

# Agenda

## COUNCIL OF GOVERNORS BUSINESS MEETING

will be held in the Tennyson Suite, at Forest Pines, Scunthorpe, DN20 0AQ  
on Thursday, 13<sup>th</sup> October 2022, 14:00 to 17:00 hours

**For the purpose of transacting the business set out below**

Elected governors are reminded that they have signed a declaration stating that they are eligible to vote as members of the Trust and that they are not prevented by any of the terms of the Constitution from being a member of the Council of Governors (CoG). Elected governors will be deemed to have confirmed that declaration by attending this meeting

- |           |  |          |       |
|-----------|--|----------|-------|
| <b>1.</b> | <b>BUSINESS ITEMS</b>  |          | 14:00 |
| 1.1       | <b>CHAIRS OPENING REMARKS</b><br>Sean Lyons, Trust Chair   | Verbal   |       |
| 1.2       | <b>APOLOGIES FOR ABSENCE*</b><br>Sean Lyons, Trust Chair   | Verbal   |       |
| 1.3       | <b>DECLARATIONS OF INTEREST</b><br>Sean Lyons, Trust Chair   | Verbal   |       |
| 1.4       | <b>TO APPROVE THE DRAFT MINUTES OF THE MEETING HELD ON 20 JULY 2022</b><br>Sean Lyons, Trust Chair | Attached |       |
| 1.5       | <b>MATTERS ARISING</b><br>Sean Lyons, Trust Chair  | Verbal   |       |
| 1.6       | <b>REVIEW OF ACTION LOG</b><br>Sean Lyons, Trust Chair   | Attached |       |
| <b>2.</b> | <b>REPORTS AND UPDATES</b>   |          | 14:20 |
| 2.1       | <b>Chair's Update</b><br>Sean Lyons, Trust Chair   | Attached |       |
| 2.2       | <b>Chief Executive's Update</b><br>Jug Johal to represent Peter Reading                            | Attached |       |

<b>2.3 Lead Governor's Update</b> Ian Reekie, Lead Governor	Attached
<b>5 minute break</b>	
<b>3. STRATEGY AND PLANNING - COG BRIEFINGS</b>	14:55
<b>3.1 Recruitment and Retention</b> Christine Brereton, Director of People	Attached
<b>3.2 Health Inequalities Briefing</b> Jug Johal, Director of Estates and Facilities Beth Ellett, ICB Health Inequalities Lead Ashy Shanker, Deputy Director of Planning and Performance	Attached 15:15
<b>3.3 Operational Update to include plans and winter pressures</b> Shaun Stacey, Chief Operating Officer	Attached 15:35
<b>4. ITEMS FOR APPROVAL</b>	16:05
<b>4.1 Governors' Register of Interests</b> – updated report Alison Hurley, Assistant Trust Secretary	Attached
<b>5. QUESTIONS FROM GOVERNORS</b> Sean Lyons, Trust Chair	Verbal 16:10
<b>6. QUESTIONS FROM THE PUBLIC</b> Sean Lyons, Trust Chair	Verbal 16:15
<b>7. ITEMS FOR INFORMATION</b> (see separate <b>Appendix A</b> ) Sean Lyons, Trust Chair	To Note 16:20
<b>8. ANY OTHER URGENT BUSINESS</b> Sean Lyons, Trust Chair	Verbal 16:25
<b>9. MATTERS TO BE ESCALATED TO THE TRUST BOARD</b> Sean Lyons, Trust Chair	Verbal 16:30
<b>10. COUNCIL PERFORMANCE AND REFLECTION</b> Sean Lyons, Trust Chair	Verbal 16:35
<b>11. DATE AND TIME OF THE NEXT MEETING</b> Sean Lyons, Trust Chair	Verbal 16:45

**COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC**

Date: 11<sup>th</sup> January 2023  
Time: 14:00 - 17:00 hours  
Venue: TBC

## APPENDIX A

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

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

7.	Items for Information		
7.1	Finance Update	Lee Bond Chief Financial Officer	Attached
7.2	Board Assurance Framework	Helen Harris Director of Corporate Governance	Attached
7.3	Acronyms & Glossary of Terms	Alison Hurley, Assistant Trust Secretary	Attached

### PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

# Minutes

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## PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Wednesday, 20 July 2022, from 10:00 to 13:00 hours

### Present:

Sean Lyons	Chair	David Hughes	Public Governor
Linda Jackson	Vice Chair	Shiv Nand	Public Governor
Kevin Allen	Public Governor	Anthonia Nwafor	Staff Governor
Diana Barnes	Public Governor	Brian Page	Public Governor
Jeremy Baskett	Public Governor	Rob Pickersgill	Deputy Lead Governor
Tony Burndred	Public Governor	Ian Reekie	Lead Governor
David Cuckson	Public Governor	Liz Stones	Public Governor

Held virtually using Microsoft Teams

### In Attendance:

Dr Peter Reading	Chief Executive Officer
Christine Brereton	Director of People
Helen Harris	Director of Corporate Governance
Michael Proctor	Non-Executive Director
Brian Shipley	Deputy Director of Finance
Maneesh Singh	Associate Non-Executive Director
Shaun Stacey	Chief Operating Officer
Michael Whitworth	Non-Executive Director

Sarah Meggitt	Executive Personal Assistant (minutes)
Suzanne Maclennan	Corporate Governance

**Members of the Public:** Paul Grinell, Caroline Ridgway, Brent Huntington

## 1. BUSINESS ITEMS

### 1.1 CHAIRS OPENING REMARKS

Sean Lyons opened and welcomed everyone present to the meeting at 10.00 am. Sean Lyons highlighted how staff continued to be working well at a time when there had been extreme operational pressures. The Care Quality Commission (CQC) Inspection had been undertaken the previous week and the Trust remained in the inspection period which would conclude the following week with the Well Led inspection.

### 1.2 APOLOGIES FOR ABSENCE

Sean Lyons provided apologies for absence as detailed below:

Tim Mawson	Staff Governor
Shauna McMahon	Chief Information Officer
Joanne Nejrup	Staff Governor
Fiona Osborne	Non-Executive Director
Gillian Ponder	Non-Executive Director
Dr Kate Wood	Medical Director

### **1.3 DECLARATION OF INTERESTS**

Sean Lyons requested members of the Council of Governors (CoG) to raise any declarations of interest relating to specific agenda items. None were received.

### **1.4 TO APPROVE MINUTES OF THE PREVIOUS MEETING AND DOCUMENTS OF THE PREVIOUS MEETINGS**

Sean Lyons invited members to approve the minutes and documents of the CoG Business meeting held on 13 April 2022.

The content of the minutes was accepted as a true and accurate record with the addition of one amendment. Kevin Allen referred to the item on page four regarding the Park and Ride and advised the issue had been raised on behalf of the public only.

**Council Decision: The Council received and approved the minutes**

**Council Action: Membership Office to amend the previous minutes**

### **1.5 MATTERS ARISING**

There were no matters arising which were not captured on the agenda.

### **1.6 REVIEW OF ACTION LOG**

The Action Log from the April 2022 CoG meeting was reviewed.

A discussion took place and a number of closures and updates were agreed.

**Council Decision: The Council received and agreed updates to the CoG Action Log**

**Council Action: Membership Office to update the Action Log**

## **2. REPORTS AND UPDATES**

### **2.1 CHAIR'S UPDATE**

Sean Lyons drew the Council's attention to the Chair's report and took it as read, questions and comments were sought. Governors were encouraged

to continue with the appreciation of staff during visits as this had been positive.

Sean Lyons drew the Council's attention to the Joint Trust Board session held on the 5 July between Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH), this had been a very productive and interesting day. The day had also included a level of clinical engagement which had been positive.

### **Council Decision: The Council received the Chair's update**

## **2.2 CHIEF EXECUTIVE'S UPDATE**

Dr Peter Reading provided an update to the CoG which highlighted the following:

- Operational Performance
- CQC Inspection
- NHS England stands down National Incident
- NHS England consultation on proposed revisions to Trust Provider Licence
- Development of Humber & North Yorkshire Health & Care Partnership
- National Staff Survey
- Workforce Issues in the Context of General Labour Market Conditions

The report was taken as read and comments were sought.

Ian Reekie referred to the new code of governance and queried whether the Executive Team had considered how to mitigate health inequalities in respect of this issue. Dr Peter Reading advised Jug Johal was the Executive Lead for health inequalities, a presentation at the May Trust Board Development session had been delivered on emerging work around health inequalities. It was noted there were some specific issues that would need to be addressed internally. Work within the acute collaborative had begun in respect of pooling resources with the other three Acute Hospitals in the Integrated Care System (ICS), this would ensure the needs of the people across the ICS would be met in accordance with clinical and other priorities. There was also engagement in each of the Place Partnerships and an Executive Lead would be announced shortly for this work.

Sean Lyons advised these issues would remain on the Trust agenda as updates arose.

Jeremy Baskett was pleased all Place Directors were in place but raised a concern as to how those Directors would feed into the ICS from the East & West Lindsey area as those patients would need to be included. Dr Peter Reading advised this had been discussed with the Chief Executive of the ICS to review how liaison would happen with those areas, there would be a need to develop cross boundary links. In terms of engagement with the Lincolnshire County Council, there had been strong engagement in this

area over the Humber Acute Services Review. Jeremy Baskett queried whether some mechanisms could be put in place to ensure patient involvement in setting up services outside of the area to ensure they were part of this discussion. Dr Peter Reading advised this would be undertaken through the council in the long term. Consultation with patients outside the area would be included as part of the work Ivan McConnell, Director of Strategic Development was undertaking. In respect of Patient Groups, Dr Peter Reading asked if Jeremy Baskett could advise Ade Beddow, Associate Director of Communications and Engagement on how to do this. Ade Beddow was currently developing a Patient Engagement Strategy which would support that work.

**Action: Jeremy Baskett to liaise with Ade Beddow.**

Sean Lyons advised anything else not progressing could be fed back through Sean Lyons and Dr Peter Reading.

Sean Lyons thanked Dr Peter Reading for a very clear update and invited further comments and questions.

**Council Decision: The Council received the Chief Executive's update**

### **2.2.1 OPERATIONAL UPDATE**

Shaun Stacey provided an Operational Update presentation.

Sean Lyons thanked Shaun Stacey and invited further comments and questions.

Liz Stones wanted to congratulate Shaun Stacey on the Emergency Department process due to a recent visit. Shaun Stacey thanked Liz Stones for highlighting this and noted this would be appreciated by the teams.

Further discussion took place in respect of the presentation delivered by Shaun Stacey.

**Council Decision: The Council received the Operational update**

### **2.3 LEAD GOVERNOR'S UPDATE (to include highlights from the Governor Assurance Group (GAG) and Appointments & Remuneration Committee (ARC) meetings)**

Ian Reekie provided an overview of the Lead Governors' report which covered updates on the following:

- Statutory Duties Consultation
- Stakeholder Governors
- Place Engagement
- Governor Briefings
- Governor Walkabouts
- Governor Assurance Group (GAG) Highlights

- Appointments & Remuneration Committee (ARC) Highlights

Ian Reekie drew the Council's attention to the Statutory Duties Consultation and advised what this related to. The document would be used as the basis for the Annual Review Meeting agenda due to be held on the 13 October 2022.

Ian Reekie updated the Council on further updates from the report.

Ian Reekie noted the Council had virtually approved the appointment of Fiona Osborne as Non-Executive Director (NED) and Chair of the Quality & Safety Committee (Q&SC). Fiona Osborne's term as Associate NED was due to end on the 16 August, a request was therefore made to extend this until the 15 September when the NED role would commence.

The Council were advised Michael Whitworth had resigned from the NED role, however, a recruitment process had commenced for a replacement.

**Council Decisions: The Council received the Lead Governor's update and agreed to all requests of approval**

### **3. STRATEGY & PLANNING – COG BRIEFINGS**

#### **3.1 Culture Development Programme Update**

Christine Brereton gave a presentation on the Culture Development Programme.

Sean Lyons thanked Christine Brereton and invited any questions.

Mike Proctor wanted to acknowledge the amount of progress made by Christine Brereton since commencing in post. In respect of the staff survey it was noted the Trust would need to be patient in terms of seeing results as this could take some time. One low rating within the staff survey related to whether a staff member would be happy for themselves and family members to be treated in their own hospital. Mike Proctor felt that if a member of staff was asked this during visits the answer would not be as negative so encouraged those undertaking visits to ask the question. Sean Lyons thought this was a good suggestion and encouraged those undertaking visits to do so.

**Council Decision: The Council received an update on the Culture Development Programme**

#### **3.2 Financial Plan and Cost Improvement Programme (CIP) Update**

Brian Shipley gave a presentation on the Financial Plan and Cost Improvement Programme.

David Cuckson referred to the recent suggestion that the NHS pay rise would be 5%, it had mentioned individual Trusts would need to support 2% of the pay rise as it would not all be provided by the Government. It had

mentioned some Trusts had not budgeted for paying this to staff. Brian Shipley confirmed the 2% rise was within the plan for NLAG.

Rob Pickersgill referred to the Cost Improvement Projects. There had not been much deliberation around what that should be so a request was made as to whether Governors could have more information including target areas. Brian Shipley advised this would be something that could be shared going forward. Sean Lyons asked for a summary to be circulated to Governors.

**Council Action: Brian Shipley to circulate a summary of Cost Improvement Projects to the Council**

Caroline Ridgway queried whether the number of agency staff being used was known as the potential was not there for using lower cost bank staff.. Brian Shipley advised the plan was to reduce the agency staff; the retention plans and recruitment plans would be key to reducing the reliance on agency spend. Christine Brereton advised the overall costing would need to be reduced and it could be identified what had been spent on bank and agency staffing. In the past the Trust had offered incentives but this had not helped that much.

Shaun Stacey advised all staff at the Trust had an opportunity to apply for the bank, adverts for bank staff regularly ran but this had been difficult to recruit to as agency pay was higher than the Trust bank pay.

**Council Decision: The Council received an update on the Financial Plan and Cost Improvement Programme (CIP)**

#### **4. ITEMS FOR APPROVAL**

##### **4.1 Governor Register of Interests**

Helen Harris invited members to review the updated Governors' Register of Interests document as this had been updated.

Jeremy Baskett highlighted changes were required and would advise the membership office of updates.

**Council Decision: The Council approved the Governor Register of Interests**

**Council Action: Jeremy Baskett's record to be updated**

#### **5. QUESTIONS FROM GOVERNORS**

Sean Lyons invited questions from Governors. None was received.

#### **6. QUESTIONS FROM THE PUBLIC**

Sean Lyons invited questions from members of the public.

Brent Huntington referred back to the previous Council meeting as the Chair of the Integrated Care System (ICS) was due to attend but had had to cancel prior to the meeting and unfortunately no deputy had attended. A query was raised as to whether attendance could be provided at a future meeting.

**POST MEETING NOTE:** It was noted that Sue Symington, Chair of the ICS would be in attendance at the September 2022 meeting.

Rob Pickersgill raised concern as to whether the patient voice would be heard in the ICS going forward and whether this would be any different from the Clinical Commissioning Group (CCG) process.

Brent Huntington referred to stakeholder representation as the Lead Governor update had referred to North East Lincolnshire Council and North Lincolnshire Council but this had not mentioned East Riding of Yorkshire Council; a query was therefore raised as to whether this would be the case. Ian Reekie advised the Trust was committed to reviewing the constitution as a number of issues had been raised in respect of changes that were required. It had been noted that until the Trust were fully aware of system working this was not the appropriate time to update this to enable it to be taken into account. However, this was due to be undertaken shortly. In respect of stakeholder governors all three local authorities had a stakeholder governor, unfortunately, not all had chosen to appoint one so which was out of the control of the Trust. In terms of the CCGs, it would have been impractical to have a representative from all CCGs, it was only North and North East Lincolnshire CCGs that were entitled to appoint stakeholder governors, this had now been extended to two new places due to agreement at the meeting today.

## **7. ITEMS FOR INFORMATION**

Sean Lyons drew the CoG's attention to the items for information contained within appendix A of the agenda which included the following documents:

- 7.1 Finance Update
- 7.2 Board Assurance Framework
- 7.3 Audit, Risk & Governance Committee Annual Report 2021/22
- 7.4 Acronyms and Glossary of Terms

## **8. ANY OTHER URGENT BUSINESS**

There were no further items of urgent business raised.

## **9. MATTERS FOR ESCALATION TO THE TRUST BOARD**

Sean Lyons invited Governors to raise any matters for escalation to the Trust Board. None was received.

## **10. COUNCIL PERFORMANCE AND REFLECTION**

Sean Lyons felt the meeting had been a very thorough and rigorous meeting with insightful questions from governors.

**11. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING**

**COUNCIL OF GOVERNORS' ANNUAL MEMBERS' MEETING – PUBLIC**

Date: 29 September 2022

Time: 14:00 – 17:00 hours

Venue: Sands Venue Stadium (Glanford Park), Scunthorpe

**ANNUAL REVIEW OF THE COUNCIL OF GOVERNORS' MEETING - PRIVATE**

Date: 13 October 2022

Time: 11:00 – 13:00 hours

Venue: Tennyson Suite, Forest Pines

**COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC**

Date: 13 October 2022

Time: 14:00 – 17:00 hours

Venue: Tennyson Suite, Forest Pines

**Please notify the Membership Office of any apologies for this event.**

**Sean Lyons thanked members for their attendance and contributions and the meeting closed at 12:20 hours.**

## **PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS**

- In accordance with Standing Order 2.4.3 (at Annex 6 of the Trust Constitution), any Governor wishing to submit an agenda item must notify the Trust Chair's Office in writing at least **10 clear days prior to the meeting at which it was to be considered**. Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Trust Chair.
- Governors were asked to raise any questions on which they require information or clarification in advance of meetings. This would allow time for the information to be gathered and an appropriate response provided.

### **ANNUAL ATTENDANCE DETAILS**

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmad Aftab	2	0	Joanne Nejrup	2	0
Kevin Allen	2	2	Anthonia Nwafor	2	2
Diana Barnes	2	2	Brian Page	2	2
Jeremy Baskett	2	2	Rob Pickersgill	2	2
Tony Burndred	2	2	Stephen Price	2	1
David Cuckson	2	2	Ian Reekie	2	2
Mo Dobson	2	1	Alex Seale	2	0
Tony Hudson	1	0	Cllr Stan Shreeve	1	0
Tim Mawson	2	1	Liz Stones	2	2
Shiv Nand	1	1			

### **ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS**

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Sean Lyons	2	2	Gillian Ponder	2	0
Linda Jackson	2	2	Michael Proctor	2	2
Stuart Hall	2	1	Maneesh Singh	2	0
Fiona Osborne	2	1	Michael Whitworth	2	2
Simon Parkes	2	1			



**COUNCIL OF GOVERNORS**  
**ACTION LOG & TRACKER**  
**2019-2022**  
(updated July 2022)

## ACTION LOG & TRACKER



Northern Lincolnshire  
and Goole  
NHS Foundation Trust

### Council of Governors (CoG) Meeting

Minute Reference	Date of Meeting	Action Reference	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)21	20/07/2022	4.1	Jeremy Baskett DOI requires updating - form sent to MO via post	Membership Office		Updated Governor Register of Interests and ROI system	Completed	Emails & DOI Form	Yes
COG(22)20	20/07/2022	2.3	Extend the term of office for Fiona Osborne as Associate NED until NED appointment commences	Helen Harris			Completed		Yes
COG(22)19	20/07/2022	2.3	Cancel Governor and NED Briefings in September and November - further briefing to be arranged as required	Membership Office	Jul-22	All Governors and NEDs emailed and diary invites cancelled	Completed	Emails	Yes
COG(22)18	20/07/2022	1.6	Membership Office to update the Action Log	Membership Office		Action Log updated	Completed	Action log	Yes
COG(22)17	20/07/2022	1.4	Membership Office to amend the 13th April minutes	Membership Office		Page 4 amended following correction from Kevin Allen	Completed	Minutes	Yes
COG(22)15	13/04/2022	3.1	Membership Office to rearrange the briefing on Integrated Care Systems (ICS) Development	Membership Office	Jul-22	Ivan McConnell to present at the 26th July Governor and NED Briefing	Completed	Agenda	Yes
COG(22)11	13/04/2022	1.6	Membership Office to arrange briefing with Lee Bond on Cost Improvement Programme (CIP)	Membership Office	Jul-22	Lee Bond invited to present within the 20th July CoG. Brian Shipley delivered the update	Completed	Agenda	Yes
COG(22)04	18/01/2022	2.1	Membership Office to arrange for Alison Dubbins to provide a future briefing on culture, equality, diversity, inclusion, and freedom to speak up at a future CoG	Membership Office	Apr-22	Christine Brereton to deliver update within the 20th July CoG	Completed	Email	Yes
COG(22)01	18/01/2022	3.1	Membership Office to contact Rob Pickersgill regarding his question to Lee Bond	Membership Office	Sep-22	Rob Pickersgill contacted by email on 27.01.22 regarding query on Financial Special Measures briefing. Chased on 23.02.22 & 28.03.22. Request for CIP briefing within the 20th July CoG. Brian Shipley to provide Summary of CIP following July CoG	On Track	Email & Minutes	Yes

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

Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)16	13/04/2022	6	Membership Office to email public members regarding a link to the virtual meetings, which was the approach taken by the Trust	Membership Off	Jul-22	Zoe Hinsley emailed Charlie Grinhaff regarding this approach. Serena Mumby previously recommenced the media bulletin for the CoG meetings in line with that of the Trust Board. Internet site updated	Complete	Emails	Yes
COG(22)14	13/04/2022	2.3	Membership Office to investigate options regarding the emergency department workaround at DPoW prior to it opening to the public	Membership Off	Jul-22	Original workaround cancelled by Zoe Hinsley. Rearranged for 11th May 2022	Complete	Emails	Yes
COG(22)13	13/04/2022	2.2	Dr Peter Reading would address the signage issues regarding the termination of the park and ride service	Dr Peter Reading	Jul-22	Peter Reading confirmed this had been picked up with Sally Yates and Keith Fowler	Complete	Email	Yes
COG(22)12	13/04/2022	1.6	Membership Office to update the Action Log	Membership Off	Jul-22	Action log updated	Complete	Action log	Yes
COG(22)10	13/04/2022	1.4	Membership Office to amend the previous minutes	Membership Off	Jul-22	Minutes amended	Complete	Minutes	Yes
COG(22)06	18/01/2022	3.2	Membership Office to contact Shaun Stacey to return to a future CoG to provide an update on the planning position and the operational plan	Membership Off	Apr-22	Shaun Stacey to provide update at the 12th May Governor & NED Briefing (presented by Ashy Shankar)	Complete	Agenda	Yes
COG(21)12	20/04/2021	3.2	Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months	Membership Off	Apr-22	Briefing added to 6th January 2022 Pre GAG Briefing - briefing stood down due to anticipated service pressures. Scheduled for 10.03.22 - briefing stood down due to anticipated service pressures. Update confirmed to be delivered with 12th May Governor & NED Briefing	Complete	Email	Yes
COG(22)09	18/01/2022	7	Membership Office to reintroduce questions from the public on future agendas	Membership Off	Apr-22	Membership will add to future agendas	Complete	Agenda	Yes
COG(22)08	18/01/2022	4.1	Shiv Nand to send through a new declaration of interests to include his employment details to the Membership Office	Shiv Nand	Jan-22	Declaration requested and received	Complete	Email	Yes
COG(22)07	18/01/2022	3.2	Shaun Stacey to send a briefing note to the Membership Office on the Trust's Planning Position for distribution	Shaun Stacey	Jan-22	Briefing note on Trust's planning position distributed on 19.01.22	Complete	Email	Yes
COG(22)05	18/01/2022	2.3	Membership Office to seek expressions of interest for the two vacant seats on the ARC	Membership Off	Apr-22	Email sent to Governors requesting expressions of interest on 19.01.22	Complete	Email	Yes
COG(22)03	18/01/2022	1.6	Membership Office to update the Action Log	Membership Off	Apr-22	Action log updated	Complete	Action log	Yes
COG(22)02	18/01/2022	1.4.2	Membership Office to update the attendance records on the minutes from the October and November minutes	Membership Off	Apr-22	Governor and NED attendance has been updated on all three sets of minutes.	Complete	Minutes	Yes
COG(21)22	19/10/2021		Adolfazl Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels	Adolfazl Abdi	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG(21)21	19/10/2021		Adolfazl Abdi to investigate issues around the early morning discharge of patients	Adolfazl Abdi	Jan-22	Adolfazl Abdi investigated issues around the early morning discharge of patients and the outcome was emailed to Governors by the Membership Office.	Complete	Email	Yes
COG(21)20	19/10/2021	1.6	Organise a briefing with Lee Bond or Shaun Stacey on changes and provide information to Governors on changes to elective care and the ICS.	Membership Off	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Off	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21. Feedback report produced in readiness.	Complete	AMM review and planning meeting held 01.12.21.	Yes
COG AMM(21)18	13/09/2021	5	Membership Office to contact individuals raising queries by email regarding responses to the queries raised in advance of the CoG AMM meeting (AMM)	Membership Off	Oct-21	Responses to questions raised were distributed following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG AMM(21)17	13/09/2021	3.1.1	Membership Office to distribute the audit report to all attendees following the meeting (AMM)	Membership Off	Oct-21	Distributed to attendees following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes

COG(21)16	20/07/2021	10	Discuss Council Reflection at next GAG meeting	Membership Off	Nov-21	Added to GAG agenda for the meeting on 02.09.21	Complete	Added to GAG Agenda	Yes
COG(21)15	20/07/2021	3.1	Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.	Membership Off	Oct-21	Briefing included within 19.10.21 CoG meeting	Complete	CoG agenda and following minutes	Yes
COG(21)14	20/07/2021	2.2	Request for communications team to raise the importance of wearing face masks and PPE as required	Infection Control	Oct-21	Directed to the IPC team and a request to comms to raise the importance of wearing face masks and PPE as required	Complete	Emails within CoG meeting actions	Yes
COG(21)13	20/07/2021	1.2	Governors gratitude and best wishes to be conveyed to Terry Moran CB	Alison Hurley	Oct-21	Lead Governor to forward gratitude and best wishes on behalf of the Governors	Complete	Letter sent	Yes
COG(21)11	20/04/2021	3.2	Membership Office to distribute the North Lincolnshire Community Services presentation following the meeting	Membership Office	Apr-21	Alison Hurley distributed Community Services presentation following the April CoG	Complete	Presentation distributed following April CoG	Yes
COG(21)10	20/04/2021	5	Infection Control to produce a written briefing on nosocomial infections, numbers experienced in the Trust in comparison to regional and national data for circulation to the Governors	Membership Office	Jul-21		Complete	Update provided within the 1st July Governor & NED Briefing session	Yes
COG(21)9	20/04/2021	5	Membership Office to invite Jackie France to provide an update on digital appointment letters at the Governor and NED briefing scheduled for 27th May 2021	Membership Office	Apr-21	Jackie France provided update at 27th Governor & NED Briefing	Complete		Yes
COG(21)8	20/04/2021	5	Jackie France to liaise with Kevin Allen about digital letters and patient support	Membership Office	Jul-21	Kev Allen contacting by Dr Peter Reading, Jackie France and Zoe Hinsley - awaiting confirmation from Kevin action now closed	Complete	Virtual meeting between Kev Allen and Jackie France held on 5th May 2021	Yes
COG(21)7	20/04/2021	4.1	Membership Office to update the Governors' Register of Interests with Jeremy Baskett amendment	Membership Off	Jul-21	Jeremy Baskett's updated Declaration of Interests received and added to Register of Interest for approval at July CoG	Complete	Presented at July CoG	Yes
COG(21)6	20/04/2021	2.3	Membership Office arranged CoG Annual Review Meeting, 23rd to be held of site, at Sansview Stadium, Scunthorpe	Membership Office	Jun-21	Off site venue arranged for CoG AMM - virtual meeting arranged in line with COVID-19 guidance	Complete	Off site venue arranged for CoG AMM	Yes
COG(21)6	20/04/2021	1.6	Membership Office to update action log	Membership Office	Apr-21	Action log updated	Complete	Action log updated	Yes
COG(21)5	20/04/2021	1.4	Membership Office to amend 19th January 2021 CoG minutes as discussed	Membership Office	Apr-21	Minutes amended as agreed	Complete	Minutes amended as agreed	Yes
COG(21)4	19/01/2021	6	Alison Hurley to seek and collate votes for NHS Providers' Governor Advisory Committee	Alison Hurley	Mar-21	Voting information was distributed on 19th January 2021. NHS Providers' Governor Advisory Committee votes were cast on behalf of the CoG as agreed.	Complete	E-mail	Yes
COG(21)3	19/01/2021	4.2	Membership Office to distribute 15 <sup>th</sup> October Private CoG minutes	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)2	19/01/2021	2.2.1	Chief Information Officer to consider increasing IT accessibility for staff to access staff updates	Shauna McMahon	Apr-21	Shauna MacMahanon provided update within 9th March Briefing held prior to the GAG	Complete	Briefing	Yes
COG(21)1	19/01/2021	2.2.1	Membership Office to distribute COVID-19 presentation	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(20)254	22/07/2020	3.2	Virtual Governor waiting list briefing to be organised	Membership Office	Nov-20	Governors received update at January 2021 CoG	Complete	Minutes	Yes
COG(20)253	14/01/2020	1.7.1	Health Tree Foundation briefing for Governors to be organised	Membership Office	Nov-20	On hold until the COVID-19 restrictions are lifted and normal business resumes - possible agenda item at April CoG	Complete	E-mail	Yes
CoG(20)259		6	Membership Office to distribute questionnaire to CoG members for Council Reflection	Membership		Distributed	Completed		
COG(20)259	15/10/2020	9.2	Membership Office to amend the Governor Attendance at Briefings Document	Membership Office	Jan-21	Governor Attendance at Briefings Document amended	Complete	Governor attendance document	Yes
CoG(20)258		2	Membership Office to electronically circulate the proposal document following this meeting	Membership		Distributed	Completed		
COG(20)258	15/10/2020	4.3.1	Lee Bond to investigate and provide an update at the January CoG meeting on any short term Trust investments	Lee Bond	Jan-21	Verbal update to be provided at April CoG	Completed	Update provided within April CoG	Yes
CoG(20)257		1.8	Membership Office to distribute the Oncology Stakeholder briefing to Governors	Membership		Briefing document circulated 23.01.2020	Completed		
COG(20)257	15/10/2020	3.2	The significant transactions element of the Trust Constitution to be circulated to CoG members	Membership Office	Oct-20	The significant transactions element of the Trust Constitution circulated to CoG members	Complete	E-mail	Yes
CoG(20)256		7.1	Membership Office to send Mr Garrington a copy of the most recent staff survey results	Membership		Staff survey results sent to Mr Garrington 21.01.2020	Completed		

COG(20)256	22/07/2020	13	Alison Hurley, Linda Jackson and Helen Harris to discuss public attendance at CoG meetings outside of the meeting	Alison Hurley	Oct-20	Considered and addressed via a virtual meeting which also considered general Governor engagement	Complete	E-mail	Yes
CoG(20)255		5.1	Mr Karvot to contact Mrs Jackson outside of the CoG to discuss the antibiotic service for DPoW	Mr Karvot		Mr Karvot contacted Mrs Jackson regarding the antibiotic s	Completed		
COG(20)255	22/07/2020	7.1	Claire Low to provide an update on the incidents of potential inappropriate access to WebV	Claire Low	Oct-20	Addressed in the all staff e-mail shared with Governors on 6th October 2020	Complete	E-mail	Yes
CoG(20)254		5.1	Membership Office to add 5-year forecasting to the February Governor & NED Bi-annual Briefing	Membership		Discussed at 11.02.20 Bi-annual Governor and NED Briefin	Completed		
CoG(20)252		1.7.1	Membership Office to add Health Tree Foundation Highlights Report to future CoG agendas	Membership		Actioned	Completed		
CoG(20)251		1.7.2	Dr Wood to contact NLCCG regarding the use of Everlight Radiology services	Dr Kate Wood		This was addressed within the May CoG	Completed		
COG(20)249	04/07/2019	9	Mrs Hurley to investigate potential sponsorship for IT tablets for Governors	Alison Hurley	Oct-19	Oversight will be maintained at the Governor Assurance Group meeting	Completed	GAG Agenda	Yes
CoG(20)245		1.6	Membership Office to add Women and Children Services to Sheffield Hospital to a future CoG Agenda	Membership		Addressed within October CoG	Completed		
CoG(20)244		1.5.1	Membership Office to invite Mrs Farquharson to provide a Pride & Respect briefing	Membership		Addressed within November Bi-annual Briefing	Completed		
CoG(20)242		1.3	Add Smoking Shelter Update to the next CoG Agenda	Membership		Addressed within October CoG	Completed		
CoG(19)240		8	Membership Office to liaise with Mr Bramley to arrange a Governor & NED briefing on Quality and Service Improvement Report (QSIR) later in the year	Membership		To be addressed within QRG & QSC agenda	Completed		
CoG(19)237		5.1	Membership Office to circulate papers from the NHS Providers Regional Workshop for information	Membership		Completed 02/05/2019	Completed		
CoG(19)236		3.1	Membership Office to invite Mr Stacey to discuss Winter Planning at a future CoG meeting	Membership		Added to July CoG agenda	Completed		
CoG(19)235		2.1	Membership Office to add IT Security to a future CoG agenda for Mr Johal to speak to	Membership		Added to July CoG agenda	Completed		
COG(20)234	16/04/2019	4.2	Membership Office to invite Mrs Plant to provide a briefing on planned initiatives for improving financial and operating targets	Membership Office	Jul-19	Discussed within July CoG briefing	Completed	July CoG briefing agenda	Yes
CoG(19)233		4.1	Dr Reading to discuss externally procured coding with Mr Johal outside of the meeting to ascertain backlog and sustainability status	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)232		1.6.1	Membership Office to organise an urgent treatment centres briefing	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)231		1.6	Membership Office to organise a radiology and pathology briefing at the next Governor & NED Briefing session	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)230		1.6	Dr Reading to provide Mrs Jeffreys with feedback regarding the biometric machine for ophthalmology at GDH	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)229		1.4	Membership Office to update the Action Log including the archiving of completed actions	Membership		Completed 17/04/2019	Completed		
CoG(19)228		10.5	Membership Office to add Terms of Reference for the ARC to the April CoG agenda	Membership		Agenda item 7.4 on April 2019 CoG agenda	Completed		
CoG(19)227		10.4	Trust Constitution to be added to the April CoG agenda	Membership		Agenda item 7.3 on April 2019 CoG agenda	Completed		
CoG(19)226		10.3.1	Mrs Adamson to circulate updated action plan from the National Guardian's Office	Mrs Adamson		No newer version available at present. This will be added to a future CoG agenda when available	Completed		
CoG(19)225		8.1.1	Mrs Capitani to forward names of Goole patients experiencing problems regarding attendance to Mrs Hurley	Mrs Capitani		Mrs Capitani provided the membership office with the patient details and this action was resolved on 06.02.19	Completed		
CoG(19)224		8.1.1	Mr Jefferys to forward query regarding Goole patient receiving ophthalmology treatment to the Membership Office	Mrs Jeffreys		Mrs Jeffreys provided the membership office with the patient details and this action was resolved on 31.01.19	Completed		
CoG(19)223		9.4	Dr Reading to contact Mr Reekie regarding timescales of coding issues	Membership		Mr Reekie was updated on the 22.03.19	Completed		
CoG(19)222		4	Membership Office to update the CoG action log	Membership		Membership Office updated the action log	Completed		

