2024 for colleagues as well as the leadership and management development programme are hoped to have positive impact on fostering a culture of respect and an environment where people are treated with dignity systematically.

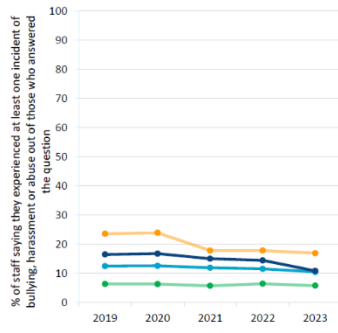


Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



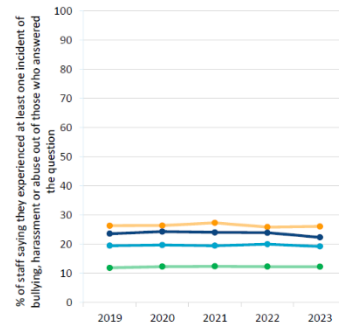
Responses	2519	2323	2393	2352	3471
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Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



Responses	2498	2322	2373	2331	3435
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Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



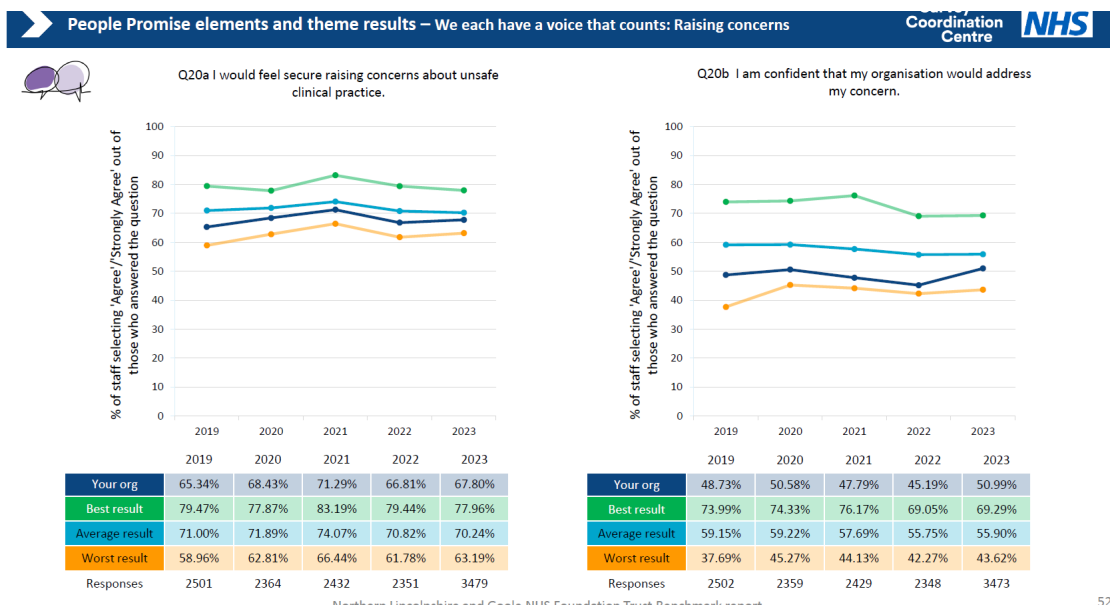
Responses	2501	2327	2368	2325	3426
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The Trust has retained a fairly consistent score on the value managers placed on staff health and wellbeing. This is largely due to a comprehensive and proactive pandemic response action plan implemented in 2020 and retained and enhanced to support managers and staff through the challenges of the pandemic.

The Trust are committed to further work on health and wellbeing, as set out in our two-year health and wellbeing plan, and our Trust’s participation in the NHSE Health and Wellbeing Trailblazer Pilot. The Trust is noted for its strategic perspective in the pilot, focusing on long term improvement of staff wellbeing and line manager capability to proactively support their staff. Further work is mapped to strengthen this including:

- The support of staff psychological wellbeing with skills training and sessions in Schwartz Rounds and a series of pop-up wellbeing Hubs planned for 2023/2024 to continue well into 2024/25
- Introduction of health and wellbeing activities
- Supporting staff burnout required given Q11d and staff continuing to work when unwell is increasing.

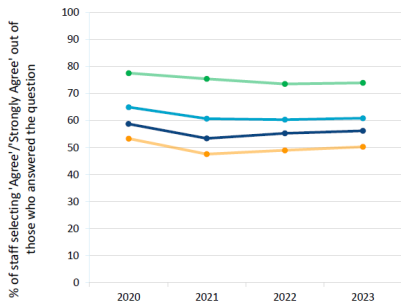
Safety Culture



Since 2018 significant progress has been made relating to staff feeling secure raising concerns about unsafe clinical practice (+8.9% since 2017 in 2021). Although we saw in 2022 there was a loss of confidence in raising concerns and addressing these the Trust has reversed the trend in 2023 to above pre-pandemic levels (+1% q20a; +5% q20b in 2023 compared to 2022).

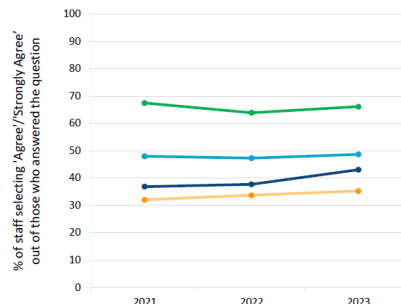


Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	58.77%	53.43%	55.30%	56.22%
Best result	77.58%	75.47%	73.58%	73.98%
Average result	64.99%	60.71%	60.36%	60.89%
Worst result	53.35%	47.60%	49.01%	50.32%
Responses	2359	2427	2350	3473

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



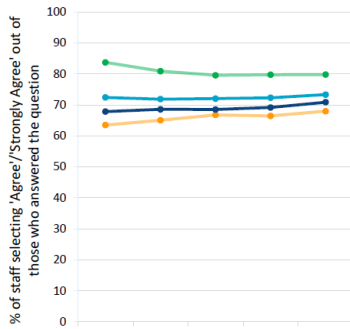
	2021	2022	2023
Your org	36.82%	37.69%	43.06%
Best result	67.43%	63.87%	66.13%
Average result	47.97%	47.28%	48.65%
Worst result	32.02%	33.68%	35.26%
Responses	2432	2343	3473

Whereas 2021/22 saw a decrease in staff feeling they are able to speak up about anything that concerns them in the organisation there has been a marked improvement with the introduction of our FTSU Guardian and the Trust taking a proactive approach to improve on this as part of the Culture Transformation programme and Just and Learning Culture.

Team Working

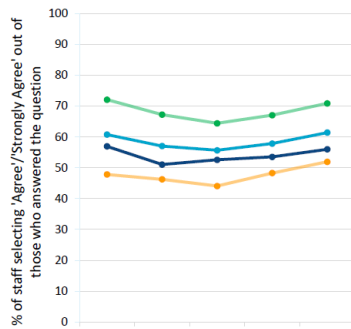


Q7a The team I work in has a set of shared objectives.



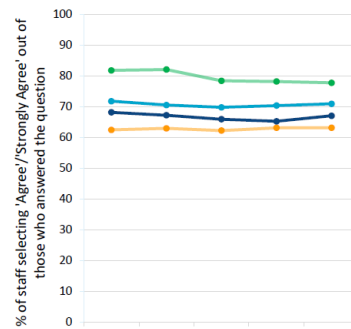
	2019	2020	2021	2022	2023
Your org	67.88%	68.60%	68.55%	69.18%	70.89%
Best result	83.74%	80.91%	79.58%	79.76%	79.81%
Average result	72.42%	71.88%	72.05%	72.32%	73.34%
Worst result	63.51%	65.07%	66.78%	66.46%	68.00%
Responses	2526	2369	2464	2354	3477

Q7b The team I work in often meets to discuss the team's effectiveness.



	2019	2020	2021	2022	2023
Your org	56.92%	51.05%	52.61%	53.56%	56.01%
Best result	72.10%	67.26%	64.44%	67.09%	70.92%
Average result	60.78%	57.06%	55.69%	57.87%	61.43%
Worst result	47.86%	46.25%	44.09%	48.30%	51.95%
Responses	2544	2386	2464	2355	3480

Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	68.16%	67.24%	65.95%	65.27%	67.06%
Best result	81.82%	82.10%	78.44%	78.22%	77.78%
Average result	71.82%	70.56%	69.80%	70.37%	70.96%
Worst result	62.48%	62.97%	62.26%	63.16%	63.16%
Responses	2548	2388	2467	2357	3487

We see a continuous improvement in scores since last year as an indication that some improvements have been made and felt by our staff. In addition to the Trusts implementing

the Leadership Development Strategy last year more Teamworking and Line management skills have been put into action to achieve higher levels of staff engagement. Our core leadership skills programme of work supports improvement in this theme.

Next Steps

Continue to deliver on cultural and leadership objectives aligned to Trust priorities and Leadership Development Strategy. These are overseen by the Culture Transformation Board and the Workforce Committee.

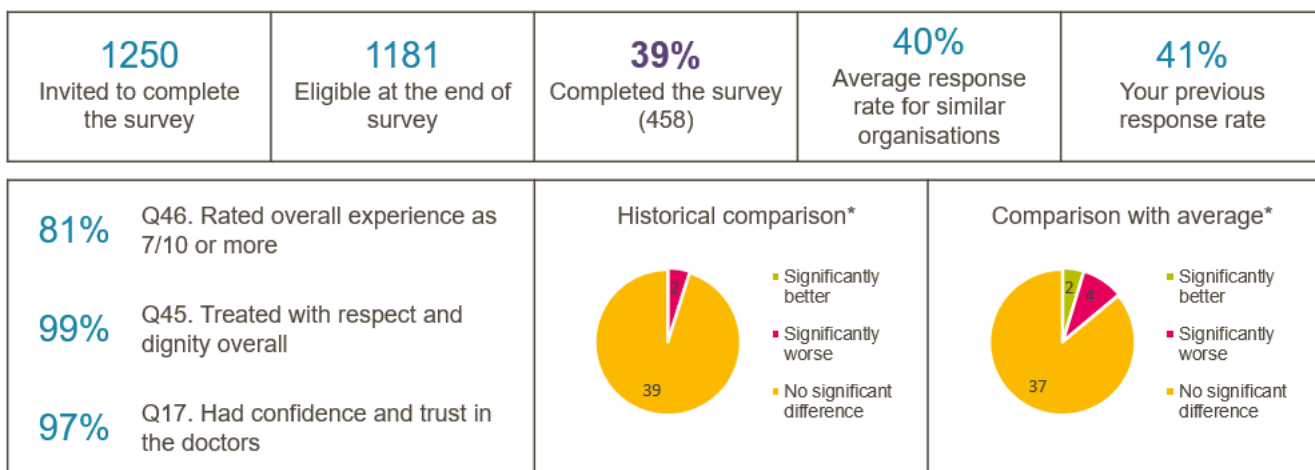
3.3 Information on patient survey report

The national survey programme provides a year-on-year review of person-centred validated questions and responses. This data allows the Trust to monitor internal progress and benchmarking. During 2022/23 the Trust implemented a comprehensive action plan based on the 2022 national inpatient survey (2023 survey results are still being collated nationally), of which the headlines are detailed below.

