

Agenda

Council of Governors Business Meeting

Thursday, 12th October 2023

To be held in the Rolling Mill, Wortley House Hotel, Scunthorpe, DN16 1SU

14:00 – 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

1. BUSINESS ITEMS	14:00
1.1 Chair's Opening Remarks Sean Lyons, Trust Chair	Verbal
1.2 Apologies for Absence* Sean Lyons, Trust Chair	Verbal
1.3 Declarations of Interest Sean Lyons, Trust Chair	Verbal
1.4 To approve the minutes of the meeting held on Thursday, 13 July 2023 Sean Lyons, Trust Chair	Attached
1.5 Matters Arising Sean Lyons, Trust Chair	Verbal
1.6 Review of the Action Log Sean Lyons, Trust Chair	Attached
2. REPORTS AND UPDATES	14:20
2.1 Chair's Update Sean Lyons, Trust Chair	Attached
2.2 Chief Executive's Update Jonathan Lofthouse, Group Chief Executive	Attached
2.3 Lead Governor's Update Ian Reekie, Lead Governor	Attached

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|---|----------|-------|
| 3. COG BRIEFINGS | | 15:00 |
| 3.1 Integrated Care Board (ICB) Voluntary Community and Social Enterprise (VCSE) Collaborative | Verbal | |
| Jason Stamp, Chair and Senior Responsible Officer, VCSE Collaborative, Humber and North Yorkshire Health and Care Partnership | | |
| Gary Sainty, Head of VCSE, Humber and North Yorkshire Health and Care Partnership | | |
| 3.2 The Health Tree Foundation | Attached | |
| Neil Gammon, Independent Chair Health Tree Foundation Trustees' Committee | | |
| Lucy Skipworth, Health Tree Foundation Charity Manager | | |
| Clare Woodard, Interim Head of Smile Health | | |
| 3.3 Patient Experience and Complaints Update | Attached | |
| Jo Loughborough, Lead Nurse Patient Experience | | |
| 4. ITEMS FOR NOTING | | 16:10 |
| 4.1 Outcome of the Governor Assurance Group Evaluation Assessment Tool | Attached | |
| Alison Hurley, Assistant Trust Secretary | | |
| 5. QUESTIONS FROM GOVERNORS | Verbal | 16:15 |
| Sean Lyons, Trust Chair | | |
| 6. QUESTIONS FROM THE PUBLIC | Verbal | 16:25 |
| Sean Lyons, Trust Chair | | |
| 7. ITEMS FOR INFORMATION (see separate Appendix A) | To Note | 16:35 |
| Sean Lyons, Trust Chair | | |
| 8. ANY OTHER URGENT BUSINESS | Verbal | 16:40 |
| Sean Lyons, Trust Chair | | |
| 9. MATTERS TO BE ESCALATED TO THE TRUST BOARD | Verbal | 16:45 |
| Sean Lyons, Trust Chair | | |
| 10. COUNCIL PERFORMANCE AND REFLECTION | Verbal | 16:50 |
| Sean Lyons, Trust Chair | | |
| 11. DATE AND TIME OF THE NEXT MEETING | Verbal | 16:55 |
| Sean Lyons, Trust Chair | | |

COUNCIL OF GOVERNORS' BUSINESS MEETING – PUBLIC

Date: 11th January 2024

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	Audit Risk and Governance Committee Annual Report 2022/23	Simon Parkes Non-Executive Director Chair	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

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Thursday, 13 July 2023, from 14:00 to 16:45 hours
Held in the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

Present:

Sean Lyons	Chair	David Cuckson (virtual)	Public Governor
Linda Jackson	Vice Chair	Karen Green	Public Governor
Kevin Allen	Public Governor	Tim Mawson	Staff Governor
Diana Barnes	Public Governor	Rob Pickersgill	Deputy Lead Governor
Jeremy Baskett	Public Governor	Ian Reekie	Lead Governor
Mike Bateson (virtual)	Public Governor		

In Attendance:

Stuart Hall (virtual)	Associate Non-Executive Director
Helen Harris	Director of Corporate Governance
Alison Hurley	Assistant Trust Secretary
Gordon McAdam	Medical Examiner
Fiona Osborne	Non-Executive Director
Carolyn Phillips	Lead Medical Examiner Officer
Gill Ponder	Non-Executive Director
Shaun Stacey	Interim Chief Executive
Suzanne MacLennan	Corporate Governance Officer (minutes)
Katrina Vorley	Business Support Officer

Members of the Public: None in attendance

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Sean Lyons opened and welcomed everyone present to the Council of Governors (CoG) meeting, both in the room and virtually via Microsoft Teams. A warm welcome was extended to Katrina Vorley, having recently joined the Corporate Governance team.

1.2 APOLOGIES FOR ABSENCE

Alison Hurley provided apologies for absence as detailed below:

Tony Burndred	Public Governor
Sue Liburd	Non-Executive Director
Emma Munday	Stakeholder Governors
Shiv Nand	Public Governor

Simon Parkes Non-Executive Director
Kate Truscott Non-Executive 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 THE MINUTES OF THE PREVIOUS MEETINGS

1.4.1 13 April 2023 Council of Governors' Business Meeting Minutes

Sean Lyons invited members to approve the minutes of the CoG Business Meeting held on 13 April 2023. The content of the minutes was accepted as a true and accurate record.

Council Decision: The Council received and approved the minutes from the CoG Business Meeting

1.4.2 22 June 2023 Council of Governors' Annual Review Meeting (ARM) Minutes

Sean Lyons invited members to approve the minutes of the CoG Annual Review Meeting (ARM) held on 22 June 2023.

Ian Reekie raised a concern regarding the nine recommendations in the Member Engagement Working Group Report of which only one had been included in the minutes and translated into an action. The nine recommendations were noted as approved and would be managed by the Governor Assurance Group (GAG). It was agreed the ARM actions be included in the CoG action log.

The remainder of the minutes was accepted as a true and accurate record.

Council Decision: The Council received and approved the minutes from the CoG ARM taking into account the points raised.

Action:

- **Minutes to be amended to state all Member Engagement Working Group Report recommendations were approved and added to the GAG action log**
- **Combine the CoG ARM Action Log with the public CoG Action Log**

1.5 MATTERS ARISING

Sean Lyons requested any matters arising for discussion within the group. None were received.

1.6 REVIEW OF ACTION LOG

The Action Log was reviewed following the April 2023 CoG meeting. It was agreed the four completed actions could be archived and the two remaining actions were in progress and would be completed at the appropriate time.

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

The Chair's Update report was taken as read and Sean Lyons provided an overview.

Rob Pickersgill raised a query regarding the Governor Engagement Survey and areas of engagement not listed on the survey such as the local councils. It was agreed to add any areas within the free text section at the end of the survey. Sean Lyons highlighted the representative role of Governors alongside staff and an area of focus should be with Place and NHS Place Directors.

Ian Reekie raised a concern regarding a decrease in engagement since the inception of the Integrated Care Board (ICB), as previously the Clinical Commissioning Groups (CCGs) had been very engaged particularly within North East Lincolnshire. Shaun Stacey agreed to raise the concern with both the Chair, Chief Executives and Place Directors of the North and North East Lincolnshire Place Partnerships. Sean Lyons agreed the engagement focus would be evolved to the Place Partnerships to pool such knowledge, resources and intentions.

Karen Green enquired about the timeline for embedding the Group Governance intentions, and Sean Lyons advised that a review of the various elements was being undertaken with a response expected by the end of the month.

Jeremy Baskett echoed earlier concerns surrounding engagement having scrutinised minutes from Lincolnshire meetings outside of the Integrated Care System (ICS). Shaun Stacey assured the group the Trust was fully engaged with Lincolnshire and East Riding, both situated outside of the Place areas, due to the vital impact on patient flow into the Trust's services. Flow out of Trust hospitals into Lincoln and the surrounding areas was one of the biggest challenges faced by the Trust, with an average of over 300 lost bed days a week. It was confirmed patients were received in the Trust's Emergency Departments from Lincolnshire, although the difficulty had been being able to discharge them to their homes.

Rob Pickersgill highlighted the frustration in relaying neighbourhood level stories through the correct channels as the Place function had not been finalised yet. A patient story was noted where clinical indecision had caused a delay in the patient returning home. Shaun Stacey suggested the CoG receive a briefing from Emma Owen, Unplanned Care Operational Lead Manager and patient flow co-ordinator, regarding patient flow and discharge. This would support Governors to respond to such queries from the public and members following the briefing from Emma Owen.

Shaun Stacey provided assurance that three weeks of deep dives with clinicians regarding patients with a length of stay of over 21 days had been undertaken, and this had reduced by 37 patients now. It was confirmed there were multiple reasons why patients were unable to be discharged home and a case study was provided outlining a patient whose length of stay had been 194 days, even though they were receiving no medication or physical treatment. The delay had been due to the wider support required in relation to psychology, psychiatry and social care and had the patient returned home before this was arranged, the outcome could have resulted in a major incident.

Sean Lyons suggested the local knowledge of Governors could help mobilise voluntary resources and support to allow patients to return home quicker. It was outlined that a community approach was required alongside Place Partnerships which Governors could support.

Action: Governor briefing with Emma Owen for patient flow and discharge to be arranged

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Shaun Stacey provided an overview of the report which was taken as read.

Shaun Stacey provided assurance that a decision had been made to ensure all cancelled appointments due to the impending doctors strikes would be rescheduled within 28 days.

Shaun Stacey confirmed the ICB had recently approved the approach to the options for the Humber Acute Services (HAS) Review consultation and congratulated Ivan McConnell and his team on this great achievement. It was highlighted that maternity care had been uncoupled from this process and would be separately managed. The Council were asked to note the factually inaccurate report in the Health Service Journal which stated services would be reduced in Grimsby and Scunthorpe. Both sites would each have an emergency department, although it was recommended that trauma would remain in Grimsby as part of the consultation process and other services would move to a central function. Sean Lyons thanked Shaun Stacey and endorsed the update which referred to the work over the previous five years in order to reach this point. Governors were also thanked for their support so far.

Kevin Allen raised a query regarding Patient Transport as since the office had closed, patients were unsure what to do and elderly patients struggled to use the online service. Shaun Stacey advised that feedback had been received stating it had been more efficient with patients able to use the service although there had been a concern about the length of time it had taken for calls to be answered. It was highlighted that due to the service being digitalised there would be less calls received. Shaun Stacey agreed to discuss the matter outside of the meeting with Kevin Allen and follow up any actions required.

Jeremy Baskett noted the excellent progress on the HAS work so far and queried the communication plans in relation to the HAS consultation. Shaun Stacey referred Governors to the recently circulated HAS newsletter which had been shared with Place and partner organisations in addition to the Trust. Sean Lyons confirmed the Governors had received the newsletter which provided the progress details and the opportunity to feedback.

Ian Reekie endorsed the sentiments of Shaun Stacey's report regarding the loss of Dr Kevin Speed who had been a much loved member of the Residents Association in Cleethorpes.

Ian Reekie requested a briefing on Electronic Patient Records especially following notification of the National Care Records switch over. Shaun Stacey agreed to take the request as an action to follow up.

Alison Hurley advised the Council that the HAS newsletter was not restricted to employees and could be circulated more widely to help assist members and the public with any queries as needed.

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

Action: Corporate Governance Office to arrange a Governor briefing regarding Electronic Patient Records

2.3 LEAD GOVERNOR'S UPDATE

Ian Reekie provided an overview of the report and referred the Council to the recommendations captured.

Following the overview Ian Reekie raised a concern that the Appointments and Remuneration Committee (ARC) had not received a key piece of information prior to the recommendation, being that the Boards of Northern Lincolnshire and Goole (NLaG) NHS Foundation Trust and Hull University Teaching Hospitals (HUTH) NHS Trust had already decided in principle to adopt a full integration governance structure with effect from 1 April 2024. The need to have Associate NED roles on both Boards once Boards and their committees start to meet in common was queried together with the approval being sought to extend these two roles for a one year term.

Ian Reekie read out a proposal from fellow Governors which set aside the ARC recommendation for the one year extension of the role of the HUTH Associate NED role on the NLaG Board, and instead extend it by six months until 31st March 2024. It was requested that any further justification for any subsequent extension be referred back to the ARC.

A discussion ensued regarding the amendment to the recommendation stated in the Lead Governor's Update. It was confirmed a discussion had taken place within the Governors' CoG pre-meet immediately prior to the business meeting without prior notification to the Chair of the CoG of any such issues.

A further discussion ensued and it was agreed that the ARC would call a meeting to address the recommendation to approve the re-appointment of

Stuart Hall as an Associate NED for one year, to allow further clarification and consideration.

Council Decision: The Council received the Lead Governor's update.

Action: The ARC to meet to consider the re-appointment of Stuart Hall as Associate Non-Executive Director for one year

3. COG BRIEFINGS

3.1 Trust Priorities 2022/2023 – End of Year Performance Report

Shaun Stacey delivered the presentation on the Trust Priorities 2022/2023.

In response to a query from Rob Pickersgill, Shaun Stacey outlined why the ten priorities had been selected which had resulted from triangulating feedback of deliberations from Executive Directors, Board committees, operational level staff through to the general workforce, on what was considered important for the Trust. In addition, feedback from the CQC and audits had been taken into account.

Shaun Stacey confirmed cancer diagnostics had improved year on year since 2018 in a number of modalities and advised of the development of a single cancer leadership structure. A current focus was to improve access to histopathology which would improve histopathological diagnostic cancer care. Delivery of cancer care outside of the Trust had proved more problematic, particularly when patients require a positron emission tomography (PET) scan combined with a computed tomography (CT) scan which are only available at HUTH. Shaun Stacey confirmed the other challenge faced by the Trust was the lack of resource within oncology due to deterioration of the workforce in this service, and recruitment work had commenced with the national team to address this shortfall.

Rob Pickersgill queried whether tumour sites statistics were recorded. Shaun Stacey confirmed this data was measured at divisional and service level within the Integrated Performance Report (IPR) and a consolidated view was presented to the Trust Board.

Gill Ponder assured the Council that deep dives on cancer performance were conducted regularly at the Finance and Performance Committee (F&PC), along with outcomes for patients and quality of service at the Quality and Safety Committee (Q&SC). It was confirmed both committees received updates on tumour site breakdowns and the main metric reviewed was the 62 day wait. Linda Jackson highlighted discussions had taken place at the HUTH Board regarding cancer services across the Humber.

Shaun Stacey provided an overview of the Trust Priorities 2023/2024 report.

In response to a query from Jeremy Baskett, Shaun Stacey assured the Council the Trust would maintain focus on hydration and diet of patients.

3.2 Role of The Medical Examiner and Patient Story

Sean Lyons welcomed Gordon McAdam, Medical Examiner and Carolyn Phillips, Lead Medical Examiner Offer to the meeting.

Gordon McAdam delivered the presentation on the role of the Medical Examiner and Carolyn Phillips provided a patient story.

Ian Reekie expressed reassurance in gaining a greater understanding of the Medical Examiner role and queried whether deaths 30 days post discharge were reviewed as captured in the Summary Hospital Level Mortality Indicator (SHMI). Gordon McAdam confirmed they were not currently reviewed although the service were in the process of rolling out to the communities. It was highlighted some patients leave hospital knowing death was imminent and others leave fit and well and unfortunately die soon thereafter. Confirmation was provided that all sudden deaths were referred to the Coroner.

As chair of the Organ Donation Committee, Ian Reekie queried the working relationship with the Trust and whether compliance to the national Medical Examiner recommendations on organ and tissue donation were fulfilled. Gordon McAdam confirmed this was discussed with the Coroner prior to death although it was unusual for Coroners to meet living patients in any other circumstances. Medical Examiners usually received a pre-warning through good working relationships with wards and units within the Trust if required.

Sean Lyons and Linda Jackson commended the invaluable service provided by the Medical Examiners.

Gordon McAdam and Carolyn Phillips left the meeting at 15:54

4. ITEMS FOR APPROVAL

4.1 Council of Governors and Trust Board Engagement Policy (DCP231)

Alison Hurley provided an overview of the amendments detailed in the report and outlined the document had been approved at the Governor Assurance Group (GAG) meeting in June. It was noted that further amendments would be made following the Group Leadership changes as required.

Sean Lyons welcomed any questions. None were received and the document was approved.

Council Decision: The Council approved the Council of Governors and Trust Board Engagement Policy (DCP231)

5. ITEMS FOR NOTING

5.1 Annual Quality Account 2022/2023

Sean Lyons drew the Councils attention to the Annual Quality Account 2022/2023 and sought any questions. None were received.

Council Decision: The Council noted and received the Annual Quality Account 2022/23

6. QUESTIONS FROM THE GOVERNORS

Sean Lyons invited questions from Governors and Rob Pickersgill queried whether Governors were satisfied with the Workforce Committee's (WC) progress and structure of the program in relation to management training. It was felt that managers needed to be equipped to deal with changed circumstances and the collaborative working with HUTH. Ian Reekie confirmed Sue Liburd, NED Chair of the WC provided assurance at the GAG meeting in June and admitted some time delays in implementing the leadership and management training programmes.

Shaun Stacey informed members that the Trust hoped to be registered with Proud2bOps, a national network of senior operational leaders within provider health and care organisations, by November 2023. This would provide a development programme for staff on band 5 and upwards who would be supported and overseen by Proud2bOps on a regular basis. It was confirmed that training and support was available for all managers.

Rob Pickersgill queried previous concerns regarding allocated funding for the training and whether the concern was ongoing. Shaun Stacey highlighted the work of Simon Nearney, Interim Director of People, in requesting support from local colleges and agencies and was unaware of issues with training support.

Linda Jackson drew attention to the identified five strands of organisation development set out by Simon Nearney, one of which was management and management change. The first stage was pending due to the doctors strike and would involve senior clinicians and doctors from both HUTH and NLaG. Shaun Stacey provided an overview of a pilot scheme within the Community and Therapies division generating successful outcomes for clinical and non-clinical managers which had been linked to the Quality Improvement (QI) programme.

A discussion ensued regarding the location of future CoG meetings and it was agreed to use a Scunthorpe based location for the CoG meeting scheduled in October.

7. QUESTIONS FROM THE PUBLIC

There were no members of the public present.

8. ITEMS FOR INFORMATION (See Separate Appendix A)

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

- 8.1 Finance Update
- 8.2 Board Assurance Framework (BAF)
- 8.3 Acronyms and Glossary of Terms

9. ANY OTHER URGENT BUSINESS

There were no further items of urgent business raised.

10. MATTERS TO BE ESCALATED TO THE TRUST BOARD

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

11. COUNCIL PERFORMANCE AND REFLECTION

Sean Lyons invited suggestions for future meetings. No suggestions were received.

12. DATE AND TIME OF THE NEXT MEETING

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 12th October 2023
Time: 14:00 – 17:00 hours
Venue: TBC

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 15:59 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 - PUBLIC

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmed Aftab	3	1	Eddie McCabe	3	0
Kevin Allen	3	2	Tim Mawson	3	2
Diana Barnes	3	3	Emma Munday	3	1
Jeremy Baskett	3	2	Shiv Nand	3	1
Mike Bateson	3	3	Anthonia Nwafor	3	0
Tony Burndred	3	0	Rob Pickersgill	3	2
David Cuckson	3	3	Stephen Price	3	0
Karen Green	3	3	Ian Reekie	3	3
David Howard	0	0	Liz Stones	3	1

ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS - PUBLIC

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Sean Lyons	3	3	Fiona Osborne	3	2
Linda Jackson	3	3	Simon Parkes	3	0
Stuart Hall	3	1	Gillian Ponder	3	1
Sue Liburd	3	1	Kate Truscott	3	0

COUNCIL OF GOVERNORS
ACTION LOG & TRACKER
(Public)
2023
(updated October 2023)

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(23)19	13/07/2023	6	Research and book Scunthorpe based venues for future CoG meetings	Corporate Governance Office	Oct-23	Wortley House Hotel booked for the October CoG meeting	Completed	Agenda & Diary invites	yes
COG(23)18	13/07/2023	4.1	Forward approved CoG & TB Engagement Policy (DCP231) and approving minutes to Document Control for processing	Corporate Governance Office	Oct-23	Approved by Trust Board on 3rd October 2023	Completed	Agenda & minutes	yes
COG(23)17	13/07/2023	2.3	Return the recommendation to approve the re-appointment of Stuart Hall as an Associate Non-Executive Director to the Appointments and Remuneration Committee for clarification and consideration.	Corporate Governance Office	Jul-23	Extra-ordinary Appointments and Remuneration Committee (ARC) meeting held 31.07.23 CoG virtually approved the ARC recommendations obtaining nine Governor approvals	Completed	Minutes and approval emails	yes
COG(23)16	13/07/2023	2.2	Arrange a Electronic Patient Records briefing session for Governors	Corporate Governance Office	Nov-23	Report requested for distribution at 27th November 2023 briefing session			
COG(23)15	13/07/2023	2.1	Arrange a Patient Flow and Discharge briefing session for Governors to be delivered by Emma Owen	Corporate Governance Office	Nov-23	Briefing to be delivered to Governors on 27th November 2023			
COG(23)16	13/07/2023	1.4	Combine the CoG ARM Action Log with the CoG Action Log Public	Corporate Governance Office	Aug-23	The CoG ARM action Log has ben included in this Action Log	Completed	Action Log	yes
COG(23)15	13/07/2023	1.4	Amend CoG ARM minutes to state nine recommendations from the Member Engagement Group were approved	Corporate Governance Office	Aug-23	CoG ARM minutes from 22.06.23 amended and actions managed by the Governor Assurance Group	Completed	Minutes & GAG Action Log	yes
COG(23)14	22/06/2023	ARM 2.5 (a)	Schedule and assist Ian Reekie with Governor briefing on Member and Public Engagement	Corporate Governance Office	Nov-23	1:1 Ian and Alison arranged 25.07.23 for presentation preparation. Briefing to be delivered to Governors on 27th November 2023			
COG(23)13	22/06/2023	ARM 2.2.1	Re-instate Governor and Member Drop-in sessions at each Trust site, publicise them and seek Governor commitment	Corporate Governance Office	Oct-23	This action will be managed by the Governor Assurance Group	Completed	GAG Action Log	yes
COG(23)12	22/06/2023	ARM 2.2 (a)	Corporate Governance Office to create and circulate public engagement survey to Governors	Corporate Governance Office	Nov-23	Engagement Opportunities Survey circulated to Governors 5th July 2023 Collated responses to be reviewed/discussed at the Briefing Session on 27th November 2023			
COG(23)11	22/06/2023	ARM 2.1 (c)	Consideration for appropriate system working briefing	Corporate Governance Office	Aug-23	Updates covered by the Group Development Committee in Common Highlight Report presented to the Governor Assurance Group	Completed	GAG meeting papers	yes
COG(23)02	11/01/2023	2.4	Reinstate Staff Governor meetings with Trust Chair, Chief Executive, Interim Director of People & Lead Governor	Corporate Governance Office	Dec-23	Sean Lyons requested the meetings be reinstated once Jonathan Lofthouse commenced in post. Further discussion to take place following appointments within the Group Executive Structure		Diary invites & emails	yes
COG(22)25	13/10/2022	3.2	Deliver Health Inequalities update in 12 months time	Jug Johal	Nov-23	Report to October CoG Report requested for distribution at 27th November 2023 Briefing Session			

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

————— **Kindness · Courage · Respect** —————

Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(23)10	13/04/2023	6	Provide an update on High Level Risk Register Item 3095	Helen Harris	Apr-23	Shauna McMahon provided a response following consultation with NLaG representatives - Emailed to Governors on 18th April 2023	Completed	Emails	yes
COG(23)09	13/04/2023	5	Publicity of CoG meetings	Corporate Governance Office	Apr-23	Comms team emailed on 2nd May regarding members with no access to social media platforms and a request for further publicity of CoG meetings	Completed	Emails	yes
COG(23)08	13/04/2023	3.1	Share the Working with People and Communities Engagement Strategy	Corporate Governance Office	Apr-23	Karina Ellis shared the link in the chat function of Teams during the April CoG and included in the minutes	Completed	Link in chat & minutes	yes
COG(23)01	11/01/2023	2.3	Update the CoG on external auditor position	Lee Bond	Apr-23	Lee Bond provided a verbal update at the April CoG	Completed	Minutes	yes
COG(23)07	11/01/2023	4.3	Forward approved Governor Assurance Group ToR to Document Control for processing	Corporate Governance Office		Formatted ToR (DCT092) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes
COG(23)06	11/01/2023	4.1	Forward updated and approved Trust Constitution to Document Control for processing	Corporate Governance Office		Formatted Trust Constitution (DCM001) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes
COG(23)05	11/01/2023	3.2	Request staff C19 & flu vaccine uptake figures	Helen Harris		Figures requested from Paul Bunyan and results emailed to Governors 12/01/23	Completed	Emails	yes
COG(23)04	11/01/2023	3.1	Membership Office to arrange End of Life briefing with Kate Wood, Jan Haxby & Donna Smith	Corporate Governance Office	Mar-23	Briefing delivered on 8th March 2023 at 17:00 - 18:00 hours and diary invites issued	Completed	Email & diary invites	yes
COG(23)03	11/01/2023	2.4	Forward approved Member Engagement Working Group ToR to Document Control for processing	Corporate Governance Office		Formatted ToR (DCT274) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes

Agenda Number:

CoG (10/23) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Sean Lyons, Trust Chair	
Contact Officer/Author	As above	
Title of the Report	Chair's Update	
Purpose of the Report and Executive Summary (to include recommendations)	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<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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Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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Chair's Update

Chair's Report for Northern Lincolnshire & Goole NHS Foundation Trust Council of Governors meeting 12 October 2023

I am pleased to present my report to Governors, providing an update on matters since the last report of 13 July.

As usual I wish to commend the hard work of the staff to the Governors and ask that they show appreciation where possible for this work under continuing pressures, especially as the well-publicised Industrial action continues.

Welcome to Jonathan Lofthouse

I am sure Governors will join me in welcoming Jonathan Lofthouse to his role as Group Chief Executive (CEO) for Northern Lincolnshire & Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospital NHS Trust (HUTH), having taken over on 14 August. We wish him every success in his role.

Jonathan has already introduced himself to Governors and has explained his intended Leadership Structure, which is currently the subject of consultation. Appointments are expected to be made by early November.

Reappointment of Linda Jackson & Stuart Hall

I am very pleased that Governors have agreed to a one-year extension to the terms of office of Linda Jackson, Vice Chair NLaG, and Stuart Hall, Associate Non-Executive Director NLaG.

Terms of office for both colleagues currently are scheduled to end on 30 September 2024.

One to One Discussions

Following the Governor Annual review meeting on 22 June, it seems that we have some way to go in developing some of the elements of the Governor role, especially with respect to representing the views of the public. I have been conducting one to one discussions with Governors and I am grateful for these discussions which are not completed at the time of writing.

The intention is that the Vice Chair and I will confer and discuss the feedback and future proposals to enhance closer working arrangements with Governors as soon as possible. I am sure we can work together to have a more inclusive approach to the role of Governor at the Trust.

Governor Elections

The nominations stage of the annual Governor elections closed on 27th September 2023, with a very positive position of just one remaining Governor seat for East and West Lindsey vacant from the total of nine seats up for election. An uncontested election was declared for several constituencies which means that:

- Dr Vijay has been newly elected to represent East and West Lindsey
- David James has been newly elected to represent North East Lincolnshire
- Kev Allen has been re-elected and Paula Ashcroft and Caroline Ridgway have been newly elected to represent North Lincolnshire

As there were four nominees for the three staff Governor seats, this will continue to a contested election which is due to open on 19th October and close on 13th November 2023, with the results published the following day.

Governor inductions will then commence for the new Governors as per usual practice.

I am sure Governors will join me in welcoming our new Governors and congratulate Kev Allen on his re election.

Thank you and goodbye to Liz!

Our longstanding and much valued Governor, Liz Stones has now reached the maximum Governor term of office and will leave her Governor seat as of November 2023.

Liz has been a public governor for nearly 12 years now and has been an integral part of the Council of Governors of our Trust. With a keen passion about high standards of patient care and staff wellbeing, Liz regularly supported her Governor role by undertaking the 15 Steps Ward Reviews.

Liz will be missed by her fellow Governor colleagues, Trust Board members and staff alike. We wish her well in her future endeavours and hope she remains a committed Trust member.

Group Governance Intentions

In my report of 13 July, I referenced the fact that Governors had been briefed on 27 June regarding the intended Group Governance arrangements which followed an extensive period of analysis and discussions with the Boards of NLaG and HUTH.

A significant element of these arrangements is for Board committees, and Board meetings to be held on an 'in common' basis, promoting improved sharing and learning opportunities, and reducing unnecessary duplication.

Following this briefing, concerns were raised, via a letter to Board members, in which the intended replacement of Governor observation at Board Committees in Common (CIC) with additional information flows were challenged.

I can confirm that the practice of Governors observing the committees in the new Group arrangements is agreeable to both Boards, subject to this practice being on an observation only basis. As part of these discussions Board members suggested some changes they would like to see on how the board and Council of Governors work together. These suggestions will be amalgamated with the feedback from the one to one discussions with Governors to agree a new way of working to run in line with the new Group arrangements.

Development of a written protocol is proposed and this will be presented to Governors in due course.

Humber Acute Services (HAS) Consultation

Governors are notified that the Public HAS Consultation with respect to proposals to modify certain services across the Trust began on 25 September and this is to run for a 14-week period. The content of the proposed changes remains unchanged from previous Governor briefings, and I am grateful Governors are supporting the open public consultation sessions that are planned.