CoG(19)221		11.2	Trust Constitution Updates to be presented to the Governor Assurance Group	Mrs Booth		Update to be provided at the January 2019 CoG meeting at 11.1 of the agenda	Completed		
CoG(19)220		10.1 & 12.3.1	Mrs Farquharson to provide a Pride & Respect Programme update to the December Governor and NED briefing	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 (as above at item 200)	Completed		
CoG(19)219		9.4.1	Mrs France to provide a Patient Administration Progress update at the December Governor and NED briefing	Mrs France		Delivered at the December briefing	Completed		
CoG(19)218		4	Membership Office to update the Action Log, and completed actions will be moved and archived	Membership		Action log amended	Completed		
CoG(19)217		3	Amend Item 4.1 in the Annual Review Meeting minutes from 12th June 2018	Membership		Minutes amended	Completed		
CoG(19)216		6	Mr Stacey to provide an update at the next meeting on the Pain Management Service and use of St Hugh's Hospital in Grimsby and InHealth services at Scunthorpe	Mr Stacey		Agenda item 9.3.2 on January 2019 CoG agenda	Completed		
CoG(19)214		4	Membership Office to amend previous minutes to state Dr Reading throughout.	Membership		Membership Office amended minutes	Completed		
CoG(19)213		13.3.1	Membership Office to ensure the National Guardians report on NLaG Procedures is on the next CoG agenda	Membership		Item 12.3.1 on the January CoG agenda	Completed		
CoG(19)212		13.3	Membership Office to ensure the National NLaG Freedom to Speak Up Report is on the next CoG agenda	Membership		Item 12.3 on the January CoG agenda	Completed		
CoG(19)211		13.2	Membership Office to update the totals column on the Attendance at Governor Briefings and Training and Development Opportunities document to reflect the rolling 12 month period	Membership		Membership Office updated document	Completed		
CoG(19)210		13.1	Membership Office to update the totals column on the Governor Attendance at CoG and Sub-groups document to reflect the rolling 12 month period	Membership		Totals column on spreadsheet amended	Completed		
CoG(19)209		9.1	Membership Office to ensure BAF is added to the next CoG agenda.	Membership		Item 9.1 on the January CoG agenda	Completed		
CoG(19)208		8.4	The ARC are to amend the NED remuneration to reflect the NHS cost of living increase of 3% effective from 1st April 2018	ARC		Referred to ARC Meeting to address	Completed		
CoG(19)207		7	Membership Office to invite Mr Stacey to provide updates at future CoG meetings	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)206		6	Update on restructuring and nursing due at the October CoG meeting	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)205		9.4.2	Mr Stacey agreed to establish whether local patients were presenting with early or late stage cancer	Mr Stacey		Update provided at the October CoG meeting	Completed		
CoG(19)204		10.2	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)203		10.2	Membership Office to ensure Humber Acute Services Review update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)202		10.1	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)201		10.1	Membership Office to ensure STP update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)200		11.1	Membership Office to ensure Pride and Respect is added to the agenda quarterly	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 - Delivered at the February Governor & NED Briefing session	Completed		
CoG(19)199		9.4.1	To invite Mrs France to the October CoG meeting for a further Patient Administration Progress update	Membership		Update provided at the December briefing	Completed		
CoG(19)198		9.2	The Membership Office to ensure that the Improving Together Programme briefing is on the agenda for the November briefing session.	Membership		Added to the November briefing	Completed		
CoG(19)197		4	Membership Office to update the Action Log.	Membership		Membership Office updated	Completed		
CoG(19)196		3	Membership Office to add 'during the day' to clarify item 7 on page 5 of the minutes.	Membership		Membership Office amended minutes	Completed		

CoG(19)195		6.2.1	Governors to receive an STP update covering Trust representatives on all of the various work-streams	Membership		October CoG	Completed		
CoG(19)194		6.2.1	Membership Office to seek timelines for the release of the embargoed Annual Report and Account for the Governor Assurance Group	Membership		Annual Report circulated to Governors before AMM	Completed		
CoG(19)193		6.2.1	Mrs Hurley to add a simplified criteria column to the framework documents	Mrs Hurley		Completed for 2019	Completed		
CoG(19)192		6.1.1	Membership Office to move the CQC update briefing session to the CoG agenda and replace by a meet and greet session with the Chief Executive and Executive Directors.	Membership		July CoG	Completed		
CoG(19)191		13.3	Membership Office to invite Mr Hemadri to present the National Guardians Report at the July CoG	Membership		Mr Hemadri invited to the July CoG to provide update on National Guardians Report	CLOSED		
CoG(19)191		4.2	Mrs Hurley to discuss raising awareness of the SID role with Mrs Booth	Mrs Hurley		To be incorporated within the review of the Trust Board sub-committees	Completed		
CoG(19)190		9.4	Mrs Jackson suggested Mrs Louise Glover could provide clarity around the clinical harm process for Mr Baskett	Membership		Mrs Lousie Glover liaised with Mr Baskett around the clinical harm process	Completed		
CoG(19)189		9.3	Membership Office to arrange a briefing for Governors on Capital Funding	Membership		Delivered at the November Gov & NED Briefing	Completed		
CoG(19)188		9.1	Membership Office to invite Mr Daws to the next QRG Meeting	Membership		This has been completed. Mr Daws attended June QRG Meeting.	CLOSED		
CoG(19)187		11.3	Membership Office to invite governors on behalf of Mr Currie, to attend the Compassionate Leadership Conference on 17th May 2018	Membership		This has been completed. Mrs Bett attended conference.	CLOSED		
CoG(19)186		11.3	Membership Office to invite Mr Currie to return in the autumn for a further progress report.	Mrs Hurley		Mrs Claire Low confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)185		4	Membership Office to update Action Log	Membership		This has been completed.	CLOSED		
CoG(19)184		17	Membership Office to invite Mrs Graves to the Quality Review Meeting in February to discuss the Ward Reviews.	Mrs Hurley		Mrs Filby attended the February QRG meeting and provided an update on the new ward review/SQAT process	CLOSED		
CoG(19)183		14.3	Mrs Shaw to address the potential conflict of interest outside of the meeting.	Mrs Shaw		This was addressed and resolved	CLOSED		
CoG(19)182		8.5	Membership Office to distribute the Staff Governor Working Group terms of reference electronically for comments.	Mrs Hurley		Completed and added to the April CoG agenda for full CoG ratification	CLOSED		
CoG(19)181		8.4	Mr Grinell to take appraisals of the Non-Executive Directors (NED) and the Trust Chair back to ARC agenda for further consideration.	Mr Grinell		This will be discussed within the ARC meetings. A response will be provided at the July CoG.	CLOSED		
CoG(19)180		8.3	Mrs Hurley to contact IT and the communications team regarding the feasibility of recording short You-tube clips for the Trust website	Mrs Hurley		Communications team to consider utilising You-tube for positive promotion of the Trust and its' services	CLOSED		
CoG(19)179		8.3	MWG to liaise with Mrs Clipson to discuss linking the group with service strategy.	Mrs Hurley		Mrs Sandra Hills now aligned with the MWG as the NED lead for service strategy.	CLOSED		
CoG(19)178		8.2	Membership Office to add RTT to the next QRG agenda for further discussion.	Mrs Hurley		RTT has been added to the May QRG agenda.	CLOSED		
CoG(19)177		8	Membership Office to amend the agenda for April CoG meeting to incorporate the Trust Board sub-committee highlight reports in to the CoG sub-group highlight reports.	Mrs Hurley		This has been completed.	CLOSED		
CoG(19)176		11.2	Mrs Clipson to provide the governors with regular updates on the Humber Acute Service Progress Report.	Mrs Clipson		This is ongoing as a CoG agenda item.	CLOSED		
CoG(19)175		10.4.1	Membership Office to invite Mrs France to return in the autumn for a further progress report.	Mrs Hurley		Mrs France confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)174		10.4.1	Membership Office to distribute late papers to attendees	Mrs Hurley		Papers distributed as actioned.	CLOSED		
CoG(19)172		10.3	Membership Office to add Draft Trust Strategy 2021 & Strategic Objectives to the January pre-CoG briefing	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)170		6	Membership Office to involve Dr Reading in the November briefing for the Improving Together Programme	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		

CoG(19)168		7.3	Mrs Greenbeck to provide article ideas to the Membership Office	Mrs Greenbeck		Mrs Hurley and Mrs Greenbeck wrote an article with Mrs Dobson on dementia and improvements for dementia patients and new staff.	CLOSED		
CoG(19)166		9	Mrs Hurley to investigate the use of microphones for future CoG Meetings	Mrs Hurley		This is now closed. This will be reviewed dependant on the venue being used. Equipment to be sourced from the Smile Foundation. Mrs Hurley will contact the Health Tree Foundation as they are often able to bring equipment with them from Hull and return.	CLOSED		
CoG(19)154		5.1	Chairs of CoG Sub-Groups are to ensure their terms of reference reflect those of the Trust Board	CoG Sub-Group Chairs		CoG sub-groups are now aligned with TB sub-committees which is reflected in their terms of reference.	CLOSED		
CoG(19)150		3.3	Mrs Hurley to seek a champion who can take the IT Tablets for Governors business case to the Charitable Funds Committee meeting on the 27th July 2017	Mrs Hurley		This is now closed. As this was an ongoing item requiring further exploration. It was agreed to monitor this action through the Governor Assurance Group. Support has been received from the information team to produce specification for palmtops. Previous sponsorship plans have not come to fruition.	CLOSED		

Agenda Number:

CoG (10/22) Item: 2.1

<b>Name of the Meeting</b>	Council of Governors	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Sean Lyons, Chair	
<b>Contact Officer/Author</b>	As Above	
<b>Title of the Report</b>	<b>Chair's Update</b>	
<b>Purpose of the Report and Executive Summary (to include recommendations)</b>	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	N/A	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<b>Which Trust Priority does this link to</b>	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input checked="" type="checkbox"/> Collaborative and System Working	<input checked="" type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
<b>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</b>	<b>To give great care:</b> <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 <b>To be a good employer:</b> <input type="checkbox"/> 2	<b>To live within our means:</b> <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 <b>To work more collaboratively:</b> <input checked="" type="checkbox"/> 4 <b>To provide good leadership:</b> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
<b>Financial implication(s) (if applicable)</b>	N/A	
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	N/A	
<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>

**\*Board Assurance Framework (BAF) Descriptions:**

<b>1.</b>	<b>To give great care</b>
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
<b>2.</b>	<b>To be a good employer</b>
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
<b>3.</b>	<b>To live within our means</b>
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
<b>4.</b>	<b>To work more collaboratively</b>
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
<b>5.</b>	<b>To provide good leadership</b>
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

## **Chair's Update**

I am pleased that the Council of Governors is able to meet face to face for the first time in a considerable while, hopefully the constraints that Covid -19 placed on us will not return to the previous levels and we can look forward to meeting normally in future.

As in my previous reports, I would like to highlight the amazing efforts of our staff, who continue to work under continuous pressure – any appreciation that we can show for their work is always appreciated and I would encourage Governors to find ways of doing this.

### **Governance**

In my last report, I mentioned that two Non-Executive Directors (NEDs), Mike Proctor and Michael Whitworth had resigned; since then Maneesh Singh, Associate NED also tabled his resignation.

A recruitment process has been completed for Mike Proctor's replacement and I am pleased to say that Governors have appointed Fiona Osborne, Associate NED to the role of NED and Chair of the Quality and Safety Committee.

Also, in a separate process, Governors have recruited and appointed Sue Liburd as NED and Chair of the Workforce Committee, and Kate Truscott as Associate NED.

I am sure Governors will join me in wishing Fiona, Sue and Kate the best of luck in their new roles.

There are a number of Governor vacancies now being advertised, and I would encourage Governors to promote interest in these vacancies.

On behalf of the Board and the Council of Governors, I would like to thank Brian Page and Maureen Dobson for their excellent service as Governors over many years as they step down from their roles.

### **CQC**

Following the services inspection in June, the CQC 'Well Led' Inspection took place between 26-28 July. The draft report was expected to be issued for factual accuracy checks in the third week in September. However, due to the funeral of Her Majesty the Queen, this has been delayed, and so we expect the draft report in the third week of October. We remain cautiously optimistic that the report will reflect the huge efforts of staff since the last inspection.

### **Board**

Since the last Council of Governors meeting, the Trust Board has met on the 2 August and 4 October. Governors are encouraged to review the Public Board papers, and the extensive range of topics within them (available on the Trust's website), and if possible attend some of the meetings.

The Annual Members meeting took place on 29 September; Sue Symington, Chair of the Yorkshire and Humberside ICS was our guest speaker, also an excellent video of new Emergency Care facilities at Diana, Princess of Wales Hospital was shown, and this went into live operation on 5 October.

## **Operations**

As reported previously, operational pressures in respect of flow of patients ready for discharge to their next point of care is still a major issue, affecting ambulance handovers and 4 hour ED performance. The combination of usual winter pressures, flu and maybe some renewed Covid impact present the prospect of a very difficult few months, and we need to be ever mindful of the need to look after our staff.

## **ICS**

The Humber and North Yorkshire ICS continues to take shape, with the Integrated Care Board now established, and the Integrated Care Partnership Board being finalised. Place arrangements are progressing and the Trust is working with Place Leadership to ensure that we have a voice in how we can support their respective ambitions in an effective way.

Finally may I thank Governors for their ongoing support and guidance and reiterate that I am happy to speak to Governors personally at any time.

Agenda Number:

CoG (10/22) Item: 2.2

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Dr Peter Reading, Chief Executive	
<b>Contact Officer/Author</b>	Dr Peter Reading, Chief Executive	
<b>Title of the Report</b>	<b>Chief Executive's Update</b>	
<b>Purpose of the Report and Executive Summary (to include recommendations)</b>	To brief Governors on certain items of interest, not covered elsewhere on the agenda.	
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	Not applicable.	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: Trust Board
<b>Which Trust Priority does this link to</b>	<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Restoring Services <input checked="" type="checkbox"/> Reducing Health Inequalities <input checked="" type="checkbox"/> Collaborative and System Working	<input checked="" type="checkbox"/> Strategic Service Development and Improvement <input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Capital Investment <input checked="" type="checkbox"/> Digital <input checked="" type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
<b>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</b>	<b>To give great care:</b> <input checked="" type="checkbox"/> 1 - 1.1 <input checked="" type="checkbox"/> 1 - 1.2 <input checked="" type="checkbox"/> 1 - 1.3 <input checked="" type="checkbox"/> 1 - 1.4 <input checked="" type="checkbox"/> 1 - 1.5 <input checked="" type="checkbox"/> 1 - 1.6 <b>To be a good employer:</b> <input checked="" type="checkbox"/> 2	<b>To live within our means:</b> <input checked="" type="checkbox"/> 3 - 3.1 <input checked="" type="checkbox"/> 3 - 3.2 <b>To work more collaboratively:</b> <input checked="" type="checkbox"/> 4 <b>To provide good leadership:</b> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
<b>Financial implication(s) (if applicable)</b>	Not applicable.	
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	Not applicable.	
<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>

**\*Board Assurance Framework (BAF) Descriptions:**

<b>1.</b>	<b>To give great care</b>
1.1	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
1.2	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
1.3	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
1.4	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
1.5	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
1.6	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
<b>2.</b>	<b>To be a good employer</b>
2.	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
<b>3.</b>	<b>To live within our means</b>
3.1	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
3.2	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
<b>4.</b>	<b>To work more collaboratively</b>
4.	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
<b>5.</b>	<b>To provide good leadership</b>
5.	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

## **1. Service Pressures and Staff Resilience**

In common with the whole of the UK, NLaG's hospital and community services continue to operate under extraordinarily high pressure. Governors are asked to note the equally extraordinary fortitude and resilience of our staff in continuing to provide our full suite of services at the highest possible standards in spite of these circumstances.

## **2. CQC Report**

It had been expected that the Trust would by now have received the draft report of the CQC inspection conducted in June and July, for the Trust to review with respect to factual accuracy. However, due to circumstances beyond the CQC's control, the issuing of the draft report to us has been delayed by a month (till late October), and we now expect the final report to be published in November or December 2022.

## **3. National Inpatient Survey – 2021**

The most recent National Inpatient Survey conducted by the CQC in November 2021, shows the Trust to be the most improved (compared to the previous year's survey) among the 73 trusts used as comparators to NLaG.

## **4. Opening of New Emergency Department at DPOW**

The £17.9 million new Emergency Department at DPOW received its first patients on 6 October. The new building, covering twice the area of the current department, genuinely deserves the epithet 'state of the art', and our ED staff at DPOW are very excited about moving in.

The Trust is very grateful to the Health Tree Foundation, and all those who have supported its ED appeal, and to the DPOW League of Friends, for their generous support in making the patient environment, and particularly the children's environment, as comfortable and welcoming as possible.

## **5. Humber Acute Services Review – Public Consultation**

After careful consideration of a variety of issues and on the advice of NLaG and HUTH (Hull University Teaching Hospitals), the Humber and North Yorkshire Integrated Care Board (HNY ICB) has decided not to launch formal public consultation on the Humber Acute Services Review (HASR) in November 2022, as originally proposed, but instead to delay it until after next year's Council elections, i.e. probably until June 2023.

## **6. Staff Pay Award and Possible Industrial Action**

All staff (except Executive Directors, for whom national guidance has only just been received) received their cost of living pay award for 2022-23 (including back pay) in their September pay.

To date, two unions (the Royal College of Nursing and UNISON) have notified the Trust that they will be balloting their members about whether they wish to take industrial action over the pay award.

## **7. Capital award for Theatre Upgrades**

Although formal confirmation of the full amount is still awaited, NLaG has been notified that it can expect £6.3 million national elective recovery capital to upgrade three operating theatres (Theatres 7 and 8 at DPOW, and Theatre A at SGH) to the highest modern standards (including laminar air flow).

## **8. Health Service Journal Awards – Finalists**

With local partners, the Trust has reached the finals of two Health Service Journal (HSJ) Awards – for the vaccination hub in Scunthorpe and for improvements in patient discharge arrangements. The awards ceremonies are next month.

## **9. Nursing, Midwifery and Allied Health Professionals Conference**

The Trust held an extremely successful Nursing, Midwifery and Allied Health Professionals Conference in Scunthorpe on 28 September, with 250 attendees including guests from local partners and the NHS England Regional team.

**Peter Reading**  
Chief Executive

Agenda Number:

CoG (10/22) Item 2.3

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	Thursday 13 October 2022	
<b>Director Lead</b>		
<b>Contact Officer/Author</b>	Ian Reekie	
<b>Title of the Report</b>	<b>Lead Governor's Update</b>	
<b>Purpose of the Report and Executive Summary</b> (to include recommendations)	<p>The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors business meeting in which the Lead Governor has been involved, including highlights from Governor Assurance Group meeting held on 8 September 2022 and the Appointments &amp; Remuneration Committee meeting held on 28 September 2022.</p> <p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li>Note the content of the Lead Governor's Update report including highlights from Governor Assurance Group and the Appointments &amp; Remuneration Committee meetings.</li> </ul>	
<b>Background Information and/or Supporting Document(s)</b> (if applicable)	None	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<b>Which Trust Priority does this link to</b>	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input checked="" type="checkbox"/> Not applicable
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<b>Financial implication(s)</b> (if applicable)	None	
<b>Implications for equality, diversity and inclusion, including health inequalities</b> (if applicable)	None	

<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>
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# COUNCIL OF GOVERNORS

13 October 2022

## Lead Governor's Update

### APPOINTMENT OF NED/ASSOCIATE NED

The Council of Governors is asked to formally note that by the 24 August deadline CoG members who virtually responded unanimously endorsed an interview panel recommendation to appoint Sue Liburd as the new NED Chair of the Workforce Committee and Kate Truscott as an Associate NED. This means that the Trust now has a full complement of NEDs in place with no further contracts due to expire until September 2023.

### GOVERNOR APPOINTMENTS

I am sure that all governors will wish to join me in welcoming the following new Stakeholder Governors whose appointments have been confirmed since the last CoG meeting:

- Councillor Nick Coultish representing East Riding of Yorkshire Council
- Emma Munday representing the North Lincolnshire Health and Care Place Partnership
- Eddie McCabe representing the North East Lincolnshire Health and Care Place Partnership

Nominations for the forthcoming public and staff governor elections are due to close on 11 October so at the CoG meeting we will be able to reflect on our ability to successfully fill the seven governor vacancies, including those resulting from the retirement of our long serving colleagues Mo Dobson and Brian Page to whom I am sure we will all wish to extend our grateful thanks for their outstanding contributions.

### GOVERNOR BRIEFINGS/VISITS

Since the last CoG meeting there have been two governor briefings covering the following subjects:

- Humber and North Yorkshire ICS/Place Partnerships – Tuesday 26 July
- Digital Letters – Thursday 18 August

A governor site visit to Scunthorpe General Hospital took place on Monday 5 September primarily to view progress with the development of the impressive new Emergency Department. However, the opportunity was also taken to visit the hospital's kitchen facilities and to hear about patient catering provision which consistently achieves high satisfaction ratings.

A scheduled visit to Goole District Hospital on 5 October had to be postponed due to the date clashing with the opening of the new DPoW ED. It has been rescheduled to take place on Monday 31 October.

## **GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS**

A meeting of the GAG was held on Thursday 8 September at which governors received an update on patient experience from Jo Loughborough including on the Annual Complaints Report and the Trust's very encouraging National Inpatient Survey results. The GAG also heard about early thoughts on topics for inclusion in the trust's 2023/24 quality priorities.

At the 8 September meeting GAG members as usual sought assurance from NEDs regarding the content of their committee highlight reports. Issues raised included:

- Appointment of external auditors
- Sufficiency of internal audit resources
- SGH fire alarm system
- CQC report publication process/timing
- NLaG/HUTH digital strategy
- Workforce Race Equality/Workforce Disability Equality Standards

## **APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS**

Items considered at an ARC meeting held on Wednesday 28 September included:

- Review of Chair/NED/Senior Independent Director appointment processes – This revealed that processes currently adopted, although considered to be in accordance with good practice, diverge from those as set out in the ARC terms of reference.
- Review of Terms of Reference – Consideration was given to a draft revised set of ARC terms of reference but in view of the need to further address appointment process discrepancies it was agreed to defer approval until the December ARC meeting with a view to recommending changes to the January 2023 CoG meeting. As an interim measure it was agreed to reduce the number of scheduled ARC meetings to three per annum on the basis that extraordinary meetings can be arranged at short notice whenever necessary.
- NED Appraisals – The Trust Chair reported on the outcomes of his appraisals of Linda Jackson and Stuart Hall in their capacities as Vice Chairs of NLaG and HUTH respectively and as Associate NEDs on the boards of their alternate trusts. Their performance was rated outstanding/fully satisfactory.
- Joint Chair Appraisal – As the Joint Chair did not take up his post until February 2022 no formal appraisal has yet taken place. However, ARC was informed that a set of trust specific and generic objectives have been agreed for 2022/23 against which the performance of the Joint Chair will be appraised.

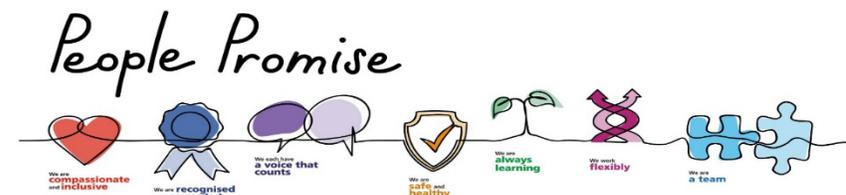
**Ian Reekie**  
**Lead Governor**

# Council of Governors Meeting – 13<sup>th</sup> October 2022

## Focus on Recruitment & Retention 2022/2023



Christine Brereton, Director of People



# Trust Priorities : Priority 1: Our People

## Trust Priorities 2022-2023 - Priority 1 – Our People:

1. We will further develop how we seek to **Attract and Recruit new staff**
2. We will develop and care for our own staff
3. We will continue to improve our Culture and Staff Engagement within the Trust

Each of these overarching objectives has subsections: Discussion today the top two.

### **We will further develop how we seek to Attract and Recruit new staff by:**

- Developing an overall Recruitment Plan to attract staff to a range of roles across the trust, including hard to fill clinical roles, resulting in less reliance on bank and agency staff
- Reviewing our recruitment practices to ensure that they are fair, inclusive, responsive and provide a positive candidate experience.
- Developing **new roles**(including nurse apprenticeships) to attract staff and support existing workforce shortages.
- Increasing flexible and hybrid working opportunities clinically and non-clinically for our new starters.

# Recruitment Plans

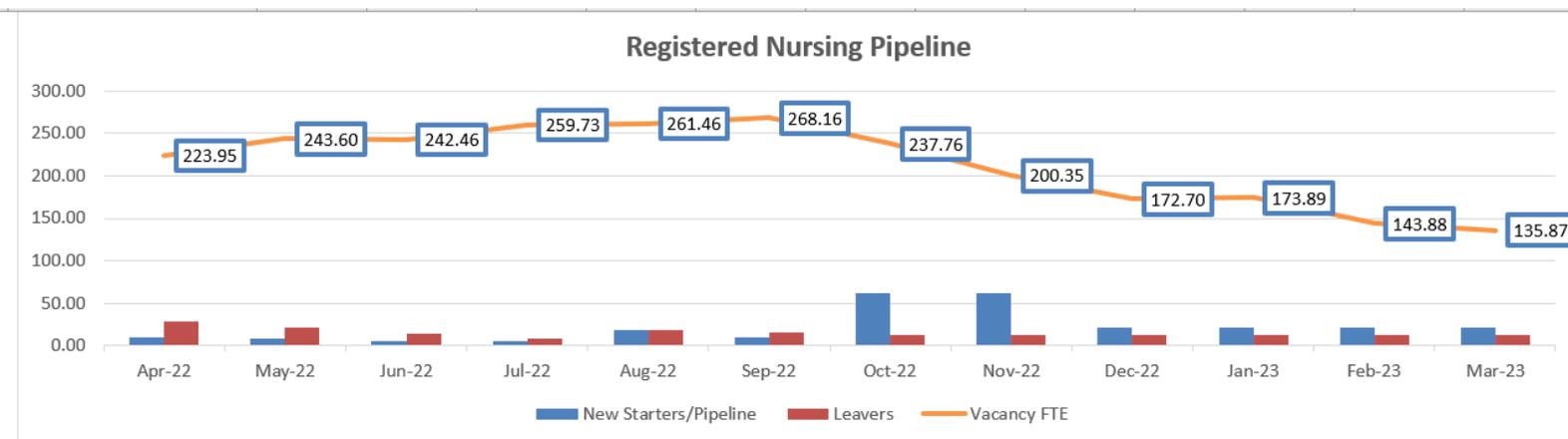


***“Develop overall Recruitment Plans to attract staff to a range of roles across the trust.....”***

## People Promise



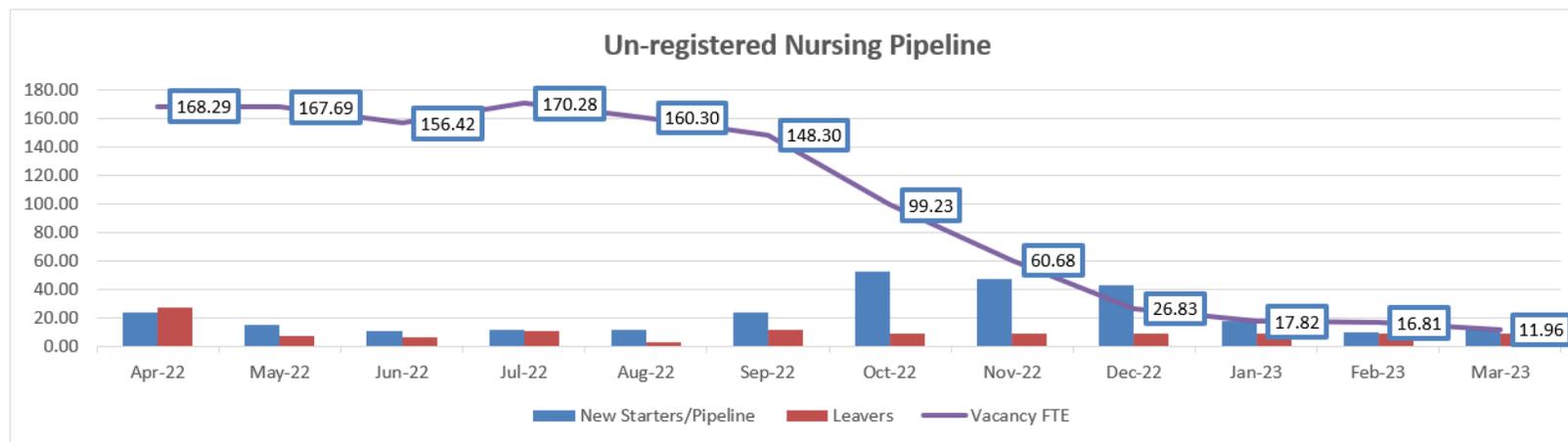
# Registered Nursing



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	actual	actual	actual	actual	actual	actual	pipeline	pipeline	pipeline	pipeline	pipeline	pipeline
<b>New Starters/Pipeline</b>	10.20	8.67	4.90	5.10	18.00	9.30	62.00	62.00	22.00	22.00	22.00	22.00
<b>Leavers</b>	29.04	20.76	13.71	8.00	18.90	16.00	13.12	13.12	13.12	13.12	13.12	13.12
<b>Staff in Post</b>	1,425.62	1,490.45	1,487.31	1,478.16	1,481.29	1,474.59	1,504.99	1,542.40	1,570.05	1,568.86	1,598.87	1,606.88
<b>Establishment</b>	1,649.57	1,734.05	1,729.77	1,737.89	1,748.50	1,748.50	1,748.50	1,748.50	1,748.50	1,748.50	1,748.50	1,748.50
<b>Change in month actual</b>	(18.84)	(12.09)	(8.81)	(2.90)	(0.90)	(6.70)	30.40	37.41	27.65	(1.19)	30.01	8.01
<b>Vacancy FTE</b>	223.95	243.60	242.46	259.73	261.46	268.16	237.76	200.35	172.70	173.89	143.88	135.87

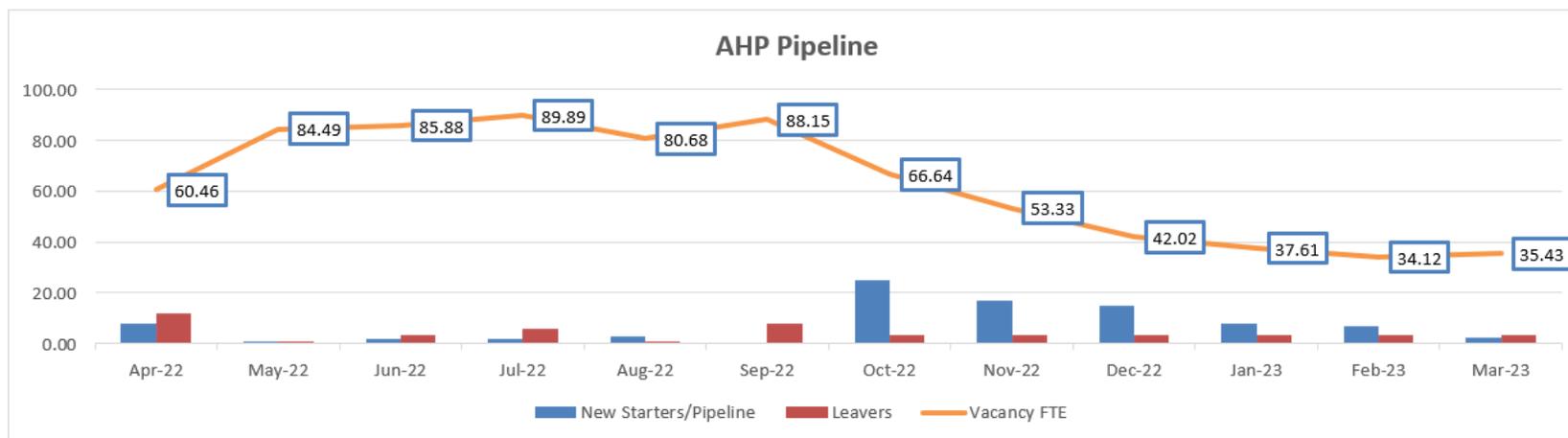
- International nurse recruitment ongoing
- Engagement with Hull, Nottingham, and Lincoln universities resulted in 89 NQNs appointed
- Local/Regional recruitment campaign to commence Q4
- Nursing career framework in place and apprenticeship programmes launched for longer term pipelines
- Risks are CPD/Pastoral support for international nurses. Business case to be completed for further additional support, and discussions for pastoral support
- Accommodation availability at SGH a risk. Business case led by E&F under way for additional accommodation

# Health Care Support Workers



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	actual	actual	actual	actual	actual	actual	pipeline	pipeline	pipeline	pipeline	pipeline	pipeline
<b>New Starters/Pipeline</b>	24.19	15.15	10.93	12.10	12.00	24.00	53.00	47.70	43.00	18.16	10.16	14.00
<b>Leavers</b>	27.40	7.76	6.52	11.00	3.10	12.00	9.15	9.15	9.15	9.15	9.15	9.15
<b>Staff in Post</b>	<b>668.24</b>	<b>756.94</b>	<b>763.75</b>	<b>761.68</b>	<b>777.43</b>	<b>789.43</b>	<b>833.28</b>	<b>871.83</b>	<b>905.68</b>	<b>914.69</b>	<b>915.70</b>	<b>920.55</b>
<b>Establishment</b>	<b>836.53</b>	<b>924.63</b>	<b>920.17</b>	<b>931.96</b>	<b>940.11</b>	<b>931.96</b>						
<b>Change in month actual</b>	(3.21)	7.39	4.41	1.10	8.90	12.00	43.85	38.55	33.85	9.01	1.01	4.85
<b>Vacancy FTE</b>	168.29	167.69	156.42	170.28	160.30	148.30	99.23	60.68	26.83	17.82	16.81	11.96

- RPIW (rapid process improvement workshop) undertaken to review recruitment process
- Mass recruitment events took place in September, resulting in **142** appointments, expected to start Q3
- Risks to delivery are limited pastoral support available, discussions taking place to implement additional pastoral care roles

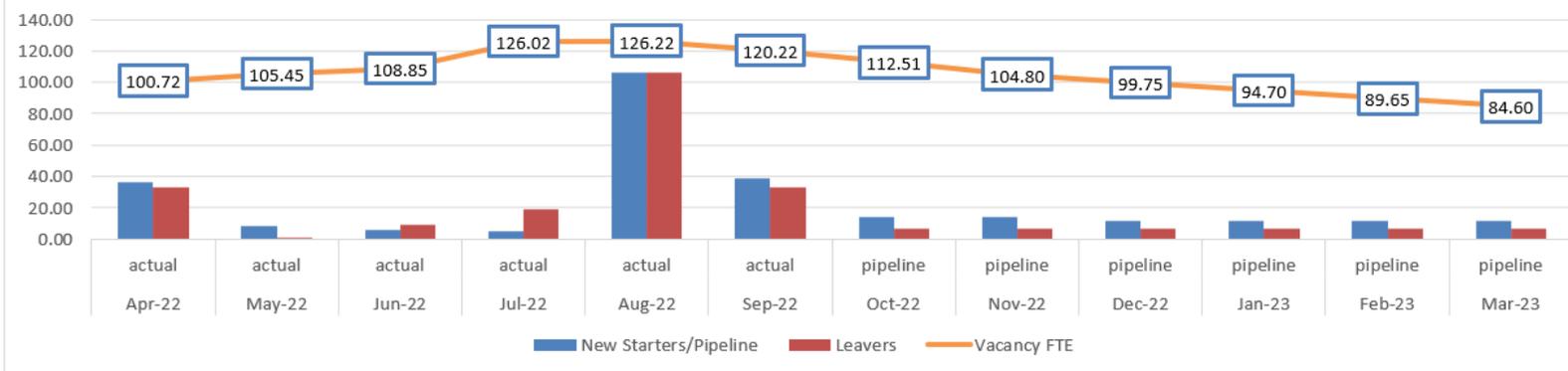


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	actual	actual	actual	actual	actual	actual	pipeline	pipeline	pipeline	pipeline	pipeline	pipeline
<b>New Starters/Pipeline</b>	7.80	1.00	1.73	2.00	2.90	0.53	25.07	16.87	14.87	7.97	7.05	2.25
<b>Leavers</b>	12.10	1.11	3.60	6.00	1.00	8.00	3.56	3.56	3.56	3.56	3.56	3.56
<b>Staff in Post</b>	385.47	631.12	629.73	634.82	644.03	645.47	666.98	680.29	691.60	696.01	699.50	698.19
<b>Establishment</b>	445.93	715.61	715.61	724.71	724.71	724.71	724.71	724.71	724.71	724.71	724.71	724.71
<b>Change in month actual</b>	(4.30)	(0.11)	(1.87)	(4.00)	1.90	(7.47)	21.51	13.31	11.31	4.41	3.49	(1.31)
<b>Vacancy FTE</b>	60.46	84.49	85.88	89.89	80.68	88.15	66.64	53.33	42.02	37.61	34.12	35.43