The 2022 National Adult Inpatient Survey for Northern Lincolnshire and Goole NHS Foundation Trust shows the sustaining of internal improvement, which was largely made during the period relating to the 2020 to 2021 survey dates.

The survey was completed across all adult inpatient areas during November 2022 39% inpatients completed a survey. 98% of those who responded were White British, with 1% respondents Asian or Asian British. There was a fairly even split of those identifying as male or female, with the majority of responses completed by those over 66 year of age.

A total of 61 questions were asked in the 2022 survey, of these 50 can be positively scored, with 41 of these which can be historically compared.



*Chart shows the number of questions that are better, worse, or show no significant difference

There are many positives within the report which should be celebrated.

Positive headlines are:

- ✓ 97% rated room fairly clean
- ✓ 96% patients asked said they got enough to drink
- ✓ 95% doctors answered questions clearly
- ✓ 97% patients had confidence and trust in doctors
- ✓ 98% of nurses answered questions clearly
- ✓ 97% nurses included patients in conversations
- ✓ 100% patients had confidence and trust in nurses
- ✓ 99% patients overall were treated with dignity and respect

The charts below show the top & bottom 5 scored questions compared to the picker average and also the Trust most improved and declined scores.

Top 5 scores vs Picker Average	Trust	Picker Avg
Q12. Food was very good or fairly good	74%	69%
Q14. Able to get food outside of meal times	78%	75%
Q9. Got enough help from staff to wash or keep clean	93%	91%
Q15. Got enough to drink	96%	94%
Q47. Asked to give views on quality of care during stay	15%	13%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q34. Family or cares involvement in discussions about leaving the hospital	52%	60%
Q51. Condition(s) taken into account during your care and treatment whilst in hospital	81%	87%
Q39. Given information about medicine at discharge	81%	86%
Q33. Felt involved in decisions about discharge from hospital	71%	76%
Q7. Staff explained reasons for changing wards at night	76%	81%

Most improved scores	Trust 2022	Trust 2021
Q14. Able to get food outside of meal times	78%	71%
Q35. Staff discussed need for additional equipment or home adaptation after discharge	83%	77%
Q32. Explained how well procedure had gone	83%	79%
Q31. Questions before procedure were answered well	95%	92%
Q47. Asked to give views on quality of care during stay	15%	12%

Most declined scores	Trust 2022	Trust 2021
Q2. Did not mind waiting as long as did for admission	59%	73%
Q10. Able to take own medication when needed to	84%	90%
Q37. Given information about what they should or should not do after leaving hospital	76%	80%
Q12. Food was very good or fairly good	74%	78%
Q46. Rated overall experience as 7/10 or more	81%	85%

What we know is that our admission and discharge processes are two of the biggest challenges, not only in our NHS, but nationally.

An overarching action plan is now in place based on the 2022 survey findings.

Divisional ownership of the actions will be monitored quarterly via Divisional Patient Experience Reviews and Patient Experience Group meetings, any escalations will be through Quality Governance Group, actions will only be closed when suitable monitoring evidences improvement.

Due to the time span of national surveys, they are, in effect, always year behind by the time results are analysed and shared, the Trust conducts its own ongoing inpatient survey

programme. The INSIGHTS local survey programme surveys 10 patients on each adult inpatient ward monthly and monitors this feedback. It remains the Trust's commitment to listen and act on patient feedback and prioritise actions that matter to patients most.

3.4 Quality Improvement Journey

The Quality Improvement (QI) program for the trust has continued to develop in year with over 1000 staff trained at different levels in QI methodologies by the QI Academy during 23/24. This includes 458 Foundation Level Doctors from across the Integrated Care System at "Applying QI" level, where they are able to apply their QI skills by delivering a Quality Improvement Project (QIP). 32 Trust staff (and 18 Integrated Care Board staff member) have been trained in Leading & Coaching QI, enabling staff to not only enact their QI skills but lead larger programmes of change. 115 Quality Improvement Projects (QIPs) have been registered during the year with over 40 of these demonstrating measurable improvement so far with a further 42 at the planning and testing phase with the remainder in the earlier stages of development.

In addition, the Trust has run several trust wide QI collaborative events with measurable outcomes involving 50 clinical areas from across the trust. These include the QI collaborative which focused on increasing timely assessment and reassessment of patients pain to ensure the highest levels of care have been provided. This saw excellent engagement with clinical teams resulting in moving the trust position from 20% of pain assessments completed electronically in May 2023 up to a sustained position of over 95% from July 2023 until the project was handed over to business as usual in November 2023. Other benefits were also realised including saving Pain CNS time on a daily basis equal to 237 hours per year. Also, with the move to electronic assessment this saved £3,714 in printing costs.



Other key work within the year was in relation to the successful implementation of a service redesign within Maternity Triage services. The Ockenden report outlines a number of recommendations in relation to how maternity services should conduct triage for pregnant women with medical related concerns who are 16 week plus. These recommendations outline the need to follow a recognised model of triage to priorities timely assessment, i.e. the Birmingham Symptom Specific Obstetric Triage System (BSOTS). This Quality Improvement Project aim is to Implement a fully operational Maternity Triage Service across the whole of the Maternity Service in NLAG, that utilises a Nationally recognised Triage Model (BSOTS). In order to enhance the patient experience and care. The first phase of this work related to a single point of access triage phone line which over the year answered 10436 calls from concerned women. In addition to the patient experience benefits this also released nursing time to care on the wards of 20hrs per week or 1040 per year. The second phase of this work focused on face to face triage post initial phone assessment and in the first 5 months of opening saw 2485 women with positive feedback from patients surveyed.

The trust held its second QI conference with over 250 attendees which included regional speakers along with many examples of QI work from across the organisation. This was a great opportunity for the organisation to celebrate its improvement journey and its staff. For the first time awards were also presented to staff who had promoted and led improvement within their areas.

The Trust will continue to build on its strong QI foundations to deliver outstanding quality of care to our patients in 2024/25. Reviewing with our HUTH colleagues what learning can we share as we look to build a culture of QI across the group.



Annex 1: Statements from commissioners, local Healthwatch organisations and overview and scrutiny committees

Annex 1.1: Statements from Commissioners

Feedback from:

North East Lincolnshire Place - Humber and North Yorkshire Integrated Care Board (ICB) and Lincolnshire ICB

The Humber & North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review and comment on Northern Lincolnshire and Goole NHS Foundation Trust's Quality Report for 2023/24 and this response also includes reflections from Lincolnshire ICB.

We recognise the ambitions of the Trust, commitment and hard work of the workforce to deliver good quality care throughout the past year and we would like to say thank you to all staff and volunteers across NLaG. It is extremely positive to see so many achievements highlighted within the report, and we welcome the informative and illustrative content celebrated within the opening pages of the Quality Account. The patient and family narrative conveying Carol's story and the partnership working between the Trust and family is commendable. The approach to learn and implement changes that will positively impact other patient journeys from a family's experience is excellent practice.

The ICB's are supportive of the Trust's Quality Priorities for 2024/25. The continued focus on driving improvement in the delivery, experience and outcomes associated within End of Life, deteriorating patients, sepsis, medication safety and mental capacity is welcomed by the ICB. Further concentration on these areas will assist with embedding changes and continued focus to help support the realisation of the Trust's objectives to make sustained improvements.

The Quality Account candidly outlines challenges in performance and the associated experience of care, recognising those areas where further improvements are required. As a whole system we will continue to work in collaboration with NLaG to support improvements in key areas such as waiting times and flow through the Emergency Departments to improve the overall experiences and quality of care for our population.

The ICB would also like to congratulate the Trust for the work which is being undertaken in research. We note the partnership work planned with the Research Department at the Hull University Teaching Hospital and we will look forward to hearing more about this in 2024/2025.

There have been significant national changes to quality associated programmes that have required local implementation during this Quality Account period, one of which being the implementation of the National Patient Safety Incident Response Framework. The Trust have worked closely with ourselves, involving the ICB in their implementation of the Framework and sharing resources, knowledge and experience with other healthcare providers.

Since the last Annual Quality Account, the Trust have formally exited the Recovery Support Programme (previously known as special measures). This is a significant achievement and alongside the Improved CQC ratings demonstrates continuous improvements.

The ICB remain committed to working with NLaG and wider system partners to improve the quality and safety of services available for the population of the patients served by the Trust in order to improve patient experience and patient outcomes.

Annex 1.2: Statement from Healthwatch organisations

Feedback from:

Healthwatch North East Lincolnshire

Healthwatch North Lincolnshire

Healthwatch East Riding of Yorkshire



Healthwatch response to the Annual Quality Accounts 2023/2024

Healthwatch North Lincolnshire, Healthwatch North East Lincolnshire and Healthwatch East Riding of Yorkshire welcome the opportunity to make a statement on the Quality Account for Northern Lincolnshire and Goole NHS Foundation Trust and have agreed to provide a joint statement.

The three local Healthwatch organisations recognise that the Quality Account report is a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide. The following is the joint response from Healthwatch North Lincolnshire Healthwatch North East Lincolnshire, and Healthwatch East Riding of Yorkshire.

Healthwatch are pleased to see that the Northern Lincolnshire & Goole NHS Foundation Trust have now exited the recovery program. The trust has recognised and evidenced that that there are still further improvements to be made and have a robust action plan in place that will remain a key focus for 2024/25.

