

Agenda

Council of Governors Business Meeting

Thursday, 13th April 2023

To be held virtually via Microsoft Teams

[Click here to join the meeting](#)

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 CHAIRS 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 DRAFT MINUTES OF THE MEETING HELD ON 11 JANUARY 2023 Sean Lyons, Trust Chair	Attached
1.5 MATTERS ARISING Sean Lyons, Trust Chair	Verbal
1.6 REVIEW OF 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 Dr Peter Reading, Chief Executive	Verbal
2.2.1 Trust Priorities 2023/24 Dr Peter Reading, Chief Executive	Note/Attached

2.3	Lead Governor's Update Ian Reekie, Lead Governor	Attached	
2.3.1	Appointments & Remuneration Committee Terms of Reference Ian Reekie, Lead Governor	Approve/Attached	
3.	COG BRIEFINGS		15:00
3.1	Humber & North Yorkshire Health and Care Strategy Karina Ellis, Executive Director Corporate Affairs NHS Humber & North Yorkshire Integrated Care Board Humber & North Yorkshire Health and Care Partnership	Attached	
3.2	Capital Investment and Strategic Capital Overview Jug Johal, Director of Estates and Facilities	Attached	
5.	QUESTIONS FROM GOVERNORS Sean Lyons, Trust Chair	Verbal	16:00
6.	QUESTIONS FROM THE PUBLIC Sean Lyons, Trust Chair	Verbal	16:10
7.	ITEMS FOR INFORMATION (see separate Appendix A) Sean Lyons, Trust Chair	To Note	16:20
8.	ANY OTHER URGENT BUSINESS Sean Lyons, Trust Chair	Verbal	16:25
9.	MATTERS TO BE ESCALATED TO THE TRUST BOARD Sean Lyons, Trust Chair	Verbal	16:30
10.	COUNCIL PERFORMANCE AND REFLECTION Sean Lyons, Trust Chair	Verbal	16:35
11.	DATE AND TIME OF THE NEXT MEETING Sean Lyons, Trust Chair	Verbal	16:40

COUNCIL OF GOVERNORS' ANNUAL REVIEW MEETING

Date: 22nd June 2023
Time: 14:00 - 16:00 hours
Venue: TBC

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 13th July 2023
Time: 14:00 - 17:00 hours
Venue: TBC

APPENDIX A

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

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

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

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Wednesday, 11 January 2023, from 14:00 to 16:30 hours
Held virtually via MS Teams

Present:

Sean Lyons	Chair	Karen Green	Public Governor
Linda Jackson	Vice Chair	Eddie McCabe	Stakeholder Governor
Kevin Allen	Public Governor	Emma Munday	Stakeholder Governor
Diana Barnes	Public Governor	Shiv Nand	Public Governor
Jeremy Baskett	Public Governor	Rob Pickersgill	Deputy Lead Governor
Mike Bateson	Public Governor	Ian Reekie	Lead Governor
Tony Burndred	Public Governor	Liz Stones	Public Governor
David Cuckson	Public Governor		

In Attendance:

Ade Beddow	Associate Director of Communications & Engagement
Lee Bond	Chief Financial Officer
Helen Harris	Director of Corporate Governance
Sue Liburd	Non-Executive Director
Simon Nearney	Interim Director of People
Fiona Osborne	Non-Executive Director
Simon Parkes	Non-Executive Director
Gill Ponder	Non-Executive Director
Dr Peter Reading	Chief Executive
Shaun Stacey	Chief Operating Officer
Kate Truscott	Associate Non-Executive Director

Suzanne Maclennan Corporate Governance Officer (minutes)

Members of the Public: Paul Grinell and Ivan Morris Poxton

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Sean Lyons opened and welcomed everyone present to the meeting and wished attendees a Happy New Year. It was highlighted there was a lot to look forward to including challenges which would be undoubtedly met with the usual spirit and achievements displayed by the Trust over the last year.

1.2 APOLOGIES FOR ABSENCE

Helen Harris provided apologies for absence as detailed below:

Alison Hurley	Assistant Trust Secretary
Ellie Monkhouse	Chief Nurse

Anthonia Nwafor Staff Governor
Steve Price Public Governor
Dr Kate Wood Chief Medical Officer

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 DRAFT MINUTES OF THE PREVIOUS MEETINGS

1.4.1 Sean Lyons invited members to approve the minutes of the CoG Annual Members Meeting (AMM) held on 29th September 2022. The content of the minutes was accepted as a true and accurate record.

1.4.2 Sean Lyons invited members to approve the minutes of the CoG Annual Review Meeting (ARM) meeting held on 13th October 2022. The content of the minutes was accepted as a true and accurate record.

1.4.3 Sean Lyons invited members to approve the minutes of the CoG Business meeting held on 13th October 2022. The content of the minutes was accepted as a true and accurate record.

Council Decision: The Council received and approved the minutes from the AMM, ARM and Business Meeting

1.5 MATTERS ARISING

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

1.6 REVIEW OF ACTION LOG

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

The only outstanding action was a further Health Inequalities update due in October 2023.

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

Sean Lyons drew the Council's attention to the Chair's report and which was taken as read. Sean Lyons expressed a warm welcome to Mike Bateson and Karen Green as it was the first CoG meeting since their appointment as Governors and extended a welcome to Emma Munday who was attending since becoming a Stakeholder Governor. Thanks, was also expressed to Robert Copley who had unfortunately stood down from the

Staff Governor post. Sean Lyons highlighted the work surrounding the group model and scheduled dates for the recruitment of the Group Chief Executive with interviews due to be held on 24th January 2023. It was confirmed that research was in progress for various group models and governance models associated with group structures from Trusts within England which was due to be discussed by both Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals (HUTH) boards at the end of February. Sean Lyons confirmed Governors would be updated on the outcome of those discussions.

Ivan Morris Poxton joined the meeting at 14:10

Sean Lyons remarked how proud the Trust should be following the Care Quality Commission (CQC) report which would be covered later in the agenda by Dr Peter Reading and Jennifer Granger.

Diana Barnes joined the meeting at 14:11

In response to a question from Ian Reekie it was confirmed there was a viable shortlist for the Joint Chief Executive appointment following the closure of applications.

Sean Lyons congratulated Christine Brereton on a new position at Newcastle upon Tyne Hospitals NHS Foundation Trust as Chief People Officer. Following this move Sean Lyons welcomed the Interim Director of People, Simon Nearney. It was confirmed that Simon would be joining the meeting to introduce himself to the Governors and the agenda would return to this item once Simon joined the call.

Sean Lyons requested Governors pass on their appreciation to staff when the opportunity presents itself as a thank you could go a long way and would be gratefully received.

Sean Lyons welcomed any questions and none were received.

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Sean Lyons welcomed Dr Peter Reading to the meeting.

The report was taken as read and the following was highlighted:

- System wide operational pressure
- CQC report
- Finance
- Trust investment plans for its Digital and Estates Infrastructure in 2023

It was highlighted that Shaun Stacey would be able to provide a more extensive update on the operational pressures later in the agenda. Similarly, Jennifer Granger would be co-presenting the more extensive CQC report at a later agenda item.

Dr Peter Reading concurred with Sean Lyons' comments in expressing gratitude to all the staff and additionally sincere apologies to patients who had not received the service expected from the NHS due to pressures.

Dr Peter Reading welcomed any questions either on the report or more broadly regarding the Trust.

Jeremy Baskett queried whether the current severe financial pressure would prevent the Trust from exiting financial special measures. In response Lee Bond highlighted that the Trust were hopeful a recommendation would be made from the regional team to the national team at the end of the first week in February. This would not only remove the Trust from financial special measure but also quality special measures. It was confirmed the Trust's reported position at the end of the third quarter was slightly behind plan. Lee Bond was disappointed to report this although forecasting suggested the plan would be met by the end of the year as it had been a requirement from National Health Service England (NHSE) to exit special measures.

Simon Nearney joined the meeting at 14:20

Lee Bond suggested there had been recognition across the region that next year would be difficult for the NHS and highlighted that NLaG were no better or worse than other trusts. There was some confidence the Trust would exit special measures.

Sean Lyons commended colleagues for the Monday Messages available via email to all staff or the Hub site. It was highlighted these were a useful update and provided a helpful reflection.

Sean Lyons thanked Dr Peter Reading for the update.

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

The agenda reverted to item 2.1 for the Introduction of Simon Nearney

Sean Lyons welcomed Simon Nearney to the meeting.

Simon Nearney introduced himself to the group providing information regarding positions previously held such as Director of Workforce and Organisational Development for eight years at HUTH, Director of Human Resources (HR) at Leicestershire County Council and Head of HR at Lincolnshire County Council. It was confirmed positions within HR in the public sector had been held for nearly thirty years.

Simon Nearney expressed delight and excitement regarding the possibilities and opportunities within the group structure alongside HUTH. It was confirmed the great work surrounding recruitment and retention would be continued.

Sean Lyons wished Simon Nearney well in the role, highlighted the strong future ahead and welcomed any questions.

In response to a query Simon Nearney confirmed he would be based two days a week at Diana, Princess of Wales (DPoW) Hospital, two days a week at HUTH and one day at Scunthorpe General Hospital (SGH).

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

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

- The Governor election had filled two public Governors vacancies for North East Lincolnshire which left four vacancies and possibly five if the Trust Constitution was approved later in the agenda
- Potential new Governors should be encouraged to fill vacancies by Governors, Non-Executive Directors (NEDs) and Executive Directors
- Governor briefings
- GAG Highlights – note the meetings had been rescheduled for 2023 to be during the week of Trust Board or the week following to ensure highlight reports were the most recent
- External Audit – note CoG virtual approval of Azets confirmed

Ian Reekie asked the group to note that a virtual approval of the appointment of the External Auditors, Azets had been conducted and approved by the CoG. Since this process had taken place there had been further developments. Ian Reekie requested an update on the developments from Lee Bond and expressed congratulations on his appointment of President of the Healthcare Financial Management Association.

Lee Bond confirmed that the external audit contract had been offered to Azets following the formal approval process. Since the offer had been made, Azets had admitted an oversight having not conducted an audit over £500 million within the NHS. It was confirmed Azets were not sufficiently equipped to undertake the quality assurance tests outlined by the Financial Reporting Council (FRC). Lee Bond highlighted the forecasted year end figure to be approximately £515 million which ruled Azets out of conducting the external audit on this occasion. It was confirmed NHSE were aware of NLaG's situation and the Trust was one of a number in the same position. Lee Bond suspected NHSE would contact the large audit companies and request they add another audit to their programme although the cost of this was unknown. It was confirmed by using this approach there would be no relationship with the audit company and they would be expected to audit the accounts at very short notice. Lee Bond agreed to keep the group informed of any developments.

Sean Lyons allowed Trust member, Paul Grinell to ask a question at this point in relation to the external auditors. In response to the query it was confirmed by Lee Bond that the tender process had been conducted on two occasions and Azets had been the only company to tender.

David Cuckson suggested the NHS possibly change the rules which would take considerable time to implement. Lee Bond confirmed the NHS was not bigger than the economy and therefore would not have a great deal of influence.

Simon Parkes concurred with Lee Bond and emphasised despite the size of the NHS it would stand zero chance of influencing the FRC in their regulatory role over audit companies. It was confirmed the external audit process this year would be a little more difficult than in previous years due to an unfamiliar external audit company having been encouraged by NHSE to conduct the audit. Simon Parkes highlighted concerns regarding the timetable at year end and the workload required from the internal team to deliver.

David Cuckson queried whether the internal auditors could increase their workload to compensate for the time taken waiting for an external auditor. In response Lee Bond confirmed the work completed by the internal audit team was different to the external audit who had their own assurance requirements and audit sampling.

Rob Pickersgill queried whether Mazaars who were already compliant with FRC requirements could be approached and asked to reconsider as the Trusts previous external auditor. Lee Bond confirmed Mazaars had been contacted in December 2022 and would be contacted again although their issue had been staffing levels. If the staffing levels had not improved, they would not be able to conduct the audit.

Sean Lyons thanked Ian Reekie for his report.

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

Council Action: Lee Bond to update the group on the external auditor position

2.4 PUBLIC MEMBER ENGAGEMENT REPORT AND TERMS OF REFERENCE

Ian Reekie confirmed the Member Engagement Working Group had been formed following the CoG ARM in October 2022. The group had met twice and agreed the following three recommendations for consideration:

- Terms of Reference
- Member survey
- Revised Public Member Communication Strategy

Lee Bond left the meeting at 14:40

Ian Reekie presented the group with a query following differing views during the Member Engagement Working Group meetings. The question raised was how should Governors pursue their broader duty to engage with the the public and not just members? The options suggested were:

- Should Governors do their own engagement
- Should Governors be involved in the design and delivery of a corporate public communication and engagement strategy to be led by the Trust Board

- Should staff members receive enhanced levels of communication and engagement over and above general staff communication and engagement

In response to the query Dr Peter Reading confirmed it was common in trusts and previously at NLaG for the Staff Governors to meet with the Director of People, Lead Governor, Trust Chair and Chief Executive from time to time. These meetings were to articulate concerns relating to the staff membership and of mutual benefit. Dr Peter Reading was happy to reinstate these meetings.

Sean Lyons welcomed the opportunity to engage with Staff Governors directly and it was agreed the meetings would be resurrected and reported back to the CoG.

A discussion ensued regarding the two options of how Governors should engage with the public and members. The discussion raised some suggestions:

- Clear direction for Governors, what was expected and how it would be done
- Patients Governors – would require a change of constitution
- Governors could spend the day as a volunteer once a month, talking to members and the public
- Engage with the community and not just members

Liz Stones joined the meeting at 14:51

Sean Lyons thanked Kevin Allen for the work undertaken in the volunteer role.

Jennifer Granger and Annabelle Baron-Medlam joined the meeting at 14:52

Rob Pickersgill agreed with Jeremy Baskett regarding patient pathways and hoped Governors would be allowed access to the wider Integrated Care System (ICS) issues which would allow more opportunity to engage with members and the public. Rob Pickersgill highlighted the centre of all frustration was surrounding patient pathways beginning with the initial General Practitioner (GP) surgery contacts.

Kate Truscott suggested it must be clear what was meant by engagement, the strategy must set out how the Trust implements the engagement and who was responsible and in doing so engage with as many people in the most appropriate way.

Sean Lyons confirmed Governors should not be concerned regarding service changes as there was a process in place for this which must be followed. Sean Lyons requested an invitation to the next Member Engagement Working Group meeting to discuss the wider engagement strategy further which must not interrupt existing channels of communication. It was understood Governors had a role to play and they must feel satisfied they represent their constituencies effectively.

Ian Reekie confirmed the Member Engagement Working Group would concentrate on agreeing a forward plan in engaging and communicating effectively with members who had not been served well over the last three years.

Sean Lyons highlighted the Joint Strategic Needs Assessment documents held by local authorities which confirmed deprivation and inequalities within each constituency.

Ade Beddow confirmed work within this area was underway in preparation for the consultation for Acute Services review alongside Place and Integrated Care Board (ICB) colleagues. It was highlighted that work must not be in isolation and avoid duplicate engagement.

Sean Lyons requested approval from the group for the Terms of Reference and proposed methodology for conducting the survey. The group approved both items.

Council Decisions: The Council received the Public Member Engagement Report and approved the Terms of Reference and proposed Member Survey.

Council Action:

- **Reinstate the Staff Governor meetings with the Director of People, Lead Governor, Trust Chair and Chief Executive assisted by Ade Beddow or Helen Harris**
- **Membership Office to forward the Member Engagement Working Group Terms of Reference to Document Control for inclusion in the Trust Document Control Library Register**

3. COG BRIEFINGS

3.1 CQC Report

Dr Peter Reading and Jennifer Granger delivered a presentation on the CQC Report.

Dr Peter Reading paid credit to Dr Kate Wood, Chief Medical Officer who had been the Executive Lead for the CQC after the adverse report in 2019.

Shiv Nand left the meeting at 15:24

Sean Lyons thanked Dr Peter Reading and Jennifer Granger, endorsed the gratitude to Dr Kate Wood and invited any questions.

Mike Bateson queried why Goole District Hospital (GDH) had received such good ratings in comparison to the other hospitals and what timescales were in place for significant improvement in End of Life care.

In response Dr Peter Reading explained that smaller hospitals commonly develop a coherence as a community enabling more effective work. It was confirmed that GDH face tensions and pressures as the other hospitals although the leadership of GDH was changed approximately three years ago. Dr Peter Reading highlighted that GDH was less subject to the day-to-day flow of patients.

Dr Peter Reading suggested the Governors receive a briefing session from Dr Kate Wood and Jan Haxby, Chief Nurse for North East Lincolnshire Place and system lead on End of Life care.

Jennifer Granger confirmed the End of Life timescales had been set to allow for realistic delivery as the issues were system issues and not just NLaG issues. It was confirmed that evidence was required to mark an achievement and continuous ongoing monitoring to ensure the action was embedded.

Dr Peter Reading highlighted two examples of system issues mentioned within the CQC Report regarding End of Life:

- Consultant level cover (not under the control of NLaG and funding provided by Place and Care Plus)
- Early identification of patients to be placed on an End of Life pathway (often primary and community care services with GP's)

Karen Green provided personal experience of working at GDH where mutual aid had been provided to other areas in need more willingly.

In response to a query Dr Peter Reading reiterated the positive points within the Well-Led section of the CQC report, the bandings of which covered a very wide range and NLaG had substantially moved up in the rankings within that band falling just short of achieving good. It was confirmed there had been visible improvements.

Rob Pickersgill queried whether the Workforce Committee (WC) would have new responsibilities due to a number of the actions relating to staffing and leadership issues. In response Dr Peter Reading confirmed that WC had not been tasked with overseeing Well-Led before as much of it relates to board leadership and other areas such as financial governance, information governance or quality governance. Sue Liburd confirmed there would be an imbalance if WC had sole responsibility of the Well-Led and highlighted the work surrounding the leadership agenda.

Council Decision: The Council received an update on the CQC Report

Council Action: Membership Office to arrange Governor briefing on End of Life care

Jennifer Granger and Annabelle Baron-Medlam left the meeting at 15:36

3.2 Operational Updates

Before delivering the presentation, Shaun Stacey stressed the extreme pressures faced by the two acute hospitals and GDH. It was confirmed that emergency and elective care had been sustained despite the 5% loss of workforce over recent weeks caused by ill health and annual leave.

Shaun Stacey delivered a comprehensive operational update.

Sean Lyons thanked Shaun Stacey for the update and thanked the Operations teams during the challenging circumstances.

Kevin Allen raised a concern regarding the reintroduction of facemasks for all staff and the significant number of staff not complying with this rule. Shaun Stacey had been aware of the issue and confirmed it was discussed daily during the Operational Planning meetings. It was considered challenging due to constantly changing standards and reminders would continue to be issued.

Karen Green queried the affect that Covid-19 and flu had caused to critical care beds recently and whether these patients remained in medical beds. Shaun Stacey confirmed there had been two weeks of high pressure on critical care beds caused largely by upper respiratory viruses and additionally some complex cancer patients. It was confirmed that recovery areas had been used to avoid admitting infected patients into the unit.

In response to a query from Karen Green regarding the number of staff having received the flu vaccine, Shaun Stacey confirmed there had been a push for staff to receive the vaccine along with the Covid-19 booster. Unfortunately, the number of staff having received the vaccines had not been to hand during the meeting.

Karen Green questioned whether there would be a Home First service available in North East Lincolnshire similar to the one provided in North Lincolnshire. Shaun Stacey confirmed that North East Lincolnshire was already an integrated Health and Social Care provision.

Karen Green complimented the service provided by Same Day Emergency Care (SDEC) and Shaun Stacey ensured the compliment would be passed to the clinicians leading the service.

Following a query regarding the business case submitted for staffing of the new footprint, Shaun Stacey confirmed this was in relation to the new Urgent Care Service (UCS) and not staffing for the new Emergency Departments (ED). Assurance was provided regarding six new doctor positions within the ED who had been recruited although there were delayed start dates due to visa applications. Shaun Stacey confirmed full staffing levels had not been achieved within the UCS after 20:00 hours.

Ian Reekie raised the government announcement of £250 million for additional step down beds and £500 million capital for improved discharge lounges and queried what NLaG would wish to spend this money on. Shaun Stacey suggested staff would be more helpful than beds as this would ensure patients were able to go home and into residential care only if necessary, although more beds would be a benefit. Shaun Stacey shared concerns regarding long term rehabilitation needs, as it was reported in 2022 that 132 patients remained in residential care due to lack of rehabilitation to enable them to return home. It was confirmed that a rapid bid had been submitted to improve the discharge lounges and for additional staff within the discharge lounges.

Following a query regarding clinicians overprescribing therapy assessments, Shaun Stacey confirmed success had been seen in changing

some of the clinical culture and complimented the Medical Division. It was recognised that some individuals do not follow standard protocols and pathways in relation to discharging patients ready to return home. Shaun Stacey and Dr Kate Wood had been meeting with medical consultants regularly to address the problem which must not be perceived as personal criticism and more a learning curve.

Dr Peter Reading requested Helen Harris source the vaccination figures for both Covid-19 and flu to be shared with the group. It was confirmed the uptake was lower than in previous years.

Karen Green raised a query regarding the addition of a private area within the discharge lounge for minor treatment. Shaun Stacey confirmed the benefit of the capital would create a treatment area for the provision of ongoing treatments that require dignity. It was highlighted the current discharge lounges were retired clinical areas which were not fit for purpose.

Council Decision: The Council received an Operational update

Council Action: Helen Harris to request staff Covid-19 and flu vaccine uptake and share with the group

4. ITEMS FOR APPROVAL

4.1 Trust Constitution

Helen Harris provided a summary of the report outlining the changes to the Trust Constitution which had been robustly reviewed by an oversight group and to the Trust Board on 5th January 2023.

Shaun Stacey and Shiv Nand left the meeting at 16:26

Shiv Nand requested a couple of changes for Ian Reekie to highlight in the chat section of the meeting due to leaving the meeting, these were:

I should be grateful however if you could propose on my behalf the amend of the constitution before it is agreed to require consent for a fourth term only if such governor have served 3 consecutive terms immediately beforehand. "Page 8 - Section 12.2 and 12.3 – These sections clarify the maximum Governor term of office will be three terms of three years unless approved by the Council of Governors. Clarification added to allow an extension to the Governor term in office to align with the annual Governor election where possible". I have also messaged Helen Harris that you have my proxy vote to approve each of the items for approval on the agenda.

The changes suggested by Shiv Nand had been noted by Helen Harris and Ian Reekie.

Ian Reekie requested the word board was removed from page 105, section 4.1.2 as the CoG were responsible for appointing NEDs and Associate NEDs. The sentence should read:

The Trust on occasion may seek to appoint Associate Non-Executive Directors.

The group approved the changes to the Trust Constitution including the points raised by Ian Reekie and Shiv Nand during discussions.

Council Decision: The Council approved the updates to the Trust Constitution

Council Action: Membership Office to send Trust Constitution to Trust Document Control

4.2 Governor Register of Interests

Helen Harris invited members to review the updated Governors' Register of Interests document noting there were a couple of outstanding updates.

Helen Harris confirmed the updates would be made on the Register of Interest (ROI) system and the complete Governors' Register of Interests published on the Trust internet site.

Council Decision: The Council approved the Governor Register of Interests

4.3 Governor Assurance Group Updated Terms of Reference

Helen Harris provided an overview of the minor amendments made to the GAG Terms of Reference which had been reviewed by the GAG on 10th November 2022.

The group approved the updates to the GAG Terms of Reference.

Council Decision: The Council approved the updates to the GAG Terms of Reference.

Council Action: Membership Office to send GAG Terms of Reference to Trust Document Control

5. QUESTIONS FROM GOVERNORS

Sean Lyons invited questions from Governors. None was received.

6. QUESTIONS FROM THE PUBLIC

Sean Lyons invited questions from members of the public. None was received.

7. ITEMS FOR INFORMATION

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

- 7.1 Finance Update
- 7.2 Board Assurance Framework
- 7.3 Acronyms and Glossary of Terms

8. ANY OTHER URGENT BUSINESS

There were no further items of urgent business raised.

9. MATTERS FOR ESCALATION TO THE TRUST BOARD

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

10. COUNCIL PERFORMANCE AND REFLECTION

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

11. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING

Sean Lyons highlighted a preference for the CoG to meet in person and a suitable venue would be researched ahead of the April meeting.

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 13th April 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 16:31 hours.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

ANNUAL ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmed Aftab	6	0	Emma Munday	2	1
Kevin Allen	6	6	Shiv Nand	6	5
Diana Barnes	6	6	Joanne Nejrup	2	0
Jeremy Baskett	6	5	Anthonia Nwafor	6	2
Mike Bateson	1	1	Brian Page	5	4
Tony Burndred	6	4	Rob Pickersgill	6	4

Nick Coultish	5	0	Stephen Price	6	2
David Cuckson	6	6	Ian Reekie	6	6
Mo Dobson	5	2	Alex Seale	4	0
Karen Green	1	1	Cllr Stan Shreeve	1	0
Eddie McCabe	2	2	Liz Stones	6	5
Tim Mawson	6	2			

ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Sean Lyons	6	6	Gillian Ponder	6	2
Linda Jackson	6	6	Michael Proctor	2	2
Stuart Hall	6	1	Maneesh Singh	3	1
Sue Liburd	3	1	Kate Truscott	4	4
Fiona Osborne	6	5	Michael Whitworth	3	2
Simon Parkes	6	5			

COUNCIL OF GOVERNORS
ACTION LOG & TRACKER
2019-2023
(updated April 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)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
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	Apr-23	Report to April CoG. Second request for availability emailed - potential meeting to be held in June			
COG(23)01	11/01/2023	2.3	Update the CoG on external auditor position	Lee Bond	Apr-23	Lee Bond providing a verbal update at the April CoG			
COG(22)25	13/10/2022	3.2	Deliver Health Inequalities update in 12 months time	Jug Johal	Oct-23	Report to October CoG			

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

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Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)24	13/10/2022	3.2	Provide details of success measures for Tobacco and Alcohol Dependency Programmes	Jug Johal		Update provided on 17th October 2022 and emailed to Governors	Complete	Email	Yes
COG(22)23	13/10/2022	3.2	Remove Out of Hours GP signage at SGH	Jug Johal		Confirmation of signage removed on 14th October 2022	Complete	Email	Yes
COG(22)22	13/10/2022	3.1	Provide Governors with the Wellbeing Directory	Christine Brereton		Financial Wellbeing Directory emailed to Governors on 13th October 2022	Complete	Email	Yes
COG(22)11	13/04/2022	1.6	Membership Office to arrange briefing with Lee Bond on Cost Improvement Programme (CIP)	Membership Office / Helen Harris	Jan-23	Lee Bond invited to present within the 20th July CoG. Brian Shipley delivered the update. Brian Shipley to provide Summary of CIP following July CoG. Brian Shipley provided the CIP Summary and MO emailed to Governors 28th November 2022	Complete	Agenda & Document	Yes
COG(22)21	20/07/2022	4.1	Jeremy Baskett DOI requires updating - form sent to MO via post	Membership Office		Updated Governor Register of Interests and ROI system	Complete	Emails & DOI Form	Yes
COG(22)20	20/07/2022	2.3	Extend the term of office for Fiona Osborne as Associate NED until NED appointment commences	Helen Harris			Complete		Yes
COG(22)19	20/07/2022	2.3	Cancel Governor and NED Briefings in September and November - further briefing to be arranged as required	Membership Office	Jul-22	All Governors and NEDs emailed and diary invites cancelled	Complete	Emails	Yes
COG(22)18	20/07/2022	1.6	Membership Office to update the Action Log	Membership Office		Action Log updated	Complete	Action log	Yes
COG(22)17	20/07/2022	1.4	Membership Office to amend the 13th April minutes	Membership Office		Page 4 amended following correction from Kevin Allen	Complete	Minutes	Yes
COG(22)15	13/04/2022	3.1	Membership Office to rearrange the briefing on Integrated Care Systems (ICS) Development	Membership Office	Jul-22	Ivan McConnell to present at the 26th July Governor and NED Briefing	Complete	Agenda	Yes
COG(22)04	18/01/2022	2.1	Membership Office to arrange for Alison Dubbins to provide a future briefing on culture, equality, diversity, inclusion, and freedom to speak up at a future CoG	Membership Office	Apr-22	Christine Brereton to deliver update within the 20th July CoG	Complete	Email	Yes
COG(22)01	18/01/2022	3.1	Membership Office to contact Rob Pickersgill regarding his question to Lee Bond	Membership Office	Sep-22	Rob Pickersgill contacted by email on 27.01.22 regarding query on Financial Special Measures briefing. Chased on 23.02.2 & 28.03.22. Request for CIP briefing within the 20th July CoG.	Complete	Email & Minutes	Yes
COG(22)16	13/04/2022	6	Membership Office to email public members regarding a link to the virtual meetings, which was the approach taken by the Trust	Membership Office	Jul-22	Zoe Hinsley emailed Charlie Grinhaff regarding this approach. Serena Mumby previously recommended the media bulletin for the CoG meetings in line with that of the Trust Board. Internet site updated	Complete	Emails	Yes
COG(22)14	13/04/2022	2.3	Membership Office to investigate options regarding the emergency department walkaround at DPoW prior to it opening to the public	Membership Office	Jul-22	Original walkaround cancelled by Zoe Hinsley. Rearranged for 11th May 2022	Complete	Emails	Yes
COG(22)13	13/04/2022	2.2	Dr Peter Reading would address the signage issues regarding the termination of the park and ride service	Dr Peter Reading	Jul-22	Peter Reading confirmed this had been picked up with Sally Yates and Keith Fowler	Complete	Email	Yes
COG(22)12	13/04/2022	1.6	Membership Office to update the Action Log	Membership Office	Jul-22	Action log updated	Complete	Action log	Yes
COG(22)10	13/04/2022	1.4	Membership Office to amend the previous minutes	Membership Office	Jul-22	Minutes amended	Complete	Minutes	Yes
COG(22)06	18/01/2022	3.2	Membership Office to contact Shaun Stacey to return to a future CoG to provide an update on the planning position and the operational plan	Membership Office	Apr-22	Shaun Stacey to provide update at the 12th May Governor & NED Briefing (presented by Ashy Shankar)	Complete	Agenda	Yes