- Business as usual recruitment underway for AHP recruitment
- Talent Acquisition Support for Dietitians resulted in filling to establishment
- Talent Acquisition supporting C&T with holding virtual webinars and face to face open days in Q3
- NHSi/e funding bid explored for Podiatrists, Occupational Therapists, and Diagnostic Radiographers limited progress due to limited pastoral infrastructure

# Medical Staff

Medical Staff - Overall



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
	actual	actual	actual	actual	actual	actual	pipeline	pipeline	pipeline	pipeline	pipeline	pipeline
<b>New Starters/Pipeline</b>	36.00	8.00	6.00	5.00	106.00	39.00	14.00	14.00	11.34	11.34	11.34	11.34
<b>Leavers</b>	32.82	1.00	9.00	18.90	106.00	33.00	6.29	6.29	6.29	6.29	6.29	6.29
<b>Staff in Post</b>	<b>641.63</b>	<b>658.23</b>	<b>657.23</b>	<b>639.35</b>	<b>637.91</b>	<b>639.52</b>	<b>645.36</b>	<b>653.07</b>	<b>658.12</b>	<b>663.17</b>	<b>668.22</b>	<b>673.27</b>
<b>Establishment</b>	<b>742.35</b>	<b>763.68</b>	<b>766.08</b>	<b>765.37</b>	<b>764.13</b>							
<b>Change in month actual</b>	3.18	7.00	(3.00)	(13.90)	0.00	6.00	7.71	7.71	5.05	5.05	5.05	5.05
<b>Vacancy FTE</b>	100.72	105.45	108.85	126.02	126.22	120.22	112.51	104.80	99.75	94.70	89.65	84.60

- Business as usual recruitment underway for medical recruitment
- Talent Acquisition support for difficult to fill role across all medical grades, with campaigns for ED and Gastroenterology
- Risks to increase recruitment due to pastoral support for international doctors. Business case in development additional support, and discussions for pastoral support
- Business case approved for additional accommodation at SGH

# Recruitment Review



***“Review our recruitment practices to ensure that they are fair, inclusive, responsive and provide a positive candidate experience”***

## People Promise



# Recruitment Review Focus



Processes

Roles and  
Responsibilities

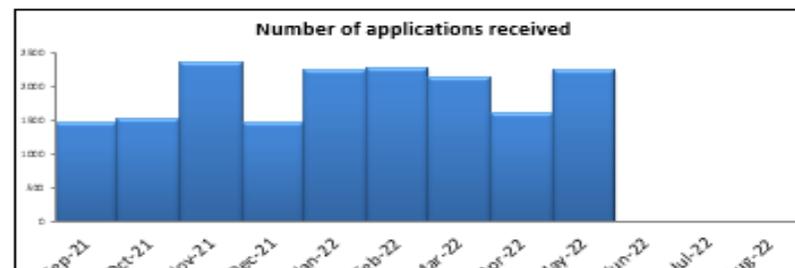
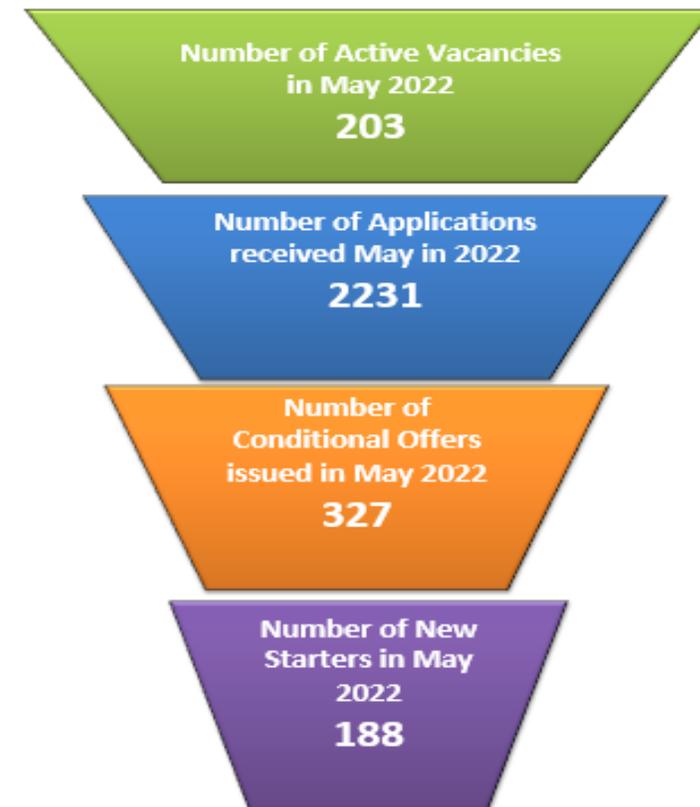
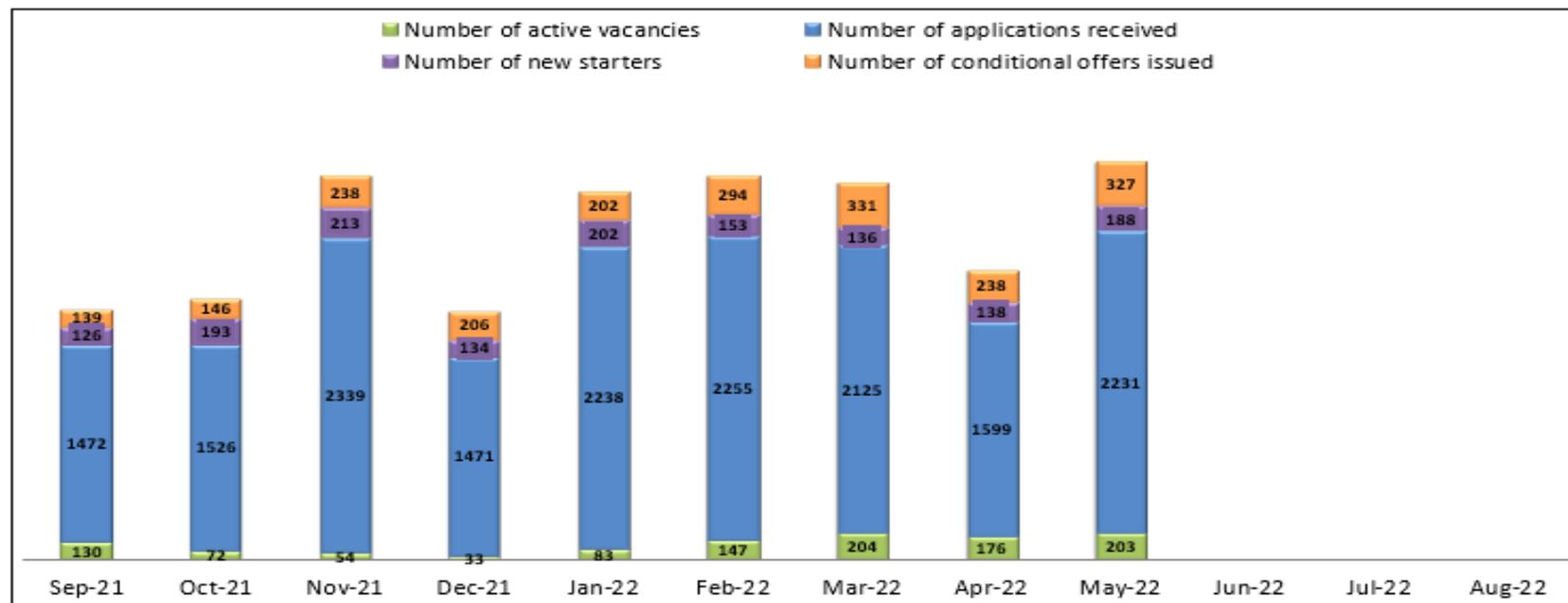
Communication

Equality, Diversity and  
Inclusion (EDI)

# Recruitment Review – Outcomes

## NLAG Recruitment KPI Dashboard

May-22



# Recruitment Dashboard – Recruiting Manager Performance

## Recruiting Manager Performance

			Average working days this month				
Time taken to shortlist	KPI		Apr-22	May-22	Jun-22	Jul-22	Aug-22
	5 Working Days	KPI Target	5	5	5	5	5
		Add Prof Scientific and Technic	0	0	2	0	0
		Additional Clinical Services	6	6	8	2	2
		Administrative and Clerical	7	5	3	4	6
		Allied Health Professionals	3	3	2	5	6
		Estates and Ancillary	8	8	2.5	6	4
		Healthcare Scientists	11	11	10	14	3
		Medical and Dental	9	9	5	5	3
		Nursing and Midwifery Registered	4	5	6	5	4
Time taken for interview outcome to be received from recruiting manager (interview date to notification received)	KPI		Apr-22	May-22	Jun-22	Jul-22	Aug-22
	2 Working Days	KPI Target	2	2	2	2	2
		Add Prof Scientific and Technic	0	0	5	0	0
		Additional Clinical Services	2	2	1	1	1
		Administrative and Clerical	1	2	2	2	1
		Allied Health Professionals	0	0	2	1	1
		Estates and Ancillary	4	4	5	1	4
		Healthcare Scientists	1	1	1	1	1
		Medical and Dental	2	2	17	1	2
		Nursing and Midwifery Registered	1	0	3	2	3

# Recruitment Dashboard – Recruitment Team Performance



Northern Lincolnshire  
and Goole  
NHS Foundation Trust

## Recruitment Team Performance

KPI	KPI Target	Apr-22	May-22	Jun-22	Jul-22	Aug-22	
		2	2	2	2	2	2
Time taken to send interview invite (shortlisting received to interview invite sent)	2 Working Days	Add Prof Scientific and Technic	0	0	0	0	0
		Additional Clinical Services	0	0	0	0	3
		Administrative and Clerical	0	0	0	0	0
		Allied Health Professionals	0	0	1	0	0
		Estates and Ancillary	0	0	0	1	0
		Healthcare Scientists	0	0	0	0	0
		Medical and Dental	2	2	0	2	0
		Nursing and Midwifery Registered	0	2	0	2	0.3
		KPI	KPI Target	Apr-22	May-22	Jun-22	Jul-22
Time taken to send conditional offer (from interview outcome received to conditional offer sent)	2 Working Days	KPI Target	2	2	2	2	2
		Add Prof Scientific and Technic	1	1	1	0	0
		Additional Clinical Services	2	2	1	1	1
		Administrative and Clerical	1	1	2	1	1
		Allied Health Professionals	4	4	15	4	0
		Estates and Ancillary	0	0	1	0	0
		Healthcare Scientists	3	3	1	1	0
		Medical and Dental	7	3	2.5	4	4
		Nursing and Midwifery Registered	1	17	1	1	2

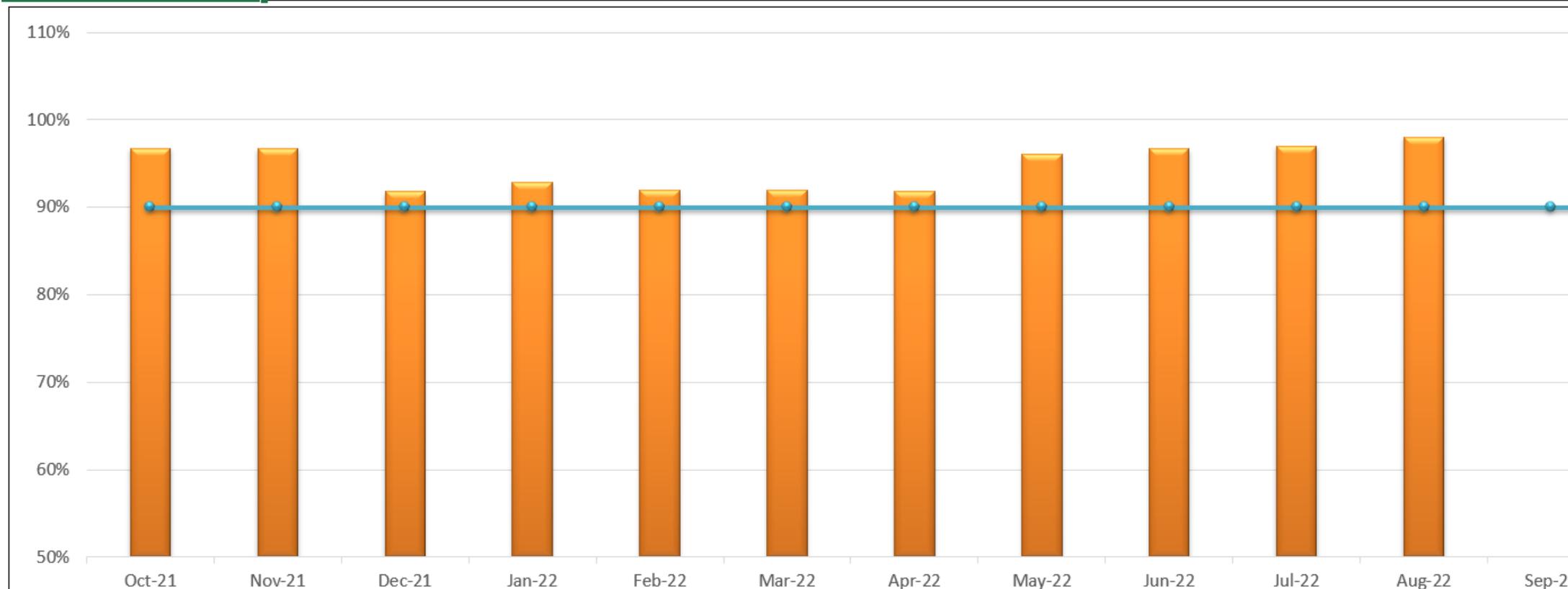
# Recruitment Dashboard – Recruitment Team Performance

## Recruitment Team Performance

Recruitment Team Performance									
Time taken to send conditional offer (from interview outcome received to conditional offer sent)	KPI		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
	2 Working Days	KPI Target		2	2	2	2	2	2
		Add Prof Scientific and Technic		1	1	1	0	0	
		Additional Clinical Services		2	2	1	1	1	
		Administrative and Clerical		1	1	2	1	1	
		Allied Health Professionals		4	4	15	4	0	
		Estates and Ancillary		0	0	1	0	0	
		Healthcare Scientists		3	3	1	1	0	
		Medical and Dental		7	3	2.5	4	4	
		Nursing and Midwifery Registered		1	17	1	1	2	
Time taken from conditional offer to starting letter sent		KPI		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
	25 Working Days	KPI Target		25	25	25	25	25	25
		Add Prof Scientific and Technic		0	52	22	24	0	
		Additional Clinical Services		34	33	48	47	40	
		Administrative and Clerical		16	21	21	16	18	
		Allied Health Professionals		30	30	36	40	50	
		Estates and Ancillary		30	35	27	38	46	
		Healthcare Scientists		27	27	26	23	38	
		Medical and Dental		0	42	50	0	0	
		Nursing and Midwifery Registered		38	34	36	51	41	

# Recruitment Dashboard – Equality Representatives on Interview Panels

Interview panels with Equality Representatives	KPI		Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
	90%	Percentage of Panels with Equality Reps	97%	97%	92%	93%	92%	96%	97%	98%	98%



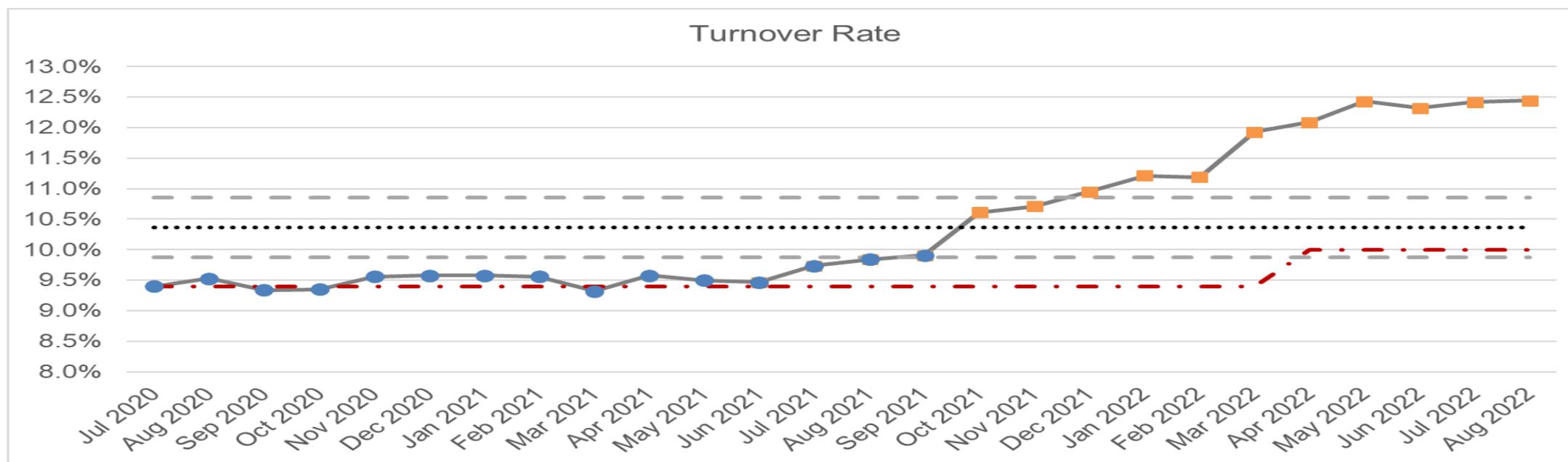
# Retention



## People Promise



# Turnover – target 10%

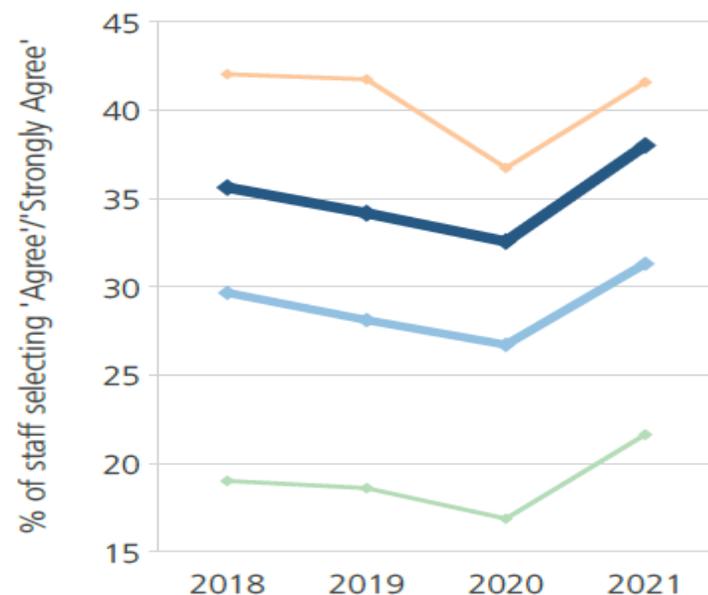


- Turnover for the trust has begun to stabilise at 12.5% over the last 4 months against a target of 10%
- Acute Sector turnover over the last 12 months has risen over the same period with increasing from 8.6% to 11.3%
- Regional Turnover has also increased with the latest figure at 10.2%

# Staff Survey Findings 21/22

**Q22a**

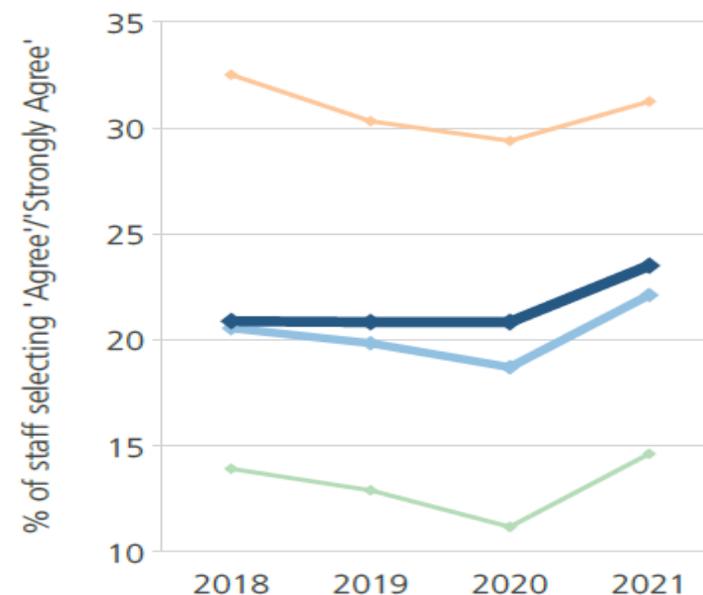
I often think about leaving this organisation



<b>Worst</b>	42.0%	41.8%	36.7%	41.6%
<b>Your org</b>	35.6%	34.2%	32.6%	38.0%
<b>Average</b>	29.7%	28.1%	26.7%	31.3%
<b>Best</b>	19.0%	18.6%	16.9%	21.6%
<b>Responses</b>	1,942	2,496	2,365	2,434

**Q22b**

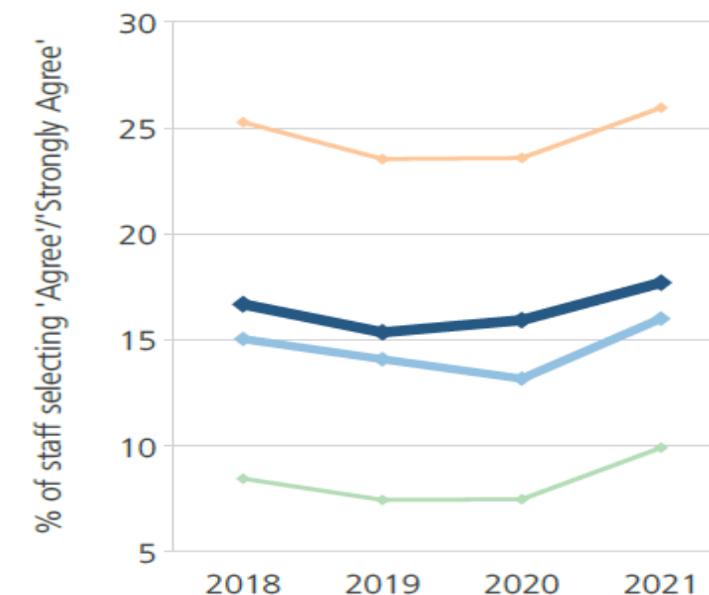
I will probably look for a job at a new organisation in the next 12 months



<b>Worst</b>	32.5%	30.3%	29.4%	31.2%
<b>Your org</b>	20.9%	20.8%	20.8%	23.5%
<b>Average</b>	20.6%	19.8%	18.7%	22.1%
<b>Best</b>	13.9%	12.9%	11.2%	14.6%
<b>Responses</b>	1,933	2,495	2,364	2,423

**Q22c**

As soon as I can find another job, I will leave this organisation



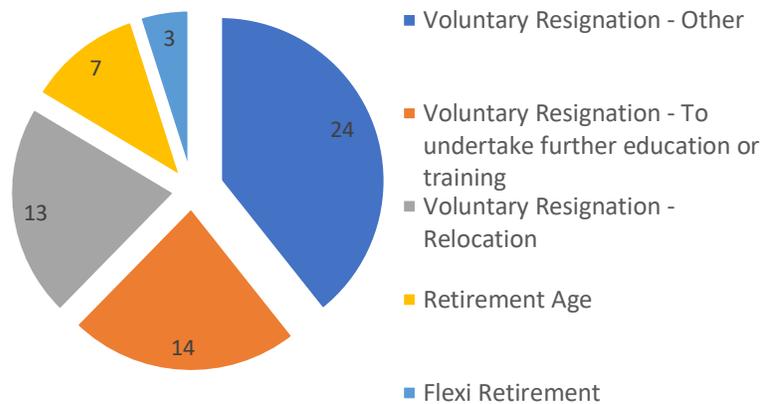
<b>Worst</b>	25.3%	23.5%	23.6%	26.0%
<b>Your org</b>	16.7%	15.4%	15.9%	17.7%
<b>Average</b>	15.0%	14.1%	13.2%	16.0%
<b>Best</b>	8.5%	7.4%	7.5%	9.9%
<b>Responses</b>	1,900	2,480	2,359	2,424

# Retention Deep-dive – Aug 21-September 22

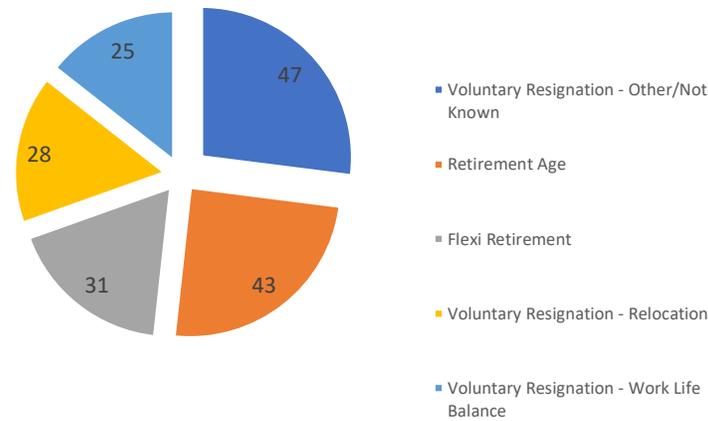
Figure 1

Reason for Leaving	Number of Leavers
Voluntary Resignation - Relocation	111
Retirement Age	110
Voluntary Resignation - Promotion	85
Flexi Retirement	80
Voluntary Resignation - Work Life Balance	58

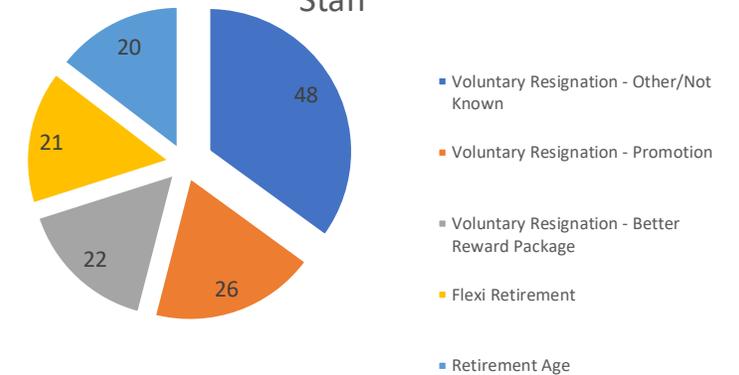
Top 5 reasons for leaving - Medical Staff



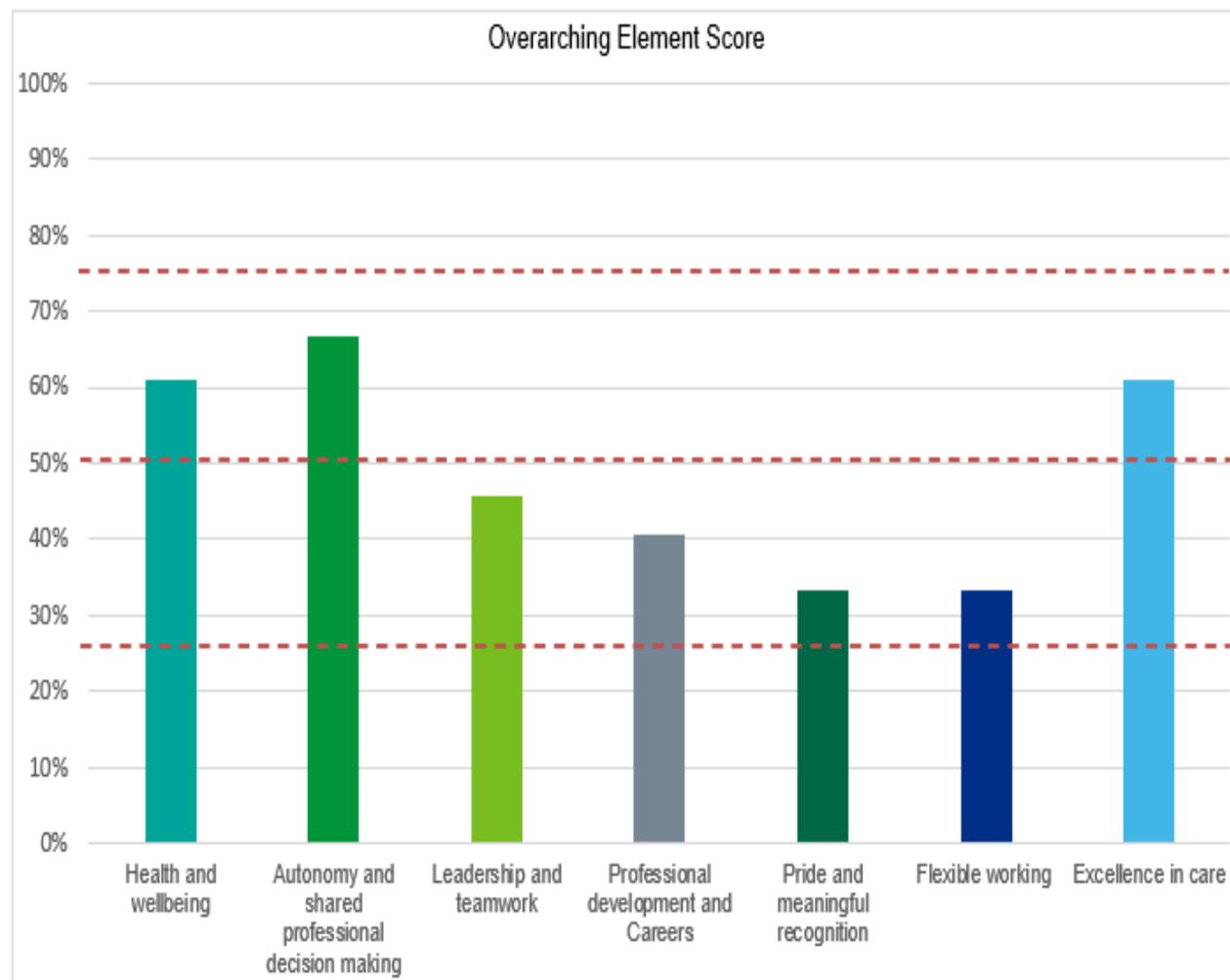
Top 5 reasons for leaving - Nursing Staff



Top 5 reasons for leaving – Un registered Staff



# Nursing and Midwifery Retention tool kit



Predominantly 'area of excellence' scores - Area of best practice

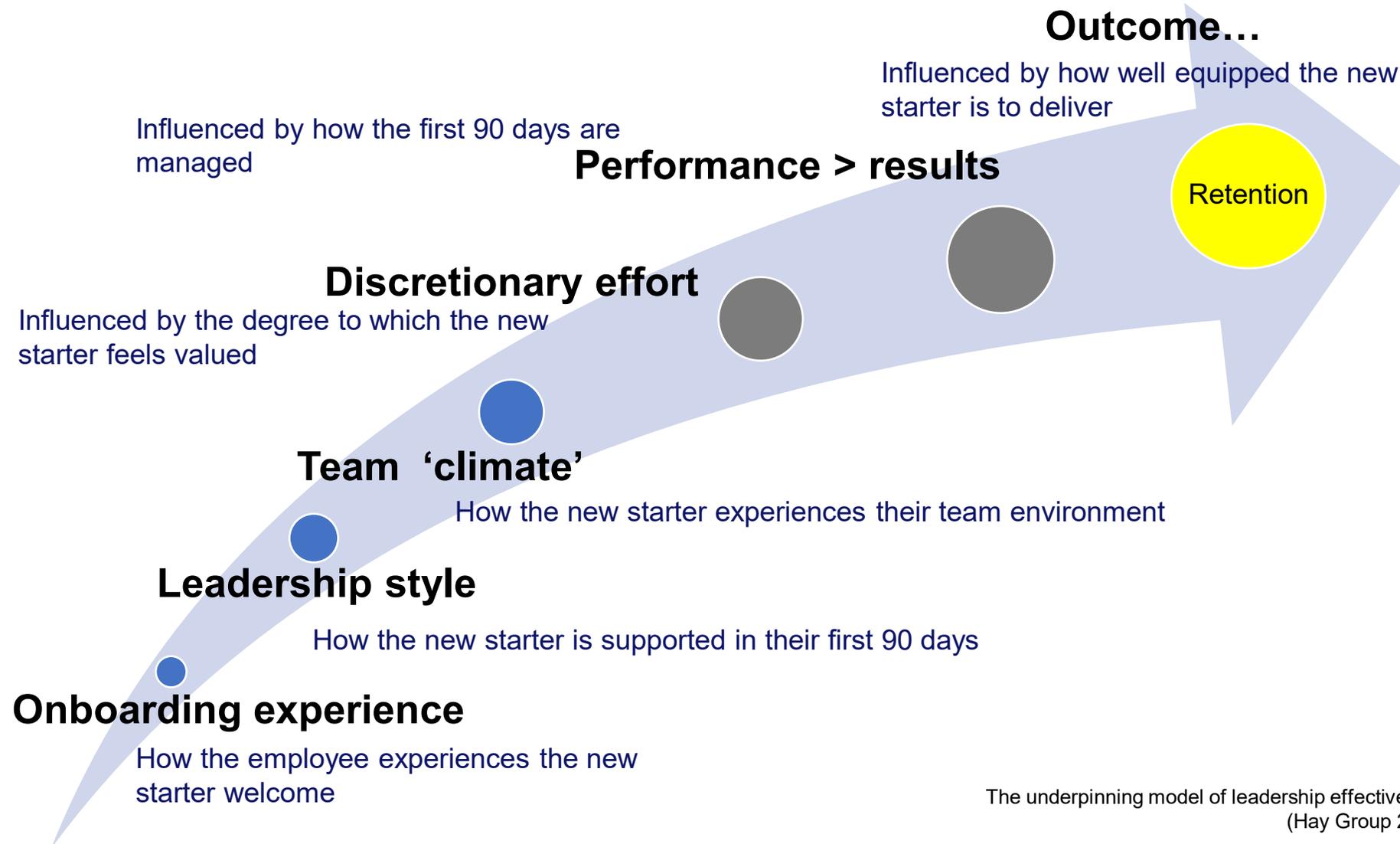
Predominantly 'significant progress' scores - Multiple effective interventions in place

Predominantly 'low level of progress' scores - Minimal interventions in place

Predominantly not started scores - Limited to no interventions in place

- NHS I/E Nursing Retention tool kit completed in September 2022.
- Areas of lowest development to aid retention are pride and recognition, career development and flexible working all these areas are key work streams in the Leadership and culture transformation programme