The summary clearly sets out what you have achieved during 2023/24 against your 5 priority areas and what still needs working on, and where progress has been made. The Trust has also clearly indicated what the priorities will be for 2024/25 and how you hope to achieve them.

Healthwatch carried out research on 2022/23 to ascertain what service users and their families thought about the End of Life pathway, what worked for them and what needed to improve. Recommendations were made by Healthwatch North and North East Lincolnshire. We are pleased that the trust has been responsive to our recommendations around the development of communication and the Bluebell model. The Trusts expansion of the palliative and end of life care team is very much welcomed alongside the implementation of the seven-day specialist palliative care service. We are also pleased to see the significant increase in the prescription of anticipatory medications which is allowing the residents of

North Lincolnshire to experience dignified, pain free deaths.

Healthwatch are disappointed to see the figures relating to the percentage of Mental Capacity Assessments that meet legal requirements. Although there has been some improvement within this area, the figures are still low and quite rightly are again placed on the quality priority planning for 2024/25.

Patients across Northern Lincolnshire have experienced lengthy waits in both emergency departments to be seen, treated, admitted or discharged. You have been unable to meet set targets and have recognised that this is unfortunately not good enough. However the new developments consisting of the Integrated Acute Assessment Units (Grimsby) and Same Day Emergency Care Provision (Scunthorpe) are now open and are supporting to provide extra patient care in comfortable and up to date surroundings.

We at Healthwatch are pleased to see the personal account of Carol – As told by her daughter and the development of Carols Campaign. This story evidenced that Carols family have been listened too and action has been taken with regards to their concerns. The trust has committed to work in partnership with her daughter and will continue to provide person centered care when it is needed most.

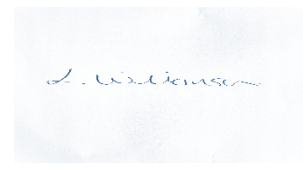
“A year in numbers” and “proud moments” of 2023/24 are a welcome addition to the account. This supports patient accessibility to information and aides public understanding of the trusts progress and achievements.

We would like to thank all your staff for the hard work they have put in during 2023/24 to achieve a better service for the people of North Lincolnshire.

T. Bultman

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Annex 1.3: Statement from local council overview and scrutiny committees

Northern Lincolnshire & Goole NHS Foundation Trust | **2023/24 Quality Account**
Compassion - Honesty - Respect - Teamwork

(OSC)

Feedback from:

Lincolnshire – Health Scrutiny Committee for Lincolnshire

Awaiting feedback

Feedback from:

East Riding of Yorkshire Council – Health, Care and Wellbeing Overview and Scrutiny Sub-Committee

Awaiting feedback

Feedback from:

North Lincolnshire Council – Health, Integration and Performance Scrutiny Panel

North Lincolnshire Council's Health, Integration and Performance Scrutiny Panel welcomes the Trust's Annual Quality Account, and supports the aims and priorities outlined within.

We look forward to meeting regularly with Trust representatives throughout the forthcoming year to discuss both the Account and the performance and delivery of local services.

Cllr D Robinson, Chairman, Health, Integration and Performance Scrutiny Panel

Feedback from:

North East Lincolnshire Council – Health, Housing and Wellbeing Scrutiny Panel

Awaiting feedback

Annex 1.4: Statement from the Trust's Council of Governors

Northern Lincolnshire & Goole NHS Foundation Trust | **2023/24 Quality Account**
Compassion - Honesty - Respect - Teamwork

The Council of Governors is pleased to have been given the opportunity to comment on the Trust's Quality Account for 2023/24 which demonstrates a continuation in the significant quality improvements that have been achieved over recent years through the efforts of NLaG staff at all levels of the organisation.

Throughout the year governors continued to prioritise seeking robust assurance regarding the quality and safety of all hospital and community services provided by the Trust in the context of our duty to hold Non-Executive Directors (NEDs) to account for the performance of the Trust Board. We received regular reports at Council of Governors meetings on progress in implementing the Trust's quality priorities. We were represented at meetings of the Quality & Safety Committee in an observer capacity and NED chairs made themselves available to brief bi-monthly Governor Assurance Group meetings on committee highlights and to answer our searching questions.

Governors are pleased to see the progress that has been made against many of the Trust's 2023/24 quality priorities. Maintenance of a consistent downward in-hospital mortality trajectory has been particularly impressive although more work is required with integrated care system place partners to drive improvements to out of hospital mortality rates. In this context it is particularly pleasing to see the emphasis that has been placed on improving the quality of palliative and end of life care which is the one area of NLaG service provision still rated 'inadequate' by the Care Quality Commission.

The Council of Governors supports the decision to seek to embed and build upon improvements to the five 2023/24 quality priorities rather than identifying a new set of priorities for 2024/25. In our role as representing the interests of our trust members and service users we intend to seek feedback to inform the selection of a fresh set of quality priorities for 2025/26.

Annex 1.5: Response from the Trust to stakeholder comments

The Trust are grateful to stakeholders for their views and comments on the Quality Account for the period 2022/23/24.

Annex 2: Statement of directors' responsibilities in respect of the

Quality Report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS England has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2023/24 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2023 to March 2024
 - Papers relating to quality reported to the board over the period April 2023 to March 2024
 - Feedback from commissioners
 - Feedback from governors
 - Feedback from Local Healthwatch organisations
 - Feedback from Overview and Scrutiny Committees
 - Latest national inpatient survey 2022
 - Latest national staff survey 2024
 - CQC inspection report published 2 December 2022
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the quality report is routinely quality checked to ensure it is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the quality report is routinely quality checked to ensure it is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The Quality Report has been prepared in accordance with NHS England's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above

Northern Lincolnshire & Goole NHS Foundation Trust | **2023/24 Quality Account**
Compassion - Honesty - Respect - Teamwork

requirements in preparing the Quality Report.

By order of the Board

..... Date.....Chair

..... Date..... Chief Executive

Annex 3: Glossary

Ceiling of Care: The course of treatment considered to be the predetermined highest level of intervention deemed appropriate by a medical team, aligning with patient and family wishes, values and beliefs. These crucial early decisions aim to improve the quality of care for patients in whom they are deemed appropriate.

Clostridium Difficile (C. Difficile): A species of bacteria of the genus Clostridium that causes severe diarrhoea and other intestinal disease when competing bacteria in the gut flora are wiped out by antibiotics.

CQUIN or Commissioning for Quality & Innovation Framework: The CQUIN payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals. Since the first year of the CQUIN framework (2009/10), many CQUIN schemes have been developed and agreed. This is a developmental process for everyone and you are encouraged to share your schemes (and any supporting information on the process you used) to meet the requirement for transparency and support improvement in schemes over time.

Deteriorating Patient: Sometimes, the health of a patient in hospital may get worse suddenly. There are certain times when this is more likely, for example following an emergency admission to hospital, after surgery and after leaving critical care. However, it can happen at any stage of an illness. It increases the patient's risk of needing to stay longer in hospital, not recovering fully or dying. Monitoring patients regularly while they are in hospital and taking action if they show signs of becoming worse can help avoid serious problems.

Electronic Palliative Care Coordination system EPaCCs: Single shared record for preferred place of care and advanced decisions.

EPMA stands for Electronic Prescribing and Medicines Administration and is the digital prescribing system used by Medics and Pharmacists at the Trust.

Family and Friends Test (FFT): From April 2013, all patients will be asked a simple question to identify if they would recommend a particular A&E department or ward to their friends and family. The results of this friends and family test will be used to improve the experience of patients by providing timely feedback alongside other sources of patient feedback.

Harm:

- **Catastrophic harm:** Any patient safety incident that directly resulted in the death of one or more persons receiving NHS funded care.
- **Severe harm:** Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving NHS-funded care.
- **Moderate harm:** Any patient safety incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving NHS-funded care. Locally defined as extending stay or care requirements by more than 15 days; Short-term harm requiring further treatment or procedure extending stay or care requirements by 8 - 15 days
- **Low harm:** Any patient safety incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving NHS-funded care. Locally defined as requiring observation or minor treatment, with an extended stay or care requirement ranging from 1 – 7 days
- **None/ 'Near Miss' (Harm):** No obvious harm/injury, Minimal impact/no service disruption.

Mortality Data: - How is it measured?

There are two primary ways to measure mortality, both of which are used by the Trust:

1. Crude mortality – expressed as a percentage, calculated by dividing the number of deaths within the organisation by the number of patients treated,
2. Standardised mortality ratios (SMR). These are statistically calculated mortality ratios that are heavily dependent on the quality of recording and coding data. These are calculated by dividing the number of deaths within the Trust by the expected number of deaths. This expected level of mortality is based on the documentation and coding of individual, patient specific risk factors (i.e. their diagnosis or reason for admission, their age, existing comorbidities, medical conditions and illnesses) and combined with general details relating to their hospital admission (i.e. the type of admission, elective for a planned procedure or an unplanned emergency admission), all of which inform the statistical models calculation of what constitutes expected mortality.

As standardised mortality ratios (SMRs) are statistical calculations, they are expressed in a specific format. The absolute average mortality for the UK is expressed as a level of 100.

Whilst '100' is the key numerical value, because of the complex nature of the statistics involved, confidence intervals play a role, meaning that these numerical values are grouped into three categories: "Higher than expected", "within expected range" and "lower than expected". The statistically calculated confidence intervals for this information results in SMRs of both above 100 and below 100 being classified as "within expected range".

Summary Hospital-level Mortality Indicator (SHMI): The SHMI is a measure of deaths following hospital treatment based on all conditions, which occur in or out of hospital within 30 days following discharge from a hospital admission. It is reported at Trust level across the NHS in England using standard methodology.

National Confidential Enquiry into Patient Outcome and Death (NCEPOD): NCEPOD promote improvements in healthcare and support hospitals and doctors to ensure that the highest possible quality of safe patient care is delivered. NCEPOD use critical senior and appropriately chosen specialists to critically examine what has actually happened to the patients.

National Early Warning Score (NEWS2): Nationally defined way of monitoring patients' observations to determine if there are signs of deterioration over time. Sometimes referred to as Early Warning Scores each Trust will have an agreed policy to act on NEWS scores escalating care were appropriate. In some cases, NEWS escalation will not occur, for example when a patient is receiving end of life care, such decisions will be agreed with patients and their families.