Sean Lyons
Group Chair

Agenda Number: CoG (10/23) Item: 2.2

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Jonathan Lofthouse, Group Chief Executive	
Contact Officer/Author	Jonathan Lofthouse, Group Chief Executive	
Title of the Report	Group Chief Executive's update	
Purpose of the Report and Executive Summary (to include recommendations)	<p>This report provides a briefing to the Council of Governors since starting in post on 14 August 2023.</p> <p>Included in the report are responses to the specific queries from Governors:</p> <ul style="list-style-type: none"> • Trust response to Lucy Letby case • Humber Acute Services Consultation – Adequacy of Diana, Princess of Wales Hospital infrastructure • Reaffirm Operating structure/Care Group structure • Finance update • Place based development in East Riding 	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
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Group Chief Executive Officer

Report to the Council of Governors 12 October 2023

1. Introduction

This report provides an outline of my start with the organisation, as well as covering some specific topics at the request of the Council of Governors:

- Trust response to Lucy Letby case
- Humber Acute Services Consultation – adequacy of DPoW infrastructure
- Reaffirm Operating structure/Care Group structure
- Finance update
- Place-based development in East Riding

2. Commencement in post

I started in post as Group Chief Executive on 14 August 2023. I have been very warmly welcomed to the Trust by colleagues and system partners. I have undertaken a number of walkarounds to meet our teams and see our services. I am heartened by the commitment and hard work I have seen from our colleagues and wish to thank once again the teams I have met. I look forward to continuing these walkarounds as often as possible, and will commit that Executive team colleagues will ensure they remain visible to our teams, too.

In respect of maintaining communication and feedback to staff, I have sent a weekly reflection email to all staff since starting in the role. On Friday 15 September 2023, we held the first of a new series of “Ask the Chief Executive” on-line meetings. This was open to all Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) staff, as well as all staff at Hull University Teaching Hospitals NHS Trust (HUTH). Both Executive colleagues and I provided very short briefings about key issues in our hospital Group and answered questions submitted in the live chat. The session was recorded and is available via the intranet for staff not able to join at the time. Over 400 Group staff joined the session and 37 questions came from the session, many of which were answered live. All questions and answers have also been posted to the intranet for staff to read. The next “Ask the Chief Executive” session will be held on 19 October 2023 at 1 pm.

I was invited to provide closing remarks at the Consultants’ conference 8 September 2023. I was inspired to see so many of our senior clinicians, together with colleagues from HUTH, discussing and sharing experiences. I was also invited to provide opening remarks to the Trust’s Nursing and Allied Health Professionals conference on 28 September 2023, which was based on the theme of Compassionate and Inclusive leadership. I shared my reflections with colleagues that compassionate and inclusive leadership asks a lot of us as individuals, but is instinctive and resonates with our core motivation to care for our patients and care for each other.

I have enjoyed my start in this new role, and thank both Trust Boards and the Council of Governors for the very warm welcome.

3. Trust response to the Lucy Letby case

Following the conviction of Lucy Letby, I sent out messages via my Chief Executive’s bulletin to all Trust staff to raise any concerns they have about colleague behaviour through our Speaking Up routes. Shocking figures regarding sexual harassment of female NHS staff were published one week after the conclusion of the Letby case.

I am clear that inappropriate behaviour and compromises in patient care are absolutely unacceptable. I am meeting monthly with the Trust’s Freedom to Speak Up Guardian, who

reports on a quarterly basis to the Quality Committee. The Board is updated at every meeting on quality, safety and patient experience and our staff must have confidence that speak up makes a difference. Executive team members are also accountable for drawing issues of concern to my attention.

We will be signing up to the NHS England (NHSE) Sexual Safety Charter and have appointed a lead Director on domestic abuse and violence. The Board will be briefed on what this entails in due course and I will ensure this is shared with the Council of Governors also.

4. Humber Acute Services - adequacy of DPoW infrastructure

The Humber Acute Services Programme has reached a critical stage and a 14 week statutory consultation commenced on 25 September 2023. This follows approval by the Integrated Care Board (ICB) on 13 September 2023 and completion of an NHSE Gateway Review in early September 2023.

Additional assurance reviews of the approach, clinical models and engagement have been undertaken by Overview and Scrutiny Committees, Clinical Senate Reviews and The Consultation Institute.

The consultation will focus on Urgent and Emergency Care and Paediatrics. Maternity and neonatal services were removed at the request of both NHSE and the ICB, given a number of wider issues/risks to maternity services within the Region. The consultation outlines what options have been considered (over 100 options have been considered through this process); what is being recommended are proposals to ensure services remain safe and sustainable in the medium- to long-term.

The consultation will be led by the Humber and North Yorkshire ICB and will comprise two key elements:

- A consultation survey
- A mix of structured and unstructured events

The clinical models, financial costs and savings will be finalised during the Consultation and will be summarised within a Decision Making Business Case presented to the ICB Board by the end of March 2024. The Decision Making Business Case will set out:

- Consultation feedback
- Clinical Models
- Workforce requirements
- Travel Impact
- Patient Impact
- Revenue savings
- Capital costs and affordability
- Implementation plans

In respect of adequacy of Diana, Princess of Wales Hospital infrastructure, it is important to note that NHSE have requested that all capital plans are set out in a Short Form Business Case to test deliverability and affordability from within internal capital resources. This is in line with Department of Health and Social Care and His Majesty's Treasury guidance for capital expenditure. This will cover the capital and infrastructure requirements of the output of the consultation process.

A Joint Health Overview and Scrutiny Committee will be set up to review the consultation process and decision arising from consultation. The first meeting is planned for early October 2023.

As Governors are aware, doing nothing is not a viable option. I encourage all Governors to respond to the consultation and I thank them for their involvement to date to get the work to this consultation stage.

5. Reaffirm Operating structure/Care Group structure

The consultation process to form a Group Executive team started on 5 September 2023. All current substantive post holders are in a 30-day consultation process; I am planning to complete the expression of interest and interview processes for existing post-holders by 31 October 2023. Posts that are unfilled following this will go out to national market. Any unsuccessful candidates will be supported through alternative routes, which could include redundancy arrangements. The Group Chief Information Officer and some new posts that do not affect current post-holders will go out to substantive recruitment during this time period as well. Discussions on the clinical operating structure have commenced and will be aligned to the new Group Executive structure. The clinical delivery and accountability model is being worked up in detail at the present time and will be shared once complete. I anticipate that the model will be agreed by end of October 2023 and will be implemented as soon as practicable under the new Group Executive team. I will of course keep Governors updated as these processes are completed.

6. Finance update

The Trust's Month 5 financial position a deficit of £2.4m, which is £300,000 better than plan. While the Trust's year-to-date position is also favourable against plan (£11.6m deficit, £2.2m favourable compared to plan), there are particular risks regarding achievement of the stretch Cost Improvement Plan target, slippage on the core CIP, not achieving the Elective Recovery Target and continued cost pressures for un-funded beds. Industrial action and inflationary pressures as well as these CIP and elective recovery issues are contributing to a forecast outturn position of £12m away from plan. There are particular pressures on capital funding that the Finance and Performance Committee discussed in detail and have drawn to the Trust Board's attention, alongside a Board Assurance Framework deep-dive in to infrastructure and quality of environment, which are key concerns of the Committee and the Trust Board.

7. Place-based development in East Riding

NLaG is an active participant in three Place Boards: North East Lincolnshire, North Lincolnshire and East Riding of Yorkshire. Each of the Place Boards has a different operating model and is at a different level of maturity. All Place Boards have representation of health and care providers and voluntary and community sector partners.

The Place Boards are developing their strategies and workplans for the next three years. Key areas of focus are:

- North East Lincolnshire – Strategic workforce planning at Place and partnerships required to deliver
- North Lincolnshire – Community first with a focus on workforce and capital investment
- East Riding of Yorkshire – Place based workforce development and partnerships

It is important that as an organisation we support partners at Place level but also provide challenge on what is best developed at Place, Organisation, Collaborative or System level. A key example being local partnerships for apprenticeships compared to system working to negotiate better academic training courses and numbers of placements.

NLaG has worked closely with Place partners in both North and North East Lincolnshire to secure support for the investment in Community diagnostic Centres – an investment of £29.5m aligned with Town Centre and Levelling Up Funding of Local Authority partners.

8. Communications updates

A new approach to communicating with staff was implemented when I started. I have filmed three videos and also sent out a weekly email to complement these videos, so there has been something from me to staff each Friday. As I have stated in the introduction to this report, the executive team held the first online Ask the Chief Executive session for staff on Friday 15 September 2023 and is planning to undertake the next event in October 2023.

Through August and September the finalists for this year's Our Stars awards were announced. The awards evening takes place on Friday 24 November 2023 and I look forward to an excellent event, celebrating the innovation and compassion of our staff.

I am very pleased that Sir Julian Hartley, Chief Executive of NHS Providers and former Chief Executive at Leeds Teaching Hospitals NHS Trust, was the keynote speaker at the Consultants' Conference on 8 September 2023. Sir Julian visited the new Emergency Department at Scunthorpe General Hospital before the conference with Dr Kate Wood.

Externally the Trust promoted news about: the new surgical hub at Goole; external accreditations for the Macmillan Information Centre at Scunthorpe and the Trust's endoscopy services; and fundraising projects for the Health Tree Foundation.

Jonathan Lofthouse
Group Chief Executive

26 September 2023

Agenda Number:

CoG (10/23) Item: 2.3

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead		
Contact Officer/Author	Ian Reekie	
Title of the Report	Lead Governor's Report	
Purpose of the Report and Executive Summary (to include recommendations)	<p>The purpose of this report is to update governors on highlights from the Governor Assurance Group meeting held on 7 August and an Appointments & Remuneration Committee meeting held on 21 September 2023. Highlights from the Governor Assurance Group meeting due to be held on 5 October will be reported verbally.</p> <p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> Note the content of the Lead Governor's Update report including highlights from Governor Assurance Group and Appointments & Remuneration Committee meetings. 	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
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Financial implication(s) (if applicable)	None	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None	

Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.
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COUNCIL OF GOVERNORS

12 October 2023

Lead Governor's Report

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

At the GAG meeting held on Thursday 7 August governors considered the content of board assurance committee highlight reports presented by Non-Executive Director (NED) chairs. Linda Jackson also updated GAG on the work of the new Group Development Committee-in-Common following the disbandment of the Trust's Strategic Development Committee. Other topics focused on included:

- Use of independent sector providers
- Impact of industrial action
- Faster diagnostic standard
- Theatre productivity
- The Trust's underlying financial deficit position
- The 2023/24 cost improvement programme
- Experienced coder shortage
- Paediatric audiology
- Agency and bank staffing levels
- Removal of maternity/neonates from Humber Acute Services consultation
- Development of community diagnostic centres

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

A meeting of the Appointments & Remuneration Committee chaired by Rob Pickersgill was held on Thursday 21 September when the following items were considered:

- **Chair's Appraisal** – ARC was advised of the outcome of the annual appraisal of the Chair's 2022/23 performance which was conducted in accordance with the prescribed NHSE framework and covered his responsibilities in respect of both NLaG and HUTH. Feedback from a multi-source stakeholder assessment survey was overwhelmingly positive and particularly acknowledged the strengths of the professional leadership and the compassionate approach exhibited by Sean Lyons. As part of the process the Chair's principal objectives for 2023/24 were agreed covering:
 - Working in partnership
 - Performance, quality and finance
 - Board ways of working
- **NED Terms of Office** – Based on a schedule of current NED terms of office it was agreed to amend the ARC workplan to ensure that consideration of reappointments and/or the need to undertake recruitment takes place at least three months in advance of term of office expiry dates.

Agenda Number:

CoG (10/23) Item: 3.2

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Lee Bond – Chief Financial Officer	
Contact Officer/Author	Lucy Skipworth, Charity Manager	
Title of the Report	Introduction to The Health Tree Foundation	
Purpose of the Report and Executive Summary (to include recommendations)	An introduction and update from The Health Tree Foundation	
Background Information and/or Supporting Document(s) (if applicable)	Introduction to The Health Tree Foundation presentation	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<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 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
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The Health Tree Foundation



Independent Chair Health Tree Foundation Trustees' Committee

Neil Gammon

Head of Smile Health, HEY Smile Foundation

Clare Woodard

Charity Manager

Lucy Skipworth



The Health Tree Foundation is the working name of the Northern Lincolnshire and Goole NHS Foundation Trust Charitable Funds.



- **Who are we?**
- **Circle of Wishes**
- **The difference charitable donations make**
- **What success looks like**
- **Contact The Health Tree Foundation Team**



Who are we?



- **An official NHS Charity, The Health Tree Foundation is independently run through HEY Smile Foundation**
- **At the Health Tree Foundation we want to ensure that each and every time someone walks through the hospital doors – whether for emergency or planned treatment – the best available equipment is waiting for them, in a comfortable and welcoming environment.**



Who are we?



- **Dedicated professional charity team including a manager, two fundraisers, Circle of Wishes coordinator, admin support and a Sparkle Officer**
- **Less than 20 Fund Zones, no more than 40 funds total**
- **Access to charitable funds available through simple website to all staff, patients, visitors and public**



Circle of Wishes

The Circle of Wishes - A strategic approach which has helped us unlock restricted funds and allowed for committed spending plans to help improve patient experience;

- Simple online form to apply via our website
- Submitting your wish is simple but we do ask you consider these questions before you submit:
 - ✓ Is there a clear patient benefit?
 - ✓ Is your wish something the Trust should be providing for patients or hospitals already
 - ✓ Would you be happy to donate towards this wish?



Sparkle Wishes Completed



New Sensory room within Children's Development Centre - DPOW



Sparkle Wishes Completed



Rainforest ward outdoor play area - DPOW



MRI Appeal - DPOW



Redecoration of Treatment Room – Disney Ward SGH



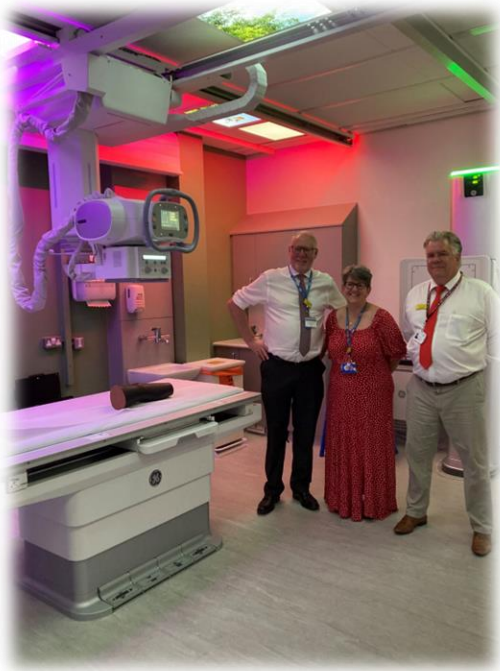
The difference charitable donations make

The New A&E Unit at DPOW & SGH



The Health Tree Foundation is the working name of the Northern Lincolnshire and Goole NHS Foundation Trust Charitable Funds.
The principal address is: Diana, Princess of Wales Hospital, Scartho Road, Grimsby, North East Lincolnshire, DN33 2BA
Registered charity number: 1054935 | T: 03033 304514 | E: hello@healthtreefoundation.org.uk | W: www.healthtreefoundation.org.uk

The difference charitable donations make



X-ray room at DPOW



Urology Waiting Area at SGH

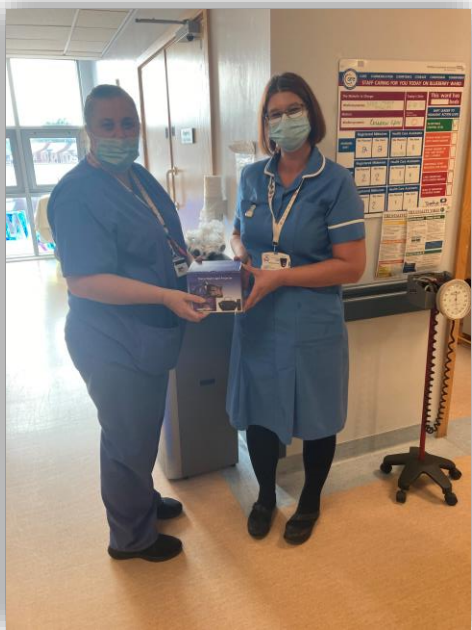


Skylight Panels for x-Ray SGH



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The difference charitable donations make



Projector Lights for Maternity ward



RITA Machines



Snuz Hero Baby Breathing Monitors



The difference charitable donations make



Exercise equipment to help with patients' rehab



Birthday Cards!



The Fishpond at DPOW



Relatives Information Board – ITU DPOW



Fusion Biopsy Machine - DPOW



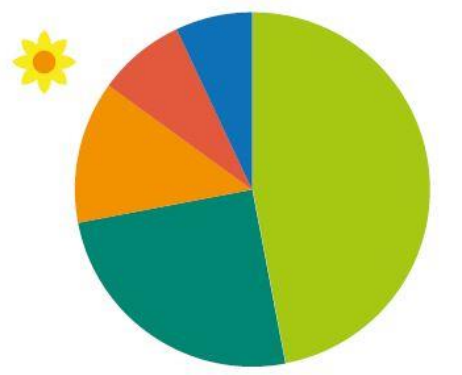


THE HEALTH TREE FOUNDATION

Your hospital charity



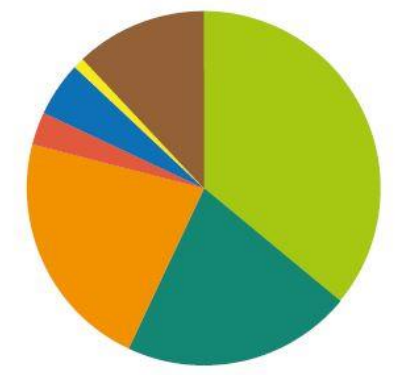
INCOME 2021/2022



- 47% Legacies £359,000
- 25% Charitable activities £197,000
- 13% Donations £101,000
- 8% Grants received £62,000
- 7% Investment income £51,000

Total Income: £770,000

EXPENDITURE 2021/2022



- 36% Capital additions £301,000
- 21% Patient welfare and amenities £170,000
- 22% Generating funds £182,000
- 3% New equipment £24,000
- 5% Governance Costs £41,000
- 1% Printing, Stationary, Books & Journals £1,000
- 12% Staff education and welfare £96,000

Total Expenditure: £815,000

What success looks like

HTF strives to be the “go-to” local charity, giving our supporters the confidence to know that their donations are being invested to help those who need it most, at the very heart of local NHS services





Contact the charity team on either:

Telephone: **03033 304514**

Email: **hello@healthtreefoundation.org.uk**

Thank you for your support!



Health Tree Foundation



healthtreefoundation



HealthTree_NLAG

www.healthtreefoundation.org.uk

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**Northern Lincolnshire
and Goole**
NHS Foundation Trust





Thank you so much for your time

www.healthtreefoundation.org.uk
hello@healthtreefoundation.org.uk



@HealthTree_NLAG



/healthtreefoundation



healthtreefoundation



Agenda Number:

CoG (10/23) Item: 3.3

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Ellie Monkhouse – Chief Nurse	
Contact Officer/Author	Jo Loughborough – Lead Nurse Patient Experience	
Title of the Report	Patient Experience Governor Update	
Purpose of the Report and Executive Summary (to include recommendations)	Overview of key patient experience workstreams, including complaints and concerns update.	
Background Information and/or Supporting Document(s) (if applicable)	Annual Complaints Report	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Our People <input checked="" 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
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Financial implication(s) (if applicable)	NA	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	NA	
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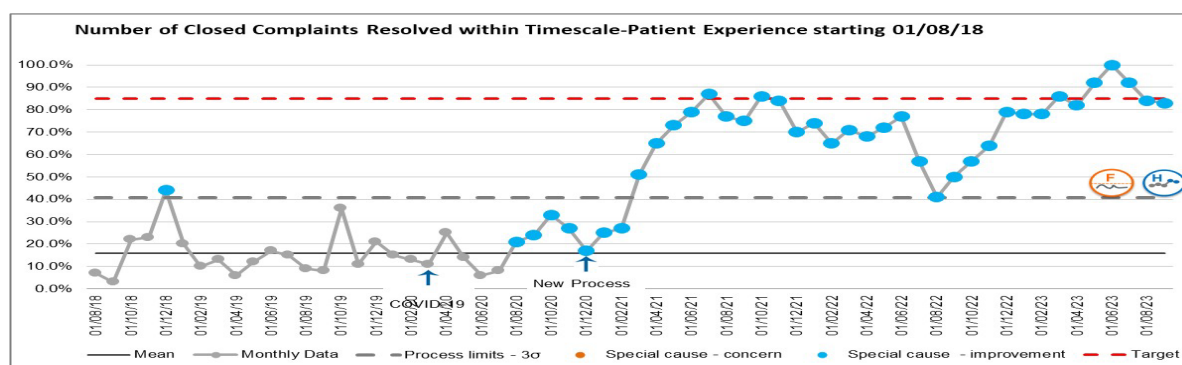
Council Of Governors Patient Experience Update

Complaints and Concerns

The Trust's full Annual Complaint Report is attached as Appendix A at the end of this report. The headlines are:

- **PALS** concerns continue to rise with a 9% increase since 2021/22.
- **Medicine** holds the largest number of PALS but have worked to reduce a backlog and implement a robust process with success during the year.
- **34%** of Medicine concerns relate to Emergency Departments.
- **Themes** were Communication (involving and updating families), Appointments (changes not being shared), Care (general aspect of care).
- **2%** decrease in formal complaints, with increasing complexity seen.
- **Average** of 68% of complaints managed in timescale over the year.
- **PHSO** figures remain positive with no upheld referred complaint cases and only 1 partially upheld case
- **Reopened** complaints increased by 25% however a process is in place to review these and 64% were found to be unavoidable: meaning on review the response generated new questions not in original complainant enquiry.
- **Themes** were treatment (diagnosis or pathway expectations), care (various aspects of care), Communication (involvement of families and discharge)
- **Compliment** numbers reduced which is linked to a new process which requires further embedding
- **Learning** is a priority for 2023/24

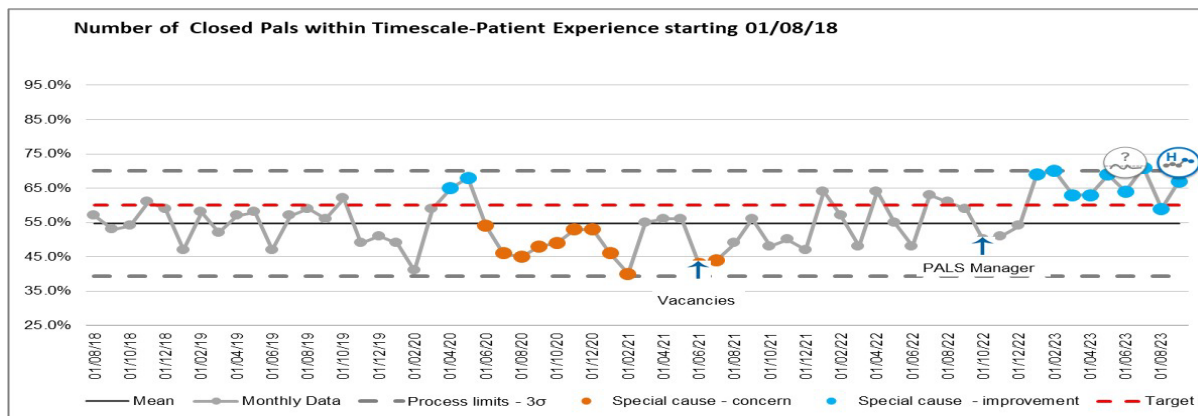
The complaint process changes that were implemented over two years ago continues to ensure increased oversight on the 12-week complaint process. The team have achieved high percentages against the 85% closed in timescale key performance indicator (KPI) during the past several months, including a month of reaching 100% of all those complaints closed with the time frame. The SPC graph below (graph A) visually highlights this. The complaint weekly central team Support and Challenge meetings allow escalation of any issues, discussion, and learning.



Graph A

A pilot has been undertaken to determine how the electronic learning log, arising from Ulysses, can support evidence of learning in complaints, theme identification and monitoring of compliance with actions. The Patient Experience Facilitator in Medicine is working collaboratively with the central team to better understand the operational challenges of this. A full review is planned in October, with clear next steps being sought from the findings.

The management of Patient Advice and Liaison Service (PALS) concerns remains separated from complaint management and this decision can be seen in the positive improvement of compliance against the 60% closed in timescale KPI, this can be seen in graph B below.



Graph B

The temporary Patient Experience Manager is able to support increased oversight of the PALS team, reduce the transition of PALS to formal complaints and work in conjunction with the Complaint Manager to improve the pathways for patients and families. The loss of this post is highlighted on the Chief Nurse Directorate risk register.

Audit

An audit, conducted by Audit Yorkshire, explored Learning from Complaints within the Trust. Key recommendations identified that learning is not always readily available at divisional level and that actions identified do not meet SMART (Specific, Measurable, Achievable, Realistic, Timely) goals setting. These elements are related to the electronic log pilot and are supported by central team training to help them ask relevant questions to Lead Investigators to support them extracting meaningful learning actions. It is envisaged divisions will need to undertake some work with their Lead Investigators, supported by the Lead Nurse Patient Experience, to develop learning from complaints evidence skills.

Audit Yorkshire completed a further audit on management of patient property, including cash and valuables. The findings from this concurred with ongoing work which had identified inconsistent safe keeping and storage of cash, valuables, and property across the Trust. This emerged following changes to the cashiers services across the Trust. It is proposed that a designated safe is supplied to wards, a revised user-friendly policy is created and that this coincides with the launch of the BRIGHTBOX scheme to safeguard essential patient items: glasses, dentures and hearing aids. This will be launched as part of #notjustapairofslippers, with an accompanying video which highlights the impact of poor property management. The

Chief Nurse Directorate and Finance Team are working together on the audit improvement plan.

Your Care, Your Way - Carols Campaign

Momentum continues with this codesigned patient experience campaign. Sarah, Carol's daughter has provided video recordings, which reside on a dedicated section of the Trust hub. The campaign focusses on care of older people in Emergency Departments, the use of security for older people with cognitive impairment and visiting arrangements.

As a result of engagement exercises, which included surveys, the security and cognitive impairment work has developed improved links across the security working group, these are set to explore how best to build on training and managing challenging behaviours work going forward. Visiting feedback has been supported by an operational workshop to identify what visiting should and could look like. A visiting framework is being finalised for executive approval; this will see increased opportunities for families to visit with the introduction of a Care Partner role. The role is supported by NHS England (NHSE) and further legislative work is underway to ensure patients in hospital have access to someone who supports them when they need them.

To understand what matters most to older people in the Emergency Department, particularly focussed on those waiting longer for admission, a piece of observational and survey work is planned when the Patient Experience Team have capacity.

Sarah led the keynote address at the annual Nursing Midwifery and AHP Conference via a very powerful and emotional video in September, urging staff to reflect on how they may feel if their loved one was in hospital.

Patient Feedback - Friends and Family Test

The Trust is working with a new provider to deliver the systems to support gathering patient feedback for the mandated Friends and Family Test, Healthcare Communications. Due to priority Trust digital work the 4-6 weeks implementation plan is expected to run for 6 months and therefore the Trust is seeing significant reductions, over 50%, in feedback via this route. Mitigation is in place with interim internal process, supported by the Patient Experience Manager and Team. This is identified on the Chief Nurse Directorate risk register and the temporary Patient Experience manager poster has been extended to support this project. The post holder continues to work with staff to increase engagement despite the challenges faced, it is envisaged once the new provider is fully integrated into the Trust, feedback responses will increase significantly. The Trust continues to run its own INSIGHT programme for adult inpatient areas, providing understanding of patients experiences each month.

National Survey Programme

The national survey programme, which is a mandated CQC led initiative, has seen the following 2022/23 survey outcomes delivered to the Trust over the last few months:

National Inpatient Survey 2022

National Urgent and Emergency Care Survey 2022

National Maternity Survey 2023 – which has yet to be fully reviewed

National Inpatient Survey Headlines

Positive headlines are

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

Improvement Actions are:

Did not have to wait long time to get to bed on ward (on 2021 Improvement Plan)	82%
Not prevented from sleeping at night (on 2021 Improvement Plan)	44%
Staff explained reasons for changing wards at night (on 2021 Improvement Plan)	76%
Was involved in decisions about care and treatment	78%
Felt involved in decisions about discharge from hospital	71%
Family or cares involvement in discussions about leaving the hospital (on 2021 Improvement Plan under different wording)	52%
Given information about medicine at discharge (on 2021 Improvement Plan)	81%

National Urgent and Emergency Care Survey

Positive Headlines are

- ✓ 94% Doctors and nurses listened to patients
- ✓ 96% Patients reported being treated with dignity and respect
- ✓ 96% Did not feel threatened by other patients or visitors
- ✓ 87% Waited under four hours to be examined by a doctor/nurse

Improvement Actions are:

Informed how long would need to wait (most declined score)	15%
Understood explanation of condition and treatment (matters to patients)	85%
Enough privacy when being examined or treated (matters to patients)	93%
Involved in decisions about care and treatment (matters to patients)	82%

Understood results of tests (most declined score & benchmarked low)	77%
Told about symptoms to look for (benchmarked low & matters to patients)	62%

The Trust was not deemed an outlier in either survey however, the divisions are reviewing the reports to determine how communication, as an overall theme, can be improved. Survey improvements are monitored via the Overarching Improvement Plan held by Patient Experience Group.