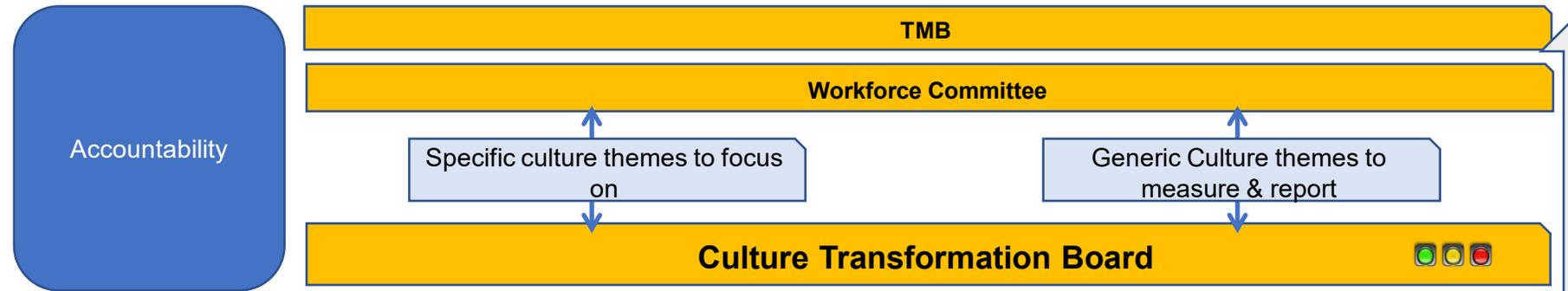
# Leadership & Culture - influence on Retention



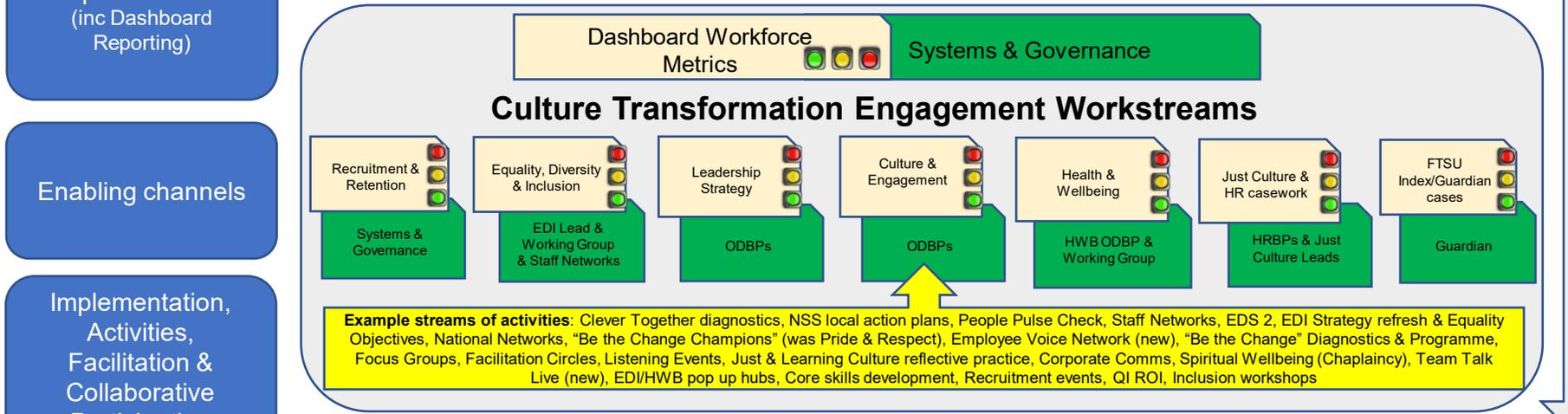
# Culture & Engagement Transformation Framework

**Aim** Through collaborative engagement and co-creation with our workforce, develop a culture which provides our staff with a workplace that is inclusive in which we demonstrate our Values of Kindness, Courage and Respect in all we do, for each other, for our patients, families and the communities we serve

**Principles of Delivery** Build wholistic, collaborative delivery plans      Strengthen "Living our Values"      Measure and celebrate progress



**Implementation (inc Dashboard Reporting)** Culture Transformation Working Group



**Implementation, Activities, Facilitation & Collaborative Participation**

Comms Channels

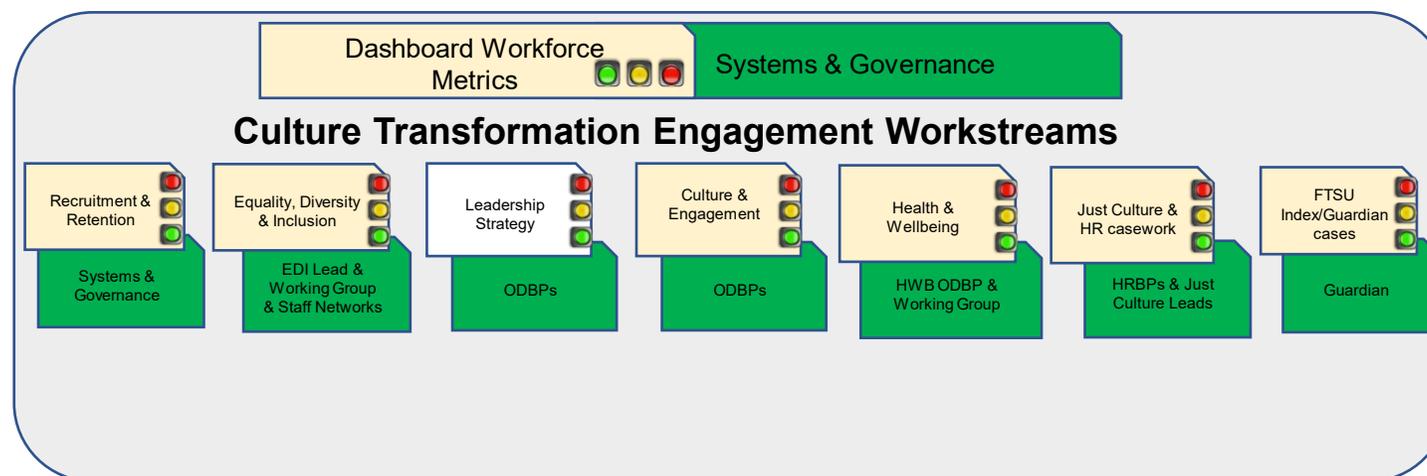
Metrics contribute to Culture & Engagement dashboard

# Culture Transformation Programme

Recruitment & Retention

- Exit Interviews
- Onboarding experience
- Corporate Welcome
- Local Induction
- 1<sup>st</sup> 90 days

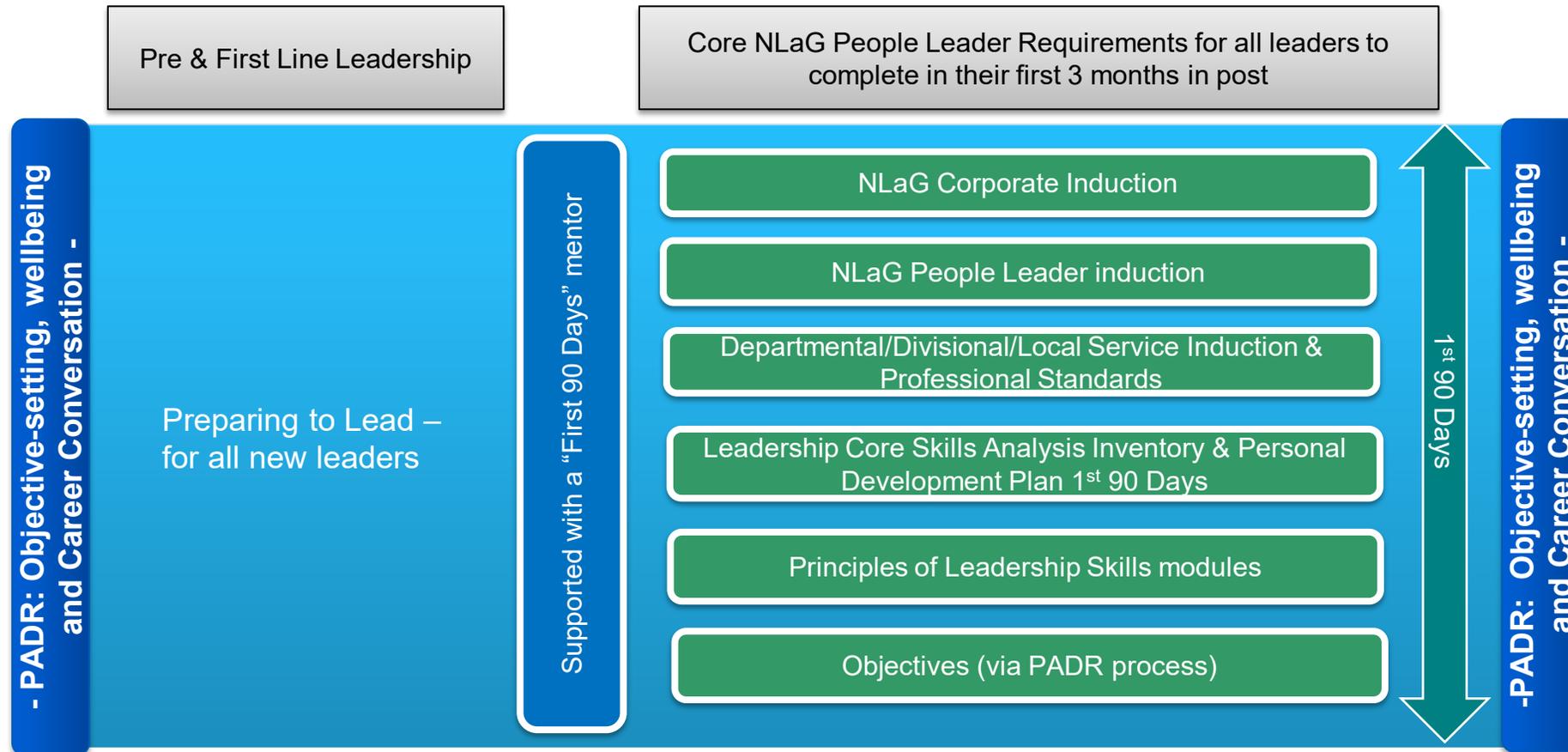
Systems & Governance



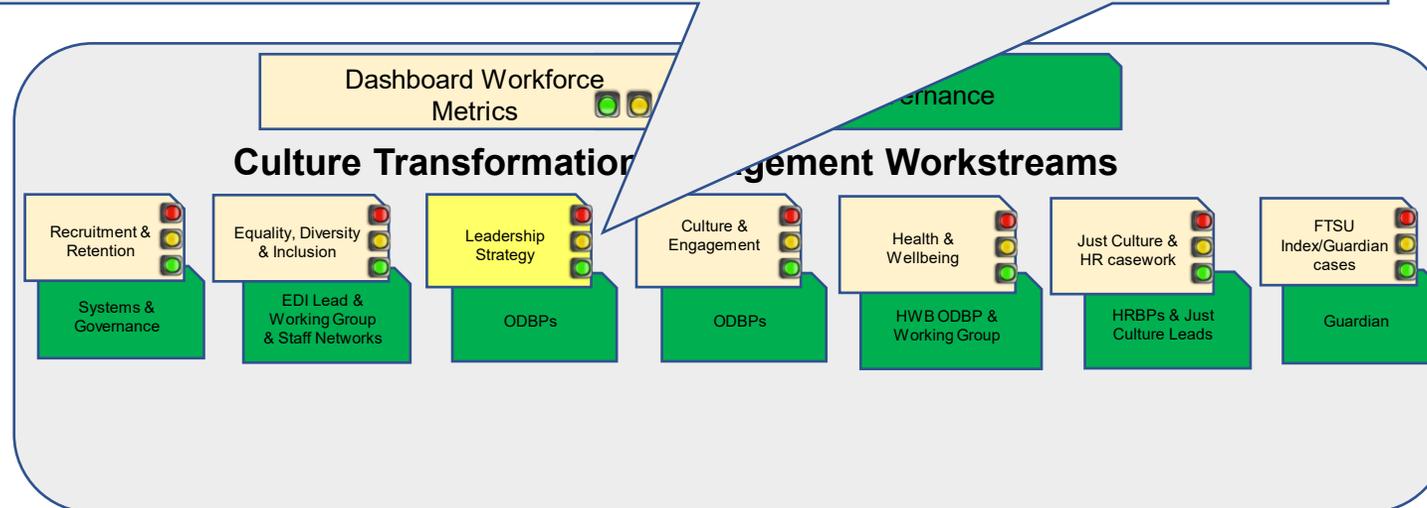
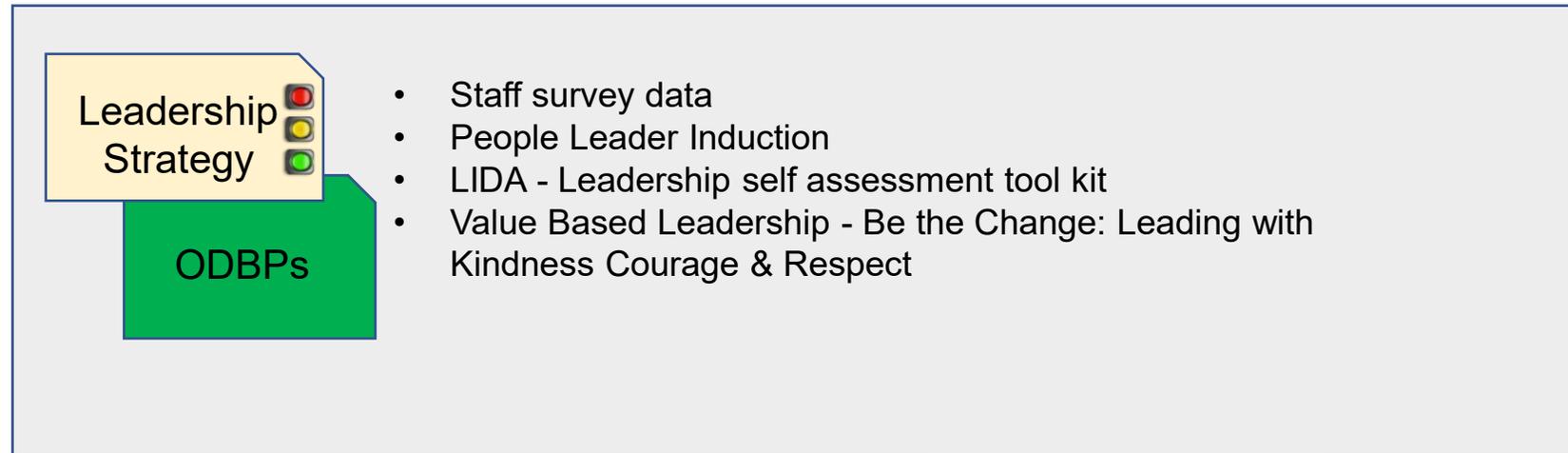
# Culture Transformation Programme



Northern Lincolnshire  
and Goole  
NHS Foundation Trust



# Culture Transformation Programme



# Health Inequalities Update

## Trust Board

- Jug Johal – Health Inequalities Lead NLAG
- Beth Ellett – Deputy Director Operations and Delivery
- Ashy Shanker – Deputy Director Planning and Performance



# Contents

- National Policy Context Page 3
- Regional collaborative Health Improvement approach Page 4
- Regional Health Equity Improvement support Page 5
- Desired State Page 6
- Key Enablers Page 7
- Humber, Vale & Coast Page 8
- Core20Plus5 Progress Page 9
- Social Mobility Pledge and Levelling Up Goals Page 10
- NLAG Internal Actions Page 11
- NLAG – In Collaboration Page 12
- 2022/23 Operational Planning Guidance Requirements Page 13
- Appendices



# National Policy Context

Classification: Official  
Publications approval reference: P16942



**Four core purposes of future statutory ICSs:**

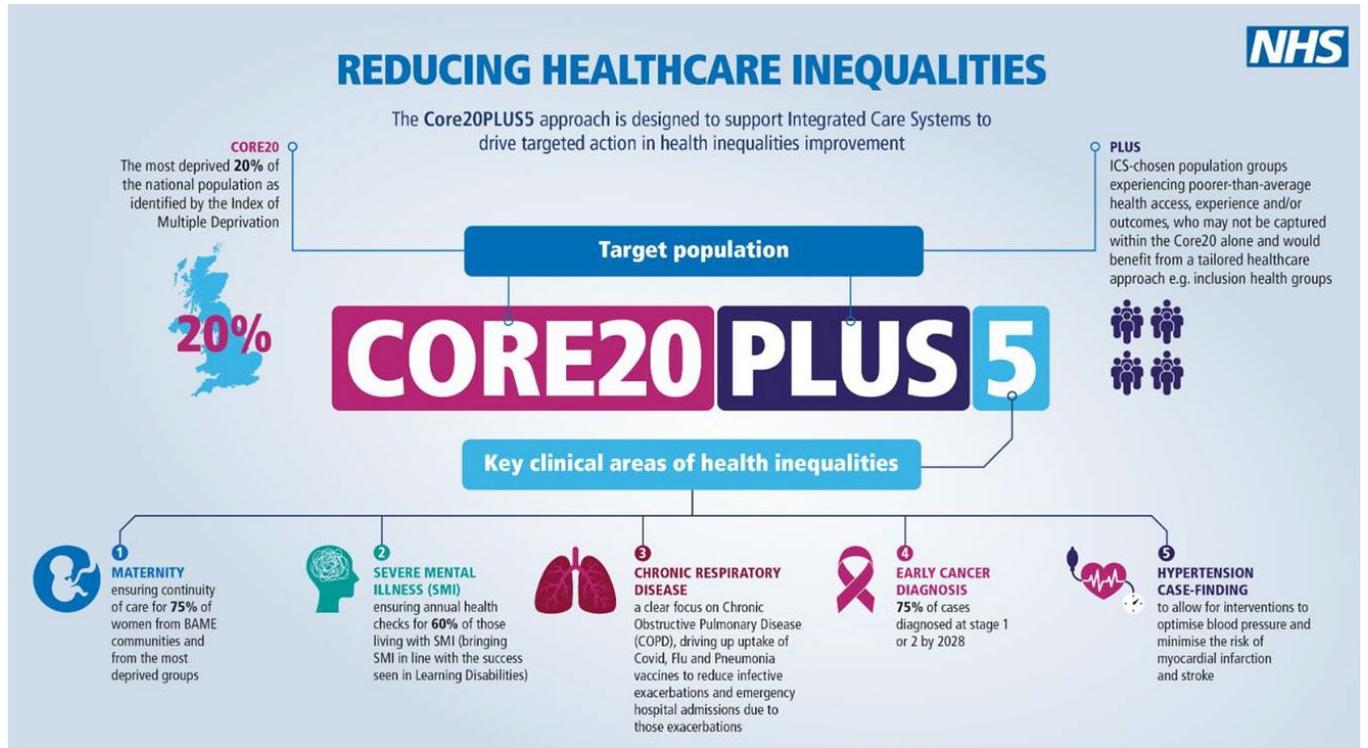
- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- **enhance productivity and value for money**
- help the NHS support broader **social and economic development**.

Integrated Care Systems: design framework  
Version 1, June 2021

Core expectation within 22/23 & multi-year plans

Quarterly accountability to national team

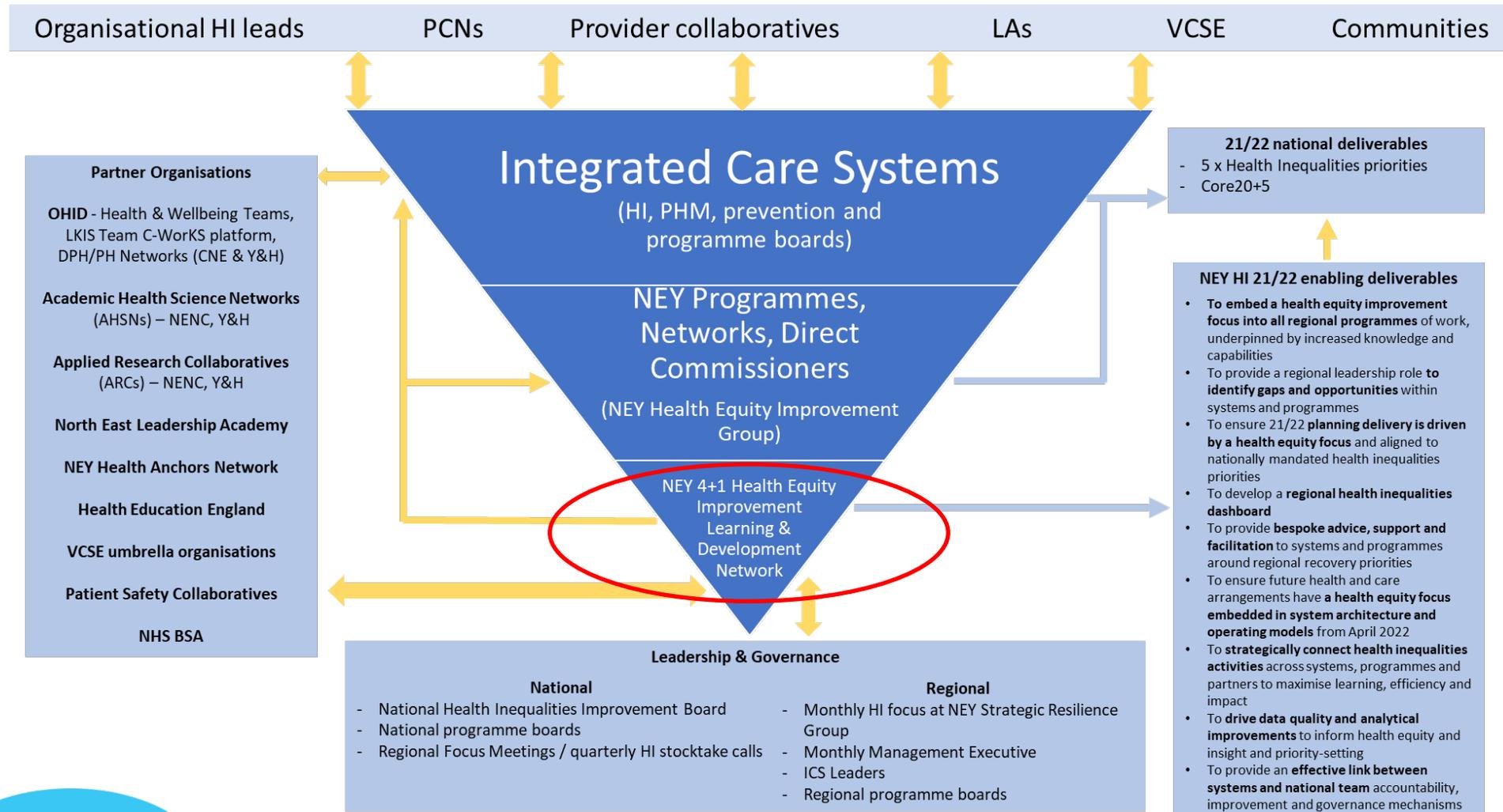
Use of national health inequalities improvement dashboard to drive oversight



- Incorporation of Children and Young People into Core20+5 framework
- Continued focus on applying a health inequalities lens to elective recovery
- Continued focus on NHS maximising it's social value role in terms of employment, procurement, environment etc)



# Region collaborative Health Equity Improvement Approach



# Regional Health Equity Improvement Support

- Developing systems and processes to support the consistent embedding of health inequalities into all regional and system strands of work
- Building all-system consensus around a **desired 'end state'** for what a thriving ICS would look like in the context of reducing health inequalities
- Sharing learning around individual system approaches to governance, PHM functions, capacity and skills building (webinars, workshops, online platforms, training)
- Exploring additional NHSEI/OHID support offers to work through common wicked problems – set of sector-led improvement options under review
- Ensuring alignment of approaches to national health inequalities improvement expectations across North East and Yorkshire
- Identification of cross-workstream interdependencies (quality oversight, funding allocation, workforce competencies/capacity)



# Humber and North Yorkshire ICS

- **Population Health and Prevention Executive Committee** –Launched July 2022 with inception of ICB jointly Chaired by DPH
- **Director of Public Health on the ICB** –In place
- **Consultant in Population Health** – Appointed from October 2022
- **Capacity to support delivery** – Population Health and Prevention Executive Committee overseeing all pillars of delivery including PHM, HIE, Prevention and Vaccinations & Immunisations – PMO and analytical lead in place to support
- **Cross-organisational Health Inequalities Leaders Development Session** held as catalyst for programme and now informs agenda of the PHMP Exec Committee
- **Core20plus5** – comprehensive action plan in place including Mental Health and Children and Young People
- **Health inequalities in our coastal communities e.g. Hull, Withernsea, Grimsby, Scarborough** – joint strategy group established informed by national strategy
- **Multiple levels of social injustice that we have the power to address** – joining up communities with health in our coastal communities
- **Care to Prosper** Cost Benefit proposal submitted to Government Sep 2021: Paid childcare for low paid roles and expanding funding for sector-based work academies. Joined-up approach to policy, funding and delivery in order to transition people into health and care roles within the next 2 years
- **Levelling Up Coalition** - First ICS to sign up– “Stop debating and start solving” Pilot in Hull, partnering with University of Hull and This is Purpose – impact report due and Place Board leading joint plan between communities and health spanning infrastructure, goods, people, skills
- **Anchor Networks / Institutions** – Framework in place to assist organisation to understand their priorities, focus on three areas - Building Better Places, Net Zero, Youth Employment
- Working as a **4 plus 1 approach with AHSN and OHID** to support development of approach to Health Inequalities and explore opportunities for innovation



## Population Health Management and Prevention Executive Committee

The HNY Population Health and Prevention Executive Committee is a collaborative committee of the ICB from the 1st July 2022. The committee will strengthen leadership and influence decision-making, at-scale, and support place-based delivery to improve population health and tackle health inequalities and prevention. The membership of the committee will include ICB Directors, Public Health, Provider Collaboratives and Place leads.

### Prevention programme delivery group

Oversees delivery of the long-term plan priorities set out by NHS E/I:

- Alcohol
- Tobacco
- Obesity (including Digital Weight Management)
- Other funded programmes

### Population Health programme delivery group

Oversees action plan of PHMP board and supports the implementation of a PHM tool and approach across the ICS

### Health Inequalities programme delivery group

Co-ordinates and oversees delivery of actions in the health inequalities plan submission including the Core20plus5

Supports the action plan from PHMP board priorities and strategic plan

### Vaccination programme delivery group

Replaces winter vaccination programme board

Oversees and supports transition of other s7A vaccination programmes

(Screening and earlier diagnosis)

# Social Mobility Pledge and Levelling Up Goals

Social Mobility Pledge - founded by former UK Cabinet Minister, Rt Hon. Justine Greening, and UK entrepreneur David Harrison,

Represents a powerful and pioneering shift towards being a truly purpose-led organisation committed to social mobility.

Asking organisations to take steps to boost opportunity and social mobility as we face the challenges of a growing opportunity gap in the wake of COVID-19.

3 key elements of the Pledge; **outreach, access and recruitment.**

The Levelling Up Goals are the first major piece of work from the Coalition made up of the UK's leading purpose-led policymakers, business leaders and university vice-chancellors.



# NLAG- Internal actions

NLAG has taken the following steps to make certain that due regard is taken of health inequalities and that any gaps are not widened.

- Ensuring, as much as possible Operational Plan related activity levels are met, through weekly monitoring against trajectory
- Escalations of non- adherence to plan are made to weekly Divisional Triumvirate meetings, monthly Divisional Boards and to Executive Director-led performance review meetings (PRIMs).
- Inequalities Trust-wide and at ICS level - reduced through seeing patients on the PTL in chronological order and ensuring all patients are spoken to and decisions made with them regarding treatment
- 100% Inpatient Risk Stratification – 100%, Outpatient New Risk Stratification– 99.43%, Outpatient Follow up Risk Stratification– 82.53%
- Implementing waiting list monitoring by numbers of (to assess access), and average waiting times (to assess timeliness) by deprivation levels and ethnicity. Monthly escalation in place to specialty managers regarding any unexplained variation
- Investigation of cause of increased numbers of patients who live in deprived areas attending unscheduled care underway with Medical Director. Population Health Management (PHM) approaches to be used on areas where inequality is found.
- Priority 2 procedures- booked and treated within 4 weeks, and 52 week waiters planned in for first available surgery



# NLAG - in collaboration

- All acute providers working in collaboration with the CCGs in the HV&C ICS to agree a common approach to the measurement of HIs for waiting lists in relation to ethnicity and deprivation
- Oversight of this work by the ICS Population Health Board, one acute provider BI lead and the Director of the Collaborative of Acute Providers. Regular engagement in place with the Regional Teams on this work
- All Trusts within the ICS committed to including HI data in their Trust Board reports, to be delivered in H2
- Additional work progressing at system level to reduce pre-pandemic and pandemic related HIs, using related Waiting List data that is embedded within performance frameworks to measure access, outcomes and experience for BAME populations and those in the bottom 20% of IMD (Index of Multiple Deprivation) scores.
- BI analyst capacity is an identified challenge, considering the increase in reporting required of Trusts in the last 18 months. Work has commenced to address this with Trust, CCG, ICS and the regional colleagues to reduce routine reporting and create capacity for developmental work
- NLAG continue to provide Mutual aid to surrounding Trusts approx. 775 referrals Trauma & Orthopaedics, General surgery and Urology

# 2022/23 Operational planning guidance requirements

- ICSs will take a lead role in tackling health inequalities by building on the Core20PLUS5 approach introduced in 2021/22
- Systems to develop plans by June 2022 to put in place the systems, skills and data safeguards that will effectively use of patient data to improve HI
- By April 2023, every system to have the technical capability required for population health management, with longitudinal linked data available to enable population segmentation and risk stratification
- By April 2023, use data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities
- Systems to develop robust plans for the prevention of ill-health, led by a nominated SRO. Plans should reflect the primary and secondary prevention deliverables as outlined in the NHS Long Term Plan and the key local priorities agreed by the ICS.
- Systems are also asked to renew their focus on reducing inequalities in access to and outcomes from NHS public health screening and immunisation services, continue to adopt culturally competent approaches to increasing vaccination and continue to deliver on the personalised care commitments set out in the NHS
- Long Term Plan – social prescribing referrals, personal health budgets, and personalised care and support plans suggested as key enablers of population health and prevention

# NLAG - Waiting Lists

- NLAG elective waiting lists analysed, current average waits of patients in lowest deprivation shows no variation against all patients. (line graph)
- Analysis of the quantity of patients shows more patients on our waiting lists in lower quintiles, meaning there is a greater health need for those patients.

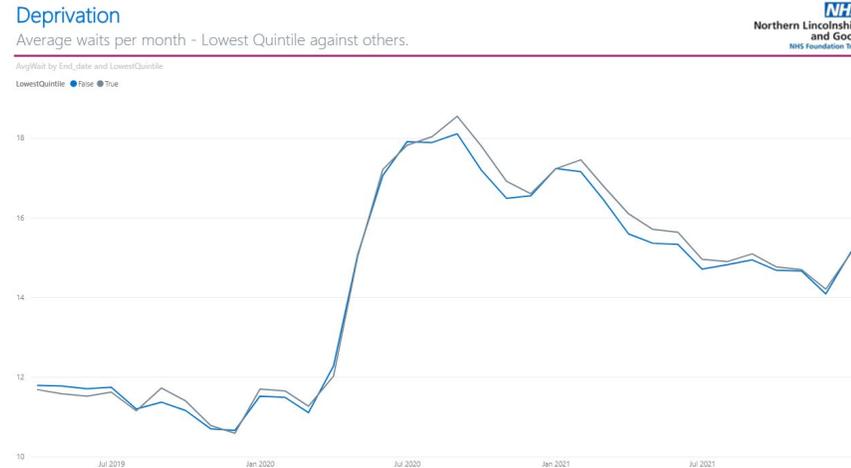
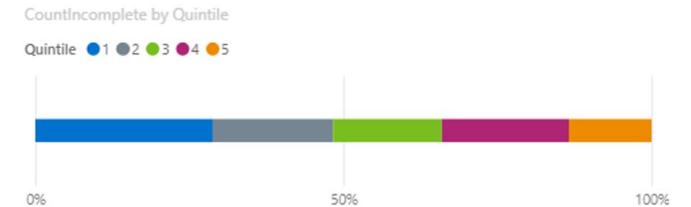


Image 1 – Average waits between patients that live in the lowest deprivation quintile against all others

Snapshot of Waiting List by IMD Quintile (excluding unknown)



Trust Catchment by IMD Quintile

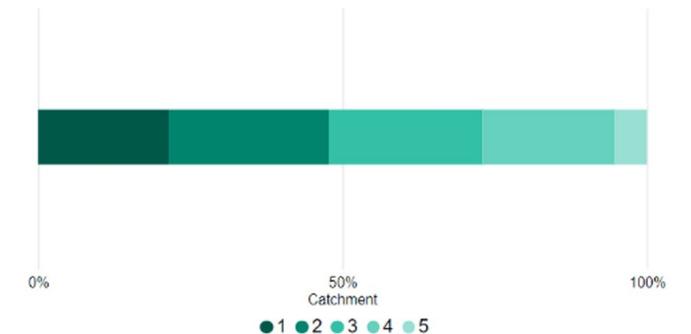


Image 2 – Of all waits & population catchment area, the split of deprivation.

# NLAG - Waiting Lists

- NLAG elective waiting lists analysed, current average waits of patients who are BAME show no variation of wait against those that are not BAME.
- The split of ethnicity in the population against the waiting list is similar, however data sources for ethnicity are less reliable due to old census data.



Image 1 – Average waits between patients who fall into BAME against all others.

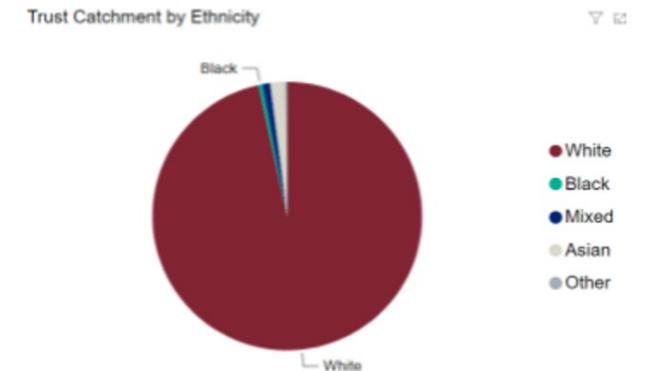
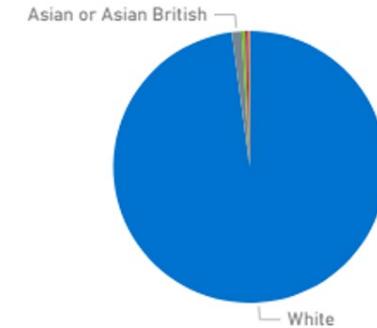


Image 2 – Of all waits & population catchment area, the split of ethnicity.



# Support for Tobacco Dependency

**Stopping smoking at any time has considerable health benefits for our patients. This includes those with a pre-existing smoking-related disease, as well as those accessing secondary care services.**

Advantages for inpatients include:

- shorter hospital stays
- lower drug doses
- fewer complications
- higher survival rates
- better wound healing
- decreased infections
- fewer re-admissions after surgery

Impact of smoking in pregnancy

- Low birth weight
- Still birth
- Miscarriage
- Preterm birth
- Heart defects
- Sudden Infant death

(OHID, October 21)

# LTP funding to support NLAG Tobacco Dependency Project implementation

**£280k investment received at the end of December 2021 to support:**

- Recruitment of a 2 year fixed term Strategic Tobacco Dependency Programme Manager (B8a) hosted by NLaG and working across the ICS. This will provide important capacity to drive forward implementation of the tobacco dependency programme of work. This post will be line managed by NLaG with an accountability line into the ICS.
- Recruitment (April 2022) of a 1 year fixed term NLaG Healthy Hospitals Programme Manager (B8a). This post will be line managed by the Programme Manager and will provide capacity to focus on our Trust's Tobacco Dependency and Alcohol Care Team (ACT) project implementation, and any other future NLaG healthy lifestyle type projects, and Programmes.
- 3 months delivery of tobacco treatment (NRT) services for inpatients & maternity. This includes medication and permanent staff (0.7 wte B6 Tobacco Dependency Lead, 1.8 wte B3 for Maternity Tobacco Support Workers, 2.0 wte for Inpatients Acute Tobacco Support Workers). Further recurrent funding allocations based on the current modelling will be made available by the OHID in 2022-23 & 2023-24.