Patient Advice & Liaison Service (PALS): The PALS service offers confidential advice, support and information on health-related matters. They provide a point of contact for patients, their families and their carers.

Patient Reported Outcome Measures (PROMS): Patient Reported Outcome Measures are questionnaires that ask patients about their health before and after an operation. This helps to measure the results or outcome of the operation from the patient's point of view. This outcome is known as the 'health gain'. All NHS patients undergoing planned hip replacement, knee replacement, varicose vein or groin hernia surgery procedures are invited to fill in PROMs questionnaires.

A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT): Provides a summary for a person's clinical care and treatment in a future emergency in which they do not have capacity to make or express choices.

Same Day Emergency Care (SDEC): Same Day Emergency Care is one of the many ways the Trust is working to provide the right care, in the right place, at the right time for patients. It aims to benefit both patients and the healthcare system by reducing waiting times and unnecessary hospital admissions.

Sepsis: A medical condition that is characterised by a whole body inflammatory state and the presence of a known infection.

Venous Thromboembolism (VTE): VTE is a condition in which a blood clot (thrombus) forms in a vein. It most commonly occurs in the deep veins of the legs; this is called deep vein thrombosis. The thrombus may dislodge from its site of origin to travel in the blood – a phenomenon called embolism.

VTE encompasses a range of clinical presentations. Venous thrombosis is often asymptomatic; less frequently it causes pain and swelling in the leg. Part or all of the thrombus can come free and travel to the lung as a potentially fatal pulmonary embolism. Symptomatic venous thrombosis carries a considerable burden of morbidity, including long-term morbidity because of chronic venous insufficiency. This in turn can cause venous ulceration and development of a post-thrombotic limb (characterised by chronic pain, swelling and skin changes

Annex 4: Mandatory Performance Indicator Definitions

No external audit of indicators included in the report has been required as part of the 2023/24 Quality Account reporting process, this follows national guidance received to all NHS Trusts.

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Council of Governors Business Meeting

Agenda Item No: CoG(24)033

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	Lee Bond, Group Chief Financial Officer
Contact Officer/Author	Brian Shipley, Operational Director of Finance
Title of the Report	Finance Report – M1
Executive Summary	This report highlights the reported financial position at Month 1.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	
Financial implication(s) (if applicable)	Contained within the report.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

Finance Report Month 1

April – 2024/25

Finance Overview

In-month Income and Expenditure (I&E) Performance page 4

(£0.3m) The Trust reported a (£2.8m) in-month deficit for month 1, (£0.3m) worse than plan.

Year to Date (YTD) I&E Performance page 4

(£0.3m) The Trust reported a (£2.8m) YTD deficit at the end of month 1, (£0.3m) worse than plan.

YTD Cost Improvement Plan (CIP) page 5

£0.1m The Trust has delivered £2.1m in CIP against a YTD target of £2m, £0.1m ahead of plan.

Underlying I&E page 6

(£45.5m) The Trust underlying position is estimated at a deficit of (£45.5m).

Capital Expenditure page 8

(£1.8m) Capital spend was (£1.8m) below plan at the end of April.

Balance Sheet & Cash pages 9 to 10

£36.8m The Trust cash balance at the end of April was £36.8m.

Elective Recovery Performance page 13

TBC The Group's ERF performance was not available due to a Data Warehouse reporting issue and the absence of agreed Trust baselines. No penalties have been assumed for the Group's Month 1 financial position.

Temporary Staffing pages 14 to 19

£1.6m The Trust has spent £3.9m on agency and bank pay. This is £1.6m lower than the same period in 2023/24. However, 23-24 included £0.4m of additional Strike Costs.

Key Risks

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

Key Actions

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

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

Income and Expenditure Performance



Financial Performance Summary

The Trust ended April with a year-to-date (YTD) deficit of £2.8m, £0.3m worse than plan.

- The Trust reported a £2.8m deficit in April 2024, £0.3m worse than plan.
- Clinical Income was (£0.9m) below plan due to several adverse variances including diabetes high cost device income, cancer drugs fund income and CDC income all offset by expenditure underspends, and due to low injury recovery income and overseas visitor income. Other income was £0.1m above plan due to education income, offset by expenditure.
- Clinical Pay was £0.5m underspent. £0.39m Medical Staff underspends were due to inability to fill shifts across several Medical and Surgical areas, as well as a reduction in additional waiting lists payments. £0.1m Nursing underspends were due to a reduction in additional ED shifts, maternity vacancies and a reduction in Surgery agency usage, partly offset by cost pressures from ward B2 being open (£0.03m in month actual spend), OSCE failures (£0.13m) and maternity triage bank usage (£0.02m). Other pay was (£0.1m) overspent due to additional support staff shifts across Surgery and Facilities, and admin temporary staffing usage across several Surgery teams.
- Clinical non-pay was (£0.3m) overspent due to drugs usage across ED (overdoses), Haematology, Children's Services (ADHD) and ITU, and (£0.03m) covid testing supplies. Other non-pay was £0.1m underspent due to minor underspends across several areas, also offsetting £0.02m OSCE failure re-sit costs.
- Non-operating Items were £0.2m underspent due to interest received on cash balances and capital delays on Community Diagnostic Centres.

Income & Expenditure

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
Clinical Income	42.1	41.2	(0.9)	42.1	41.2	(0.9)
Other Income	3.8	3.9	0.1	3.8	3.9	0.1
Total Operating Income	45.9	45.1	(0.7)	45.9	45.1	(0.7)
Pay Costs						
Clinical Pay	(25.9)	(25.4)	0.5	(25.9)	(25.4)	0.5
Other Pay	(6.6)	(6.7)	(0.1)	(6.6)	(6.7)	(0.1)
Total Pay Costs	(32.5)	(32.1)	0.5	(32.5)	(32.1)	0.5
Clinical Non Pay	(7.2)	(7.5)	(0.3)	(7.2)	(7.5)	(0.3)
Other Non Pay	(6.4)	(6.4)	0.1	(6.4)	(6.4)	0.1
Total Non Pay Costs	(13.6)	(13.8)	(0.2)	(13.6)	(13.8)	(0.2)
Total Operating Expenditure	(46.1)	(45.9)	0.2	(46.1)	(45.9)	0.2
EBITDA	(0.3)	(0.8)	(0.5)	(0.3)	(0.8)	(0.5)
Depreciation	(1.7)	(1.7)	(0.0)	(1.7)	(1.7)	(0.0)
Non Operating Items	(0.5)	(0.3)	0.2	(0.5)	(0.3)	0.2
Surplus/(Deficit)	(2.5)	(2.8)	(0.3)	(2.5)	(2.8)	(0.3)

EBITDA = Earnings Before Interest, Tax, Depreciation & Amortisation

See Appendix A on Page 12 for Detailed I&E Position

Financial Performance – CIP Delivery

The Trust has delivered £2.1m CIP year-to-date against a plan of £2.0m, £0.1m marginally ahead of plan.

£000		Year to Date		
		Target	Actual	Variance
	Chief Delivery Officer	0.0	0.0	0.0
	Cancer Network	4.2	0.0	(4.2)
	Cardiovascular	23.1	53.0	29.9
	Digestive Diseases	63.8	122.9	59.1
	Head & Neck	32.0	44.4	12.4
	Major Trauma Network	11.3	20.4	9.1
	Patient Services	45.8	38.3	(7.5)
	Specialist Cancer and Support Services	99.0	104.1	5.1
	Theatres, Anaesthetics and Critical Care	110.3	94.6	(15.6)
	Sub Total Operations North	389.5	477.8	88.3
Operations	Chief Delivery Officer	18.7	0.0	(18.7)
	Acute and Emergency Medicine	143.8	310.8	167.0
	Community, Frailty & Therapy	112.9	223.7	110.8
	Family Services	119.2	216.0	96.8
	Neuroscience	17.9	30.4	12.5
	Pathology Network Group	88.3	148.7	60.5
	Site Management & Discharge teams	7.4	0.9	(6.5)
	Specialist Medicine	43.9	138.4	94.4
	Specialist Surgery	51.3	78.7	27.4
	Sub Total Operations South	603.4	1,147.6	544.2
Total Operations		992.9	1,625.4	632.5
	Chief Executive	1.8	4.2	2.4
	Chief Medical Officer	98.4	58.8	(39.6)
	Chief Nurse Office	46.0	43.2	(2.8)
Corporate	Director of Assurance	4.6	6.6	2.0
	Director of People	53.8	33.7	(20.1)
	Director of Finance, Estates & Facilities	285.3	129.6	(155.7)
	Strategy and Partnerships	25.6	24.3	(1.4)
Total Corporate		515.6	300.4	(215.2)
Total Allocated CIPCore Programme		1,508.5	1,925.8	417.3
Trustwide	Reserves	307.1	160.9	(146.2)
	Technical	0.0	0.0	0.0
	Unallocated	192.4	0.0	(192.4)
Total Technical & Unallocated		499.5	160.9	(338.6)
TOTAL		2,008.0	2,086.7	78.7

Underlying Position

The Trust underlying financial position is estimated at a deficit of (£45.5m)

- The Trusts estimated underlying deficit is estimated to be (£45.5m).
- Bridging from the planned 2024-25 deficit of (£14.9m) there are two main drivers:
 1. The Trust is in receipt of specific Non-Recurrent Income support totalling £14.1m.
 2. The Trust has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is estimated to be £16.5m within the current year's savings plan. The Trust must look to convert non-recurrent savings schemes into recurrent schemes where possible.

£million	NLAG
2024/25 - Surplus/(Deficit) Plan	(14.9)
Non-recurrent Adjustments	
NR Additional Stretch Income Support	(3.2)
NR Depreciation Funding Support	(8.4)
NR Surge Funding Support	(2.5)
NR CIP (Estimate)	(16.5)
Underlying Deficit	(45.5)

Capital and Balance Sheet



Capital Expenditure

Year-to-date capital expenditure is £0.3m against a £2.1m YTD plan, including IFRS16 and donated spend.