COG(21)12	20/04/2021	3.2	Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months	Membership Office	Apr-22	Briefing added to 6th January 2022 Pre GAG Briefing - briefing stood down due to anticipated service pressures. Scheduled for 10.03.22 - briefing stood down due to anticipated service pressures. Update confirmed to be delivered with 12th May Governor & NED Briefing	Complete	Email	Yes
COG(22)09	18/01/2022	7	Membership Office to reintroduce questions from the public on future agendas	Membership Office	Apr-22	Membership will add to future agendas	Complete	Agenda	Yes
COG(22)08	18/01/2022	4.1	Shiv Nand to send through a new declaration of interests to include his employment details to the Membership Office	Shiv Nand	Jan-22	Declaration requested and received	Complete	Email	Yes
COG(22)07	18/01/2022	3.2	Shaun Stacey to send a briefing note to the Membership Office on the Trust's Planning Position for distribution	Shaun Stacey	Jan-22	Briefing note on Trust's planning position distributed on 19.01.22	Complete	Email	Yes
COG(22)05	18/01/2022	2.3	Membership Office to seek expressions of interest for the two vacant seats on the ARC	Membership Office	Apr-22	Email sent to Governors requesting expressions of interest on 19.01.22	Complete	Email	Yes
COG(22)03	18/01/2022	1.6	Membership Office to update the Action Log	Membership Office	Apr-22	Action log updated	Complete	Action log	Yes
COG(22)02	18/01/2022	1.4.2	Membership Office to update the attendance records on the minutes from the October and November minutes	Membership Office	Apr-22	Governor and NED attendance has been updated on all three sets of minutes.	Complete	Minutes	Yes
COG(21)22	19/10/2021		Adolfazl Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels	Adolfazl Abdi	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG(21)21	19/10/2021		Adolfazl Abdi to investigate issues around the early morning discharge of patients	Adolfazl Abdi	Jan-22	Adolfazl Abdi investigated issues around the early morning discharge of patients and the outcome was emailed to Governors by the Membership Office.	Complete	Email	Yes
COG(21)20	19/10/2021	1.6	Organise a briefing with Lee Bond or Shaun Stacey on changes and provide information to Governors on changes to elective care and the ICS.	Membership Office	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Office	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21. Feedback report produced in readiness.	Complete	AMM review and planning meeting held 01.12.21.	Yes
COG AMM(21)18	13/09/2021	5	Membership Office to contact individuals raising queries by email regarding responses to the queries raised in advance of the CoG AMM meeting (AMM)	Membership Office	Oct-21	Responses to questions raised were distributed following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG AMM(21)17	13/09/2021	3.1.1	Membership Office to distribute the audit report to all attendees following the meeting (AMM)	Membership Office	Oct-21	Distributed to attendees following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG(21)16	20/07/2021	10	Discuss Council Reflection at next GAG meeting	Membership Office	Nov-21	Added to GAG agenda for the meeting on 02.09.21	Complete	Added to GAG Agenda	Yes
COG(21)15	20/07/2021	3.1	Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.	Membership Office	Oct-21	Briefing included within 19.10.21 CoG meeting	Complete	CoG agenda and following minutes	Yes
COG(21)14	20/07/2021	2.2	Request for communications team to raise the importance of wearing face masks and PPE as required	Infection Control	Oct-21	Directed to the IPC team and a request to comms to raise the importance of wearing face masks and PPE as required	Complete	Emails within CoG meeting actions	Yes
COG(21)13	20/07/2021	1.2	Governors gratitude and best wishes to be conveyed to Terry Moran CB	Alison Hurley	Oct-21	Lead Governor to forward gratitude and best wishes on behalf of the Governors	Complete	Letter sent	Yes
COG(21)11	20/04/2021	3.2	Membership Office to distribute the North Lincolnshire Community Services presentation following the meeting	Membership Office	Apr-21	Alison Hurley distributed Community Services presentation following the April CoG	Complete	Presentation distributed following April CoG	Yes
COG(21)10	20/04/2021	5	Infection Control to produce a written briefing on nosocomial infections, numbers experienced in the Trust in comparison to regional and national data for circulation to the Governors	Membership Office	Jul-21		Complete	Update provided within the 1st July Governor & NED Briefing session	Yes
COG(21)9	20/04/2021	5	Membership Office to invite Jackie France to provide an update on digital appointment letters at the Governor and NED briefing scheduled for 27th May 2021	Membership Office	Apr-21	Jackie France provided update at 27th Governor & NED Briefing	Complete		Yes

COG(21)8	20/04/2021	5	Jackie France to liaise with Kevin Allen about digital letters and patient support	Membership Office	Jul-21	Kev Allen contacting by Dr Peter Reading, Jackie France and Zoe Hinsley - awaiting confirmon from Kevin action now closed	Complete	Virtual meeting between Kev Allen and Jackie France held on 5th May 2021	Yes
COG(21)7	20/04/2021	4.1	Membership Office to update the Governors' Register of Interests with Jeremy Baskett amendment	Membership Office	Jul-21	Jeremy Baskett's updated Declaration of Interests received and added to Register of Interest for approval at July CoG	Complete	Presented at July CoG	Yes
COG(21)6	20/04/2021	2.3	Membership Office arranged CoG Annual Review Meeting, 23rd to be held of site, at Sansview Stadium, Scunthorpe	Membership Office	Jun-21	Off site venue arranged for CoG AMM - virtual meeting arranged in line with COVID-19 guidance	Complete	Off site venue arranged for CoG AMM	Yes
COG(21)6	20/04/2021	1.6	Membership Office to update action log	Membership Office	Apr-21	Action log updated	Complete	Action log updated	Yes
COG(21)5	20/04/2021	1.4	Membership Office to amend 19th January 2021 CoG minutes as discussed	Membership Office	Apr-21	Minutes amended as agreed	Complete	Minutes amended as agreed	Yes
COG(21)4	19/01/2021	6	Alison Hurley to seek and collate votes for NHS Providers' Governor Advisory Committee	Alison Hurley	Mar-21	Voting information was distributed on 19th January 2021. NHS Providers' Governor Advisory Committee votes were cast on behalf of the CoG as agreed.	Complete	E-mail	Yes
COG(21)3	19/01/2021	4.2	Membership Office to distribute 15 th October Private CoG minutes	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)2	19/01/2021	2.2.1	Chief Information Officer to consider increasing IT accessibility for staff to access staff updates	Shauna McMahon	Apr-21	Shauna MacMahanon provided update within 9th March Briefing held prior to the GAG	Complete	Briefing	Yes
COG(21)1	19/01/2021	2.2.1	Membership Office to distribute COVID-19 presentation	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(20)254	22/07/2020	3.2	Virtual Governor waiting list briefing to be organised	Membership Office	Nov-20	Governors received update at January 2021 CoG	Complete	Minutes	Yes
COG(20)253	14/01/2020	1.7.1	Health Tree Foundation briefing for Governors to be organised	Membership Office	Nov-20	On hold until the COVID-19 restrictions are lifted and normal business resumes - possible agenda item at April coG	Complete	E-mail	Yes
CoG(20)259		6	Membership Office to distribute questionnaire to CoG members for Council Reflection	Membership Office		Distributed	Completed		
COG(20)259	15/10/2020	9.2	Membership Office to amend the Governor Attendance at Briefings Document	Membership Office	Jan-21	Governor Attendance at Briefings Document amended	Complete	Governor attendance document	Yes
CoG(20)258		2	Membership Office to electronically circulate the proposal document following this meeting	Membership Office		Distributed	Completed		
COG(20)258	15/10/2020	4.3.1	Lee Bond to investigate and provide an update at the January CoG meeting on any short term Trust investments	Lee Bond	Jan-21	Verbal update to be provided at April CoG	Completed	Update provided within April CoG	Yes
CoG(20)257		1.8	Membership Office to distribute the Oncology Stakeholder briefing to Governors	Membership Office		Briefing document circulated 23.01.2020	Completed		
COG(20)257	15/10/2020	3.2	The significant transactions element of the Trust Constitution to be circulated to CoG members	Membership Office	Oct-20	The significant transactions element of the Trust Constitution circulated to CoG members	Complete	E-mail	Yes
CoG(20)256		7.1	Membership Office to send Mr Garrington a copy of the most recent staff survey results	Membership Office		Staff survey results sent to Mr Garrington 21.01.2020	Completed		
COG(20)256	22/07/2020	13	Alison Hurley, Linda Jackson and Helen Harris to discuss public attendance at CoG meetings outside of the meeting	Alison Hurley	Oct-20	Considered and addressed via a virtual meeting which also considered general Governor engagement	Complete	E-mail	Yes
CoG(20)255		5.1	Mr Karvot to contact Mrs Jackson outside of the CoG to discuss the antibiotic service for DPoW	Mr Karvot		Mr Karvot contacted Mrs Jackson regarding the antibiotic service	Completed		
COG(20)255	22/07/2020	7.1	Claire Low to provide an update on the incidents of potential inappropriate access to WebV	Claire Low	Oct-20	Addressed in the all staff e-mail shared with Governors on 6th October 2020	Complete	E-mail	Yes
CoG(20)254		5.1	Membership Office to add 5-year forecasting to the February Governor & NED Bi-annual Briefing	Membership Office		Discussed at 11.02.20 Bi-annual Governor and NED Briefing	Completed		
CoG(20)252		1.7.1	Membership Office to add Health Tree Foundation Highlights Report to future CoG agendas	Membership Office		Actioned	Completed		
CoG(20)251		1.7.2	Dr Wood to contact NLCCG regarding the use of Everlight Radiology services	Dr Kate Wood		This was addressed within the May CoG	Completed		
COG(20)249	04/07/2019	9	Mrs Hurley to investigate potential sponsorship for IT tablets for Governors	Alison Hurley	Oct-19	Oversight will be maintained at the Governor Assurance Group meeting	Completed	GAG Agenda	Yes
CoG(20)245		1.6	Membership Office to add Women and Children Services to Sheffield Hospital to a future CoG Agenda	Membership Office		Addressed within October CoG	Completed		

CoG(20)244		1.5.1	Membership Office to invite Mrs Farquharson to provide a Pride & Respect briefing	Membership		Addressed within November Bi-annual Briefing	Completed		
CoG(20)242		1.3	Add Smoking Shelter Update to the next CoG Agenda	Membership		Addressed within October CoG	Completed		
CoG(19)240		8	Membership Office to liaise with Mr Bramley to arrange a Governor & NED briefing on Quality and Service Improvement Report (QSIR) later in the year	Membership		To be addressed within QRG & QSC agenda	Completed		
CoG(19)237		5.1	Membership Office to circulate papers from the NHS Providers Regional Workshop for information	Membership		Completed 02/05/2019	Completed		
CoG(19)236		3.1	Membership Office to invite Mr Stacey to discuss Winter Planning at a future CoG meeting	Membership		Added to July CoG agenda	Completed		
CoG(19)235		2.1	Membership Office to add IT Security to a future CoG agenda for Mr Johal to speak to	Membership		Added to July CoG agenda	Completed		
COG(20)234	16/04/2019	4.2	Membership Office to invite Mrs Plant to provide a briefing on planned initiatives for improving financial and operating targets	Membership Office	Jul-19	Discussed within July CoG briefing	Completed	July CoG briefing agenda	Yes
CoG(19)233		4.1	Dr Reading to discuss externally procured coding with Mr Johal outside of the meeting to ascertain backlog and sustainability status	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)232		1.6.1	Membership Office to organise an urgent treatment centres briefing	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)231		1.6	Membership Office to organise a radiology and pathology briefing at the next Governor & NED Briefing session	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)230		1.6	Dr Reading to provide Mrs Jeffreys with feedback regarding the biometric machine for ophthalmology at GDH	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)229		1.4	Membership Office to update the Action Log including the archiving of completed actions	Membership		Completed 17/04/2019	Completed		
CoG(19)228		10.5	Membership Office to add Terms of Reference for the ARC to the April CoG agenda	Membership		Agenda item 7.4 on April 2019 CoG agenda	Completed		
CoG(19)227		10.4	Trust Constitution to be added to the April CoG agenda	Membership		Agenda item 7.3 on April 2019 CoG agenda	Completed		
CoG(19)226		10.3.1	Mrs Adamson to circulate updated action plan from the National Guardian's Office	Mrs Adamson		No newer version available at present. This will be added to a future CoG agenda when available	Completed		
CoG(19)225		8.1.1	Mrs Capitani to forward names of Goole patients experiencing problems regarding attendance to Mrs Hurley	Mrs Capitani		Mrs Capitani provided the membership office with the patient details and this action was resolved on 06.02.19	Completed		
CoG(19)224		8.1.1	Mr Jefferys to forward query regarding Goole patient receiving ophthalmology treatment to the Membership Office	Mrs Jeffreys		Mrs Jeffreys provided the membership office with the patient details and this action was resolved on 31.01.19	Completed		
CoG(19)223		9.4	Dr Reading to contact Mr Reekie regarding timescales of coding issues	Membership		Mr Reekie was updated on the 22.03.19	Completed		
CoG(19)222		4	Membership Office to update the CoG action log	Membership		Membership Office updated the action log	Completed		
CoG(19)221		11.2	Trust Constitution Updates to be presented to the Governor Assurance Group	Mrs Booth		Update to be provided at the January 2019 CoG meeting at 11.1 of the agenda	Completed		
CoG(19)220		10.1 & 12.3.1	Mrs Farquharson to provide a Pride & Respect Programme update to the December Governor and NED briefing	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 (as above at item 200)	Completed		
CoG(19)219		9.4.1	Mrs France to provide a Patient Administration Progress update at the December Governor and NED briefing	Mrs France		Delivered at the December briefing	Completed		
CoG(19)218		4	Membership Office to update the Action Log, and completed actions will be moved and archived	Membership		Action log amended	Completed		
CoG(19)217		3	Amend Item 4.1 in the Annual Review Meeting minutes from 12th June 2018	Membership		Minutes amended	Completed		
CoG(19)216		6	Mr Stacey to provide an update at the next meeting on the Pain Management Service and use of St Hugh's Hospital in Grimsby and InHealth services at Scunthorpe	Mr Stacey		Agenda item 9.3.2 on January 2019 CoG agenda	Completed		

CoG(19)214		4	Membership Office to amend previous minutes to state Dr Reading throughout.	Membership		Membership Office amended minutes	Completed		
CoG(19)213		13.3.1	Membership Office to ensure the National Guardians report on NLaG Procedures is on the next CoG agenda	Membership		Item 12.3.1 on the January CoG agenda	Completed		
CoG(19)212		13.3	Membership Office to ensure the National NLaG Freedom to Speak Up Report is on the next CoG agenda	Membership		Item 12.3 on the January CoG agenda	Completed		
CoG(19)211		13.2	Membership Office to update the totals column on the Attendance at Governor Briefings and Training and Development Opportunities document to reflect the rolling 12 month period	Membership		Membership Office updated document	Completed		
CoG(19)210		13.1	Membership Office to update the totals column on the Governor Attendance at CoG and Sub-groups document to reflect the rolling 12 month period	Membership		Totals column on spreadsheet amended	Completed		
CoG(19)209		9.1	Membership Office to ensure BAF is added to the next CoG agenda.	Membership		Item 9.1 on the January CoG agenda	Completed		
CoG(19)208		8.4	The ARC are to amend the NED remuneration to reflect the NHS cost of living increase of 3% effective from 1st April 2018	ARC		Referred to ARC Meeting to address	Completed		
CoG(19)207		7	Membership Office to invite Mr Stacey to provide updates at future CoG meetings	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)206		6	Update on restructuring and nursing due at the October CoG meeting	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)205		9.4.2	Mr Stacey agreed to establish whether local patients were presenting with early or late stage cancer	Mr Stacey		Update provided at the October CoG meeting	Completed		
CoG(19)204		10.2	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)203		10.2	Membership Office to ensure Humber Acute Services Review update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)202		10.1	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)201		10.1	Membership Office to ensure STP update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)200		11.1	Membership Office to ensure Pride and Respect is added to the agenda quarterly	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 - Delivered at the February Governor & NED Briefing session	Completed		
CoG(19)199		9.4.1	To invite Mrs France to the October CoG meeting for a further Patient Administration Progress update	Membership		Update provided at the December briefing	Completed		
CoG(19)198		9.2	The Membership Office to ensure that the Improving Together Programme briefing is on the agenda for the November briefing session.	Membership		Added to the November briefing	Completed		
CoG(19)197		4	Membership Office to update the Action Log.	Membership		Membership Office updated	Completed		
CoG(19)196		3	Membership Office to add 'during the day' to clarify item 7 on page 5 of the minutes.	Membership		Membership Office amended minutes	Completed		
CoG(19)195		6.2.1	Governors to receive an STP update covering Trust representatives on all of the various work-streams	Membership		October CoG	Completed		
CoG(19)194		6.2.1	Membership Office to seek timelines for the release of the embargoed Annual Report and Account for the Governor Assurance Group	Membership		Annual Report circulated to Governors before AMM	Completed		
CoG(19)193		6.2.1	Mrs Hurley to add a simplified criteria column to the framework documents	Mrs Hurley		Completed for 2019	Completed		
CoG(19)192		6.1.1	Membership Office to move the CQC update briefing session to the CoG agenda and replace by a meet and greet session with the Chief Executive and Executive Directors.	Membership		July CoG	Completed		
CoG(19)191		13.3	Membership Office to invite Mr Hemadri to present the National Guardians Report at the July CoG	Membership		Mr Hemadri invited to the July CoG to provide update on National Guardians Report	CLOSED		

CoG(19)191		4.2	Mrs Hurley to discuss raising awareness of the SID role with Mrs Booth	Mrs Hurley		To be incorporated within the review of the Trust Board sub-committees	Completed		
CoG(19)190		9.4	Mrs Jackson suggested Mrs Louise Glover could provide clarity around the clinical harm process for Mr Baskett	Membership		Mrs Louise Glover liaised with Mr Baskett around the clinical harm process	Completed		
CoG(19)189		9.3	Membership Office to arrange a briefing for Governors on Capital Funding	Membership		Delivered at the November Gov & NED Briefing	Completed		
CoG(19)188		9.1	Membership Office to invite Mr Daws to the next QRG Meeting	Membership		This has been completed. Mr Daws attended June QRG Meeting.	CLOSED		
CoG(19)187		11.3	Membership Office to invite governors on behalf of Mr Currie, to attend the Compassionate Leadership Conference on 17th May 2018	Membership		This has been completed. Mrs Bett attended conference.	CLOSED		
CoG(19)186		11.3	Membership Office to invite Mr Currie to return in the autumn for a further progress report.	Mrs Hurley		Mrs Claire Low confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)185		4	Membership Office to update Action Log	Membership		This has been completed.	CLOSED		
CoG(19)184		17	Membership Office to invite Mrs Graves to the Quality Review Meeting in February to discuss the Ward Reviews.	Mrs Hurley		Mrs Filby attended the February QRG meeting and provided an update on the new ward review/SQAT process	CLOSED		
CoG(19)183		14.3	Mrs Shaw to address the potential conflict of interest outside of the meeting.	Mrs Shaw		This was addressed and resolved	CLOSED		
CoG(19)182		8.5	Membership Office to distribute the Staff Governor Working Group terms of reference electronically for comments.	Mrs Hurley		Completed and added to the April CoG agenda for full CoG ratification	CLOSED		
CoG(19)181		8.4	Mr Grinell to take appraisals of the Non-Executive Directors (NED) and the Trust Chair back to ARC agenda for further consideration.	Mr Grinell		This will be discussed within the ARC meetings. A response will be provided at the July CoG.	CLOSED		
CoG(19)180		8.3	Mrs Hurley to contact IT and the communications team regarding the feasibility of recording short YouTube clips for the Trust website	Mrs Hurley		Communications team to consider utilising YouTube for positive promotion of the Trust and its' services	CLOSED		
CoG(19)179		8.3	MWG to liaise with Mrs Clipson to discuss linking the group with service strategy.	Mrs Hurley		Mrs Sandra Hills now aligned with the MWG as the NED lead for service strategy.	CLOSED		
CoG(19)178		8.2	Membership Office to add RTT to the next QRG agenda for further discussion.	Mrs Hurley		RTT has been added to the May QRG agenda.	CLOSED		
CoG(19)177		8	Membership Office to amend the agenda for April CoG meeting to incorporate the Trust Board sub-committee highlight reports in to the CoG sub-group highlight reports.	Mrs Hurley		This has been completed.	CLOSED		
CoG(19)176		11.2	Mrs Clipson to provide the governors with regular updates on the Humber Acute Service Progress Report.	Mrs Clipson		This is ongoing as a CoG agenda item.	CLOSED		
CoG(19)175		10.4.1	Membership Office to invite Mrs France to return in the autumn for a further progress report.	Mrs Hurley		Mrs France confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)174		10.4.1	Membership Office to distribute late papers to attendees	Mrs Hurley		Papers distributed as actioned.	CLOSED		
CoG(19)172		10.3	Membership Office to add Draft Trust Strategy 2021 & Strategic Objectives to the January pre-CoG briefing	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)170		6	Membership Office to involve Dr Reading in the November briefing for the Improving Together Programme	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)168		7.3	Mrs Greenbeck to provide article ideas to the Membership Office	Mrs Greenbeck		Mrs Hurley and Mrs Greenbeck wrote an article with Mrs Dobson on dementia and improvements for dementia patients and new staff.	CLOSED		
CoG(19)166		9	Mrs Hurley to investigate the use of microphones for future CoG Meetings	Mrs Hurley		This is now closed. This will be reviewed dependant on the venue being used. Equipment to be sourced from the Smile Foundation. Mrs Hurley will contact the Health Tree Foundation as they are often able to bring equipment with them from Hull and return.	CLOSED		
CoG(19)154		5.1	Chairs of CoG Sub-Groups are to ensure their terms of reference reflect those of the Trust Board	CoG Sub-Group Chairs		CoG sub-groups are now aligned with TB sub-committees which is reflected in their terms of reference.	CLOSED		

CoG(19)150		3.3	Mrs Hurley to seek a champion who can take the IT Tablets for Governors business case to the Charitable Funds Committee meeting on the 27th July 2017	Mrs Hurley		This is now closed. As this was an ongoing item requiring further exploration. It was agreed to monitor this action through the Governor Assurance Group. Support has been received from the information team to produce specification for palmtops. Previous sponsorship plans have not come to fruition.	CLOSED		
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Agenda Number:

CoG (04/23) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Sean Lyons, 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"/> Divisional SMT <input type="checkbox"/> PRIMs <input type="checkbox"/> Other: Click here to enter text.	
Which Trust Priority does this link to	<input type="checkbox"/> Our People <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Finance <input type="checkbox"/> Restoring Services <input type="checkbox"/> Capital Investment <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Digital <input type="checkbox"/> Collaborative and System Working <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 To live within our means: <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 3 - 3.2 <input type="checkbox"/> 1 - 1.4 To work more collaboratively: <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 4 <input type="checkbox"/> 1 - 1.6 To provide good leadership: To be a good employer: <input type="checkbox"/> 5 <input type="checkbox"/> 2 <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 checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <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

Chair's Update

As usual, I would like to draw Governor's attention to the continued excellent commitment of our staff in responding to the ongoing significant demands on the Trust's services. In particular, the recent Junior Doctor's strike that placed significant organisational challenges on staff. The Trust coped well with these, and service disruption was mitigated as far as possible. However, the forthcoming four day strike and its timing adjacent to Bank Holiday periods will present another layer of difficulty. Mitigations are again in place, but this issue will inevitably stretch the boundaries of staff goodwill and resilience, and I would wish to record mine and the Trust Board's thanks in advance for the staff rising to this particular challenge.

The Chief Executive will give more of an operational update, but I would like to mention the opening of the new ED at Scunthorpe, it is very similar to the Grimsby arrangement, and I was lucky enough to be on site on Go Live day. This was superbly coordinated, and a real team effort from all involved, so thanks to all for commissioning these excellent facilities.

Governor Elections are in the planning stage for the next round in November, where the posts to be recruited to are:

- East & West Lindsey - Two posts
- Goole & Howdenshire - No vacancies
- North East Lincolnshire - One post
- North Lincolnshire - Three posts
- Staff - Three posts

The Annual review day in June will present an opportunity for Governors to discuss how best we can fill these roles, so we look forward to that.

Governors will be aware that the process for appointing a Group CEO was halted in January, due to some very late withdrawals of candidates. The process will be relaunched publicly soon after Easter and the intention is to conclude the process by the end of May. Stakeholder engagement including Governors will be a repeat of the previously planned process, and diary invitations will be issued as soon as possible.

In a related topic, the Boards of NLaG and HUTH have met twice since the last Governors meeting, and I am pleased to report constructive discussions from both sessions, which covered a wide range of topics including Digital, Capital, Engagement and Group Model Governance options. The Group Model Governance options need some further work, and the proposals emanating from further discussions will be brought forward for Governors' attention in due course.

Governors should be aware of the very difficult financial challenges the NHS is facing at every level. Ultimately this difficulty resolves as the deficit or otherwise of the individual accounting units within the service, and Governors will be aware that NLaG runs an underlying deficit and has done for some time, despite a good track record of meeting its yearly financial plans; 2022/23 being no exception.

However, another round of challenges is in place and the response to these is being worked on, this will impact the timing of any decision for the Trust to exit the SOF4 categorisation. However, we remain optimistic.

Finally, to note that the Trust has agreed to allow Ivan McConnell, who is the Trust Director of Strategic Development, to be released part time to act as the Director of Strategy for HUTH on an interim basis. We wish Ivan well in this role.

Sean Lyons, Trust Chair, April 2023

Agenda Number: CoG (04/23) Item: 2.2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Dr Peter Reading, Chief Executive	
Contact Officer/Author	Dr Peter Reading, Chief Executive	
Title of the Report	Trust Priorities 2023/24	
Purpose of the Report and Executive Summary (to include recommendations)	<p>This paper has been developed by the Executive Team and their teams, and was presented and approved at the Trust Board Public Meeting on the 4 April 2023.</p> <p>These 'headline priorities' will be supported with more detailed metrics and implementation plans in the Trust's business plan and in the individual objectives of Executive Directors.</p>	
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: Trust Board
Which Trust Priority does this link to	<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Restoring Services <input checked="" type="checkbox"/> Reducing Health Inequalities <input checked="" type="checkbox"/> Collaborative and System Working	<input checked="" type="checkbox"/> Strategic Service Development and Improvement <input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Capital Investment <input checked="" type="checkbox"/> Digital <input checked="" type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
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Financial implication(s) (if applicable)	Applicable through the Trust's business planning processes.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Objectives to further equality, diversity and inclusion, and to reduce health inequalities are included.	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance	<input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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Our promise to our staff and our stakeholders

What we will do in 2023-24

Delivering Today / Transforming Tomorrow

NLaG Trust Priorities 2023-24

Trust Priority 1 – Our People

- We will further develop how we seek to **attract and recruit** new staff by:
 - Developing **targeted** recruitment plans and practices at both a Place and ICS level to attract staff to a range of roles across the Trust, including hard to fill clinical roles, resulting in less reliance on bank and agency staff and associated premium spend. This will include targeted planning for specific clinical/medical roles and appropriate on-boarding for new starters.
 - Embedding **recruitment practices** that are fair, inclusive, responsive and provide a positive candidate experience.
 - Developing **workforce plans and initiatives** that tackle longer term workforce shortages. This will include the introduction of new roles, increasing the use of vocational programmes and greater support for veterans and reservists as we aim to widen participation.
 - Increasing the **reward and recognition** proposition for staff on appointment. This will include a greater access to benefits, flexible working practices and development opportunities.
 - Investing in educating and training future healthcare leaders, specialists, and general practitioners to attract and keep skilled employees in our organisation.

- We will **develop and care** for our own staff to **improve retention** by:
 - Developing **career pathways and training academies** that offer development opportunities for new and existing staff, utilising our apprenticeship levy wherever possible. This will include a particular focus on ACPs.
 - Continuing to invest in **values-based leadership development** with a view to creating caring and compassionate working environments.
 - Providing access to a range of benefits such as **flexible and hybrid working** and **retire and return** options that balance the needs of work and life.
 - Continuing to raise awareness of and expand access to responsive and preventative **health and wellbeing services**. This will include a specific focus on supporting colleagues with identified disabilities.
 - Forming alliances with other healthcare organisations to give our staff and trainees **networking opportunities and experience of varied work practices**.

- We will continue to improve our **culture and staff engagement** within the Trust by:
 - Developing annual culture objectives and metrics formed through staff feedback and the National Staff Survey. This will be overseen and monitored through the **Culture Transformation Board**.
 - Continuing to embed **Just and Learning Culture** practices into how we address adverse events that affect our staff.
 - Developing interventional **Organisational Development** programmes that support managers and teams to develop productive and vibrant working environments.
 - Strengthening our efforts to increase and celebrate the **diversity** of our workforce, developing strong staff networks to ensure an inclusive employee experience for all staff.

Trust Priority 2 – Quality and Safety of Care for our Patients

- We will **improve safety** on the following five **Trust Quality Priorities**:
 - **End of Life** – we will improve personalised palliative and end of life care to ensure patients are supported to have a good death.
 - **Deteriorating patient** – we will improve recognition and responding to the deteriorating patient in patients age 16+.
 - **Sepsis** – we will improve recognition and response to sepsis in patients.
 - **Medication safety** – we will improve the safety of prescribing weight dependent medication to adults.
 - **Mental Capacity** - we will increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.
- We will continue to implement and embed **actions flowing from our CQC inspection in 2022**.
- We will improve safety by **sharing key learning** through multiple routes to enable the messages to become embedded.
- We will work towards transitioning from the Serious Incident Framework to the Patient Safety Incident Response Framework (PSIRF) in 2023 culminating in the publication of a **Trust Patient Safety Incident Response Plan (PSIRP)**.
- We will continue to participate in **national audit** and act on national and outlier alerts, and ensure we keep our services up to date by reviewing and changing practice, based on best practice guidance from NICE.
- We will develop our new QI Strategy, implement our dosing model and strengthen the role of the QI council.
- We will work in collaboration with our LMNS (Local Maternity and Neonatal System) on improvement of Maternity Services based on national improvement plans and work towards completion of the Maternity Self Assessment Tool, and pursue exit from Maternity Support Programme.
- We will prepare the organisation for the changes to statutory **Liberty Protection Safeguards** (due summer 2022)
- We will continue to ensure compliance with **Safe Staffing** requirements in line with national workforce safeguards.
- We will continue to maintain the highest standards of **Infection Prevention and Control**.