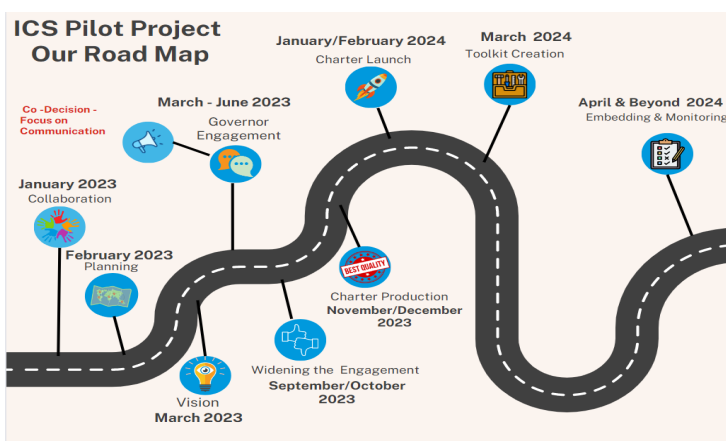
Volunteers

Volunteer numbers remain around 110 onsite volunteers, with additional 49 volunteers supporting Hospital Radio, Pet Therapy and other patient experience enhancing services. Volunteers are now wearing visible polo shirt and hoodies, making them easily identifiable for patients and visitors. Volunteer expenses have been aligned for consistency and an associated policy is nearing completion. A Youth Volunteer programme, for 16–25-year-olds, is being drafted for discussion with executives. It is hoped the pathway will encourage volunteer to career opportunities and increase the volunteering offer within the Trust.

Kings Fund, ICB and NHSE Patient Experience Project

The Trust alongside, Humber, Hull University Teaching Hospitals, City Health Care Partnership and York and Scarborough Teaching Hospitals Foundation Trust, continues to work on the Communication Charter project. This widescale engagement, which is supported by Trust Governors and patient representatives aims to develop a set of core standards related to communication which all providers will support across the ICS.

A road map of the project can be seen below:



Changes to the ICB leadership have meant delays in progressing the project wider engagement stage. The Kings Fund are creating a piece of research from this work about how integration works, its successes and challenges.

In closing, October will see the new Patient Experience Lead Nurse commence in post, Mr Simon Treacher.

**Northern Lincolnshire and Goole NHS
Foundation Trust**

**Feedback from complaints,
concerns, and compliments**

**ANNUAL REPORT
FY 2022/2023**

Performance for Period 2022-2023

Contents –

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Background

The complaint processes are divisionally led but supported by the central Complaints Team and PALS Team at Northern Lincolnshire and Goole NHS Foundation Trust. The process is available for patients or their representatives who wish to make a formal complaint or raise concerns on a more informal basis. Anyone who expresses a view, verbally or in writing, with the appropriate consents, will have those views acknowledged via either of these processes.

Both the PALS and Complaints processes put the patient, or their representative, at the centre of their process to support a timely resolution. The Trust recognises the importance of listening to the experience and views of our patients about our services, particularly if they are unhappy, and the Trust strives to make it easy for anyone to do so.

Compliments are verbal or written expressions of praise, admiration or congratulations sent of a person's own volition and are currently recorded on a central database. Patients and their representatives leave some wonderful feedback and sharing these ensures that staff received the positive feedback to help build a strong culture of recognition.

This report will provide information on the representations made via the PALS concerns and complaints processes in addition to the compliments received between 1 April 2022 and the 31 March 2023.

It is a requirement of the National Health Service Complaints (Regulations) 2009 to produce an annual report. The purpose of this report is to inform the Trust Board and the public of the effectiveness management of the complaints processes within the Trust, ensuring that it remains sighted on the timeliness, quality, and learning.

Patient Advice and Liaison Service (PALS)

A concern is an expression of dissatisfaction where the patient or their representative does not wish to make a formal complaint but wishes for their incident or experience in service to be logged and/ or investigated on an informal basis.

Between 1 April 2022 and 31 March 2023, the PALS Team received **2324** concerns. This is an increase of 9% from the previous year, and a 575 increase over the last 3 years, as seen in the table A:

Year	2019/20	2020/21	2021/22	2022/2023
Number of new PALS received	1338	1327	2134	2324

Table A

Table B highlights the divisional breakdown of new concerns: -

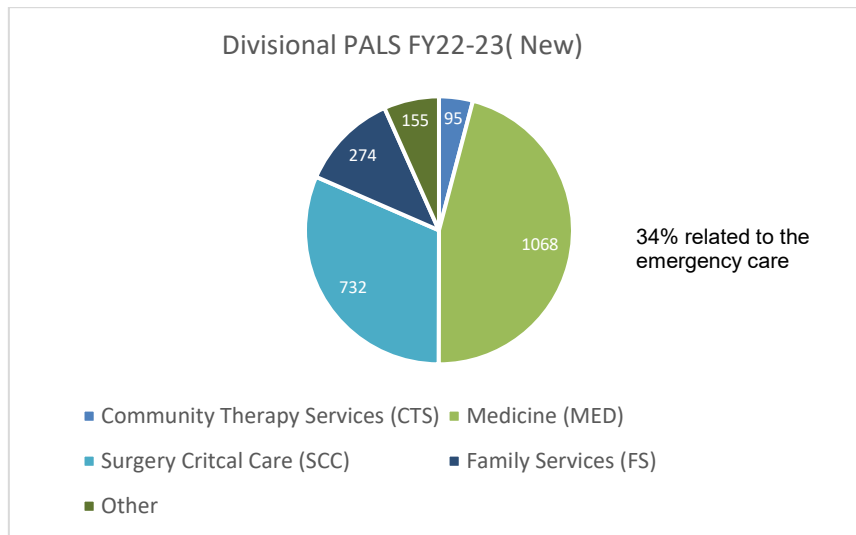


Table B

Response times indicated that 754, (32%) of the concerns were resolved within one working day, which is a 19% improvement in day one resolution since FY2021-22

1417 (61%) of overall concerns were closed within 5 working days, this is a 13% improvement from the previous annual reporting in 2021-22.

The KPI target has been adjusted to a staged approach initially aiming for 60%, which was achieved as an average overall yearly total.

The central PALS team has experienced several staff changes which has caused disruption in the team however towards the latter end of the year this has stabilised.

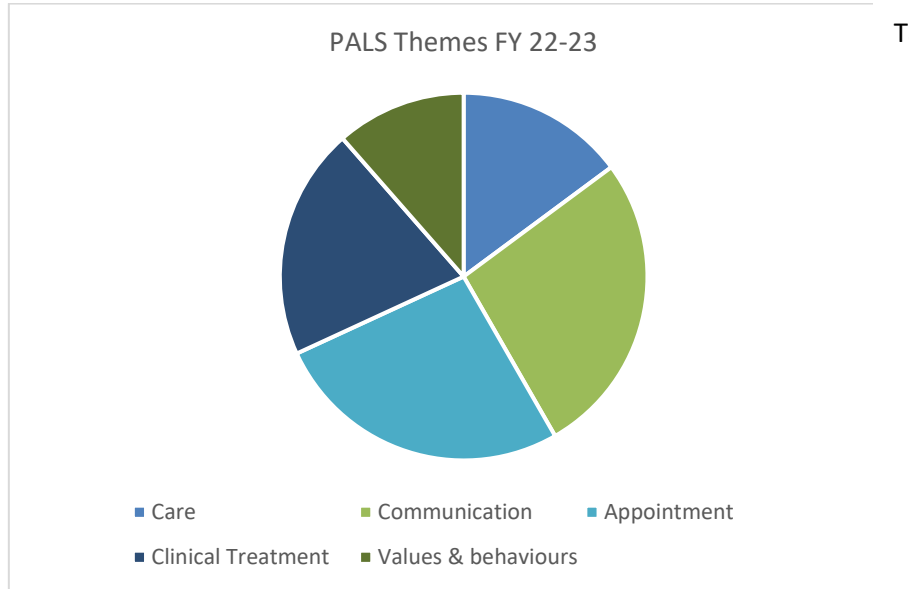
The introduction of a dedicated PALS Manager for 6 months (October 22 – March 23) had a significant impact on the reduction of the number of open PALS. The separation of PALS oversight from the Complaint Manager has seen open concern numbers at their lowest in recent reporting history.

Through more reactive ways of working numbers of new concerns were reduced or resolved in a timely manner. The PALS team have worked collaboratively to support Divisions, particularly with long standing PALS. Weekly reports are now sent to Divisions identifying how many PALS are open and highlighting those that are over the timescale for action, this is further supported by regular meetings.

There has been internal ongoing team development and improved supervision opportunities, which is essential as the role can be a challenging one. Working with the team to identify new ways of working has created a more engaged culture.

PALS Themes

The top theme from PALS concerns this year are shown in table C, with further detail around the sub themes which contribute to these detailed in the following narrative:



- Communication** → lack of communication between wards and families
- Appointment** → delays or communication about changes/cancellations
- Care** → various aspects of general care and lack of involvement from family perspective, this includes discharge planning.
- Clinical treatment** → various aspects of clinical care, including delays and misdiagnosis.
- Values & behaviours** → various aspects including attitude and manner of staff when speaking to patients, not listening to patients or families. This is a widespread issue and not specific to a particular staff group.

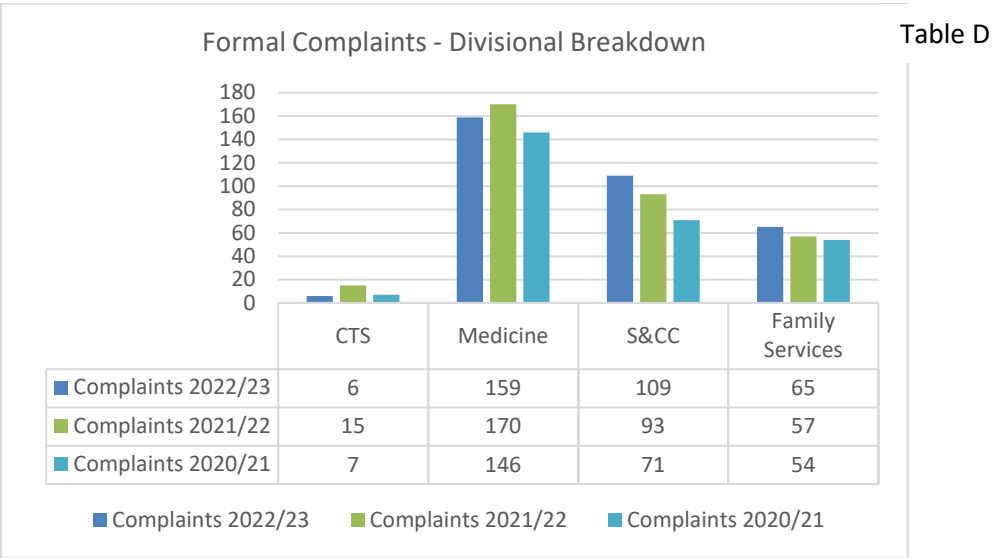
Themes arising are explored through Patient Experience Group but also through collaborative work with the 15 Step Assurance programme, National Survey programme, Friends and Family Test and the Trust’s INSIGHT survey.

Communication remains a priority and continues to be challenging in high activity Wards/Departments. Increasing the involvement of patients and families in care and care planning will be a key message to explore during the coming year.

Formal Complaints

The Trust received **339** formal complaints throughout the year 2022/23, this is a 2% decrease from the previous year.

Table D displays the number of complaints received by the division directly providing patient care:



The central complaints team continues to work with Divisions to ensure that complaint timescales, quality of responses and learning are a priority. This is monitored through the central team weekly Support and Challenge meetings, where visual tracking tools monitor week by week progress in line with a 12-week framework. This meeting has been key to ensuring escalation and development.

The number of complaints closed during 1 April 2022 to 31 March 2023 was **369**. The number of complaints closed within timescale averaged 68% across the year.

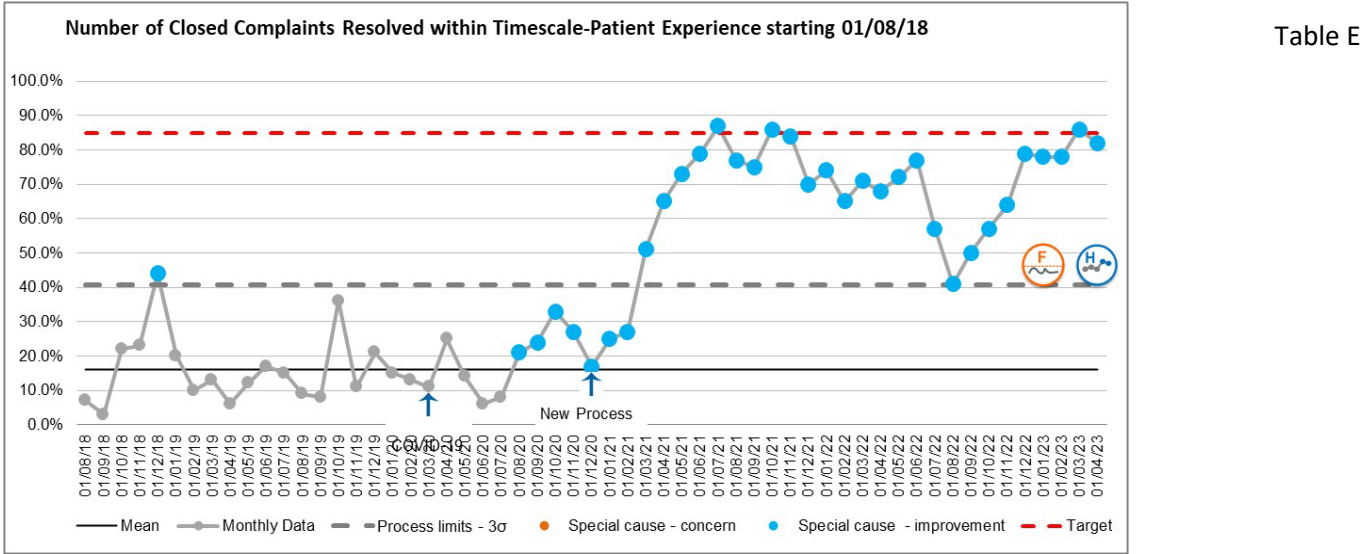
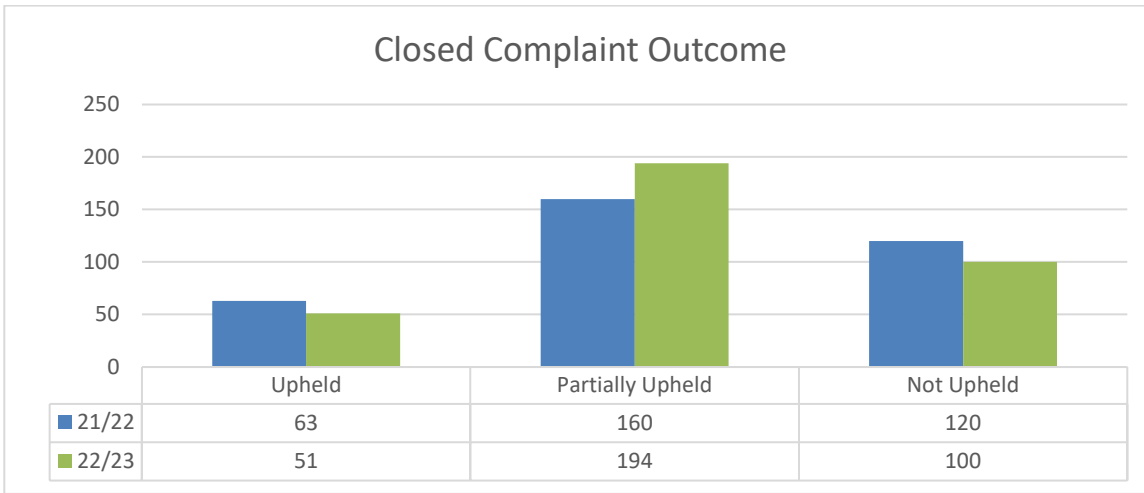


Table E, above, highlights a reduction in compliance during the summer period during 2022. This was primarily due to divisional lead investigator allocation and associated annual leave. The divisions have had feedback on this issue and have been asked to plan accordingly during the same period in 2023 to avoid repetition.

Of the formal complaints closed, the data below, in table F, demonstrates how many of those were deemed: upheld, partially upheld, and not upheld following investigation. There were 15 cases classed as not applicable due to various reasons, these include: progression to a serious incident or the complaint was withdrawn.



The Trust re-opened 50 complaints, highlighted in table G, which is a 25% increase on the previous year, when the number of re-opened complaints was 40.

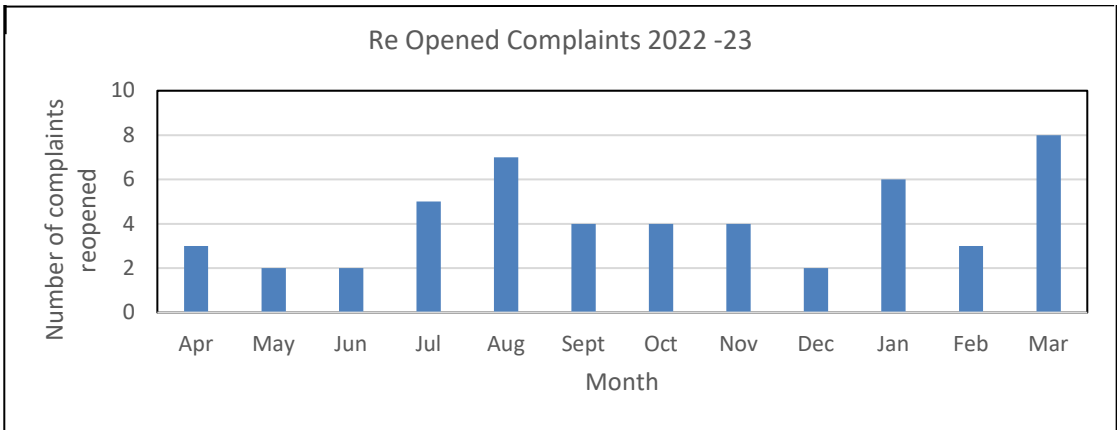


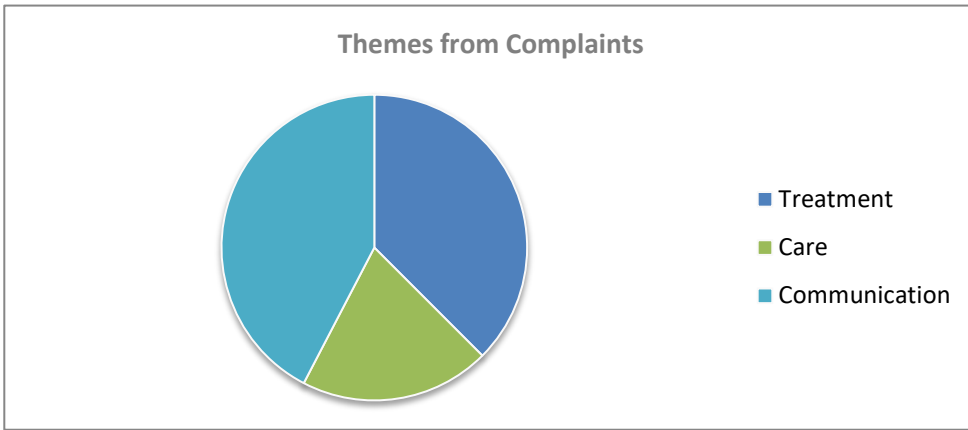
Table G

A monitoring process is in place, which identifies whether a re-opened complaint could have been avoided. Of the 50 complaints reopened, 25 of these complaints were reviewed, which indicated that 16 (64%) were unavoidable. This criterion includes additional questions from the complainant on receiving their response. Avoidable complaint learning is shared back within teams for further improvements in the process and includes aspects such as inaccurate data.

Divisional teams are responsible for reviewing the re-opening requests and identifying if any further resolution can be reached through a further response or meeting.

Complaint Themes

The visual in table H demonstrates the headline themes for formal complaints during the period of 1 April 2022 to 31 March 2023:



Further subheadings which contribute to these are:

Treatment → diagnosis or treatment pathway not followed as expected, including missed opportunities to treat or delays.

Care → various aspects of care – with no one specific theme identifiable.

Communication → lack of communication with patients and their families, including updates/changes in treatment plans and discharge.

Learning is a divisional responsibility with the central complaint team responsible for logging this data. Learning is captured in all upheld complaints

The Round Table Meeting has been established and reviews patient experience data bimonthly and has undertaken a series of deep dives into headline themes. These include outpatient appointments and emergency department feedback. Complaints and PALS data forms part of this triangulation process and the data has been used either to feedback directly into services or as part of quality improvement work streams.

Learning Lessons

Learning lessons are detailed in every upheld, or partially upheld, complaint. The Lead Investigator role, within the complaints process, is responsible for identifying learning as part of each complaint investigation, this is then translated into “what we have learnt from your complaint” in each response. An audit of complaints closed during 2022 and 2023 showed that in complaints upheld or partially upheld, learning had been appropriately identified in responses. The Lead for Patient Experience has met with the Complaints Team individually to provide education of identifying learning and to ensure that learning and meaningful actions are entered appropriately onto Ulysses uniformly, to allow Divisions to identify themes and trends from complaints, for wider learning and sharing within the Trust.

The electronic learning log on Ulysses has been under development during the year, which allows for learning and actions to be added to Ulysses, unfortunately, this process has been lengthy due to each change request having to be managed by the provider. These reports are an improvement as they can now be monitored in relation to completion and evidence, allowing increased oversight. A monthly report will be sent to Divisions which identifies themes and further actions needed. Divisional Governance Leads will be supporting the pilot phases of this process during the coming year, and this will be a valuable step to enhancing divisional oversight of learning from complaints.

Within the central team any process and service feedback seriously and changed when required. This included ensuring any “failure to resolve” PALS which transitioned to a formal complaint were treated in a person-centred manner and elapsed days considered in process handover. All reopened complaints are now added to the central spreadsheet for monitoring and oversight during Divisional review processes. It is a service priority that complainants are aware of the commitment to listen and learn and this is always fed back to them.

To engage with our complainants and understand what we are doing well and what can be improved a survey link, from April 2023, is included at the bottom of the response from the Divisional Medical Director. This was previously sent directly to the complainant but only 4 responses were submitted during the year. This is thought to be related to complainants giving direct feedback to their facilitator or through the re-opened process, all feedback is reviewed for improvement.

Parliamentary and Health Service Ombudsman (PHSO)

The PHSO processes have seen several central changes, this has caused some lack of clarity to their management of cases from an internal basis. However, close working continues with the PHSO and Divisions, with the shared aim of obtaining the best possible outcome for the complainant. Table I shows the complaints investigated by the PHSO for the period 1 April 2022 to 31 March 2023. There were zero cases upheld during the year, with those numbers of partially upheld remaining unchanged from the previous year. Ongoing cases are remaining open for considerable periods and, at times, late decisions about progression to investigation are being made. There were an additional 5 complaints that the PHSO reviewed but did not investigate shown on the data table.

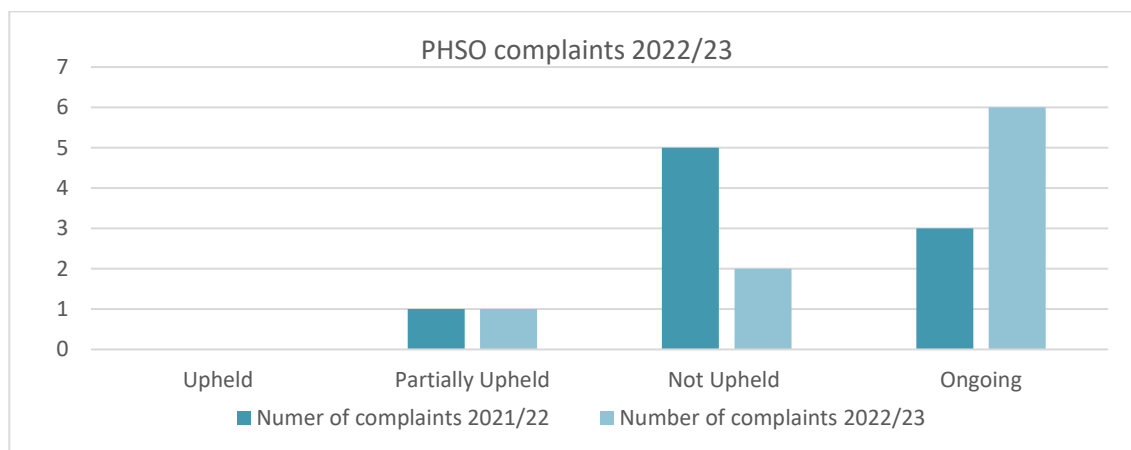


Table I

Compliments

Compliments are as central to the measurement of patient experience as are complaints and concerns and can be an under reported data element.

It is recognised that logged compliments only form part of the recognition of positive feedback received across the Trust. Staff are encouraged to keep a folder with their area for thank you cards and the compliments they receive directly. From March 2023, and as part of the quality improvement pathway with the service, all compliments received internally or externally are logged onto the Ulysses database. A monthly report is being developed to ensure this information is shared with Divisions on a regular basis.

The volume per quarter can be seen in table J, and whilst a slight decrease in logged numbers from the previous year is noted the ongoing work to raise the profile of recorded compliments will hopefully see this increase during FY 23-24.

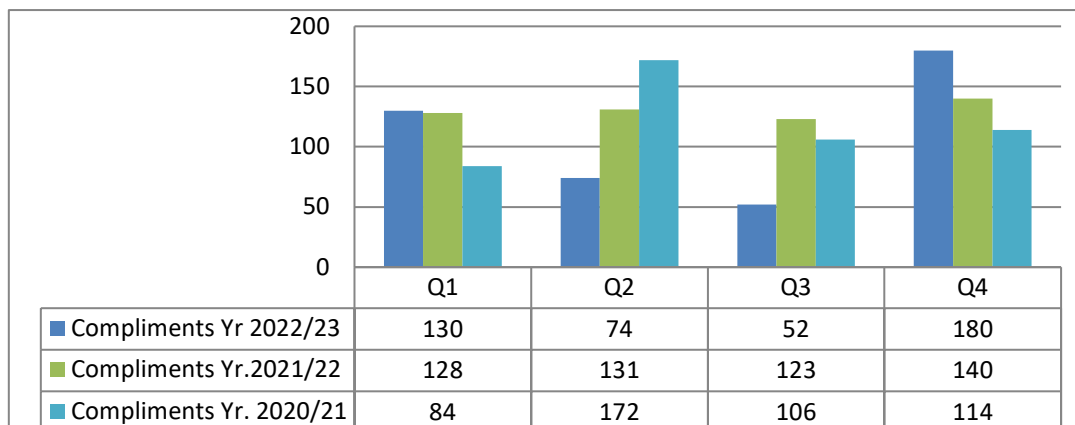


Table J

Developments

The quality improvement work within complaints and PALS continues it is now central to the service thinking. Through use of the PDSA (Plan, Do Study, Act) quality improvement cycle we have revisited and update the existing policy, added elements to the Support and Challenge meetings around recognising safeguarding concerns and enhanced reporting.

Lead Investigators have been surveyed to understand their support requirements in the process. Approximately 70% of those who responded advised that further training was needed, and that the biggest barrier to undertaking a good complaints investigation was the time taken to investigate. The complaints training for Lead Investigators is to be reviewed, together with identifying the best options for delivery.

The following summarises some more of this year's internal complaints and PALS process improvements: -

- Weekly divisional PALS reporting
- Review of re-opened complaints for learning
- Creation of electronic Learning Log system
- Improved monthly reporting of Learning for Divisions
- Emergency Department collaborative PALS work
- Complaint delays monthly divisional feedback for learning
- End of Life reporting improvements to inform strategy group
- Revised policy
- Standardising triaging processes
- Review of the PALS processes

Conclusion

Collaboration with the Divisions to investigate and respond to complaints, to provide robust and compassionate responses to complainants, within the 60 working day timescale, has continued throughout the year. Any complaints that are responded to outside the agreed timescale and now considered to be the exception, with each complaint that goes over timescale to be accounted for and discussed at the Support and Challenge meeting and

learning shared back to the Divisions. The increased complexity of complaints has become evident during this last year, with some of this related to the increased pressures within the whole health service footprint. It is therefore felt that to ensure a quality experience the 12-week process remains the right approach to formal complaint management.

Learning from feedback will be the priority for the year 2023-24, with not only progressing practical developments to support the processes but to fortify impartial and robust divisional learning outcomes.

These must be translated into meaningful and monitored actions which complainants can have assurance in. The implementation and embedding of the electronic learning log pilot will be pivotal in this, although further work around ensuring learning actions are robust, and importantly measurable, will be equally important. Training for both the central complaints team and Lead Investigators will be key to this change, alongside the continued partnership working with Divisional Triumvirates and their teams.