£million	Year to Date			Full Year		
	Plan	Actual	Var.	Plan	Forecast	Var.
	£m	£m	£m	£m	£m	£m
Estates Major Schemes						
Ward/Department Refurbishment/Development	0.0	0.0	0.0	2.2	2.2	0.0
N Lincs CDC	1.5	0.2	(1.3)	9.7	9.7	0.0
N E Lincs CDC	0.5	0.0	(0.5)	5.8	5.8	0.0
Total Estates Major Schemes	2.0	0.3	(1.7)	17.6	17.6	0.0
Other Estates Schemes	0.0	0.0	0.0	0.3	0.3	0.0
IM&T Programme	0.0	0.0	0.0	1.8	1.8	0.0
EPR	0.0	0.0	0.0	7.0	7.0	0.0
Pathology LIMS	0.0	0.0	0.0	2.9	2.9	0.0
Equipment Renewal	0.0	0.0	0.0	1.7	1.7	0.0
Facilities Maintenance	0.1	0.0	(0.0)	4.3	4.3	0.0
Other Capital Expenditure	0.0	0.0	(0.0)	0.5	0.5	0.0
Total Capital Programme	2.1	0.3	(1.8)	36.1	36.1	0.0
Funded By:						
Internally Generated	2.1	0.3	(1.8)	20.6	20.6	0.0
PDC Funded	0.0	0.0	(0.0)	13.8	13.8	0.0
Donated	0.0	0.0	0.0	1.4	1.4	0.0
IFRS16	0.0	0.0	(0.0)	0.4	0.4	0.0
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	2.1	0.3	(1.8)	36.1	36.1	0.0

The Trust capital funding for 2024/25 is £36.1m. This includes Public Dividend Capital (PDC) funding of £13.8m. The total funding will be updated in year as and when additional PDC funding is confirmed. The actual spend to 30th April was £0.3m, £1.8m behind plan. Key variances are detailed below:

- Discussions are ongoing to confirm the final account for the ED and AAU schemes. There are still a number of defects to be rectified across both sites.
- Proposals are being worked through for the first phase of the Humber Acute Service Review (HASR) works.
- North Lincs CDC – Completion is planned for October 2024. The planning application for the sports hall land is now ready it is however unlikely that the work will not be complete by the opening date of the new facility. The shell and core is now well advanced.
- North East Lincs CDC – Completion has now been delayed to October 2024. The strip out and demolition works have been completed. Design work is continuing for the sprinkler system and to move the Ophthalmology service from DPOW.
- Both CDC schemes are currently on budget but there are risks in relation to network connection costs.
- Plans for IM&T, Facilities maintenance and Equipment replacement have been developed and expenditure will be committed on a quarterly basis.
- Pathology LIMS – implementation is continuing and completion is planned for March 2025.
- EPR – development of the business case is progressing. The Trust has received confirmation that £2m of central funding has now been deferred into 2025/26. We are waiting for revised documentation to be sent through.
- TIF = Targeted Investment Fund. LIMS = Laboratory Information Management System. PDC = Public Dividend Capital. EPR = Electronic Patient Record.

Balance Sheet

£ million	NLAG		
	Actual	Actual	In month movement
	31-Mar-24	30-Apr-24	
Fixed Assets	294.1	292.7	(1.4)
Current Assets			
Inventories	4.1	4.0	(0.0)
Trade and Other Debtors	21.8	23.2	1.3
Cash	41.2	36.8	(4.4)
Total Current Assets	67.1	64.0	(3.1)
Current Liabilities			
Trade and Other Creditors	(65.4)	(59.7)	5.7
Accruals	(18.3)	(19.7)	(1.4)
Other Current Liabilities	(1.3)	(4.4)	(3.2)
Total Current Liabilities	(85.0)	(83.9)	1.2
Net Current Liabilities	(17.9)	(19.8)	(1.9)
Debtors Due > 1 Year	0.74	0.74	0.00
Creditors Due > 1 Year	0.00	0.00	0.00
Loans > 1 Year	(5.55)	(5.55)	0.00
Finance Lease Obligations > 1 Year	(10.65)	(10.16)	0.49
Provisions - Non Current	(3.59)	(3.59)	0.00
Total Assets/(Liabilities)	257.2	254.3	(2.9)
TOTAL CAPITAL & RESERVES	257.2	254.3	(2.9)

Key Movements:

Current Assets

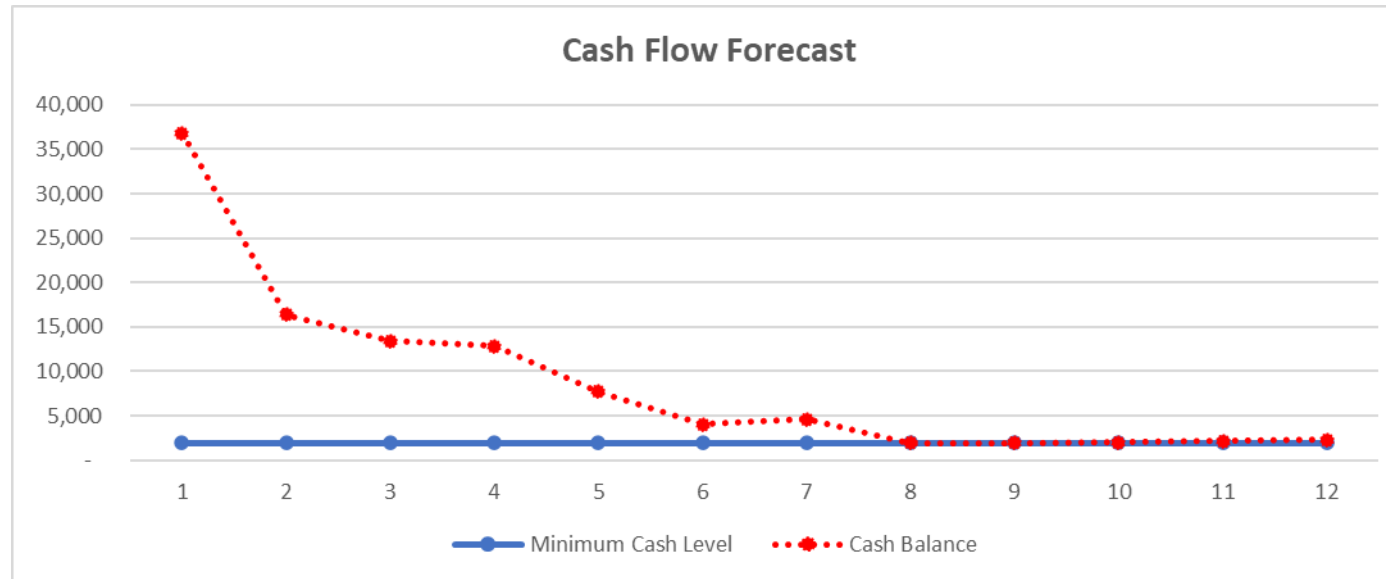
- Stock balances have remained stable in month.
- The Trust has again seen an increase in NHS debtors, debtors relating to income from the ICB for 2023/24 is still outstanding, this is due to be received in May. April income from United Lincs Hospitals was also still outstanding at the end of the month.
- Cash has reduced in month as capital creditors are reducing.

Current Liabilities

- The deferred income (included under other current liabilities) has increased, the Trust received quarter one health education income in April, £3.1m relates to May and June.
- PDC creditor for April £0.5m is included within Trade and Other Creditors.
- Capital creditors have reduced by £5.9m, as invoices relating to 2023/24 have been settled.
- Accruals have increased in month, invoices relating to prior months have still not been received and matched against outstanding orders.
- The total Better Payment Practice Code (BPPC) figures for the Trust continue to be above 90%; year to date figures are, 97.4% for value of NHS invoices paid with 30 days and 94% for number paid, an improvement in month. Non NHS invoices is 96.8% for value paid within 30 days and 92% for number paid, another in month improvement. Monitoring of BPPC and communication to staff of the importance of authorising invoices will continue.

Cash Flow

Current plans show that the Trust is expecting to require central cash support from November 2024 if savings targets are achieved. The Trust is liaising with NHSE regarding the need for potential support.



£000's	April	May	June	July	August	September	October	November	December	January	February	March
Minimum Cash Level	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Cash Balance	36,811	16,398	13,436	12,814	7,722	4,054	4,584	1,900	1,900	2,020	2,140	2,261