# Current position (Sept 2022) vs Feb 2022.

**The Tobacco Dependency Treatment Service is now operational and providing patient interventions in both Maternity and key pilot Acute Inpatient wards that include C1,B2, B5 (DPOW) & C5, C17, C23 (SGH).**

## **Key Milestones: (Programme Priority Areas)**

- June 2022 – Development and implementation of Trust training programme complete.
- July 2022 - Trust Comms and Engagement Plan completed. (Includes Website).
- July/Aug 2022 - All delivery pathways completed and implemented. (Includes Medicines, Acute Inpatient & Maternity).
- Aug 2022 - BI, data capture and reporting solutions agreed and in place.
- Aug 2022 - Staffing Model and recruitment of delivery staff – All delivery staff recruited in post delivering a service.
- Aug 2022 - First Tobacco Dependency Treatment Service patient data submission to NHSE.



# Tobacco Dependency – The Next Steps.

## Forward View: (Programme Priority Areas)

- Ongoing reporting to NHSE and the Trust.
- Week commencing 3<sup>rd</sup> Oct 2022 - Launch of the Long Term Plan NLAG Trust Enhanced Staff Offer at DPOW and Goole. (1 year project supported by Community Stop Smoking Services and funded separately by H&NY region) – Aligns with Stoptober Programme period and increased interest in quitting smoking Nationally. Along with internal comms, all new Trust starters will be opt out referred to the pilot from Occupational Health Team.
- Oct 2022 – Sign NHSE Smokefree Pledge by Trust Board. (Chair, CEO and MD).
- End of Oct 2022 – Continual Learning - Review of Acute Inpatient wards (Pilot) completed.
- Nov 2022 – Revised NLaG Smokefree Policy authorised.
- Nov 2022 – Launch of the Long Term Plan NLAG Trust Enhanced Staff Offer at SGH. (Experienced some issues with the Community Stop Smoking Service and recruitment).
- Nov 2022 – Roll out of Persuasive Selling Skills & Advocacy Development Training to Tobacco Dependency Treatment Team.
- Early Jan 2023 - Roll out of Acute Inpatient service across the Trust. (To all Wards and Assessment Units). (Aligns with peak interest in quitting smoking).
- Jan 2023 - Development of Mental Health and Outpatient Tobacco Dependency Services in line with the Long Term Plan.

# Alcohol dependency reduction Project

- NLAG received approx. £151k of NHE investment at the end of December 2021. Part year allocation has been received with the remaining to be allocated for a total of 3 years
- Recruitment of two full time CNS to work in the Alcohol care team took place in May 2022, with further recruitment of a third CNS taking place in September (start date yet to be confirmed) to support the management of patients who have alcohol dependency
- The service went live in August with referrals to the ACT team increasing and awareness of the project spreading to all wards and ED.
- Close working with community providers ensures equitable service for all services users with an expected improvement in patient outcomes as a direct result.
- It is currently too early to identify if there has been a reduction in length of stay for patients who have alcohol dependency currently but first data submission will be done in October.
- Fibroscans are being offered at the bed side alongside ELF score to identify disease progression in patients who may have previously been unaware of their dependency
- Where it is not possible to perform a Fibroscan at the bed side, patients are offered the opportunity to come back as an outpatient to have the scan to reduce the length of stay
- Medically assisted alcohol withdrawal is being offered to patients where appropriate

# Appendix 1: desired end state supporting detail

## Context & Purpose

Our Integrated Care Systems (ICSs) across the North East Yorkshire and Humber (NEYH) region are at a critical point of transitioning to formal statutory bodies

Through a regional shared population health roundtable brings together population health and health inequality leads from each of the four ICSs; Humber, Coast & Vale Health and Care Partnership (HCV), West Yorkshire & Harrogate Health Care Partnership (WYH), South Yorkshire & Bassetlaw Integrated Care System (SYB) and North East North Cumbria Integrated Care System (NENC).

Adopting a solution focused approach the roundtable set out to describe a vision for 'what a thriving ICS looks like in the context improving population health and health equity. The purpose of this exercise is to articulate an 'ideal future state' and then embark on shared learning, peer support journey to get there. The aim is for ICSs to collaborate on the common 'wicked' challenges, share experience, knowledge, and resources and draw down national and regional support where appropriate.

This document sets out the articulation of the vision and key components of the ideal state with a view to developing a shared support programme that enables systems to realise

## A desired future state

Improving population health and health equity is at the heart of everything we do and at all levels across our integrated care system. It is everyone's business at every level. As a result we are reducing the inequalities that we can address immediately and are seeing a demonstrable improvement in short term outcomes whilst continuously working to improve the longer-term outcomes such as life expectancy

## Key enablers

### Population health and health equity focused system

- Improving population health and health equity is our core business and way of working across absolutely everything we do and at all levels, it not a project.
- Our approach is proportionately balanced between responding to operational and immediate maintaining focus on prevention and proactively managing population health
- We are a prevention led system
- Our local places and neighbourhoods and all parts of the systems are effectively collaborating to deliver in the areas we identify as priority
- Our system operates truly as a system, recognises the shared priorities and thereby includes all key players in our work and approach
- There is a consistent and coherent focus on inequalities across all policies, strategies, programmes of work and pathways.

### Governance & Accountability

- We have strong system support, collective responsibility, and shared accountability for tackling health inequalities
- We have embed prevention within corporate governance structures, appointed board level roles for Prevention and Public Health and develop Prevention Impact Assessment for all policies, plans and programmes.
- Across our system we are reviewing and addressing inequalities at all points in the health and care pathway
- All our reports to our ICS board, as standard have a dedicated focus on how any work being reported impacts on tackling health inequalities
- Our reporting is always balanced with performance and delivery requirements whilst maintaining a clear focus on our longer-term vision and ambition

### Impact

- We are making a difference and seeing a reduction in health inequalities for the things that we can do something about in the short to medium term whilst working to improve the longer-term outcomes and big ambitions such as improving life expectancy
- Our actions are making a significant difference and being delivered at scale and in a sustainable way rather than short term piecemeal projects
- Quality improvement and ensuring everything we do is having an impact and making a difference is fundamental and standard to everything we do
- To deliver on our big ambitions we have logically broken down our ambitions logically to manageable areas we can impact and improve and we are collaborating effectively with all the relevant wider partners to make a difference in the short to medium term whilst delivering on the longer term ambitions

### Knowledge, Intelligence & Information

- We have a clear and shared understanding of the most significant health inequalities and health outcome challenges facing our populations at place and at system
- We have a good understanding of the nature and size of the issue, and this informs the work we need to do to mitigate
- We have quick access to real time data that is accessible to all and informs what we do and how we are doing
- We have a shared cross sector business intelligence function inclusive of health, local authority, public health, and voluntary sector that maximises our analytical capabilities

- We have a strong information governance agreement that enable to effectively share data and information between partners
- Our information is holistic, inclusive of health, care & local authority data, community intelligence and rich insights into lived experience

### Resource allocation

- We allocate resources universally across our system but with increased scale and intensity that is proportionate to the level of deprivation and disadvantage in areas
- We are seeing actual shift in resource allocation to prevent and mitigate health inequalities
- Our resource allocation towards prevention is not de-stabilising or threatening the sustainability of our providers rather strengthening it
- Our resource allocation approach focuses on bringing in social value and wider social, economic, and environmental benefits
- Our services planned and resources distributed accordingly to need
- We are applying the Social Value act to commissioning and decision-making (Legal powers a statutory organisation can draw upon).

### Community Empowerment & Investment

- We are using new and innovative ways to empower individuals and communities with greater choice and control over their lives and involvement in actions and decisions at all levels of our system
- Our investment and power sharing with communities is resulting in new approaches, ideas and increased resilience and communities becoming part of our broader 'workforce'.

- We take a strengths-based approach to service improvement focusing on the strengths and assets in communities and meaningful involvement of them in service improvement thereby build stronger, more sustainable communities.
- We have a strong focus on engaging and empowering those directly impacted by inequalities
- We empower communities (this means moving away from “co-design” and having open conversations with citizens, recognising that people and communities know best about what they need.
- The lived experience of individuals and communities informs everything we do
- Our ICS creates agency and gives power to the most marginalised populations, allowing people to improve their own health and the health of their population.
- We facilitate opportunities for our leaders to encounter lived experience
- Our ICS plays a strong advocacy role regionally and nationally for the needs of our population

#### Workforce, organisations & system culture

- Our workforce is diverse to reflect our populations and we are continuously working on improving our diversity
- To ensure sustainability we have a strong focus on growing our skills, knowledge and competencies of our workforce and increasing capacity in this space to deliver on our ambitions
- Improving population health and health equity is strong philosophy across our system workforce and at all levels
- We have a strong system communication and organisational development programme that is driving a shared sense of purpose all our providers and key organisations in our system

- We are supporting all our providers including acute and secondary care to understand and amplify their role and contributions in preventing ill health, improving population health and working closely with the communities they serve
- Strong and effective collaboration between all organisations within the system.
- Shared sense of purpose between all providers of care. All recognise the ambition, all recognise that they have a role in helping to achieve that ambition. Clearly evident at all levels of the organisation (not just the senior team).
- Champions for tackling inequalities embedded in the leadership of all organisations within the system.

#### Anchored

- Our partner provider organisations act as anchor institutions in their local communities and can positively influence the social, economic, and environmental conditions in an area to support healthy and prosperous people and communities.
- We have a strong programme of support that is developing our organisations as anchor institutions and working to the anchor principles
- Our ICS recognises and embraces it's role as an anchor and maximises this role by taking appropriate action.

# NHS Long Term Plan: Supporting Tobacco Dependency

**The NHS Long Term Plan (LTP) outlines clearly defined commitments to support our communities stay healthier for longer by:**

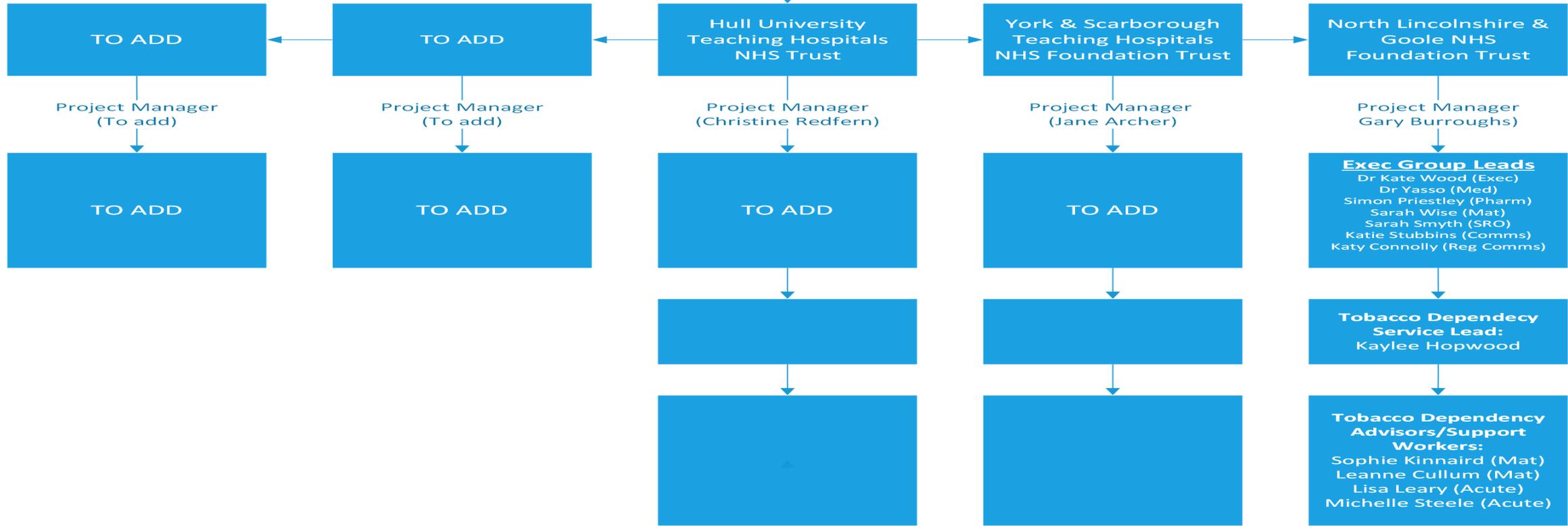
- Providing funding to implement cost-effective, evidence-based NHS prevention programmes.
- Prioritising the focus on further reducing smoking rates.
- Supporting the NHS contribute to the Governments national ambition of achieving a Smokefree generation by 2030, defined as smoking prevalence <5% across all population groups.
- Supporting the treatment of tobacco dependent inpatients (Acute and Mental Health), pregnant women and higher risk outpatients who smoke, by 31 March 2024.
- Supporting the development of an Enhanced Staff Offer for NLaG staff across all sites. Separately funded by H&NY (£20k) over a 1 year period. Launch date planned for Oct 2022. See information on the Hub. <http://nlgnet.nlg.nhs.uk/equality/SitePages/Smokefree%20support.aspx>

# Investment into supporting tobacco dependency across NLAG (Staffing).

## Humber & North Yorks Region Tobacco Dependency Structure

Dave Jones  
(Regional Programme Manager)

Amy Brocklesby  
(Staff Offer Project Manager)



# EPRR/COVID-19 Pandemic

## Highlights

- All restrictions lifted outside of Healthcare, restrictions beginning to be lifted within healthcare use of PPE now only within Clinical settings
- The majority of patients detected with COVID are asymptomatic and a coincidental finding
- All red wards now reverted back to original settings and Covid+ cared for in side rooms on most suitable ward for patient's specialty requirements see Lowlight
- New DPOWH ED build will provide improved self-presenting casualty decontamination facilities once operational in October 2022
- Nationally delivered Tactical Health Commander training dates released for October and November. Also agreed both Strategic and tactical will remain been delivered nationally and not pooled trainers across the region.

## Lowlights

- Covid inpatient numbers have started to increase and putting pressure on isolation facilities which could lead to reintroduction of Red ward
- The number of patients attending the Hospital requiring treatment remains high
- Cyber attack on Advance systems which has effected SPA and Finance who have implemented BCP

## Risks

- Potential of cyber attacks due to the unrest in Ukraine and sanctions imposed on Russia
- Increase in covid positives numbers could trigger the requirement for 'red wards' if numbers escalate
- Potential risk to supply chains across all industries due to multiple pressures on manufacturing and logistics
- Potential risk of distribution to service delivery from industrial actions, both external (e.g. Royal Mail strikes) and internal (e.g. healthcare workers) during the coming months
- Reduction of the sterling pound causing concern within financial market and impacting on costs such as Electricity/Gas/Fuel

# Urgent and Emergency Care

Highlights	Lowlights
<ul style="list-style-type: none"> <li>• 4 hour performance Sept 60.9% (Aug - 59.1%)</li> <li>• Average time to initial assessment ( 15 mins target ) Sept MDT 39.99 mins (Aug MTD 48.09mins )</li> <li>• UCS performance continues to deliver against targets , with reduced patient waits, improved patient experience and reduced crowding in the waiting area</li> <li>• UCS - Sept MTD attendances 1520</li> <li>• UCS - Sept MTD 99.80 % 4 hour performance (August 99.43 %)</li> <li>• UCS - Sept 99.80 %MTD 2 hour performance % (August 84.50%)</li> <li>• DTA - Sep MTD position is currently 11.3% improvement on Aug (12.2%)</li> </ul>	<ul style="list-style-type: none"> <li>• Average length in department (all patients) Sept MTD 4hrs and 42mins (Aug 4hrs and 29mins)</li> <li>• Average length in department for admitted patients Sept MTD 12hrs and 47mins (Aug 12hrs and 16mins)</li> <li>• Total attendances in Sept 12,345 with 1,906 admissions (15.44% admission rate); attendances in Aug 12,347 with 1,935 admissions (15.67% admission rate) – there still remains a difference in admission rate between SGH &amp; DPOW – with DPOW 15.89% and SGH 15.00% in Sept</li> <li>• Delivery against performance compared to region continues to be a challenge</li> <li>• Ambulance Handover performance has declined in September</li> <li>• Patient numbers for Resus and Majors have taken a sharp increase in August and September and are now back to the same level as 2019 for the first time following a constant decline in numbers from Nov 19 to Jul 22</li> </ul>
Risks	
<ul style="list-style-type: none"> <li>• Acuity of patients that are being seen in Resus and Majors</li> <li>• Sharp rise in numbers that are attending</li> <li>• Delays in progression of SDEC for Gynae / Surgery</li> <li>• UCS not being 24/7 results in drop in 4 hour performance and increased pressure across the department</li> </ul>	



# Ambulance Handovers

## Highlights

- Ambulance arrivals continue to decrease month on month due to diverting of cat 3, 4 and 5 patients.
- Sept has maintained <15 mins and 60 mins + handover performance @ 23% and 35%
- Aug weekly average handover length and medium handover length has seen a reduction week on week with a slight increase in Sept MTD
- Ambulance handover action plan with re launched Ambulance Task and Finish group now in place with clear improvement plan and performance trajectory

## Lowlights

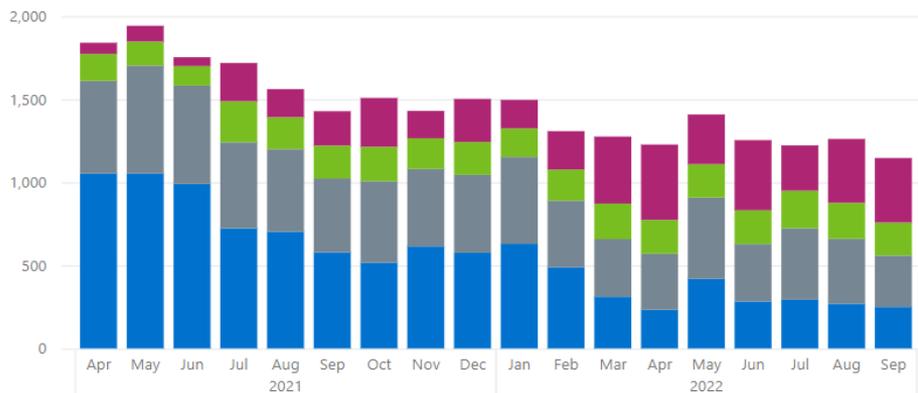
- Issues with flow continue to put pressure on the handover times within ED
- Ambulance handover targets still not being met – Trust target of 65% within 15 mins
- Delay to DPOW new build live date – potential impact in ability to deliver improvements for the Ambulance handover action plan and meet required performance trajectories

## Risks

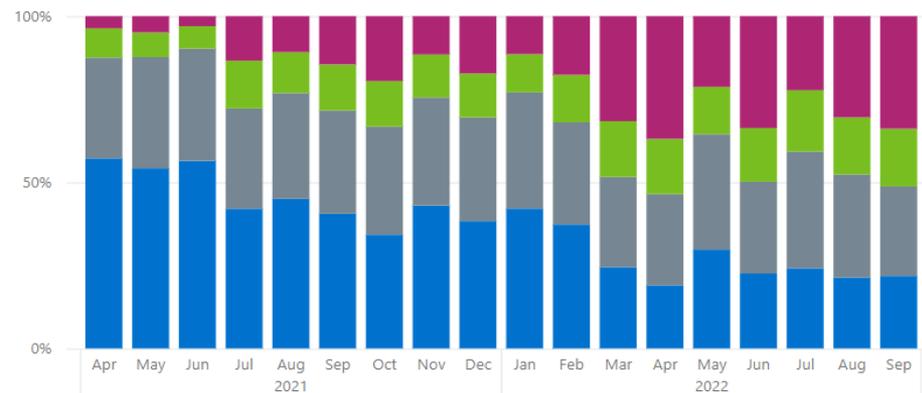
- Lack of patient flow through the system is resulting in exit block in ED for patients requiring admission delays in offloading patients from incoming ambulances
- Delayed ambulance handovers into ED results in reduced availability of ambulances to attend calls in the community and delayed patient care
- DPOW New build delays impacting ability to deliver against improvement plans and performance trajectories

## Ambulance Handovers - Monthly (Last 12 Months)

● Handovers Under 15 Mins ● Handovers 15-30 Mins ● Handovers 30-60 Mins ● Handovers Over 60 Mins



● % Handovers Under 15 Mins ● % Handovers 15-30 Mins ● % Handovers 30-60 Mins ● % Handovers Over 60 Mins



# Integrated Acute Assessment Unit / SDEC

## Highlights

- FBC for new IAAU refurbishment and implementation of phase 3 of the IAAU workforce plan has now been approved by NHSE/I and construction work will commence once the new ED build becomes operational at each site
- 2 x Specialists started in post 1/9/22, 2 further in pipeline
- FEAST consultation concluded, pending evaluation and implementation.
- EMAS direct referral audit undertaken. Improvement seen with reduction in unsuccessful direct referrals to SDEC. Action plan in place to end of September 2022
- Work being undertaken with both NEL/NL SPAs to review support to EMAS direct referral pathways. Electronic referral being developed with WebV team to support pathway
- Percentage of Non Elective Admissions that did not stay overnight having IAAU intervention increased to 50% for August
- Percentage of Non Elective Admissions discharged within 24 hours that had IAAU intervention 52% for August, 51.97% September MTD
- Frailty workshop 22<sup>nd</sup> September between NLaG, NEL and NL, follow up workshops planned and improvement strategy being developed
- Work to introduce virtual wards for ARI and frailty continue to progress at pace between Acute and Community teams

## Lowlights

- High reliance on bank and agency nurses to cover extended opening hours, creating challenges in maintaining consistent service provision
- High levels of vacancies exist within the Acute Medicine team while recruitment continues and we are awaiting appointed medical staff to start
- No applications received for Acute Consultant roles. To be re-advertised and Talent Acquisition continue to support.
- No established Frailty staff @ DPOW, leading to high reliance on bank and agency nursing.
- Inconsistency of ward clerk cover causing delays with patient spells and leading to high volume of filing within department impacting clinical coding
- Under utilisation of EMAS direct to SDEC pathway with mix of pathway not used by EMAS crews and failed referrals into SDEC
- Ongoing delays with WebV launching integrated electronic discharge summary for SDEC.
- Work is still in progress on developing an IT systems integration solution for SDEC services and community (NHS111/GP/SPA)
- Lack of diagnostic capacity impacting on patient flow, particularly in SDEC

## Risks

- Reliance on sufficient daily discharges to enable flow out of IAAU is required to prevent bottleneck between ED and IAAU
- A lack of sufficient specialty SDEC capacity impacts on the ED workforce, patient waits and crowding in ED
- High vacancy levels in the medical workforce with a risk of burnout for Consultant ACPs working a high number of hours every week
- Substantive SDEC staffing establishment does not meet the requirement for the increased service hours in place to support operational activity, leading to staffing, finance and quality risks.

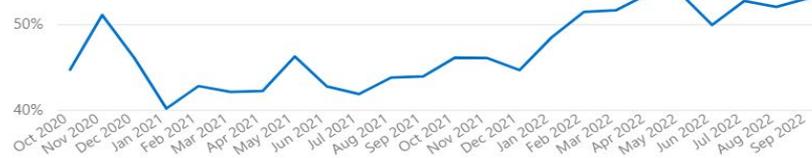
# Acute IAAU Performance

## Acute IAAU Patient Flow Current Month Performance and 24 Month Trend

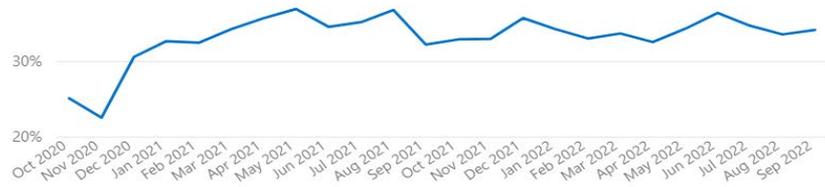
Percentage of Non Elective Spells That Had IAAU Intervention



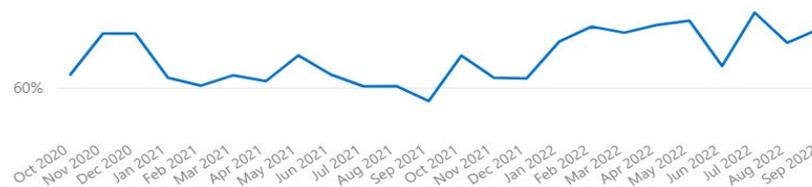
Percentage of Non Elective Admissions That Were Discharged Within 24 Hours That Had IAAU Intervention



Percentage of Non Elective Spells That Were On IAAU But Did Not Go to Another Specialty Area After IAAU



Percentage of Non Elective Admissions That Were Discharged Within 72 Hours That Had IAAU Intervention

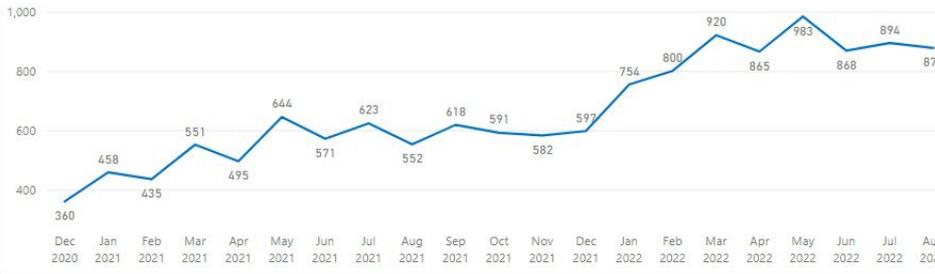


Percentage of Non Elective Admissions That Did Not Stay Overnight in Hospital That Had IAAU Intervention

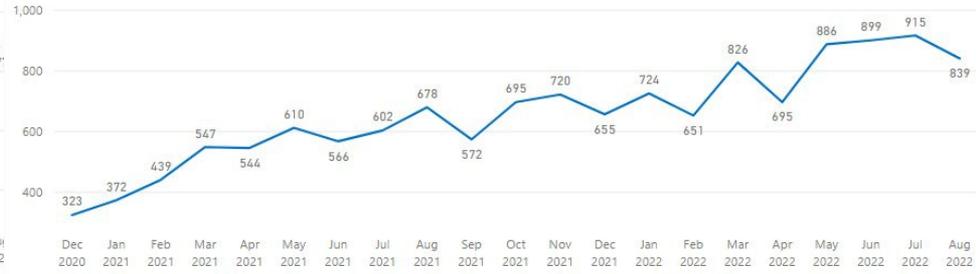


# Same Day Emergency Care activity trends

## SDEC DPOW (1<sup>st</sup> attendance)



## SDEC SGH (1<sup>st</sup> attendance)



**SDEC Ward Attender Activity** \*All Outpatient ROA Activity on the SDEC Wards that are classed as Planned Follow Ups, ie Attended the Emergency Department and was then admitted to SDEC as an Inpatient and then asked to come back to the service and then recorded on PAS as an ROA.

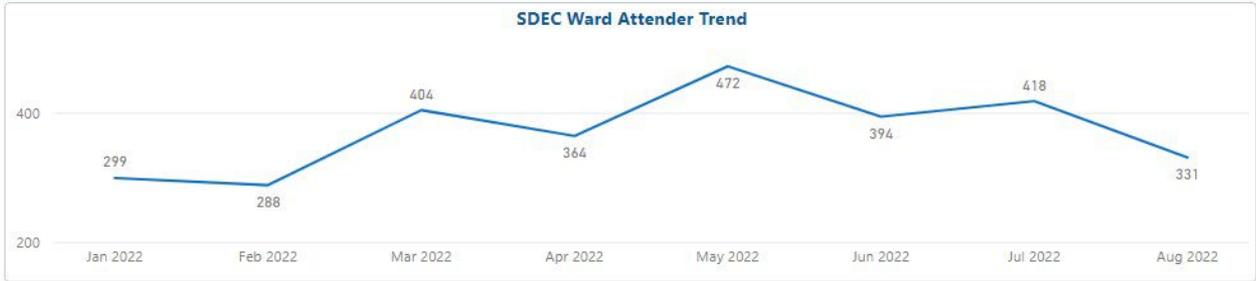


Last 30 Days	Latest Full Week	Previous Week
234 SDEC ROA's	59 SDEC ROA's	69 SDEC ROA's

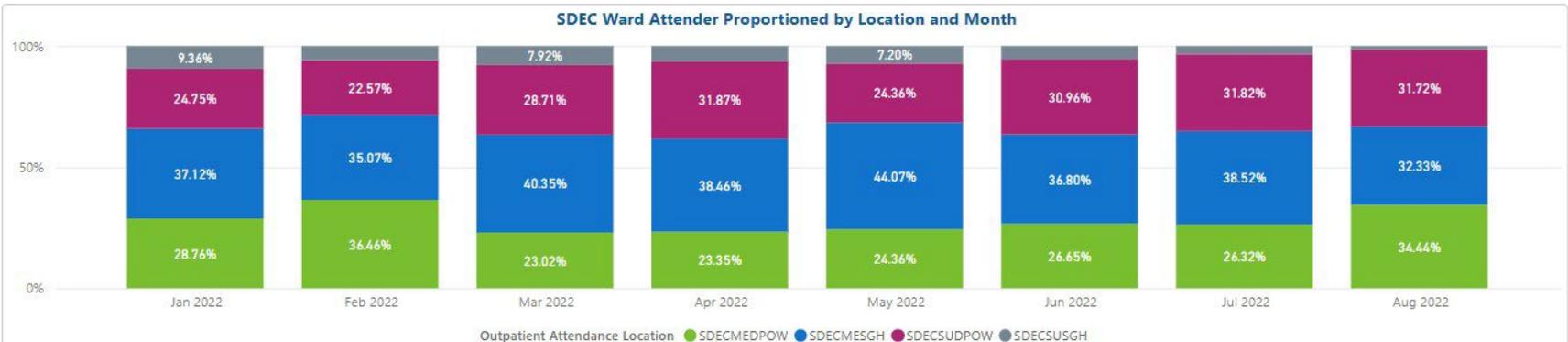
Showing Data: 01 Jan 2022 to 31 Aug 2022 23:59

Organisation Site Name	SDEC ROA's
<b>Diana, Princess of Wales Hospital (RJL30)</b>	<b>1,659</b>
SDECMEDPOW	813
SDECSUDPOW	846
<b>Scunthorpe General Hospital (RJL32)</b>	<b>1,311</b>
SDECMESGH	1,136
SDECSUSGH	175
<b>Total</b>	<b>2,970</b>

### SDEC Ward Attender Trend



### SDEC Ward Attender Proportioned by Location and Month

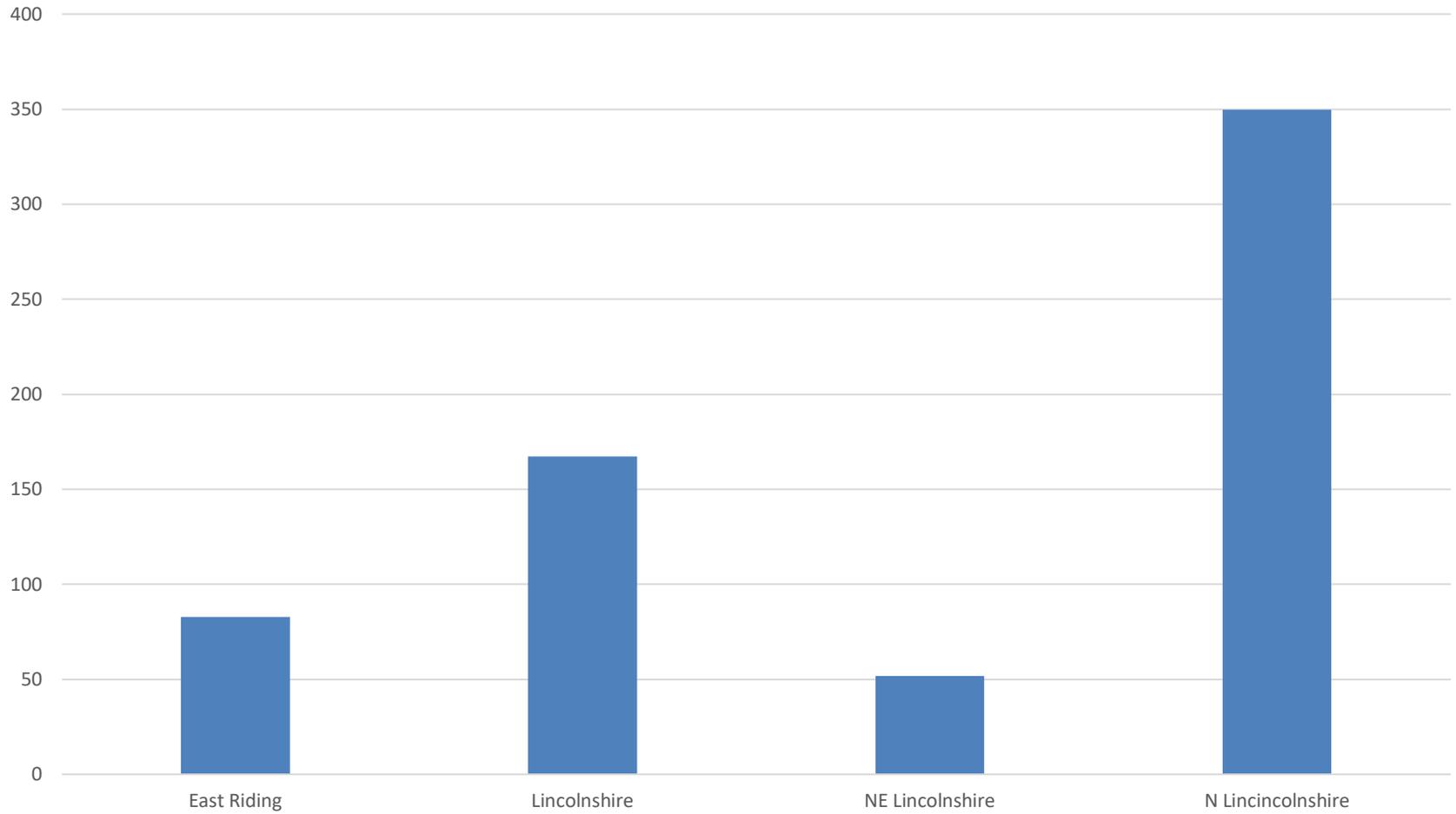


# Discharge to Assess (D2A)

Highlights	Lowlights
<ul style="list-style-type: none"> <li>• Current position - The trust is the third best performing trust in the region for LLOS reporting at 12.7% for over 21 days</li> <li>• Data provided by British Red Cross shows that the referrals for patients being discharged in NEL with their support has more than doubled since their attendance at our Discharge Workshop</li> <li>• Following delivery of 8 discharge workshops, the planned Link nurse programme is ongoing; a bedside pack is being produced which includes the national discharge leaflets which will be finalised this week</li> <li>• Electronic list is now in testing phase, manual v electronic comparison identified that further work is required 1, to improve ward level inputting and 2, work to eliminate issues when pulling through to electronic list.</li> <li>• Discharge lounge improvement group set up to improve quality and utilisation of the discharge lounges on both sites, QI plan in place.</li> <li>• C&amp;T working on 5 workstreams to support discharge and admission avoidance; Home Care team planned to come on line in October</li> <li>• NL electronic voluntary sector (Welcome Home) referral developed and approved at governance this week awaiting upload onto WebV</li> <li>• Flagged as a trust doing well on discharge, and NHSE/I wants to visit</li> <li>• NLag (and system partners) shortlisted in HSJ Awards 2022 for Patient Discharge Improvement</li> <li>• Engagement visits commenced with NL care homes, spreadsheet of findings is being populated and feed back session planned then a paper will be produced and presented with findings and next steps</li> </ul>	<ul style="list-style-type: none"> <li>• Covid has added to pressures on partner organisations for home care &amp; Domiciliary care, has resulted in significant discharge delays and the trust will see an increase in LOS and lost bed days</li> <li>• 28/09/22 = 37 D2A patients outstanding: ER 7, Lincs 7, NEL 11, NL 12 overall reduction seen but still work to done to improve further</li> <li>• Work continues with system partners to understand the current constraints and agree actions to elevate exit block from the acute trust.</li> <li>• DHSC/No 10 team to visit NEL system including NLAG re integrated working, new date now in the diary for 3<sup>rd</sup> November 22</li> <li>• Analysis completed of no criteria to reside data as NLAG is an outlier: need to ensure that NLAG criteria matches national criteria, further education is required at ward level re inputting, work to be done with Ops admin team re lists work remains ongoing but numbers are now reducing</li> <li>• LLOS audit commenced with DMD of Medicine and operational improvement team looking at multiple factors including: reason for admission, where admitted from, LOS, where discharged to, Criteria to reside and D2A process – commenced but issue with pulling notes has caused a delay</li> <li>• NHSE/I table top discharge review workshops unfortunately cancelled for September dates now available to take place in October</li> <li>• Base Audit on compliance of EDD for every patient completed which shows DPOW at 49%, SGH at 48% and GDH at 44% work ongoing to improve the position</li> </ul>
Risks	
<ul style="list-style-type: none"> <li>• Continued IT system &amp; reporting improvements required to ensure all data is captured and reported accurately by our IT systems</li> <li>• Significant system capacity issues across Northern Lincolnshire resulting in delayed discharges for patients on a discharge to assess pathway</li> </ul>	

# Discharge to Assess (D2A)

Average number of lost bed days per day in September 2022



# Electives and Cancer

## Highlights

- Indicative Cancer data shows achievement of 2ww standard and 31 day subsequent treatment for surgery in September, though the final data upload is not until 1<sup>st</sup> November 2022.
- Delivery of activity against 22/23 plan (August) is on an upward trajectory. Though elective inpatient activity under achieved at 78% this was offset by Day Case activity which exceeded plan at 108.6% The activity plan for New Outpatient was achieved at 101.6% and the follow-ups achieved 119.6%
- Independent Sector usage continues to support with elective recovery however usage has been reduced in line with plans to increase the use of core capacity.
- Inpatient Risk Stratification – 100%
- Outpatient New Risk Stratification– 99.43%
- Outpatient Follow up Risk Stratification– 82.53%
- Good engagement across the Trust for winter planning, paper in development.