¹ These are subject to confirmation through the Quality Account process.

Trust Priority 3 – Restoring and Developing Services for our Patient

- We will **increase the number of people we can diagnose, treat, and care for in a timely way** through doing things differently, accelerating partnerships, and making effective use of the resources available to us, across health and social care. This will include offering our facilities to provide ‘mutual aid’ to neighbouring trusts if their waiting times are longer than ours.
- By keeping our patients safe, offering the right care, at the right time and in the right setting, we will deliver **10% more activity** in 2023/24 when compared to levels of activity in 2019/20, including:
 - Significantly **reducing the backlog** of patients waiting for care in the Trust through implementation of our Outpatient Transformation Programme and discharging patients as per national clinical best practice pathways.
 - **Reducing long waits** for treatment by reducing the number of patients waiting above 65 weeks to zero by March 2024
 - By March 2024, increasing **Patient Initiated Follow-Ups (PIFU)** to 5% of all outpatient attendances, maintaining Advice and Guidance (A&G) services at 16% of first outpatient attendances, and supporting the reduction of unnecessary Follow Ups by a minimum of 25%, against 2019/20 activity levels.
 - Improving performance against **cancer waiting times** standards:
 - 62-day performance – ensuring that no more than 102 patients are waiting over 62 days by March 2024;
 - Delivering the Faster Diagnosis Standard of 75% by March 2024;
 - Increasing treatment volumes by 13%.
 - Ceasing having any **patients waiting for 12-hours** or more in our emergency departments by March 2024.
 - Significantly improving the number of patients waiting to be admitted to wards from the emergency department within one hour.
 - Maintaining utilisation of **Same Day Emergency Care (SDEC)** above national average and at 40%.
 - Significantly reducing the time **ambulances** wait in our current emergency departments to **handover** care to achieve the following:
 - 65% of handovers in under 15 minutes
 - 95% of handovers in under 30 minutes
 - No handovers waiting more than an hour
 - Opening our **new Integrated Acute Assessment Units** in DPOW and SGH during 2023, co-located with the new Emergency Departments opened during 2023/24.
 - Patients being seen more quickly in Emergency Departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
 - Supporting our ambulance service partners improve ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.
 - Improving the responsiveness and increasing the capacity of **community care** to support timely hospital discharge:
 - Achieving full geographic coverage urgent community response - 8am to 8pm, 7 days a week and cover all 9 clinical conditions or needs of the national 2-hour guidance;
 - Improving productivity so as to reach more patients in under 2 hours to exceed the minimum 70% threshold of people seen within 2 hours by December 2023;

- Completing the comprehensive development of virtual wards (including hospital at home) towards a national ambition of 40-50 virtual beds per 100,000 population by December 2023.

Trust Priority 4 – Reducing Health Inequalities

- We will work at system level to reduce pre-pandemic and pandemic related Health Inequalities, using related waiting list data that is embedded within performance frameworks to measure access, outcomes and experience for **BAME populations and those in the bottom 20% of IMD (Index of Multiple Deprivation)** scores.
- We will improve the length of stay for patients who have **alcohol dependency** from North East Lincolnshire (identified as an area of additional need) and provide support to manage and improve their health in the long term.
- We will provide additional support and treatment to **tobacco** dependent inpatients, high risk outpatients, and pregnant women under our care.
- Our **maternity services** will prioritise those women most likely to experience poorer outcomes, including women from BAME backgrounds and women from the most deprived areas.
- We will focus on ensuring that **patients with learning disabilities or autism** suffer no additional disadvantages when using or accessing our services, with a particular focus on waiting lists.
- We will strengthen our support to young people going through **transition** in their care to adult services.

Priority 5 – Collaborative and System Working

- Jointly with Hull University Teaching Hospitals (HUTH), we will implement Group executive leadership and associated governance collaborations.
- Jointly with HUTH, we will roll out to more specialties and further embed in those specialties already included, the Humber Clinical Collaboration Programme (formerly the Interim Clinical Plan).
- We will play a full part in the work of the **Humber and North Yorkshire Health and Care Partnership (Integrated Care Board)**, including the Collaborative of Acute Providers (CAP), the Community Collaborative, the three Place-based partnerships of North Lincolnshire, North East Lincolnshire, and the East Riding of Yorkshire, and associated clinical and professional networks.
- We will play a full part in other **national and regional networks**, including professional, service delivery and improvement (e.g. GIRFT), and operational.
- We will work together with partners across Humber and North Yorkshire to develop our approach to **population health management and prevention**.

Trust Priority 6 – Strategic Service and Estate Development and Improvement

- With partners in the **Humber Acute Services Review**, we will progress the Programme to Consultation in Q2 2023 with a view to having a Decision Making Business Case and Decision agreed by the end of Q4 2023/24.
- We will agree the approach that we will take to securing **Strategic Capital Investment** in our infrastructure with a focus on both DPoW and SGH. This will include identification of the potential capital investment and funding options and completion of Business Cases for agreement with the Trust Board and ICB.
- We will secure funding for the **Community Diagnostic Centre (CDC)** in Scunthorpe and design a procurement approach which allows the build to be complete by end of Q4 2023/2024; and we will develop an outline business case to support the procurement and build of a 'spoke' CDC scheme in Grimsby with a focus on ophthalmology by Q4 2023/2024.
- We will continue to invest **into our estates and equipment**, including new Same Day Emergency Care and Acute Assessment Units at both DPOW and SGH, and refurbishments of Theatres & 7 & 8 at DPoW and A at SGH.

Trust Priority 7 - Finance

- We will achieve the **Trust's 2023/24 Financial Plan**.
- We will play our full part in the achievement of the 2023/24 Humber and North Yorkshire HCP **system financial control total**.

Trust Priority 8 – Digital

We will move towards a “smarter hospitals” environment while working within our current constraints, including by:

- Developing a consolidated Digital Strategy for NLaG and HUTH to enable joined-up working and to improve capacity to proactively engage with the business and clinicians to align Digital and IT Infrastructure to the wider organisation strategy.
- Completing the procurement for a single EPR for the four acute Trusts in the ICS, with a proposed implementation strategy to achieve HIMSS Level 5 Digital Maturity.
- Achieving final phase completion of shared PAS, new LMS at HUTH, single ICS Maternity Solution, Single Sign On, and Robotic Process Automation.
- Achieving approval for Enterprise Content/Document Management Systems. Digitising **Health Records** as a priority, followed by corporate paper processes to support paper-lite/paperless working.
- Creating a consolidated diagnostics plan including SharePlus (RIS), EIS, access and sharing between NLaG and HUTH and the wider ICS. This will include completion of the eye referral system from community to acute care.

- Expanding the tracking of RFID and Scan4Safety to enable real time collection of information.
- Reviewing and implementing a modern and combined network and hosting service to enhance security, capacity and deliver new and improved service levels 24/7 with capacity to support new digital innovations (i.e Artificial Intelligence, robotics).
- Reducing operational complexity through adopting best practice IT Service Management processes and accreditation to enable a high standard of performance excellence. Operate Sustainably through strong technology business management methods, capacity management, and programme prioritisation.
- Reviewing all applications in the estate against clinical and corporate priorities and the future view of the EPR systems to reduce complexity, reduce wasted cost and to enable infrastructure change.
- Continuing to develop digital skills and knowledge across the organisations engaging with end-users to foster a culture that embraces technology and leverages digital champions to support sustained digital transformation.

Trust Priority 9 – The NHS Green Agenda

- We will continue to promote, develop, and embed the **NHS Green agenda** into the Trust, specifically, procurement policies, staff energy champions, Net Zero Heroes, travel, waste, and recycling.
- Building on our success in eliminating single use plastic in all areas possible, we will increase the amount of waste we redirect for recycling, by reduce all waste streams and ensuring they are compliant with their routes for disposal
- At SGH, we will continue to explore all funding streams to provide **energy conservation** schemes to include a new energy centre. We are growing the use of electric and low emission fleet within the Trust vehicles with over 30% of the fleet now fully electric.
- At DPOW, we will continue to work with North East Lincolnshire Council to explore and develop a **district heating network** across the locality, including a new energy centre coupled with energy conservation measures such as LED lighting.

Agenda Number:

CoG (04/23) Item 2.3

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead		
Contact Officer/Author	Ian Reekie	
Title of the Report	Lead Governor's Update	
Purpose of the Report and Executive Summary (to include recommendations)	<p>The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors business meeting in which the Lead Governor has been involved, including highlights from a Governor Assurance Group meeting held on 13 February and an Appointments & Remuneration Committee meeting held on 9 March 2023.</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. • Note that the Council of Governors has virtually ratified the extension of the term of office of Gillian Ponder as a Non-Executive Director and Senior Independent Director by three years until 31 May 2026. • Approve revised Terms of Reference for the Appointments & Remuneration Committee 	
Background Information and/or Supporting Document(s) (if applicable)	None	
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)	None	

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

COUNCIL OF GOVERNORS

13 April 2023

Lead Governor's Update

GOVERNOR BRIEFINGS/TUTORIALS

One governor briefing plus a governor tutorial have taken place since the last CoG meeting covering the following subjects:

- End of Life Care Briefing – Wednesday 8 March
- Integrated Performance Report and Statistical Process Control Tutorial – Monday 13 March

It had been intended to hold a briefing on Critical Infrastructure Risks and Capital Funding Options on Tuesday 21 February but this had to be postponed pending Trust Board consideration. A presentation on the topic has instead been incorporated into the CoG meeting agenda. Future plans include a briefing on Humber Acute Services option(s) prior to the launch of public consultation and a tutorial on interpretation of the Board Assurance Framework on Wednesday 7 June. Suggestions from governors on topics for other future briefings would be welcomed.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

A meeting of the GAG was held on Monday 13 February at which governors considered the content of board assurance committee highlight reports presented by NED chairs. As GAG meetings are now programmed to closely follow Trust Board meetings the highlight reports are much more up to date. Topics focused on included:

- Funding of RTT mutual aid
- The need for strict end of financial year cost control
- Use of technical balance sheet reserves
- The ongoing use of escalation beds
- Paediatric audiology
- Diagnostic delays
- The Lincolnshire Place relationship
- Community Diagnostic Centre funding/governance
- Staff exit interviews
- The proposed ICS patient experience network

The GAG meeting also undertook its annual review of Trust membership and considered the methodology to be adopted in undertaking the proposed public member survey. In order to avoid digital exclusion it was decided to send hard copies to all members for whom the Trust does not possess their email address. The mailing will also seek to update member contact details but a decision on whether to cleanse the membership list of non-responders was deferred pending analysis of the survey results.

Any urgent items arising from a GAG meeting scheduled to be held on Thursday 6 April will be reported verbally to the CoG meeting.

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

A meeting of the ARC was held on Thursday 9 March when consideration was given to the extension of the term of office of Gillian Ponder as a Non-Executive Director (NED) and Senior Independent Director (SID). Gill is a very experienced NED who has been particularly diligent in undertaking the heavy workload involved in chairing the Finance & Performance Committee. ARC members therefore had no hesitation in agreeing a three year extension to her term of office until 31 May 2026, a decision which was subsequently ratified virtually by CoG.

The ARC also reviewed its terms of reference (ToR) and agreed to recommend CoG approval of the revised ToR attached as an appendix to this report. In particular, the ToR had been amended to reflect current working practices for the recruitment and appointment of the Joint Trust Chair, NEDs and the SID.

The other principal amendments to the document are as follows:

- NHS Foundation Trust Code has been replaced with NHSE Code of Governance for NHS Provider Trusts
- Committee to meet three times a year (previously four)
- Virtual CoG approvals for proposed appointments
- NHSE NED Remuneration Structure and framework referenced
- Nine years maximum NED period of office with Associate NED terms of office based on succession planning requirements
- Provision for NEDs to serve longer than nine years for a limited period to facilitate effective succession planning and the development of a diverse board
- Involvement of NHSE in Joint Chair appointment process as it is responsible for the appointment in respect of Hull University Teaching Hospital NHS Trust
- Inclusion of a website link to the NHSE remuneration structure for NHS Provider chairs and NEDs
- Lead Governor to represent Nominations Committee at Joint Trust Chair interviews, which will include a representative from NHSE and from the Humber and North Yorkshire Integrated Care Board
- Process for the evaluation of the Joint Trust Chair now includes reference to the NHSE report template and framework with the SIDs from NLAG and HUTH undertaking the process jointly (Appendix B)
- Process for the evaluation of performance updated to include performance levels that reflect the NHSE Appraisal Framework (Appendix C)
- Inclusion of a new Recruitment and Appointment Checklist (Appendix D)

Ian Reekie
Lead Governor

Directorate of Corporate Governance

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

Membership and Terms of Reference

Reference:	DCT073
Version:	2.0
This version issued:	
Result of last review:	Major changes
Date approved by owner (if applicable):	N/A
Date approved:	TBC 2023
Approving body:	Council of Governors / Appointments & Remuneration Committee
Date for review:	TBC 2024
Owner:	Helen Harris, Director of Corporate Governance
Document type:	Terms of Reference
Number of pages:	23 (including front sheet)
Author / Contact:	Helen Harris, Director of Corporate Governance

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

1. Purpose

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

2. Authority

- 2.1. The ARC has delegated authority which includes the engagement of specialist advisors as required, but is limited to the formulation of recommendations to the full CoG in-relation to the matters under consideration.
- 2.2. For the appointment of a Joint Chair, a nominations committee shall be appointed from the ARC which will include the SID (or another NED in the case of a conflict of interests), and/or the Vice Chair and at least three governors who will interview applicants and make a recommendation to the CoG by virtual correspondence.
- 2.3. For other NEDs, a nominations committee shall be appointed which will include the Joint Chair and/or Vice Chair, and at least three governors to interview applicants and to make a recommendation to the CoG by virtual correspondence.
- 2.4. The Committee will meet three times a year and have the authority to hold extraordinary meetings as the Committee deems appropriate.

3. Accountability and Reporting Arrangements

- 3.1. The Committee is directly accountable to the full CoG and the Chair of the ARC will submit a brief Highlight Report to each quarterly CoG Business meeting.
- 3.2. All meetings of the Committee will be minuted by a member of the Director of Corporate Governance team.

4. Responsibilities

- 4.1. To agree and periodically review the process to be followed for the appointment of the Joint Chair (working jointly across the Trust and Hull University Teaching Hospitals NHS Trust), Trust Vice Chair, SID* and other NEDs (see **Appendix A**), including the means by which views will be obtained from the Trust Board on the qualifications, skills and experience required for each position when considering potential candidates. [*Whilst the NHSE Code of Governance for NHS Provider Trusts assigns the authority to appoint the SID to the Trust Board, it also makes it clear that this is to be done in consultation with the Council of Governors.]

- 4.2. To ensure that the agreed process for selection is implemented effectively by the Nominations Committee of the ARC, and that a recommendation is made virtually to the CoG of a proposed appointment from the selection process. **[Note:** For the appointment of the Joint Trust Chair, the agreed process for selection and the recommendation is undertaken with NHSE].
- 4.3. To ensure that the selection process is consistent with the requirements of the Trust Constitution, particularly in terms of the eligibility and independence of candidates.
- 4.4. To determine a process for the appraisal of the performance of the Joint Chair, (see **Appendix B**), and to ensure that, via the SID, the views of NEDs on the performance of the Joint Chair/Trust Vice Chair are fed into the appraisal process.
- 4.5. To ensure that the Joint Chair/Trust Vice Chair puts in place an appropriate framework for the performance appraisal of NEDs (see **Appendix C and D**), and that the Joint Chair/Trust reports to the ARC on the performance assessment of NEDs.
- 4.6. On an annual basis to review the remuneration of NEDs (including Associate NEDs) in the context of changes to the cost of living and any national guidance such as the [NHSE NED Remuneration Structure](#). In light of that information to make a recommendation to a meeting of the CoG or by virtual correspondence about proposed changes to those levels of remuneration.
- 4.7. At intervals of no more than every two years to review the remuneration of NEDs with reference to benchmarking information on remuneration levels in comparable organisations. In light of that comparative information to make a recommendation to a meeting of the CoG or by virtual correspondence about proposed changes to those levels of remuneration.

5. Membership

5.1. Core Membership

- The Lead Governor (ex-officio)
- The Deputy Lead Governor (ex-officio)
- Four other Governors elected following the process described in paragraph 6.3 below, a maximum of one to be a staff governor.

5.2. Other persons attending meetings

- The Director of Corporate Governance will attend meetings of the Committee and will advise on issues relating to the Constitution
- The Director of People will attend meetings of the committee and advise on matters such as remuneration, appraisal and recruitment

- The Committee will have the prerogative to invite other persons (e.g. the Joint Chair*, Trust Vice Chair* and SID*) to attend their meetings to provide advice as required and as the agenda dictates
- The SID will attend meetings where the appointment or re-appointment of the Joint Chair, Trust Vice Chair is discussed.

5.3. Appointment of Governor Members

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

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

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

6. Procedural Issues

6.1. Conflict of Interest

6.1.1. It is an important principle that no NED should have any involvement whatsoever in setting their own remuneration. In all cases the individuals highlighted with an asterisk (*) in point 6.2 shall withdraw whenever their own salaries or performance assessments are being discussed.

6.2. Frequency of Meetings

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

6.3. Chair

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

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

6.4. Secretary

6.4.1. The Corporate Governance Support Officer will act as Secretary to the Committee, preparing agenda papers in conjunction with the Chair.

6.5. Attendance

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

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

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

6.5.4. The Corporate Governance Support Officer will maintain a record of attendance which must be presented at each committee meeting and at the annual evaluation exercise.

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

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

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

6.6. Quorum

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

6.7. Administration and Minutes of Meetings

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

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

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

- 6.7.4.** Submission of papers to members should take place seven calendar days before the meeting. In exceptional or urgent circumstances, a shorter period may be acceptable, at the discretion of the Committee Chair.
- 6.7.5.** The agenda shall be approved by the Chair of the Committee (or his or her nominated deputy).
- 6.7.6.** Minutes of each meeting shall be submitted to the next meeting for formal approval and signature by the Chair as a true record of that meeting.

6.8. Decision Making

- 6.8.1.** Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.
- 6.8.2.** Where this is not possible then the Chair of the meeting will ask for members to vote using a show of hands, all such votes will be compliant with the current Standing Financial Instructions and Scheme of Delegation of the Northern Lincolnshire & Goole NHS Foundation Trust.
- 6.8.3.** In the event of a formal vote the chair will clarify what members are being asked to vote on – the ‘motion’. Subject to the meeting being quorate a simple majority of members present will prevail. In the event of a tied vote, the chair of the meeting may have a second and deciding vote.
- 6.8.4.** Only the members of the Committee present at the meeting will be eligible to vote. Members not present and attendees will not be permitted to vote, nor will proxy voting be permitted. The outcome of the vote, including the details of those members who voted in favour or against the motion and those who abstained, shall be recorded in the minutes of the meeting.
- 6.8.5.** The Trust’s Standing Orders and Standing Financial Instructions apply to the operation of this Committee.
- 6.8.6.** Decisions which are outside of the Scheme of Delegation will be escalated to the CoG with the findings and recommendations of the Committee for action at CoG level.

6.9. Chair’s Action on Urgent Matters

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

action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

6.10. Monitoring, Compliance & Effectiveness

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

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

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

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

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

6.11. Review

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

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

7. Equality Act (2010)

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

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

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

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

The electronic master copy of this document is held by Document Control, Directorate of Corporate Governance, and NLAG NHS Foundation Trust

Appendix A

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

1.0 Introduction

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

2.0 Process for the Appointment of the Joint Chair

- 2.1** The appointment process for a forthcoming vacancy will commence approximately six months prior to the vacancy arising.
- 2.2** The appointment process will be undertaken with NLaG and NHS England (NHSE, on behalf of HUTH as per usual practices for NHS Trusts), using the Appointment and Recruitment Checklist at Appendix D.
- 2.3** The ARC, via the SIDs and Vice Chairs for both NLAG & HUTH, NHSE, Director of Corporate Governance, Human Resources representative and the Lead Governor (or Deputy Lead Governor), will review the skills, knowledge

and expertise required by the Board to fulfil the role in the form of a Job Description and Person Specification for the appointment. **[Note:** 1. The Chief Executive will be part of the review; 2. recruitment timescales, advert, closing date, interview meeting dates and a review of the skills matrix will be considered.]

- 2.4** Unless it has been reviewed within the preceding 12 months, prior to advert, a working group will be set up with the SIDs/Vice Chairs from both Trusts and ARC representatives to confirm the proposed remuneration of the Joint Chair with reference to benchmarking information on remuneration levels in comparable organisations and advice from external agencies. The working group will consult with NHSE as required. Should the ARC conclude that a level of remuneration other than that previously approved for the existing Joint Chair should be offered, this will require approval of the CoG prior to appointment and should reflect the principles set out in the NHS England guidance: [‘A remuneration structure for NHS provider chairs and non-executive directors.’](#)
- 2.5** The vacancy will be advertised via a recruitment consultant (from the approved supplier list and after obtaining three quotations), in conjunction with NHSE. The recruitment consultant will undertake long-listing and preliminary interviews with the candidates.
- 2.6** A Nominations Committee of the ARC will be established and will include both SIDs and Trust Vice Chairs for NLAG & HUTH, a minimum of three Governors, at least two of whom should be Public Governors, the Director of Corporate Governance, to review the appointment and recruitment process only. The Nominations Committee will be chaired by the SID and will take account of the requirements for eligibility and independence set out in the Trust Constitution and NHSE requirements.
- [Note:** 1. In respect of the appointment of the Joint Chair, the Chief Executive will act in an advisory capacity to the Nominations Committee but will not be a member of or have a vote on the committee.]
- 2.7** At interview the Lead Governor (or Deputy Lead Governor), will represent the Nominations Committee, the interview panel may be supplemented by an independent assessor, typically an experienced Chair from another Foundation Trust, a representative from NHSE and a representative from the Humber and North Yorkshire Integrated Care Board.
- [Note:** 1. In respect of the interview panel for the Joint Chair, the Chief Executive will act in an advisory capacity. 2. Provision will be made (via a ‘Meet & Greet’ Session) for the other Governors on the ARC to have exposure to the candidates.]
- 2.8** The Nominations Committee will make a recommendation to a general meeting of the CoG, or by virtual correspondence, setting out the preferred candidate for appointment.
- 2.9** NHSE will follow their governance process for the Joint Trust Chair appointment, in conjunction with the agreed timeline.
-

3.0 Process for the Appointment of Non-Executive Directors

- 3.1 The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising. The Recruitment and Appointment Checklist must be used during the process – Appendix D.
- 3.2 In accordance with the Constitution of the Trust, the appointment and remuneration of the Non-Executive Directors are the prerogative of the CoG. However, when considering the appointment of NEDs the CoG should take into account the views of the Trust Board. The ARC will therefore, via the Joint Chair, obtain the Trust Board's advice and opinion on the structure, size and composition of the Board of Directors and on the skills, knowledge and expertise required by the Board to fulfil the role in the form of a Job Description and Person Specification for the appointment(s).
- 3.3 Unless it has been reviewed within the preceding 12 months, prior to advert the ARC will confirm the proposed remuneration of the NEDs with reference to remuneration levels in comparable organisations and NHS England guidance: [‘A remuneration structure for NHS provider chairs and non-executive directors’](#). Should the ARC conclude that a level of remuneration other than that previously approved for the existing NED be offered, this will require approval of the CoG prior to appointment.
- 3.4 The ARC Chair and Joint Chair will review and decide the recruitment approach to be taken (advertisement or recruitment consultant). If required, the vacancy will be advertised in the relevant media channels covering the catchment area of eligibility for Trust membership.
- 3.5 A Nominations Committee of the ARC will be established comprising a minimum of three Governors, at least two of whom should be Public Governors and the SID. The Nominations Committee will be chaired by the Committee Chair. **[Note:** 1. There should be a majority of governors on the Nominations Committee. 2. Whilst the Nominations Committee will include a minimum of three Governors, provision will be made (via a ‘Meet & Greet’ Session) for the other Governors on the ARC to have exposure to the candidates. 3. The SID will commence the recruitment process, working with the Vice Chair. 4. The Joint Trust Chair, and/or the Vice Chair and the SID will be on the interview panel].
- 3.6 Once a suitable candidate has been identified, the Nominations Committee will make a recommendation to a general meeting of the CoG, or by virtual correspondence, seeking ratification of the appointment.
- 3.7 Where an existing NED (or Associate NED) seeks re-appointment, the Nominations Committee may wish to consider re-appointment without external competition, and in these circumstances will make a recommendation to a general meeting of the CoG or by virtual correspondence seeking ratification of the appointment. In such instances and prior to a recommendation being

made by the Chair, an assessment will be undertaken of the candidate's ongoing suitability for the role against the current job description and person specification, any changes to the time commitment for the role, the outcome of the appraisal and the need for progressive refreshing of the Trust Board.

3.8 For NEDs seeking re-appointment who have already served three terms of office, the Nominations Committee can potentially recommend a limited time extension of their existing contract where the outcome of the annual appraisal was found to be effective. For Associate NEDs this will potentially be for a maximum of three terms of one year.

3.9 The NED term of office will incorporate any time served as an Associate NED.

4.0 Appointment of Trust Vice Chair

4.1 The Trust Constitution specifies that the CoG will appoint a NED to be the Trust's Vice Chair who will be the Vice Chair of both the CoG and the Board of Directors.

4.2 The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising.

4.3 The Joint Chair will invite expressions of interest in serving as Vice Chair from all of the NEDs of the Trust, who may nominate themselves or a NED colleague. The Joint Chair's invitation will specify a closing date for those expressions of interest.

4.4 The expressions of interest should be accompanied by a short biography (no more than a single side of A4) including a resume of career history and experience of working with or within an NHS organisation(s).

4.5 The Joint Chair will submit the expressions of interest received to the ARC which in turn will be asked to make a recommendation to the next full meeting of the CoG occurring after the closing date. The CoG will be asked to ratify the appointment.

4.6 If there is any doubt over eligibility of a NED for appointment as the Trust Vice Chair a final decision on eligibility will be taken by the ARC, Vice Chair and Chair, taking account of the advice from the Director of Corporate Governance.

5.0 Appointment of Senior Independent Director (SID)

5.1 The NHSE Code of Governance for NHS Provider Trusts recommends that the Board of Directors should appoint a NED as the SID. The primary function of this appointment is to "provide a sounding board for the chairperson and to serve as an intermediary for the other directors when necessary. The SID should be available to governors if they have concerns that contact through the normal channels of the Joint Chair/Trust Vice Chair, Chief Executive, Chief Financial Officer or Director of Corporate Governance has failed to resolve or for which such contact is inappropriate".

- 5.2** Whilst the Code of Governance assigns the authority to appoint the SID to the Trust Board it also makes it clear that this is to be done in consultation with the CoG. This will be achieved via the following process:
- 5.2.1** The CoG will be asked to consider and approve the overall process.
- 5.2.2** The appointment process for a forthcoming vacancy will commence approximately three months prior to the vacancy arising.
- 5.2.3** The Chair/Vice Chair will invite expressions of interest in serving as the SID from all NEDs of the Trust who may nominate themselves or a NED colleague. The Joint Chair's/Trust Vice Chair's invitation will specify a closing date for those expressions of interest.
- 5.2.4** The expressions of interest should be accompanied by a short biography (no more than a single side of A4) including a resume of career history and experience of working with or within an NHS organisation(s). Desirable personal qualities for the SID include:
- Excellent interpersonal and communication skills;
 - The ability to deal with potential conflicts;
 - The ability to empathise with members and understand their concerns.
- 5.2.5** The Joint Chair/Trust Vice Chair will submit the expressions of interest received to the Trust Board with their recommendation setting out the preferred candidate for appointment.
- 5.2.6** The name of the proposed SID will then be submitted to the ARC which will be asked to make a recommendation to the next full meeting of the CoG occurring after the closing date. The CoG will be asked to ratify the appointment.
- 5.2.7** The SID will be appointed for a period determined by the Trust Board, but not exceeding the time remaining of their term of office as a NED.

Appendix B

Process for the Evaluation of Performance of the Joint Chair

1.0 Introduction

- 1.1 This document sets out the agreed process to be followed for the evaluation of the performance of the Joint Chair.
- 1.2 This process will be agreed and periodically reviewed by the Appointments and Remuneration Committee (ARC), particularly in the light of the experience of using the process.

2.0 Process for the Evaluation of Performance of the Joint Chair

- 2.1 Evaluations will be conducted annually by no later than the 31 July each year. **[Note:** the annual evaluation will utilise the NHSE Framework].
- 2.2 The Senior Independent Director (SID) will be responsible for co-ordinating/leading the annual evaluation of the Joint Chair and as part of this process will seek feedback from the Chief Executive, Non-Executive Directors (NEDs) and the Council of Governors (CoG), and key external stakeholders – in accordance with the process outlined at point 2.4 below. The NHSE Chair Appraisal Framework, Appendix 2: NHS Provider Chair Multisource Assessment template will be utilised; [Report template - NHSI website \(england.nhs.uk\)](#).

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

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

- 2.3 The Joint Chair will undertake self-assessment of his/her performance against the objectives, providing examples/evidence to support this. The Joint Chair will complete the self-reflection assessment, following receipt of the Chair Multisource Assessment from the SID.
- 2.4 The SID will seek feedback from the Board of Directors on the Joint Chair's performance, ensuring that there are no specific areas of concern from Executives or NEDs, and will produce a summary of this feedback. The Lead Governor (who is also the Chair of the ARC), or Deputy Lead Governor, will seek feedback from the CoG through the CoG's Governor Assurance Group (GAG), ensuring that there are no specific areas of concern, and will produce a summary of this feedback.