Appendices



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

£million	In Month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Income									
Clinical Income	42.1	41.2	(0.9)	42.1	41.2	(0.9)	498.7	508.1	9.3
Other Income	3.8	3.9	0.1	3.8	3.9	0.1	45.7	48.2	2.5
Total Operating Income	45.9	45.1	(0.7)	45.9	45.1	(0.7)	544.4	556.2	11.8
Pay Costs									
Medical Staff	(9.5)	(9.1)	0.4	(9.5)	(9.1)	0.4	(102.1)	(109.3)	(7.2)
Nursing Staff	(11.8)	(11.7)	0.1	(11.8)	(11.7)	0.1	(134.7)	(139.9)	(5.2)
Scientific Therapeutic & Technical Staff	(4.6)	(4.6)	0.0	(4.6)	(4.6)	0.0	(51.1)	(50.2)	1.0
Total Clinical Pay	(25.9)	(25.4)	0.5	(25.9)	(25.4)	0.5	(288.0)	(299.4)	(11.4)
Admin & Clerical Staff Substantive	(4.7)	(4.7)	(0.0)	(4.7)	(4.7)	(0.0)	(59.3)	(57.7)	1.6
Maintenance Staff Substantive	(0.2)	(0.2)	0.0	(0.2)	(0.2)	0.0	(2.1)	(2.1)	0.1
Support Staff Substantive	(1.2)	(1.3)	(0.1)	(1.2)	(1.3)	(0.1)	(16.5)	(16.5)	0.0
Other Staff	(0.4)	(0.4)	0.0	(0.4)	(0.4)	0.0	(0.2)	(0.2)	0.0
Apprentice Levy	(0.1)	(0.1)	0.0	(0.1)	(0.1)	0.0	(1.4)	(1.5)	(0.1)
Technical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)
Total Other Pay	(6.6)	(6.7)	(0.1)	(6.6)	(6.7)	(0.1)	(79.6)	(78.0)	1.6
Total Pay Costs	(32.5)	(32.1)	0.5	(32.5)	(32.1)	0.5	(367.6)	(377.4)	(9.8)
Drugs	(3.2)	(3.5)	(0.3)	(3.2)	(3.5)	(0.3)	(37.1)	(38.4)	(1.3)
Clinical Supplies & Services	(4.0)	(4.0)	(0.0)	(4.0)	(4.0)	(0.0)	(42.3)	(44.4)	(2.0)
Total Clinical Non Pay	(7.2)	(7.5)	(0.3)	(7.2)	(7.5)	(0.3)	(79.4)	(82.8)	(3.4)
General Supplies & Services	(0.5)	(0.5)	0.0	(0.5)	(0.5)	0.0	(5.5)	(6.2)	(0.7)
Establishment Expenses	(0.6)	(0.7)	(0.0)	(0.6)	(0.7)	(0.0)	(7.3)	(7.8)	(0.5)
Other Establishment Costs	(1.4)	(1.4)	(0.0)	(1.4)	(1.4)	(0.0)	(15.8)	(15.7)	0.1
Premises and Fixed Plant	(2.1)	(2.1)	(0.0)	(2.1)	(2.1)	(0.0)	(23.0)	(22.2)	0.8
Purchase of Healthcare Services	(1.5)	(1.5)	0.1	(1.5)	(1.5)	0.1	(16.2)	(17.3)	(1.1)
Miscellaneous Expenditure	(0.1)	(0.1)	0.0	(0.1)	(0.1)	0.0	(0.8)	(1.3)	(0.5)
Education Expenditure	(0.1)	(0.1)	(0.0)	(0.1)	(0.1)	(0.0)	(1.8)	(2.0)	(0.2)
Consultancy Expenditure	(0.1)	(0.0)	0.1	(0.1)	(0.0)	0.1	(0.5)	(0.6)	(0.1)
Technical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Other Non Pay	(6.4)	(6.4)	0.1	(6.4)	(6.4)	0.1	(70.8)	(72.9)	(2.1)
Total Non Pay Costs	(13.6)	(13.8)	(0.2)	(13.6)	(13.8)	(0.2)	(150.2)	(155.7)	(5.5)
Total Operating Expenditure	(46.1)	(45.9)	0.2	(46.1)	(45.9)	0.2	(517.8)	(533.1)	(15.3)
EBITDA	(0.3)	(0.8)	(0.5)	(0.3)	(0.8)	(0.5)	26.6	23.2	(3.5)
Depreciation	(1.7)	(1.7)	(0.0)	(1.7)	(1.7)	(0.0)	(20.6)	(19.0)	1.6
Non Operating Items	(0.6)	(0.4)	0.2	(0.6)	(0.4)	0.2	(6.1)	(4.2)	1.9
Surplus/(Deficit)	(2.6)	(2.9)	(0.3)	(2.6)	(2.9)	(0.3)	(0.0)	(0.0)	(0.0)

Directorate	Division	CM Budget	CM Actual	CM Variance
Operations	Chief Delivery Officer	0	0	0
	Cancer Network	257	259	(3)
	Cardiovascular	804	774	30
	Digestive Diseases	2,421	2,305	117
	Head & Neck	1,514	1,579	(65)
	Major Trauma Network	385	366	19
	Patient Services	1,507	1,561	(54)
	Specialist Cancer and Support Services	4,183	4,346	(163)
	Theatres, Anaesthetics and Critical Care	3,780	3,899	(119)
	Sub Total Operations North	14,851	15,090	(239)
	Chief Delivery Officer	209	220	(12)
	Acute and Emergency Medicine	5,307	5,092	214
	Community, Frailty & Therapy	3,674	3,749	(75)
Family Services	3,986	4,072	(86)	
Neuroscience	594	570	24	
Pathology Network Group	1,787	1,797	(9)	
Site Management & Discharge teams	250	267	(17)	
Specialist Medicine	2,108	2,073	35	
Specialist Surgery	1,742	1,743	(1)	
Sub Total Operations South	19,656	19,582	74	
Total Operations	34,507	34,672	(165)	
Corporate	Chief Executive	103	106	(4)
	Chief Medical Officer	1,191	1,298	(107)
	Chief Nurse Office	1,992	1,993	(1)
	Director of Assurance	70	66	4
	Director of People	688	713	(25)
	Director of Finance, Estates & Facilities	3,374	3,451	(77)
Strategy and Partnerships	296	303	(6)	
Total Corporate	7,715	7,930	(215)	
Central Income, Reserves & Technical	Central Income	(43,346)	(43,144)	(202)
	Central Technical	2,350	2,091	258
	Unallocated CIP	(191)	0	(191)
	Reserves	1,521	1,306	215
Total Central Income, Reserves & Technical	(39,667)	(39,747)	80	
Surplus / (Deficit)	2,555	2,856	(301)	
Adjustments to adjusted financial performance	85	86	(1)	
Adjusted financial performance Surplus / (Deficit)	2,470	2,769	(299)	

£million	Opening Allocation	Residual Annual Budget	YTD Budget	YTD Expenditure	YTD Variance
Investments Reserve	12.4	11.8	0.4	0.0	0.4
Inflation Reserve	18.8	13.0	0.6	0.6	(0.0)
Agency Premium Reserve	15.1	0.0	0.0	0.0	0.0
Elective Recovery Reserve	5.5	5.5	0.4	0.7	(0.2)
TOTAL	51.9	30.3	1.5	1.3	0.2

Appendix B – Elective Recovery

The Trusts ERF performance was not available due to a Data Warehouse reporting issue and the absence of agreed Trust baselines. No penalties have been assumed for the Trusts Month 1 financial position.

Appendix C – Temporary Staffing Summary

Total Bank & Agency

Subjective Sub category	2023/24	2024/25	Variance
Medical Staff	2,373	1,862	511
Nursing Staff	2,479	1,457	1,022
Scientific, Therapeutic & Technical Staff	234	234	(0)
Admin & Clerical Staff	187	198	(11)
Maintenance Staff	0	0	0
Other Staff	0	0	0
Support Staff	224	170	54
Grand Total	5,497	3,921	1,576

Type	Subjective Sub category	NLAG (£000's)		
		2023/24	2024/25	Variance
Agency	Medical Staff	1,070	1,054	15
	Nursing Staff	1,453	469	984
	Scientific, Therapeutic & Technical Staff	139	150	(11)
	Admin & Clerical Staff	10	35	(26)
	Maintenance Staff	0	0	0
	Other Staff	0	0	0
	Support Staff	0	0	0
Agency Total		2,673	1,709	963
Bank	Medical Staff	1,303	808	495
	Nursing Staff	1,026	987	38
	Scientific, Therapeutic & Technical Staff	95	84	10
	Admin & Clerical Staff	177	162	15
	Support Staff	224	170	54
Bank Total		2,824	2,212	612
Grand Total		5,497	3,921	1,576

Directorate	Division	2023/24	2024/25	Variance	
Operations	Chief Delivery Officer	0	0	0	
	Cancer Network	1	5	(4)	
	Cardiovascular	77	45	32	
	Digestive Diseases	309	148	161	
	Head & Neck	169	226	(57)	
	Major Trauma Network	24	15	8	
	Patient Services	111	89	22	
	Specialist Cancer and Support Services	106	195	(89)	
	Theatres, Anaesthetics and Critical Care	555	298	257	
	Sub Total Operations North		1,351	1,020	331
	Chief Delivery Officer	3	1	2	
	Acute and Emergency Medicine	1,842	1,220	622	
	Community, Frailty & Therapy	396	312	84	
	Family Services	523	464	59	
	Neuroscience	106	94	12	
	Pathology Network Group	142	105	36	
	Site Management & Discharge teams	50	37	13	
	Specialist Medicine	239	207	33	
	Specialist Surgery	309	199	110	
	Sub Total Operations South		3,610	2,640	971
Total Operations		4,961	3,660	1,301	
Corporate	Chief Executive	0	7	(7)	
	Chief Medical Officer	14	23	(9)	
	Chief Nurse Office	9	12	(3)	
	Director of Assurance	0	0	0	
	Director of People	14	9	6	
	Director of Finance, Estates & Facilities	157	180	(23)	
	Strategy and Partnerships	2	3	(1)	
	Total Corporate		197	234	(37)
Central Income, Reserves & Technical	Central Income			0	
	Central Technical			0	
	Unallocated CIP			0	
	Reserves	339	28	311	
Total Central Income, Reserves & Technical		339	28	311	
Surplus / (Deficit)		5,497	3,921	1,575	

Does not include locums as not premium. NLAG 23-24 Medical Staffing included YTD Strike Backfill costs of £0.40m.

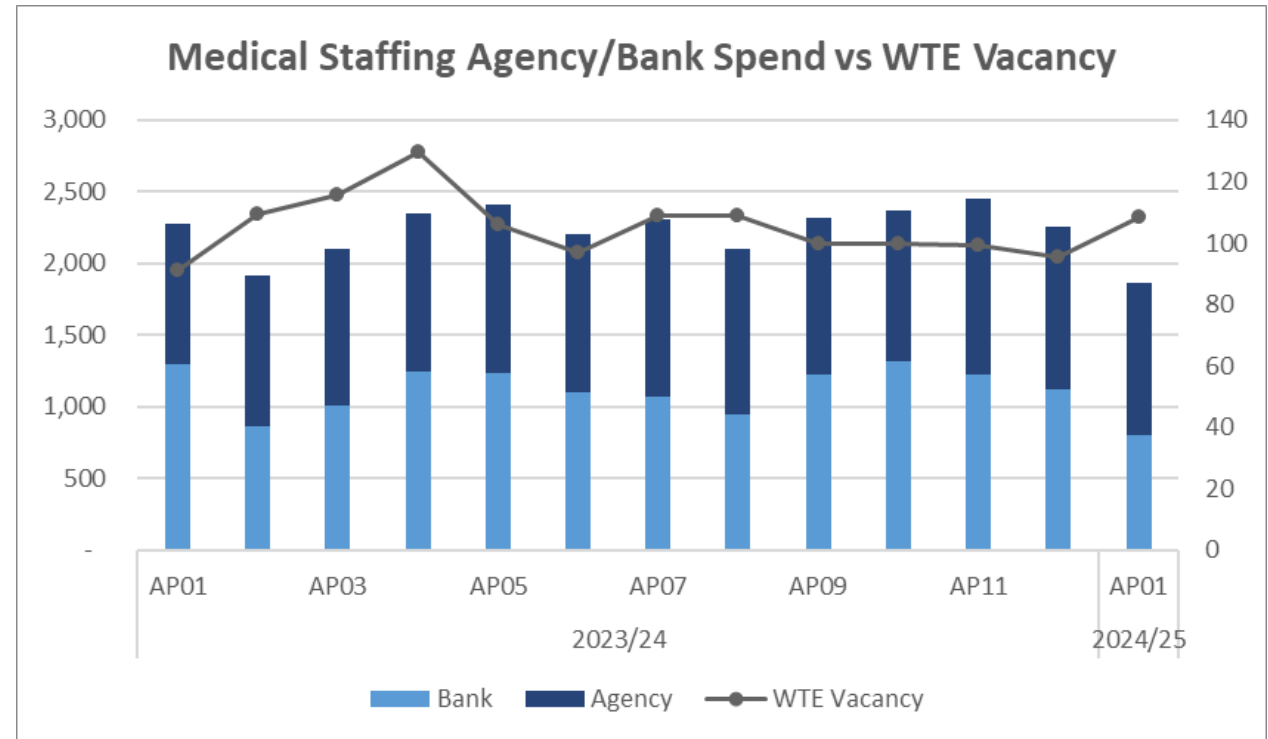
Appendix C – Temporary Staffing – Medical Staffing