## Lowlights

- August Cancer position –failing all CWT standards except 31 day subsequent drug treatments. Aug data upload deadline is 30th September. September position shows 7 indicators were not achieved, this includes 28 day faster diagnosis where performance has deteriorated month on month from 65.3% in August to 63% in September against 75% target.
- The average number of patients waiting 63 days and over (circa 150) continues to increase, there are 172 @29<sup>th</sup> September 2022.
- Overall activity plan not achieved at Trust level for August. September data not yet validated however the impact of Opel 4 on Trust activity (26 Sept-30 Sept) was significant with 69 cases lost in theatres alone. Some of this activity will be recouped in October when the HIT lists commence across a number of surgical specialities. These are planned to run for 8 weeks.

## Risks

- Capacity to deliver risk stratification for both inpatient and outpatient waiting lists.
- Challenges to delivery of the elective recovery plan with a current risk to staff sickness, theatre availability and patient flow issues.
- Offering 'Mutual aid' and the 'levelling up' of waiting lists at HCV level affecting NLAG's RTT position, scoping work underway
- Implementing PIFU and A&G will require Clinical engagement and successful delivery of the Outpatient transformation programme

# Winter Planning 2022/23

Highlights	Lowlights
<ul style="list-style-type: none"><li>• New Emergency department opening at DPoW - 29 to 51/52 areas or rooms</li><li>• Extension of Urgent Care Service to 24/7 and SDEC to 10pm</li><li>• Flu vaccination and COVID booster programme</li><li>• Extension of SPA service to reduce cat 3, 4 and 5 ambulance presentations at ED</li><li>• Implementation of Home First services and Virtual Wards. Home First in NEL launched 05/09/2022</li><li>• Implementation of OPAT</li><li>• Maintaining and managing effective utilisation of 37 community Rehabilitation Beds</li><li>• Funding for 22 acute Inpatient beds for 4.5 months</li><li>• Maximising isolation facilities to manage the increase in RSVs</li><li>• Ongoing work and discussions at ICS, Place and Local Authority level</li></ul>	<ul style="list-style-type: none"><li>• Difficult Winter predicted - higher levels of Flu and other RSVs in addition to Covid</li><li>• Peak pressures anticipated in January and February</li><li>• Current high level of nursing and medical vacancies across the divisions being mitigated by bank and agency staff</li><li>• No additional funding for winter over and above what has already been made available has been set aside</li></ul>
Risks	
<ul style="list-style-type: none"><li>• Increase in admissions &amp; Bed Capacity</li><li>• Infection outbreaks/surges in patients and staff</li><li>• Increased possibility increase in the number of patients who do not meet the criteria to reside in hospital due to 'exit blocks' such as closure of care home beds, reduction in social care support and home care services due to COVID</li></ul>	

Agenda Number:

CoG (10/22) Item: 4.1

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Helen Harris, Director of Corporate Governance	
<b>Contact Officer/Author</b>	Alison Hurley, Assistant Trust Secretary	
<b>Title of the Report</b>	Updated Register of Governors' Interests	
<b>Purpose of the Report and Executive Summary (to include recommendations)</b>	The report provides the updated Register of Governors' Interests as at October 2022	
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	N/A	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<b>Which Trust Priority does this link to</b>	<input checked="" type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
<b>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</b>	<b>To give great care:</b> <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 <b>To be a good employer:</b> <input type="checkbox"/> 2	<b>To live within our means:</b> <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 <b>To work more collaboratively:</b> <input type="checkbox"/> 4 <b>To provide good leadership:</b> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
<b>Financial implication(s) (if applicable)</b>	N/A	
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	N/A	
<b>Recommended action(s) required</b>	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Review <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>

**\*Board Assurance Framework (BAF) Descriptions:**

<b>1.</b>	<b>To give great care</b>
<b>1.1</b>	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
<b>1.2</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
<b>1.3</b>	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
<b>1.4</b>	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
<b>1.5</b>	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
<b>1.6</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
<b>2.</b>	<b>To be a good employer</b>
<b>2.</b>	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
<b>3.</b>	<b>To live within our means</b>
<b>3.1</b>	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
<b>3.2</b>	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
<b>4.</b>	<b>To work more collaboratively</b>
<b>4.</b>	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
<b>5.</b>	<b>To provide good leadership</b>
<b>5.</b>	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

**REGISTER OF GOVERNORS' INTERESTS  
OCT 2022 (v1.1)**

GOVERNOR NAME	INTERESTS	DATE
<b>PUBLIC GOVERNORS - EAST &amp; WEST LINDSEY</b>		
Jeremy Baskett	<ul style="list-style-type: none"> <li>➤ Working for NHS Hull CCG (on behalf of Humber CCGs) on HR projects</li> <li>➤ Working for NHS Harrogate and Rural District CCG (on behalf of the North Yorkshire CCGs) on HR projects</li> <li>➤ Mayor and Leader for Louth Town Council</li> <li>➤ Louth Town Councillor</li> </ul>	14.07.2022
Vacancy		
<b>PUBLIC GOVERNORS - GOOLE &amp; HOWDENSHERE</b>		
Tony Burndred	<ul style="list-style-type: none"> <li>➤ Chair of Men in Sheds (Goole)</li> </ul>	07.12.2021
Rob Pickersgill	<ul style="list-style-type: none"> <li>➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA)</li> <li>➤ Chair – Asselby Parish Council, Howden, East Yorkshire</li> <li>➤ Member of Howden Medical Practice PPG</li> <li>➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company)</li> <li>➤ Member of the Yorkshire and Humberside Regional Advisory Board, MAKE UK (UK Manufacturers Organisation)</li> </ul>	17.11.2021
Stephen Price	<ul style="list-style-type: none"> <li>➤ None</li> </ul>	15.12.2021
<b>PUBLIC GOVERNORS - NORTH LINCOLNSHIRE</b>		
Kevin Allen	<ul style="list-style-type: none"> <li>➤ Volunteer worker at SGH</li> <li>➤ Local Authority Governor at Scunthorpe C E Primary School</li> <li>➤ Co-opted Governor at Enderby Road Infants School</li> </ul>	24.11.2021
David Cuckson	<ul style="list-style-type: none"> <li>➤ None</li> </ul>	18.11.2021
Maureen Dobson	<ul style="list-style-type: none"> <li>➤ None</li> </ul>	23.11.2021
Shiv Nand	<ul style="list-style-type: none"> <li>➤ Father and brother are current employees of NLaG being Dr Sanjiv Nand (Orthopaedics) and Dr Raghav Nand (FY2) respectively</li> <li>➤ Sits on a Citizens' Advice Bureau board</li> <li>➤ Sits on Bilborough College board</li> <li>➤ Ongoing committee member of Lincolns business club, and ex-President of regional Junior Lawyers "Davison"</li> <li>➤ Works as a solicitor at Gatley PLC</li> </ul>	28.03.2022
Vacancy	<ul style="list-style-type: none"> <li>➤</li> </ul>	

<b>PUBLIC GOVERNORS - NORTH EAST LINCOLNSHIRE</b>		
Diana Barnes	➤ None	25.11.2021
Brian Page	➤ Sole Trader trading as BP Training ➤ Currently contracted to deliver Health & Wellbeing training for Care Plus	20.11.2021
Ian Reekie	➤ None	19.01.2022
Liz Stones	➤ Chairman of Cleethorpes Golf Club (1894) Ltd	17.11.2021
Vacancy		

<b>STAKEHOLDER GOVERNORS</b>		
Nick Coultish - East Riding of Yorkshire Council	➤ Newly appointed - TBC	TBC
Eddie McCabe - North East Lincolnshire Place	➤ Newly appointed - TBC	TBC
Emma Munday - North Lincolnshire Place	➤ Newly appointed - TBC	TBC
Vacancy - North East Lincolnshire Council	➤ TBC	TBC
Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

<b>STAFF GOVERNORS</b>		
Ahmed Aftab	➤ Director of Sazin Eyecare Limited	16.12.2021
Tim Mawson	➤ United Kingdom Accreditation Service ➤ Voluntary ISAS technical Assessor since October 2014	06.12.2021
Anthonia Nwafor	➤ None	03.12.2021
Vacancy	➤	

Agenda Item: COG (10/22) Item: 7.1

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Lee Bond, Chief Financial Officer	
<b>Contact Officer/Author</b>	Brian Shipley, Deputy Director of Finance	
<b>Title of the Report</b>	<b>Finance Report – M05</b>	
<b>Purpose of the Report and Executive Summary (to include recommendations)</b>	This report highlights the reported financial position of Month 05 of the 2022/23 reporting period.	
<b>Background Information and/or Supporting Document(s) (if applicable)</b>	-	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: F&P Committee
<b>Which Trust Priority does this link to</b>	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
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<b>Financial implication(s) (if applicable)</b>	Contained within the report.	
<b>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</b>	-	
<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>

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# Finance Report Month 5

August – 2022/23

# Executive Summary Month 5 2022/23

The Trust had a £0.15m deficit in August, £0.05m worse than plan. The Trust now has a £2.59m year-to-date deficit, £3.73m worse than plan. The trust is forecasting a balanced position, but is highlighting a downside potential downside deficit risk of £8.8m. The Trust is currently assessing the potential mitigating actions it can take.

## Income was £0.01m below plan in month.

- The ERF income plan was again recognised as fully achieved, per system requirements. However the Trust did not achieve the 104% activity target for August, despite spending the Capacity Reserve set aside in the plan, meaning an estimated £2.29m Elective Recovery Funding received year-to-date would be at risk if not protected from clawback for H1.
- Clinical income was £0.19m below plan due to low high-cost drug spend (£0.31m) and a £0.1m shortfall on the Lincs ICB Contract, partly offset by injury recovery income (£0.14m above plan) and Cancer Alliance funding (£0.06m above plan). Other income was £0.23m above plan because of several minor favourable variances, including Path Links ULHT, accommodation and education income. There was a £0.05m adverse variance on Covid-19 Outside Envelope income due to lower testing costs. The Trust is over-performing on CCG pathology contracts but these are block-funded.

## Pay was £0.94m overspent in month.

- Medical staff was £1.11m overspent. Increased Non Elective and Emergency activity continues to drive overspends across Medicine Acute Care and ED (£0.19m). Non-delivery of CIP, mostly recruitment, caused a £0.22m overspend. Premium pay covering sickness and vacancies caused overspends in Gastro (£0.04m), Geriatrics (£0.02m), Goole Medicine (£0.02m), Orthopaedics (£0.09m), Ophthalmology (£0.11m), General Surgery (£0.08m) and Urology (£0.06m). £0.04m overspends across the trust were due to additional activity payments, despite low productivity vs 19-20 baselines. £0.21m Anaesthetics overspends were due to consultant intensivists awaiting job plans, premium pay covering vacancies and junior WTE over budget (awaiting updated HEE income statement). Staff covering UCS GP contracts caused a £0.06m overspend but is offset by non-pay underspends.
- Nursing was £0.09m underspent in month. £0.28m vacancy underspends across Maternity, Community District Nursing and NICU, and £0.04m trainee ACP underspends obscure cost pressures that would otherwise amount to £0.1m from at least 31 additional escalation beds (per SitRep). Additional duties in ED and SDEC agency premiums (£0.16m) are the other key overspends. Non-delivery of CIP, mostly recruitment, caused a £0.1m overspend
- Other Pay was £0.08m underspent in month. However, over-delivery of non-recurrent CIP within Corporate functions masks overspends across E&F support staff (£0.03m), Care Navigators and Site Management in the Workforce Resource Centre (£0.02m), and WTE over budget across Surgery (£0.02m) in Urology and Ophthalmology and CS admin. £0.04m Medical Support Worker overspends were offset by income.

## Non Pay was £0.83m underspent in month

- This was due to ERF activity being below plan, and non-elective patient activity being down 2.3% in month vs April-July averages, causing £0.27m underspends on clinical supplies and £0.52m outsourcing underspends.

## Post EBITDA items were £0.11m underspent in month

- This was mainly due to a high cash balance in the month, resulting in interest received and a reduced PDC charge.

## COVID-19 expenditure was £2.77m year-to-date

- The inside envelope costs were £0.21m below plan YTD.

# Income & Expenditure to 31<sup>st</sup> August 2022

Income & Expenditure	Annual Plan to 31st March 2023 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	374,338	31,195	31,006	(190)	155,970	155,590	(379)
Block Top Up	58,394	4,866	4,866	(0)	24,331	24,331	(0)
Covid Inside Envelope Block	11,387	949	949	(0)	4,745	4,745	(0)
Covid Outside the Envelope	1,700	142	87	(54)	708	356	(352)
Other Income	39,338	3,308	3,539	231	16,221	17,312	1,092
Donated Income	0	0	9	9	0	122	122
<b>Total Operating Income</b>	<b>485,157</b>	<b>40,460</b>	<b>40,456</b>	<b>(5)</b>	<b>201,974</b>	<b>202,456</b>	<b>482</b>
Clinical Pay	(256,495)	(21,298)	(22,315)	(1,017)	(107,063)	(111,822)	(4,759)
Other Pay	(65,707)	(5,458)	(5,379)	78	(27,409)	(27,333)	76
<b>Total Pay</b>	<b>(322,203)</b>	<b>(26,756)</b>	<b>(27,695)</b>	<b>(939)</b>	<b>(134,472)</b>	<b>(139,155)</b>	<b>(4,683)</b>
Clinical Non Pay	(70,187)	(6,127)	(5,855)	272	(28,692)	(29,661)	(969)
Other Non Pay	(71,403)	(6,001)	(5,441)	560	(29,378)	(28,059)	1,319
<b>Total Non Pay</b>	<b>(141,590)</b>	<b>(12,128)</b>	<b>(11,296)</b>	<b>832</b>	<b>(58,070)</b>	<b>(57,719)</b>	<b>351</b>
<b>Operating Expenditure</b>	<b>(463,793)</b>	<b>(38,884)</b>	<b>(38,991)</b>	<b>(107)</b>	<b>(192,542)</b>	<b>(196,874)</b>	<b>(4,333)</b>
<b>EBITDA</b>	<b>21,364</b>	<b>1,576</b>	<b>1,465</b>	<b>(111)</b>	<b>9,433</b>	<b>5,582</b>	<b>(3,851)</b>
Depreciation	(16,169)	(1,265)	(1,272)	(7)	(6,216)	(6,338)	(122)
Interest Expenses & Other Costs	(233)	(19)	44	63	(97)	140	237
Dividend	(6,251)	(503)	(450)	53	(2,513)	(2,190)	323
<b>Total Post EBITDA Items</b>	<b>(22,653)</b>	<b>(1,787)</b>	<b>(1,678)</b>	<b>110</b>	<b>(8,826)</b>	<b>(8,388)</b>	<b>438</b>
Remove Capital Donated I&E Impact	1,289	107	59	(48)	537	219	(318)
<b>I&amp;E Surplus / (Deficit)</b>	<b>0</b>	<b>(104)</b>	<b>(154)</b>	<b>(50)</b>	<b>1,144</b>	<b>(2,587)</b>	<b>(3,730)</b>

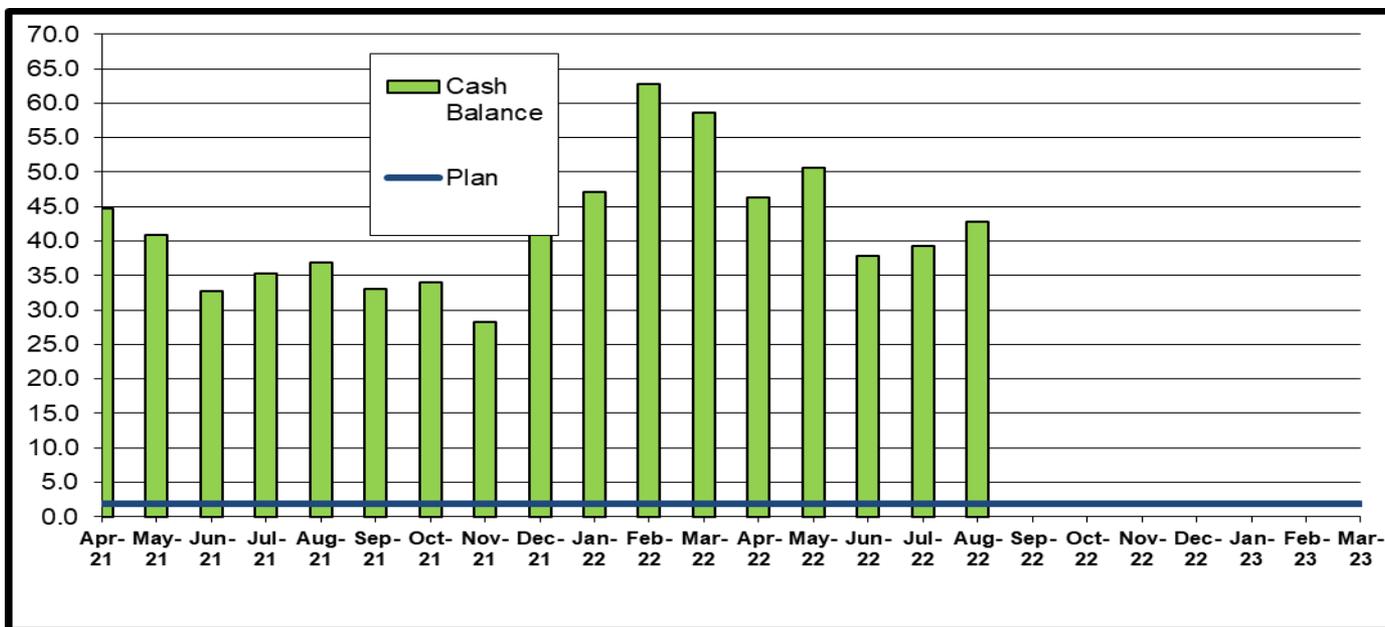
# COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	1,845	0	1,845
Existing workforce additional shifts to meet increased demand	3	0	3
Backfill for higher sickness absence	405	0	405
Decontamination	0	132	132
After care and support costs (community, mental health, primary care)	0	19	19
COVID Medicine Delivery Unit (CMDU) service	52	0	52
COVID-19 virus testing - rt-PCR virus testing	59	11	69
COVID-19 virus testing - Rapid / point of care testing - locally procured reagents costs	136	105	241
<b>Total COVID-19 Expenditure</b>	<b>2,501</b>	<b>266</b>	<b>2,766</b>
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	139,155	57,719	196,874
COVID-19 % of Total Trust Operating Expenditure	1.8%	0.5%	1.4%

# Cash

The cash balance at 31st August was £42.75m, an in-month increase of £3.4m.

	£m	£m
<b>Cash Balance as at 31st August</b>		<b>42.75</b>
<b>Commitments:</b>		
Income received in advance	3.14	
	5.86	
Capital plan underspend	7.35	
Capital loan repayments	0.39	
Aug PAYE/NI/Pension	10.87	
Public Dividend Capital payment	2.19	
To support other creditors due	<u>11.05</u>	
		<b>(40.85)</b>
<b>NHSi minimum balance</b>		<u><u>1.90</u></u>



# Balance Sheet as at 31<sup>st</sup> August 2022

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	263.31	262.38
Stocks & WIP	3.53	3.55
Debtors	12.18	10.46
Prepayments	7.02	6.83
Cash	39.35	42.75
Total Current Assets	62.07	63.58
Creditors : Revenue	41.17	41.45
Creditors : Capital	6.16	5.86
Accruals	21.34	23.40
Deferred Income	4.66	3.14
Finance Lease Obligations	1.63	1.44
Loans < 1 year	0.71	0.72
Provisions	2.44	2.87
Total Current Liabilities	78.10	78.89
Net Current Assets/(Liabilities)	(16.03)	(15.31)
Debtors Due > 1 Year	1.25	1.25
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	8.21	8.21
Finance Lease Obligations > 1 Year	14.48	14.48
Provisions - Non Current	5.50	5.50
TOTAL ASSETS/(LIABILITIES)	220.35	220.14
TOTAL CAPITAL & RESERVES	220.35	220.14

- Debtors have reduced in month, NHS debtors by £0.8m and other debtors by £1m relating to vat claims.
- The Trust cash balance has increased in month. The Trust had limited payment runs during the month following a cyber attack on Advanced systems.
- Deferred income reduced in month, the August education income has now been released.
- Capital creditors have reduced in month, progress on schemes is slow at present. Revenue creditors have remained stable and accruals have increased, a reduced number of invoices were registered and processed on the system during August, therefore costs have been accrued.
- The total BPPC figures for the Non NHS and NHS invoices continues to be above 90%. We may see a reduction during September due to the delay in registering and authorising invoices following the cyber attack. We are continuing to monitor the BPPC and are communicating to staff the importance of authorising invoices.

Agenda Number:

CoG (10/22) Item: 7.2

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Helen Harris, Director of Corporate Governance	
<b>Contact Officer/Author</b>	Helen Harris, Director of Corporate Governance	
<b>Title of the Report</b>	<b>Board Assurance Framework (BAF) 2022-23, Quarter One Report</b>	
<b>Purpose of the Report and Executive Summary</b> (to include recommendations)	<p>To present the BAF to the Council of Governors. The BAF brings together all of the relevant information on the risks to the delivery of the board's strategic objectives, highlighting risks, controls and assurances. It is an essential tool for the Trust Board seeking assurance against delivery of key organisational objectives. Through the utilisation of the BAF, the Board can have confidence that they are providing thorough oversight of strategic risk.</p> <p>The Council of Governors is asked to note:</p> <ol style="list-style-type: none"> <li>the BAF is presented for information and assurance</li> <li>several strategic risks remain at a high level of 15 and above</li> <li>the Trust Board Committees reviewed each of the strategic risks during July 2022</li> <li>the Trust Board reviewed the full BAF at its meeting on 2 August 2022</li> <li>a review of all strategic risks is currently underway for the quarter two reporting period.</li> </ol>	
<b>Background Information and/or Supporting Document(s)</b> (if applicable)		
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: Trust Board and Committees
<b>Which Trust Priority does this link to</b>	<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Restoring Services <input checked="" type="checkbox"/> Reducing Health Inequalities <input checked="" type="checkbox"/> Collaborative and System Working	<input checked="" type="checkbox"/> Strategic Service Development and Improvement <input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Capital Investment <input checked="" type="checkbox"/> Digital <input checked="" type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
<b>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to</b> (*see descriptions on page 2)	<p><b>To give great care:</b></p> <input checked="" type="checkbox"/> 1 - 1.1 <input checked="" type="checkbox"/> 1 - 1.2 <input checked="" type="checkbox"/> 1 - 1.3 <input checked="" type="checkbox"/> 1 - 1.4 <input checked="" type="checkbox"/> 1 - 1.5 <input checked="" type="checkbox"/> 1 - 1.6 <p><b>To be a good employer:</b></p> <input checked="" type="checkbox"/> 2	<p><b>To live within our means:</b></p> <input checked="" type="checkbox"/> 3 - 3.1 <input checked="" type="checkbox"/> 3 - 3.2 <p><b>To work more collaboratively:</b></p> <input checked="" type="checkbox"/> 4 <p><b>To provide good leadership:</b></p> <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
<b>Financial implication(s)</b> (if applicable)	N/A	

<b>Implications for equality, diversity and inclusion, including health inequalities</b> (if applicable)	N/A
<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>

**\*Board Assurance Framework (BAF) Descriptions:**

<b>1.</b>	<b>To give great care</b>
<b>1.1</b>	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.
<b>1.2</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
<b>1.3</b>	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
<b>1.4</b>	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
<b>1.5</b>	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
<b>1.6</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
<b>2.</b>	<b>To be a good employer</b>
<b>2.</b>	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
<b>3.</b>	<b>To live within our means</b>
<b>3.1</b>	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
<b>3.2</b>	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
<b>4.</b>	<b>To work more collaboratively</b>
<b>4.</b>	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
<b>5.</b>	<b>To provide good leadership</b>
<b>5.</b>	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

## Board Assurance Framework – Quarter One 2022-23

### 1. Purpose of the Report

- 1.1. To present the BAF to the Council of Governors for information, assurance and to report on the progress against the delivery of the strategic objectives.
- 1.2. The BAF brings together all of the relevant information on the risks to the delivery of the board's strategic objectives, highlighting risks, controls and assurances. It is an essential tool for the Trust Board seeking assurance against delivery of key organisational objectives. Through the utilisation of the BAF, the Board can have confidence that they are providing thorough oversight of strategic risk.
- 1.3. All strategic risks were reviewed by the Trust Board and Committees during July and August 2022.

### 2. Strategic Objective Risk Ratings: 2022-23 Quarter One

- 2.1. The table below illustrates the current risk rating of each Strategic Objective against the target risk rating by the end of March 2023:

Strategic Objective	2022-23		Risk Appetite Score
	Current Risk Rating as at Quarter 1	Target Risk by 31/03/2023	
SO1-1.1	15	15	4-6
SO1-1.2	20	15	4-6
SO1-1.3	12	6	4-6
SO1-1.4	20	20	4-6
SO1-1.5	9	6	4-6
SO1-1.6	16	8	4-6
SO2	20	12	4-6
SO3-3.1	15	20	8-12
SO3-3.2	12	20	8-12
SO4	12	8	8-12
SO5	12	8	8-12

- 2.2 The full BAF is available at Appendix 1.

### 3. Recommendations

The Council of Governors is asked to note:

- a) the BAF is presented for information and assurance
- b) several strategic risks remain at a high level of 15 and above
- c) the Trust Board Committees reviewed each of the strategic risks during July 2022
- d) the Trust Board reviewed the full BAF at its meeting on 2 August 2022
- e) a review of all strategic risks is currently underway for the quarter two reporting period.

## Board Assurance Framework - 2022 / 23

Strategic Objective	Strategic Objective Description
1. To give great care	<ul style="list-style-type: none"> <li>● To provide care which is as safe, effective, accessible and timely as possible</li> <li>● To focus always on what matters to our patients</li> <li>● To engage actively with patients and patient groups in shaping services and service strategies</li> <li>● To learn and change practice so we are continuously improving in line with best practice and local health population needs</li> <li>● To ensure the services and care we provide are sustainable for the future and meet the needs of our local community</li> <li>● To offer care in estate and with equipment which meets the highest modern standards</li> <li>● To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.</li> </ul>
2. To be a good employer	<ul style="list-style-type: none"> <li>● To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting:               <ul style="list-style-type: none"> <li>- inclusive values and behaviours</li> <li>- health and wellbeing</li> <li>- training, development, continuous learning and improvement</li> <li>- attractive career opportunities</li> <li>- engagement, listening to concerns and speaking up</li> <li>- attractive remuneration and rewards</li> <li>- compassionate and effective leadership</li> <li>- excellent employee relations.</li> </ul> </li> </ul>
3. To live within our means	<ul style="list-style-type: none"> <li>● To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse</li> <li>● To keep expenditure within the budget associated with that income and also ensuring value for money</li> <li>● To achieve these within the context of also achieving the same for the Humber Coast and Vale Health Care Partnership</li> <li>● To secure adequate capital investment for the needs of the Trust and its patients.</li> </ul>
4. To work more collaboratively	<ul style="list-style-type: none"> <li>● To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan</li> <li>● To make best use of the combined resources available for health care</li> <li>● To work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally</li> <li>● To work with partners to secure major capital and other investment in health and care locally</li> <li>● To have strong relationships with the public and stakeholders</li> <li>● To work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to:               <ul style="list-style-type: none"> <li>- make best use of the human capabilities and capacities locally;</li> <li>- offer excellent local career development opportunities;</li> <li>- contribute to reduction in inequalities;</li> <li>- contribute to local economic and social development.</li> </ul> </li> </ul>
5. To provide good leadership	<ul style="list-style-type: none"> <li>● To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible.</li> </ul>

# Risk Appetite Statement - 2022 / 23

## Context

Healthcare organisations like NLaG are by their very nature risk averse, the intention of this risk appetite statement is to make the Trust more aware of the risks and how they are managed. The purpose of this statement is to give guidance to staff on what the Trust Board considers to be an acceptable level of risk for them to take to ensure the Trust meets its strategic objectives. The risk appetite statement should also be used to drive action in areas where the risk assessment in a particular area is greater than the risk appetite stated below.

NLaG is committed to working to secure the best quality healthcare possible for the population it serves. A fundamental part of this objective is the responsibility to manage risk as effectively as possible in the context of a highly complex and changing operational environment. This environment presents a number of constraints to the scope of NLaG's risk management which the Board, senior management and staff cannot always fully influence or control; these include:

- how many patients need to access our services at any time and the fact our services need to be available 24/7 for them whether we have the capacity available or not
- the number of skilled, qualified and experienced staff we have and can retain, or which we can attract, given the extensive national shortages in many job roles.
- numerous national regulations and statutory requirements we must try to work within and targets we must try to achieve
- the state of our buildings, IT and other equipment
- the amount of money we have and are able to spend
- working in an unpredictable and political environment.

The above constraints can be exacerbated by a number of contingencies that can also limit management action; NLaG operates in a complex national and local system where the decisions and actions of other organisations in the health and care sector can have an impact on the Trust's ability to meet its strategic objectives including its management of risk.

Operating in this context on a daily basis Trust staff make numerous organisational and clinical decisions which impact on the health and care of patients. In fulfilling their functions staff will always seek to balance the risks and benefits of taking any action but the Trust acknowledges some risks can never be eliminated fully and has, therefore, put in place a framework to aide controlled decision taking, which sets clear parameters around the level of risk that staff are empowered to take and risks that must be escalated to senior management, executives and the Board.

The Trust will ensure 'risk management is everyone's business' and that staff are actively identifying risks and reporting adverse incidents, near misses or hazards. The Trust will look to create and sustain an open and supportive risk culture, seeking patients' views, and using their feedback as an opportunity for learning and improving the quality of our services.

The Trust recognises it has a responsibility to manage risks effectively in order to:

- protect patients, employees and the community against potential losses;
- control its assets and liabilities;
- minimise uncertainty in achieving its goals and objectives;
- maximise the opportunities to achieve its vision and objectives.