Agenda Number: CoG (10/23) Item: 4.1

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary	
Title of the Report	Outcome of Governor Assurance Group (GAG) Evaluation Assessment Tool	
Purpose of the Report and Executive Summary (to include recommendations)	Governor members of the GAG were requested to provide responses to the evaluation questions during July 2023, five responses were received and collated in the following report	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<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
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <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 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

1.	To give great care
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).
2.	To be a good employer
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.
3.	To live within our means
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.
4.	To work more collaboratively
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.
5.	To provide good leadership
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

COLLATED GOVERNOR ASSURANCE GROUP (GAG) EVALUATION ASSESSMENT TOOL - v1.1

JULY 2023 RESULTS

Introduction

In accordance with the requirements of good corporate governance and in order to ensure their ongoing effectiveness, it is recommended to undertake a formal and rigorous annual evaluation of the performance of Committees and formal meeting groups such as the Governor Assurance Group (GAG), as per *footnote 1 below*. This assessment tool has therefore been developed to evaluate the performance of the GAG.

July 2023 - Governor members of the GAG were requested to provide responses to the questions below and five responses were received and collated below.

Objective	Achieved		Evidence of Achievement	Additional Comments	Action Required
	Yes	No			
1. Terms of Reference					
1a. Does the GAG have clearly defined Terms of Reference which have been approved by the Council of Governors (CoG)?	5	0	<ul style="list-style-type: none"> GAG Terms of Reference GAG Minutes Document Control Database 		Ongoing monitoring by CoG.
1b. Are the Terms of Reference regularly reviewed and updated?	5	0	<ul style="list-style-type: none"> GAG Terms of Reference GAG Minutes Document Control Database 		- Annual review of Terms of Reference needs to be added to GAG Workplan. - Ongoing monitoring by CoG.
1c. Has the GAG discharged its duties and responsibilities as per the Terms of Reference and the work programme?	5	0	<ul style="list-style-type: none"> GAG Minutes GAG Action Log Annual Review of Effectiveness GAG Work Plan 	Need to consider future role.	Ongoing monitoring by CoG.
2. Reporting & Accountability					
2b. Is this GAG's role and relationship to the CoG clear, and does it include appropriate Non-Executive Director (NED) challenge?	5	0	<ul style="list-style-type: none"> Terms of Reference Committee Agenda Committee Minutes Trust Board papers 	- NED attendance to present their committee highlight reports provides ample opportunity for challenge. - Seek clarity from NED on appropriateness of challenge from GAG. -Need to consider future role.	Review and monitoring by CoG.
2c. Has the GAG sought and received assurance from NED Committee Chairs that the Trust has reliable, real time, up-to-date information (e.g. patient experience, legal and topical issues), so as to identify areas for improvement and ensure that these improvements are effected?	5	0	<ul style="list-style-type: none"> GAG Agenda GAG Minutes Committee Highlight Reports from all Committee Chairs (except Remuneration and Terms of Service Committee) Other associated reports as required 	-Periodic GAG scrutiny of Integrated Performance Report plus NED presentation of their committee highlight reports provide necessary assurance and prompt appropriate challenge. -Need to consider future role.	Review and monitoring by CoG.

Objective	Achieved		Evidence of Achievement	Additional Comments	Action Required
	Yes	No			
2d. Are issues referred to the CoG as appropriate?	5	0	<ul style="list-style-type: none"> • CoG & GAG Agenda & Minutes • Action Log • Lead Governor Highlight report to the CoG 		Review and monitoring by CoG.
3. Leadership*					
3a. Are the GAG meetings chaired effectively and does the Chair have a positive impact on the performance of the GAG?	4	0	<ul style="list-style-type: none"> • Evaluation Results & Feedback 	Positive and knowledgeable. Appears to research subjects as required.	Ongoing monitoring by CoG.
3b. Does the GAG Chair allow debate to flow freely and does not assert his/her own view too strongly?	4	0	<ul style="list-style-type: none"> • Annual Review of the GAG 		Review and monitoring by CoG.
3c. Does the GAG chair provide clear and concise information to the CoG on GAG activities and escalate any concerns raised?	4	0	<ul style="list-style-type: none"> • CoG & GAG workplan • CoG & GAG minutes 		Ongoing monitoring by GAG and CoG members.
4. Frequency of Meetings					
4a. Has the GAG met at the frequency defined in its Terms of Reference?	5	0	<ul style="list-style-type: none"> • Meeting Schedule & GAG Annual Workplan • GAG Terms of Reference • GAG Agenda • GAG Minutes 	<ul style="list-style-type: none"> - A few reschedules needed but sufficient meeting. - Use of virtual meetings is helpful. 	
5. Duration of Meetings					
5a. Is there sufficient time during meetings to consider and debate agenda items, ensure sufficient challenge and appropriate member contribution?	4	1	<ul style="list-style-type: none"> • GAG Agenda & minutes • Annual Review of the GAG 	<ul style="list-style-type: none"> - GAG meetings tend to be a bit rushed. Ideally should be programmed to last for two hours with NEDs only attending first 90 minutes. - Ad-hoc meetings scheduled if debate time is limited. 	To seek views of other GAG members on extending length of meetings.
6. Membership					
6a. Is the GAG membership considered as part of the review of the terms of reference?	5	0	<ul style="list-style-type: none"> • GAG Terms of Reference • GAG Minutes 		Review and monitoring by CoG.
6b. Does the membership of the GAG remain appropriate?	5	0	<ul style="list-style-type: none"> • Terms of Reference • GAG Minutes • Annual Review of the GAG 	May need a review in the new arrangements.	Review and monitoring by CoG.
6c. Does the GAG suggest appropriate Governor briefings to support learning and development?	5	0	<ul style="list-style-type: none"> • Terms of Reference • GAG Minutes • Annual Review of the GAG 	Need for a governor briefing frequently becomes apparent during GAG discussions.	Review and monitoring by CoG.
7. Receipt of Information					
7a. Are GAG papers distributed appropriately to give members sufficient time to consider them fully and prepare for meetings?	5	0	<ul style="list-style-type: none"> • GAG Agenda & minutes • GAG Action Log • GAG Workplan • Annual Review of the GAG 		Review and monitoring by CoG.

Objective	Achieved		Evidence of Achievement	Additional Comments	Action Required
	Yes	No			
7b. Does the quality of papers received allow GAG members to perform their roles effectively?	5	0	<ul style="list-style-type: none"> • GAG Workplan • Reports received • Annual Review of the GAG 		Review and monitoring by CoG.
7c. Is there dedicated and effective administrative support provided which is adequate and timely for the GAG?	5	0	<ul style="list-style-type: none"> • Dedicated support identified and embedded • Facilitation of meeting includes arranging the meetings, updating and collating documentation as required, timely distribution of papers, production of effective minutes, management of actions 		Review and monitoring by CoG.

NB - Please note that attendance levels and quoracy of the GAG are monitored at each meeting and captured in the minutes.

[\[1\] Integrated Governance Handbook, Good Governance Institute, 2016](#)

Agenda Number:

CoG (10/23) Item: 7.1

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Simon Parkes – Chair of Audit, Risk and Governance Committee	
Contact Officer/Author	Simon Parkes	
Title of the Report	Audit, Risk and Governance Committee Annual Report 2022/23	
Purpose of the Report and Executive Summary (to include recommendations)	<p>The Audit, Risk and Governance Committee’s Annual Report summarises the key work of the Committee during 2022/23.</p> <p>It contains details of membership and attendance at each meeting throughout the year, the principal areas of review undertaken by the Committee in terms of governance, risk management and internal control.</p> <p>Appendix 1 details attendees at meetings, either members, regular attendees or ad-hoc attendees. Appendix 2 is the Committee’s annual rolling work plan for 2023/24.</p> <p>This report is presented to both the Trust Board and the Council of Governors for information.</p> <p>The Council of Governors is asked to note the annual report from the Audit, Risk and Governance Committee.</p>	
Background Information and/or Supporting Document(s) (if applicable)	HFMA NHS Audit Committee Handbook 2018	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: July 2023 ARG Committee
Which Trust Priority does this link to	<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
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	<p>To give great care:</p> <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 <p>To be a good employer:</p> <input type="checkbox"/> 2	<p>To live within our means:</p> <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 <p>To work more collaboratively:</p> <input type="checkbox"/> 4 <p>To provide good leadership:</p> <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	-	

Implications for equality, diversity and inclusion, including health inequalities (if applicable)	-
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

1.	To give great care
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).
2.	To be a good employer
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.
3.	To live within our means
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.
4.	To work more collaboratively
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.
5.	To provide good leadership
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



Northern Lincolnshire
and Goole
NHS Foundation Trust

AUDIT, RISK AND GOVERNANCE COMMITTEE

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2023

**Simon Parkes – Non-Executive Director
Chair of Audit, Risk and Governance Committee**

20 July 2023

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1. Introduction and Purpose of the Report

The Audit, Risk and Governance Committee of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) is established under Trust Board delegation with approved terms of reference that are aligned with the latest Audit Committee Handbook (2018), as published by the Healthcare Financial Management Association (HFMA) in association with the Department of Health and Social Care.

The Audit, Risk and Governance Committee independently reviews, monitors and reports to the Board on the effectiveness of control systems and financial reporting processes.

This report sets out how the Committee has satisfied its terms of reference during 2022/23 and provides the Board with assurance to underpin its responsibilities for the Annual Governance Statement (AGS).

2. Terms of Reference

The Membership and Terms of Reference for the Committee are subject to regular review and revision as necessary, most recently in February 2023. The April 2023 Trust Board subsequently ratified the revised terms of reference for a further year. The terms of reference will be reviewed again during 2023/24 in line with the Committee's annual work plan to consider whether they remain fit for purpose, and also to consider any necessary adjustments to reflect the Group Model being implemented with the arrival of the new Group Chief Executive in August 2023.

The HFMA has also advised that they will be re-issuing the NHS Audit Committee Handbook during 2023, therefore once published it will be reviewed against the existing terms of reference and adjustments made as necessary to reflect latest best practice.

The Committee also revisited and re-approved adjustments to its rolling 2022/23 annual work plan during the year.

As part of the Committee's regular review of its own governance arrangements, it undertook a self-assessment exercise in February 2023 using the latest HFMA NHS Audit Committee Handbook self-assessment checklist. This exercise did not identify any gaps in the Committee's processes or terms of reference. The results of this latest exercise were submitted to the Trust Board for information in April 2023.

3. Membership and Attendance

The Committee consists of three non-executive directors (NEDs), of which two must be present at a meeting of the Committee for it to be quorate. The Committee has been chaired by Simon Parkes, NED, since October 2021. NED members during the year were Michael Whitworth, Vice Chair (last meeting before leaving the Trust - July 2022), Gill Ponder (Vice Chair from November 2022) and Kate Truscott (first meeting November 2022). There is cross NED membership with other Trust Board sub-committees.

The Committee continued to meet virtually via MS Teams throughout 2022/23, with this format continuing to work well, having been adopted at the on-set of the Covid-19 pandemic in 2020. It allows for ad-hoc attendees to dial in only for their item in line with their allocated time slot, meaning more efficient use of their time.

The Committee met on five occasions during 2022/23 - four full meetings plus an additional meeting for the audited accounts 2021/22 to be approved under delegated authority from the

Trust Board. The Committee has discharged its responsibilities for scrutinising risks and controls that affect all aspects of the Trust's business.

A record of attendance by Committee members and regular attendees is provided at **Appendix 1**. The record once again shows excellent attendance from both core members and regular attendees, with a good cross section of other officers attending on an ad-hoc basis to provide assurance to the Committee on various matters as and when necessary.

4. Principal Review Areas

4.1 Governance, Risk Management and Internal Control

The Committee would normally review relevant disclosure statements for the year, in particular the Annual Governance Statement (AGS), the Head of Internal Audit Opinion (HoIAO), the External Audit opinion, the Trust's Annual Report and other appropriate independent assurances. However, although the Committee has reviewed the draft AGS and the final version of the HoIAO for 2022/23, as a result of the difficulties appointing a new External Auditor the year-end financial statements and associated annual documents are not yet complete. These will all be completed however by December 2023, in line with a revised submission deadline agreed with NHSE as part of the External Auditor appointment process. Further details on this can be found in section 4.4 of this report.

The Committee received regular reports during the year on the Trust's Board Assurance Framework and Strategic Risk Register (BAF/SRR). The Committee also reviewed and commented on certain risks and their associated scores contained within it.

4.2 Internal Audit

The Trust's internal audit service is provided by Audit Yorkshire, who commenced in June 2018 with a contract for a period of three years, with the option to extend for a fourth and final year which was subsequently taken up following approval by the Committee. A further competitive procurement exercise commenced in January 2022 to award a new contract commencing 1 June 2022. Audit Yorkshire were successful in being awarded a new three year contract with the Trust, commencing with the 2022/23 financial year, with the option to extend for a fourth and final year. An agreed Internal Audit Charter is in place with Audit Yorkshire.

The Committee received the Annual Internal Audit Report for 2021/22 from its internal auditors at its June 2022 meeting.

An internal audit plan was considered and agreed for 2022/23 at the April 2022 meeting of the Committee. As in previous years, the Committee sought to work effectively with Internal Audit throughout the year to review, assess and develop internal control processes as necessary. The Committee reviewed progress against the agreed internal audit work plan for 2022/23 via routine written progress reports from its internal auditor at each meeting, at which an internal audit representative was always present. Written progress reports outline the status of the planned audit work for the year and the outcome of individual reviews performed, along with associated recommendations where appropriate.

During 2022/23 Internal Audit completed 20 reviews plus the Board Assurance Self-Certification presentation, of which 3 were pieces of advisory/benchmarking work and an assurance rating not applied. Assurance ratings, as to the adequacy and effectiveness of control arrangements in place, for the remaining 18 reviews were as follows:

- 1 review with High Assurance rating;
- 11 reviews with Significant Assurance rating;
- 6 reviews with Limited Assurance rating;
- 0 with Low Assurance rating.

The 2022/23 Head of Internal Audit Opinion was also received by the Committee which was as follows: ***The overall opinion for the 2022/23 reporting period provides Significant Assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.*** The 2022/23 HoIAO is included within the AGS, which forms part of the publicly available Trust Annual Report.

The Trust also formulated its annual internal audit plan for 2023/24. The Executive Team provided individual suggestions for the plan and these were then discussed further collectively and refined into a programme of audits for the forthcoming year, in line with the allotted 200 day annual internal audit plan. The proposed internal audit plan for 2023/24 was presented to the April 2023 meeting of the Committee for consideration and duly approved.

Audit Yorkshire operates an electronic follow-up process for all recommendations made, which involves the relevant managers receiving automated prompts to provide periodic updates and evidence, via the electronic system, on the implementation status of recommendations, including those considered to be closed. A routine report is prepared by Audit Yorkshire to show the status of recommendations made, and this is presented to each meeting of the Committee for assurance or the consideration of further action as appropriate. Long overdue recommendations were a source of concern for the Committee during 2021/22 and escalated the issue to the Executive Team and the Trust Board. A much improved position was reported to the Committee by Internal Audit at the June 2022 meeting and a positive position has been maintained throughout 2022/23. The Committee will continue to routinely monitor the implementation of audit recommendations over the coming year and address any concerns relating to lack of progress if the need arises.

4.3 Counter Fraud

The Audit, Risk and Governance Committee continued to receive regular written progress reports from the Trust's Local Counter Fraud Specialist (LCFS) throughout the year. Additionally, the Annual Counter Fraud Report for 2021/22 and the Annual Counter Fraud Operational Plan for 2022/23 were also submitted to the Committee during the reporting year.

The LCFS continued working to develop a strong anti-fraud culture, whilst at the same time investigating allegations of fraud to a criminal standard. The LCFS also continued to liaise effectively with the Trust's Human Resources team with a view to applying appropriate internal disciplinary and sanctions as necessary. The Committee remained pleased by the level of counter fraud activities performed by the LCFS over the reporting year, particularly the introduction of mandatory fraud awareness eLearning for all staff every three years. This was only introduced in mid-January 2023 but by the end of June 2023 had reached 87% compliance.

The Trust continues to host and manage an in-house counter fraud collaborative, known as Counter Fraud Plus (CFP) between itself, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS). This collaborative arrangement commenced in July 2013 (with LPFT and LCHS joining in September 2020) under a formal SLA arrangement. It is designed to provide a more resilient

counter fraud service between the organisations involved. The Committee has received reports that the collaborative continues to work effectively and successfully across all five local organisations. Hull University Teaching Hospitals NHS Trust became a new addition to the in-house counter fraud collaborative from April 2023.

4.4 External Audit

The Trust appointed its former External Auditor, Mazars, in September 2019 following a competitive tendering exercise. The Committee duly supported the Council of Governors with the appointment process. The contract was for a term of three years, with the option to extend for a further year, and commenced with the audit of the Trust's financial statements for 2019/20. At the beginning of 2022, the extension option was duly being considered and a fee for the extension year was requested in order to allow the February 2022 meeting of the Committee to make an informed decision on recommending the option year be taken up, to the Council of Governors.

However, upon requesting details of the fee Mazars advised it may not be able to resource and deliver the 2022/23 financial statements audit following a number of retirements and other staff losses within the firm and felt it only right and proper to inform the Trust of this potential risk to delivery should the extension year be taken up [by the Trust]. To mitigate that risk, the Trust considered it necessary to retender the External Audit service, a position endorsed by the Committee and approved by the Council of Governors in April 2022.

A tender process duly commenced in early July 2022 (once potential External Audit service providers had concluded their busiest period of NHS year end work) with a view to securing a new External Auditor by Autumn 2022, commencing with work on the 2022/23 public disclosure statements. As in previous tender exercises for external audit services, a sub-committee of the Council of Governors was convened supported by appropriate advisors from the Audit, Risk and Governance Committee and members of the Finance and Procurement team.

The initial tender exercise commenced in July 2022 but no bids were received. Although disappointing, this was not entirely unexpected as it was known that other Trusts were encountering difficulties in securing the services of an External Auditor as a result of issues in the External Audit market. A second tender exercise commenced in October 2022 and one bid was received and following evaluation by the CoG sub-group and approval from the full CoG, the contract was awarded in December 2022. However, shortly after the award was made the firm involved withdrew citing that the Trust was likely to be over the £500m threshold for falling under the regulation of the Financial Reporting Council and their audit quality review team. The firm advised that as they did not yet have any NHS clients that fell within this additional audit regime their Board would not take this on for one client as they did not have the infrastructure in place to deal with it.

The Chief Financial Officer therefore contacted NHS England (NHSE) in December 2022 to advise them of the difficulties and position with securing an External Auditor for the audit of the 2022/23 accounts and seek their advice on next steps. NHSE then reached out to possible suppliers on behalf of the Trust with the offer of an extended submission deadline for the audited accounts. NHSE eventually introduced the Trust to ASM Chartered Accountants based in Belfast, Northern Ireland and an initial discussion took place with ASM in May 2023. ASM provided their fee offer and confirmed in writing that they could meet the Trusts requirements as set out in the tender specification. A paper was duly prepared for the Council of Governors and at its meeting on 22 June 2023 they approved the appointment of ASM as

Audit, Risk and Governance Committee Annual Report for the year ended 31 March 2023

the Trust's new External Auditor. The contract was awarded on a contract term of 3+1+1 years.

As a result of the difficulties and resulting delay in appointing an External Auditor NHSE agreed to extended accounts submission deadlines, namely 31 December 2023 for the 2022/23 audit and 23 August 2024 for the 2023/24 audit. Future years will revert to scheduled NHSE submission deadlines. Timings for the audits will therefore be as follows:

2022-23

- Planning visits – to be agreed when contract is progressed (i.e., as soon as practically possible).
- Interim – w/c 25 September 2023 for one week
- Fieldwork – w/c 16 October 2023 for 4 weeks (with one week follow up)
- Completion – First week of December 2023
- Submission to NHSE – by 31 December 2023

2023-24

- Planning visits – December 2023 / January 2024
- Interim – February / March 2024
- Fieldwork – commencing mid-June 2024 for 4 weeks (with one week follow up)
- Completion – w/c 19 August 2024
- Submission to NHSE – by 23 August 2024

The Trust's former External Auditor (Mazars) attended meetings of the Committee in April, June and July 2022 in connection with their audit of the 2021/22 financial statements. They also attended the Annual Members Meeting in September 2022 following the conclusion of their audit work. Oral or written progress reports are received from the Trust's External Auditor at Committee meetings, including the audit opinion on the Trust's annual financial statements. However, there was no External Auditor presence at the remainder of meetings for 2022/23 as shown in Appendix 1.

During the year a private meeting with both the external and internal auditors took place before the June 2022 meeting of the Committee, and no matters of concern were raised. However, in line with its Terms of Reference, there is an open offer to all parties (the Trust, external auditors and internal auditors) to request a private meeting at any time.

The Committee also formally considered the performance of the Trust's External Auditor at its July 2022 meeting following the conclusion of their year-end accounts work. No issues of concern were identified as part of the evaluation.

In line with Regulator guidance, the Trust has a '*Policy for Engagement of External Auditors for Non-Audit Work*' to avoid any potential conflicts of interest, either real or perceived, in terms of the objectivity of their opinion on the financial statements of the Trust. The policy, which can be found on the documents section of the Trust intranet, is subject to annual review and minor revisions were duly considered and approved by the Committee at its February 2023 meeting. The revisions related to the latest release of the Code of Governance for NHS Provider Trusts and the latest Auditor Guidance Note (AGN) 1 reflecting the creation of Integrated Care Boards and Integrated Care Partnerships. The value of non-audit services is routinely disclosed in the Trust's accounts, however there was no such work performed by Mazars during 2022/23.

5. Financial Reporting

At its April and June 2022 meetings the Committee reviewed the draft and audited annual financial statements for 2021/22 before submission to the External Auditor and NHS England, and we understand these were in agreement with our accounting records and the current Regulatory requirements.

Prior to the preparation of the 2022/23 financial statements, the Committee reviewed and agreed the detailed accounting principles at its February 2023 meeting. The Committee also reviewed the draft annual accounts for 2022/23 at its April 2023 meeting, prior to the anticipated submission of this report to the August 2023 Trust Board meeting.

At the April 2023 Committee meeting the issue of 'Going Concern' status was discussed. As a result, the Committee endorsed the view that the Trust is a going concern for the purposes of the annual accounting exercise. This will also be discussed with the new External Auditor as part of their audit work.

Given the difficulties appointing an External Auditor, as referred to earlier, there is an extended timescale for the audit of the 2022/23 draft accounts and associated disclosure documents and their submission to NHSE, etc. The Committee have therefore yet to receive the audited financial statements for 2022/23 (which under normal circumstances would have been received at a meeting of the Committee in June 2023 in line with formal delegated authority given by the Board in February 2023). The Committee will oversee the completion of the 2022/23 process in the coming months, in line with the revised timetable.

6. Management Reports

The Committee has requested and reviewed various management assurance reports from a range of Directors and managers within the organisation in relation to relevant areas of enquiry during the financial year 2022/23. We thank all those who assisted the Committee in these matters.

7. Other Matters Worthy of Note

The Committee followed its agreed annual work plan throughout the year and received regular reports including Waiving of Standing Orders; Losses and Compensations; Hospitality and Sponsorship declarations; Salary Overpayments; and Document Control. Additional information is called for as appropriate. The Committee once again received the Local Security Management Specialist (LSMS) work plan and annual report for information and assurance.

Throughout the year the Committee also received the highlight reports and action logs from the Trust's main assurance Trust Board sub-committees in order to assess the effectiveness of the Trust's governance arrangements.

Minutes of the Committee's meetings and a Chair's Highlight Report of matters to be escalated are submitted to the Trust Board for information, assurance or decision as necessary.

The Committee members would like to place on record their thanks to the Trust's former External Auditors (Mazars), Internal Auditors (Audit Yorkshire), and our in-house counter-fraud service. All have provided a professional and effective service throughout another challenging year during 2022/23.

8. Conclusion and Plans for 2023/24

The Audit, Risk and Governance Committee's latest refreshed annual rolling work plan for 2023/24 is attached at **Appendix 2**. It will be adjusted accordingly to reflect the requirement to receive the audited accounts and associated public disclosure documents in line with the delayed timetable for 2022/23. The Committee will work with the new External Auditor (ASM) to ensure the production of the audited accounts for 2022/23 is completed efficiently and effectively and meets the extended timescale agreed with NHSE, as set out in section 4.4.

The Committee will remain active in reviewing the risks, internal controls, reports of auditors and audit recommendations and will continue to press for action and improvements where required throughout the coming year.

The Council of Governors will also receive a copy of this annual report and work plan.

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31 March 2023

Appendix 1 - Schedule of Attendance at Audit Committee meetings during 2022/23

<u>Member / Attendee</u>	<u>Apr-22</u>	<u>Jun-22</u>	<u>Jul-22</u>	<u>Nov-22</u>	<u>Feb-23</u>
<u>Members:</u>					
Simon Parkes – NED / Chair	Y	Y	Y	Y	Y
Michael Whitworth – NED / Deputy Chair	Y	N	Y ¹	-	-
Gill Ponder – NED	Y	Y	Y	Y	Y
Kate Truscott – NED (from November 2022)	-	-	-	Y	Y
<u>Regular Attendees:</u>					
Lee Bond – Chief Financial Officer	Y	Y	N	N	Y
Helen Harris – Director of Corporate Governance	N ²	N	Y	Y	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	Y	Y	Y	Y	Y
Nicki Foley – Local Counter Fraud Specialist	Y	N ³	Y	Y	Y
Data Protection Officer and Lead for IT (SM)	Y	N ³	Y	Y	Y
Head of Procurement (IP)	Y	N ³	Y	Y	Y
Internal Audit (Audit Yorkshire)	Y	Y	Y	Y	Y
External Audit (Mazars)	Y	Y	Y ⁴	-	-
Deputy Lead Governor (RP)	Y	Y	N	Y	N ⁵
<u>Ad-hoc Attendees:</u>					
Assistant Director of Corporate Governance (AH)	Y ²	-	-	-	-
Asst. DoF – Process & Control (NP)	Y	Y	-	-	Y
Director of Estates & Facilities (JJ)	Y	-	-	-	-
Deputy Director of Estates & Facilities (ST)	-	-	-	Y	-
Associate Director of Safety & Statutory Compliance (BP)	Y	-	Y	-	-
CEO (PR)	-	Y	-	-	-
Associate Director of Communications & Engagement (AB)	-	Y	-	-	-
Associate Director of Central Operations (MO)	-	-	Y	-	-
Associate Director of Pathology (MC)	-	-	Y	Y	Y

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31 March 2023

Member / Attendee	Apr-22	Jun-22	Jul-22	Nov-22	Feb-23
Ad-hoc Attendees continued...					
Associate Director of Quality Governance (AL)	-	-	Y	-	-
Associate Director of IM&T (SM)	-	-	Y	-	-
IT Data Security Manager (TF)	-	-	Y	-	-
Director of People (CB)	-	-	Y	-	-
Deputy Medical Director (KS)	-	-	-	Y	-
Freedom to Speak Up Guardian (LH)	-	-	-	-	Y
Emergency Planning Manager (AL)	-	-	-	-	Y

Notes:

- ¹ Last meeting before leaving the Trust
- ² Alison Hurley attended to deputise for Helen Harris
- ³ Not required to attend, Final Accounts meeting only
- ⁴ Last meeting as Trust's External Auditor (Mazars)
- ⁵ Ian Reekie attended in the absence of Rob Pickersgill

APPENDIX 2 - AUDIT, RISK AND GOVERNANCE COMMITTEE - 12 MONTH ROLLING WORK PLAN

Item of Business	Jul 23	Nov 23	Feb 24	Apr 24	Jun/Aug 24 (Public Disclosure Statements meeting)
Audit Committee - Annual Review of Terms of Reference			X		
Audit Committee - Annual Review of Work Plan			X		
Audit Committee - Annual Self-Assessment Exercise & Results			X		
Audit Committee - Annual Report to Trust Board / CoG					X
Audit Committee - Annual meeting dates/times/locations	X				
Audit Committee - Annual Review of External Auditor Performance	X				
Private Discussion with Auditors (internal and external)	as needed	X	as needed	as needed	X
Receive highlight reports & action logs from Board Sub-committees (excl. RATS)	X	X	X	X	
Receive annual summary report of business from RATS Committee				X	
New from April 2020 – Any Covid-19 ARGC Related Business	as needed	as needed	as needed	as needed	as needed
External Audit – Audit Strategy Memorandum (Audit Plan / Timetable / Fees)	TBA		X		
External Audit - Routine Progress Reports	X	X	X	X	X
External Audit - Audit Completion Report & Letter of Representation	TBA				X
External Audit – Auditor’s Annual Report	TBA				
External Audit – Changes to service provider (supporting Council of Governors)	as needed	as needed	as needed	as needed	
Internal Audit - Annual Internal Audit Plan			X	X (If needed)	
Internal Audit - Routine Progress Report	X	X	X	X	
Internal Audit - Head of Internal Audit Opinion				X (Draft)	X (Final)
Internal Audit - Annual Report (inc. client feedback survey results)					X
Internal Audit - Receive Status Report on Implementation of IA Recommendations	X	X	X	X	X
Internal Audit – Changes to service provider	as needed	as needed	as needed	as needed	
Public Disclosure Statements: Review changes to Accounting Policies			X		
Going Concern Report				X	
Draft annual accounts and VFM conclusion				X	
Annual Governance Statement				X (Draft)	X (Final)
Audited annual accounts & Trust Annual Report (under TB delegated authority)		X			X

Item of Business	Jul 23	Nov 23	Feb 24	Apr 24	Jun/Aug 24 (Public Disclosure Statements meeting)
LCFS - Annual Counter Fraud Operational Plan				X	
LCFS - Annual Counter Fraud Report	X				
LCFS - Written Progress Reports	X	X	X	X	
LCFS - Concluding investigation reports / related issues	as needed	as needed	as needed	as needed	
LCFS - Annual review of Fraud and Corruption Policy				X	
LCFS - Results of Staff Fraud Awareness Survey - every 2 years	X				
LSMS - Annual Security Management Report	X				
LSMS - Annual Security Management Work Plan				X	
LSMS - Ad-hoc reports and updates	as needed	as needed	as needed	as needed	
Review of Waiving of Standing Orders	X	X	X	X	
Review of Losses and Compensations		X		X	
Review of Standards of Business Conduct Declarations		X		X	
Review of Salary Overpayments & Underpayments		X		X	
Review of Procurement KPI data inc. Invoices without PO's and Contracts Update		X			
Review of finance related policies (SFIs / Standing Orders / Scheme of Delegation, Recovery of Salary Overpayments Policy, Standards of Business Conduct Policy, etc.)	as needed	as needed	as needed	as needed	
Annual Review of Policy for Engagement of External Auditors for Non-Audit Work			X		
Board Assurance Framework (BAF) and Risk Register report	X (Q1)	X (Q2)	X (Q3)		X (Q4)
Review of Assurance Sub-Committees' Conduct of Risk Oversight	X	X	X	X	
Annual Review of Risk Management Strategy / Development Plan Progress Report	X				
Annual Review of Trust's freedom to speak up arrangements / FTSU Guardian			X		
Annual IG Toolkit Return	X				
IG Steering Group Highlight reports - quarterly	X	X	X	X	
Document Control report		X		X	

Item of Business	Jul 23	Nov 23	Feb 24	Apr 24	Jun/Aug 24 (Public Disclosure Statements meeting)
Annual Health and Safety Policy Statement				X	
Annual Emergency Preparedness, Resilience and Business Continuity Report inc. medical gas testing oversight	X				
Clinical Audit Annual Work Plan	X				
Review of Data Quality Dimensions (<i>new item from HFMA checklist 2018</i>)	as needed	as needed	as needed	as needed	as needed
New HFMA NHS Audit Committee Handbook Items – July 2018					
Cyber security – Review the Trust’s information governance and cyber security arrangements annually (<i>Private agenda item</i>)	X	as needed	as needed	as needed	as needed
Mergers and acquisitions – review new arrangements	as needed	as needed	as needed	as needed	as needed
Working with regulators - oversee action plans relating to regulatory requirements (e.g. NHS oversight framework; use of resources)	as needed	as needed	as needed	as needed	as needed
Working at Scale – oversee developing partnership arrangements (e.g. integrated care systems)	as needed	as needed	as needed	as needed	as needed

<p>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</p>	<p>To give great care: ✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 ✓ 1 - 1.5 ✓ 1 - 1.6</p> <p>To be a good employer: ✓ 2</p>	<p>To live within our means: ✓ 3 - 3.1 ✓ 3 - 3.2</p> <p>To work more collaboratively: ✓ 4</p> <p>To provide good leadership: ✓ 5</p> <p><input type="checkbox"/> Not applicable</p>
<p>Financial implication(s) (if applicable)</p>	<p>N/A</p>	
<p>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</p>	<p>N/A</p>	
<p>Recommended action(s) required</p>	<p><input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance</p> <p><input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.</p>	

Board Assurance Framework (BAF) 2023-24

1. Executive Summary and Purpose of the Report

- 1.1. 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 Board seeking assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF the Board can have confidence that they are providing thorough oversight of strategic risk.
- 1.2. The purpose of the report is to provide the Board with:
- clarity about what the strategic objective is and what is being measured,
 - assurance that controls are in place to achieve the objective and that they lead to desired outcomes,
 - assurance that the controls are implemented / adhered to,
 - singular and cumulative risks graded consistently to each strategic objective,
 - assurance that actions address the ‘root cause’,
 - assurance that actions are being implemented and monitored.