Total Bank & Agency Medical Staffing Spend:

Directorate	Division	2023/24	2024/25	Variance
Operations	Chief Delivery Officer			0
	Cancer Network			0
	Cardiovascular	18	2	16
	Digestive Diseases	164	86	78
	Head & Neck	150	198	(47)
	Major Trauma Network			0
	Patient Services			0
	Specialist Cancer and Support Services	7	44	(36)
	Theatres, Anaesthetics and Critical Care	213	174	39
	Sub Total Operations North	553	504	49
	Chief Delivery Officer			0
	Acute and Emergency Medicine	973	737	236
	Community, Frailty & Therapy	89	95	(6)
	Family Services	217	154	63
	Neuroscience	55	51	4
	Pathology Network Group	98	70	28
	Site Management & Discharge teams			0
Specialist Medicine	74	86	(11)	
Specialist Surgery	213	166	47	
Sub Total Operations South	1,719	1,358	361	
Total Operations	2,272	1,862	410	
Corporate	Chief Executive			0
	Chief Medical Officer			0
	Chief Nurse Office			0
	Director of Assurance			0
	Director of People			0
	Director of Finance, Estates & Facilities			0
	Strategy and Partnerships			0
	Total Corporate	0	0	0
Central Income, Reserves & Technical	Central Income			0
	Central Technical			0
	Unallocated CIP			0
	Reserves	101		101
Total Central Income, Reserves & Technical	101	0	101	
Surplus / (Deficit)	2,373	1,862	511	

Does not include locums as not premium.
 NLAG 23-24 Medical Staffing included YTD
 Strike Backfill costs of £0.40m.

Agency Ceiling Rate Compliance 12 Months
11.3%
Agency Ceiling Rate Compliance YTD 2023/24
11.3%



Appendix C – Temporary Staffing - Nursing

Total Bank & Agency Nursing Spend:

Directorate	Division	2023/24	2024/25	Variance
Operations	Chief Delivery Officer			0
	Cancer Network	0	2	(2)
	Cardiovascular	50	31	18
	Digestive Diseases	144	61	82
	Head & Neck	6	8	(1)
	Major Trauma Network	9	14	(5)
	Patient Services	12	9	3
	Specialist Cancer and Support Services	28	16	12
	Theatres, Anaesthetics and Critical Care	272	102	169
	Sub Total Operations North	520	243	276
	Chief Delivery Officer			0
	Acute and Emergency Medicine	853	473	380
	Community, Frailty & Therapy	256	177	79
	Family Services	304	309	(5)
	Neuroscience	50	43	7
	Pathology Network Group			0
	Site Management & Discharge teams	49	36	12
Specialist Medicine	165	118	47	
Specialist Surgery	97	33	64	
Sub Total Operations South	1,773	1,189	585	
Total Operations	2,293	1,432	861	
Corporate	Chief Executive			0
	Chief Medical Officer			0
	Chief Nurse Office	5	4	1
	Director of Assurance			0
	Director of People	4	2	2
	Director of Finance, Estates & Facilities Strategy and Partnerships	0	0	0
Total Corporate	9	6	3	
Central Income, Reserves & Technical	Central Income			0
	Central Technical			0
	Unallocated CIP			0
	Reserves	177	19	157
Total Central Income, Reserves & Technical	177	19	157	
Surplus / (Deficit)	2,479	1,457	1,022	

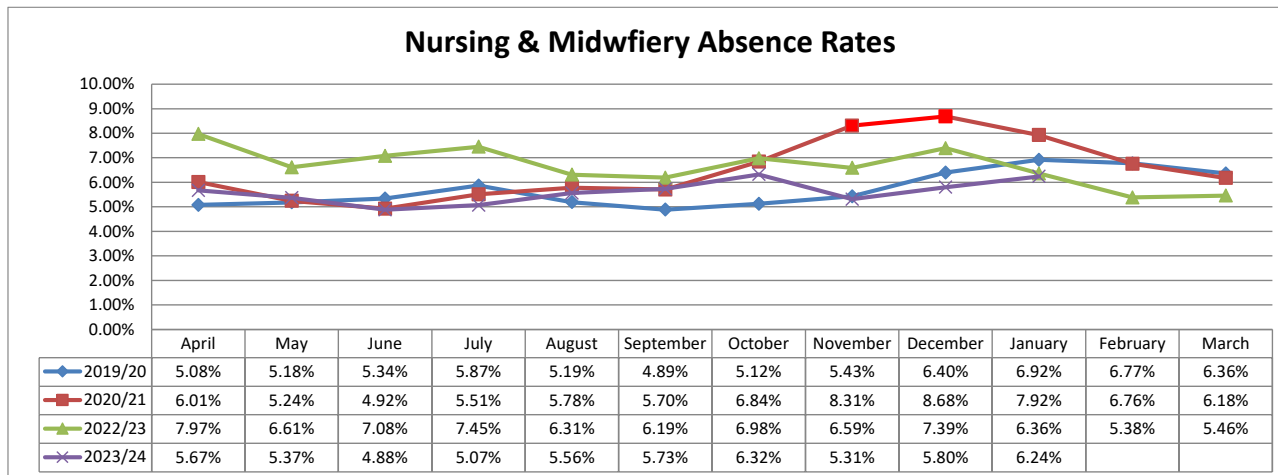
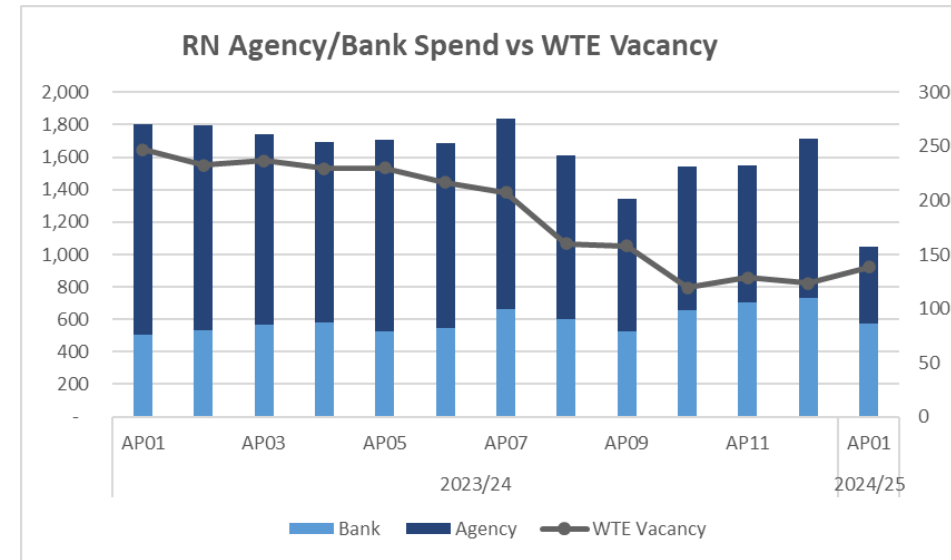
% Of Hours By Tier			
Tier	2022/23	2023/24	2024/25
T1	58%	73%	84%
T2	31%	18%	7%
T3	11%	9%	9%

Agency Ceiling Rate Compliance 12 Months

69.7%

Agency Ceiling Rate Compliance YTD 2023/24

72.8%



Appendix C – Temporary Staffing – Non-Clinical Agency

Non Clinical Agency - April 2024

Div	CC	CC Desc	Staff Type	2024/25 Total £'000	Role / Project	Contract Term	Mth / Daily / Hourly	Rate £	VAT £	Total incl VAT £
Chief Nurses Office	202205	Trw Chaplaincy	Other Staff	0.3	Chaplaincy Call-Out Service	Apr 24 - March 25	Monthly	290.00	0.00	290.00
Chief Nurses Office Total				0.3						
Finance	204115	Trw Procurement	A&C	16.1	NLaG share of ICB collaborative				0.00	0.00
Estates And Facilities Total				16.1						
Digital Services	204217	Dpw Digital Services NEL CDC	A&C	4.0	NEL CDC - Project Manager	Jan 24 - July 24	Daily	474.98	95.00	569.98
	204317	SGH Digital Services NEL CDC	A&C	8.0	NL CDC - Project Manager	Jan 24 - July 24	Daily	474.98	95.00	569.98
Digital Services Total				12.0						
Trust Management	204701	Trw Chief Executives Office	A&C	7.3	Group Winter Director	Nov 23 - Apr 24	Daily	1,040.00	208.00	1,248.00
Trust Management Total				7.3						
Grand Total				35.7						