## Risk Appetite Assessment

Risk Assessment Grading Matrix					
Likelihood of recurrence	Severity / Impact / Consequence				
	None / Near Miss (1)	Low (2)	Moderate (3)	Severe (4)	Catastrophic (5)
Rare (1)	1	2	3	4	5
Unlikely (2)	2	4	6	8	10
Possible (3)	3	6	9	12	15
Likely (4)	4	8	12	16	20
Certain (5)	5	10	15	20	25
RISK	Green Risk Score 1 - 3 (Very Low)	Yellow - Risk Score 4 - 6 (Low)	Orange - Risk Score 8 - 12 (Medium)	Red - Risk Score 15 - 25 (High)	

Based on this scoring methodology broadly the Trust's risk appetite is:

- For risks threatening the safety of the quality of care provided – low (4 to 6)
- For risks where there is the potential for positive gains in the standards of service provided – moderate (8 to 12)
- For risks where building collaborative partnerships can create new ways of offering services to patients – moderate (8 to 12)



## Strategic Objective 1 - To give great care

**Description of Strategic Objective 1 - 1.1:** To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards nationally.

**Risk to Strategic Objective 1 - 1.1:** The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.

	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Quality and Safety Committee	<b>Enabling Strategy / Plan:</b> Quality Strategy, Patient Safety Strategy, Risk Management Strategy, Nursing, Midwifery & Allied Health Care Professionals Strategy, Clinical Strategy, Medical Engagement Strategy
<b>Consequence</b>	5	5	5	5	5		<b>Last Reviewed:</b> July 2022 11 April 2022 11 January 2022	<b>Risk Owners:</b> Medical Director and Chief Nurse	
<b>Likelihood</b>	3	3	3	3	2				
<b>Risk Rating Score</b>	15	15	15	15	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Quality and Safety Committee (Q&amp;SC)</li> <li>Operational Plan (approved Trust Board 1/6/2021)</li> <li>Clinical policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>Risk Management Group</li> <li>Trust Management Board</li> <li>Quality Board, NHSE/I</li> <li>Quality Review Meetings with CCGs</li> <li>SI Collaborative Meeting with CCGs</li> <li>Health Scrutiny Committees (Local Authority)</li> <li>Chief Medical Information Officer (CMIO)</li> <li>Council of Governors</li> <li>SafeCare</li> <li>Daily staffing meetings</li> <li>Serious Incident Panel and Serious Incident Review Group, Patient Safety Specialist and Patient Safety Champions Group</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Committees and Groups</li> <li>Integrated Performance Report</li> <li>15 Steps Accreditation Tool</li> <li>Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board</li> <li>Nursing and Midwifery dashboards</li> <li>Ward Assurance Tool</li> <li>Nursing Metric Panels</li> <li>IPC - Board Assurance Framework and IPCC</li> <li>Inpatient surveys</li> <li>Friends and Family Test (FFT) platform</li> <li>Board Development Sessions - Monitoring CQC Progress</li> <li>Risk Stratification Report to Q&amp;SC</li> <li>PPE Audits and IPC Dashboard</li> <li>Health Scrutiny Committees (Local Authority)</li> <li>Insights survey</li> <li>Stop and Check Safety Huddle</li> <li>Intentional rounding</li> <li>Nursing and Midwifery Red Flags</li> <li>Falls Huddles</li> <li>OPEL staffing levels</li> <li>Nursing assurance safe staffing framework NHSI</li> </ul> <p><b>External (positive):</b></p> <ul style="list-style-type: none"> <li>Internal Audit - Serious Incident Management, N2019/16, Significant Assurance</li> <li>Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance</li> </ul>	<p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>Implement supportive observation</li> <li>Continued roll out of stop and check safety huddle</li> <li>Birthrate plus review</li> </ul> <p><b>Q1 2022/23</b></p> <ul style="list-style-type: none"> <li>Preparation for trust requirements in DOLs by 31 April 2022</li> <li>Continue to develop metrics as data quality allows</li> </ul> <p><b>Q2 2022/23</b></p> <ul style="list-style-type: none"> <li>Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2022 (later due to national delays).</li> </ul> <p><b>Q4 2022/23</b></p> <ul style="list-style-type: none"> <li>Delivery of deteriorating patient improvement plan</li> </ul> <p><b>Ongoing</b></p> <ul style="list-style-type: none"> <li>Implementation of End of Life Strategy</li> <li>Annual establishment reviews across nursing, midwifery and community settings continue</li> <li>Update IPC BAF as national changes and requirements</li> <li>Continued management of COVID19 outbreaks</li> <li>Workforce Committee undertaking Workforce Planning linked to Business Planning.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 surges and other infections which impact on patient experience</li> <li>National policy changes to access and targets</li> <li>Reputation as a consequence of recovery</li> <li>Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce</li> <li>Many services single staff/small teams that lack capacity and agility</li> <li>Impact of IPC plans on NLaG clinical and non clinical strategies</li> <li>Changes to Liberty Protection Safeguards</li> <li>Skill mix of staff</li> <li>Student and International placements and capacity to facilitate/supervise/train</li> </ul> <p><b>Strategic Threats</b></p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of cancer pathways, poor flow and discharge, an increase in patient complaints.</p> <p>Adverse impact of external events (ie. Britain's exit from the European Union; Pandemic) on business continuity and the delivery of core service.</p> <p>Workforce impact on HASR.</p>
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>Estate and compliance with IPC requirements - see BAF SO1 - 1.4</li> <li>Ward equipment and replacement programme see BAF SO1 - 1.4</li> <li>Fully funded Learning Disabilities team across both sites</li> <li>Attracting sufficiently qualified staff - see BAF SO2</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training</li> <li>Delays with results acknowledgement (system live, process not yet embedded)</li> <li>Progress with the End of Life Strategy</li> <li>Ophthalmology Waiting List remains sizeable</li> </ul>	<p><b>Divisional / Departmental Risks Scoring &gt;15:</b></p> <ul style="list-style-type: none"> <li>Failure to meet constitutional targets in ECC (2562) Medicine (20) - Mandatory training compliance for medical staff (2898) - Medicine (16) - Lack of Changing Places facility at SGH (16) Chief Nurse Office (16), Risk of Harm in ED due to length of stay in department (3036) Medicine (16)</li> <li>Risk to overall performance - Surgery (2245 rated 20) - Risk to overall cancer performance - Clinical Support Services (2244) - Risk Rating 16 (previous risk rating 16), Joint Oncology Risk for HASR (2949) - Medicine (20) - Follow up of out patients who cancel repeatedly and have not been risk stratified (2997) Surgery (16)</li> <li>Deteriorating patient risks - Medicine (2388) - Risk Rating 15, Surgery (2347) - Risk Rating 15, Paediatrics (2390) - Risk Rating 12 (previous risk rating 15) - Delays in Children being seen at DPoWH by Paediatric Endocrine Service (3018) Family Services (15), Medical Workforce vacancies in Gastroenterology (3045) Medicine (16)</li> </ul> <p>There are high level risks pertaining to other strategic risks, referenced elsewhere on the BAF, eg BAF SO2 staffing risks</p> <p><b>Divisional / Departmental Risks Scoring &lt;15:</b></p> <ul style="list-style-type: none"> <li>Management of formal complaints (2659) - Risk Rating 12 (previous risk rating 12, before that 15)</li> <li>Inequitable division of LD Nurses (2531) - Risk Rating 12 (Previous risk rating 20)</li> <li>Mortality performance (2418) - Risk Rating 10 (previous risk rating 15).</li> <li>Ceilings of care and advance care planning (2653) - Risk Rating 9 (previous risk rating 12)</li> <li>Child Protection Information System (2914) - Risk Rating 6, (previous risk rating 15)</li> </ul> <p>(69 Moderate Risks and 8 Low Risks linked to quality and safety; previously 27 Moderate and 8 Low).</p>	<ul style="list-style-type: none"> <li>Closer Integrated Care System working</li> <li>Humber Acute Services Review and programme</li> <li>Provider collaboration</li> <li>International recruitment</li> <li>Shared clinical development opportunities</li> <li>Development of Integrated Care Provider with Local Authority.</li> </ul>

### Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.2:</b> To provide treatment, care and support which is as safe, clinically effective, and timely as possible.						<b>Risk to Strategic Objective 1 - 1.2:</b> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.														
	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)														
<b>Consequence</b>	5	5	5	5	5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"><b>Initial Date of Assessment:</b> 1 May 2019</td> <td style="width: 25%;"><b>Lead Committees</b> Finance and Performance Committee</td> <td style="width: 50%;"><b>Enabling Strategy / Plan:</b> Quality Strategy, Patient Safety Strategy, Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy</td> </tr> <tr> <td><b>Last Reviewed:</b> July 2022</td> <td><b>Risk Owners:</b></td> <td></td> </tr> <tr> <td>11 April 2022</td> <td>Chief Operating Officer</td> <td></td> </tr> </table>						<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees</b> Finance and Performance Committee	<b>Enabling Strategy / Plan:</b> Quality Strategy, Patient Safety Strategy, Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy	<b>Last Reviewed:</b> July 2022	<b>Risk Owners:</b>		11 April 2022	Chief Operating Officer	
<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees</b> Finance and Performance Committee	<b>Enabling Strategy / Plan:</b> Quality Strategy, Patient Safety Strategy, Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy																		
<b>Last Reviewed:</b> July 2022	<b>Risk Owners:</b>																			
11 April 2022	Chief Operating Officer																			
<b>Likelihood</b>	4	4	4	3	2															
<b>Risk Rating Score</b>	20	20	20	15	10															

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Operational Plan 2021-22 (Trust Board approved 1/6/2021)</li> <li>• Operational Management Group (OMG)</li> <li>• Performance Review Improvement Meetings (PRIMs)</li> <li>• Trust Management Board (TMB)</li> <li>• Waiting List Assurance Meetings</li> <li>• Cancer Board Meeting</li> <li>• Winter Planning Group</li> <li>• Strategic Planning Group</li> <li>• A&amp;E Delivery Board</li> <li>• Policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>• Cancer Improvement Plan</li> <li>• MDT Business Meetings</li> <li>• Risk stratification</li> <li>• Capacity and Demand Plans</li> <li>• Emergency Care Quality &amp; Safety Group</li> <li>• Planned Care Board</li> <li>• Primary and Secondary Care Collaborative Outpatient Transformation Programme</li> <li>• Divisional Executive Review Meetings</li> <li>• System-wide Ambulance Handover Improvement Group</li> <li>• Patient Flow Improvement Group (PFIG)</li> <li>• Planned Care Improvement and Productivity (PCIP)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Finance and Performance Committee, OMG, PRIMs, TMB, Waiting List Assurance Meetings, Cancer Board Meeting, Winter Planning Group, Strategic Planning Group, A&amp;E Delivery Board, MDT Business Meetings, Planned Care Board, System-wide Ambulance Handover Improvement Group, PCIP, PFIG</li> <li>• Integrated Performance Report to Trust Board and Committees.</li> <li>• 7 Day Services Assurance Framework, action plan.</li> <li>• Executive and Non Executive Director Report (bi-monthly) to Trust Board.</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> <li>• Benchmarked diagnostic recovery report outlining demand on services and position compared to peers presented at PRIM, October 2020. No significant differences identified, Trust compares to benchmarked peers.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• NHSI Intensive Support Team</li> <li>• Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> <li>• Humber Cancer Board</li> </ul>	<p><b>Q4 2021-22</b></p> <ul style="list-style-type: none"> <li>• Consultant job plans to be updated..</li> <li>• Workforce and resources to Humber Cancer Board.</li> <li>• Develop divisional dashboards.</li> <li>• Public Health England guidance (cancer diagnosis) reviewed and implemented.</li> <li>• Further development of the ICP with HUTH.</li> <li>• Review of clinical pathways linked to HASR programme 1 ICP, 7 specialities.</li> <li>• Consultant led ward rounds, further development and implementation (ECIST).</li> <li>• Community 2 Hour Urgent Crisis Response (UCR) service and performance reporting to be implemented.</li> <li>• Introduction of Advanced Conscious Sedation and Community Inhalation Sedation in Community Dental Services</li> <li>• Diversion of Category 5 EMAS calls to North Lincolnshire SPA to enable local response and avoid admission</li> <li>• Establishment of pathway for YAS to access the North Lincolnshire SPA in the same way as EMAS</li> </ul> <p><b>Q1 2022-23</b></p> <ul style="list-style-type: none"> <li>• Outpatient transformation plan by 2022.</li> <li>• Development of Phase 2 three year HASR Plan by 2022.</li> <li>• Revision and Development of QSIS plans</li> <li>• Progress P1 of HASR Plan - Haematology, Oncology, Dermatology</li> <li>• Implementation phase 3 of AAU business case</li> <li>• Validation of all RTT Clock Stops back to 75%</li> <li>• Confirmation of contracting rules for 22/23 for use of IS providers</li> </ul> <p><b>Q2 2022-23</b></p> <ul style="list-style-type: none"> <li>• Job plans complete for 22/23</li> <li>• Opening of new ED build at DPoW</li> <li>• Implementation of the UCS Model (funding based on Business Case agreement) On hold - Review of South Bank Urgent Care Services taking place</li> <li>• Outcome of the Urgent Care Services Review for South Bank of ICS agreed</li> </ul> <p><b>Q3 2022-23</b></p> <ul style="list-style-type: none"> <li>• Development of ward 25 at SGH to provide addition single rooms</li> <li>• Validation of all RTT Clock Stops back to 100%</li> </ul> <p><b>Q4 2022-23</b></p> <ul style="list-style-type: none"> <li>• Diagnostic and cancer pathways reviewed and implemented.</li> <li>• Opening of new ED build at SGH</li> </ul>	<ul style="list-style-type: none"> <li>• Further COVID-19 surges and impact on patient experience and bed planning due to IPC guidance (including norovirus).</li> <li>• National policy changes to emergency access and waiting time targets.</li> <li>• Funding and fines changes.</li> <li>• Reputation as a consequence of recovery.</li> <li>• Additional patients with longer waiting times over 18 weeks, 52 weeks, 62 days and 104 days breaches, due to COVID-19.</li> <li>• Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to COVID-19.</li> <li>• Generational workforce analysis shows significant risk of retirement in workforce.</li> <li>• Many services single staff / small teams that lack capacity and agility.</li> <li>• Staff taking statutory leave unallocated due to COVID-19 risk</li> <li>• Risk of independent sector providers not providing required capacity due to workforce issues (as they use NHS Consultants).</li> <li>• Risk to Dermatology Service if HASR doesn't progress (retirement of 1 of the 2 wte consultants in March 2022)</li> <li>• Future requirement of Type 5 SDEC activity to be submitted as part ECDS from April 23</li> <li>• Inability to staff UCS due to lack of support from Primary Care</li> <li>• Impact of Mutual Aid work and increase in waiting times</li> <li>• Risk of no contracting for independent sector work</li> <li>• Risk to gastroenterology service due to 2 WTE consultant vacancies</li> <li>• Risk that funding will not be approved for further use of Independent Sector</li> <li>• Funding will not be approved to uplift weekend working for elective activity and support insourcing of theatre staff to backfill vacancy position.</li> <li>• Mutual Aid</li> </ul> <p><b>Strategic Threats</b></p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of surgical and cancer pathways, poor flow and discharge, and increase in patient complaints.</p> <p>Adverse impact of external events (ie. Continued Pandemic) on business continuity and the delivery of core service.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>• Evidence of compliance with 7 Day Standards.</li> <li>• Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Diagnostics Constitutional Standards.</li> <li>• Capacity to Reduce 52 week, 104 day and over 18 week waits to meet the trusts standard of 0 waits over 40 week in 2022.</li> <li>• Limited single isolation facilities.</li> <li>• Review of effective discharge planning.</li> <li>• Diagnostic capacity and capital funding to be confirmed.</li> <li>• Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations</li> <li>• Validation of RTT Clock Stops is being undertaken in high risk areas specialities only due to ongoing capacity pressure as a result of COVID</li> <li>• Reduced bed capacity due to IPC compliance requirements and high levels of norovirus (DPoW) and Covid within the Trust</li> <li>• High levels of staff sickness</li> <li>• Ensuring the trust is utilising its current capacity</li> </ul>	<ul style="list-style-type: none"> <li>• QSIS Standards improvement plans.</li> <li>• Demand and Capacity planning for Diagnostics.</li> <li>• Meeting national standards</li> <li>• Increase in Serious Incidents due to not meeting waiting times.</li> <li>• Patient safety risks increased due to longer waiting times.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer 62 Day Target (2592)</li> <li>• Risks of non-delivery of constitutional cancer performance (2160)</li> <li>• COVID-19 performance and RTT (2791)</li> <li>• Constitutional A&amp;E targets (2562)</li> <li>• Instability of ENT Service (2048)</li> <li>• Overdue Follow-ups (2347)</li> <li>• Shortfall in capacity with Ophthalmology service (1851)</li> <li>• Accuracy of data of business decision making for RTT (2515)</li> <li>• Delayed or missing internal referrals (2826)</li> <li>• Shortage of radiologists (1800)</li> <li>• MRI Equipment (1831)</li> <li>• Replacement of X-Ray Room (2646)</li> <li>• SGH Main MRI Scanner capacity and waiting lists (2499)</li> <li>• Failure to meet 6 week target for CT/MRI (2210)</li> <li>• Failure to review ophthalmology patients in specified timescales (2347)</li> <li>• JAG Accreditation in housing enema room within clinical area (2694)</li> <li>• Impact on Medicine Divisional business plan / service delivery (2700)</li> <li>• Paediatric Medical Support Pathway for ECC (2576)</li> <li>• Breast Oncology Services (2948)</li> <li>• Depleted Consultant workforce (Breast Team) - (2999)</li> <li>• Decrease in Max Fax Capacity at HUTH (3009)</li> <li>• Oncology Service (2949)</li> <li>• Failure to meet constitutional standards for Cancer (2569)</li> </ul>	<ul style="list-style-type: none"> <li>• Closer Integrated Care System working</li> <li>• Humber Acute Services Review and programme</li> <li>• Provider collaboration</li> <li>• Collaboration with PCNs in NL / NEL to support full implementation of the UCS model</li> </ul>

## Strategic Objective 1 - To give great care

**Description of Strategic Objective 1 - 1.3:** To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term.

**Risk to Strategic Objective 1 - 1.3:** The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	<b>Risk Appetite Score:</b> Low (4 to 6)	Initial Date of Assessment:	Lead Committees:	<b>Enabling Strategy / Plan:</b> NHS Long Term Plan, Trust Strategy and Strategic Plan, Clinical Strategy, Integrated Care System
<b>Consequence</b>	4	4	4	3	3		1 May 2019	Strategic Development Committee	
<b>Likelihood</b>	3	3	2	2	2		<b>Last Reviewed:</b> 23/6/22 13 April 2022 12 January 2022	<b>Risk Owner:</b> Director of Strategic Development	
<b>Risk Rating</b>	12	12	8	6	6				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● NLaG Clinical Strategy 2021/25.</li> <li>● Trust Priorities 2022/23</li> <li>● Humber and North Yorkshire Health Care Partnership (HNY HCP).</li> <li>● Integrated Care System (ICS) Leadership Group.</li> <li>● Quality and Safety Committee.</li> <li>● Acute and Community Care Collaboratives (ACC).</li> <li>● Humber Cancer Board.</li> <li>● Humber Acute Services - Executive Oversight Group (HAS).</li> <li>● Health Overview and Scrutiny Committees (OSC).</li> <li>● Trust Membership</li> <li>● Council of Governors.</li> <li>● Primary Care Networks (PCNs).</li> <li>● Place Boards</li> <li>● Clinical and Professional Leaders Board.</li> <li>● Hospital Consultants Committee (HCC) / MAC</li> <li>● Joint Development Board(JDB)</li> <li>● Committees in Common (CIC)</li> <li>● Strategic Development Committee (SDC)</li> </ul>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● NHSE/I Assurance and Gateway Reviews.</li> <li>● OSC Engagement.</li> <li>● Clinical Senate formal review</li> </ul> <p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes from Committees and Executive Oversight Group for HAS, JDB, CIC, SDC</li> <li>● Humber and North Yorkshire Health Care Partnership.</li> <li>● ICS Leadership Group.</li> <li>● OSC Feedback.</li> <li>● Outcome of public, patient and staff engagement exercises.</li> <li>● Executive Director Report to Trust Board.</li> <li>● Non-Executive Director Committee Chair Highlight Report to Trust Board</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>● Clinical Senate Reviews.</li> <li>● Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>● Citizens Panel (Humber).</li> </ul>	<p><b>Q3 2021/22</b></p> <ul style="list-style-type: none"> <li>● To formulate a vision narrative (PCBC) for Humber Acute Services review that is understood by partners, staff and patients by December 2021 (Draft complete)</li> </ul> <p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>● To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review</li> <li>● OSC - reviews.</li> <li>● NED / Governor reviews</li> <li>● Citizens Panel reviews</li> <li>● To undertake continuous engagement process with public and staff.</li> <li>● Evaluation of the models and options with stakeholders</li> </ul> <p><b>Q1 2022/23</b></p> <ul style="list-style-type: none"> <li>● Draft report from Clinical Senate review (end May 22)</li> <li>● Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case (end June 22)</li> <li>● NHSEI Gateway review</li> <li>● ICS Board Approval</li> </ul> <p><b>Q2/Q3 2022/23</b></p> <ul style="list-style-type: none"> <li>● Public Consultation</li> </ul>	<ul style="list-style-type: none"> <li>● Change in national policy</li> <li>● Delays in legislation.</li> <li>● Operational pressures and demand affecting opportunity to engage.</li> <li>● Uncertainty / apathy from staff.</li> <li>● Lack of staff engagement if not the option they are in favour of.</li> <li>● Out of Hospital enablers and interdependencies</li> <li>● Ockenden 2 Report</li> </ul>
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>	<b>Links to High Level Risks Register</b>	<b>Future Opportunities</b>
<ul style="list-style-type: none"> <li>● A shared vision for the HAS programme is not understood across all staff/patients and partners</li> <li>● Link to SO3 - 3.2 re: Capital Investment</li> </ul>	<ul style="list-style-type: none"> <li>● Feedback from public, patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes.</li> <li>● Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time.</li> <li>● Alignment of strategic capital</li> <li>● Alignment to a System wide Out Of Hospital Strategy and ICS Strategic workforce planning</li> </ul>	<ul style="list-style-type: none"> <li>● Clinical Strategy (RR no 2924).</li> </ul>	<ul style="list-style-type: none"> <li>● Clinical pathways to support patient care, driven by digital solutions.</li> <li>● Closer ICS working.</li> <li>● Provider collaboration.</li> <li>● System wide collaboration to meet control total.</li> <li>● HAS Programme</li> <li>● Joint workforce solutions inc. training and development Humber wide</li> </ul>

### Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.4:</b> To offer care in estate and with engineering equipment which meets the highest modern standards.						<b>Risk to Strategic Objective 1 - 1.4:</b> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.				
	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance Committee	<b>Enabling Strategy / Plan:</b> Estates and Facilities Strategy, Clinical Strategy, Digital Strategy	
<b>Consequence</b>	5	5	5	5	<b>Last Reviewed:</b> July 2022 12 April 2022		<b>Risk Owner:</b> Director of Estates and Facilities			
<b>Likelihood</b>	4	4	4	4	<b>Risk Rating</b>		20	20		

<p><b>Current Controls</b></p> <ul style="list-style-type: none"> <li>• Audit Risk &amp; Governance Committee</li> <li>• Finance and Performance Committee</li> <li>• Capital Investment Board</li> <li>• Six Facet Survey - 5 years</li> <li>• Annual AE Audits</li> <li>• Annual Insurance and External Verification Testing</li> <li>• Estates and Facilities Governance Group</li> <li>• Trust Management Board (TMB)</li> <li>• Project Boards for Decarbonisation Funds</li> <li>• BLM Capital Group Meeting</li> <li>• PAM (Premises Assurance Model)</li> <li>• Specialist Technical Groups</li> </ul>	<p><b>Assurance (internal &amp; external)</b></p> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)</li> <li>• PAM</li> </ul> <p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Finance and Performance Committee, Audit Risk &amp; Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation</li> <li>• PAM</li> <li>• Non Executive Director Committee Chair Highlight Report (bi-monthly) to Trust Board</li> <li>• Executive Director Report (6 monthly) to Trust Board</li> <li>• Specialist Technical Groups</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)</li> <li>• ERIC (Estates Return Information Collection)</li> </ul>	<p><b>Planned Actions</b></p> <p><b>Ongoing Actions:</b></p> <ul style="list-style-type: none"> <li>• Continue to produce and revise our 3 year business plans on an annual basis in line with Clinical &amp; Estates &amp; Facilities Strategy. Prioritisation is reviewed and updated as part of the business planning cycle - Action date: ongoing</li> <li>• Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date: ongoing</li> <li>• Allocation of Core Capital Funding assigned to infrastructure and engineering and equipment risks through the monthly E&amp;F governance process - Action date: ongoing</li> </ul> <p><b>Q1 2022/23</b></p> <ul style="list-style-type: none"> <li>Start Backlog Maintenance programme</li> <li>Continue Ward 25 refurbishment</li> <li>Start Core Capital Programme</li> <li>Start refurbishment of old DPOW ED</li> </ul> <p><b>Q2 2022/23</b></p> <ul style="list-style-type: none"> <li>Continue Backlog Maintenance programme</li> <li>Continue Ward 25 refurbishment</li> <li>Continue Core Capital Programme</li> <li>Continue refurbishment of old DPOW ED</li> </ul> <p><b>Q3 2022/23</b></p> <ul style="list-style-type: none"> <li>Continue Backlog Maintenance programme</li> <li>Complete Ward 25 refurbishment</li> <li>Continue Core Capital Programme</li> <li>Continue refurbishment of old DPOW ED</li> </ul> <p><b>Q4 2022/23</b></p> <ul style="list-style-type: none"> <li>Continue Backlog Maintenance programme</li> <li>Complete Core Capital Programme</li> <li>Complete refurbishment of old DPOW ED</li> </ul>	<p><b>Future Risks</b></p> <ul style="list-style-type: none"> <li>• COVID-19 future surge and impact on the infrastructure</li> <li>• National policy changes (HTM / HBN / BS); Ventilation, Building Regulation &amp; Fire Safety Order</li> <li>• Regulatory action and adverse effect on reputation</li> <li>• Long term sustainability of the Trust's sites</li> <li>• Clinical Plan</li> <li>• Adverse publicity; local/national</li> <li>• Workforce - sufficient number &amp; adequately trained staff</li> <li>• Without significant investment future BLM will increase (BLM figures for 2019/20 = £97M circa, and BLM figures for 2020/21 increased to circa £107M)</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• Integrated Care System (ICS) Future Funding</li> <li>• Failure to develop aligned system wide clinical strategies and plans which support long term sustainability and improved patient outcomes. This could prevent changes from being made</li> <li>• The above prevents changes being made which are aligned to organisational and system priorities</li> <li>• Government legislative and regulatory changes</li> <li>• Within the next three years a significant (60%) proportion of the trust wide estate will fall into 'major repair or replacement' 6 facet survey categorisation</li> <li>• A further breakdown of strategic risk detailed in the 2019/20 6 Facet Survey Report: 22% of SGH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'</li> <li>• 19% DPoW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'</li> <li>• 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR</li> <li>• Insufficient Capital funding</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report - Estates and Facilities (development in progress)</li> </ul>	<p><b>Links to High Level Risks Register</b></p> <p>There are approximately 21 Estates and Facilities risks graded 15 or above recorded on the high level risk register. Of which there are a significant number of risks pertaining to the physical infrastructure and engineering equipment being inadequate or becoming inadequate. Of particular note, there are a number of high risks relating to workforce, water infrastructure, medical gases, electrical and fire compliance that place increased risk to the Trust's overall strategic ability to provide patient care in a safe, secure and suitable environment.</p>	<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Closer ICS working.</li> <li>• Humber Services Review and programme.</li> <li>• Provider and stakeholder collaboration to explore funding opportunities.</li> <li>• Expression of Interest submitted for New Hospital Programme (NHP) - possible updated in July 2022</li> </ul>

## Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.5:</b> To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.						<b>Risk to Strategic Objective 1 - 1.5:</b> The risk that the Trust's failure to deliver the digital strategy may adversely affect the quality, efficacy or efficiency of patient care and/or use and sustainability of resources, and/or make the Trust vulnerable to data losses or data security breaches.					
	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Audit, Risk and Governance Committee	<b>Enabling Strategy / Plan:</b> Digital Strategy		
<b>Consequence</b>	4	4	3	3	3		<b>Last Reviewed:</b> July 2022	<b>Risk Owner:</b>			
<b>Likelihood</b>	4	3	3	2	2		11 April 2022	Chief Information Officer			
<b>Risk Rating</b>	16	9	9	6	6		11 January 2022				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Strategy and Development Committee</li> <li>• Finance and Performance Committee</li> <li>• Upto date Digital / IT policies, procedures and guidelines</li> <li>• Digital Strategy Board</li> <li>• Digital Solutions Delivery Group</li> <li>• Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation.</li> <li>• Audit Risk &amp; Governance Committee (including external Auditor reports)</li> <li>• Annual Penetration Tests</li> <li>• Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication</li> <li>• Trust Management Board (TMB)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• A Digital Strategy Board reviews progress of the plans to achieve the strategy</li> <li>• Highlight reports to Trust Board, Audit Risk and Governance Committee, Strategic Development Committee, Finance and Performance Committee and TMB</li> <li>• Digital / IT Policies all current</li> <li>• CIO/Executive Director Report (6 monthly) to Trust Board</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021.</li> <li>• Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019</li> </ul> <p><b>Positive Assurance:</b></p> <p>The Integrated Performance Report (IPR) has been revised and updated. This was done with NHSE/I who have stated it is now among the leading models for reportin</p>	<p><b>Q3 2021/22</b></p> <ul style="list-style-type: none"> <li>• Development of a comprehensive IT BC / DR Programme including monitoring of adherence to the programme. Results of BC / DR tests recorded and formally reported by 31 December 2021. External Project Manager appointed to undertake further work on the IT BC/ DR Programme to be completed by 30 Sept. 2022 (extended from 30 April 2022) DSPT Ref. IA-20724</li> <li>• Digital Reporting schedule/Work plan for Board Committees completed as of the 4th Qtr 21/22 Report to ARG July 27</li> </ul> <p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>• The Data Warehouse options appraisal was approved through governance structures by February 2022</li> <li>• Implementation of the Data Warehouse commenced in April 2022</li> <li>• Year 2 Digital Aspirant Funds available to support funding Digital Programs (20/21 &amp; 21/22)</li> </ul> <p><b>Q2 2022/23</b></p> <ul style="list-style-type: none"> <li>• IPR - further development of Digital, Finance and Estates KPIs to be reported, by September 2022</li> <li>• Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022)</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li>• Secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Digital Aspirant Funds £5 M secured with additional internal Capital to deliver projects 21/22 &amp; 22/23. Depending on when NHSX releases funds for the Unified Tech Fund, we work with the ICS to bid for funds to continue our "levelling strategy" across the ICS</li> <li>• £250k NHSX/D Cyber Security Capital Funding Bid Approved - Improving Cyber Security and Management over Medical Devices and other unmanaged IT devices on the Trust network</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 surge and impact on adoption of digital transformation</li> <li>• National policy changes in some cases in short notice, requiring revisions to work plan</li> <li>• Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards</li> <li>• IT infrastructure and implementation of digital solutions that not only support NLaG but also the Integrated Care System (ICS), may delay progress of NLaG specific agenda</li> <li>• Ongoing financial pressures across the organisation</li> </ul> <p>The recent DSPT has 3 assertions not met, 12 partial. The Partials will be met relatively quickly. The 3 assertions - are being worked addressed.</p> <ol style="list-style-type: none"> <li>1. Business Continuity Plans and Asset Register Two contractors have been secured who will work on these dedicated projects for an 8-week period with a completion date of end of Sept. 2022</li> <li>2. Training needs analysis - this is under development. Training met was 91% out of a target of 95%. This requires operations to ensure staff have taken the training.</li> <li>3. Attack Detection and Response Cyber funding was awarded from NHS Digital in October 2021 for Medical Device management on Trust Network. Procurement is in progress for an 'Attack Detection and Response (ADR) for Healthcare'. Expected completion end of March 2022. Being implemented, due to some technical challenges it will be completed in July 2022.</li> </ol>
			<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• Capital funding to deliver IT solutions and establish a 3 yr plan</li> <li>• Government legislative and regulatory changes shifting priorities as the ICS continues to evolve</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions.</li> <li>• Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020.</li> <li>• Achieve DSP Toolkit and mandatory training compliance - in progress</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report - the Digital and Estates</li> <li>• Data Warehouse solution to support outcomes from BI review</li> </ul>	<p><b>Links to High Level Risks Register</b></p> <ul style="list-style-type: none"> <li>• Accuracy of Data of Business Decision Making. Finalizing spec to procure new data warehouse. (2515) med Risk (10)</li> <li>• Risk of non-compliance with the Data Protection Act 2018 due to the Trust not having sufficient resource and technical tools to conduct forensic searches on use of data. Currently rolling out 365 and discussing with NHS D on recommended search tools. (2676) Medium Risk (10)</li> <li>• Data &amp; Cyber Security: (2) Cyber Infrastructure (2408) - Risk High (16)</li> <li>• Updated Business Continuity &amp; Disaster Recovery Procedure (2299) Risk Medium (9)</li> </ul>	<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Humber Coast and Vale ICS, system wide collaborative working</li> <li>• Clinical pathways to support patient care, driven by digital solutions</li> <li>• Collaborative working with HASR and Acute Care Collaborative</li> </ul>

## Strategic Objective 1 - To give great care

**Description of Strategic Objective 1 - 1.6:** To provide treatment, care and support which is as safe, clinically effective, and timely as possible.

**Risk to Strategic Objective 1 - 1.6:** The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).

	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance Committee	<b>Enabling Strategy / Plan:</b> NLAG Winter Planning and Potential COVID-19 Third Wave, Business Continuity Policy
<b>Consequence</b>	4	4	4	4	4		<b>Last Reviewed:</b> July 2022 11 April 2022 24 January 2022	<b>Risk Owner:</b> Chief Operating Officer	
<b>Likelihood</b>	2	4	4	2	1				
<b>Risk Rating</b>	8	16	16	8	4				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Winter Planning Group.</li> <li>Strategic Planning Group.</li> <li>A&amp;E Delivery Board.</li> <li>Director of People - Senior Responsible Owner for Vaccinations.</li> <li>Ethics Committee.</li> <li>Clinical Reference Group</li> <li>Influenza vaccination programme.</li> <li>Public communications re: norovirus and infectious diseases.</li> <li>Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group.</li> <li>Ward visiting arrangements changed and implemented, Red and Green Zones, expansion of critical care facilities.</li> <li>COVID-19 Executive Incident Control (Gold Command).</li> <li>Patient Flow Improvement Group (PFIG)</li> <li>Discharge System Improvement Group</li> <li>Planned Care Improvement and Productivity (PCIP)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Regional EPRR scenarios and planning exercises in preparation for 'Brexit' have been undertaken alongside partners, including scenarios involving transportation, freight and traffic around local docks with resulting action plan.</li> <li>Business continuity plans.</li> <li>Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&amp;E Delivery Board, Clinical Reference Group, PFIG, Discharge System Improvement Group, PCIP</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Half yearly tests of the Major incident response.</li> <li>Annual review of business continuity plans.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Emergency Planning self-assessment tool.</li> <li>NHSE review of emergency planning self-assessment 2019/20.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul>	<p>Q4 2021/22:</p> <ul style="list-style-type: none"> <li>Capacity to meet demand workforce)</li> <li>Introduction of 24/7 Operational Matron rota for Scunthorpe General Hospital and Diana Princess of Wales Hospital</li> </ul> <p>Ongoing:</p> <ul style="list-style-type: none"> <li>Lateral flow testing staff is ongoing.</li> <li>Business Intelligence monitoring re: pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge.</li> <li>Availability of dressing, equipment and some medications post Brexit.</li> <li>Costs and timeliness of deliveries due to EU Exit.</li> <li>Additional patients with longer waiting times RTT, Cancer and Diagnostics due to COVID-19.</li> <li>Risk to Oncology Waiting Times due to HUTH operational pressures.</li> <li>Risk to Dermatology Service if HASR doesn't progress (retirement of 1 of the 2 wte consultants in March 2022)</li> <li>Longer waiting times for patients due to HUTH Mutual Aid work</li> <li>Risk to gastroenterology service due to 2 WTE consultant vacancies</li> </ul> <p><b>Strategic Threats</b></p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of cancer pathways, poor flow and discharge, an increase in patient complaints.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>Capacity to meet demand (workforce).</li> <li>Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into January 2022</li> </ul>		<ul style="list-style-type: none"> <li>Cancer 62 Day Target (2592)</li> <li>Risks of non-delivery of constitutional cancer performance (2160)</li> <li>COVID-19 performance and RTT (2791)</li> <li>Constitutional A&amp;E targets (2562)</li> <li>Instability of ENT Service (2048)</li> <li>Overdue Follow-ups (2347)</li> <li>Accuracy of data of business decision making for RTT (2515)</li> <li>COVID-19 Isolation (2794)</li> <li>C-19 Equipment (2793)</li> <li>C-19 Patient Safety (2792)</li> <li>COVID -19 pandemic - surgery &amp; critical care (2706)</li> <li>COVID -19 pandemic - community and therapies (2708)</li> <li>Impact on Medicine Divisional business plan / service delivery (2700)</li> <li>Risk arising as a result of COVID-19 - clinical support services (2704)</li> <li>Breast Oncology Services (2948)</li> <li>Oncology Service (2949)</li> <li>Quality of Care (due to nurse staffing position) (2145)</li> </ul>	<ul style="list-style-type: none"> <li>Closer Integrated Care System working.</li> <li>Provider collaboration.</li> </ul>