- 2.5** The SID and the Lead Governor (or Deputy Lead Governor), will then meet to discuss and agree a final appraisal report and adhere to the [NHSE Framework for conducting annual appraisal of NHS provider chairs](#). [Note: the SIDs from both NLAG and HUTH, with the Lead Governor (or Deputy Lead Governor), will discuss the Joint Trust Chair final evaluation report.]
- 2.6** Once the report has been prepared, the SID(s) and the Lead Governor (or Deputy Lead Governor), will meet with the Joint Chair to conduct the evaluation, by reviewing both the self-assessment and feedback from colleagues, and agree a Personal Development Plan and an overall assessment rating to describe the contribution of the Joint Chair as set out below:

Performance Level	Description
Level 1	Strong performance, making a critically important contribution to the work of the Trust, Trust Board of Directors and Council of Governors.
Level 2	Fully competent, demonstrating the range of skills and qualities required.
Level 3	Needs development with some room for improvement.
Level 4	Poor performance giving cause for concern across a significant number of areas requiring prompt improvement.

- 2.7** A final report setting out the conclusions of the evaluation of past performance, objectives for the coming year and key components of the future personal development plan will be shared with the ARC, which will be asked to consider the results and recommendations prior to submission of a summary report to the full CoG for ratification.
- 2.8** The Lead Governor (or Deputy Lead Governor), in conjunction with the SID(s), will present a summary report to the full CoG. The Joint Chair will excuse themselves from the meeting for the duration of this discussion.
- 2.9** The appraisal documentation will be sent to NHSE, having been presented to the CoG.

Appendix C

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

1.0 Introduction

1.1 This document sets out the agreed process to be followed for the evaluation of the performance of the Non-Executive Directors (NEDs) which includes the Vice Chair and Associate Non-Executive Directors.

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

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

2.1 Evaluations will be conducted annually by no later than 31 July each year.

2.2 Each NED will undertake a self-assessment of their performance against agreed objectives, providing examples / evidence as required and will submit this to the Joint Chair/Trust Vice Chair in advance of the evaluation. NHSE NED Appraisal Summary template must be used – Appendix E.

2.3 The Joint Chair/Trust Vice Chair will invite comments on the performance of the NEDs from the Chief Executive and, as part of this discussion, will determine whether any specific areas of concern have been raised by the Executive Directors.

2.4 Once the initial information outlined in 2.1 & 2.2 has been gathered, the Joint Chair/Trust Vice Chair will meet with each NED to conduct the evaluation, validate or otherwise the self-assessment and agree an overall assessment rating to describe the overall contribution of the individual as set out below:

Performance Level	Description
Level 1	Strong performance, making a critically important contribution to the work of the Trust & the Trust Board of Directors.
Level 2	Fully competent, demonstrating the range of skills and qualities required.
Level 3	Needs development, but with some room for improvement.
Level 4	Poor performance giving cause for concern across a significant number of areas requiring prompt improvement.

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

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

Appendix D

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



Northern Lincolnshire
and Goole
NHS Foundation Trust

Appointees - People in post should include the following info

Name	
Ref	
Decision date	

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

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

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

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

Appendix E

NED Appraisal Summary

Name	
Organisation	
Year	

1. Overall assessment of performance

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

Strong performance	Fully competent	Needs development	Poor performance

2. Assessment of performance against agreed objectives

--

3. Specific strengths and aspirations

--

4. Learning and development needs

--

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

--

6. Suitability for appointment

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

YES/NO – If NO please provide details.

--

Appraiser	
Signed	
Name	
Date	

Appraisee	
Signed	
Name	
Date	

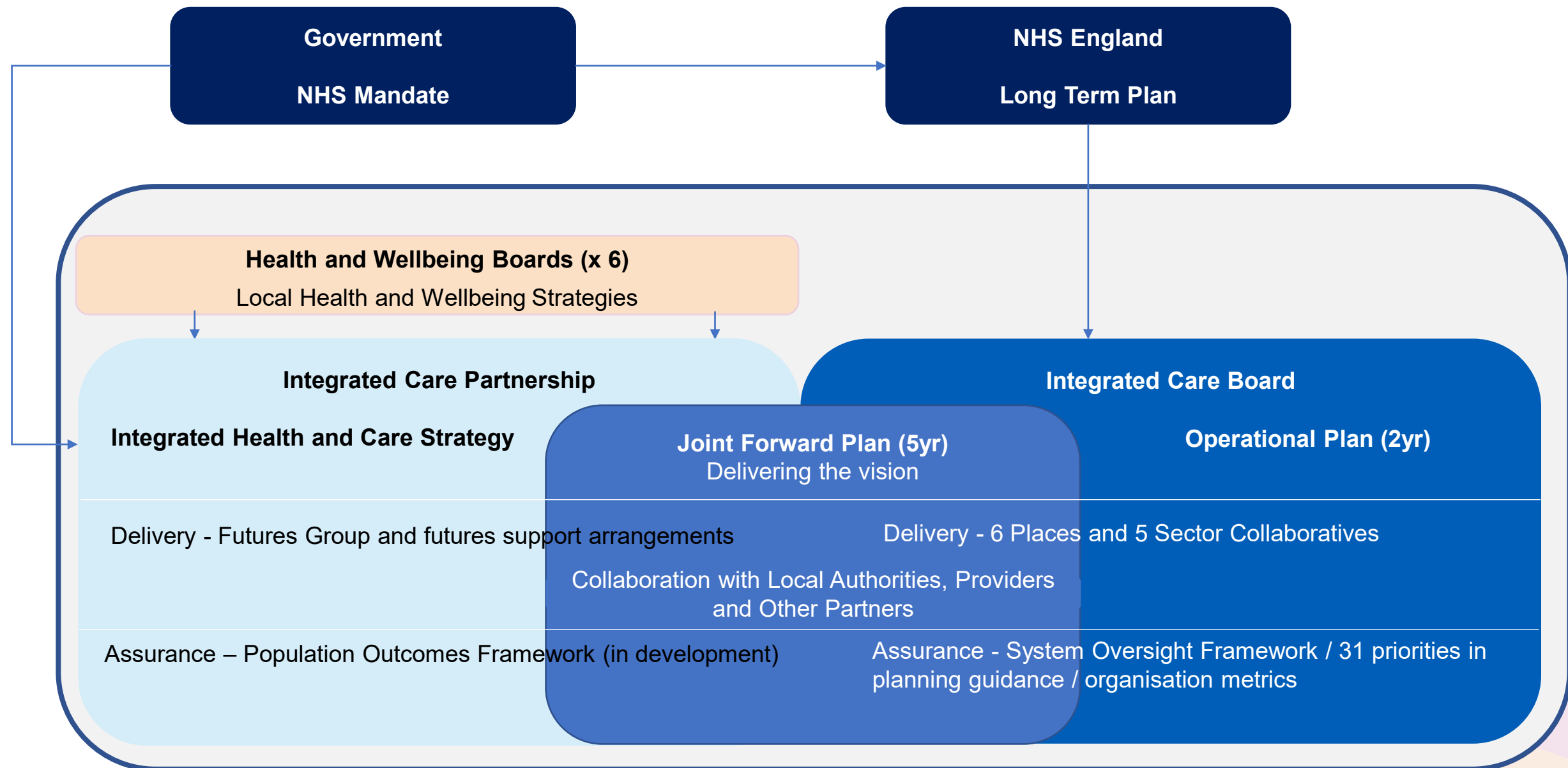
This form should be completed annually and copies provided to keely.howard1@nhs.net.

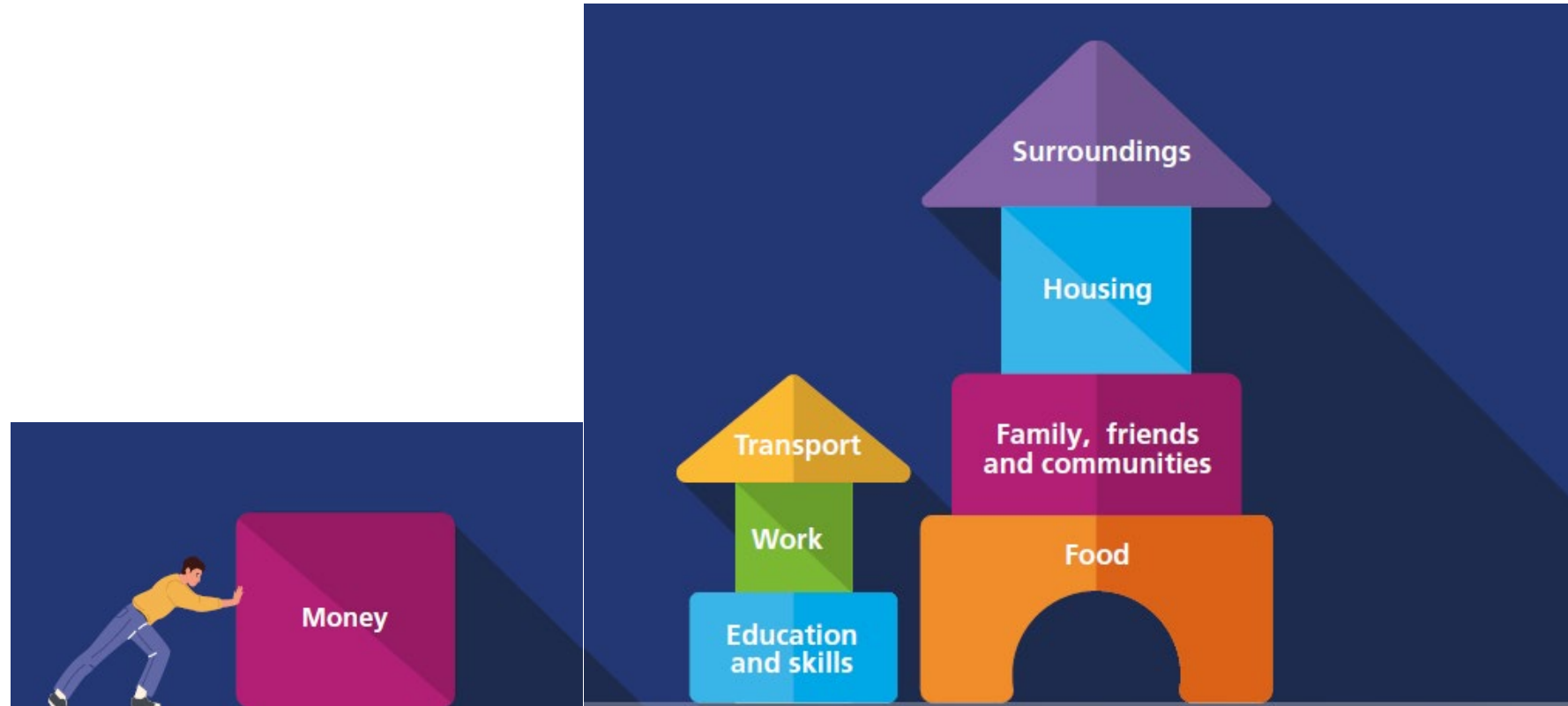


Humber and North Yorkshire
Health and Care Partnership

Reimagining Health and Care – An Integrated Strategy





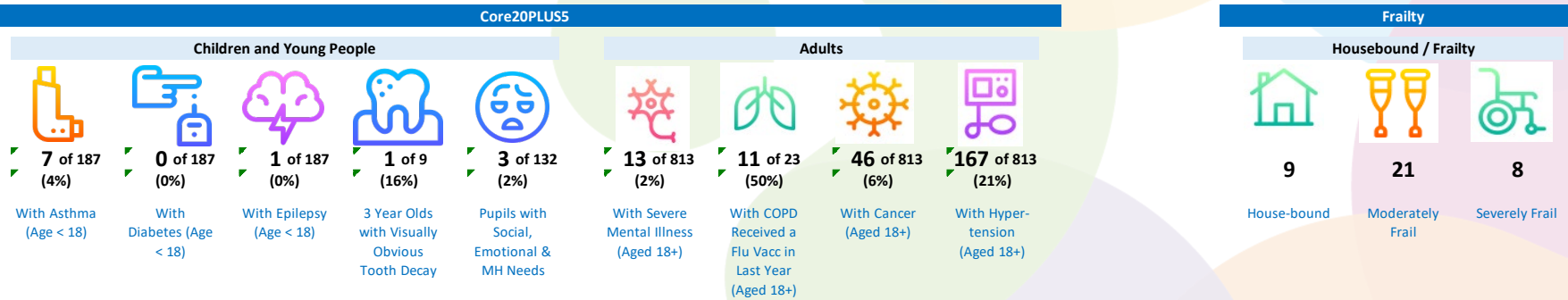
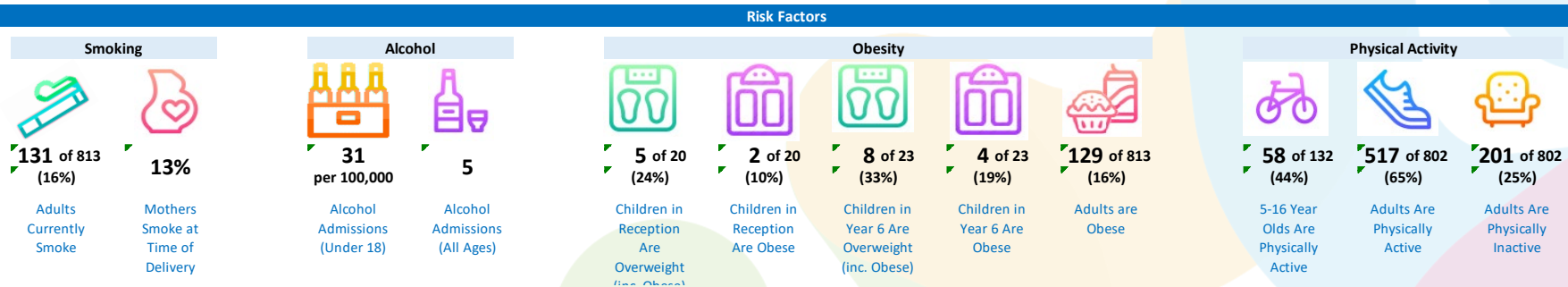
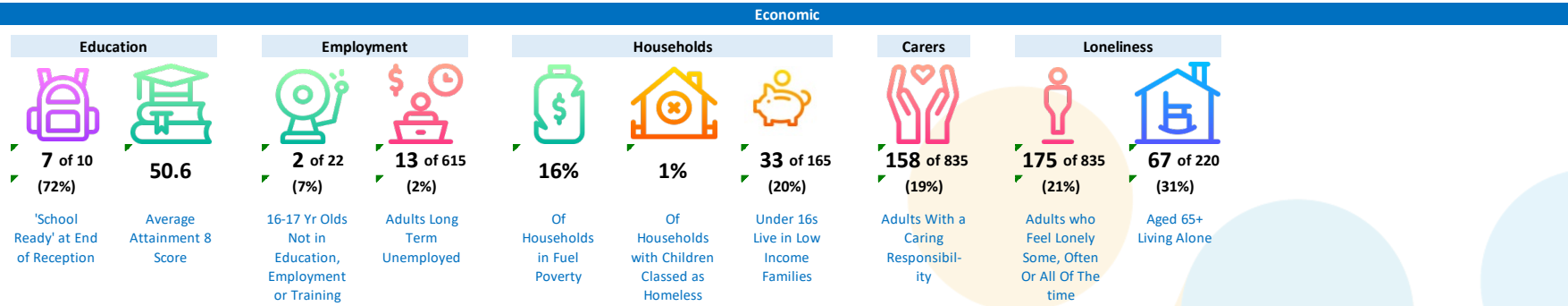
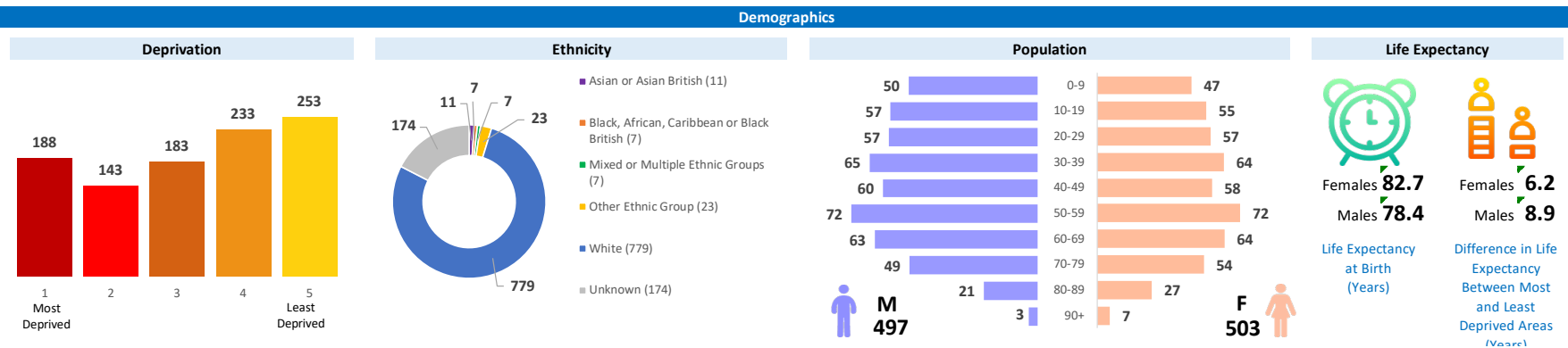


Our population in numbers

If Humber and North Yorkshire was a Community of 1000 people.....

How to read

If the population of Humber & North Yorkshire was just 1,000 people then 220 would be aged 65 or over. Of these, 67 would live on their own. That means that 31% of those aged 65 and over live on their own.



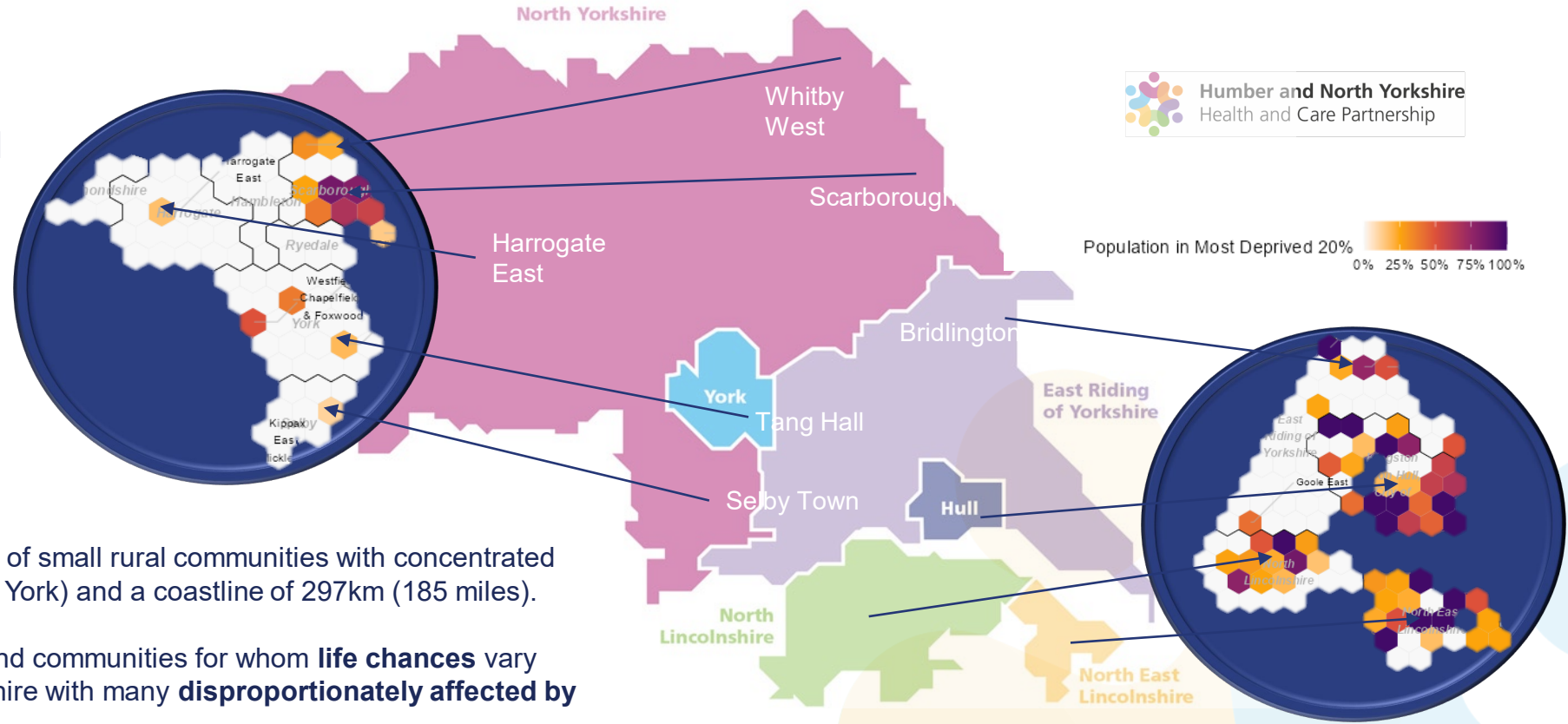
Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**.



Digital

14% of our population have unequal access to services where they are provided using digital technology (within Hull this figure is 61%).

Coast

People living in our coastal communities face some of the greatest health and wellbeing challenges as well as poorer access to health care, employment, housing etc. resulting in poorer outcomes.

Justice

Our people within the justice system face poorer health outcomes and face barriers to accessing health and wellbeing services and have often experienced trauma and adversity.

Armed Forces

Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met.

Homelessness

People without permanent, secure homes are at higher risk of poor health outcomes and face significant barriers to accessing care.

Ethnicity

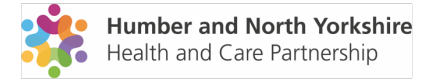
6% of our population is from an ethnic group, however we do not know for approx. 17% their ethnicity. We do know that that ethnic groups face poorer health outcomes.

Our strategy on a page

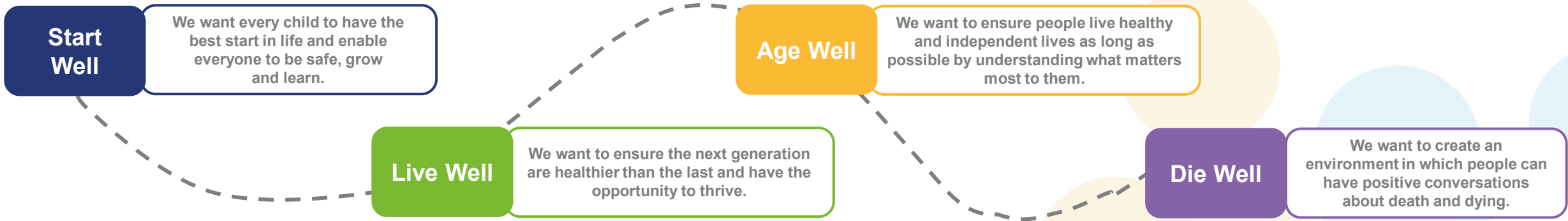
Our ambition is:

for everyone in our population to live longer, healthier lives

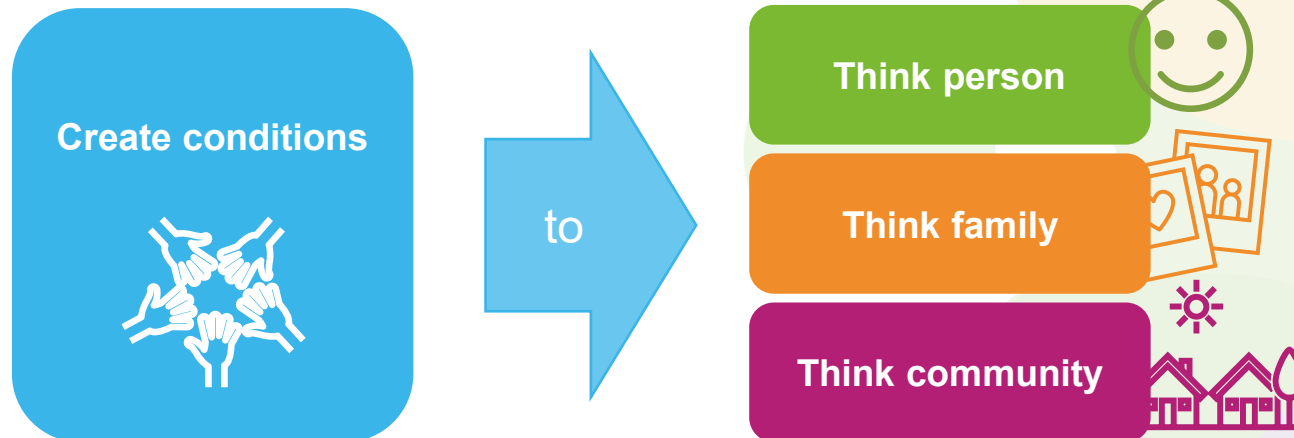
by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.



To reach that ambition our **vision** is to ensure that all our people:

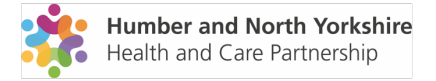


To deliver the ambition and vision, our **intentions** are to:



Our intentions


To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will focus on...



Create conditions

Focus on creating the conditions to enable and empower our people, communities and organisations to achieve change.

Change Empower Enable



Think person

Enabling our people to live healthy, independent and safe lives as long as possible by understanding what matters to them.

Secure Independent Choice



Think family

Supporting families to enable everyone to be safe, grow and learn and ensure every child has the best start in life.

Safe Grow Learn

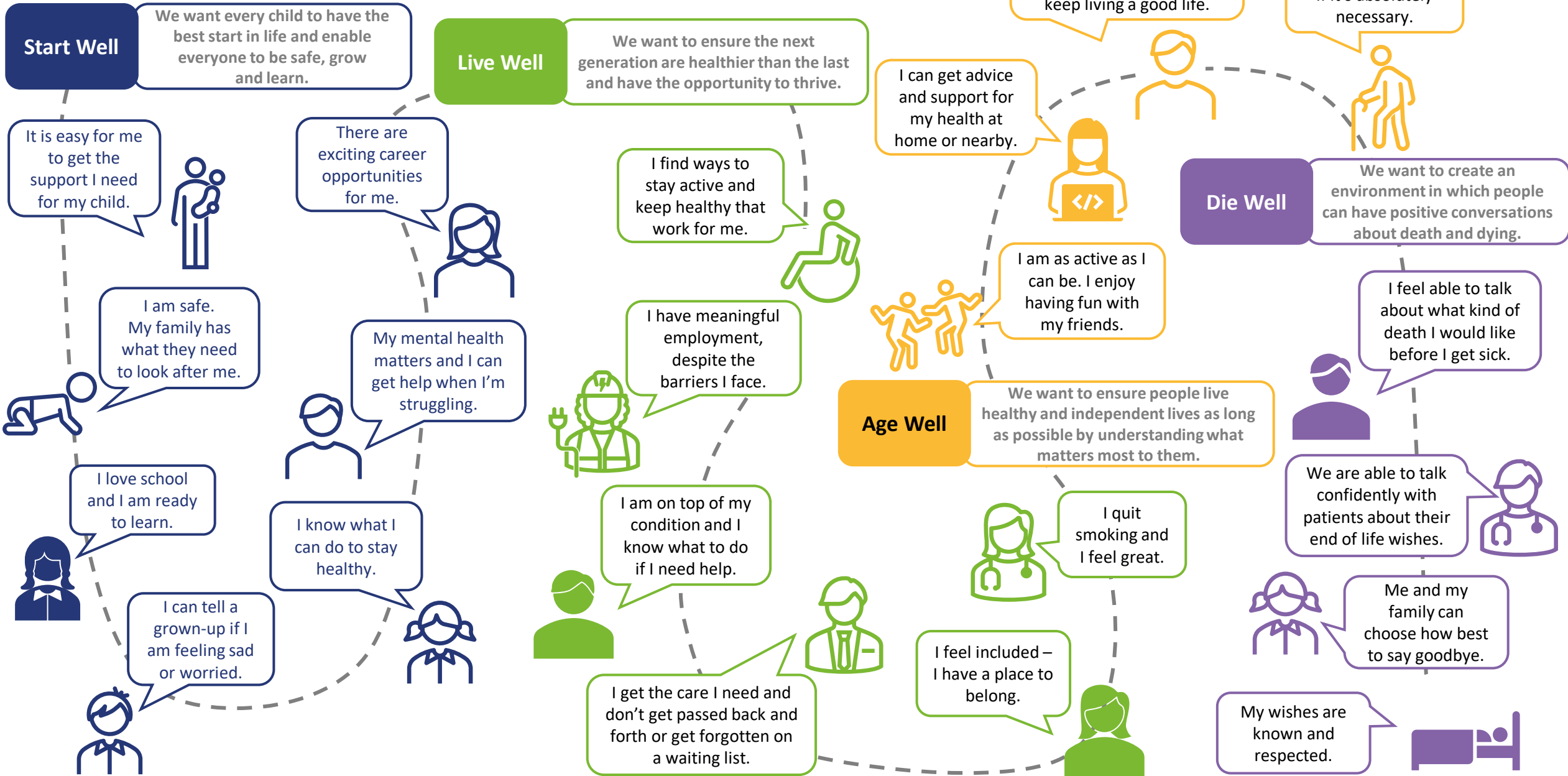


Think community

An all-inclusive community approach to ensure the next generation are healthier than the last and have the opportunity to thrive.

Work Healthy Play

How we will know we have succeeded



What happens next

Turning strategy into action

The way we prioritise our time, energy and resources will be informed by the ambitions in this strategy and actions will be developed through:

- **Place** engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
- **Integrated Care Board** engaging with partners to develop a 5 year Joint Forward Plan which will use the strategy as a framework and an annual operational delivery plan
- **Other Strategies, Plans and Programmes** e.g. People Strategy, Digital Strategy, Children and Young People Alliance

Evidencing we are making a difference

- We will develop a population health outcome framework to provide the assurance and evidence that we are making the difference we intended.
- Ensure we have continued engagement with our communities and receive their feedback on the delivery, working closely with Healthwatch.
- Share case studies of our promising practice to promote learning and enable others to adopt and implement new ways of working.