here until end of July 24

here until end of July 24

leaving date TBC

Appendix C – Agency Trend Analysis By Staff Group

Agency Trend Analysis By Staff Group - Core Work and Strike Cover By Month (£k)														
Staff Type		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Medical Staff	Core	945	1,053	1,064	1,067	1,176	1,102	1,242	1,160	1,090	1,052	1,221	1,132	1,054
Medical Staff	Strike Cover	24		25	38	5	0			2				
Medial Staffing Total		970	1,053	1,089	1,105	1,181	1,103	1,242	1,160	1,091	1,052	1,221	1,132	1,054
Nurse Staff	Core	1,303	1,265	1,172	1,114	1,218	1,138	1,177	1,006	815	912	845	979	470
Nurse Staff	Strike Cover													
Nurse Staffing Total		1,303	1,265	1,172	1,114	1,218	1,138	1,177	1,006	815	912	845	979	470
Scientific, Therapeutic & Technical Staff	Core	139	135	168	194	155	151	157	141	157	91	148	163	150
Scientific, Therapeutic & Technical Staff	Strike Cover													
Scientific, Therapeutic & Technical Staff Total		139	135	168	194	155	151	157	141	157	91	148	163	150
Admin & Clerical Staff	Core	10	13	18	16	75	28	82	56	53	29	79	38	35
Admin & Clerical Staff	Strike Cover													
Admin & Clerical Staff Total		10	13	18	16	75	28	82	56	53	29	79	38	35
Support & Other Staff	Core	0	0	0	0	0	0	0	0	0	0	0	0	0
Support Staff	Strike Cover													
Support & Other Staff Total		0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total Core		2,398	2,466	2,422	2,390	2,624	2,420	2,658	2,363	2,114	2,084	2,294	2,312	1,709
Grand Total Strike Cover		24	0	25	38	5	0	0	0	2	0	0	0	0
Grand Total Core & Strike Cover		2,422	2,466	2,446	2,428	2,628	2,420	2,658	2,363	2,116	2,084	2,294	2,312	1,709

Appendix C – Bank Trend Analysis By Staff Group

Bank Trend Analysis By Staff Group - Core Work and Strike Cover By Month (£k)														
Staff Type		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Medical Staff	Core	1,013	865	859	961	1,000	951	993	945	1,089	1,052	998	896	808
Medical Staff	Strike Cover	289		149	285	233	146	75		135	269	227	228	
Medial Staffing Total		1,302	865	1,008	1,246	1,234	1,098	1,067	945	1,224	1,321	1,225	1,124	808
Nurse Staff	Core	999	1,022	1,036	1,083	961	1,023	1,120	1,025	928	1,134	1,265	1,239	968
Nurse Staff	Strike Cover													
Nurse Staffing Total		999	1,022	1,036	1,083	961	1,023	1,120	1,025	928	1,134	1,265	1,239	968
Scientific, Therapeutic & Technical Staff	Core	92	70	107	116	91	67	113	99	103	88	91	105	83
Scientific, Therapeutic & Technical Staff	Strike Cover													
Scientific, Therapeutic & Technical Staff Total		92	70	107	116	91	67	113	99	103	88	91	105	83
Admin & Clerical Staff	Core	173	159	193	204	190	165	200	175	181	160	151	253	159
Admin & Clerical Staff	Strike Cover													
Admin & Clerical Staff Total		173	159	193	204	190	165	200	175	181	160	151	253	159
Support Staff	Core	169	176	223	203	225	200	202	209	197	195	182	242	167
Support Staff	Strike Cover													
Support Staff Total		169	176	223	203	225	200	202	209	197	195	182	242	167
Grand Total Core		2,446	2,293	2,418	2,567	2,468	2,407	2,629	2,454	2,498	2,629	2,688	2,735	2,184
Grand Total Strike Cover		289	0	149	285	233	146	75	0	135	269	227	228	0
Grand Total Core & Strike Cover		2,735	2,293	2,568	2,852	2,701	2,553	2,703	2,454	2,633	2,898	2,915	2,963	2,184

Council of Governors Business Meeting

Agenda Item No: CoG(24)035

Name of the Meeting	Council of Governors
Date of the Meeting	18 June 2024
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance
Title of the Report	Acronyms and Glossary of Terms
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated April 2024. Document for information only.
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	N/A
Financial implication(s) (if applicable)	N/A
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

ACRONYMS & GLOSSARY OF TERMS

Apr 2024 – v8.7

2WW - Two week wait

A&E – Accident and Emergency: A walk-in facility at hospitals that provides urgent treatment for serious injuries and conditions

A4C – Agenda for Change. NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs

Acute - Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment

AAU – Acute Assessment Unit

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

Acute Hospital Trust - Hospitals in England are managed by acute trusts (Foundation Trusts). Acute trusts ensure hospitals provide high-quality healthcare and check that they spend their money efficiently. They also decide how a hospital will develop, so that services improve

Admission - A term used to describe when someone requires a stay in hospital, and admitted to a ward

Adult Social Care - Provide personal and practical support to help people live their lives by supporting individuals to maintain their independence and dignity, and to make sure they have choice and control. These services are provided through the local authorities

Advocate - An advocate is someone who supports people, at times acting on behalf of the individual

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

ARC – the governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Chair, Vice Chair and Non-Executive Directors on behalf of the Council of Governors, and provide advice and recommendations to the full Council in respect of these matters

ARM – Annual Review Meeting for CoG

Audit Committee - A Trust's own committee, monitoring its performance, probity and accountability

ARGC – Audit Risk & Governance Committee

Auditor - The internal auditor helps organisations (particularly boards of directors) to achieve their objectives by systematically evaluating and proposing improvements relating to the effectiveness of their risk management, internal controls and governance processes. The external auditor gives a professional opinion on the quality of the financial statements and report on issues that have arisen during the annual audit

BAF - Board Assurance Framework

BAME – Black and Minority Ethnic: Defined by ONS as including White Irish, White other (including White asylum seekers and refugees and Gypsies and Travellers), mixed (White & Black Caribbean, White & Black African, White & Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), Black or Black British (Caribbean, African or any other Black background), Chinese, and any other ethnic group

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

BLS – Basic Life Support

BMA – British Medical Association

Board of Directors (BoD) - A Board of Directors is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chairman, non-executive directors, the Chief Executive and other Executive Directors. The Chairman and non-executive directors are in the majority on the Board

Caldicott Guardian - The person with responsibility for the policies that safeguard the confidentiality of patient information

CAMHS - Child and Adolescent Mental Health Services work with children and young people experiencing mental health problems

CAP – Collaborative Acute Providers

Care Plan - A signed written agreement setting out how care will be provided. A care plan may be written in a letter or using a special form

CCG – Clinical commissioning groups (CCGs) were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by Integrated Care Systems as a result of the Health and Care Act 2022.

CDC – Community Diagnostic Centre

CDO – Chief Delivery Officer

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

C Diff - Clostridium difficile is a type of bacteria. Clostridium difficile infection usually causes diarrhoea and abdominal pain, but it can be more serious

CE/CEO – Chief Executive Officer

CF – Cash Flow

CIP – the Cost Improvement Programme is a vital part of Trust finances. Every year a number of schemes/projects are identified. The Trust have an agreed CIP process which has been influenced by feedback from auditors and signed off at the CIP & Transformation Programme Board

Clinical Audit - Regular measurement and evaluation by health professionals of the clinical standards they are achieving

Clinical Governance - A system of steps and procedures through which NHS organisations are accountable for improving quality and safeguarding high standards

CMO – Chief Medical Officer

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

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

CoG - Council of Governors. Each NHS Foundation Trust is required to establish a Board of Governors. A group of Governors who are either elected by Members (Public Members elect Public Governors and Staff Members elect Staff Governors) or are nominated by partner organisations. The Council of Governors is the Trust's direct link to the local community and the community's voice in relation to its forward planning. It is ultimately accountable for the proper use of resources in the Trust and therefore has important powers including the appointment and removal of the Chair

Commissioners - Commissioners specify in detail the delivery and performance requirements of providers such as NHS Foundation Trusts, and the responsibilities of each party, through legally binding contracts. NHS Foundation Trusts are required to meet their obligations to commissioners under their contracts. Any disputes about contract performance should be resolved in discussion between commissioners and NHS Foundation Trusts, or through their dispute resolution procedures

Committee - A small group intended to remain subordinate to the board it reports to

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

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

Constituency - Membership of each NHS Foundation Trust is divided into constituencies that are defined in each trust's constitution. An NHS Foundation Trust must have a public constituency and a staff constituency, and may also have a patient, carer and/or service users' constituency. Within the public constituency, an NHS Foundation Trust may have a "rest of England" constituency. Members of the various constituencies vote to elect Governors and can also stand for election themselves

Constitution - A set of rules that define the operating principles for each NHS Foundation Trust. It defines the structure, principles, powers and duties of the trust

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

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

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

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

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

CSPO – Chief Strategy and Partnerships Officer

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

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

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, GRimsby

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

FFT - Friends and Family Test: is an important opportunity for patients to provide feedback on the services that provided care and treatment. This feedback will help NHS England to improve services for everyone

FOI - Freedom of information. The FOI Act 2000 is an Act of Parliament of the United Kingdom that creates a public "right of access" to information.

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

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

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

HOSC - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

Integrated Care - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MPEG - the governor Membership & Patient Engagement Group has been established to produce and implement the detailed Membership Strategy and provides oversight and scrutiny of the Trust Vision and Values and engagement with patients and carers*

MRI – Magnetic Resonance Imaging

MRSA – Metacillin Resistant Staphylococcus Aureus is a common type of bacteria that lives harmlessly in the nose or on the skin

MSA – Mixed Sex Accommodation

National Tariff - This payment system covers national prices, national currencies, national variations, and the rules, principles and methods for local payment arrangements

NED – Non-Executive Director

Neighbourhoods - Areas typically covering a population of 30-50,000, where groups of GPs and community-based services work together to coordinate care, support and prevention and wellbeing initiatives. Primary care networks and multidisciplinary community teams form at this level.

Neonatal – Relates to newborn babies, up to the age of four weeks

Nephrology - The early detection and diagnosis of renal (kidney) disease and the long-term management of its complications.

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

Never Event - Serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented

NEL - North East Lincolnshire

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

NHS - National Health Service

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

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

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

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PD – People Directorate

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

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

PFI – Private Finance Initiative

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

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

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

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

Terms of Authorisation - Previously, when an NHS Foundation Trust was authorised, Monitor set out a number of terms with which the trust had to comply. The terms of authorisation have now been replaced by the NHS provider licence, and NHS Foundation Trusts must comply with the conditions of the licence

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WC - Workforce Committee

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

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date