2. Strategic Objective Risk Ratings: Quarter One 2023-24

2023-24						
Strategic Objective / Quarter	Risk Rating				Target Risk by 31/03/2024	Risk Appetite Score
	1	2	3	4		
SO1-1.1	15				15	4-6
SO1-1.2	20				15	4-6
SO1-1.3	12				8	4-6
SO1-1.4	20				20	4-6
SO1-1.5	6				6	4-6
SO1-1.6	12				8	4-6
SO2	20				15	4-6
SO3-3.1	20				10	8-12
SO3-3.2	15				15	8-12
SO4	12				8	8-12
SO5	12				8	8-12

3. Principal Risks – Highlights and Lowlights

3.1.1. **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 - SO1-1.1**

- a) The Quality and Safety Committee reviewed the BAF at its meeting on 25 July 2023 and agreed the risk score of 15 for quarter one. The risk score is due to the strategic threats and the overall healthcare environment challenges.

- b) The Committee noted there was a number of very high-level risks related to divisions and departments within the Trust, that may have an impact on the delivery of the strategic objective:
 - i) No 3162 – quality of care and patient safety based on nurse staffing and,
 - ii) No 3164 – nurse staffing (high number of registered nurse and support worker vacancies), both scored at 20.

3.1.2. The risk that the Trust fails to deliver constitutional and other regulatory performance targets - SO1-1.2

- a) The Finance and Performance Committee reviewed the BAF at its meeting on 19 July 2023 and agreed the risk score of 20 for quarter one. The risk score was due to the review of clinical pathways linked to the Humber Acute Services programme, validation of Referral To Treatment clock stops and the signing-off of the Consultant Job Plans for 2023-24.
- b) The Committee noted a key gap in control was the high levels of staff vacancies across registered nurses, doctors and allied health professionals in all service areas. This could impact on providing treatment, care and support which is as safe, clinically effective and timely as possible.

3.1.3. The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy - SO1-1.3

- a) The Board agreed the risk score of 12 at its meeting on 1 August 2023.
- b) The Board noted that the risk score of 12 was due to the Integrated Care Board having approved the proposal to move forward to public consultation regarding the reconfiguration of certain services on the South Bank on 12 July 2023, subject to NHS England approval. The proposals recommended improving services at local Emergency Departments across the North and South Bank, enabling people to be treated quickly and tackling long waiting times.

3.1.4. The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate - SO1-1.4

- a) The Finance and Performance Committee reviewed the BAF at its meeting on 19 July 2023 and agreed the risk score of 20 for the quarter one position.
- b) The Committee noted that the risk score was due to the Capital Programme funding for 2023-24 being impacted by the Critical Infrastructure Risk and BLM: the Six Facet total figure is £117M and the Backlog maintenance of £107M.

3.1.5. The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources - SO1-1.5

- a) Due to the disbanding of the Strategic Development Committee, the Trust Board agreed to have oversight of the risk to the delivery of the Digital Strategy. The Board agreed the risk score of six and noted the delivery of the Digital Strategy remains off track.
- b) The Board, at its meeting on 1 August 2023, reviewed and considered the risk to the delivery of the Digital Strategy and noted the securing of resources to deliver the

Digital Strategy and annual priorities remain off track with a completion date moved to the end of quarter two.

- c) The Board noted on 1 August 2023 that the Audit Risk and Governance Committee reviewed the updates to the BAF at its meeting on 20 July 2023. The Committee noted the:
- i) IT Business Continuity Policy and Procedure had been further developed and gaps addressed which were identified in the audit in April 2020.
 - ii) number of planned actions that remain off track: the goal to meet Cyber Essentials Plus Accreditation, a review of the Integrated Performance Report and the running of the new Data Warehouse due to the rescheduling of the Lorenzo PAS go-live.

3.1.6. The risk that the Trust's business continuity arrangements are not adequate - SO1-1.6

- a) The Finance and Performance Committee reviewed the BAF at its meeting on 19 July 2023 and agreed the risk score of 12 for quarter one.
- b) The Committee noted:
- i) a number of planned actions were to be continued during 2023/24: the relaunch of loggist training and continuous review of evacuation plan,
 - ii) the Bed Capacity challenges remain a gap in control. The Executive Led Bed Occupancy and Length of Stay Review meetings commenced on Thursday 29th June 2023. These meetings have been set up to allow the Chief Operating Officer to Challenge the Divisional Medical Directors and Associate Chief Nurse's on any patients staying on a ward for longer than expected.

3.1.7. The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients - SO2

- a) The Workforce Committee reviewed the BAF at its meeting on 18 July 2023 and agreed the quarter one risk score of 20. The Committee noted the:
- i) current score of 20 was due to the three planned actions to be achieved by quarter four 2023/24 as part of the People Plan: develop and care for our staff to improve retention, attract and develop new staff and improve our culture and staff engagement, and
 - ii) delivery of SO2 may be impacted due to the number of High-Level Risks, of note:
 - No 2976, High registered nursing vacancy levels = 25
 - No 3015, Insufficient estate resources to manage the workload demand = 20.

3.1.8. The risk that either the Trust or the Humber and North Yorkshire Integrated Care System fail to achieve their financial objectives and responsibilities - SO3-3.1

- a) The Finance and Performance Committee reviewed the BAF at its meeting on 19 July 2023, agreed the quarter one risk score of twenty and the target risk score for 31 March 2024 of ten. The Committee undertook a deep dive and were assured of the controls and assurances in place. The Committee noted:
 - i) the target risk score of ten for 31 March 2024 was due to the financial challenges for 2023/24, and
 - ii) four new planned actions had been added, which are on track to deliver: review of nationally specified control actions, complete the Cost Improvement Programme planning process, Humber Acute Services public consultation and the development of workforce plans.

3.1.9. The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate - SO3-3.2

- a) The Board agreed the risk score of 15 at its meeting on 1 August 2023. This was due to a significant risk with capital investment which was due to the availability of capital funding to meet our requirements, impact of capital decisions on accessing new hospitals programme funding and impact of national reports (Ockenden) on potential capital investment requirements.

3.1.10. The risk that the Trust is not a good partner and collaborator – SO4

- a) The Board at its meeting on 1 August 2023 agreed the risk score of 12. The risk was scored 12 due to the Integrated Care Board having approved the proposal to move forward to public consultation regarding the reconfiguration of certain services on the South Bank on 12 July 2023, subject to NHS England approval. The proposals recommend improving services at local Emergency Departments across the North and South Bank, enabling people to be treated quickly and tackling long waiting times.

3.1.11. The risk that the leadership of the Trust 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 - SO5

- a) The risk was reviewed by the Workforce Committee at its meeting on 18 July 2023 and agreed the current risk score of 12 for the quarter one period. The Committee noted:
 - i) focus was on the delivery of the Trust Leadership Strategy 2020-24,
 - ii) there remains a gap with the ongoing investment specifically for staff training / courses to support leaders.
 - iii) there remains a threat to the delivery of the strategic objective, being, the higher turnover of staff due to poor levels of leadership.

4. Recommendations

4.1. The Council of Governors is asked to:

- a) receive the BAF for information,
- b) note the Trust Board received the BAF at its meeting on 3 October, to gain assurance on the delivery of the Board's strategic objectives,
- c) note the Board Committees will be undertaking a review of the BAF at Committee meetings in October and November 2023. The Quarter Two report will be presented to the Trust Board in December 2023.

Board Assurance Framework - 2023 / 24

Strategic Objective	Strategic Objective Description
1. To give great care	<ul style="list-style-type: none"> • To provide care which is as safe, effective, accessible and timely as possible • To focus always on what matters to our patients • To engage actively with patients and patient groups in shaping services and service strategies • To learn and change practice so we are continuously improving in line with best practice and local health population needs • To ensure the services and care we provide are sustainable for the future and meet the needs of our local community • To offer care in estate and with equipment which meets the highest modern standards • To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.
2. To be a good employer	<ul style="list-style-type: none"> • 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"> - 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.
3. To live within our means	<ul style="list-style-type: none"> • 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 and North Yorkshire (HNY) Integrated Care System (ICS) • To secure adequate capital investment for the needs of the Trust and its patients.
4. To work more collaboratively	<ul style="list-style-type: none"> • To work innovatively, flexibly and constructively with partners across health and social care in the Humber and North Yorkshire Integrated Care System (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 • 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: <ul style="list-style-type: none"> - 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.
5. To provide good leadership	<ul style="list-style-type: none"> • 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.

Board Assurance Framework - 2023 / 24

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)

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.

Risk Management

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 the 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.

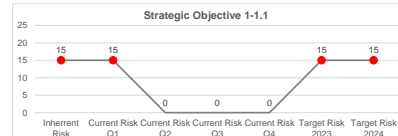
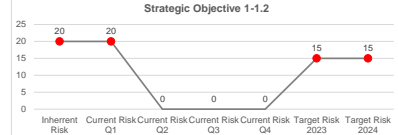

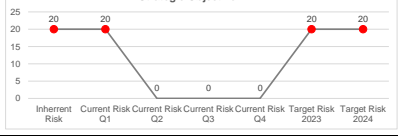
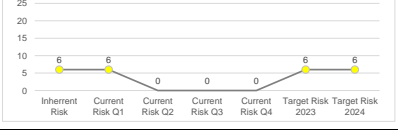
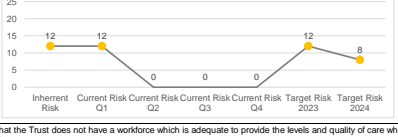
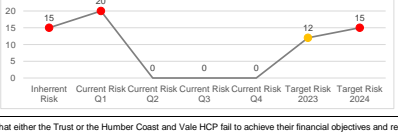
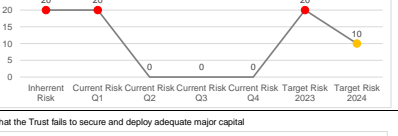
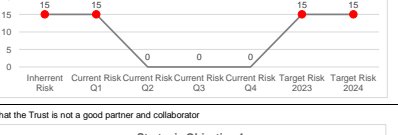
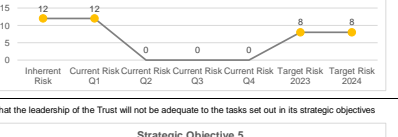

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- protect patients, employees and the community against potential losses;
- control its assets and liabilities;
- minimise uncertainty in achieving its goals and objectives;
- maximise the opportunities to achieve its vision and objectives.

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)	

Board Assurance Framework - 2023 / 24

Strategic Risk	High Level Risk Description and Risk Consequence / Likelihood Assessment	Risk Appetite	Owner	Committee																
SO1 - 1.1	<p>The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard</p>  <p>Strategic Objective 1-1.1</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>15</td></tr> <tr><td>Current Risk Q1</td><td>15</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>15</td></tr> <tr><td>Target Risk 2024</td><td>15</td></tr> </table>	Category	Value	Inherent Risk	15	Current Risk Q1	15	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	15	Target Risk 2024	15	Low	Chief Medical Officer and Chief Nurse	Q&SC
Category	Value																			
Inherent Risk	15																			
Current Risk Q1	15																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	15																			
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SO1 - 1.2	<p>The risk that the Trust fails to deliver constitutional and other regulatory performance targets</p>  <p>Strategic Objective 1-1.2</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>20</td></tr> <tr><td>Current Risk Q1</td><td>20</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>15</td></tr> <tr><td>Target Risk 2024</td><td>15</td></tr> </table>	Category	Value	Inherent Risk	20	Current Risk Q1	20	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	15	Target Risk 2024	15	Low	Chief Operating Officer	F&PC
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Target Risk 2023	15																			
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SO1 - 1.3	<p>The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy</p>  <p>Strategic Objective 1-1.3</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>12</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>8</td></tr> <tr><td>Target Risk 2024</td><td>8</td></tr> </table>	Category	Value	Inherent Risk	12	Current Risk Q1	12	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	8	Target Risk 2024	8	Low	Director of Strategic Development	Trust Board
Category	Value																			
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SO1 - 1.4	<p>The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate</p>  <p>Strategic Objective 1-1.4</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>20</td></tr> <tr><td>Current Risk Q1</td><td>20</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>20</td></tr> <tr><td>Target Risk 2024</td><td>20</td></tr> </table>	Category	Value	Inherent Risk	20	Current Risk Q1	20	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	20	Target Risk 2024	20	Low	Director of Estates and Facilities	F&PC
Category	Value																			
Inherent Risk	20																			
Current Risk Q1	20																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	20																			
Target Risk 2024	20																			
SO1 - 1.5	<p>The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care</p>  <p>Strategic Objective 1-1.5</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>6</td></tr> <tr><td>Current Risk Q1</td><td>6</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>6</td></tr> <tr><td>Target Risk 2024</td><td>6</td></tr> </table>	Category	Value	Inherent Risk	6	Current Risk Q1	6	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	6	Target Risk 2024	6	Low	Chief Information Officer	ARG / Trust Board
Category	Value																			
Inherent Risk	6																			
Current Risk Q1	6																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	6																			
Target Risk 2024	6																			
SO1 - 1.6	<p>The risk that the Trust's business continuity arrangements are not adequate to cope</p>  <p>Strategic Objective 1-1.6</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>12</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>12</td></tr> <tr><td>Target Risk 2024</td><td>8</td></tr> </table>	Category	Value	Inherent Risk	12	Current Risk Q1	12	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	12	Target Risk 2024	8	Low	Chief Operating Officer	F&PC
Category	Value																			
Inherent Risk	12																			
Current Risk Q1	12																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	12																			
Target Risk 2024	8																			
SO2	<p>The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients.</p>  <p>Strategic Objective 2</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>15</td></tr> <tr><td>Current Risk Q1</td><td>20</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>12</td></tr> <tr><td>Target Risk 2024</td><td>15</td></tr> </table>	Category	Value	Inherent Risk	15	Current Risk Q1	20	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	12	Target Risk 2024	15	Low	Director of People	WC
Category	Value																			
Inherent Risk	15																			
Current Risk Q1	20																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	12																			
Target Risk 2024	15																			
SO3 - 3.1	<p>The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities</p>  <p>Strategic Objective 3-3.1</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>20</td></tr> <tr><td>Current Risk Q1</td><td>20</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>20</td></tr> <tr><td>Target Risk 2024</td><td>10</td></tr> </table>	Category	Value	Inherent Risk	20	Current Risk Q1	20	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	20	Target Risk 2024	10	Moderate	Chief Financial Officer	F&PC
Category	Value																			
Inherent Risk	20																			
Current Risk Q1	20																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	20																			
Target Risk 2024	10																			
SO3 - 3.2	<p>The risk that the Trust fails to secure and deploy adequate major capital</p>  <p>Strategic Objective 3-3.2</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>15</td></tr> <tr><td>Current Risk Q1</td><td>15</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>15</td></tr> <tr><td>Target Risk 2024</td><td>15</td></tr> </table>	Category	Value	Inherent Risk	15	Current Risk Q1	15	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	15	Target Risk 2024	15	Moderate	Director of Strategic Development	Trust Board
Category	Value																			
Inherent Risk	15																			
Current Risk Q1	15																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	15																			
Target Risk 2024	15																			
SO4	<p>The risk that the Trust is not a good partner and collaborator</p>  <p>Strategic Objective 4</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>12</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>8</td></tr> <tr><td>Target Risk 2024</td><td>8</td></tr> </table>	Category	Value	Inherent Risk	12	Current Risk Q1	12	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	8	Target Risk 2024	8	Moderate	Director of Strategic Development	Trust Board
Category	Value																			
Inherent Risk	12																			
Current Risk Q1	12																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	8																			
Target Risk 2024	8																			
SO5	<p>The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives</p>  <p>Strategic Objective 5</p> <table border="1"> <tr><th>Category</th><th>Value</th></tr> <tr><td>Inherent Risk</td><td>12</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>0</td></tr> <tr><td>Current Risk Q3</td><td>0</td></tr> <tr><td>Current Risk Q4</td><td>0</td></tr> <tr><td>Target Risk 2023</td><td>8</td></tr> <tr><td>Target Risk 2024</td><td>8</td></tr> </table>	Category	Value	Inherent Risk	12	Current Risk Q1	12	Current Risk Q2	0	Current Risk Q3	0	Current Risk Q4	0	Target Risk 2023	8	Target Risk 2024	8	Moderate	Chief Executive	WC
Category	Value																			
Inherent Risk	12																			
Current Risk Q1	12																			
Current Risk Q2	0																			
Current Risk Q3	0																			
Current Risk Q4	0																			
Target Risk 2023	8																			
Target Risk 2024	8																			

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.

		Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Quality and Safety Committee	Enabling Strategy / Plan: Quality Strategy, Patient Safety Strategy, Risk Management Strategy, Nursing, Midwifery & Allied Health Care Professionals Strategy, Clinical Strategy, Medical Engagement Strategy
	Inherent Risk	Q1	Q2	Q3	Q4					
Consequence	5	5				5				
Likelihood	3	3				3				
Risk Rating Score	15	15				15		Reviewed: 3 July 2023	Risk Owners: Chief Medical Officer and Chief Nurse	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																				
<ul style="list-style-type: none"> Quality and Safety Committee (Q&SC) Operational Plan 2022/23 Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems Risk Management Group Trust Management Board Quality Board, NHSE Place Quality Meetings - N Lincs, N E Lincs, East Riding SI Collaborative Meeting with ICB, with Place Representatives Health Scrutiny Committees (Local Authority) Chief Medical Information Officer (CMIO) Council of Governors SafeCare Live Serious Incident Panel, Patient Safety Specialist and Patient Safety Champions Group Nursing Metric Panel Meeting OPEL Nurse staffing levels and short term staffing SOP Nursing and Midwifery Board NICE Guidance implementation monitoring and reporting processes Learning from deaths process Mortality Improvement Group Vulnerabilities Group Incident control group chaired by NHSE to support Paediatric Audiology service. 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Committees and Groups Integrated Performance Report Annual Safe Staffing Report, Vulnerabilities report, Annual Complaints Report, Quality Improvement Report, Infection Control Annual Report, Maternity and Ockenden Report to Trust Board, Learning from deaths annual and quarterly reports. Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board NICE Guidance Assurance Report to Q&SC IPC - Board Assurance Framework and IPCC Inpatient surveys Nursing assurance safe staffing framework NHSI Audit Outlier Report to Quality Governance Group 15 Steps Accreditation Tool CQC action planning, monitoring and assurance of action completion processes <p>External (positive):</p> <ul style="list-style-type: none"> Internal Audit - Serious Incident Management, N2019/16, Significant Assurance Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance NHSE External Review of Safe Staffing Establishment and Recommendations - February 2022 Maternity Birth Rate Plus Review - 2022 Internal Audit - CQC action plan compliance – Significant assurance Improved ratings in CQC inspection (Dec 2022 report) with Good for Goole Hospital and Safe domain improved from Inadequate to Requires Improvement Maternity CNST standards compliance submission Health Scrutiny Committees (Local Authority) 	<p>Action</p> <ul style="list-style-type: none"> Continue to develop metrics as data quality allows Delivery of deteriorating patient improvement plan Implementation of End of Life Strategy (system-wide strategy) Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2023 (later due to national delays) Implementation of the Learning From Patient Safety Events incident reporting requirements (we are in testing phase). Review and implement changes to Audiology Service 15 steps Star Accreditation Programme commenced Delivery of the Quality Priorities for 2023/24 improving patient outcomes in 5 specific areas. Delivery of the 2023/24 CQUIN schemes to improve quality of care for patients <table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Ongoing</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Amber</td> </tr> <tr> <td>Q4 2025/26</td> <td>Amber</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/23</td> <td>Green</td> </tr> <tr> <td>Q2 2023/24</td> <td>Amber</td> </tr> <tr> <td>Ongoing</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Ongoing	Green	Q4 2023/24	Amber	Q4 2025/26	Amber	Q2 2023/24	Green	Q2 2023/23	Green	Q2 2023/24	Amber	Ongoing	Green	Q4 2023/24	Green	Q4 2023/24	Green	<ul style="list-style-type: none"> Influenza surges and other infections which impact on patient experience National policy changes to access and targets Reputation as a consequence of recovery Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19 Generational workforce : analysis shows significant risk of retirement in workforce Many services single staff/small teams that lack capacity and agility Impact of IPC plans on NLAG clinical and non clinical strategies Skill mix of staff Student and International placements and capacity to facilitate/supervise/train. Transition from SI reporting framework to PSIRF approach.
Quarter / Year	Assurance																						
Ongoing	Green																						
Q4 2023/24	Amber																						
Q4 2025/26	Amber																						
Q2 2023/24	Green																						
Q2 2023/23	Green																						
Q2 2023/24	Amber																						
Ongoing	Green																						
Q4 2023/24	Green																						
Q4 2023/24	Green																						
			<p>Strategic Threats</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>																				

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Estate and compliance with IPC requirements B12- see BAF SO1 - 1.4 Ward equipment and replacement programme see BAF SO1 - 1.4 Attracting sufficiently qualified staff - see BAF SO2 Funded full time Transition post across the Trust Paediatric audiology service 	<ul style="list-style-type: none"> Delays with results acknowledgement (system live, process not yet embedded) Progress with the End of Life Strategy Safety and delays on cancer pathways Patient safety risks increased due to longer waiting times. (Refer to SO1-1.2) 	<p>Divisional / Departmental Risks Scoring >15:</p> <ul style="list-style-type: none"> No 2347 Deteriorating patient risk, Surgery = 15 No 3036, Risk to Patient Safety, Quality of Care and Patient Experience within ED due to LLOS = 16 No 3114.Delays in children being reviewing in Paediatric Endocrine Service, may lead to failure to treat and manage the child's condition, leading to significant physical, mental issues, that could be life limiting = 20 No 3158, Risk of not being able to view scans on Badgernet, patient safety risk to high risk pregnancies = 15 No 3161, Risk of patient deterioration not being recognised and escalated on NEWS = 15 No 3162, quality of care and patient safety based on nurse staffing position in Medicine = 20 No 3164, Nurse Staffing, high number of registered nurse and support worker vacancies = 20 No 3168, Newborn hearing screening service cross-site (reduced management time / no management cover) = 16 No 3196, Breast imaging service loss of capacity, will impact on delivery of 2ww service and delay patient pathways = 15 No 3221, Badgernet Implementation, due to potential failure to obtain funding, may result in an adverse impact on patient safety and Trust reputation = 15 No 3226, Risk of not being able to support delivery of new work relating to quality and audit workstreams, due to PAS/Lorenzo development freeze, may result in negative impact on patients quality of care and financial loss = 16 	<ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration International recruitment Shared clinical development opportunities Development of Integrated Care Provider with Local Authority

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.2: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.						Risk to Strategic Objective 1 - 1.2: 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.					
	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6) Date of Assessment: 6 June 2023 (Trust Board) Reviewed: 5 July 2023				
Consequence	5	5				5				Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Quality Strategy, Patient Safety Strategy, Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy
Likelihood	4	4			3	Risk Owner: Chief Operating Officer					
Risk Rating Score	20	20			15						