Humber and North Yorkshire
Health and Care Partnership

Thank You



Agenda Number:

CoG (04/23) Item: 3.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Karina Ellis, Executive Director of Corporate Affairs, NHS Humber and North Yorkshire Integrated Care Board	
Contact Officer/Author	As above	
Title of the Report	Humber and North Yorkshire Integrated Health and Care Strategy	
Purpose of the Report and Executive Summary (to include recommendations)	<p>In accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire have been undertaking a process to develop an Integrated Health and Care Strategy that cover the area.</p> <p>This paper sets out the approach taken to develop the strategy which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.</p> <p>A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.</p>	
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.
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.
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***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



Report to:	Northern Lincolnshire and Goole NHS Foundation Trust - Council of Governors (CoG)
Date of Meeting:	13 April 2023
Subject:	Humber and North Yorkshire Integrated Health and Care Strategy
Sponsor:	Sue Symington, Chair of Humber and North Yorkshire Integrated Care Partnership Cllr. Jonathan Owen, Vice Chair of Humber and North Yorkshire Integrated Care Partnership
Author:	Karina Ellis, Executive Director of Corporate Affairs, NHS Humber and North Yorkshire Integrated Care Board

STATUS OF THE REPORT: *(Please click on the appropriate box)*

Approve Discuss Assurance Information A Regulatory Requirement

SUMMARY OF REPORT:

In accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership for Humber and North Yorkshire have been undertaking a process to develop an Integrated Health and Care Strategy that cover the area.

This paper sets out the approach taken to develop the strategy which has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart.

A copy of the final draft of the Integrated Health and Care Strategy is attached as appendix A to this report.

RECOMMENDATIONS:

The Members of the Council of Governors are asked to:

- Note the update in the paper and the next steps.

Integrated Health and Care Strategy

Introduction and Context

The Humber and North Yorkshire Health and Care Partnership (formally Humber, Coast and Vale) was established in 2016 as a collaboration of 28 organisations from the NHS, local councils, other health, and care providers including the voluntary and community sector. The Partnership covers a geographical area of more than 1,500 square miles and serves a population of 1.7 million people, all with different health and care needs. It includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire, and Northern Lincolnshire.

The Health and Care Act 2022 that received Royal Assent on 28 April 2022 put Integrated Care Systems (ICSs) on a statutory footing, empowering partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity, and value for money, and help support broader social and economic development. The Humber and North Yorkshire Health and Care Partnership is one of 42 ICSs which cover England.

The Health and Care Act sets out the four core elements of an ICS these are Place, Provider/Sector Collaboratives, Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).

The ICP is a separate statutory committee, which brings together local authorities and the NHS Integrated Care Board as partners to focus more widely on health, public health, and social care. The development of the Humber and North Yorkshire ICP over the spring and summer of 2022 with membership being built from Place and with Place leaders at the very heart. The Humber and North Yorkshire ICP met for the first time in September 2022.

One of the key responsibilities of the ICP is to co-produce with partners an Integrated Health and Care Strategy for Humber and North Yorkshire and guidance was published by Department of Health and Social Care on 29 July 2022 and is available online here: [Guidance on the preparation of integrated care strategies - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/guidance-on-the-preparation-of-integrated-care-strategies)..

The expectation was that Integrated Health and Care Strategies must be built bottom-up from local assessments of needs and assets identified at place level, developed for the whole population using best available evidence and data, covering health and care and addressing the wider determinants of health and wellbeing. The strategy should set out how the assessed needs of the population can be met by upper tier Local Authorities, the ICB and partners and over what timescale. The expectation was that the strategy would be produced by December 2022.

The Health and Care Act 2022, also places a duty on the NHS Integrated Care Board to have regard to Integrated Health and Care Strategy, the Joint Strategic Needs Assessments (JSNAs), and Joint Local Health and Wellbeing Strategies when exercising its functions and developing its Joint Forward Plan and Operational Plans with NHS Trusts and Foundation Trusts.

Process architecture for developing our strategy

Recognising the requirement for a strategy to be developed, early in 2022 and to support the ICP whilst it was developing a strategy design group was established in early 2022 to provide a core function of designing, co-ordinating, developing and overseeing the development of the strategy based on an inclusive approach.

The strategy design group included broad representation from Local Authorities, ICB and Place. It played a key role in analysing data and intelligence and providing the information through which to make sense of where we are and where we want to be.

A number of principles were agreed by the strategy design group which underpinned its development. These were, that the strategy would:

- Be a living and breathing dynamic approach
- Be co-produced and created with the system and its partners, including closely with local government and based on lived experience of our citizens/communities
- Add value and not replicate what is happening in Place
- Enable other emerging strategies to sense check against a set of ambitions and ensure there is a golden thread
- Make use of technology to support the continuing development and engagement so that progress can be seen, feedback given as emerging themes to develop.

The development process has been population health data and intelligence driven, supported by strong clinical and care professional leadership. The work has been a collective responsibility to ensure that the strategy is co-owned, connected to real work and is delivered by a living system which is empowered to act.

There have been and continues to be the opportunity for all members of the the wider system to be involved through a networked approach to engagement and open and transparent opportunities to be part of the dialogue. It will be important to continue to provide the opportunity for effective challenge and enable diversity of thought and for the ICP to be prepared to listen to suggested change and keep open minds to evolving the strategy even after approval.

In tandem with this, engagement has taken place with a variety of stakeholders and a number of open sessions have been held. A desktop review of data, evidence and existing policies and strategies and engagement with our communities has also been undertaken. The reviews have considered existing strategies and plans both within the architecture of our system, but also from across our wider system and areas of work through which we come together in partnership.

In addition, the ICP Committee heard the immediate feedback at their meeting on the 26 October 2022 from the workshop that had taken place on the same day, which had focussed on the vision of 'start well, live well, age well and die well' and the following questions:

- Where are we now?
- Where do we want to get to?
- How will we get there?
- How will we know when we have got there?

There have been numerous engagement sessions with Place with each Place developing their strategy intent and the

Where are we now

The information we have gathered from the engagement and document reviews has now been taken to support the development of a strategy document. As previously mentioned, we have set the aim to develop a living and breathing strategy, not a weighty tome document to sit on a shelf. Therefore, the document has been prepared with the view of establishing a strategic intent that is clear and creates the framework for the plans at Place.

As mentioned earlier the requirement of the strategy is that it is developed based on the needs of our population and to do this, we have taken the approach of 'if Humber and North Yorkshire was a community of 1,000 people' what would it look like in terms of its demographics, people's economic, health and wellbeing circumstances. We have also recognised that our communities are also as unique as the people that live in them and provide us with some of our greatest assets whilst acknowledging that they also have very different experiences in their lives.

The ambition set out in the strategy builds on the one we have held for many years as a Partnership which is **for everyone in our population to live longer, healthier lives**. However, we have made it more specific with the addition of by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach this ambition our vision is through a life course approach to ensure that all our people **start well, live well, age well and die well**. And to deliver on both the ambition and vision our intention is to

- **create the conditions** for change, making it easier for our people, communities and organisations to come up with the solutions they think will work best in improving the lives of our people, their neighbours and communities
- **think person** by listening and paying attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.
- **think family** not in the traditional sense but by considering the different way people consider a family, the people who are closest to them, who can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations for all but particularly enable every child to grow, learn and thrive.
- **think community** by recognising the assets in our communities, harnessing the strength and uniqueness, we will plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

The strategy is for everyone to understand our ambition, vision and intentions. To enable us to make this meaningful to a key audience of the strategy our people and communities we have used 'I' and 'we' statements that will resonate with them and

have come from different engagement across our system. We will use this as a mechanism for helping to support the evaluation of the progress we are making.

Appendix A to this paper includes a copy of the final draft of the strategy content which the ICP Committee considered and approved on the 14th December 2022 and all the Health and Wellbeing Boards have also now approved the strategy.

Next Steps

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

The most important part of any strategy is turning it into action and we have identified a number of next steps and these are as follows:

- The strategy is used to prioritise our time, energy and resources through:
 - Place engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
 - Providing the guiding framework for the development of other specific strategies and plans such as the 5-year Joint Forward Plan that the ICB with Providers is required to produce.

We also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

- A task and finish group has been established to develop the population health outcome framework to provide the assurance and evidence that we are making the difference we intended
- Continued engagement particularly with our communities as we develop and implement the actions to deliver the strategy – Healthwatch have kindly offered to support this as well as development of communication messages.

Finally the Communications Plan will be finalised and implemented. This includes for example:

- the production of a professionally designed document,
- the development of an online space which will create the platform to ensure we have a living and breathing strategy, will connect with other strategies, and be a space where we share promising practice
- production of case studies that demonstrate how the ambition, vision and intentions are being delivered in practice with a focus on outcomes and sharing learning.
- A full launch of the strategy will take place over the spring of 2023.

Recommendation

The Members of the Council of Governors are asked to:

- Note the update in the paper and the next steps.



Reimagining Health and Care – An Integrated Strategy

Final Draft



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Introduction from the Chair and Vice Chair



Humber and North Yorkshire Integrated Care System has big ambitions for health and care!

This strategy captures the aspirations of many partners, including Local Government, Voluntary, Community and Social Enterprise organisations and the NHS, with a practical plan for achieving those big ambitions. Our ambitions are easily understood. We want every single person in our population of 1.7 million people to start life well, to live well, to age well and die well. There are actions that we can take across our whole geography to achieve this, and there are actions which we can take more locally to achieve this: this strategy sets the framework for both.

All Integrated Care Systems have a very clear purpose: to bring together all elements of health and social care in a unique geography, by thinking and working as partners, in order to improve the overall health of the population, by focusing on inequalities in the health of the population and by contributing to the prosperity of our geography. By doing these things together, we believe we can also improve the quality and effectiveness of the services we collectively provide.

Collectively we have resources, a budget of £3.5 billion and more than 50,000 people, to achieve our ambitions, but the most important resources of all, partners who share a deep commitment to making changes that can deliver an improved, joined-up, quality health and social care system for our population.

Our integrated Care Partnership understands that achieving these ambitions will be challenging: many of us will need to change our ways of working, we will all need to become expert partners across organisations, we must forge new innovative partnerships, we must all embrace technology as an important tool for delivering improvement, we will all need to work at greater pace and we may need to make difficult decisions along the way.

But all of this will be for our vital, shared purpose of investing in the prevention of ill health, enhancing the quality of life of individuals and the health of our Humber and North Yorkshire population at large..

We encourage you to read on to understand what this strategy means for you....



**Sue Symington
Chair**



**Cllr Jonathan Owen
Vice-Chair**

Our starting point

Of the 1.7 million people who live in Humber and North Yorkshire, more than 200,000 are living in poverty, with more than 60,000 children living in low income families. More than 2400 people each year die from causes considered preventable.

The **healthy life expectancy** – the number of years a person can expect to live in good health – is just 53.8 years for men in Hull, compared with 67.3 years for men in North Yorkshire. Within North Yorkshire there is a gap of 9.5 years between those from the most and least deprived communities.

For women in Humber and North Yorkshire, the number of years they can expect to live in good health is slightly higher than men but is just 56.4 years in North Lincolnshire, compared with 67.9 years in East Riding of Yorkshire. Within East Riding there is a gap between the most and least deprived of 11.2 years.

The reasons behind these disparities are complex and multi-layered and are as individual as each of the 1.7 million people who live in our communities.

The ways to tackle these disparities are similarly complex and require organisations and communities to work together, to get creative and to have a really clear goal to strive for.

The purpose of this strategy is to set the ambition for our people and communities. To be clear on where we are trying to get to and what will be different if we get it right. It is not a plan or a series of actions but rather a statement of intent. It provides the framework within which strategies and plans will be developed and informs the allocation of our collective resources. The way we prioritise our time, energy and money should be formed by the ambitions in this strategy.

As organisations we share the responsibility for health and care services across the Humber and North Yorkshire. And it is with the people of Humber and North Yorkshire that we share the responsibility for improving health. As we implement this strategy, we will continue to build partnerships with our communities to deliver their aims and aspirations for better health and improved lives.

We have extensive assets at our disposal and using our collective power and influence we can use these to put in place **building blocks for health**; to improve the underlying circumstances that affect the lives and life chances of our people; and provide opportunities for our populations to thrive by helping to address the underlying causes of differences in health.



We each look after a small part of a wider puzzle. By working together with a clear ambition in mind, we are greater than the sum of our parts.

This strategy is not just about making health and care services more efficient or effective – though this is an important priority for our partnership and its constituent parts. Instead it takes a wider and longer view, focusing on what we can change to help people live healthier, happier lives – now and in the future.

Together we can make real change and deliver our vision for the people of Humber and North Yorkshire.



Our strategy on a page

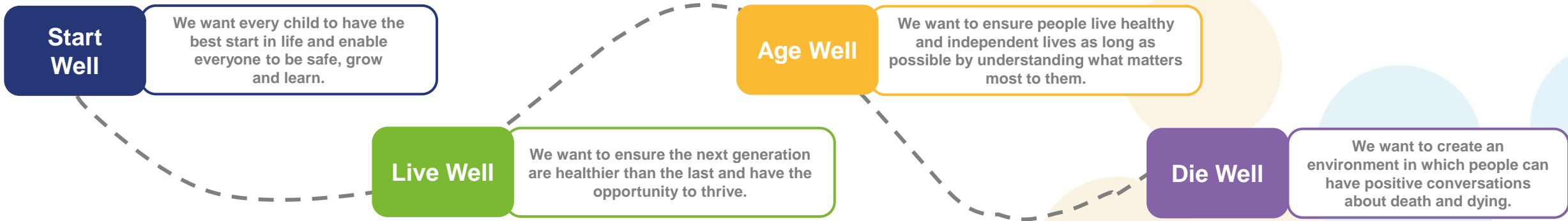
Our ambition is:



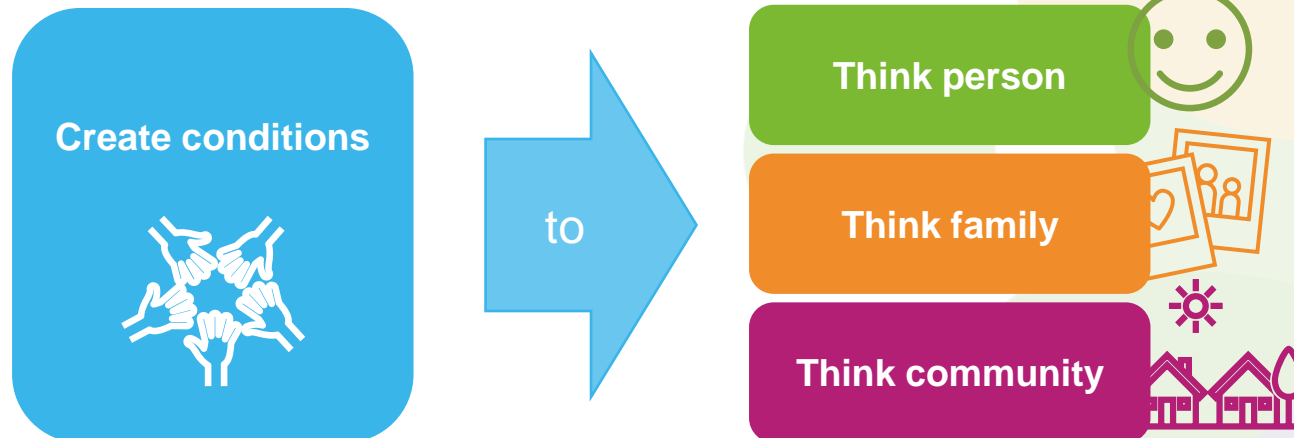
for everyone in our population to live longer, healthier lives

by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach that ambition our **vision** is to ensure that all our people:



To deliver the ambition and vision, our **intentions** are to:



Our partnership

We are the **Humber and North Yorkshire Integrated Care Partnership** part of one of 42 **Integrated Care Systems (ICs)** established across England.

The **Integrated Care Partnership (ICP)** is a standalone statutory committee between Local Government and the NHS Integrated Care Board (ICB). We are responsible for developing the **integrated health and care strategy** to address the health, social care and public health needs of our population.

Our focus is on improving outcomes for our population, tackling health inequalities and making the **connections between health and wider issues including socio-economic development, housing, employment and environment**. We take a **collective approach to decision-making and support mutual accountability** across the Integrated Care System.

42 Primary Care Networks
(181 GP Practices)

4 acute hospital trusts
(operating across 9 sites)

3 mental health trusts

4 community / not for profit providers

2 ambulance trusts



1.7 million people

6 Local Authorities
(upper tier and unitary authorities)

550 care homes

180 home care companies

10 hospices

1000s of voluntary and community sector organisations

c.50,000 staff
across health and adult social care

Total budget of approx. £3.5bn

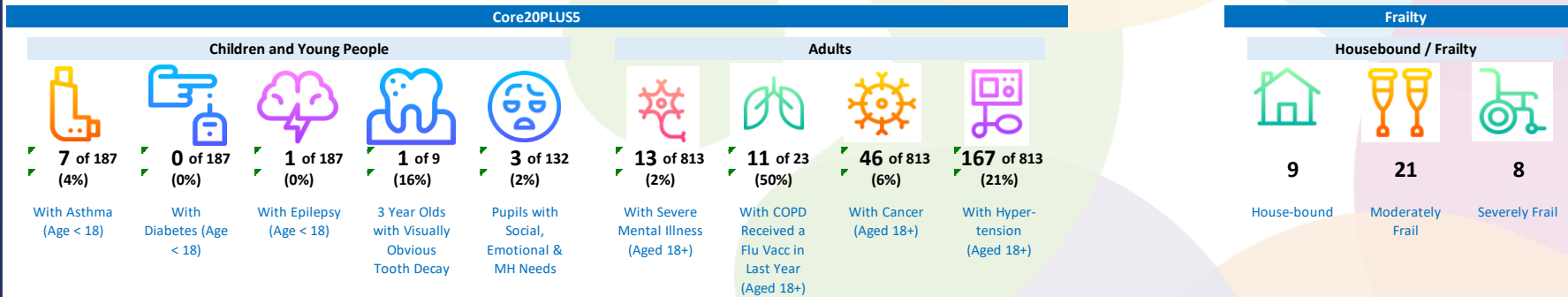
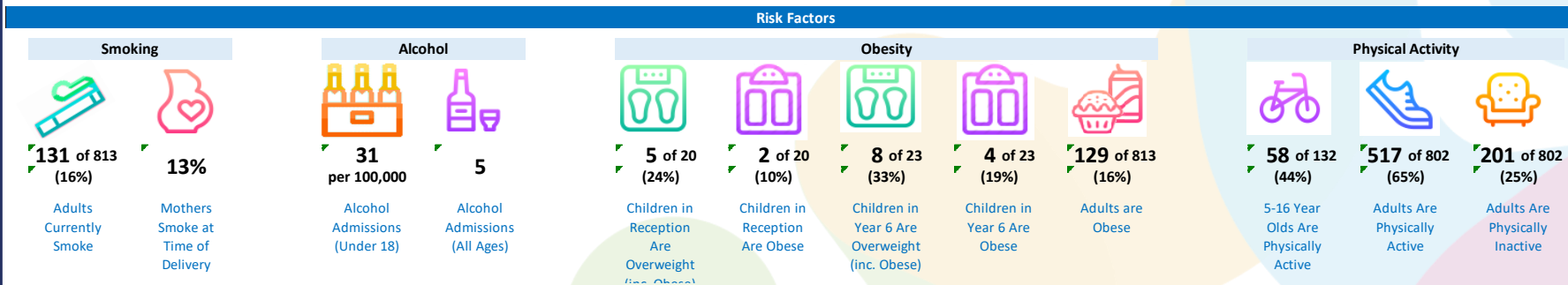
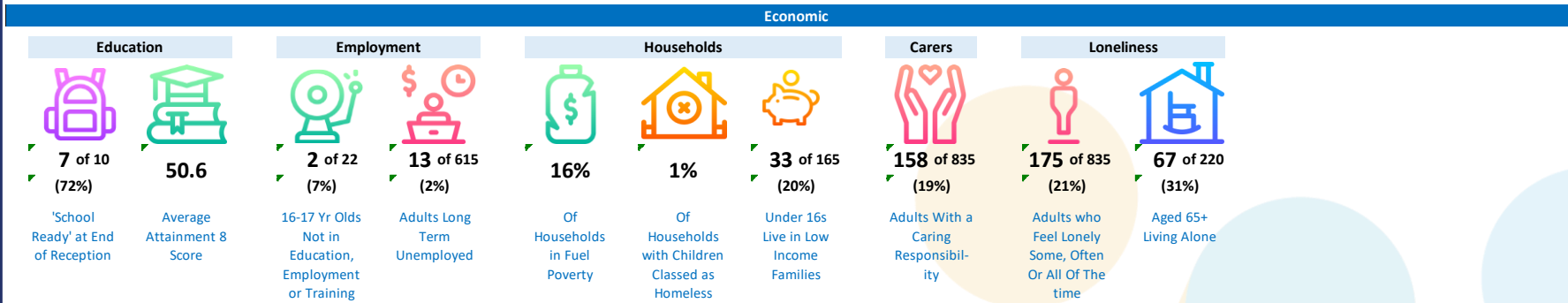
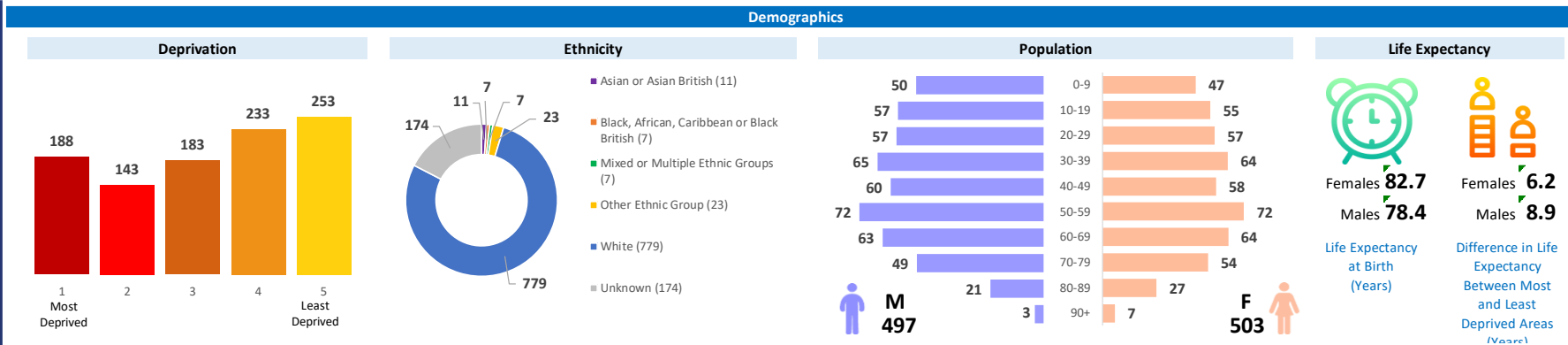


Our population in numbers

If Humber and North Yorkshire was a Community of 1000 people.....

How to read

If the population of Humber & North Yorkshire was just 1,000 people then 220 would be aged 65 or over. Of these, 67 would live on their own. That means that 31% of those aged 65 and over live on their own.



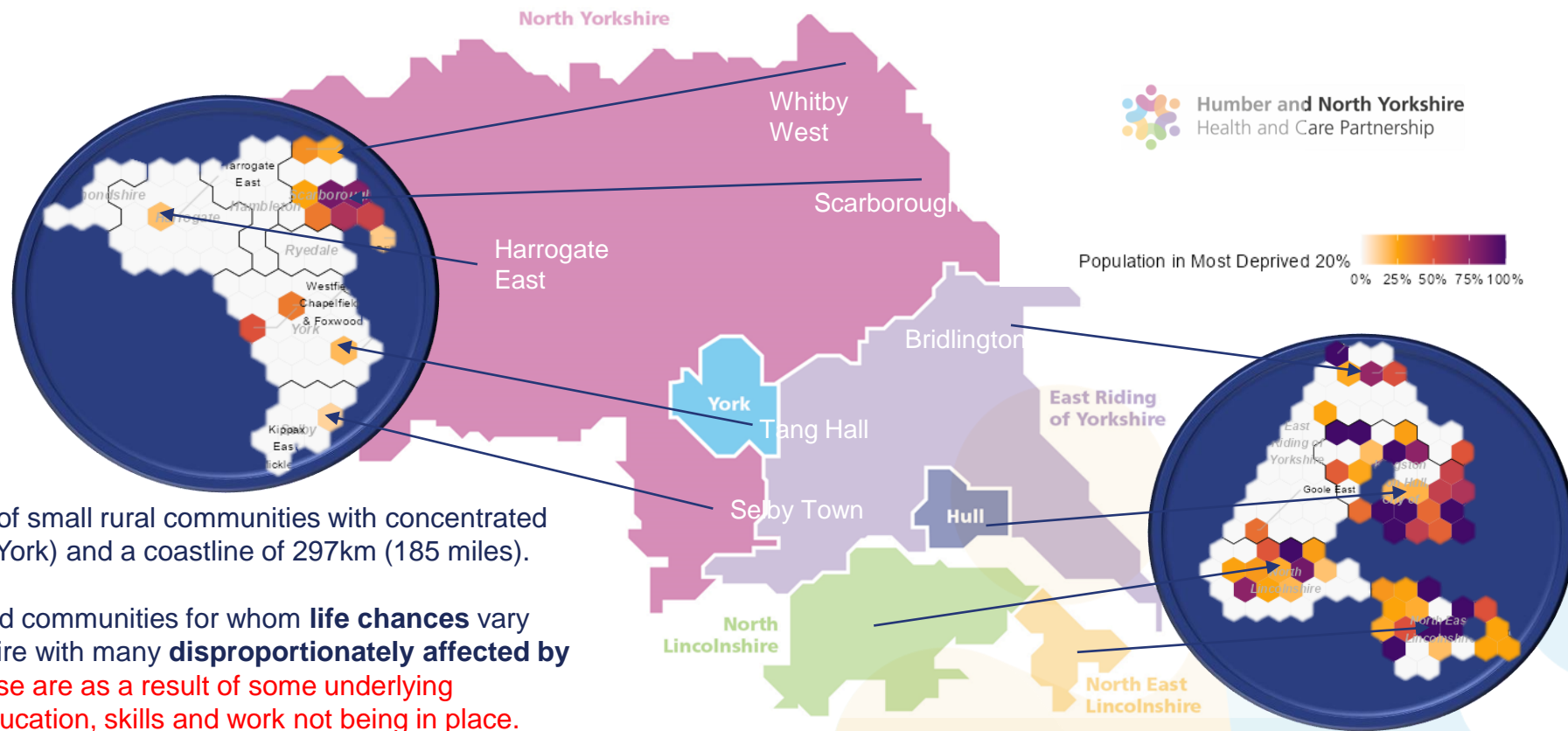
Our communities

Our communities are the lifeblood of our partnership – our people are our greatest asset, but many of them live in the **most deprived communities** in England or face other barriers to living healthy lives.

Of our 1.7 million population 18% live in the 20% most deprived communities and within our six Places this can be significantly higher (as shown by the maps). 25% of our population live in the most affluent 20%.

Much of our 1.08 million hectares is made up of small rural communities with concentrated urban areas of our towns and cities (Hull and York) and a coastline of 297km (185 miles).

We describe below some of the individuals and communities for whom **life chances** vary significantly across Humber and North Yorkshire with many **disproportionately affected by ill-health and premature death**. Many of these are as a result of some underlying circumstances and building blocks such as education, skills and work not being in place.



Humber and North Yorkshire
Health and Care Partnership

Digital

14% of our population have unequal access to services where they are provided using digital technology (within Hull this figure is 61%).

Coast

People living in our coastal communities face some of the greatest health and wellbeing challenges as well as poorer access to health care, employment, housing etc. resulting in poorer outcomes.

Justice

Our people within the justice system face poorer health outcomes and face barriers to accessing health and wellbeing services and have often experienced trauma and adversity.

Armed Forces

Armed Forces Covenants are in place in each of our Places, recognising our commitment to ensuring current and former service people have their needs met.

Homelessness

People without permanent, secure homes are at higher risk of poor health outcomes and face significant barriers to accessing care.

Ethnicity

6% of our population is from an ethnic group, however we do not know for approx. 17% their ethnicity. We do know that that ethnic groups face poorer health outcomes.

Our intentions

To achieve our ambition and vision, our Partnership through our six Places working with their communities and partners will reimagine health, care and wellbeing services and we will focus on...



Create conditions

We will focus on creating the conditions to enable and empower our people, communities and organisations to achieve change

Change

Empower

Enable

In focusing on creating the conditions for change we will make it easier for our people, communities and organisations to come up with the solutions they think will work best in improving their lives and those of their neighbours and communities.

We will **work together** - with communities and individuals in our Places and across Humber and North Yorkshire – **so that their voice is heard** in an inclusive and co-ordinated way, and we will use what they tell us to inform how we re-think and **integrate health, care and wellbeing** services.

We will work with local business, the academic world, the voluntary sector and local and national organisations to encourage the development and implementation of **innovative evidence based solutions** that support delivery of our ambition and vision.

As the organisations that are one of, if not the biggest employers, in each of our six Places, we are committed to **positively contributing** to making a difference for local people by:

- Seeking to enable local economic growth by buying local and supporting the creation of a strong infrastructure that attracts and builds businesses in our area
- Creating greater access to work by growing the workforce of the future and providing opportunities for people to develop their skills and giving our people a purpose
- Reducing our environmental impact and making our contribution to the Net Zero Climate targets.

We will develop an approach that enables us to **target and use our resources** (money, people, technology and buildings) where they are needed, to address issues and challenges that are impacting on the lives of our communities earlier.

We have conversations with people to discover what they want from life and provide the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.



We work in partnership with others to make our local area welcoming, supportive and inclusive for everyone.



We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.



We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making



We work in partnership with others to create opportunities for people to work both paid and voluntary and to learn



Think person

We will focus on enabling our people to live healthy, independent and safe lives as long as possible by understanding what matters to them

Independent

Secure

Choice

By focussing on the person we will listen and pay attention to what they tell us matters most to them which will enable us to remove barriers and give them greater control over their own lives.