## Strategic Objective 2 - To be a good employer

**Description of Strategic Objective 2:** To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations.

**Risk to Strategic Objective 2:** The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.

<b>Risk Rating</b>	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Low (4 to 6)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Workforce Committee	<b>Enabling Strategy / Plan:</b> People Strategy, NHS People Plan, Leadership Development Strategy
<b>Consequence</b>	5	5	4	4					
<b>Likelihood</b>	3	4	2	3					
<b>Risk Rating</b>	15	20	8	12			<b>Last Reviewed:</b> 6 April 2022 March 2022 July 2022	<b>Risk Owner:</b> Director of People	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee</li> <li>NHS People Plan</li> <li>NLAG People Strategy approved by the Board June 2020</li> <li>NHS Staff Survey - annual</li> <li>Collaborative engagement with CCG, forum established to support closer working and transformational changes.</li> <li>Holistic requirements of Humber Coast and Vale workforce led by People Lead for Humber Coast and Vale (HCV) Integrated Care System (ICS)</li> <li>People Directorate Delivery Implementation Plan 2021-22 (Workforce Committee approved 27/4/2021)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee.</li> <li>Workforce Integrated Performance Report</li> <li>Annual staff survey results</li> <li>Medical engagement survey 2019</li> <li>Non Executive Director Highlight Report to Trust Board</li> <li>Executive Director Report to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul>	<p><b>Q1 22/23</b></p> <ul style="list-style-type: none"> <li>Developing Recruitment plans for 22/23 to recruit to non registered and registered nursing vacancies</li> <li>Review of Recruitment Processes to ensure that they are streamlined, inclusive, responsive and timely</li> <li>Health and Wellbeing plan offer rolled out to staff</li> <li>Learning Culture Framework to be introduced/piloted as part of the roll out of the new disciplinary policy – subject to approval of disciplinary policy</li> <li>Setting up a working group to oversee payment processes to ensure streamlined processes between People/Operations and Finance Directorate</li> <li>Set up Culture Transformation Board to develop plans to address issues identified through staff survey, FTSU and other data on staff morale and culture</li> <li>Review of Statutory and Mandatory training is underway to clarify what staff need to undertake in line with national benchmarks</li> <li>Introduction of Team Brief Live to directly communication with staff</li> </ul> <p><b>Q2 2022/23</b></p> <ul style="list-style-type: none"> <li>Culture Transformation Launch event - 4th August</li> <li>Development and Sign off of Performance Metrics to support roll out of Leadership Strategy and Culture Transformation</li> <li>Development of Recruitment Dashboard to support recruitment delivery</li> <li>Implementation of Clever Together to support staff engagement</li> <li>Continued implementation of People Strategy by 31 March 2024</li> <li>Delivery against NHS People Plan - ongoing.</li> <li>Continue collaboration between NLAG and HUTH and the HCV wider network.</li> <li>Outputs from the currently live Staff Survey and quarterly Pulse Survey</li> <li>Continued review of the Health and Wellbeing offer to staff</li> <li>Review of the Educational /Leadership Development offer and future roll out of programmes</li> <li>Staff Survey 22/23 roll out</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on staff health and wellbeing.</li> <li>National policy changes.</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Provide safe services to the local population.</li> <li>Succession planning and future talent identification.</li> <li>Visa changes / EU Exit.</li> <li>Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Workforce</li> <li>Integrating Care: Next Steps</li> <li>Future staffing needs / talent management</li> </ul>
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>	<b>Other Significant Risks &amp; Links to High Level Risks Register</b>	<b>Future Opportunities</b>
<ul style="list-style-type: none"> <li>Slower international recruitment of clinical staff due to visa backlogs</li> </ul>	<ul style="list-style-type: none"> <li>Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits</li> </ul>	<p>There are approximately 14 staffing risks graded 15 or above recorded on the high level risk register. Of which there are a significant number of risks pertaining to the haematology workforce, staffing (nurse, midwife, medical, radiologists) that place an increased risk to the Trust's overall strategic ability to provide a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) and to provide the levels and quality of care which the Trust needs to provide for its patients.</p>	<ul style="list-style-type: none"> <li>Closer ICS working</li> <li>Provider collaboration</li> <li>International recruitment</li> </ul>

### Strategic Objective 3 - To live within our means

**Description of Strategic Objective 3 - 3.1:** To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP.

**Risk to Strategic Objective 3 - 3.1:** The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.

Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Initial Date of Assessment:	Lead Committees:	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, ICS
Consequence	5	5	5	5	5		1 May 2019	Finance and Performance Committee	
Likelihood	2	3	1	4	4		Last Reviewed: 19 July 2022 18 May 2022	Risk Owners: Chief Financial Officer	
Risk Rating	10	15	5	20	20		31 January 2022		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital.</li> <li>National benchmarking and productivity data constantly reviewed to identify CIP schemes.</li> <li>Engagement with Integrated Care System on system wide planning</li> <li>Humber Acute Services (HAS) engagement to redesign fragile and vulnerable service pathways at system and sub system level.</li> <li>Monthly ICS Finance Meetings</li> <li>Finance Meeting - HAS</li> <li>Operational and Finance Plan 2021-22 (approved at Trust Board June 2021)</li> <li>Financial Special Measures Meeting with NHSE/I</li> <li>Counter Fraud and Internal Audit Plans</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Audit Risk &amp; Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs</li> <li>Non-Executive Director Highlight Report (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Letter from NHSE/I related to financial special measures and achievement of action plan. On track to deliver the requirements set out by NHSEI</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Financial Special Measures Meeting - Letter from NHSE/I related to financial special measures and achievement of action plan</li> <li>ICS delivery of H1 financial plan</li> <li>HASR Programme Assurance Group</li> <li>Approval received for AAU business case from NHSE/I</li> </ul>	<p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>Undertake financial planning as part of HNY HCP exercise and agree a balanced financial plan for 2022/23 - this is still work in progress with a plan deficit of £6m currently. Included within this are two key actions: productivity improvement plans to return the Trust to 19/20 activity levels as a minimum, and a robust and recurrent cost improvement plan which is capable of being delivered in year</li> </ul> <p><b>2022/33</b></p> <ul style="list-style-type: none"> <li>Develop plans for 2023-25 to demonstrate return to underlying financial balance</li> <li>Agree financial implications of P1 specialities for transacting as and when work is complete</li> <li>Work with system partners, specifically community and local authorities to ensure that our local systems are working in unison to tackle the issues of system flow</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 further surges and impact on finance and CIP achievement</li> <li>National policy changes</li> <li>Impact of HAS plans on NLaG clinical and non clinical strategies</li> <li>Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme</li> <li>Impact of external factors such as problems with residential and domiciliary care, causing hospitals to operate at less than optimum efficiency and cause financial problems</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Funding</li> <li>Integrating Care: Next Steps</li> <li>System wide control total</li> </ul>
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>Systems plans may not address individual organisational sustainability</li> <li>Challenges with HASR, CIP Delivery</li> <li>Uncertainty on application of long term financial framework.</li> <li>Clinical strategy required to inform Finance Strategy</li> <li>As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Performance Report - Finance</li> <li>Delivery of Cost Improvement Programme Plan</li> <li>Management of financial risks arising from the pandemic</li> <li>Individual organisational sustainability plans may not deliver system wide control total</li> </ul>	<ul style="list-style-type: none"> <li>Unable to meet CIP delivery - surgery (2599).</li> <li>COVID-19 Expenditure (ref: Financial Plan 2021-22)</li> <li>Savings Programme (ref: Financial Plan 2021-22)</li> </ul>	<ul style="list-style-type: none"> <li>Closer ICS working</li> <li>Provider collaboration</li> <li>System wide collaboration to meet control total</li> </ul>

### Strategic Objective 3 - To live within our means

**Description of Strategic Objective 3 - 3.2:** To secure adequate capital investment for the needs of the Trust and its patients.

**Risk to Strategic Objective 3 - 3.2:** The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades.

<b>Risk Rating</b>	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Moderate (8 to 12)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Finance and Performance Committee Strategic Development Committee Committees in Common	<b>Enabling Strategy / Plan:</b> Trust Strategy, Clinical Strategy, Humber Acute Services Programme/ Capital Investment EOI and potential SOC for NHP
<b>Consequence</b>	5	4	5	5	5		<b>Last Reviewed:</b> 23/6/22 13 April 2022, (DoSD) 14 February 2022	<b>Risk Owners:</b> Chief Financial Officer and Director of Strategic Development	
<b>Likelihood</b>	2	3	3	4	4				
<b>Risk Rating</b>	10	12	15	20	20				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Capital Investment Board (Internal Capital)</li> <li>Trust (Internally) Agreed Capital programme and allocated budget - annual/three yearly</li> <li>Trust Strategic Development Committee</li> <li>Trust Board</li> <li>Trust Committee(s) in Common</li> <li>ICS Strategic Capital Advisory Group</li> <li>NHSE/I - HAS Assurance Reviews</li> <li>NHSE/I Financial Special Measures Assurance Reviews</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Internal Trust Meetings</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Financial Special Measure Meeting with NHSE/I</li> <li>NHSE/I attendance at AAU / ED Programme Board</li> <li>NHSE/I Assurance Review Feedback</li> <li>CiC Minutes</li> </ul>	<p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>Agree forecast spend for current year as part of wider ICS capital planning exercise.</li> <li>Find a solution to address BEIXS/Salix funding issues with regards to year end cut off.</li> <li>Develop 2022/23 capital plan as part of comprehensive service planning exercise - to be completed by end February 2022</li> <li>Secure approval for Acute Assessment Unit, Full Business Case</li> <li>Develop HASR Programme 3 proposition to Pre Consultation Business Case stage</li> </ul> <p><b>Q4 2021 - Q1 2022/2023</b></p> <ul style="list-style-type: none"> <li>Develop Capital Investment Strategic Outline Case for development of SGH/DPoW</li> <li>Develop TIF submission through acute collaboratives for Elective Hub</li> <li>Develop integrated bid across N and NE Lincs for implementation of CDH aligned to ICS Core Programme</li> </ul>	<ul style="list-style-type: none"> <li>National policy changes - implications of three year capital planning</li> <li>Lack of investment in infrastructure through Targeted Investment Fund (TIF)</li> <li>Inability of Trust to fund capital through internal resource - potential lack of external funding sources</li> <li>Inability of Trust to gain Capital Departmental Resource Limit (CDEL) cover for strategic capital investment if not on New Hospital Programme (NHP)</li> <li>Not gaining a place on the NHP</li> <li>Challenges with existing estate continue and significant issues remain with Backlog Maintenance (BLM), Critical Infrastructure Risk (CIR)</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Capital Funding Allocations</li> <li>Inability to gain national strategic capital through NHP</li> <li>Inability to offset CDEL if non NHS funding sources used for capital investment</li> </ul>
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend</li> <li>Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability</li> <li>Control environment may not be able to eliminate or reduce risk of estates condition in the short term</li> </ul>	<ul style="list-style-type: none"> <li>Assurance review process does not create a direct link to sources of strategic capital investment</li> <li>ICS CDEL may not be sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providers</li> </ul>	<ul style="list-style-type: none"> <li>Salix funding gap</li> <li>HASR Capital EOI risk of not being part of Top 30 and subsequent 8</li> </ul>	<ul style="list-style-type: none"> <li>Provider collaboration and use of Place based funding</li> <li>Use of TIF, CDH and Towns Centre funds to support capital spend</li> <li>System wide collaboration to major capital development needs.</li> <li>Announcement of multi year, multi billion pound capital budgets for NHS</li> <li>Gaining a place on the NHP</li> </ul>

## Strategic Objective 4 - To work more collaboratively

**Description of Strategic Objective 4:** To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale (HCV) Health Care Partnership (HCP) (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan (LTP): to make best use of the combined resources available for health care, to work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally, to work with partners to secure major capital and other investment in health and care locally, to have strong relationships with the public and stakeholders, to work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: make best use of the human capabilities and capacities locally; offer excellent local career development opportunities; contribute to reduction in inequalities; contribute to local economic and social development.

**Risk to Strategic Objective 4:** The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.

<b>Risk Rating</b>	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Moderate (8 to 12)	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Strategic Development Committee	<b>Enabling Strategy / Plan:</b> NHS Long Term Plan, Trust Strategy, Clinical Strategy, Humber Acute Services Programme, Communications & Engagement Strategy
<b>Consequence</b>	5	4	4	4	3		<b>Last Reviewed:</b> 23/6/22 13 April 2022 12 January 2022	<b>Risk Owner:</b> Director of Strategic Development	
<b>Likelihood</b>	3	3	2	2	2				
<b>Risk Rating</b>	15	12	8	8	6				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Audit Risk &amp; Governance Committee (ARGC).</li> <li>• Trust Management Board (TMB).</li> <li>• Finance and Performance Committee (F&amp;PC).</li> <li>• Strategic Development Committee (SDC).</li> <li>• Capital Investment Board (CIB).</li> <li>• HAS Executive Oversight Group.</li> <li>• HNY HCP.</li> <li>• ICS Leadership Group.</li> <li>• Wave 4 ICS Capital Committee.</li> <li>• Executive Director of HAS and HAS Programme Director appointed.</li> <li>• NHS LTP.</li> <li>• ICS LTP.</li> <li>• NLaG Clinical Strategy.</li> <li>• NLaG Membership of ICP Board NE Lincs.</li> <li>• Committees in Common (Trust Board approved 1/6/2021)</li> <li>• Acute and Community Collaborative Boards</li> <li>• Clinical Leaders &amp; Professional Group</li> <li>• Council of Governors.</li> <li>• Joint Overview &amp; Scrutiny Committees</li> <li>• MP cabinet and LA senior team briefings</li> <li>• Primary/Secondary Interface Group (Northbank&amp;Southbank)</li> </ul>	<p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• HAS Governance Framework.</li> <li>• HAS Programme Management Office established.</li> <li>• HAS Programme Plan Established (12 months rolling).</li> <li>• NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> <li>• Clinical Senate review approach and process</li> </ul> <p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of HAS Executive Oversight Group, HNY HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, ARGC, F&amp;PC, TMB, SDC, CIB, CoG</li> <li>• Non Executive Director Committee chair Highlight Report to Trust Board</li> <li>• Executive Director Report to Trust Board</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>• Clinical Senate Reviews.</li> <li>• Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>• NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> <li>• Councillors / MPs / Local Authority CEOs and senior teams</li> </ul>	<p><b>Q3 2021/22</b></p> <ul style="list-style-type: none"> <li>• Recruit to Strategic Development - Associate Medical Director to support the ICS collaboration - Dec 21 (complete and in post)</li> </ul> <p><b>Q4 2021/22</b></p> <ul style="list-style-type: none"> <li>• HAS two year programme (current to March 2023) - 12 month rolling.</li> <li>• Options appraisal for HAS Capital Investment to be approved</li> <li>• To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review</li> <li>• OSC - reviews.</li> <li>• NED / Governor reviews.</li> <li>• Citizens Panel reviews.</li> <li>• Clinical Senate reviews</li> <li>• To undertake continuous engagement process with public and staff.</li> <li>• Evaluation of the models and options with stakeholders.</li> </ul> <p><b>Q1 2022/23</b></p> <ul style="list-style-type: none"> <li>• Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case.</li> <li>• NHSEI Gateway review.</li> <li>• ICS Board approval.</li> </ul> <p><b>Q2/Q3 2022/23</b></p> <ul style="list-style-type: none"> <li>• Public Consultation.</li> </ul>	<ul style="list-style-type: none"> <li>• National policy changes</li> <li>• Delays in legislation</li> <li>• Long term sustainability of the Trust's sites.</li> <li>• Change to Royal College Clinical Standards.</li> <li>• Capital Funding.</li> <li>• ICS / Integrated Care Partnership (ICP) Structural Change.</li> <li>• Ockenden 2 Report</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• ICS Future Funding.</li> <li>• Failure to develop aligned system wide strategies and plans which support long term sustainability and improved patient outcomes.</li> <li>• Government legislative and regulatory changes.</li> <li>• Integrated Care: Next Steps and Legislative Changes.</li> <li>• Strategic capital.</li> </ul>
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> <li>• Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities.</li> <li>• Local Authority, primary care and community service, NED and Governor engagement / feedback (during transition)</li> <li>• ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed.</li> </ul>	<ul style="list-style-type: none"> <li>• Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement.</li> <li>• Lack of integrated plan and governance structure.</li> <li>• Alignment with Out of Hospital strategies and programmes.</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Strategy (RR no.2924).</li> </ul>	<ul style="list-style-type: none"> <li>• HNY ICS, system wide collaborative working.</li> <li>• Clinical pathways to support patient care, driven by digital solutions.</li> <li>• Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc.</li> <li>• Acute and community collaborative.</li> </ul>

## Strategic Objective 5 - To provide good leadership

<b>Description of Strategic Objective 5:</b> To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible.						<b>Risk to Strategic Objective 5:</b> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.						
<b>Risk Rating</b>	<b>Inherent Risk</b>	<b>Current Risk</b>	<b>Target Risk by 31 March 2022</b>	<b>Target Risk by 31 March 2023</b>	<b>Target Risk by 31 March 2024</b>	<b>Risk Appetite Score:</b> Moderate (8 to 12)						
<b>Consequence</b>	4	4	4	4								
<b>Likelihood</b>	4	3	2	2								
<b>Risk Rating</b>	16	12	8	8								
						<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Workforce Committee and Trust Board		<b>Enabling Strategy / Plan:</b> Trust Strategy, NHS People Plan, People Strategy, Leadership and Development Strategy			
						<b>Last Reviewed:</b> 6 April 2022 March 2022 July 2022	<b>Risk Owner:</b> Chief Executive					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Trust Board, Trust Management Board, Workforce Committee, PRIMS</li> <li>• CQC and NHSE/I Support Teams</li> <li>• Board development support programme with NHSE/I support.</li> <li>• Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments</li> <li>• Development programmes for clinical leaders, ward leaders and more programmes in development</li> <li>• Communication with the Trust's senior leaders via the monthly senior leadership community event</li> <li>• NHSI Well Led Framework</li> <li>• PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement</li> <li>• Joint posts of Trust Chair and Chief Financial Officer, with HUTH</li> <li>• Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, HCV HCP and CCG</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS</li> <li>• Trust Priorities report from Chief Executive (quarterly)</li> <li>• Integrated Performance Report to Trust Board and Committees.</li> <li>• Letter from NHSE/I related to financial special measures and achievement of action plan.</li> <li>• Chief Executive Briefing (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• Letter from NHSE/I related to financial special measures and achievement of action plan.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• CQC Report - 2020 (rated Trust as Requires Improvement).</li> <li>• Financial and Quality Special Measures.</li> <li>• NHS Staff Survey.</li> </ul>	<p><b>Q1 2022/23</b></p> <ul style="list-style-type: none"> <li>• Introduction of x3 Portfolio Governance Boards including one for leadership and career development with representation from all stakeholder staff groups, leadership development programmes we design in-house, commission, or subscribe to, align with our People Strategy aims of attracting, developing and retaining leaders as a preferred employer. From April 2022, subject to funding</li> <li>• Continued development of the Leadership Development Model for all leaders and managers towards building a culture of compassion-centred, collective leadership. This programme, modular in approach, will include Leading with Kindness, Courage and Respect, underpinned with processes and skill development in difficult conversations, embodying the Trust values, and improving what it feels like for staff to work at NLaG. From April 2022, subject to funding</li> </ul> <p><b>Q2 2022/23</b></p> <ul style="list-style-type: none"> <li>• Refreshing of the coaching model with the move towards a Coaching and Mentoring Bureau, offering staff at all levels, opportunities for coaching and mentoring. All participants on leadership development programmes will have a coach for the duration of their development course. We aim to introduce mentoring, both peer to peer, role and career, and reverse, during 2022 with some small scale pilot programmes including a pilot EDI-centric reverse mentoring programme to further strengthen inclusion. September 2022, subject to funding</li> </ul> <p><b>Q3 2022/23</b></p> <ul style="list-style-type: none"> <li>• Refresh of our PADR process referred to in the Training &amp; Development submission, will include process components and skills training to enable identification of talent, development of potential, and proactive planning for succession. Refer to the Leadership and Career development draft schematic in the Appendices for concept. December 2022</li> <li>• Introducing a managerial core skills programme for newly appointed managers 2022 and beyond. December 2022</li> </ul> <p><b>Q1 2023/24</b></p> <ul style="list-style-type: none"> <li>• As part of both leadership development and succession planning, we will be seeking collaborative team working across the ICS for the introduction of a HCV Shadow Board programme. From April 2023</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 third surge and impact on finance and CIP achievement.</li> <li>• National policy changes.</li> <li>• Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>• Current vacancy for the Head of Education which is currently being covered by temporary resource</li> </ul> <p style="text-align: center;"><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• Non-delivery of the Trust's strategic objectives</li> <li>• Continued quality/financial special measures status</li> <li>• CQC well-led domain of 'inadequate'</li> <li>• Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives</li> <li>• Failure to obtain support for key changes needed to ensure improvement or sustainability</li> <li>• Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• No investment specifically for staff training / courses to support leaders work within a different context and to be effective in their roles as leaders within wider systems</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Financial Special Measures</li> <li>• Quality Special Measures</li> </ul>	<p><b>Links to High Level Risks Register</b></p> <p>None</p>	<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Closer Integrated Care System working</li> <li>• Provider collaboration</li> <li>• System wide collaboration to meet control total</li> <li>• HASR</li> </ul>

Agenda Number: CoG (10/22) Item: 7.3

<b>Name of the Meeting</b>	<b>Council of Governors</b>	
<b>Date of the Meeting</b>	13 October 2022	
<b>Director Lead</b>	Alison Hurley, Assistant Trust Secretary	
<b>Contact Officer/Author</b>	As above	
<b>Title of the Report</b>	<b>Acronyms and Glossary of Terms</b>	
<b>Purpose of the Report and Executive Summary</b> (to include recommendations)	A reference guide for any words, phrases or acronyms used during the meeting.	
<b>Background Information and/or Supporting Document(s)</b> (if applicable)	N/A	
<b>Prior Approval Process</b>	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<b>Which Trust Priority does this link to</b>	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input checked="" type="checkbox"/> Not applicable
<b>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to</b> (*see descriptions on page 2)	<b>To give great care:</b> <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 <b>To be a good employer:</b> <input type="checkbox"/> 2	<b>To live within our means:</b> <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 <b>To work more collaboratively:</b> <input type="checkbox"/> 4 <b>To provide good leadership:</b> <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable
<b>Financial implication(s)</b> (if applicable)	N/A	
<b>Implications for equality, diversity and inclusion, including health inequalities</b> (if applicable)	N/A	
<b>Recommended action(s) required</b>	<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: <a href="#">Click here to enter text.</a>

**\*Board Assurance Framework (BAF) Descriptions:**

<b>1.</b>	<b>To give great care</b>
<b>1.1</b>	To ensure the best possible experience for the patient, focussing always on what matters to the patient. To seek always to learn and to improve so that what is offered to patients gets better every year and matches the highest standards internationally. <u>Risk to Strategic Objective:</u> The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.
<b>1.2</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.
<b>1.3</b>	To engage patients as fully as possible in their care, and to engage actively with patients and patient groups in shaping services and service strategies. To transform care over time (with partners) so that it is of high quality, safe and sustainable in the medium and long term. <u>Risk to Strategic Objective:</u> The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber Acute Services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.
<b>1.4</b>	To offer care in estate and with engineering equipment which meets the highest modern standards. <u>Risk to Strategic Objective:</u> The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.
<b>1.5</b>	To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's digital infrastructure (or the inadequacy of it) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.
<b>1.6</b>	To provide treatment, care and support which is as safe, clinically effective, and timely as possible. <u>Risk to Strategic Objective:</u> The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).
<b>2.</b>	<b>To be a good employer</b>
<b>2.</b>	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: inclusive values and behaviours, health and wellbeing, training, development, continuous learning and improvement, attractive career opportunities, engagement, listening to concerns and speaking up, attractive remuneration and rewards, compassionate and effective leadership, excellent employee relations. <u>Risk to Strategic Objective:</u> The risk that the Trust does not have a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.
<b>3.</b>	<b>To live within our means</b>
<b>3.1</b>	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP. <u>Risk to Strategic Objective:</u> The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.
<b>3.2</b>	To secure adequate capital investment for the needs of the Trust and its patients. <u>Risk to Strategic Objective:</u> The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.
<b>4.</b>	<b>To work more collaboratively</b>
<b>4.</b>	To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan. <u>Risk to Strategic Objective:</u> The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.
<b>5.</b>	<b>To provide good leadership</b>
<b>5.</b>	To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible. <u>Risk to Strategic Objective:</u> The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives

## ACRONYMS & GLOSSARY OF TERMS

Oct 2022 – v8.3

**2WW** - Two week wait

**A&E** – Accident and Emergency: A walk-in facility at hospitals that provides urgent treatment for serious injuries and conditions

**A4C** – Agenda for Change. NHS system of pay that is linked to the job content, and the skills and knowledge staff apply to perform jobs

**Acute** - Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment

**AAU** – Acute Assessment Unit

**Acute Hospital Trust** - Hospitals in England are managed by acute trusts (Foundation Trusts). Acute trusts ensure hospitals provide high-quality healthcare and check that they spend their money efficiently. They also decide how a hospital will develop, so that services improve

**Admission** - A term used to describe when someone requires a stay in hospital, and admitted to a ward

**Adult Social Care** - Provide personal and practical support to help people live their lives by supporting individuals to maintain their independence and dignity, and to make sure they have choice and control. These services are provided through the local authorities

**Advocate** - An advocate is someone who supports people, at times acting on behalf of the individual

**AGC** – Audit & Governance Committee

**AGM** – Annual General Meeting

**AHP** – Allied Health Professional

**ALOS** – Average Length of Stay

**AMM** – Annual Members' Meeting

**AO** – Accountable 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, Deputy 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

**Benchmarking** - Comparing performance or measures to best standards or practices or averages

**BLS** – Basic Life Support

**BMA** – British Medical Association

**BME** – 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

**Board of Directors (BoD)** - A Board of Directors is the executive body responsible for the operational management and conduct of an NHS Foundation Trust. It includes a non-executive Chairman, non-executive directors, the Chief Executive and other Executive Directors. The Chairman and non-executive directors are in the majority on the Board

**Caldicott Guardian** - The person with responsibility for the policies that safeguard the confidentiality of patient information

**CAMHS** - Child and Adolescent Mental Health Services work with children and young people experiencing mental health problems

**Care Plan** - A signed written agreement setting out how care will be provided. A care plan may be written in a letter or using a special form

**CCG** – Clinical commissioning groups (CCGs) were NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in each of their local areas in England. On 1 July 2022 they were abolished and replaced by Integrated Care Systems as a result of the Health and Care Act 2022.

**CFC** – Charitable Funds Committee

**C Diff** - Clostridium difficile is a type of bacteria. Clostridium difficile infection usually causes diarrhoea and abdominal pain, but it can be more serious

**CE/CEO** – Chief Executive Officer

**CF** – Cash Flow

**Choose and Book** - When a patient has been referred by your GP for an appointment with a healthcare provider, they may be able to book your appointment with Choose and Book. Most services are available via Choose and Book. Patients

can choose the date and time of their appointment their GP may be able to book their appointment there and then. However, the patient has the right to think about their choices, compare different options and book their appointment at a later stage

**CIP** – the Cost Improvement Programme is a vital part of Trust finances. Every year a number of schemes/projects are identified. The Trust have an agreed CIP process which has been influenced by feedback from auditors and signed off at the CIP & Transformation Programme Board

**Clinical Audit** - Regular measurement and evaluation by health professionals of the clinical standards they are achieving

**Clinical Governance** - A system of steps and procedures through which NHS organisations are accountable for improving quality and safeguarding high standards

**Code of Governance** - The NHS Foundation Trust Code of Governance is a document published by Monitor which gives best practice advice on governance. NHS Foundation Trusts are required to explain, in their annual reports, any non-compliance with the code

**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 Chairman

**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

**Co-morbidity** - The presence of one or more disorders in addition to a primary disorder, for example, dementia and diabetes

**Compliance Framework** - Monitor's Compliance Framework serves as guidance as to how Monitor will assess governance and financial risk at NHS Foundation Trusts, as reflected by compliance with the Continuity of Services and governance conditions in the provider licence. NHS Foundation Trusts are required by their licence to have regard to this guidance. It was superseded by the Risk Assessment Framework in 2013/14

**Constituency** - Membership of each NHS Foundation Trust is divided into constituencies that are defined in each trust's constitution. An NHS Foundation Trust must have a public constituency and a staff constituency, and may also have a patient, carer and/or service users' constituency. Within the public constituency, an NHS Foundation Trust may have a "rest of England" constituency. Members of the various constituencies vote to elect Governors and can also stand for election themselves

**Constitution** - A set of rules that define the operating principles for each NHS Foundation Trust. It defines the structure, principles, powers and duties of the trust

**COO** – Chief Operating Officer

**CoP** – Code of Practice

**CPA** – Care Programme Approach

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

**CPN** – Community Psychiatric Nurse

**CPIS** - Child Protection Information Sharing

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

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

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

**Datix** - is the patient safety web-based incident reporting and risk management software, widely used by NHS staff to report clinical incidents

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

**DCA** – Director of Corporate Affairs

**DD** – Due Diligence

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

**DGH** – District General Hospitals

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

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

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

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

**DNR** - Do not resuscitate

**DoF** – Director of Finance

**DOI** - Declarations of Interest

**DOLS** - Deprivation of Liberty Safeguards

**DOSA** – Day of Surgery Admission

**DPA** - Data Protection Act

**DPH** - Director of Public Health

**DPoW** - Diana, Princess of Wales hospital

**DTOCs** – Delayed Transfers of Care

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

**ECC** - Emergency Care Centre

**ED** – Executive Directors or Emergency Department

**HER** – 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

**EMG** - Executive Management Group – 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

**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 for Council and CCG etc

**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

**FIP** – Finance & Performance Committee

**FOI** - Freedom of information. The FOI Act 2000 is an Act of Parliament of the United Kingdom that creates a public "right of access" to information.

**FPC** – Finance & Performance Committee

**FRC** – Financial Risk Rating

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

**FTE** – Full Time Equivalent

**FTGA** – Foundation Trust Governors' Association

**FTN** – Foundation Trust Network

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

**FY** – Financial Year

**GAG** – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors\*

**GDH** – Goole District Hospital

**GDP** – Gross Domestic Product

**GDPR** – General Data Protection Regulations

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

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

**Governance** - This refers to the “rules” that govern the internal conduct of an organisation by defining the roles and responsibilities of groups (e.g. Board of

Directors, Council of Governors) and individuals (e.g. Chairman, 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

**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

**HASR** - Humber Acute Services Review

**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

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

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

**HEE** – Health Education England

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

**HOBS** - High Observations Beds

**HOSC** - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

**HR** – Human Resources

**HSCA** – Health & Social Care Act 2012

**HSMR** - Hospital Standardised Mortality Ratio

**HTF** - Health Tree Foundation (Trust charity)

**HTFTC** - Health Tree Foundation Trustees' Committee

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

**HW** – Healthwatch

**HWB/HWBB** – Health & Wellbeing Board

**HWNL** - Healthwatch North Lincolnshire

**HWNEL** - Healthwatch North East Lincolnshire

**HWER** - Healthwatch East Riding

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

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

**IAPT** – Improved Access to Psychological Therapies

**IBP** – Integrated Business Plan

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

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

**ICU** – Intensive Care Unit

**IG** – Information Governance

**Integrated Care** - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

**IP** – Inpatient

**IPC** - Infection Prevention & Control

**IPR** – Integrated Performance Report

**IT** – Information Technology

**ITU** – Intensive Therapy Unit

**JAG** – Joint Advisory Group accreditation

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

**JSNA** – Joint Strategic Needs Assessment

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

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

**LA** – NHS Leadership Academy

**LATs** – Local Area Teams

**LD** – Learning Difficulties

**Lead Governor** - Governors will generally communicate with Monitor through the trust's chair. However, there may be instances where it would not be appropriate for the chair to contact Monitor, or for Monitor to contact the chair (for example, in relation to the appointment of the chair). In such situations, we advise that the lead Governor should communicate with Monitor. The role of lead Governor is set out in The NHS Foundation Trust Code of Governance

**LETB** – Local Education and Training Board

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

**LHE** – Local Health Economy

**LHW** – Local Healthwatch

**LiA** – Listening into Action

**Licence** - The NHS provider licence contains obligations for providers of NHS services that will allow Monitor to fulfil its new duties in relation to: setting prices for NHS-funded care in partnership with NHS England; enabling integrated care; preventing anti-competitive behaviour which is against the interests of patients; supporting commissioners in maintaining service continuity; and enabling Monitor to continue to oversee the way that NHS Foundation Trusts are governed. It replaces the Terms of Authorisation

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

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

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

**LTC** - Long Term Condition

**M&A** – Mergers & Acquisitions

**MCA** - Mental Capacity Act

**MDT** - Multi-disciplinary Team

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

**MHA** – Mental Health Act

**MI** – Major Incident

**MIU** – Major Incident Unit

**MLU** - Midwifery led unit

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

**MPEG** – the governor Membership & Patient Engagement Group has been established to produce and implement the detailed Membership Strategy and provides oversight and scrutiny of the Trust Vision and Values and engagement with patients and carers\*

**MRI** – Magnetic Resonance Imaging

**MRSA** – Metacillin Resistant Staphylococcus Aureus is a common type of bacteria that lives harmlessly in the nose or on the skin

**MSA** – Mixed Sex Accommodation

**National Tariff** - This payment system covers national prices, national currencies, national variations, and the rules, principles and methods for local payment arrangements

**NED** – Non-Executive Director

**Neighbourhoods** - Areas typically covering a population of 30-50,000, where groups of GPs and community-based services work together to coordinate care, support and prevention and wellbeing initiatives. Primary care networks and multidisciplinary community teams form at this level.

**Neonatal** – Relates to newborn babies, up to the age of four weeks

**Nephrology** - The early detection and diagnosis of renal (kidney) disease and the long-term management of its complications.

**Neurology** - Study and treatment of nerve systems.

**NEWS** - National Early Warning Score

**Never Event** - Serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented

**NEL** - North East Lincolnshire for Council and CCG etc

**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

**NHSP** - NHS Professionals

**NHS Confederation** - is the membership body which represents both NHS commissioning and provider organisations

**NHS ICS Body** - Will be a new legal entity under Government White Paper with responsibility for the day-to-day running of the ICS. Allocative functions of CCGs will be merged into the new ICS NHS body.

**NHSE** - NHS England. The NHS Commissioning Board, referred to as NHS England, was established as a statutory body from October 2012. From April 2013, it has taken on many of the functions of the former PCTs with regard to the commissioning of primary care health services, as well as some nationally based functions previously undertaken by the Department of Health

**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.

**NHSI** - NHS Improvement: An umbrella organisation that brings together Monitor, NHS Trust Development Authority, Patient Safety, the National Reporting and Learning Systems, the Advancing Change Team and the Intensive Support Teams. These companies came together on the 1st April 2019 to act as a single organisation to better support the NHS and help improve care for patients. The NHSI ensures that it receives sufficient timely information, including monitoring activity against annual plans and maintaining oversight of key quality, governance, finance and sustainability standards, to enable it to assess the performance of each provider in order that it can give the Department a clear account of the quality of its implementation of its functions

**NHSE/I** - NHS England / Improvement

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

**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 for Council and CCG etc

**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

**PDC** – Public Dividend Capital

**PEWS** - Paediatric Early Warning Score

**PFI** – Private Finance Initiative

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

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

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

**POE** - People & Organisational Effectiveness

**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. The CCGs supports and encourages patients to get involved with the way their healthcare is planned by creating and joining Patient Participation Groups which are based in each Medical Practice. This is another term for GP Patient group

**PPI** – Patient and Public Involvement

**PRIMM** - Performance Review Improvement Management 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 (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004

**QRG** – the governor Quality Review Group gather robust information on the quality and safety of care provided or commissioned by the Trust and in particular gather information on patients' perceptions of service quality and safety\*

**QRP** – Quality & Risk Profile

**Q&SC** – Quality & Safety Committee

**QSIR** – Quality & Service Improvement Report

**R&D** – Research & Development

**RAG** – Red, Amber, Green classifications

**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

**SGWG** – the Staff Governor Working Group provides a mechanism to monitor and assist as appropriate in staff engagement, recruitment and retention and staff morale\*

**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

**Single Oversight Framework - (SOF)** sets out how the NHSI oversee NHS trusts and NHS foundation trusts, using one consistent approach in order to determine the type and level of support Trusts require to meet these requirements. The framework identifies NHS providers' support needs across five themes:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

**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

**STP** - Sustainability and Transformation Partnerships

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

**T&C** – Terms and Conditions

**Terms of Authorisation** - Previously, when an NHS Foundation Trust was authorised, Monitor set out a number of terms with which the trust had to comply. The terms of authorisation have now been replaced by the NHS provider licence, and NHS Foundation Trusts must comply with the conditions of the licence

**TMB** - Trust Management Board

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

**ToR** – Terms of Reference

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

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

**TTO** – To Take Out

**ULYSSES** - Risk Management System to report Incidents and Risk (Replaces DATIX)

**UTC** - Urgent Treatment Centre

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

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

**VTE** – Venous Thromboembolism

**WRES** - Workforce Race Equality Standards

**WDES** - Workforce Disability Equality Standards

**WC** - Workforce Committee

**WTE** - Whole time equivalent

**YTD** - Year to date