Current Controls	Assurance (internal & external)	Planned Actions	Quarter / Year	Assurance	Future Risks
<ul style="list-style-type: none"> • Operational Plan • Operational Management Group (OMG) • Performance Review Improvement Meetings (PRIMs) • Trust Management Board (TMB) • Waiting List Assurance Meetings • Cancer Board Meeting • Winter Planning Group • A&E Delivery Board • Policies, procedures, guidelines, pathways supporting documentation & IT systems • Cancer Improvement Plan • MDT Business Meetings • Risk stratification • Capacity and Demand Plans • Emergency Care Quality & Safety Group • Primary and Secondary Care Collaborative Outpatient Transformation Programme • Divisional Executive Review Meetings • System-wide Ambulance Handover Improvement Group • Patient Flow Improvement Group (PFIG) • Planned Care Improvement and Productivity (PCIP) • Emergency Department and Medicine Specialties Quality & Safety Groups 	<p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Finance and Performance Committee, OMG, PRIMs, TMB, Waiting List Assurance Meetings, Cancer Board Meeting, Winter Planning Group, A&E Delivery Board, MDT Business Meetings, System-wide Ambulance Handover Improvement Group, PCIP, PFIG • Integrated Performance Report to Trust Board and Committees. • Executive and Non Executive Director Report (bi-monthly) to Trust Board. <p>Positive:</p> <ul style="list-style-type: none"> • Audit Yorkshire, Internal Audit, A&E Performance Indicators and Breach to Non-Breach Amendments, May 2021, Significant / Limited • 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. • Independent Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022 • Audit Yorkshire internal audit: Waiting List Management (including Clinical Harm): Significant Assurance, Q1 2022 • Completed job plans for relevant clinicians for 2022-23 <p>External:</p> <ul style="list-style-type: none"> • Audit Yorkshire, Internal Audit, A&E Performance Indicators and Breach to Non-Breach Amendments, May 2021, Significant / Limited • NHSE Intensive Support Team • Independent Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022 	<p>Action</p> <ul style="list-style-type: none"> • Progress with implementation of General Internal Medicine/Frailty Model and the link as a wider integrated frailty model across Northern Lincolnshire • Review of clinical pathways linked to HAS programme 1 Humber Clinical Collaborative Programme (HCCP), seven specialties • Validation of all RTT Clock Stops back to 100% • Develop divisional dashboards • Consultant job plans to be signed off for 2023-24 • Completion of theatre refurbishment programme • Implementation of 2023/24 Outpatient Clinic Configuration aligned to 2023/24 Activity Plan and NHS Operational Planning Guidance, reducing follow up activity and increasing capacity for new patients • Implementation of Gynaecology Service Review including the support the Integrated Acute Assessment Unit (IAAU) model of care • Expansion of Community Discharge and Admission Alternative Development workstreams (Virtual Ward capacity, Short Term care capacity and OPAT capacity) • Implementation of Criteria to Admit within ED to support reduction in admissions and use of alternative pathways • Review of pathways for High Intensity Services Users • Implementation of Clinical Frailty Score in ED • Review Dementia pathways in ED • Implementation phase 3 of AAU business case 	<ul style="list-style-type: none"> Q2 2023/24 Q2 2023/24 Q2 2023/24 Q2 2023/24 Q2 2023/24 Q3 2023/24 Q3 2023/24 Q4 2023/24 Q4 2023/24 Q4 2023/24 Q4 2023/24 	<ul style="list-style-type: none"> <li style="background-color: yellow;">Yellow <li style="background-color: orange;">Amber <li style="background-color: orange;">Amber <li style="background-color: yellow;">Yellow <li style="background-color: red;">Red <li style="background-color: green;">Green <li style="background-color: green;">Green <li style="background-color: green;">Green <li style="background-color: green;">Green <li style="background-color: green;">Green <li style="background-color: green;">Green <li style="background-color: green;">Green 	<ul style="list-style-type: none"> • Further COVID-19 surges and impact on patient experience and bed planning due to IPC guidance (including norovirus). • National policy changes to emergency access and waiting time targets. • Funding and fines changes. • Reputation as a consequence of recovery. • Additional patients with longer waiting times over 18 weeks, 52 weeks, 64 weeks, 62 days and 104 days breaches. • Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to inability to access scanner and reporting teams externally • Generational workforce analysis shows significant risk of retirement in workforce. • Many services single staff / small teams that lack capacity and agility. • Staff taking statutory leave unallocated due to COVID-19 risk • Future requirement of Type 5 SDEC activity to be submitted as part ECDS requires significant system change. Early adopters from July 23, with mandatory submission from July 24 • Inability to staff UCS due to lack of support from Primary Care • Impact of Mutual Aid work and increase in waiting times - not meeting constitutional standards and impact on diagnostic capacity • Risk of no contracting for independent sector work • Funding will not be approved to uplift weekend working for elective activity and support insourcing of theatre staff to backfill vacancy position. • Replacement of ward A1 <p>Strategic Threats</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. 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"> • Evidence of compliance with 7 Day Standards. • Capacity to meet demand for Cancer, RTT/18 weeks, over 64 weeks, over 52 week waits and Diagnostics Constitutional Standards. • Diagnostic capacity and capital funding to be confirmed. • Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations. • High levels of staff sickness • High levels of staff vacancies across registered nurses, doctors and allied health professionals in all service areas. 	<ul style="list-style-type: none"> • Quality of reports to board assurance committees • Quality and timeliness of data • Recruitment and development of Consultants, specialist nurses 	<ul style="list-style-type: none"> No 1851, Shortfall in capacity with Ophthalmology service = 15 No 2244, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16 No 2245, Risk to Overall Performance : Non compliance with RTT incomplete target = 16 No 2562, Failure to meet constitutional targets in ECC = 20 No 2347, Risk to Overall Performance : Overdue Follow-ups = 15 No 2592, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16 No 2773, Lack of scanning capacity s leading to a risk of delayed diagnosis = 16 No 2775, Scunthorpe MRI scanner past end of 7 year life, lack of capital availability, impact will be reduced capacity to deliver scans for some cancer pathways = 20 No 2949, Oncology Service = 20 No 3129, Overdue follow-up and new patients waiting lists for paediatric patients at SGH = 15 No 3131, Delay in paediatric assessment being carried out (multi-agency assessment) for under five years of age = 16 No 3168, Newborn hearing screening service cross-site (reduced management time / no management cover) = 16 No 3201, Clinical capacity within colposcopy = 15 No 3204, One year wait for new referrals to see a Consultant Paediatrician into the ADHD post diagnosis support service = 15 No 3217, Breast Imaging Workforce Depletion, and delays to deliver care occurring to cancer standards = 15 	<ul style="list-style-type: none"> • Closer Integrated Care System working • Humber Acute Services Review and programme • Provider collaboration • Collaboration with PCNs in NL / NEL to support full implementation of the UCS model

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 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy and Strategic Plan, Clinical Strategy, Integrated Care System
		Q1	Q2	Q3	Q4					
Consequence	4	4			4					
Likelihood	3	3			2					
Risk Rating	12	12			8		Reviewed: 5 July 2023	Risk Owner: Director of Strategic Development		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																															
<ul style="list-style-type: none"> NLaG Clinical Strategy 2021/25. Trust Priorities 2023/24 Humber and North Yorkshire Integrated Care System Integrated Care System (ICS) Leadership Group. Quality and Safety Committee. Acute and Community Care Collaboratives (ACC). Humber Cancer Board. Humber Acute Services - Executive Oversight Group (HAS) Health Overview and Scrutiny Committees (OSC). Trust Membership Council of Governors. Primary Care Networks (PCNs). Place Boards Clinical and Professional Leaders Board. Hospital Consultants Committee (HCC) / MAC Joint Development Board (JDB) Committees in Common (CIC) Patient Safety Champions 	<p>Positive:</p> <ul style="list-style-type: none"> NHSE Assurance and Gateway Reviews. OSC Engagement. Clinical Senate formal review The Consultation Institute (assurance on the engagement process) <p>Internal:</p> <ul style="list-style-type: none"> Minutes from Committees and Executive Oversight Group for HAS, JDB, CIC Humber and North Yorkshire Integrated Care System ICS Leadership Group. OSC Feedback. Outcome of public, patient and staff engagement exercises. Executive Director Report to Trust Board. Non-Executive Director Committee Chair Highlight Report to Trust Board <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). Citizens Panel (Humber). The Consultation Institute (assurance on the engagement process) 	<p>Action</p> <ul style="list-style-type: none"> CIC / NED / Governor reviews Evaluation of the models and options with stakeholders Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case Citizens Panel reviews To undertake continuous process of stocktake and assurance reviews NHSE and Clinical Senate review Joint OSC - reviews To undertake continuous engagement process with public and staff <p>Stakeholder Mapping</p> <ul style="list-style-type: none"> Public Consultation NHSE Gateway review ICB Executive Assurance Board / IC Board Approval Final report from Clinical Senate review (due Q1) HAS Risk Workshop with ICB Executives (30 May 23) Decision Making Business Case 	<table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td>Blue</td> </tr> <tr> <td>Q4 2022/23</td> <td>Blue</td> </tr> <tr> <td>Q4 2022/23</td> <td>Blue</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Blue</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Blue</td> </tr> <tr> <td>Q2/Q3 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Blue</td> </tr> <tr> <td>Q1 2023/24</td> <td>Blue</td> </tr> <tr> <td>Q3/4 2023/24</td> <td>Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Q4 2022/23	Blue	Q4 2022/23	Blue	Q4 2022/23	Blue	Q2 2023/24	Green	Q1 2023/24	Blue	Q2 2023/24	Green	Q2 2023/24	Green	Q1 2023/24	Blue	Q2/Q3 2023/24	Green	Q4 2023/24	Green	Q4 2023/24	Green	Q1 2023/24	Blue	Q1 2023/24	Blue	Q3/4 2023/24	Green	<ul style="list-style-type: none"> Change in national policy Delays in legislation. Operational pressures and demand affecting opportunity to engage. Uncertainty / apathy from staff. Lack of staff engagement if not the option they are in favour of. Out of Hospital enablers and interdependencies Ockenden 2 Report Combined winter pressures and cost of living impacts <p>Strategic Threats</p> <ul style="list-style-type: none"> Government legislative and regulatory changes. Change in local leadership meaning priority changes. Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users. Creation of Placed based partnerships Strategic Capital allocation
Quarter / Year	Assurance																																	
Q4 2022/23	Blue																																	
Q4 2022/23	Blue																																	
Q4 2022/23	Blue																																	
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<p>Gaps in Controls</p> <ul style="list-style-type: none"> A shared vision for the HAS programme is not understood across all staff/patients and partners Link to SO3 - 3.2 re: Capital Investment 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Feedback from public, patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes. Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time. Alignment of strategic capital Alignment to a System wide Out Of Hospital Strategy and ICS Strategic workforce planning 	<p>Links to High Level Risks Register</p>	<p>Future Opportunities</p> <ul style="list-style-type: none"> Clinical pathways to support patient care, driven by digital solutions. Closer ICS working. Provider collaboration. System wide collaboration to meet control total. HAS Programme Joint workforce solutions inc. training and development Humber wide 																															

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.4: To offer care in estate and with engineering equipment which meets the highest modern standards.

Risk to Strategic Objective 1 - 1.4: 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.

	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)			
Consequence	5	5			5	Date of Assessment: 6 June 2023 (Trust Board)		Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Estates and Facilities Strategy, Clinical Strategy, Digital Strategy	
Likelihood	4	4			4	Reviewed: 7 July 2023		Risk Owner: Director of Estates and Facilities		
Risk Rating	20	20			20					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks												
<ul style="list-style-type: none"> • Audit Risk & Governance Committee • Finance and Performance Committee • Capital Investment Board • Six Facet Survey - 5 years • Annual AE Audits • Annual Insurance and External Verification Testing • Estates and Facilities Governance Group • Trust Management Board (TMB) • Project Boards for Decarbonisation Funds • BLM Capital Group Meeting • PAM (Premises Assurance Model) • Specialist Technical Groups 	<p>Positive:</p> <ul style="list-style-type: none"> • External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts • Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) • PAM <p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Finance and Performance Committee, Audit Risk & Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation • PAM • Non Executive Director Committee Chair Highlight Report (bi-monthly) to Trust Board • Executive Director Report (6 monthly) to Trust Board • Specialist Technical Groups <p>External:</p> <ul style="list-style-type: none"> • External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts • Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) • ERIC (Estates Return Information Collection) 	<p>Action</p> <ul style="list-style-type: none"> • Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date: ongoing • Secure sufficient Core Capital Funding to ensure the infrastructure, engineering and equipment needs identified in the 6 facet survey can be managed appropriately. • Complete refurbishment of old DPOW ED (programme slipped - new completion date Dec 2023) • Complete refurbishment of old SGH ED (completion end of Q4) • Complete BLM 23/24 programme 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: center;">Assurance</th> </tr> <tr> <td>Ongoing Actions</td> <td style="text-align: center; background-color: green;">Green</td> </tr> <tr> <td>Ongoing Actions</td> <td style="text-align: center; background-color: red;">Red</td> </tr> <tr> <td>Q3 2023/24</td> <td style="text-align: center; background-color: red;">Red</td> </tr> <tr> <td>Q3 2023/24</td> <td style="text-align: center; background-color: red;">Red</td> </tr> <tr> <td>Q4 2023/24</td> <td style="text-align: center; background-color: orange;">Amber</td> </tr> </table> <p>• COVID-19 future surge and impact on the infrastructure</p> <ul style="list-style-type: none"> • National policy changes (HTM / HBN / BS); Ventilation, Building Regulation & Fire Safety Order • Regulatory action and adverse effect on reputation • Long term sustainability of the Trust's sites • Clinical Plan • Adverse publicity: local/national • Workforce - sufficient number & adequately trained staff • Without significant investment future BLM will increase (BLM figures for 2019/20 = £97M circa, and BLM figures for 2020/21 increased to circa £107M, 2022/23 Six Facet = £117m) 	Quarter / Year	Assurance	Ongoing Actions	Green	Ongoing Actions	Red	Q3 2023/24	Red	Q3 2023/24	Red	Q4 2023/24	Amber
Quarter / Year	Assurance														
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Q3 2023/24	Red														
Q4 2023/24	Amber														
Strategic Threats															
<ul style="list-style-type: none"> • Integrated Care System (ICS) Future Funding • 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 • The above prevents changes being made which are aligned to organisational and system priorities • Government legislative and regulatory changes <p>The Critical Infrastructure Risk (CIR) is 74% of the total BLM. The breakdown of the CIR % per site is detailed below:</p> <ul style="list-style-type: none"> -Grimsby 21% CIR of the BLM -Goole 11% CIR of the BLM -Scunthorpe 42% CIR of the BLM 															

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> • Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR • Insufficient Capital funding 	<ul style="list-style-type: none"> • Integrated Performance Report - Estates and Facilities (development in progress) 	<ul style="list-style-type: none"> No 1620, Medical Gas Pipeline System = 20 No 2038, Fire Compliance = 20 No 2623, Failure of windows - Trustwide = 20 No 2088, Building Management Systems (BMS) Controller failure/upgrade = 20 No 2719, Water Safety Compliance-Overized water distribution pipes = 20 No 2951, Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide = 20 No 2655, SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers = 20 No 3015 Insufficient estate resources to manage the workload demand - Trustwide = 20 No 1774, Poor condition of Fuel Oil Storage Tanks - SGH = 16 No 2035, Equality Act 2010 compliance - Trustwide = 16 No 2272, EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide = 16 No 2905, Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW = 16 No 2952, Water Safety Compliance: Fire ring main - Trustwide = 16 No 2953, Water Safety Compliance: Sensor taps - Trustwide = 16 No 2959, Replacement/Repairs of flat roof - Trustwide = 16 No 2036, Ventilation and Air Conditioning - HVAC - Trustwide = 15 No 2955, Med Gas; Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - Trustwide = 15 	<ul style="list-style-type: none"> • Closer ICS working. • Humber Services Review and programme. • Provider and stakeholder collaboration to explore funding opportunities. • Expression of Interest submitted for New Hospital Programme (NHP) • PSDS 4 submission • Feasibility of District Heating network for DPOW

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.5: To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.

Risk to Strategic Objective 1 - 1.5: 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.

	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Audit, Risk and Governance Committee / Trust Board	Enabling Strategy / Plan: Digital Strategy
		Q1	Q2	Q3	Q4					
Consequence	3	3				3	Reviewed: 10 July 2023	Risk Owner: Chief Information Officer		
Likelihood	2	2				2				
Risk Rating	6	6				6				

Current Controls	Assurance (Internal & external)	Planned Actions	Future Risks														
<ul style="list-style-type: none"> Finance and Performance Committee Up to date Digital / IT policies, procedures and guidelines Digital Strategy Board Digital Solutions Delivery Group Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation. Audit Risk & Governance Committee (including external Auditor reports) Annual Penetration Tests Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication Trust Management Board (TMB) 	<p>Internal:</p> <ul style="list-style-type: none"> A Digital Strategy Board reviews progress of the plans to achieve the strategy Highlight reports to Trust Board, Audit Risk and Governance Committee, Finance and Performance Committee and TMB Digital / IT Policies all current CIO/Executive Director Report (6 monthly) to Trust Board Digital / IT Policies all current Consolidated digital services leadership team (Chief Technology Officer, Deputy CIOs and Chief Medical Information Officer, Chief Nurse Information Officer, Chief AHP and Nursing Info Officer) <p>External:</p> <ul style="list-style-type: none"> Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021. Significant Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Risk Moderate, High Assurance, 2023 <p>Positive Assurance:</p> <ul style="list-style-type: none"> 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 reporting. Significant Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Risk Moderate, High Assurance, 2023 	<p>Action</p> <ul style="list-style-type: none"> Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Pkcs Accreditation. Work is being undertaken to target specific gaps which were undelivered by Q4 2022/23. IPR - further review of current the IPR to align with how the Group model evolves. (ie. adding digital, finance and estates) Secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Depending when NHSE EPR digitisation funding is made available. The Data Warehouse with core activity data sets will be completed and running on the new platform by May 2023 due to the rescheduling of the Lorenzo PAS go-live. (Undelivered by Q1 2023-24). Review recently submitted Digital Maturity Assessment when published as part of WGLL framework factor in any revision to strategic plans based on findings. Reconfiguration of local Digital Services functions commenced to move to group structure increasing resilience and its ability to deliver strategic change. 	<table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/24</td> <td>Amber</td> </tr> <tr> <td>Q2 2023/24</td> <td>Yellow</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q3 2023/24</td> <td>Green</td> </tr> </tbody> </table> <p>Strategic Threats</p> <ul style="list-style-type: none"> National policy changes in some cases in short notice, requiring revisions to work plan Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards 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 Ongoing financial pressures across the organisation Capital funding to deliver IT solutions and establish a 5 yr plan Government legislative and regulatory changes shifting priorities as the ICS continues to evolve 	Quarter / Year	Assurance	Q4 2023/24	Green	Q4 2023/24	Green	Q2 2023/24	Amber	Q2 2023/24	Yellow	Q2 2023/24	Green	Q3 2023/24	Green
Quarter / Year	Assurance																
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Q2 2023/24	Amber																
Q2 2023/24	Yellow																
Q2 2023/24	Green																
Q3 2023/24	Green																
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions. Achieve DSP Toolkit compliance - currently approaching standards. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Implementation of PAS and connection to Data Warehouse DSP Mandatory Training 	<p>Links to High Level Risks Register</p> <ul style="list-style-type: none"> No 2300, Insufficient processes in place to ensure records management /quality against national guidance. Gaps include: Limited application of a corporate records audit, not fully implemented IGA retention standards. = 16 	<p>Future Opportunities</p> <ul style="list-style-type: none"> Humber and North Yorkshire ICS, system wide collaborative working Clinical pathways to support patient care, driven by digital solutions Collaborative working with HAS, the Acute Care Collaborative and Integrated Care Partnership 														

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).

	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: NLAG Winter Planning and Potential COVID-19 Wave, Business Continuity Policy
Consequence	4	4			4	Reviewed: 5 July 2023		Risk Owner: Chief Operating Officer		
Likelihood	3	3			2					
Risk Rating	12	12			8					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																				
<ul style="list-style-type: none"> • Winter Planning Group. • Strategic Planning Group. • A&E Delivery Board. • Director of People - Senior Responsible Owner for Vaccinations. • Ethics Committee. • Clinical Reference Group. • Influenza vaccination programme. • Public communications re: norovirus and infectious diseases. • Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group. • IPC protocols implemented including mask wearing and rapid testing process • Patient Flow Improvement Group (PFIG) • Discharge System Improvement Group • Planned Care Improvement and Productivity (PCIP) • Industrial action planning (Strategic & Tactical Group) • Emergency Preparedness, Resilience and Response Steering Group • Bank Holiday Planning Group • Executive Led Bed Occupancy and Length of Stay Review 	<p>Internal:</p> <ul style="list-style-type: none"> • National and Regional exercises testing emergency plans, business continuity and planning assumptions (e.g. Artic Willow, Mighty Oak) • Business continuity management system and business continuity plans • Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, A&E Delivery Board, Clinical Reference Group, PFIG, Discharge System Improvement Group, PCIP, Strategic & Tactical Group, Emergency Preparedness, Resilience and Response Steering Group, Bank Holiday Planning Group, Executive Led Bed Occupancy and Length of Stay Review <p>Positive:</p> <ul style="list-style-type: none"> • Half yearly tests of the Major incident response cascades • Annual review of business continuity plans. • Internal audit of emergency planning and business continuity compliance 2022/23 rated substantial compliance <p>External:</p> <ul style="list-style-type: none"> • Emergency Planning self-assessment tool and peer review against the NHSE EPRR Core Standards rated substantial compliance • NHSE review of emergency planning self-assessment 2021/22 rated substantial compliance • Internal audit of emergency planning and business continuity compliance 2022/23 rated substantial compliance • EMAS Audit of Trust CBRNe/HAZMAT arrangements with no recommendations (2022/23) 	<p>Action</p> <ul style="list-style-type: none"> • Relaunch of loggist training and provision • Review of Evacuation Plan • Continuous Review of Evacuation Plan • Planning for and response to industrial action (multiple unions) • Inclusion of details of BC plans tested/implemented during exercises/incidents documented in reports. • Rolling Schedule of annual business continuity plans • Review of Major Incident Plan and Critical Incident Plan • Roll out of new Major Incident Triage Tool (MITT) • Flu / COVID Public Health campaign for Vaccinations <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: left;">Assurance</th> </tr> </thead> <tbody> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #ffc107; color: white;">Yellow</td> </tr> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #ffc107; color: white;">Yellow</td> </tr> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Ongoing</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Q2 2023/24</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Q4 2023/24</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> <tr> <td>Q3 2023/24</td> <td style="text-align: center; background-color: #28a745; color: white;">Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Ongoing	Green	Ongoing	Yellow	Ongoing	Yellow	Ongoing	Green	Ongoing	Green	Ongoing	Green	Q2 2023/24	Green	Q4 2023/24	Green	Q3 2023/24	Green	<ul style="list-style-type: none"> • COVID-19 surge. • Availability of clinical consumables, equipment and some medications post EU Exit. • Costs and timeliness of deliveries due to EU Exit. • Additional patients with longer waiting times RTT, Cancer and Diagnostics. • Increase in seasonal outbreaks (influenza, norovirus) impacting on bed capacity. • National industrial action within healthcare and other sectors impacting on workforce levels. • Increased risk of cyber attacks due to sanctions imposed on Russia. • Risk of energy supply disruptions over winter period.
Quarter / Year	Assurance																						
Ongoing	Green																						
Ongoing	Yellow																						
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Q2 2023/24	Green																						
Q4 2023/24	Green																						
Q3 2023/24	Green																						
			Strategic Threats																				
			<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"> • Capacity to meet demand (workforce). • Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into 2023/24. • Lower than expected uptake of influenza vaccination. 	<ul style="list-style-type: none"> • BC Plans that are tested or implemented during exercises/incidents are not specifically named or captured within reports to evidence testing. • Challenge in releasing workforce to attend specialist training (e.g. CBRN/HAZMAT). • Recruitment pipeline to address medical staffing shortfalls and reduce reliance on agency. • Recruitment pipeline to address nurse staffing shortfalls and reduce reliance on agency. 	<ul style="list-style-type: none"> • No 2562, Constitutional A&E targets = 20 • No 3164, Nurse staffing = 20 • No 2976, Registered nursing vacancies = 25 • No 3063, Doctor vacancies = 16 	<ul style="list-style-type: none"> • Closer Integrated Care System working. • Provider collaboration. • Participation in national, regional and ICS/LRF exercising and testing of emergency plans.

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.

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Workforce Committee	Enabling Strategy / Plan: People Strategy, NHS People Plan, Leadership Development Strategy			
		Q1	Q2	Q3	Q4								
Consequence	5	5			5								
Likelihood	3	4			3								
Risk Rating	15	20			15		Reviewed: 12 July 2023	Risk Owner: Director of People					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<p>Locally</p> <ul style="list-style-type: none"> Workforce Committee Audit Risk & Governance Committee Trust Management Board (TMB) PRIMS Nursing, midwifery & AHP recruitment and retention group Remuneration and Terms of Service Committee (RATS) Culture Transformation Board (CTB) & Culture Transformation Working Group (CTWG) Workforce Systems Group (Finance, HR and Operations) People Directorate - People Strategy Annual Delivery Implementation Plan 2023/24 Annual NHS staff survey and quarterly People Pulse <p>Regional and ICB</p> <ul style="list-style-type: none"> Humber and North Yorkshire (HNY) – ICB Strategic Workforce Group Humber Workforce Group ICB People Strategy HNY ICB HRD Group Yorkshire and North East – HRD Group <p>National</p> <ul style="list-style-type: none"> National HRD Forum NHS People Plan and People Promise NHS Employers Forum 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Workforce Committee, Audit Risk & Governance Committee, Trust Management Board, PRIMs, Recruitment and Retention Group, Workforce Development Portfolio Governance Boards, Culture Transformation Board, Workforce Systems Group, Remuneration and Terms of Service Committee. NHS People Plan, NLAG People Strategy and Implementation Plan reported to Workforce Committee. Workforce Integrated Performance Report Annual staff survey and people pulse results Medical engagement survey 2019 Non Executive Director Highlight Report to Trust Board Executive Director Report to Trust Board. <p>Positive:</p> <ul style="list-style-type: none"> IPR decreasing trends Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. <p>External:</p> <ul style="list-style-type: none"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. Minutes of Regional and ICB workforce groups Minutes of National HRD Forum and NHS Employers Forum 	<p>Action</p> <ul style="list-style-type: none"> Develop and care for our own staff to improve retention (People Plan 23/24) Develop the attraction and development of new staff (People plan 23/24) Continue to improve our culture and staff engagement (People Plan 23/24) 	<p>Quarter / Year</p> <ul style="list-style-type: none"> Q4 2023/24 Q4 2023/24 Q4 2023/24 <p>Assurance</p> <ul style="list-style-type: none"> Green Green Green <p> <ul style="list-style-type: none"> Pockets of low staff morale impacting turnover Seasonal illness may impact available workforce numbers National policy changes. Generational workforce : analysis shows significant risk of retirement in workforce. Change impact of HASR and Group plans on NLAG clinical and non clinical strategies. Reliance on international pipelines to reduced vacancy position. Further local succession planning and future talent identification required. <ul style="list-style-type: none"> Increased demand on people services due to significant volumes of staff recruitment - potential for delays Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda National strike action driven by pay detracts from local ability to deliver cultural satisfaction. </p> <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Workforce Integrating Care: Next Steps Future staffing needs / talent management

Gaps in Controls	Gaps in Assurance	Other Significant Risks & Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Attract, recruit, retain staff to work in the geographical area. Culture and staff engagement. 	<ul style="list-style-type: none"> Vacancy position remain high particularly in medical areas Agency spend remains high Turnover remains high. 	<ul style="list-style-type: none"> No 1851, Shortfall in Capacity within the Ophthalmology Service - 15 No 2550, Pharmacy Staffing = 15 No 2898, Medical Staff - Mandatory Training Compliance = 16 No 2960, Risk of inability to safely staff maternity unit with Midwives = 16 No 3015, Insufficient estate resources to manage the workload demand = 20 No 3045, Medical Workforce Vacancies in Gastroenterology = 16 No 3048, Challenges to recruitment of acute care physician vacancies in Acute = 16 No 3063, Doctors Vacancies within Medicine Division = 16 No 2976, High registered nursing vacancy levels = 25 No 3164, Nurse Staffing, high number of registered nurse and support worker vacancies = 20 No 3209, Risk to Junior Medical Cover - Recruitment Delays to Acute TG CT = 16 No 3217, Breast Imaging Workforce Depletion, and delays to deliver care occurring to cancer standards = 15 	<ul style="list-style-type: none"> Closer ICS working Provider collaboration International recruitment Place based educational collaboratives

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 and North Yorkshire Integrated Care System.