We will maximise the potential for a person to live a longer healthier life by addressing the root causes of health harming behaviour, and making training, education and information available to all; having the **right conversation at the right time**; and enabling people to make **informed choices**. As 1 in 8 people over the age of 18 smoke in Humber and North Yorkshire, tobacco is our most significant challenge to people living healthier and longer lives, this will be an area of focus.

We will ensure that people will be able to **access an integrated offer** throughout their lives that best meets their needs and circumstances.

We will aim for **early identification** of risk factors and long-term conditions and act early to prevent or delay onset or progression of different health conditions. We will also focus on key areas that contribute most to the years of life lost or lived in ill health, such as cardiovascular disease and cancer.

Through understanding the needs and wants of a person, we will build **proactive, integrated and personalised plans**, that support them to have and maintain greater independence and autonomy over their own lives. Focusing on those with the greatest need first. We will also continue to work together to improve access to health and care services by **reducing the barriers** experienced by people when needing multiple services with the aspiration for this to be seamless for a person.

Whilst the focus is on a person living their healthiest life for as long as possible, we recognise there is a need for people to have positive conversation when they are healthy about death and dying. We will do this by **creating an environment** in which people of all ages feel comfortable talking about death and dying, and developing plans that will help them to have greater control and be provided with the co-ordinated, compassionate care when they need it during a significant change in their life. This will include ensuring there is support to those nearest to them, with their grief and loss.

I can live the life I want and do the things that are important to me as independently as possible

I am supported by people who see me as a unique person with strengths, abilities and aspirations

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future

We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I am supported by people who listen carefully so they know what matters to me and how to support me to live the life I want



Think family

We will focus on supporting families to enable everyone to be safe, grow and learn and ensure every child has the best start in life

Grow

Safe

Learn

Family are those people who are closest to an individual, they can include relatives, friends or those who provide a temporary but important relationship or network to support a person. By focusing on supporting families we want to create a safe and nurturing environment that raise aspirations, **builds resilience** and enables every child to grow, learn and thrive.

We will work together with our partners to ensure everyone but particularly our **most vulnerable people are kept safe**, with a specific focus on our children and young people **and those children in care / care leavers**.

We recognise the importance of **clear and early health messages** to allow individuals to understand and prepare to become a family and we will provide practical and appropriate support for those considering becoming parents and families to ensure the best start in life for the child.

Through supporting the development of a child and by **building closer working relationship between health and education**, we will focus on key milestones of development in child's life, ensuring they are ready for school, have an ambition to learn and are prepared for employment.

Mental health and wellbeing will be a thread through all that we do, as we aim to reduce the difference in healthy life expectancy between those with mental health and learning disabilities and those without with a specific focus on improving access to children and adolescent mental health support.

We will ensure that support is put in place for **carers** who can often over look their own needs, and in many cases can be young people who experience multiple issues not just health, if not supported well.

We are committed to **mitigating the effects of poverty and the cost-of-living crisis** for families in Humber and North Yorkshire by undertaking actions that will have a positive impact on the quality of life, prevention of ill health and timely access to health and care services.

I am safe.
My family has what they need to look after me.

I am supported to plan ahead for important changes in life that I can anticipate

I can tell a grown-up if I feel sad or worried.

I know what I can do to stay healthy.

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved

I can get information and advice that helps me think about and plan my life



Think community

We will focus on an all-inclusive community approach to ensure the next generation are healthier than the last and have the opportunity to thrive

Healthy

Play

Work

Our communities are as unique and as individual as the people that live in them. We want to harness this strength to help inform the way we plan, design and implement health and care services for people living across Humber and North Yorkshire. We will focus on all our communities, however we will place specific emphasis on working with those with the greatest need, such as our coastal and rural communities

We will create opportunities that give people **purpose in all stages of their life** through access to good quality play and work (including volunteering) providing the chance to reduce social isolation and support people to thrive.

Proactive prevention will be at the heart of everything we do. We will **connect our communities** to the resources that are available to them in their neighbourhood or Place, to enable them to reduce their reliance on professional help and prevent ill-health through services that provide them with opportunities to keep their mind, body and spirit healthy. **We will look to actively engage and increase the involvement of children and young people in communities and community activities**

We value and recognise the **diversity** of our communities and we are focused on making all groups feel included and valued within their communities to improve their health and wellbeing and ensure it is not negatively effected.

We will continue to grow the role of the **voluntary and community sector** which will see greater involvement of the nearly 14,000 organisations across Humber and North Yorkshire in supporting improving health and wellbeing outcomes for our communities and our people.

We keep up to date with local activities, events, groups and learning opportunities and share this knowledge so that people have the chance to be part of the local community.



I feel welcome and safe in my local community and can join in community life and activities that are important to me.



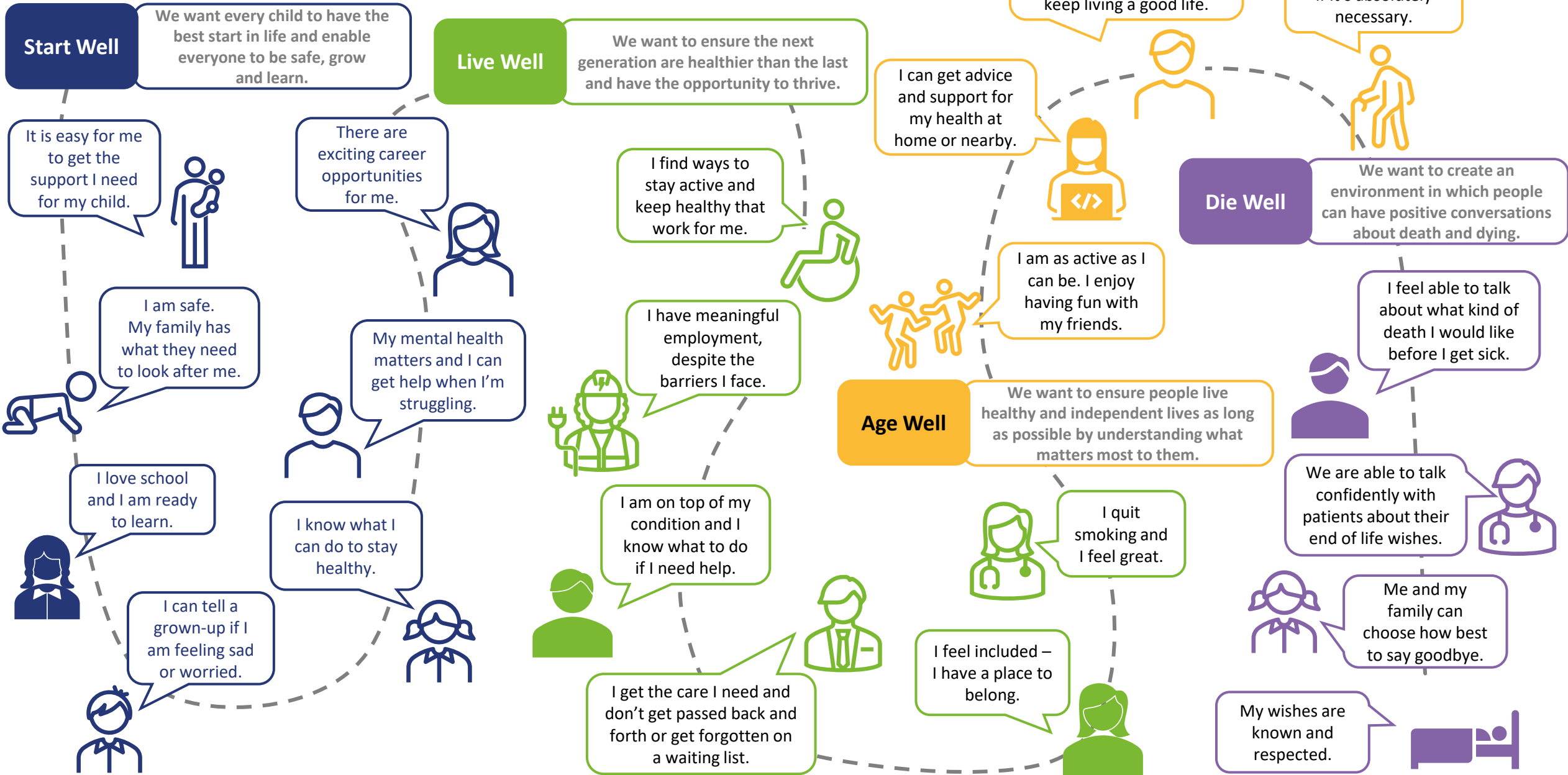
I know about the activities, social groups, leisure and learning opportunities in my community, as well as health and care services



I have opportunities to learn, volunteer and work and can do things that match my interests, skills and abilities



How we will know we have succeeded



What happens next

Whilst the purpose of this strategy is to set the ambition and vision for our people and communities with some description of our intentions of how we will achieve this, it is only the framework from which other specific strategies and plans will be developed and the allocation of our collective resources will be informed.

In addition, we also want to understand the difference that is being made and whether we need to adjust our ambition, vision and intentions by keeping the strategy as a living and breathing document.

Turning strategy into action

The way we prioritise our time, energy and resources will be informed by the ambitions in this strategy and actions will be developed through:

- **Place** engaging with their communities, neighbourhoods and partners building with communities to develop integrated delivery plans – aligned also with local health and wellbeing strategies. An initial plan on a page for each of our six Places is set out in the appendices and these will be developed further during the early part of 2023.
- **Integrated Care Board** engaging with partners to develop a 5 year Joint Forward Plan which will use the strategy as a framework and an annual operational delivery plan
- **Other Strategies, Plans and Programmes** e.g. People Strategy, Digital Strategy, Children and Young People Alliance

Evidencing we are making a difference

- We will develop a population health outcome framework to provide the assurance and evidence that we are making the difference we intended.
- Ensure we have continued engagement with our communities and receive their feedback on the delivery, working closely with Healthwatch.
- Share case studies of our promising practice to promote learning and enable others to adopt and implement new ways of working.

Appendices





Place Strategic Intent



Introduction

This strategy has been developed by working with and building up from each of our six Places in Humber and North Yorkshire.

During the development of the strategy, each of our six Places has been engaging with their communities and partners to describe their initial intent of how they will deliver the ambition and vision set out in the strategy.

The following pages are the initial plans on a page for our six Places of:

- East Riding of Yorkshire
- Kingston Upon Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire
- York



Aspirations

In support of the vision of the ICS to ‘Start well, Live well, Age well and End life well’ our strategy at East Riding Place is grounded in the aspirations of the Health and Wellbeing Board, its strategy and improving population health in its widest sense, which includes the wider determinants of health (income, crime, education, work/labour market, built and natural environment, vulnerability). Our current Health & Wellbeing Board Strategy is located at: <https://www.eastriding.gov.uk/council/committees/health-and-wellbeing-board/>

Our aspiration is to equalise the opportunity for people to live happy, healthy and fulfilling lives through:

- Joining up things in communities
- Avoiding dependency and reducing escalation
- Raising aspirations
- Creating inter-generational wealth

Across 2022-23, we will be refreshing our Health & Wellbeing Strategy to capture the direct and indirect impacts on our population from events including: the pandemic, cost of living crisis, war in the Ukraine and Brexit. We aspire to develop a focussed response to these in terms of supporting residents of the East Riding of Yorkshire.

Concerns / challenges

Our concerns and challenges include:

- The immediacy of the pandemic and cost of living impact and if we can respond quickly enough.
- A significant cultural shift is required which will take time.
- Managing change when there is already pressure on our collective workforce who are dealing with day-to-day operational challenges. Our workforce may have their own personal challenges that we need to support them with (for example impact of the pandemic / cost of living).
- Ensuring a greater emphasis on the conditions of living / wider determinants of health and engagement of partners outside of Health & Social Care.

Plans

The first steps to achieving our aspirations will be to focus on structural priorities including, but not limited to, the following:

- Support the development of ‘a movement’ underpinned by loose networks and communities of practise to better meet population health needs
- Engage with and hear the voice of local communities
- Use this insight to inform a live intelligence network (Joint Strategic Needs Analysis - JSNA)
- Develop structural responses to meet short and longer term needs - for example Children & Young People
- Empower communities and people at all levels in our system to affect change.

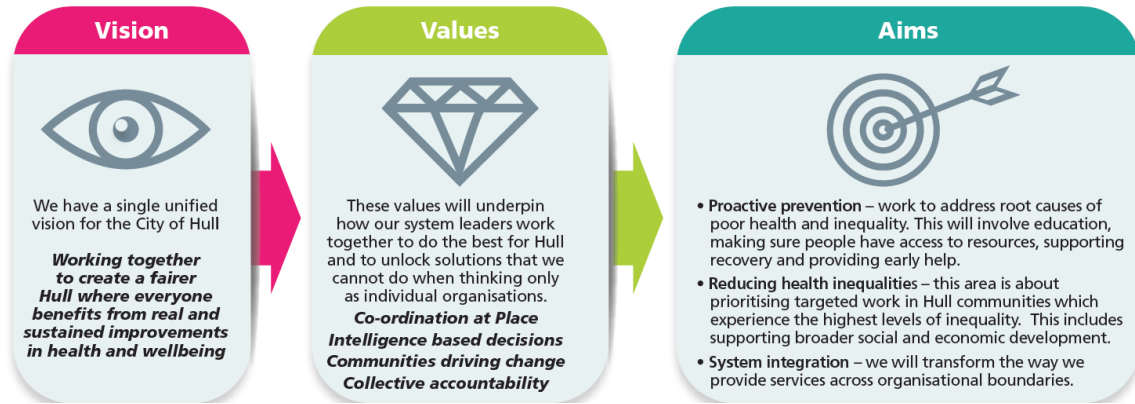
Structural enablers that we have identified as our priorities include:

System Thinking	<ul style="list-style-type: none"> • Embedding a population health approach across all partners and all staff groups • Enhancing the voice of people and communities and building their intelligence and insight in-to our refreshed strategies
Operational Practices	<ul style="list-style-type: none"> • Developing the quality of relationships • Empowering operational practitioners to affect service and person-level change
Sector and Partner Development	<ul style="list-style-type: none"> • Creating ‘headspace’ / infrastructure for sectors such as Primary Care and the Voluntary, Community and Social Enterprise (VCSE) to be able to equally contribute to system development. • Commitment to a nurturing environment
Enabling Priorities	<ul style="list-style-type: none"> • Workforce – take an integrated approach to resolving workforce challenges and move to more integrated ways of working • Communications and engagement – develop an effective approach to resident engagement and gathering of insight

While going through considerable change this will also determine how we organise ourselves locally to understand need, co-design and deliver in an integrated model.

Our ambitions and plans are subject to change as we consult and gain insight into our populations needs through the refresh of the East Riding Health and Wellbeing Strategy.

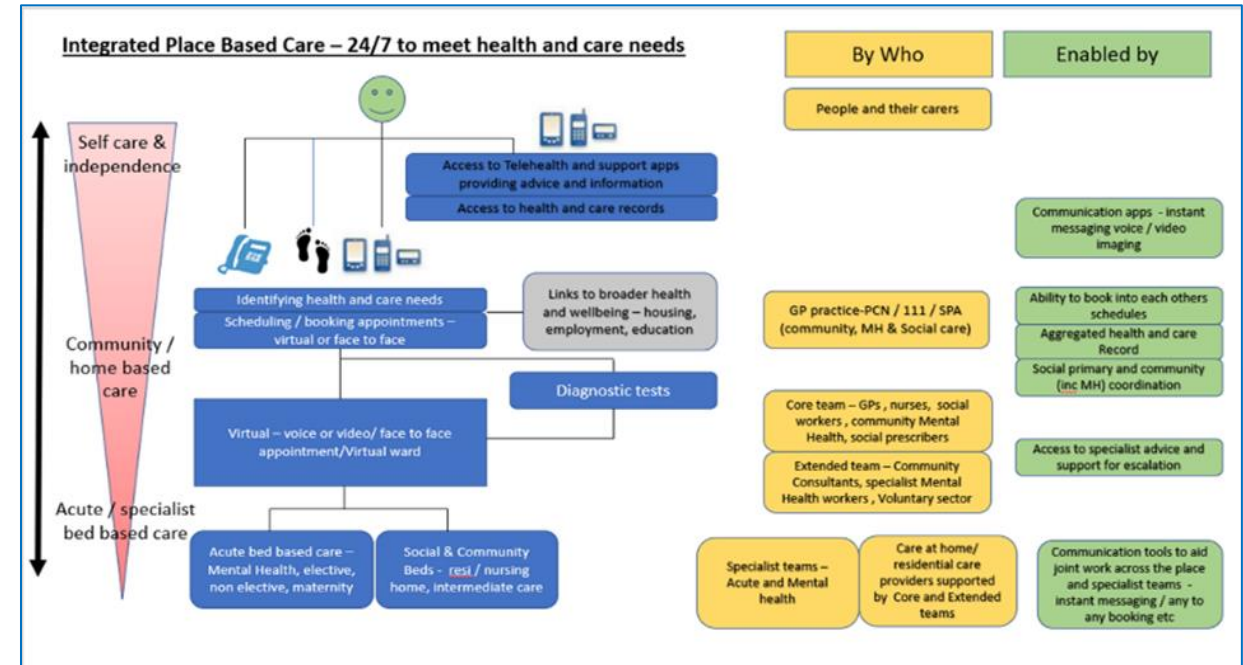
Kingston Upon Hull Place



North East Lincolnshire Place

Overall Approach

- North East Lincolnshire – erasing lines in the system
- Our local community, health and care system is currently building on a lengthy, proud and powerful history of collaborative and integrated working ensuring our community, health and care organisations work hand in glove which has benefitted local people for many years. Our Health and Care partnership enables partners to work together where a multi agency approach is required to tackle and deliver local priorities whilst still undertaking their own functions and service delivery
- Our local community, health and care system is becoming more holistic – bringing together and delivering mental, physical and social care together, for both children and adults. We are redesigning prevention and care locally, including reflecting the outcomes of the Acute Services Review and Out of Hospital services. Its ‘all age’ mandate will mirror the ‘start well, live well and age well’ vision of Humber and North Yorkshire ICS.
- We recognise that there is still work to be done to take full advantage of the opportunities presented by the new structures emerging as part of the integrated care system, however we are starting from a place of mature and effective working relationships which have already delivered a range of innovative and integrated solutions which will be scaled to further benefit



Approach to Integrated Care

- Our core model of care will be the Accountable Teams model, embodying teams working together to meet the health and care needs of people, their carers and families. Rolling this model out erases the ‘lines in the system’ created by organisational needs and boundaries, and will be founded upon:
- One referral to the right person at the right time
- “Accountable Care Teams’ – avoiding often complicated and time-consuming transfers between services, professionals and organisations
- Shared data; digitally enabled; capable and empowered staff; and tailored care
- Delivering home first and virtual wards
- We have already successfully delivered the Connected Health model in Cardiology, breaking down barriers between primary and secondary care to eliminate waiting lists for this specialty – we will roll this out for other pathways of care and other specialties.

Our Priorities

- **Smoking** – reducing our smoking in pregnancy rates to ensure children get a better start to life
- **Children** - Improving experience and outcomes for Children and Young People
- **Mental Health** – reducing our life expectancy rate differential between those with MH and those without
- **Skills** – support life long learning / supporting people into H&C roles for the future – increase in no of people with level 3 qualifications

North Lincolnshire Strategic Intent

Our Ambition

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

People will;

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

Our community first approach

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

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

Priorities for Collective Investment



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

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

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

The health inequalities gap will reduce across our wards

Access to health and care will take account of rural challenges

Healthy life expectancy will improve for our population

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

The integrated practise model will be person centred

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

North Yorkshire Place – Our Strategic Priorities

A comprehensive and integrated health and social care model

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently or managing safely at home/care setting.
- Increased care provided closer to home, with a sufficiency of supply of community health and social care services.
- Reduced need for acute beds for urgent care and for 24/7 residential and nursing beds.
- Significantly reduced delayed discharges into community care (whether nursing, residential or domiciliary care).
- Acute delivery operating much more in the community, coexisting with primary and social care.
- Partnerships that understand and respond jointly to the needs of their communities.
- People are supported to live in a broad range of housing that meets their circumstances.

KEY ACTIONS

- Ensure a greater emphasis on self-help, prevention and population health management (PHM).
- Develop a model for community health and social care which addresses sufficiency, comprehensiveness and skill mix, as well as integration.
- Develop a consistent model for intermediate care.
- NHS, local authority and other partners to develop integrated models of care, e.g. strong multi-disciplinary teams and consistent 'any door' access.
- Develop alternative services in or near Emergency Depts – urgent community response, virtual wards
- Strengthened role for the VCSE.
- Supporting Enhanced Health in care homes and joint work through the Quality Improvement Team to improve responsiveness and quality.

A high quality care sector, with sufficient capacity to meet demand

WHAT DOES GOOD LOOK LIKE

- Increase in people living independently.
- Higher recruitment and retention levels across health and social care.
- A care market sustainable for providers and affordable for commissioners and service users.
- Reduced reliance on acute beds and 24 hour nursing/residential care – Home First approach.
- Enhanced community capacity that can flex to prevent avoidable hospital admissions and facilitate timely hospital discharge.

KEY ACTIONS

- Shaping the care market through the transformation of Approved Provider Lists – consider impact of social care funding levy and cap.
- Recruitment and retention of care staff through attractive pay, training and career development.
- Develop innovative models for domiciliary care.
- Undertake fair cost of care exercises for domiciliary care and implement actual cost of care for residential /nursing care to deliver a sustainable care market.
- Work with care providers to implement the national charging reforms for adult social care and the next phase of the NHS discharge pathway.



A strong workforce

WHAT DOES GOOD LOOK LIKE

- Sufficient trained and motivated staff to meet demand through:
 - Positive narratives about the various different roles and professions.
 - Increasing numbers of people being recruited.
 - Range of innovative, possibly even joint funded, posts to help bridge gaps and/or break down silos (e.g. part primary care / community, or part health / social care).
- High recruitment and retention levels of all care staff.

KEY ACTIONS

- Develop more balanced/varied roles and better work/life balance, wellbeing support, appropriate rewards.
- Develop innovative approaches to recruitment.
- Develop innovative workforce models.
- Innovative use of technology to support staff.
- Identify opportunities for cross sector working and roles.
- Support international recruitment across sectors.

Prevention and public health: adding life to years and years to life

WHAT DOES GOOD LOOK LIKE

- Narrowing of the gap in health inequalities between the least deprived areas compared with the most deprived areas across North Yorkshire.
- Increase in overall healthy life expectancy across the County.
- Narrowing of the gap in healthy life expectancy between the people in the least deprived areas compared with those in the most deprived areas across North Yorkshire.
- Having a clear, resourced strategic plan with dedicated staff to implement.

KEY ACTIONS

- Commission and provide high quality, accessible prevention and primary care services.
- Support people to maintain good mental health with timely access to effective primary, secondary and specialist services when needed.
- Support people to be physically active across all ages and stages of the life course.
- Influence through the strength of the partnership the wider determinants of health with a particular focus on coastal communities.
- Promote and invest in stronger communities and strategic commissioning of the VCSE.
- Engage with people in a dialogue about self-care, early help, loneliness and using digital tools.

York Place

Our place intention

...is to collaborate better and integrate further, to redesign and deliver services that meet population need. Working with our citizens and stakeholders we have developed a York 'Prospectus' which describes the state of our system in 2022, the changes we are currently putting in place, and what people have told us they would like to see in future years.

Strengths for health and care in York



Improved links between primary care and wider social interventions, e.g. through social prescribing	Many wonderful NHS and care staff , and commitment shown in e.g. the vaccination rollout	An abundance of health assets – green space, access to culture and heritage, community venues
An emerging aligned set of prevention services / practitioner networks	Research and innovation – the potential from clinical trials and operational insight	Use of technology to enable care and improve ways of getting help (but guard against digital exclusion)
The depth and togetherness of the voluntary sector	The power of involvement – seen in several 'coproduced' initiatives	Geography, in terms of our aligned providers , VCSE and council

Challenges for health and care in York



An overstretched, tired and burdened workforce where morale is low	Demand for healthcare seems to only ever head in one direction (upwards)	People often report ending up in the wrong place for too long, be it a hospital bed or the wrong service	A challenging financial situation for all providers of care in York
Limited resilience in a number of smaller voluntary sector organisations	The long shadow and collective trauma of COVID	A reversal of inequality gains - people in poorer parts of York are dying earlier than they should	Access issues to several services, including urgent care, primary care and dentistry
Huge backlogs in care and long waits, across hospital care but also GP, community and social care.	A young people's mental health crisis , apparent even before the pandemic made it worse	A ' crisis management ', system, not a 'preventative' system	Labyrinth systems – people feel they bounce from one gatekeeper to another

Our health needs (JSNA)

Preventable ill-health 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression	Widening inequality gaps Healthy Life Expectancy Health of those with a learning disability School readiness	York's 'red flags' Alcohol consumption/admissions, multiple complex needs, drug related death, student health
Economic factors Lower than average income 10% of children living in poverty Housing affordability gap	Changing Demographics Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP (over 5yrs)	Mental Health u18s admissions for mental health need High prevalence of common MH illness High suicide and self-harm rate

Our priorities

Overarching goal: Delivery of the [York Health and Wellbeing Strategy](#)

- **Quality of services:** quality, safety, experience of care
- **Population health:** health generation, prevention, early intervention
- **Access to services:** general practice, dentistry, planned care
- **Resilient community care:** preventing admissions, in-and-out-of-hospital care, effective discharge
- **Urgent and emergency care:** capacity, resilience, responsiveness

How will we achieve our ambitions?

- Strengthen **foundations**, governance and joint decision making in our place partnership, to demonstrate the behaviours agreed in our 'Charter'.
- **Coproduce** plans with communities, staff groups and partners.
- Develop and embed a **population health** approach using the CORE20PLUS5 framework.
- Lead the health and care sector response to the three [City Strategies](#).
- Join up health and care **research and innovation** potential in York.
- Produce a realistic future **workforce** strategy based on the concept of an integrated York 'health and care team'.

Our framework for a health generating city



GROW

the things which keep us healthy



ACT

early and prevent ill health



CARE

with compassion and quality



CONNECT

things into one York team



Summary of our Patient and Public Involvement and Intelligence



Introduction

This summary has been drawn from engagement activities from across the Humber and North Yorkshire Integrated Care Board, using a broad range of methodologies. Patient and Public involvement is a dynamic process that continually gathers intelligence, and so this summary will continue to be updated.

The engagement exercises have largely focused on service areas and service specific commissioning projects. The findings from these exercises have been align to the following areas:

- All services
- Start Well
- Live Well
- Age Well
- Die Well

Additional engagement with patients, carers and the public, aligned with the life course areas above, will take place to inform the ICP Strategy



All Services – Making Lives Better

Involving people

- More co-production and working together with health professionals to develop personalised care plans.
- Being listened to and involved in decisions about my care (or the person I care for) is important.
- People need easy access to accurate information and support in order for them: To engage in lifestyle change, Access treatment early (prevention, screening and early diagnosis). Effectively manage their condition.
- Better advocacy and support for people going through the continuing healthcare assessment
- Listening to patient feedback on an ongoing basis and using this to improve services provided in the future.

Choice and control

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Being able to choose who visits postnatal wards is improving peoples' experiences of care.
- Where people have long-term conditions, understanding their condition and being confident enough to manage it improves their overall health and wellbeing.
- Being able to self-refer into services without having to go through a GP has been identified as a positive change to current services (e.g. to see a physiotherapist for muscle problems, or go directly to talking therapies for depression and other mental health problems).
- Including families and carers in a person's treatment, offering extended visiting times to give people more opportunities to choose who supports them, is important.

Caring and compassionate staff

- Having a person-centred approach to care, where staff separate the person from the illness, supports recovery.
- The diversification of roles, within GP surgeries, is having a positive impact according to local people
- Feeling listened to and cared for by non-judgemental, professional staff at all levels.

Community and family support

- Support from voluntary and community sector organisations and/or projects in the local area is important.
- Involving families and carers and considering their needs as well as the needs of those they care for is important.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Responsive and accessible services

- Care closer to home. Availability of specialist support so that people can recover at home rather than in a hospital bed.
- Easy access to services, using online (preferred about half of people) i.e. being able to access services online at a time and place that suits the individual, and single point of access
- Extended opening hours and reduced waiting times
- Fast referral for life changing diagnosis/treatment.
- The importance of the physical environment where care is provided being appropriate and pleasant has an impact on peoples' experience of the services they access.

In addition to the general insights already outlined, the following slides highlight elements that are specific to the key areas:

Start Well ***Live Well*** ***Age Well*** ***Die Well***

Start Well

- Children and young people want:
 - Positive experiences, positive relationships with family and friends.
 - To feel cared for and safe
- Mainly associate living well with healthy eating and exercise.
- Biggest concern is transition between schools.
- Prefer a variety of ways of accessing services that improve convenience and anonymity
- Experience issues with dual diagnosis of SEND and Mental Health, one can preclude the other

Live Well

- People need easy access to accurate information and support in order for them to engage in lifestyle change. They would like more information about how to lead a healthy lifestyle.
- Increase information about prevention, screening and early signs and symptoms so that people can access treatment early.
- Social prescribing has been highlighted as having a positive impact on peoples' health and wellbeing, and is connecting them to their communities and the many activities they can get involved in to improve their health and wellbeing.
- The introduction of alternatives to A&E for those in mental health crisis across the region is enabling people to access support from the right people, at the right time, and in a more appropriate environment.
- Peer support was identified as important by many people we engaged with. Meeting people in similar situations and learning from one another has a positive impact.

Age Well

- Information leaflets could be provided to patients about how to effectively manage their condition.
- A range of condition-specific support groups were also highlighted in our engagement as having a positive impact on peoples' lives and helping to support them to manage their condition and live fulfilling lives (e.g. Macmillan, MS Society, Alzheimer's Society).
- Care home liaison teams are having a positive impact by helping people to stay in their own home and avoid going into hospital unnecessarily.

Die Well

- Person-centred care in end of life services really matters – thinking of the patient and their family and providing care around the needs of the patient.
- Support carers in all aspects of their life, not just health.
- Carer-friendly education and employment is vital. Access higher-level training about the conditions of those they are caring for so they can support them more effectively. Resilience training for carers to help them to cope with difficult situations.



Humber and North Yorkshire
Health and Care Partnership

Thank You



NLAG: Council of Governors - Capital Investment and Strategic Capital Overview

Jug Johal, Director of Estates and Facilities
Ivan McConnell, Director of Strategic Development (Possibly Remotely on Annual Leave)

April 2023

We have done well organisationally over the past three years to gain access to wider sources of capital funding (c£101m) – whilst welcomed this does not cover our major Critical Infrastructure Risks

As we look to the future national funding may be reduced as we hit periods of higher inflation and reduced public sector spend

We now need to look at all of our potential options as we move into 2023

The NHP has gone silent

The ICB only has c£70m of CDEL per annum for the next three years and does not have a Strategic Capital Investment Strategy/Plan

We cannot afford to wait or to do nothing. We must act now!

We have delivered a significant amount of capital infrastructure investment over the past three years and have more to do

We have completed a number of capital schemes

Goole District Hospital

- Goole Energy Scheme (EPC 2)
- Removal of Coal fired boilers
- Installation of gas fired boilers and Combined Heat & Power Unit
- Hot & Cold Water Upgrades
- Cavity and loft insulation
- Building Management System upgrade
- LED Lighting
- Generator control panel

Diana, Princes of Wales Hospital

- Emergency Department
- Deck car park
- Oxygen pipe upgrade
- Fire alarm system
- Water infrastructure
- Design work – CSSD 1 substation
- Medical Air Desiccant Filter
- C3 Saniflow System
- Mortuary Refurbishment
- Gamma Camera

Scunthorpe General Hospital

- Endoscopy Chillers
- Ward 25
- Deck Car Park
- Doctors On-call Accommodation
- Ward 10/11 Admin Refurbishment
- Emergency Department
- Mortuary Refurbishment
- Changing Places Toilet
- Fluoroscopy Room
- Max Fax
- Ward 26 Flooring

Trust wide

- Back log maintenance programme

We have a number of Capital Schemes underway 2022/23 & 2023/24

Diana, Princess of Wales Hospital

- AAU – November 2023
- Theatres 7 - June 2023
- Theatre 8 – June 2023

Trust wide Schemes

- Theatre UPS Upgrade – TBC
- Back Log Maintenance Programme

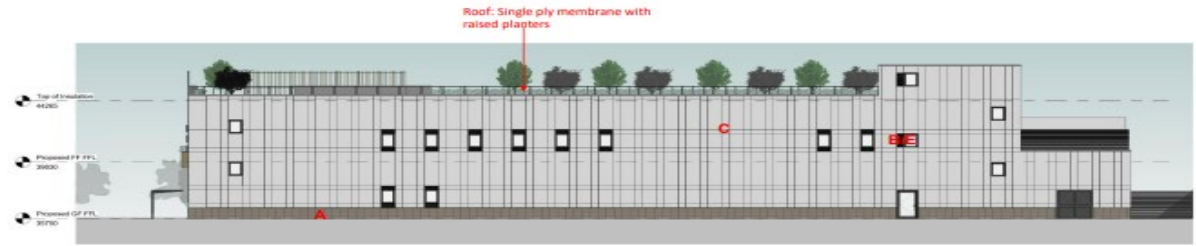
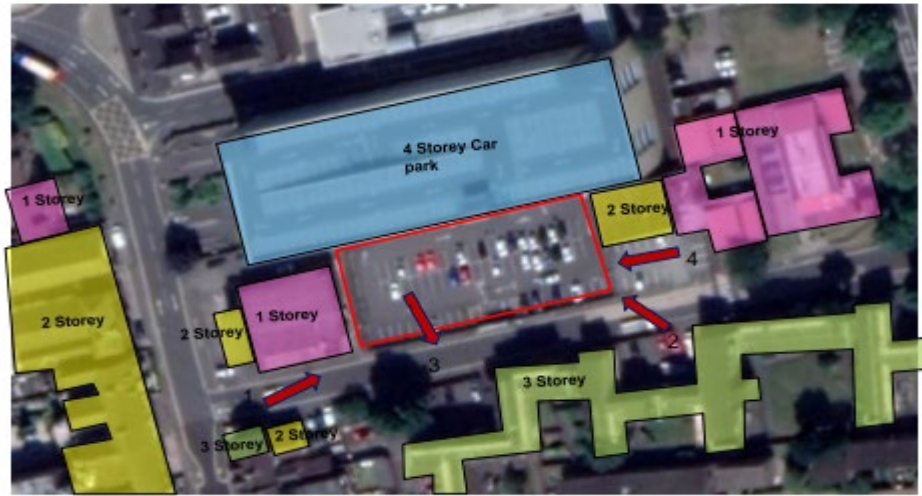
Scunthorpe General Hospital

- AAU – October 2023
- Theatre A – June 2023
- Fire Alarm Replacement – August 2024
- Water Infrastructure Upgrade – April 2023

The Trust has a number of outstanding capital investment applications



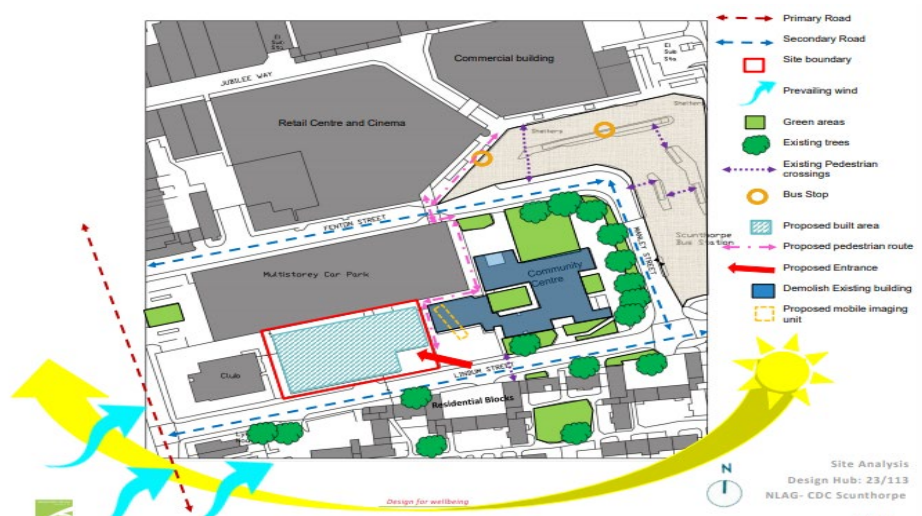
NHSE have approved a £19.4m CDC Hub in Scunthorpe



North Elevation
1:100



South Elevation
1:100




Strategic Capital Overview




We have invested over £101m in three years in our infrastructure

The capital funding we have available internally is c£13m


Our capital investment has been funded through external grants/funding application


 Our most recent 6Facet surveys have highlighted an infrastructure issue of c£117m

 The 6Facet surveys highlight an aggregate deterioration of c10% across all sites – but with significant variance between sites

We have identified c£57m of priority capital spend –excluding digital/equipment over 5 years

We have applied for NHP funding to rebuild SGH and improve DPoW – c£470m (19/20 prices)

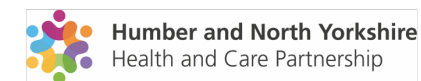
 Even we receive external funding the likely build time for SGH is 2030 – leaving a significant residual CIR

 We must act now to develop a more co-ordinated approach to strategic capital planning if we are to minimise the risk of failure



Significant risks to consider

Six Facet Survey 2022/2023: NLaG highlights a gap of £117,463,246

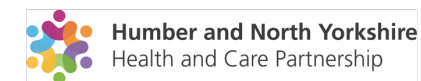


Description	Scunthorpe	Grimsby	Goole	Total
Six Facet	71,190,948	31,270,555	15,001,743	117,463,246

Description	Scunthorpe	Grimsby	Goole	Total
1 Physical Condition	64,122,507	25,468,145	13,545,048	103,135,699
2 Statutory Compliance	1,677,081	1,685,587	1,249,096	4,611,763
3 Quality	2,564,460	542,700	32,400	3,139,560
4 Functional Suitability	396,900	349,124	137,700	883,724
5 Environmental	2,430,000	3,225,000	37,500	5,692,500
6 Space	0	0	0	0
Total	71,190,948	31,270,555	15,001,743	117,463,246



Six Facet Survey 2022/2023: NLaG highlights that within £117,463,246 there is a Backlog Maintenance Estimated Cost of £107,747,462



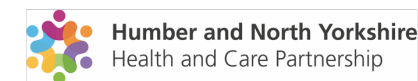
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Description	Scunthorpe	Grimsby	Goole	Total
Physical Condition	64,122,507	25,468,145	13,545,048	103,135,699
Statutory Condition	1,677,081	1,685,587	1,249,096	4,611,763
Total Backlog Maintenance	65,799,588	27,153,731	14,794,143	107,747,462
Percentage of Six Facet Total	92.4%	86.8%	98.6%	91.7%

(1) + (2)



Six Facet Survey 2022/2023: NLaG highlights that of the £107,747,462 BLM there is a Critical Infrastructure Risk of £80,011,283



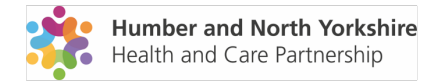
Description	Scunthorpe	Grimsby	Goole	Total
Total BLM	65,799,588	27,153,731	14,794,143	107,747,462

Description	Scunthorpe	Grimsby	Goole	Total
Critical Infrastructure Risk	45,383,721	22,947,534	11,680,028	80,011,283
Percentage of BLM	69.0%	84.5%	79.0%	74.3%

Risk within BLM



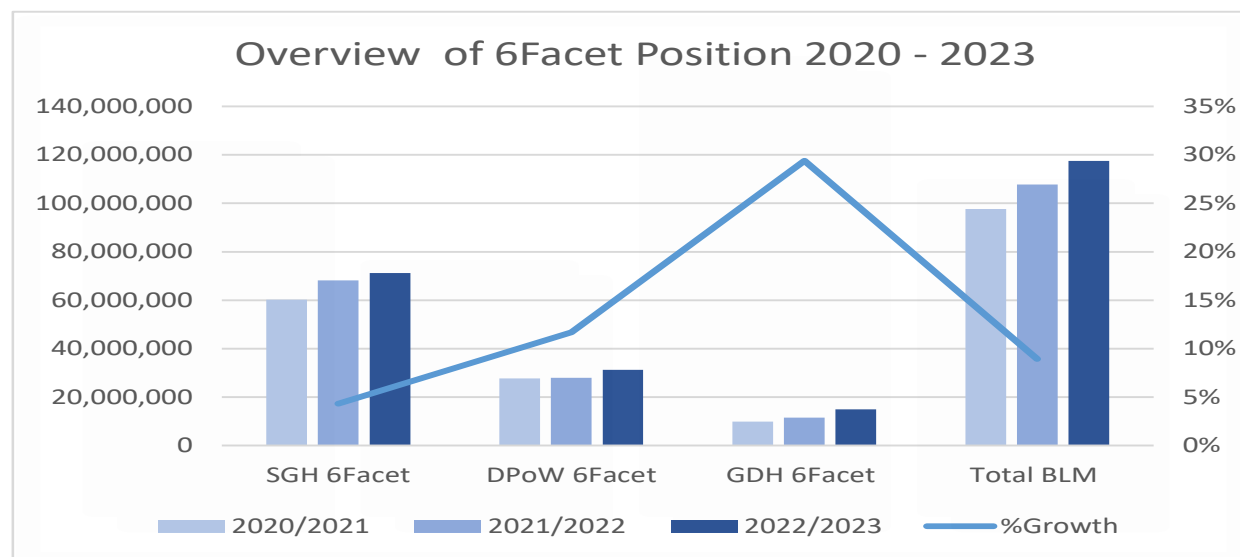
An analysis of our Capital Priorities over a 5 Year Period highlights an estimated cost of £57,046,342 - all of this is infrastructure related



	Year 1	Year 2	Year3	ear 4	Year 5	Total (£)
Fire	2,143,968	2,143,968	2,143,968	-	-	6,431,905
Oxygen	787,500	787,500	-	-	-	1,575,000
Water	1,634,893	1,634,893	-	-	-	3,269,785
Electrical	2,192,641	2,192,641	2,192,641	2,192,641	2,192,641	10,963,204
Ventilation	3,251,314	3,251,314	3,251,314	3,251,314	3,251,314	16,256,571
Roof	1,710,376	1,710,376	1,710,376	1,710,376	1,710,376	8,551,878
SGH Energy Centre	-	5,000,000	5,000,000	-	-	10,000,000
Total (£)	11,720,692	16,720,692	14,298,299	7,154,330	7,154,330	57,048,342



Our analysis of the annual Six Facet Surveys over the past three years – highlights an increase in risk of c9/10% per annum - this varies significantly by site – NLaG An example

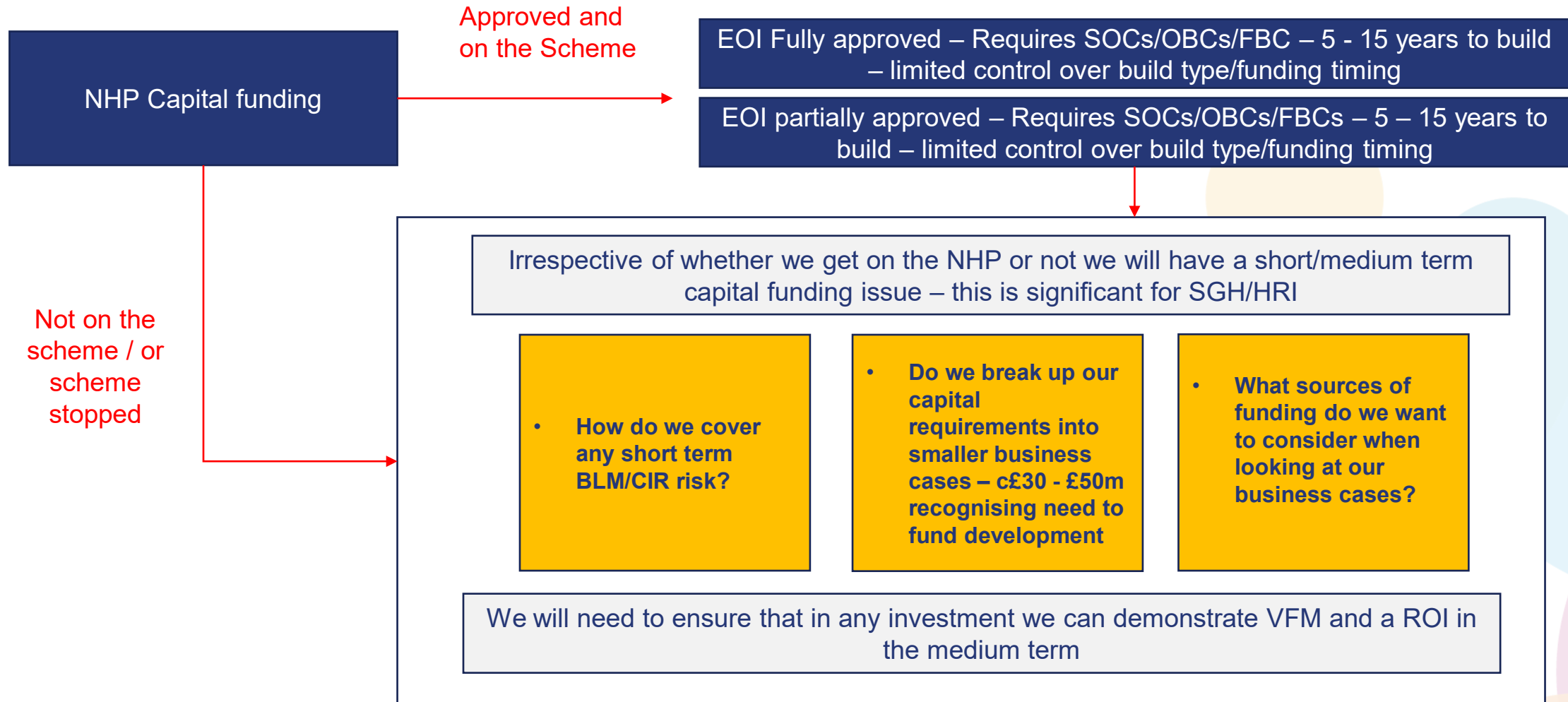


	2020/2021	2021/2022	2022/2023	%Growth
SGH 6Facet	60,182,971	68,235,718	71,190,448	4%
DPoW 6Facet	27,689,248	27,996,135	31,270,555	12%
GDH 6Facet	9,830,912	11,593,532	15,001,743	29%
Total BLM	97,703,131	107,825,385	117,462,746	9%

We have submitted a Strategic Capital EOI (9th September 2021) to be part of the NHP

To date we have heard nothing and need to consider our way forward as our BLM, CIR continues to deteriorate

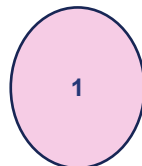
NHP Application - £720m (£470m NLaG) – but our capital position is precarious and even if we get NHP funding we will be challenged



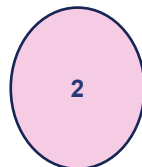
It is important to note that even if we get on the NHP the likely build time for a new SGH is c2030/35 at the earliest and other schemes may be 2027/30 – that leaves us with a significant residual capital investment risk if we are to continue to deliver services

If we get on the NHP our rebuild will not be complete till 2030.35 at the earliest– if we are to keep services open we will still need to invest in our estate to keep services running – we will need to apply a VFM/ROI assessment to this

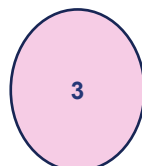
Given the scale of our capital risk – we cannot afford to do nothing – we need to look at our options to move forward – recognising the capital funding constraints



Do nothing: await outcome of NHP and respond – recognising residual risk – hold current SOC position



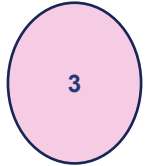
Develop comprehensive SOC re SGH (New Build) HRI (2x business cases)



Develop SOC re on site phased build schemes SGH/HRI/DPoW – potentially x5 business cases)

- Requires commitment to resource costs
- Would allow us to develop cases and be “shovel ready”
- Would allow us to investigate funding options
- Would allow engagement with partners in detailed planning

Our evaluation of the current situation is we cannot stand still – we must act now – what do you think?



Develop business cases re on site phased build schemes SGH/HRI/DPoW – potentially x5 business cases)

Could link to ICB Planned Care Strategy and HAS Consultation Outcome (Acute/LEH – South Bank) as well as existing Masterplans



- Initial SOC developed provides a baseline for further work
- Allows us to split schemes into more deliverable parts – e.g 3x HRI Blocks/SGH LEH/ DPoW AH
- Potentially reduces total cost
- Potentially reduces build time
- Provides us with business cases to respond to ad hoc or new funding schemes



- No guarantee on approval
- Funding sources not clear
- CDEL cover may need negotiation
- We would need to commit to business case development with no guarantee of funding
- We would need to commit to funding business case development cost – cannot write off in short term
- We would need to lobby for funding



Summary Capital Investment Risks

Our infrastructure is failing and we cannot wait on approvals from national funding schemes

Our BLM/CIR risk is not growing evenly – our investment in our different sites impacts

Our internally generated capital is small and does not cover our capital investment requirements

Our major capital investment over the past years has received support for capital due to being in SOF4 and FSM – as this is removed our access to funding may be limited

Our BLM/CIR risk within SGH is significant and without short term investment may result in service closures/failure

We have a significant number of potential Critical Infrastructure failures over the coming years – we have no funding sources identified to cover these

We do not have dedicated resources that have the skills/capacity to deliver across the lifecycle of a capital investment

Our digital infrastructure is failing – there are multiple ICS funded opportunities but these will take time to implement

Agenda item: CoG (04/23) Item: 3.2

Name of the Meeting	Council of Governors
Date of the Meeting	13 April 2023
Director Lead	Ivan McConnell, Director of Strategic Development Jug Johal, Director of Estates and Facilities
Contact Officer/Author	Ivan McConnell
Title of the Report	Strategic Capital Investment Update
Purpose of the Report and Executive Summary (to include recommendations)	<p>The paper provides the Council of Governors with an update on the progress of the Strategic Capital Investment that the Trust has had and the challenges we face over the coming five years.</p> <p>The paper attached highlights:</p> <ul style="list-style-type: none"> • That the Trust has invested c£101m over the past three years in infrastructure • For that we have for example delivered: <ul style="list-style-type: none"> – Two new EDs in DPoW and SGH – Two new deck car parks in DPoW and SGH – The Goole Energy Scheme • We have plans in place for significant investment in the coming year including: <ul style="list-style-type: none"> – AAU in DPoW and SGH – Theatre upgrades in DPoW and SGH – Fire alarm system in SGH – CDC in Scunthorpe • That the Trust internally generates c£13m per annum of capital funding • Our capital investment requirement moving forward is significant: <ul style="list-style-type: none"> – 6Facet survey gap of c£117m – An annual total growth rate of 6Facet of approximately 10% – A priority spend over five years of c£57m • That we submitted an EOI for Capital Investment through the NHP on 9th September 2021 <ul style="list-style-type: none"> – That the outcome of that EOI is as yet not know – That we have identified a number of options to move forward if we receive funding, if we receive partial funding or if we do not receive funding • That we need to consider how we resource our activities moving forward <p>The Governors are asked to note the progress that has been made to date, the current issues/risks and the plans that are being put in place to address these.</p> <p>** Note: Figures 6 Facet exclude VAT and Project Management Costs / NHP EOI is based on 19/20 prices</p>

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.
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 checked="" type="checkbox"/> Collaborative and System Working	<input checked="" type="checkbox"/> Strategic Service Development and Improvement <input checked="" type="checkbox"/> Finance <input checked="" type="checkbox"/> Capital Investment <input checked="" type="checkbox"/> Digital <input 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)	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 checked="" type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input 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 checked="" 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

Agenda Number:

CoG (04/23) Item: 7.1

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Lee Bond, Chief Financial Officer	
Contact Officer/Author	Brian Shipley, Operational Director of Finance	
Title of the Report	Finance Report – M11	
Purpose of the Report and Executive Summary (to include recommendations)	This report highlights the reported financial position of Month 11 of the 2022/23 reporting period.	
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 checked="" 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 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)	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 checked="" type="checkbox"/> 3 - 3.1 <input checked="" type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	Contained within the report.	
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.

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Finance Report Month 11

February – 2022/23

Finance Overview

YTD I&E Performance – pages 4 to 6

(£1.3m) The month 11 surplus was £0.5m which brings the YTD deficit to £1.3m. This is £2.2m adverse to plan.

YTD CIP Delivery – page 7

£5.2m The Trust has delivered £25.6m CIP against a YTD target of £20.4m. Non-recurrent technical reserves are £5.2m above plan, with the core programme £0.9m behind plan at the YTD.

Capital Expenditure – page 13

(£14.1m) Year to date capital expenditure is £25.9m against the £40.0m YTD plan - a £14.1m adverse variance.

Underlying I&E – page 9

(£38.1m) After adjustments for non-recurrent income and expenditure in 2022/23, the Trust underlying deficit is £38.1m.

I&E Forecast Outturn – page 8

(£2.5m) The Trust is forecasting an unmitigated £2.5m deficit based on current run rates but has £2.5m non-recurrent flexibility remaining and is therefore reporting a breakeven FOT position.

System Financial Performance – page 11

(£11.5m) The ICS reported a £11.5m deficit for the year to date at month 10, £12.1m adverse to plan. However, it is reporting a FOT break-even position.

Balance Sheet & Cash – page 14

£35.8m The Trust cash balance at 28th February 2023 was £35.8m.

Temporary Staffing – page 18

(£4.8m) The Trust has spent £62.0m on agency, bank and locum pay. This is £4.8m more than the same period in 2021/22.

Key Risks

[Key risks to achieving financial plan/targets in 2022/23:]

- Minimising premium agency spend, particularly within Nursing despite increased Bank capacity.
- Non Pay Activity related pressures on Clinical Supplies and Drugs

Key Actions

[Key actions to achieve financial plan/targets in 2022/23:]

- Reducing cost pressures - reliance on premium agency, minimising escalation beds and greater control of non-pay consumables.
- Maximising planned care activity, reducing reliance on IS and WLI premium costs.
- Delivering a challenging stretch CIP programme - conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes]

Income and Expenditure Performance



Financial Performance Summary

The Trust ended February with a YTD deficit of £1.3m, £2.2m adverse to plan.

- The Trust achieved a £0.5m surplus in February 2023, £0.3m ahead of plan. This brings the year to date deficit to £1.3m. The year-to-date position is supported by £11.4m non-recurrent technical CIP, which is £5.2m above plan.
- Additional sources of income have been received in 2022/23 and these are offset by increased costs – for example the Trust has received £8.6m additional income to fund pay awards, and this is substantially offset by higher pay costs. **The Trust has also received £5.5m in additional surge funding (2.75m in month) reducing its reliance on technical savings in order to achieve a balanced end of year position.**
- Increased reliance on premium temporary staffing covering vacancies, sickness, increased demand from non-elective pathways, premium waiting list capacity and additional escalation beds are the key factors contributing to the clinical pay overspends. Bank Incentives have increased supply but at a cost of £0.72m year-to-date, with no corresponding reduction in nurse agency spend.
- Additional activity, inflation and some clinical practice changes are driving higher than planned clinical non-pay costs. Slippage on planned IS contracts partly offset the additional WLI capacity in Medical Staffing.
- The Trust is forecasting an unmitigated £2.5m year-end deficit based on the current run rate. The Trust has £2.5m non-recurrent flexibility remaining to address this risk.

£million	In Month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Income									
Clinical Income	37.2	40.6	3.5	408.7	421.8	13.2	445.8	462.9	17.1
Other Income	3.3	5.1	1.8	36.0	41.8	5.7	39.3	45.8	6.5
Total Operating Income	40.5	45.7	5.3	444.7	463.6	18.9	485.2	508.7	23.6
Pay Costs									
Clinical Pay	(21.4)	(24.0)	(2.6)	(235.2)	(255.1)	(19.9)	(256.5)	(278.8)	(22.3)
Other Pay	(5.5)	(7.1)	(1.6)	(60.2)	(60.2)	0.1	(65.7)	(66.3)	(0.6)
Total Pay Costs	(26.8)	(31.1)	(4.3)	(295.4)	(315.2)	(19.8)	(322.2)	(345.1)	(22.9)
Clinical Non Pay	(5.6)	(6.5)	(0.9)	(63.8)	(68.7)	(4.9)	(70.2)	(75.6)	(5.4)
Other Non Pay	(5.9)	(6.0)	(0.1)	(65.2)	(62.6)	2.6	(71.4)	(67.9)	3.5
Total Non Pay Costs	(11.5)	(12.4)	(1.0)	(129.0)	(131.3)	(2.3)	(141.6)	(143.5)	(1.9)
Total Operating Expenditure	(38.3)	(43.6)	(5.2)	(424.5)	(446.5)	(22.1)	(463.8)	(488.6)	(24.8)
EBITDA	2.1	2.2	0.0	20.2	17.0	(3.2)	21.4	20.1	(1.2)
Depreciation	(1.5)	(1.4)	0.1	(14.6)	(14.4)	0.2	(16.2)	(15.8)	0.4
Non Operating Items	(0.4)	(0.3)	0.1	(4.8)	(3.9)	0.8	(5.2)	(4.3)	0.9
Surplus/(Deficit)	0.2	0.5	0.3	0.9	(1.3)	(2.2)	0.0	0.0	0.0

Financial Performance – Divisions

See Appendix A on page 16 for a summary of the in month and YTD positions for all Divisions and Corporate Directorates.

Divisions	YTD Performance	Key Actions
<p>Operations Directorate</p> <p>(£0.1m) In-month Variance</p> <p>(£0.6m) YTD Variance</p> <p>£0.1m YTD CIP Variance</p>	<ul style="list-style-type: none"> £0.69m Pathology overspends (note circa 50% CCG activity on block) £0.30m Operations Centre overspends covering Site are partially offset with Pharmacy vacancy underspends of £0.24m. 	<ul style="list-style-type: none"> Conclude Site Management Consultation Quantify Pathlinks Over-performance to aid in 23/24 planning negotiations.
<p>Family Services</p> <p>(£0.0m) In-month Variance</p> <p>£0.6m YTD Variance</p> <p>(£0.1m) YTD CIP Variance</p>	<ul style="list-style-type: none"> £2.0m year-to-date nursing vacancy underspends across Maternity and NICU. Partly offset by overspend on clinical supplies (£0.5m), mainly on high cost insulin pumps, and Medical Staff (£0.2m) due to Gynae over-establishments / additional sessions / exempt on-call. 	<ul style="list-style-type: none"> Deep dive into medical staff for Obstetrics/Gynae/Paediatrics, over-establishment/split between Obstetrics/Gynae - job plan alignment, sickness and rota cover Obstetrics/Gynae/Paediatrics and use of additional sessions.
<p>Surgery & Critical Care</p> <p>(£0.9m) In-month Variance</p> <p>(£8.6m) YTD Variance</p> <p>(£0.5m) YTD CIP Variance</p>	<ul style="list-style-type: none"> £4.3m overspent on Medical Staff mainly due to pay premiums covering vacancies alongside restricted duties and on-call cover. £2.7m overspent on Clinical Supplies mainly due activity in Orthopaedics, Urology, Ophthalmology and Audiology and Theatres. £0.9m overspent on Theatre ODP and Imaging vacancies. 	<ul style="list-style-type: none"> Non-pay deep dives to continue – they have so far identified unbudgeted changes in clinical practice in Urology and General Theatres for energy sealing devices and heating devices. Restricted duties of medical staff – HR/Workforce assisting in addressing these restrictions. Continued focus on recruitment to medical staffing and nursing vacancies.