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, ICS
Consequence	5	5			5					
Likelihood	4	4			2					
Risk Rating	20	20			10					

Reviewed: 10 July 2023

Risk Owner: Chief Financial Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks								
<ul style="list-style-type: none"> Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital. National benchmarking and productivity data constantly reviewed to identify Cost Improvement Programme (CIP) schemes. Engagement with Integrated Care System on system wide planning Monthly ICS Finance Meetings Operational and Finance Plan 2023/24 Counter Fraud and Internal Audit Plans Trustwide Budgetary Control System 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Audit Risk & Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs, Monthly ICS Finance Meetings Non-Executive Director Highlight Report (bi-monthly) to Trust Board <p>Positive:</p> <ul style="list-style-type: none"> Internal Audit Reports - Internal Control - significant assurance <p>External:</p> <ul style="list-style-type: none"> Approval received at ICS Level for 2023/24 capital plan Internal Audit Reports - Internal Control - significant assurance Agreed Financial Plan at ICS Level for 2023/24 Monthly meetings with NHSE Regional Team as a successor to Financial Special Measures regime. 	<p>Action</p> <ul style="list-style-type: none"> There is specific workforce planning ongoing - linked to Workforce committee (refer to SO2) Review of nationally specified control actions currently underway with a view to introduction. Exercise to identify and complete CIP planning process also underway HAS business case planned to go to public consultation Develop workforce plans for non-registered nursing and medical staffing 	<p>Quarter / Year Assurance</p> <table border="1"> <tr><td>Q2</td><td>Green</td></tr> <tr><td>Q2</td><td>Green</td></tr> <tr><td>Q3</td><td>Green</td></tr> <tr><td>Q2</td><td>Red</td></tr> </table> <ul style="list-style-type: none"> COVID-19 further surges and impact on finance and CIP achievement Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme 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 Vacancy levels in medical and nursing driving an unplanned level of spend Inability to transform planned care pathways, including outpatient follow-ups and theatre productivity <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding Integrating Care: Next Steps System wide control total 	Q2	Green	Q2	Green	Q3	Green	Q2	Red
Q2	Green										
Q2	Green										
Q3	Green										
Q2	Red										
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities								
<ul style="list-style-type: none"> Cost Improvement Programme not fully formed. Delivery plan to support activity targets no fully formed. Clinical strategy required to inform Finance Strategy As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process Month on month adverse variants against operational budgets Inability to recruit and retain staff to meet financial planning assumptions Have we systems in place to facilitate level of recruitment Systems and processes in place to facilitate reduction in turnover rate Uncertainty of existing systems to recruit and retain staff. 	<ul style="list-style-type: none"> Trustwide Budgetary Control System, not working to deliver financial balance with current plans Recurrent delivery of Cost Improvement Programme Plan Management of financial risks arising from the lack of flow Individual organisational sustainability plans may not deliver system wide control total No assurance recruitment or retention will improve Not meeting productivity targets for theatres and outpatients 	<p>No 3162, quality of patient care and patient safety based on nurse staffing position and increase in use of bank and agency nurses and escalation beds = 20</p> <p>No 3174, Trust doesnot receive SystmOne information to be able to submit costs at a patient level as per mandatory requirements of NHSE = 15</p> <p>No 3202, Non-delivery of Medicine Divisional Finance CIP = 16</p> <p>No 3221, Badgernet Implementation, due to potential failure to obtain funding, may result in an adverse impact on patient safety and Trust reputation = 15</p> <p>No 3226, Risk of not being able to support delivery of new work relating to quality and audit workstreams, due to PAS/Lorenzo development freeze, may result in negative impact on patients quality of care and financial loss = 16</p>	<ul style="list-style-type: none"> Closer ICS working Provider collaboration and formation of the Group System wide collaboration to meet control total 								

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.
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Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, Humber Acute Services Programme/ Capital Investment EOI and potential SOC for NHP
		Q1	Q2	Q3	Q4					
Consequence	5	5			5					
Likelihood	3	3			3					
Risk Rating	15	15			15		Reviewed: 5 July 2023	Risk Owners: Chief Financial Officer and Director of Strategic Development		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks								
<ul style="list-style-type: none"> • Capital Investment Board (Internal Capital) • Trust (Internally) Agreed Capital programme and allocated budget - annual/three yearly • Trust Board • Trust Committee(s) in Common • ICS Strategic Capital Advisory Group • NHSE - HAS Assurance Reviews 	<p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Internal Trust Meetings <p>External:</p> <ul style="list-style-type: none"> • NHSE attendance at AAU / ED Programme Board • CIC Minutes • Place Boards 	<p>Action</p> <ul style="list-style-type: none"> • Develop Capital Investment Strategic Outline Case for development of SGH/DPoW • Review and seek if there are ways of applying for future rounds of PSDS funding • Develop a strategic capital planning framework aligned with joint Board and integrated Place Strategies <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: left;">Assurance</th> </tr> </thead> <tbody> <tr> <td>Q3 2022/23</td> <td style="background-color: blue; color: white; text-align: center;">Blue</td> </tr> <tr> <td>Q2 2023/24</td> <td style="background-color: green; color: white; text-align: center;">Green</td> </tr> <tr> <td>Q3 2023/24</td> <td style="background-color: yellow; text-align: center;">Yellow</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Q3 2022/23	Blue	Q2 2023/24	Green	Q3 2023/24	Yellow	<ul style="list-style-type: none"> • National policy changes - implications of three year capital planning • Lack of investment in infrastructure through Targeted Investment Fund (TIF) • Inability of Trust to fund capital through internal resource - potential lack of external funding sources • Inability of Trust to gain Capital Departmental Resource Limit (CDEL) cover for strategic capital investment if not on New Hospital Programme (NHP) • Not gaining a place on the NHP • Challenges with existing estate continue and significant issues remain with Backlog Maintenance (BLM), Critical Infrastructure Risk (CIR)
Quarter / Year	Assurance										
Q3 2022/23	Blue										
Q2 2023/24	Green										
Q3 2023/24	Yellow										
			<p>Strategic Threats</p> <ul style="list-style-type: none"> • ICS Capital Funding Allocations • Inability to gain national strategic capital through NHP • Inability to offset CDEL if non NHS funding sources used for capital investment 								

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> • Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend • Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability • Control environment may not be able to eliminate or reduce risk of estates condition in the short term 	<ul style="list-style-type: none"> • Assurance review process does not create a direct link to sources of strategic capital investment • ICS CDEL may not be sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providers 	<p>No 2775, Scunthorpe MRI scanner past end of 7 year life, lack of capital availability, impact will be reduced capacity to deliver scans for some cancer pathways = 20</p>	<ul style="list-style-type: none"> • Provider collaboration and use of Place based funding • Use of TIF, CDH and Towns Centre funds to support capital spend • System wide collaboration to major capital development needs. • Announcement of multi year, multi billion pound capital budgets for NHS • Gaining a place on the NHP

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 and North Yorkshire Integrated Care System (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.

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy, Clinical Strategy, Humber Acute Services Programme, Communications & Engagement Strategy
		Q1	Q2	Q3	Q4					
Consequence	4	4			4					
Likelihood	3	3			2					
Risk Rating	12	12			8		Reviewed: 5 July 2023	Risk Owner: Director of Strategic Development		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																		
<ul style="list-style-type: none"> Audit Risk & Governance Committee (ARGC). Trust Management Board (TMB). Finance and Performance Committee (F&PC). Capital Investment Board (CIB). HAS Executive Oversight Group. HNY ICS. ICS Leadership Group. Wave 4 ICS Capital Committee. Executive Director of HAS and HAS Programme Director appointed. NHS LTP. ICS LTP. NLaG Clinical Strategy. NLaG Membership of ICP Board NE Lincs. Committees in Common Acute and Community Collaborative Boards Clinical Leaders & Professional Group Council of Governors. Joint Overview & Scrutiny Committees MP cabinet and LA senior team briefings Primary/Secondary Interface Group (Northbank&Southbank) Place Boards 	<p>Positive:</p> <ul style="list-style-type: none"> HAS Governance Framework. HAS Programme Management Office established. HAS Programme Plan Established (12 months rolling). NHSE Rolling Assurance Programme - Regional and National including Gateway Reviews. Clinical Senate review approach and process Consultation Institute Review Place Boards and Place Working Groups established <p>Internal:</p> <ul style="list-style-type: none"> Minutes of HAS Executive Oversight Group, HNY ICS, ICS Leadership Group, Wave 4 ICS Capital Committee, ARG, F&PC, TMB, CIB, CoG Non Executive Director Committee chair Highlight Report to Trust Board Executive Director Report to Trust Board <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). NHSE Rolling Assurance Programme - Regional and National including Gateway Reviews. Councillors / MPs / Local Authority CEOs and senior teams Place Boards and Place Working Groups established Collaborative of Acute Providers Board 	<p>Action</p> <p>HAS Programme:</p> <ul style="list-style-type: none"> Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case Options appraisal for HAS Capital Investment to be approved Joint OSC - reviews NHSE Gateway review ICS Board approval Public Consultation Decision Making Business Case HAS Risk Workshop with ICB Executives (18 April 23) <p>Collaborative of Acute Providers:</p> <ul style="list-style-type: none"> Development of H&NY Planned Care Strategy/Framework <table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td>Blue</td> </tr> <tr> <td>Q1 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2/Q3 2023/24</td> <td>Green</td> </tr> <tr> <td>Q3/4 2023/24</td> <td></td> </tr> <tr> <td>Q1 2023/24</td> <td>Blue</td> </tr> <tr> <td>Q3 2023/24</td> <td>Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Q4 2022/23	Blue	Q1 2023/24	Green	Q2 2023/24	Green	Q2 2023/24	Green	Q2/Q3 2023/24	Green	Q3/4 2023/24		Q1 2023/24	Blue	Q3 2023/24	Green	<ul style="list-style-type: none"> National policy changes Delays in legislation Long term sustainability of the Trust's sites. Change to Royal College Clinical Standards. Capital Funding. ICS / Integrated Care Partnership (ICP) Structural Change. Ockenden 2 Report Combined winter pressures and cost of living impacts <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding. Failure to develop aligned system wide strategies and plans which support long term sustainability and improved patient outcomes. Government legislative and regulatory changes. Integrated Care: Next Steps and Legislative Changes. Strategic capital.
Quarter / Year	Assurance																				
Q4 2022/23	Blue																				
Q1 2023/24	Green																				
Q2 2023/24	Green																				
Q2 2023/24	Green																				
Q2/Q3 2023/24	Green																				
Q3/4 2023/24																					
Q1 2023/24	Blue																				
Q3 2023/24	Green																				
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities																		
<ul style="list-style-type: none"> Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities. Local Authority, primary care and community service, NED and Governor engagement / feedback (during transition) ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed. 	<ul style="list-style-type: none"> Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement. Lack of integrated plan and governance structure. Alignment with Out of Hospital strategies and programmes 		<ul style="list-style-type: none"> HNY ICS, system wide collaborative working. Clinical pathways to support patient care, driven by digital solutions. Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc. Acute and community collaborative. 																		

Strategic Objective 5 - To provide good leadership

Description of Strategic Objective 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.

Risk to Strategic Objective 5: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committees: Workforce Committee and Trust Board	Enabling Strategy / Plan: Trust Strategy, NHS People Plan, People Strategy, Leadership and Development Strategy
		Q1	Q2	Q3	Q4					
Consequence	4	4			4					
Likelihood	3	3			2					
Risk Rating	12	12			8		Reviewed: 12 July 2023	Risk Owner: Chief Executive		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Trust Board, Trust Management Board, Workforce Committee, PRIMS, Leadership and Culture Transformation Committee CQC and NHSE Support Teams Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments Development programmes for clinical leaders, ward leaders, VB Leadership Development, LIDA Communication with the Trust's senior leaders via the monthly senior leadership community event NHSE Well Led Framework PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement Joint posts of Trust Chair, Chief Executive, Chief Financial Officer, Chief Information Officer, Interim Chief People Officer, Interim Director of Strategic Development and Interim Director of Estates and Facilities with HUTH Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, Humber and North Yorkshire Integrated Care System. 	<p>Internal:</p> <ul style="list-style-type: none"> Leadership Strategy Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS, Leadership and Culture Transformation Committee. Trust Priorities report from Chief Executive (quarterly) Integrated Performance Report to Trust Board and Committees. Board and Committee meeting structures Workforce Implementation Plan report (includes development and leadership programmes) to Workforce Committee Senior Leadership Community presentation Trust Board - Well-Led assessments at Board Development <p>Positive:</p> <p>External:</p> <ul style="list-style-type: none"> NHS Staff Survey. CQC Report ICB Leadership forum 	<p>Action</p> <ul style="list-style-type: none"> Delivery against the Trust Leadership Strategy (2020 - 2024) <p>Quarter / Year Q4 (23/24)</p> <p>Assurance Yellow</p>	<ul style="list-style-type: none"> Funding for all leadership programmes is non-recurrent National policy changes. Impact of HASR and Group plans on NLaG clinical and non clinical strategies. <p>Strategic Threats</p> <ul style="list-style-type: none"> Non-delivery of the Trust's strategic objectives Higher turnover of staff due to poor levels of leadership CQC rating and recommendations Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives Failure to obtain support for key changes needed to ensure improvement or sustainability Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> No ongoing 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 		None	<ul style="list-style-type: none"> Closer Integrated Care System working Provider collaboration - particular focus on local education providers System wide collaboration to meet control total Group model and wider access to leadership development.

Board Assurance Framework - 2023 / 24

Red	Action rated red means the action is off track, with no mitigation and pose a significant risk to the delivery of the strategic objective
Amber	Action rated amber mean it is in progress, but off track with, no mitigation and could pose a risk to the strategic objective being delivered
Yellow	Action rated yellow - in progress, off track, with mitigation, and could pose a risk to the strategic objective being delivered
Green	Actions rated green mean they are on track to deliver.
Blue	Closed action which supports the progress towards the delivery of the strategic objective

Number	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Specialty	Risk Rate Score	Next Review Date	Control Details	Gaps in Controls	Control Assurance
1620	11/04/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Med Gas: Medical Gas Pipeline System, Mark 4 bedhead terminal outlets - Trustwide	There is a risk of losing bed head medical gases due to Mark 4 medical wall terminals outlets (Oxygen, Vacuum Medical Air, Nitrous Oxide) being obsolete with limited spare parts due to damage caused through clinical activity. The loss of medical gas pipeline behind the bedhead terminal outlets at SGH & GDH, could result in loss of oxygen supply and suction ability to an entire ward for an extended period time.	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Estates - Med Gas	20	01/10/2023	Ongoing monitoring of alarms.	Limited spares availability.	Approved ISO9001 contractor and QC pharmacist and access to limited terminal spares through approved spares supplier.
1774	05/06/2014	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Poor condition of Fuel Oil Storage Tanks - SGH	If the Trust lost gas supplies to the SGH site the boilers would have to be fuelled by oil. The material state of the oil storage tanks has resulted in the oil being contaminated and if called upon, could damage the boilers. The strategic risk are the boilers failing to provide heat and hot water due to main hospital site.	Simon Tighe	Scunthorpe General Hospital (S)	Estates and Facilities	Estates - Heating/Ventilation	16	01/10/2023	Emergency generator fitted with own fuel supply.	No replacement plan for SGH.	External condition report.
1851	28/04/2015	30/09/2023	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbour	Clinical	Shortfall in Capacity within the Ophthalmology Service	The current risk, is the capacity does not meet the demand and the service is unable to meet this. Therefore, this impacts on ability to see patients within the clinical time scales.	Jennifer Orton	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Ophthalmology	15	01/10/2023	Work with the ICB to secure additional capacity in the independent sector.	Recent investment will not mitigate the shortfall in capacity	No data
2035	04/09/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Equality Act 2010 compliance - Trustwide	The Trust has received numerous claims for slips, trips and falls from the state of the Trust's roads, pathways and corridors. These both damage the Trust's reputation and lead to financial loss. A number of facilities are non-compliant with current regulations which may result in patients and staff being unable to move through the hospital sites safely and with dignity and respect.	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Health & Safety	16	01/10/2023	Estates continually monitor the condition of the roads and pathways, repairing potholes as required. Larger resurfacing scheme are limited to BLM or other capital works funding when available.	Currently none, funding is required to provide adequate assurances. Staff to be made aware of the hazards of parking and moving around this area, as the site is not designated a car park.	The current control measures are not effective, it would need the "car park" to be closed to prevent further incidents.
2036	12/04/2023	19/06/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Ventilation and Air Conditioning - HVAC - Trustwide	There is a risk of failure of the heating and ventilation system due to aged infrastructure resulting in a negative impact on the effective delivery of patient care and pose a risk to the Trusts elective recovery plan in critical areas; theatres, ITU etc...	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Estates - Heating/Ventilation	15	01/10/2023	Planned preventative maintenance (PPM) in place for inspection and maintenance of all ventilation plants.	Limited BLM funding resulting in no long term replacement plan. Capital plan 22-25 capture theatre upgrades	Validation and flow checks carried out by 3rd party accredited contractor.
2038	23/12/2022	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Health & Safety	Fire Compliance	There is a risk failure of the fire alarm resulting in failure to detect fire/smoke leading to fire taking hold and hence possible serious harm and/or loss of life of patients and staff.	Simon Tighe	Scunthorpe General Hospital (S)	Estates and Facilities	Fire Safety	20	01/10/2023	Compliance Department have dedicated H&S/Fire staff resource.	No data	No data
2088	28/02/2023	30/09/2023	To provide care which is as safe, effective, accessible and timely as possible	Buildings, Land and Plant	Building Management Systems (BMS) Controller failure/upgrade	There is the risk of failure of elements of the Building Management Systems (BMS). The BMS is the trusts advanced warning system which adjusts and controls the sites ventilation, heating and hot water services, therefore, temperature control of both the hospital environment and water systems could become significantly compromised.	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Estates - Building Management	20	01/10/2023	Continued monitoring of the system for operation (by Estates Staff).	Reactive to ongoing BMS failures. Current BMS runs on outdated windows 7 support system. Cyber security risk and patch update	There are limited assurances on controls highlighted by continued BMS failures.
2244	20/06/2017	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Overall Performance: Cancer Waiting / Performance Target 62 day	Failure to treat patients within tWT (62 days) will result in poor patient experience and may have the potential for clinical harm in some specialties. The Trust consistently achieves the 14 day and 31 day standards. The likelihood of continuing to not achieve the 62 day standards is high due to some elements of the diagnostic or staging pathway being outside of the control of NLAG and sitting with the tertiary provider. Risk register also relates to Risk ID 2008.	Abolfazl Abdi	Trustwide - All Sites (DPoW, S)	Chief Operating Officer	Cancer Services	16	06/10/2021	(1) Weekly Cancer RTT waiting time meeting to challenge and review all cancer PTLs (62 day 1st, screening, consultant upgrade, 31 day 1st, subsequent surgery, subsequent drugs) (2) Automated RAG rated PTL (updated twice daily to reflect current position and available to all Divisional Managers). (3) 62 day Cancer Improvement Plan has translated into the Cancer Transformation Programme (2 year programme commencing 2021) (4) Cancer performance/ backlog is reported weekly to Operational Management Group (5) Improved visibility on all aspects of cancer pathways through the Cancer Power BI Performance report (which is updated daily and available to all Divisional Managers/clinicians). (6) Cancer Trackers attend Divisional Huddles in some specialties (Colorectal/Gynae) as a point of escalation. (7) A trust-wide clinical harm review process is in progress	Failure to treat patients within Cancer Waiting / Performance Target 62 day may result in poor patient experience and potential harm	62 day backlog and 104+ days waits monitored weekly at Operational Management Group
2245	20/06/2017	31/03/2024	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Overall Performance : Non compliance with RTT incomplete target	Given our current operating models, there is a risk that there is insufficient capacity to meet demand in a number of specialties which risks the RTT position and potential for adverse patient impact. Potential for 52 week breaches and potential to not meet current 40 week maximum RTT target This could result in clinical harm	Mathew Thomas	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Surgery (All)	16	22/09/2023	(1) Capacity & demand plans have been developed for all specialties as part of the business planning 22/23 which highlight our risk specialties and gap between capacity and demand, use of the IST tool working with NHSI and strategy and planning.	Data quality and validation of clock stops.	Currently covering all clinics and wards with the use of agency and locums to mitigate the risk of rota gaps. North East Lincs and N Lincs council of members routinely review the data published.
2272	25/09/2017	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Environmental	EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide	There is a risk that the EHO could instruct that the ward based kitchen is unfit for food preparation and issue a prohibition notice which would prevent food/drink being prepared on ward areas. This would result in a delay to patients receiving food and drink.	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Catering	16	01/10/2023	1) Food preparation boards, minimal ward based food preparation of low risk food. Hazard Analysis of Critical Control Points HACCP. 2) Ward refurbishment programme 3) Quality Matron Environmental Audits 4) Flo-audits	Funding for major ward refurbishments.	Funding for major ward refurbishments. EHO currently assess each site and awards cleanliness standard up to and including 5*, these outcomes are for public communication and awareness.

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2300	07/12/2017	31/12/2023	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Information Governance	Insufficient processes in place to ensure records management /quality against national guidance	The Trust has insufficient processes in place to ensure records management / quality against national guidance. Gaps include: Limited application of a corporate records audit, not fully implemented IGA retention standards.	Christopher Evans	Trustwide - All Sites (DPoW, S	Digital Services	Information Governance	16	12/08/2023	Oversight by Trust's IG Steering Group and is managed via the Group's Action Log which is reviewed monthly.	None	The IG Steering Group monitor the progress of this actions
2347	24/11/2022	31/03/2023	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbour	Clinical	Risk to Overall Performance : Overdue Follow-ups	There is a risk that there is insufficient capacity to meet demand in a number of specialities which risks overdue follow up position deteriorating Failure to review patients in clinically specified timescales.	Mathew Thomas	Trustwide - All Sites (DPoW, S	Directorate of Operations	Surgery (All)	15	22/09/2023	Specialities have developed recovery plans in all areas	Potential clinical harm due to lack of appointment capacity.	Cap & demand plans for the trust top 8 specialities are reviewed by the Planned Care board. Currently covering all clinics and wards with the use of agency and locums to mitigate the risk of rota gaps. North East Lincs and N Lincs council of members routinely review the data published. Clinical harm review progress report to S&CC Board; Planned Care Board and Trust Board. Fail safe officers in post to ensure Wet AMD patients are on a separate PTL. Risk stratification of outpatient follow up PTL. No harm from risk stratification.
2550	27/01/2023	30/09/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Staffing Levels & HR	Pharmacy staffing	Due to the number of vacancies and maternity leave at this time, the clinical pharmacy service is unable to maintain its current level of service delivery. The impact on service delivery is likely to be in effect for a number of months. The service has been recruiting to posts and continues to do so. Within the pharmacy workforce the applicants have been primarily from pharmacists due to qualify in August therefore resulting in a short term gap as staff have left now and will be replaced in August. With the pharmacy technician workforce multiple attempts have been made to recruit to fixed term and permanent posts with little success.	Simon Priestley	Trustwide - All Sites (DPoW, S	Chief Operating Officer	Pharmacy	15	24/09/2023	We are trying to source locum cover for both pharmacists and technician posts but have had minimal response from locum agencies. We are working with existing staff to offer bank contracts and additional shifts, again with minimal uptake.	Difficulty recruiting permanent and locum staff. Difficulty retaining staff. Difficulties continue with finding and appointed appropriately experienced locum pharmacists. Situation not helped by current high cost locum rates (£40-£50 per hour) in community making hospital work financially unattractive)	We will have 1x locum pharmacist commencing on the Scunthorpe site in August 2022 for minimum of 3 months.
2562	13/01/2023	01/04/2024	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Failure to meet constitutional targets in ECC	Due to a high level of demand at the front door and challenges with patient flow through the hospital, ED waits are a challenge which has an adverse effect on patient safety. Risk that the Trust's 4 hour A&E performance target may not be achieved and that 12 hour trolley breaches may occur. Due to a high level of demand at the front door and challenges in patient flow through the hospital, ED waits are an ongoing challenge, which has an adverse effect on patient safety.	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Emergency Care	20	06/09/2023	<ul style="list-style-type: none"> - Daily Operations Centre Meetings - Establishment for medical staffing in ECC increased to 14 Consultants, 12 Middle Grades, 10 Juniors - Additional consultant coverage up to midnight on shop floor 7 days a week to ensure compliance with RCEM guidance - Additional 3rd middle grade shift overnight 7 days a week to support operational pressures - Daily analysis of challenges and performance Update: 18.08.21 * ECIST support provided and action plan produced * Implemented NHS 111 First Initiative * EMAS direct streaming to SDEC now providing an alternative to going through ED and improving the patient experience * EMAS patient self-handover protocol now in place allowing ambulance crews to leave appropriate patients at ED reception to end the handover and avoid delays * Frailty service at DPOWH went live on 12th May to reduce frail patients within ED and provide an improved pathway for the patients Update: 20.07.2021 * Senior Medicine Management oversight tiers implemented to improve support to ED and timely escalation Update: 09.11.2021 * New Urgent Care Service (UCS) model implemented at SGH from 18th October 2021 - phased approach to implementation due to need to build workforce numbers and clinical skills * Newly revised and relaunched IAAU/SDEC SOP to reduce barriers for patient pathway from ED and reduce patient wait times Update: 10.01.2022 * UCS model due to be implemented at DPOWH from 18th January 2022 Update: 10.03.2022 * UCS model implemented at DPOWH and sustaining 100% performance for this cohort of patients, with improved patient care and experience 	<ul style="list-style-type: none"> - Exit block from ED for admission due to lack of patient flow causing long delays for patients in ED - Medical staffing vacancies, sickness, and isolation resulting in over reliance on locum/agency doctors and junior skillmix - Nurse staffing vacancies, sickness and isolation resulting in unfilled nursing shifts and over reliance on agency nurses with less ED experience - Inappropriate attendances to ED due to lack of access to alternative, more appropriate services - Update = 02.03.2021 = COVID 19 has had and is continuing to have a significant impact on the Trust's ability to maintain its constitutional A&E targets, primarily due to maintaining the flow of patients requiring isolation beds, additional PPE and social distancing requirements and delays in diagnostics - Lack of physical capacity within the ED to see patients when exit block occurs resulting in long patient waits in ED and ambulance handover delays 	<ul style="list-style-type: none"> - Emergency Care Quality and Safety Meeting oversight - Medicine Governance Meeting oversight - Agenda item on PRM - Recruitment plans to recruit to medical staffing vacancies through new ED specific recruitment strategy - Additional medical staff booked by Trust to support covid implications and delayed patient stays within the ED - Additional HCA staff booked by Trust to support covid implications and delayed patient stays within the ED - Implementation of phase 1 of AAU in Nov 2019, followed by phase 2 of integrated AAU in Oct 2020 has improved SDEC provision and patient flow * D2A - audits. Update: 10.01.2022 * 12hr DTA Breach Validation to identify root cause of breach and to check whether patient harm occurred Update: 08.02.2022 * UCS pilots at each site are showing improvements in patient care, experience and performance against the 4 hour target
2592	17/09/2019	31/01/2024	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbour	Clinical	Risk to Overall Performance: Cancer Waiting / Performance Target 62 day	Failure to treat patients within the cancer waiting times may result in poor patient experience and potential clinical harm. Risk register also relates to Risk ID 2244.	Jennifer Orton	Trustwide - All Sites (DPoW, S	Directorate of Operations	Cancer Services	16	22/09/2023	Weekly Cancer RTT waiting time meeting to challenge and review the PTL.	Failure to treat patients within Cancer Waiting / Performance Target 62 day may result in poor patient experience and potential harm.	104+ waits are reducing week on week, clinical harm review being undertaken on all 104+ patients.

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2623	28/02/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Health & Safety	Failure of windows - Trustwide	There is the risk of patient harm due to failing aged windows and window restrictors supported by DoH Alert EFA/2013/002. Many of the windows are the original windows installed (in excess of 40 years) and do not meet HBN 00-10 Part D: Windows & associated hardware requirements, which is retrospectively applied.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates - Buildings	20	01/10/2023	Periodic planned maintenance.	Due to the windows been in poor state it is difficult in determining when these could fail.	Labour management system
2655	11/04/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers	Risk is loss of heating and hot water on site. The steam raising boilers are 31 years old and could fail. Boiler failure would result in SGH closing down all clinical services until temporary boilers could be connected to site.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates - Heating/Ventilation	20	24/08/2023	The management of the energy centre (steam boilers) is outsourced to Equans.	Equans contract has expired. Renewing annually.	Adhoc repairs are effective. No significant loss of service.
2719	22/02/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety - Oversized water distribution pipes	There is the risk of micro bacterial water infections from under utilised water services due to legacy oversized water distribution pipework which could result in patient(s) contracting infections whilst in hospital.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates - Water	20	25/08/2023	Risk assessments undertaken at two yearly intervals by external competent specialist contractors.	Lack of funding for infrastructure upgrading.	Hydrop defect portal giving real time data on progress of defects.
2755	11/07/2023	30/09/2023	To offer care in estate and with equipment which meets the highest modern standards	Equipment	SGH MRI scanner past end of 7 year life	Cause - due to lack of capital availability, the existing Scunthorpe MRI Scanner (scanner 1) has passed the 7 year life expectancy. Risk - there is potential for increased breakdowns due to its age which will impact on service delivery. This is the only scanner in the Trust able to deliver a full range of examinations. Update 2/6/21 this is no longer the only scanner able to deliver these examinations. Impact - is that should the scanner fail, then NLAG will have reduced capacity to deliver MRI scans for some cancer pathways.	Ruth Kent	Scunthorpe General Hospital (S	Directorate of Operations	Radiology - MRI	20	22/09/2023	Fully comprehensive OEM maintenance contract in place to support timely response to breakdowns. No end of life notice served as yet, meaning that parts remain available for this scanner. Scanner now down - environmental issues not covered by PM contract - not economically viable for repair	Scanner now down - environmental issues not covered by PM contract - not economically viable for repair	No data
2773	23/08/2023	01/04/2024	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk of clinical harm in Radiology due to lack of scanning and clinical capacity	Cause - Lack of scanning capacity is leading to a risk of delayed diagnosis Impact - inability to deliver timely diagnostics for patients on diagnostic pathways, and lack of clinical capacity & agreed pathways is impacting on ability to perform harm reviews. The impact of this is failure to meet waiting times standards, leading to an increased risk of clinical harm.	Ruth Kent	Trustwide - All Sites (DPoW, S	Directorate of Operations	Radiology	16	22/09/2023	Risk stratification process agreed with groups. Escalation process reiterated to clinical administration staff Monitored via activity meetings and updated via RMT Close working with operational management team, heads of service and clinical leads where appropriate to agree booking priorities Waiting lists recovering since new scanners opened. CT & MRI not triggering waiting list validation according to national guidance. Non obs ultrasound has become a concern - separate risk has been added for this.	Clinical framework for appointing within current capacity	Monitored and update via COVID-19 management meeting. Added to action plan and risk log of above meeting. Discussed at Trust level Recovery plans and increasing capacity to support reduction of waiting lists
2898	14/03/2023	01/12/2022	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Staffing Levels & HR	Medical Staff - Mandatory Training Compliance	Mandatory Training compliance for medical staff. There is a risk to patient safety if medical staff do not complete their mandatory training before each element has expired. Due to the volume of doctors demonstrating low compliance across all grades, this has impacted upon the divisional CQC improvement plan.	Asem Ali	Trustwide - All Sites (DPoW, S	Directorate of Operations	Medicine (All)	16	21/09/2023	* Feb Data - Core: 63% Role Specific: 52%. * Rota Coordinators providing more directed support to all level doctors across Medicine to allocate/support training time for them to complete MT * MT raised at SMT, Board Meetings, Workforce SMT and separately at AGM/Specialty/Clinical Lead/Line Manager Level * Workforce Development plans are being developed for each Specialty within Medicine which is being supported by the Medicine Quad, HRBP and AGM down to Clinical Leads. * Reviewed at Divisional Workforce Meeting Updated - 14.03.22 Identification of 2 least compliant staff members in each area each month and target set for compliance to be met HRBP meeting monthly with the rota co-ordinators to identify 10 least compliant doctors and allocate time on the roster to complete Divisional Clinical Leads to work with divisional SMT to develop recovery plans for their specialities Training incorporated at the Quality & Safety meetings Individuals with low compliance being contacted and targets for completion set on-going at ward review meetings Linking in with course leads to look at prioritisation and alternative ways of completing training e.g. targeted cohorts New rotational doctors commenced training prior to starting in post	Potential failure to meet CQC requirements Staff not adequately trained with potential to impact on patient care and staff H&WB	* Report collated by HR Business Partner. * Improvement plan led by AMD / ACOO. * Compliance monitored at Divisional Board / Divisional Governance Meetings. * Reviewed at Divisional Workforce Meeting * Reported via Performance Review Meetings.

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2905	07/04/2021	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW	There is a risk that the following areas may not be able to receive essential supply of electricity in the event of a power failure due to the age of generator (1979). This will affect clinical procedures and potential persons within the lifts becoming trapped, therefore directly affecting patient safety. - Ramp Plant Room (Med Gas Compressors +) - Theatre Plant Room (All Theatres) - Lifts - LT and I.T Server - X-RAY - Theatres - Pathology If this risk materialises, the hospital would need to close	Simon Tighe	Diana, Princess Of Wales Hospi	Estates and Facilities	Estates - Electrical	16	24/08/2023	Monthly test to start and run Diesel Generator for a period of 90mins	Non-compliant with HTM 06-01;17.88 Maintenance programmes should include a longer test run to establish the generator Engine's mechanical performance. A test to prove the generator engine's condition up to 110% full load should be carried out annually. The period of the test should be not less than 3 hours and ideally 4 hours. The Trust is currently only able to conduct an 80% max load test. Tests can currently only be ran for a period of 90 minutes. Potential frailty of equipment was highlighted in the 2019 Load Bank Test as it damaged a Cooling Pump & Radiator on a similar set. Non-compliant with BS7671:2018:414.2.1 Live parts shall be inside enclosures or behind barriers providing at least the degree of protection IP2X	Minor and major equipment services logged in compliance folders.
2949	12/05/2023	31/03/2023	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Oncology Service	As part of the ongoing Oncology HASR work, a joint risk register has been created to capture all potential risks and their mitigating actions. The below are jointly reviewed at the weekly NLaG & HuTH Oncology meeting: 1)NLaG Waiting times for Oncology patients are longer than expected due to absence of Consultant Oncologists at HuTH. Concerns escalated by Surgery Division at NLaG regarding Urology Cancer waiting times and delays to treatment of patients. 2)NLaG Matron has flagged as a serious risk, that inpatient chemotherapy can no longer be delivered on Amethyst due to a shortage of chemotherapy nurses at DPoW and difficulties in training new chemotherapy nurses.	Jill Mill	Trustwide - All Sites (DPoW, S	Directorate of Operations	Oncology	20	28/09/2023	1)Currently looking for locum consultants to back fill some of the work, and a locum SpD has been secured, starting week commencing 30/11/2020. Interviewing for a further 5 SpDs. 2)Ongoing work around the management of clinics including clinic redesign, telephone clinic management, practitioner support, adequate time slots etc. Support offered to all staff from management. 3)Covid19 steering group in place, with CSS Health Group and SS Division input into command structure. 7no. Covid19 + beds still in place on C30 and position monitored closely to establish requirements into the future. 4)Liaison between HuTH and NLaG Senior Management Leads to ensure oversight of the waiting times and actions to mitigate avoidable delays. Plan is to develop a single joint activity / waiting times report whic will be produced monthly and reviewed at the joint Oncology meetings. 5)Very small number of patients affected, who could be admitted at HuTH to receive inpatient chemotherapy delivery. 6)Where clinically appropriate, SACT delivery from Lloyds community infusion clinic to reduce demand on SGH dat unit. Consider reducing the number of days SGH day unit opens to consolidate staffing. Continue to access external Level 6 SACT training for RN on Amethyst Unit at DPOW to increase chemo trained workforce.	No data	* Risks reviewed weekly at the joint NLaG & HuTH Oncology meeting and updated accordingly.
2951	23/03/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide	There is the risk of failure of aged (40 years plus) Electrical and/or mechanical LV components which could cause power interruptions to key areas. The impact of such failure is for clinical departments to experience reduced capacity or ability to treat and/or carry out diagnostic investigations on patients, leading to possible harm. This risk became a tangible issue on Dec 22 when a power cable failed causing widespread power interruptions.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates - Electrical	20	24/08/2023	Monitoring switch gear regularly to ensure the situation is not deteriorating.	Lack of annual switching.	Periodic inspections carried out annually.
2952	04/08/2021	07/12/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance: Fire ring main - Trustwide	The fire ring main is legally required to serve only water services for fire fighting, the ring main has a number of building fed from it thus making it non-compliant with regulations and could lead to enforcement action by HumberSide Fire and Rescue Service.	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates - Water	16	24/08/2023	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.	No data	Hydrop defect portal giving real time data on progress of defects.
2953	22/02/2023	31/03/2026	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance: Sensor & Spray taps - Trustwide	Due to the installation of sensor and spray taps and the inability to flush for the required time period, there is the risk of legionella which could impact on the health of the building occupants (patients/staff).	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	Estates - Water	16	25/08/2023	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.	Linked to on-going refurbishment works.	Hydrop risk assessment report which identifies location of taps.
2955	24/05/2023	30/06/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Med Gas: Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - SGH	There is the risk of failure of the oxygen delivery system if the demand exceeds design capacity, which could result in loss of oxygen supply to patients causing the Trust to divert patients to neighbouring hospitals.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates - Med Gas	15	25/08/2023	Daily monitoring of the oxygen consumption.	No data	Medical Gas Policy DCP026
2959	12/04/2023	31/03/2024	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Replacement/Repairs of flat roof - Trustwide	There is the risk of failure of flat roofs across the sites. A number of roofs have failed across the site. Roofs of note include the SGH IT roof which houses trustwide servers and a roof over a new £1m MRI unit. A roof failure in either of these areas would result in significant risk to trustwide infrastructure and service delivery impacting elective recovery.	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	Estates - Buildings	16	25/08/2023	Staff report any roof leaks to the facilities department when they occur.	Limited BLM funding prevents full replacement of flat roofs and only enables patch repairs.	Document will provide targeted spend profile to minimise roof failure.

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2960	27/04/2022	30/11/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk of inability to safely staff maternity unit with Midwives	The risk is the potential inability to safely staff the maternity unit in order to provide care and treatment to a defined establishment due to sickness, Covid isolation and vacancies. If the staffing levels are reduced, this will impact on the ability to provide safe care to women and their babies, resulting in increased incidents and potential poor outcomes.	Nicola Foster	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Obstetrics / Maternity	16	01/09/2023	Daily staffing meetings for oversight of issues Thrice daily Operational meetings to escalate staffing issues SafeCare Live Process to escalate short staffing - request for bank staff / agency staff 24/7 theatre access is managed by surgery division Maternity Services Escalation Policy	Challenges in acquiring midwives via agencies due to limited numbers and trust location Acuity of unit changes requires demand for additional staff and difficult to plan	Any incidents relating to staffing compromise are monitored via weekly incident review meeting and any issues relating to safety being compromised are escalated at time of event.
2976	01/11/2022	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Staffing Levels & HR	Registered Nursing Vacancies	High Registered Nursing vacancy levels - a lower number in the UK market impacting upon the delivery of patient service, travel and accommodation issues causing some difficulties for international recruits.	David Sprawka	Trustwide - All Sites (DPoW, S)	People and Organisational Effe	Recruitment	25	20/09/2023	Funding accessed through NHSi to facilitate international recruitment providing additional pipelines.	No data	No data
3015	11/04/2023	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Staffing Levels & HR	Insufficient estate resources to manage the workload demand	Failure to recruit technical capital project team members to support current major capital project delivery programme which is impacting on the estates operational teams ability to deliver service level compliance, statutory requirements, and provide an environment that is fit for purpose. Compounding the risk is the limited (11 personnel) number of staff holding the duties of an Authorised Person (AP) for specialist engineering fields. Additionally, there has been an increase in claims being lodged in relation to areas where slips, trips and falls and statutory compliance is not being met. It is anticipated that this risk will be reduced in 24/25 when capital funding reduces. The impact to the Trust if not actioned; inability to meet statutory compliance, leading to potential prosecution for statutory non-compliance, lack of Engineer resources to complete mandatory work and project works, ineffective management of Pre-Planned Maintenance, ineffective management of water systems due to shortage of water APs (SOH), inability to complete emergency testing across main estates disciplines (electrical system emergency testing, ventilation multi-disciplinary emergency testing), ineffective management of the estates leading to reactive maintenance (firefighting), inability to implement proactive management systems (MICAD helpdesk), impact to patient safety, loss of workforce due to on-going work pressure and employee market shortage (supply/demand), reduced staff morale, inability to support wider project delivery, further degradation and serious incidents within the estates, loss of financial resources due to settlement of claims (majority of claims are under the excess levels so Trust would pay full cost), increase in overall BLM value (5 facet survey) due to limited resourcing levels in FY 21/22 & 22/23	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	Health & Safety	20	24/08/2023	Resources prioritized in a reactive manner	Minimal controls in place, competing priorities for both capital and operational compliance work, resulting in poor ability to manage both within either a safe or responsive realm.	Internal policies and procedures in place
3036	17/03/2022	30/06/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Risk to Patient Safety, Quality of Care and Patient Experience within ED due to LLOS	There is a risk to patient safety, quality of care and patient experience due to delayed admission to ward beds due to challenges with patient flow throughout the Trust.	Anwer Qureshi	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Emergency Care	16	22/09/2023	LLOS is monitored on an ongoing basis through the following meetings: Medicine Divisional Board Medicine Governance Daily Operation meetings Departmental Board rounds and Huddles ED 95% standard compliance	No data	No data
3045	16/03/2023	31/10/2023	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Medical Workforce Vacancies in Gastroenterology	Following departure of 2 consultants in Gastroenterology there is insufficient workforce to deliver the range of services. Resulting in: - Failure to meet constitutional targets (RTT & Cancer) - Delays in patients being seen both as inpatient & outpatients - Increased waiting times - Increase LOS - Failure to fulfil emergency GI Bleed Rota - Lack of training and supervision - Unable to provide a Barrett's oesophagus service and registry in the Trust for appropriate follow up of these patients. The patients with Barrett's are being managed by gastroenterology, surgery and even some patient's are with primary care.	Simone Woods	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Gastroenterology	16	06/09/2023	Staff on the GI bleed rota will travel to the opposite site where needed to attend a patient with a GI bleed or patient will be transferred to the alternate site for treatment if feasible.	When short notice leave applies this puts additional pressure on the current provision for the service	No data

Number	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Specialty	Risk Rate Score	Next Review Date	Control Details	Gaps in Controls	Control Assurance
3048	13/04/2022	30/11/2022	To provide care which is as safe, effective, accessible and timely as possible	Operational	Challenges to recruitment of acute care physician vacancies in Acute	This risk is to highlight the difficulties in workforce recruitment and the increased pressures on staff, which has been exacerbated by the Covid-19 We have vacancies for acute care physicians (ACP) Trust-wide and it is proving very challenging to fill these posts. The cause has been due to a national shortage of ACPs and lack of applicants for the posts when we have advertised them. The impact would result in failure to recruit the required ACPs and this will delay the planned expansion of acute medicine service with extended hours with senior clinician presence on the shop floor and could result in failure to launch phase 3 of the IAAU development plan for 2023. There is a risk that due to the pressures created by having less workforce and increased demands placed on services as a result of not having a balanced workforce, this may result in the current ACPs becoming exhausted, leading to gaps in rotas and therefore not sufficient senior medical staff to ensure quality and safety of patients. In addition, this may also result in doctors withdrawing from our hospitals, exacerbating staffing issues.	Anwer Qureshi	Trustwide - All Sites (DPOW, S	Directorate of Operations	General Internal Medicine	16	22/09/2023	Actively trying to recruit more clinicians through networks	No data	No data
3063	14/03/2023	31/03/2023	To provide care which is as safe, effective, accessible and timely as possible	Operational	Doctors Vacancies within Medicine Division	1.lack of substantive practitioners as a result of difficulties recruiting may lead to patient safety issues (lack of continuation of care due to the number of locums who may choose the leave at any time). 2. an increased financial burden for the Trust due to higher costs for locums (circa double the cost of Consultants on Trust contract). 3. There are fluctuating but significant number of vacancy posts required in Medicine.	Asem Ali	Trustwide - All Sites (DPOW, S	Directorate of Operations	Medicine (All)	16	28/09/2023	weekly workforce panel workforce SMT speciality business meetings review and oversight if data	development of speciality workforce plans	workforce panel workforce SMT Dv Board workforce improvement plan
3114	25/08/2023	31/05/2024	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Delays in Children being reviewed in DPOW Paediatric Endocrine Service	There is a risk that children do not receive the correct treatment or monitoring of their potential or actual endocrine condition, as a result of the large backlog of overdue appointments and repeated risk stratification. The cause of this risk is due to the Consultant for Endocrine, DPOW left service in September 2020 and the new Consultant didn't start in post until August 2021 which created a gap in provision and left the Endocrine Specialist Nurse to manage with the support from the SGH Endocrine Consultant. When the Consultant was in post prior to leaving she did 5 clinics per month each with 6 slots, and the SGH Consultant did a further 2.6 x per year there was a joint clinic with Sheffield Consultant for complex cases and those who required a review with an Endocrinologist. In addition to the above, the new Consultant requires time to develop their knowledge, skills and experience in caring for children with Endocrine conditions and is not in a position to run clinics independently in this speciality at present. The impact of this risk could lead to failure to treat and manage the child's condition lead to significant physical, mental, emotional and social issues and complications; that could be life limiting.	Vijayalakshmi Hebbar	Diana, Princess Of Wales Hospi	Directorate of Operations	Paediatrics	20	No data	Incident reporting	Children waiting for a clinical review beyond the national recommendations New Consultant requires time to develop experience, knowledge and skills to run independently the Endocrine clinic To address the backlog ad hoc additional clinics undertaken.	No data
3129	23/02/2023	No data	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Overdue follow-up and new patients waiting lists for Paediatric patients at SGH	There is a risk of possible delays in diagnosis and treatment for Paediatric patients who have been waiting for a long time, as a result of a backlog from the Covid 19 pandemic (clinics being cancelled and staff shortage/ sickness). This may lead to complications and side effects which can be avoidable if patients are seen on time.	Umaima Aboushoha	Scunthorpe General Hospital (S	Directorate of Operations	Paediatrics	15	08/09/2023	To risk stratify the cases overdue by 20 weeks and try to prioritise these patients.	Ensure patients are seen and safe.	Feeding into weekly performance and activity meetings. This is also being discussed / reviewed within the Teams. Discussed at PRIM.
3131	30/12/2022	No data	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Operational	Delay in assessments being carried out for children with health and educational needs (under 5 years of age)	There is a risk that children are not diagnosed in a timely manner to be able to put the appropriate support package in place due to the delay in assessment being carried out (currently a wait of 2 years).	Vijayalakshmi Hebbar	Diana, Princess Of Wales Hospi	Directorate of Operations	Paediatrics	16	23/08/2023	Working collaboratively with the ICB to put a plan in place to ensure the health assessments are carried out as quickly as possible and that parents are sign-posted to healthcare professional, GPs and health visitors.	Unable to proceed with increased capacity due to limited resources across health and education.	Issues are incident reported and specific issues will be addressed depending on the issue raised at the time of the incident. Complaints and PALS management.
3158	02/05/2023	30/06/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	(EPR) Badgernet - ability to view scans	There is a risk that Obstetricians will not have access to electronic scan reports when the new maternity services EPR (Badgernet) is implemented, as a result of the systems incompatibility with the current Viewpoint package, which may lead to an adverse impact on patient safety in terms of potential for high risk pregnancies.	Anthony Rosevear	Trustwide - All Sites (DPOW, S	Directorate of Operations	Obstetrics / Maternity	15	04/10/2023	MITS Project Board in place MITS Data Migration and Warehousing Strategy in place Digital Midwife and CNIO in place providing oversight EPR project management and digital projects development monitoring systems in place	Current incompatibility of procured IT systems	MITS Project Board

Number	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Specialty	Risk Rate Score	Next Review Date	Control Details	Gaps in Controls	Control Assurance
3161	17/08/2023	31/05/2023	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Clinical	There is a risk of patient deterioration not being recognised and escalated appropriately.	There is a risk that patients deterioration is not recognised and the recording and monitoring of NEWS is not consistently completed to guide further actions appropriate to the trust Deteriorating Patient Policy, including the use of risk assessments (Sepsis screening tool) to identify required clinical responses in a timely way.	Simon Buckley	Trustwide - All Sites (DPoW, S	Directorate of Operations	Nursing (All Specialities)	15	16/09/2023	1.Divisional progress against targets is monitored via the Deteriorating Patient & Sepsis Group.	No data	No data
3162	08/02/2023	31/05/2023	To provide care which is as safe, effective, accessible and timely as possible	Operational	Quality of Care and Patient Safety based on Nurse Staffing Position	The Registered Nursing vacancy position in Medicine, against current, agreed establishment creates significant issues with producing a robust nursing roster. Reliance upon a pipeline of Newly Registered Nurses and Internationally Educated Nurses creates skill mix issues when set against numbers of leavers. The Nurse vacancy position within Medicine has a direct impact on quality of care and patient safety. There is a finance risk associated with the use of Bank & Agency Nurses in order to fill the gaps in the rosters. Service developments and new build areas (IAAU/SDEC/ED's) and investment in the establishments required have increased demand for Bank/Agency and vacancy in substantively funded posts. Medicine are also staffing escalation beds which adds further risk. Patient harm, increased sickness, staff retention are possible outcomes as a result.	Simon Buckley	Trustwide - All Sites (DPoW, S	Directorate of Operations	Nursing (All Specialities)	20	16/09/2023	1.Recruitment pipeline for Internationally Educated Nurses Recruitment pipeline and engagement with newly registered nurses	Inability to safely redeploy	No data
3164	21/02/2023	31/03/2024	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce	Staffing Levels & HR	Nurse Staffing	There is a risk that the Trust will be unable to maintain safe nurse staffing levels as a result of the high number of registered nurse & support worker vacancies and ongoing requirement to support unestablished escalation beds, which may impact on the ability to maintain patient safety and delivery of high quality care, leading to poor patient and carer experience and reputational damage.	Eleanor Monkhouse	Trustwide - All Sites (DPoW, S	Chief Nurse	Nursing (All Specialities)	20	20/08/2023	SNCT acuity data collected twice a year with formal Chief Nurse establishment reviews undertaken annually	High number of nurse vacancies leading to shortage of nursing staff available to cover required shifts and reliance on bank and agency staff. Increased RN and HCSW turnover rates. Diversity of IEN pipeline and ability of ward to support high numbers of IENs due to impact on skill mix.	Nurse staffing dashboard accessible and contains KPIs re vacancy position, agency usage, nurse sensitive indicators etc.
3168	26/04/2023	29/09/2023	To provide care which is as safe, effective, accessible and timely as possible	Corporate Business	Newborn Hearing Screening Service cross-site (reduced management time / no management cover)	There is a risk that, when the local hearing screening manager is on leave or absent, there is no-one to carry out local hearing screening manager tasks which could result in a lack of service provision as there is no-one within the team who is trained to cover these duties. There is a risk that babies' screening may be missed or escalations may not be followed, if not managed timely, which may result in a late diagnosis of hearing loss. Management tasks for the QA / Public Health England will not be completed which could result in a delay in picking up gaps in the service and screener performance. If there is reduced capacity within the team, this also reduces the amount of time the local screening manager has for managerial tasks. There is also a risk of burnout to the team.	Vijayalakshmi Hebbur	Trustwide - All Sites (DPoW, S	Directorate of Operations	Newborn Hearing Screening	16	31/08/2023	Escalating to matrons (including the Antenatal and Newborn Screening Manager).	Escalation to highlight increasingly prominent risk. This has also been highlighted in the QA visit in September 2022.	No data
3174	22/03/2023	30/06/2023	To learn and change practice so we are continuously improving in line with best practice and local health population needs	Financial	National Cost Collection - patient level community data	Trust doesn't receive system one information to be able to submit costs at a patient level as per the mandatory requirements of NHSE/I.	Lee Bond	Trustwide - All Sites (DPoW, S	Finance	Finance	15	23/08/2023	regular contact with information department for progress updates	No data	escalation to internal digital management
3196	06/07/2023	31/08/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Breast Imaging Service loss of capacity	Due to the retirement of current Consultant Radiographic Practitioner at end of August 2023, there will be a loss in capacity for new and review symptomatic breast imaging, and a reduction in interventional capacity. This will impact on delivery of 2wv service, and delay patient pathways	Jennifer Orton	Diana, Princess Of Wales Hospi	Chief Operating Officer	Breast Diagnostics	15	22/09/2023	Advertisement out for replacement of this post	no respondents to first advert - re run for further 2 weeks, with support of TA team - still no response	No data
3201	28/06/2023	31/10/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Clinical Capacity within Colposcopy	There is a risk we are not meeting the national targets as a result of increase referrals which may lead to potential harm.	Anthony Rosevear	Trustwide - All Sites (DPoW, S	Directorate of Operations	Gynaecology	15	08/09/2023	All patients are currently being risk stratified	Due to the lack of capacity the national targets are unable to be met	No data
3202	07/07/2023	No data	To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value	Financial	Delivery of Balanced Financial position to include CIP savings	Non-delivery of Divisional Finance	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	Finance	16	16/09/2023	General Budgetary Financial Management - includes reporting , variance analysis & actors/recommendations	No data	No data
3204	28/06/2023	31/08/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Up to 1 year wait for new referrals to be seen by Consultant Paediatrician (single handed service) into the ADHD post diagnosis support service.	There is a risk that patients who are not seen in a timely manner in the post diagnosis support service will be unable to cope with their daily living activities (eg education - concentrating at school; socialising with friends; following routines and boundaries), especially if they require medication. This then impacts on family life.	Claire Shipley	Scunthorpe General Hospital (S	Directorate of Operations	Paediatrics	15	03/09/2023	Ongoing meetings (fortnightly) with Commissioning Manager for Children (NHS Humber & North Yorkshire ICB), Assistance General Manager and Lead Nurse for Paediatrics to discuss current status and ongoing action plan.	Informal meetings / not minuted.	No data

Number	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Owner	Site	Directorate	Specialty	Risk Rate Score	Next Review Date	Control Details	Gaps in Controls	Control Assurance
3209	11/07/2023	No data	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce	Staffing Levels & HR	Risk to Junior Medical Cover - Recruitment Delays to Acute TG CT	There has been a high number of TG CTs within Acute Medicine (Trust wide) leaving to undertake training posts. Delays in recruitment, along with higher than expected numbers leaving, running the risk of significant lack of cover in the department until new recruits are cleared to start	Muhammad Imtiaz	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Acute Medicine	16	01/10/2023	No data	No data	No data
3217	28/07/2023	01/08/2023	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Clinical	Breast Imaging workforce depletion	There is a risk of not offering essential breast imaging steps in patient pathways, due to retirement of the Breast Imaging Practitioner, resulting in the need to refer patients outside the Trust and delays to deliver care occurring to cancer standards.	Anthony Rosevear	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Breast Care	20	08/09/2023	Team attempting to keep 2ww performance good to avoid excess workload at the end of August 2023	No data	No data
3221	28/07/2023	31/08/2023	No data	Financial	Badger Net Implementation	There is a risk to the implementation of Badger Net, as the Maternity Services EPR, due to potential failure to obtain funding required to upgrade the power and networking to support the end user operability which may result in an adverse impact on patient safety and Trust reputation.	Anthony Rosevear	Trustwide - All Sites (DPoW, S)	Directorate of Operations	Obstetrics / Maternity	15	No data	Adequate monitoring systems in place through the groups which report to the MITS Project Board and Digital Maternity Group.	The Divisional Digital Maternity Group is due to start August 2023.	No data
3226	31/07/2023	31/08/2023	To provide care which is as safe, effective, accessible and timely as possible	Operational	Quality and audit monitoring and reporting impacted by information services PAS/Lorenzo development freeze	If the information services department are not able to maintain or support delivery of new work requests relating to quality and audit work streams such as National clinical audits, NCEPOD, quality priorities, mortality or CQUINs then the Trust will not be able to participate in national mandated reporting activities and will not be able to determine which areas of work are off track and which require targeted support to improve patient safety and quality. This may result in reputational damage to the Trust or financial loss and would negatively impact on patients quality of care.	Katherine Wood	Trustwide - All Sites (DPoW, S)	Chief Medical Officers Directo	Quality, Evaluation & Audit	16	No data	Existing clinical audits/CQUIN will continue where we already have access to refreshable patient sample.	Existing refreshable sample may not cover new audits/new NCEPOD studies or new mortality outlier alerts where specific patient samples are required.	No data

Agenda Number:

CoG (10/23) Item: 7.3

Name of the Meeting	Council of Governors	
Date of the Meeting	12 October 2023	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary	
Title of the Report	Acronyms and Glossary of Terms	
Purpose of the Report and Executive Summary (to include recommendations)	A reference guide for any words, phrases or acronyms used during the meeting.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<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
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <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 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

1.	To give great care
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).
2.	To be a good employer
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.
3.	To live within our means
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.
4.	To work more collaboratively
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.
5.	To provide good leadership
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

ACRONYMS & GLOSSARY OF TERMS

Sep 2023 – v8.5

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 – Accounting Officer

AOMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

ARC – the governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Chair, Vice Chair and Non-Executive Directors on behalf of the Council of Governors, and provide advice and recommendations to the full Council in respect of these matters

ARM – Annual Review Meeting for CoG

Audit Committee - A Trust's own committee, monitoring its performance, probity and accountability

ARGC – Audit Risk & Governance Committee

Auditor - The internal auditor helps organisations (particularly boards of directors) to achieve their objectives by systematically evaluating and proposing improvements relating to the effectiveness of their risk management, internal controls and governance processes. The external auditor gives a professional opinion on the quality of the financial statements and report on issues that have arisen during the annual audit

BAF - Board Assurance Framework

BAME – Black and Minority Ethnic: Defined by ONS as including White Irish, White other (including White asylum seekers and refugees and Gypsies and Travellers), mixed (White & Black Caribbean, White & Black African, White & Asian, any other mixed background), Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background), Black or Black British (Caribbean, African or any other Black background), Chinese, and any other ethnic group

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

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

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 – NHS England has issued this Code of Governance (the code) to help NHS providers deliver effective corporate governance, contribute to better organisational and system performance and improvement, and ultimately discharge their duties in the best interests of patients, service users and the public.

CoG - Council of Governors. Each NHS Foundation Trust is required to establish a Board of Governors. A group of Governors who are either elected by Members (Public Members elect Public Governors and Staff Members elect Staff Governors) or are nominated by partner organisations. The Council of Governors is the Trust's direct link to the local community and the community's voice in relation to its forward planning. It is ultimately accountable for the proper use of resources in the Trust and therefore has important powers including the appointment and removal of the Chair

Commissioners - Commissioners specify in detail the delivery and performance requirements of providers such as NHS Foundation Trusts, and the responsibilities of each party, through legally binding contracts. NHS Foundation Trusts are required to meet their obligations to commissioners under their contracts. Any disputes about contract performance should be resolved in discussion between commissioners and NHS Foundation Trusts, or through their dispute resolution procedures

Committee - A small group intended to remain subordinate to the board it reports to

Committees in Common (CiC) - NLaG and HUTH are implementing a governance structure which will ensure that they have single focussed discussions on major areas of service change. These discussions would take place in the Committees in Common

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

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

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

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

CPD – Continuing Professional Development. It refers to the process of tracking and documenting the skills, knowledge and experience that is gained both formally and

informally at work, beyond any initial training. It's a record of what is experienced, learned and then applied

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))

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

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

FFT - Friends and Family Test: is an important opportunity for patients to provide feedback on the services that provided care and treatment. This feedback will help NHS England to improve services for everyone

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

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

FT – Foundation Trust. NHS foundation trusts are public benefit corporations authorised under the NHS 2006 Act, to provide goods and services for the purposes of the health service in England. They are part of the NHS and provide over half of

all NHS hospital, mental health and ambulance services. NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They are different from NHS trusts as they: have greater freedom to decide, with their governors and members, their own strategy and the way services are run; can retain their surpluses and borrow to invest in new and improved services for patients and service users; and are accountable to, among others, their local communities through their members and governors

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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 ICB 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.

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

NGO - National Guardians Office for the Freedom to Speak Up Guardian

NHS - National Health Service

NHS 111 - NHS 111 makes it easier to access local NHS healthcare services in England. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time

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

NHS ICS Body - ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose. They will lead integration within the NHS, bringing together all those involved in planning and

providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

PALS - Patient Advice and Liaison Service. All NHS Trusts have a PALS team who are there to help patients navigate and deal with the NHS. PALS can advise and

help with any non-clinical matter (eg accessing treatment, information about local services, resolving problems etc)

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PD – People Directorate

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PFI – Private Finance Initiative

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

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

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

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

Provider Collaborative - Arrangements between NHS organisations with similar missions (e.g., an acute collaborative). They can also be organised around a 'place', with acute, community and mental health providers forming one collaborative. It is

expected that all NHS providers will need to be part of one or more provider collaborates, as part of the new legislation.

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

Risk Assessment Framework – The Risk Assessment Framework replaced the Compliance Framework during 2013/14 in the areas of financial oversight of

providers of key NHS services – not just NHS Foundation Trusts – and the governance of NHS Foundation Trusts

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

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