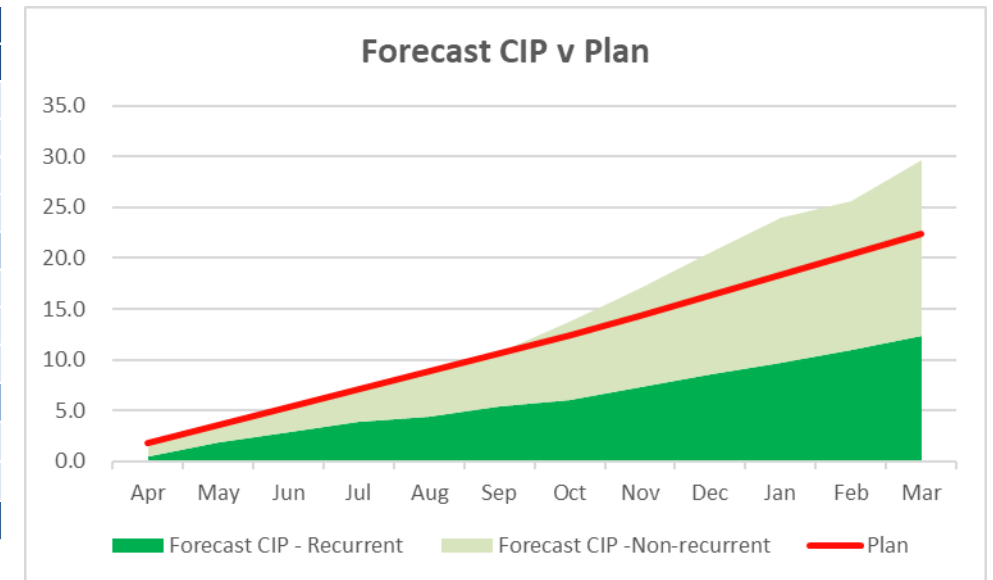
Financial Performance – Divisions continued

Divisions	YTD Performance	Key Actions
<p>Medicine</p> <p>(£1.0m) In-month Variance</p> <p>(£6.3m) YTD Variance</p> <p>(£1.9m) YTD CIP Variance</p>	<ul style="list-style-type: none"> • £2.3m Medical Staff overspend mainly due to additional shift bookings in Acute Care and ED. • £2.8m Nursing Staff overspend due to £1.4m escalation beds and £1.5m due to additional duties in ED and SDEC agency premiums. • £0.5m Drugs and £0.5m Clinical Supplies mainly due to high cost insulin pumps and pacemakers, £0.4m Healthcare Services from HUTH for Haematology and Cardiology. 	<ul style="list-style-type: none"> • Continue with roster/rota reviews and medical staff deep dives. • Collaborate and assist with Community virtual ward capacity embedding OPAT and Homefirst services to relieve bed pressures.
<p>Therapy & Community Services</p> <p>£0.3m In-month Variance</p> <p>£0.2m YTD Variance</p> <p>£0.0m YTD CIP Variance</p>	<ul style="list-style-type: none"> • £1.7m vacancy underspends across many areas including district nursing, neuro rehab and community dental services. • £0.4m Goole Medicine overspends due to escalation beds and premium pay covering vacancies. • £0.3m overspends due to unallocated CIP and £0.5m overspends across Community equipment / orthotics and wheelchairs. 	<ul style="list-style-type: none"> • £0.34m overspends across Community equipment / orthotics and wheelchairs are awaiting detailed prescription and activity data analysis since 2019-20. • Reduce unallocated CIP through review of large underspends.
<p>Corporate Directorates</p> <p>£2.5m In-month Variance</p> <p>£13.1m YTD Variance</p> <p>£1.3m YTD CIP Variance</p>	<ul style="list-style-type: none"> • With the exception of Estates & Facilities all Corporate Directorates are in surplus mainly due to non-recurrent CIP over-delivery. • The position is further supported by slippage on reserves of £2.0m. • Other corporate areas £11.1m underspent mainly due to non-recurrent release of technical reserves and non-recurrent corporate CIP. 	<ul style="list-style-type: none"> • Deep dive into non-pay – postage cost drivers and overspending areas including electricity, water, sewerage and building/engineering maintenance and materials

Financial Performance – CIP delivery

The Trust has delivered £25.6m CIP against a YTD target of £20.4m. This has been achieved through higher non-recurrent technical reserves (£5.2m above plan) with the core programme £0.9m behind plan at February.

£million	Current Month			Year to Date			Forecast Year-end		
	Plan	Actual	Varianc	Plan	Actual	Varianc	Plan	Actual	Varianc
CLINICAL WORKFORCE									
Medical Staff	0.2	0.2	(0.0)	2.4	1.0	(1.3)	2.6	1.2	(1.3)
Nursing and Midwifery	0.5	0.3	(0.2)	3.2	2.1	(1.0)	3.6	2.4	(1.2)
AHP Staff	0.0	0.1	0.1	0.5	1.0	0.5	0.5	1.1	0.6
TOTAL CLINICAL WORKFORCE	0.7	0.6	(0.2)	6.0	4.1	(1.8)	6.7	4.7	(2.0)
Corporate and Non-Clinical	0.1	0.1	0.1	0.8	2.0	1.2	0.9	2.2	1.3
Non-Pay and Procurement	0.2	0.1	(0.1)	2.0	1.7	(0.3)	2.2	1.8	(0.4)
Other CIP	0.2	0.3	0.1	2.0	2.1	0.1	2.2	2.3	0.1
TOTAL CORE PROGRAMME	1.2	1.1	(0.1)	10.8	9.9	(0.9)	12.0	11.0	(1.0)
COVID Expenditure Reduction	0.3	0.4	0.1	3.3	4.2	0.9	3.6	4.7	1.1
Non-recurrent Technical Efficiency	0.6	0.2	(0.4)	6.2	11.4	5.2	6.8	13.9	7.1
TRUST TOTAL EFFICIENCY PLAN	2.1	1.6	(0.4)	20.4	25.6	5.2	22.4	29.7	7.3



- The Trust is £0.9m behind its £10.8m core CIP programme at the end of February 2023. The shortfall is driven by a £1.8m under delivery against the clinical workforce schemes.
 - The £0.9m shortfall has been covered by an over recovery of £0.9m on COVID spend reduction targets, but is primarily supported by the use of its non-recurrent technical reserves of £11.4m compared to a plan of £6.2m.
 - The Trust is forecasting to deliver £11.0m savings against a core programme of £12m by the year end. Non-recurrent savings from technical adjustments are forecast to total £13.9m, nearly half of the forecast £29.7m savings in year.

Financial Performance – Forecast Outturn

The Trust is forecasting an unmitigated £2.5m deficit based on current run rates but has £2.5m non-recurrent flexibility remaining and is therefore reporting a breakeven FOT position.

	M10	M11	Change
	£m	£m	£m
Clinical Income (Lincs CCG)	(0.05)	(0.05)	0.00
Other Income	2.63	8.01	5.38
Pay Award Funding Shortfall	0.02	0.02	0.00
Medical Staffing	(9.90)	(9.02)	0.87
Nursing – Escalation Beds (M1-6)	(1.29)	(1.29)	0.00
Other Nursing	(1.60)	(1.51)	0.09
Other Pay	0.60	0.35	(0.25)
Drugs & Clinical Supplies & Other Non-Pay	(7.20)	(7.96)	(0.75)
IS Capacity Slippage	2.51	2.68	0.16
Post EBITDA Slippage	1.26	1.46	0.20
Technical Reserve Release	5.59	4.63	(0.96)
CIP Non-Delivery (excl Technical)	(0.00)	0.18	0.19
Forecast Deficit	(7.43)	(2.50)	4.93

The Trust is currently £2.2m behind plan at the end of month 11 with a year to deficit of £1.3m and is marginally behind its improvement trajectory by £0.01m.

The Trust has received additional funding of £5.5m and improved its Medical staff run rates in month but these have been offset by the increase Nursing spend linked to incentives with no corresponding reduction in agency expenditure.

If no mitigating actions are taken, the forecast projects a potential £2.50m end of year deficit risk.

The Trust has non-recurrent flexibility of £2.5m remaining and is therefore reporting a breakeven FOT position.

Underlying Position

After adjustments for non-recurrent income and costs in 2022/23, the Trust underlying deficit is £38.1m.

£million	
2022/23 - Planned Surplus/(Deficit)	0.0
Non-recurrent Adjustments	
Non Recurrent Income	(25.8)
Non Recurrent Expenditure	17.1
Non Recurrent Technical B/S Release	(19.3)
Non Recurrent Underspends (Midwifery / Community Nursing)	(2.9)
Non Recurrent Savings Delivery	(3.1)
FYE Investment Programme	(4.0)
Underlying Deficit	(38.1)

- The Trust continues to assess the recurrent impacts on its underlying financial position bridging from its 2022/23 break-even forecast.
- The table opposite shows the non-recurrent income and cost adjustments identified in 2022/23 resulting in a revised estimated underlying deficit of £38.1m.
- The underlying position is constantly evolving as 2023/24 planning round confirms assumptions on recurrency of specific funding and expenditure schemes.

System Financial Performance



System Financial Performance – January 2023

The Humber and North Yorkshire ICS has delivered a YTD deficit of £11.5m at the end of January 2023 which is £12.1m adverse to plan. The system is forecasting to deliver a breakeven position at year end.

Humber and North Yorkshire ICS Summary Surplus / (Deficit) Position - 2022/23 Month 10						
Organisation	2022/23 Plan £'000	Surplus / (Deficit)			Surplus / (Deficit)	
		YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	FOT £'000	FOT Variance £'000
East Riding Of Yorkshire Place	0	0	(1,809)	(1,809)	3,760	(3,760)
Hull Place	0	0	(1,282)	(1,282)	2,824	(2,824)
Hull University Teaching Hospitals NHS Trust	0	259	51	(208)	0	(0)
Humber Teaching NHS FT	0	(95)	(95)	0	0	0
Hull and East Riding	0	164	(3,134)	(3,298)	6,584	(6,584)
North East Lincolnshire Place	0	0	(49)	(49)	636	(636)
North Lincolnshire Place	0	0	(537)	(537)	1,242	(1,242)
Northern Lincolnshire and Goole NHS FT	0	674	(1,773)	(2,447)	0	0
North and North East Lincolnshire	0	674	(2,358)	(3,032)	1,878	(1,878)
North Yorkshire Place	0	(0)	(2,582)	(2,582)	5,029	(5,904)
York Place	0	0	(2,463)	(2,463)	4,660	(4,660)
York and Scarborough Teaching Hospitals NHS FT	0	(253)	(5,102)	(4,849)	0	0
Harrogate and District NHS FT	0	0	(4,467)	(4,467)	(0)	(0)
North Yorkshire and York	0	(253)	(14,614)	(14,361)	9,688	(10,564)
ICB-Wide Expenditure	0	0	8,588	8,588	(18,149)	18,149
TOTAL ICS SURPLUS/(DEFICIT)	0	585	(11,519)	(12,104)	0	(876)
ICB Total	0	(0)	(8,721)	(8,721)	18,149	(18,149)
ICB-Wide Expenditure	0	0	8,588	8,588	(18,149)	18,149
ICS Provider Total	0	585	(11,385)	(11,970)	0	(0)
TOTAL ICS SURPLUS/(DEFICIT)	0	585	(11,519)	(12,104)	0	(0)

Capital and Cash



Capital Expenditure

Year-to-date capital expenditure is £25.9m against a £40.0m YTD plan. The Trust is forecasting to marginally overspend the full year £44.6m programme by £0.6m to offset slippage within the ICB overall programme.

£million	Year to Date			Full Year		
	Plan	Actual	Var.	Plan	Forecast	Var.
Estates Major Schemes						
Emergency Department/AAU	20.8	16.8	(4.0)	18.0	18.7	0.8
DPOW & SGH Theatres TIF	4.2	0.4	(3.8)	6.1	6.1	0.0
SGH Fire Alarm	1.5	2.0	0.6	2.5	2.5	0.0
DPOW & SGH Reconfiguration Programme	2.7	1.2	(1.5)	2.6	2.6	0.0
Total Estates Major Schemes	29.2	20.4	(8.8)	29.1	29.9	0.8
Other Estates Schemes	1.4	0.6	(0.8)	2.6	1.5	(1.1)
IM&T Programme	2.3	2.2	(0.1)	4.8	5.2	0.4
Equipment Renewal	3.6	0.7	(2.9)	3.9	4.7	0.8
Facilities Maintenance	2.7	1.1	(1.6)	3.3	3.0	(0.2)
Other Capital Expenditure	0.8	0.9	0.1	0.9	0.9	(0.0)
Total Capital Programme	40.0	25.9	(14.1)	44.6	45.2	0.6
Funded By:						
Internally Generated	12.9	9.7	(3.3)	13.4	14.0	0.6
PDC Funded	26.2	15.3	(10.9)	30.3	30.3	0.0
Donated	0.2	0.2	0.0	0.2	0.2	0.0
IFRS16	0.6	0.7	0.1	0.7	0.7	0.0
Total Funding	40.0	25.9	(14.1)	44.6	45.2	0.6

The Trust capital funding for 2022/23 is £44.59m. The additional funding for discharge lounge has slightly increased to £0.11m.

The actual spend to 28th February was £25.89m, £25.66m relating to Trust funded schemes and £0.23m for donated and grant funded. Key variances are detailed below:

- The DPOW Gamma Camera is progressing, the Trust have been chasing payment certificates, the actual gamma camera is due to be delivered 27th March and the scheme is still on plan to finish by 31st March 2023.
- The ED/AAU schemes are still forecast to slip spend from 22/23 into 23/24. The Trust is continuing to manage this by bringing forward priorities from 23/24. The spend for this year is being closely monitor to ensure delivery. The handover of SGH ED did not happen at the end of February due to a water defect and is now planned for 8th March. The schemes are currently forecasting additional costs and risks of **£3.06m**. These additional costs have been included in the 2023/24 draft capital plan.
- Facilities maintenance – the water improvements will now span 2 years (22/23 & 23/24). The electrical infrastructure and theatre scheme are progressing, they are slightly behind plan with £0.2m slipping into 23/24. The Trust is managing this across the financial years. The funding of £0.35m for fire doors at SGH will be spent by 31st March.
- All Equipment orders have now been placed, equipment totally £1.3m has been delivered in the first week of March.

Balance Sheet

£ million	Actual	Actual	Actual	In month
	31-Mar-22	31-Jan-23	28-Feb-23	movement
Fixed Assets	268.9	271.1	272.8	1.6
<u>Current Assets</u>				
Inventories	3.3	4.0	4.0	(0.1)
Trade and Other Debtors	20.0	20.8	20.7	(0.1)
Cash	31.9	33.8	35.8	2.0
Total Current Assets	55.2	58.7	60.5	1.8
<u>Current Liabilities</u>				
Trade and Other Creditors	37.1	38.8	40.7	2.0
Accruals	20.1	20.2	18.9	(1.3)
Other Current Liabilities	6.9	5.8	7.9	2.1
Total Current Liabilities	64.1	64.8	67.6	2.8
Net Current Liabilities	(8.9)	(6.1)	(7.1)	(1.0)
Debtors Due > 1 Year	1.25	1.25	1.25	0.00
Creditors Due > 1 Year	0.00	0.00	0.00	0.00
Loans > 1 Year	6.88	6.88	6.88	0.00
Finance Lease Obligations > 1 Year	14.86	14.91	14.96	0.05
Provisions - Non Current	5.44	5.44	5.44	0.00
Total Assets/(Liabilities)	234.1	239.1	239.6	0.6
TOTAL CAPITAL & RESERVES	234.1	239.1	239.6	0.6

Key Movements:

Current Assets

- Stock balances have remained stable in month.
- Debtors have also remained stable overall, however NHS have increased following the release of surge funding. Prepayments have reduced.
- The Trust cash balance has increased in month, payment runs have been lower than January, the Trust received £0.18m of PDC funding for capital schemes. The cash balance at 28th February was £35.8m a increase of £2.0m.

Current Liabilities

- The deferred income increased in month, this relates to the March Health Education Income received in advance.
- Revenue creditors have increased in month, this relates to invoices authorised but not yet due for payment and Lloyds invoices for two months again not due for payment.

The total BPPC figures for the Trust continue to be above 90% at 92.2% for number and 92.6% for value paid within 30 days. We are seeing a continued improvement each month in both NHS and Non NHS. Monitoring of BPPC and communication to staff of the importance of authorising invoices will continue.

Appendices



Appendix A – Divisional Financial & Reserves Summary

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Operations						
Operations Directorate	(3.7)	(3.8)	(0.1)	(36.5)	(37.2)	(0.6)
Family Services	(3.9)	(4.0)	(0.0)	(43.6)	(43.0)	0.6
Surgery & Critical Care	(10.2)	(11.1)	(0.9)	(111.9)	(120.5)	(8.6)
Medicine	(9.6)	(10.5)	(1.0)	(112.7)	(119.0)	(6.3)
Therapy & Community Services	(3.0)	(3.3)	(0.3)	(32.9)	(32.7)	0.2
Total Operations	(30.4)	(32.7)	(2.2)	(337.7)	(352.4)	(14.7)
Corporate Directorates						
Trust Management	(0.1)	(0.1)	0.0	(1.4)	(1.3)	0.1
Medical Director's Office	(2.0)	(1.9)	0.1	(21.4)	(21.0)	0.4
Chief Nurses Office	(0.4)	(0.4)	(0.0)	(4.8)	(4.6)	0.1
Finance	(0.4)	(0.4)	0.0	(4.6)	(4.2)	0.4
People & Organisational Effectiveness	(0.4)	(0.4)	0.0	(4.9)	(4.8)	0.1
Estates & Facilities	(2.9)	(3.1)	(0.2)	(30.5)	(31.1)	(0.6)
Strategic Development	(0.1)	(0.1)	0.0	(1.2)	(1.1)	0.1
Digital Services	(0.9)	(0.9)	0.0	(9.7)	(9.5)	0.2
Central & Capital Charges	(1.4)	(1.5)	(0.1)	(14.0)	(6.9)	7.1
Central Income	39.3	42.2	2.9	432.4	435.5	3.1
Trust Reserves	(0.1)	(0.2)	(0.2)	(2.5)	(0.4)	2.0
Total Corporate Directorates	30.5	33.0	2.5	337.4	350.5	13.1
Other Items	0.1	0.1	(0.0)	1.2	0.7	(0.5)
Trust Total	0.2	0.5	0.3	0.9	(1.3)	(2.2)

£million	Annual Budget	YTD Budget	YTD Expenditure	YTD Variance	
Investment Reserves					
2022/23 SDF NL	0.23	0.21	0	(0.23)	
ED / UCS Expansion	0.91	0.64		0.64	
Nursing Apprenticeships	0.32	0.30		0.30	
Overseas Recruitment	(0.19)	(0.23)		(0.23)	
HOBS Beds	(0.38)	(0.32)		(0.32)	
End of Life (Acute)	(0.15)	(0.14)		(0.14)	
Winter Ward / Virtual Bed Capacity	0.43	(0.01)		(0.01)	
Training ACP's	0.52	0.47		0.47	
Leadership Development	0.15	0.14		0.14	
Cancer Alliance	0.25	0.23		0.23	
Total Investment Reserve	2.10	1.28	0	0.85	
Inflation Reserves					
Pay Inflation incl Incentives	(0.77)	(0.75)		(0.75)	
Non Pay Inflation	0.54	0.76		0.76	
Digital Aspirant	0.24	(0.05)		(0.05)	
Total Inflation Reserve	0.01	(0.04)	-	(0.04)	
COVID-19	2.15	1.83	-	1.83	
ERF	-	0.02	(0.63)	-	(0.63)
TOTAL	4.24	2.45	0.44	2.01	

Appendix B – Elective Recovery

Elective Recovery Funding was again recognised as fully achieved, per system requirements. The Trust did not achieve the 104% activity target in month; performance was 93% in month and remains at 96% year-to-date. However, core activity is supported by IS capacity of 3% both in month and year-to-date. £4.70m of Elective Recovery Funding received year-to-date would have been at risk if penalties had been enforced.

Elective Recovery by POD v 2019/20	Medicine	Surgery and Critical Care	Womens and Childrens	Surgery Endoscopy	Community and Therapies	Trust Total
Elective	45%	94%	75%		2%	86%
Daycase	106%	93%	82%	104%	68%	97%
OPD New	120%	118%	110%			116%
OPD New Procedures	68%	85%	107%			97%
OPD Follow Up	97%	96%	111%			99%
OPD Follow Up Procedures	66%	118%	118%			106%
Total	97%	97%	93%	104%	45%	96%

Spells/ Attendances	2019/20	2020/21	2021/22	2022/23	Variance to 2019/20
Elective	6136	3318	4510	4499	(1,637)
Daycase	48993	32371	44781	49306	313
OPD New	86335	70582	92896	100785	14,450
OPD New Procedures	25542	12136	20547	21069	(4,473)
OPD Follow Up	185098	187300	197523	199366	14,268
OPD Follow Up Procedures	49359	26251	40534	47781	(1,578)
Total	401463	331958	400791	422806	21343

Spells/ Attendances	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
Elective	345	400	353	399	417	426	482	476	357	389	455
Daycase	3990	4747	4248	4538	4633	4356	4456	4897	4338	4668	4435
OPD New	9064	10146	9682	9304	9048	9847	9491	9538	7949	8951	7765
OPD New Procedures	1718	1978	1702	1795	1806	2081	2022	2139	1762	2140	1926
OPD Follow Up	16546	18993	18350	16929	17418	18173	18737	20669	16334	19776	17441
OPD Follow Up Procedures	3804	4374	3790	3865	3980	4419	4563	5243	3808	5263	4672
Total	35467	40638	38125	36830	37302	39302	39751	42962	34548	41187	36694

Appendix C – Temporary Staffing Summary

Subjective Sub category	2021/22		
	Non-COVID	COVID	Total
Medical Staff	24,756	2,824	27,580
Nursing Staff	18,774	4,945	23,720
Scientific, Therapeutic & Technical Staff	1,867	44	1,911
Admin & Clerical Staff	1,723	295	2,018
Maintenance Staff	-	-	-
Other Staff	3	-	3
Support Staff	1,668	365	2,033
Grand Total	48,792	8,472	57,265

2022/23		
Non-COVID	COVID	Total
28,903	285	29,188
25,576	287	25,862
2,544	0	2,544
2,367	8	2,375
5	-	5
3	-	3
2,037	25	2,062
61,435	604	62,039

Variance		
Non-COVID	COVID	Total
(4,147)	2,539	(1,608)
(6,801)	4,659	(2,143)
(677)	44	(634)
(643)	287	(357)
(5)	0	(5)
0	0	0
(369)	340	(29)
(12,642)	7,868	(4,774)

Type	Subjective Sub category	2021/22		
		Non-COVID	COVID	Total
Agency	Medical Staff	10,293	1,350	11,643
	Nursing Staff	9,248	2,621	11,870
	Scientific, Therapeutic & Technical Staff	1,401		1,401
	Admin & Clerical Staff	183		183
	Maintenance Staff	-		-
	Other Staff	3		3
	Support Staff	1		1
Agency Total		21,129	3,972	25,101
Bank / Locum	Medical Staff	14,463	1,474	15,937
	Nursing Staff	9,526	2,324	11,850
	Scientific, Therapeutic & Technical Staff	466	44	510
	Admin & Clerical Staff	1,540	295	1,835
	Support Staff	1,668	365	2,033
Bank / Locum Total		27,663	4,501	32,164
Grand Total		48,792	8,472	57,265

2022/23		
Non-COVID	COVID	Total
11,650	31	11,681
13,713	127	13,841
1,616		1,616
348		348
5		5
3		3
1		1
27,335	159	27,494
17,253	254	17,507
11,862	159	12,022
928	0	929
2,019	8	2,027
2,036	25	2,061
34,099	445	34,545
61,435	604	62,039

Variance		
Non-COVID	COVID	Total
(1,357)	1,319	(38)
(4,465)	2,494	(1,971)
(215)	0	(215)
(164)	0	(164)
(5)	0	(5)
0	0	0
(0)	0	(0)
(6,206)	3,813	(2,393)
(2,790)	1,220	(1,570)
(2,336)	2,165	(172)
(463)	44	(419)
(479)	287	(192)
(369)	340	(28)
(6,436)	4,055	(2,381)
(12,642)	7,868	(4,774)

Agenda Number:

CoG (04/23) Item: 7.2

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Helen Harris, Director of Corporate Governance	
Title of the Report	Board Assurance Framework 2022-23, Quarter Three	
Purpose of the Report and Executive Summary (to include recommendations)	<p>To provide the Board Assurance Framework 2022-23, quarter three report to the Council of Governors for information.</p> <p>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 Boards seeking assurance against delivery of key organisational objectives.</p> <p>The Council of Governors is asked to receive the Board Assurance Framework for information and note the Trust Board reviewed the Board Assurance Framework and High Level Risk Register at its meeting on 7 February 2023.</p>	
Background Information and/or Supporting Document(s) (if applicable)	Board Assurance Framework and High Level Risk Register	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Trust Board – 7 February 2023
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 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> <p>✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 <input checked="" type="checkbox"/> 1 - 1.5 ✓ 1 - 1.6</p> <p>To be a good employer:</p> <p>✓ 2</p>	<p>To live within our means:</p> <p>✓ 3 - 3.1 ✓ 3 - 3.2</p> <p>To work more collaboratively:</p> <p>✓ 4</p> <p>To provide good leadership:</p> <p>✓ 5</p> <p><input type="checkbox"/> Not applicable</p>
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.
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***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

Board Assurance Framework – Quarter Three Review (1 October 2022 – 31 December 2022)

1. Purpose of the Report

- 1.1. To present the BAF (Appendix 1) to the Council of Governors for information and to note the Trust Board reviewed the BAF at its meeting on 7 February 2023.
- 1.2. The BAF brings together all of the relevant information on the risks to the delivery of the board's strategic objectives, highlighting risks, controls and assurances. It is an essential tool for the Boards 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 risks. It is used to support the Board in receiving confidence about the likely achievement of each of its strategic objectives.
- 1.3. The Strategic Development Committee reviewed strategic risks SO1.3, SO3-3.2 and SO4 at its meeting on 2 March 2023.

The Audit Risk and Governance Committee reviewed strategic risk SO1-1.5 at its meeting on 23 February 2023.

2. General Update

- 2.1. An assurance assessment is now required for every planned action. The 'key' to the colour coding is detailed in the last page of Appendix 1. This is to enable the Board and all Committees to seek assurance on the progress against each of the planned actions.
- 2.2. Trust Board and all Board Committees receive the High-Level Risk Register (Appendix 2) relevant to the strategic risks, which is to provide oversight on those high-level risks that could threaten and have an impact on the delivery of the strategic risk.

3. Strategic Objective Risk Ratings: 2022-23 Quarter Three

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

Strategic Objective	2022-23				Risk Appetite Score
	Risk Rating Quarter 1	Risk Rating Quarter 2	Risk Rating Quarter 3	Target Risk by 31/03/2023	
SO1-1.1	15	15	15	15	4-6
SO1-1.2	20	20	20	15	4-6
SO1-1.3	12	12	12	8	4-6
SO1-1.4	20	20	20	20	4-6
SO1-1.5	12	12	12	6	4-6
SO1-1.6	16	16	12	8	4-6
SO2	20	20	20	12	4-6
SO3-3.1	15	20	20	20	8-12
SO3-3.2	12	15	15	20	8-12
SO4	12	12	12	8	8-12
SO5	12	12	12	8	8-12

3.2. Principal Risks

The Trust Board, at its meeting on 7 February 2023, noted the:

- a) significant number of planned actions (red and amber assurance rating) to be delivered against SO1-1.2 (the risk that the Trust fails to deliver constitutional and other regulatory performance targets), being:
- Workforce and resources to Humber Cancer Board
 - Public Health England guidance (cancer diagnosis) reviewed and implemented
 - Review of clinical pathways linked to Humber Acute Services Programme One, Interim Clinical Plan
 - Consultant led ward rounds, further development and implementation (Emergency Care Improvement Support Team)
 - Validation of all Referral to Treatment Clock Stops back to 100%
 - Consultant job plans to be signed off for 2022-23,
- b) key areas of concern against SO1-1.4 (the risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate), being:
- Backlog Maintenance (BLM) figures for 2021-22 are due to be reported and are expected to have increased,
 - Capital Programme funding for 2023-24 will be impacted by the Critical Infrastructure Risk and BLM;

- c) degree in which the Trust may not deliver on the financial position up to 31 March 2023; against strategic risk SO3-3.1 (the risk that either the Trust or the Humber Coast and Vale Healthcare Partnership fail to achieve their financial objectives and responsibilities),
- d) target risk score for SO1-1.6 has increased from eight to 12; due to the workforce capacity to meet demand, the bed capacity due to workforce challenges, lower than expected uptake of influenza vaccinations; the recruitment pipeline to address nurse and medical staffing shortfalls and the testing / implementation of business continuity plans,
- e) number of planned actions which are marked as Amber which could pose a risk to the delivery of the strategic objective SO1-1.1, being:
 - birthrate plus review,
 - delivery of deteriorating patient improvement plan,
 - implementation of End of Life Strategy (system-wide),
 - review of the policy and embedding supportive observation,
 - management of Influenza outbreaks,
 - preparation for Trust requirements in Deprivation of Liberty and the new Liberty Protection Safeguards by 31 April 2023, and
 - business case completion for the Transition post,
- f) number of High-Level Risks that could have an impact on the delivery of strategic objective SO2 (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):
 - No 2976, High registered nursing vacancy levels = 25
 - No 2421, Nurse Staffing, Risk Rating = 25
 - No 2530, Poor Registered Nursing Skill Mix on Wards = 20
 - No 3015, Insufficient estate resources to manage the workload demand = 20
 - No 2898, Medical Staff - Mandatory Training Compliance = 16
 - No 2960, Risk of inability to safely staff maternity unit with Midwives = 16
 - 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 1851, Shortfall in Capacity within the Ophthalmology Service = 15

4. Recommendations

The Council of Governors is asked to receive the Board Assurance Framework for information and note the Trust Board reviewed the Board Assurance Framework at its meeting on 7 February 2023.

Board Assurance Framework - 2022 / 23

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 Coast and Vale Health Care Partnership • 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 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 • 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.

Risk Appetite Statement - 2022 / 23

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.

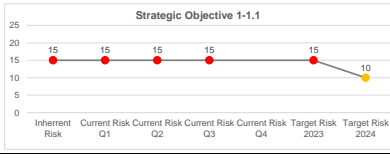

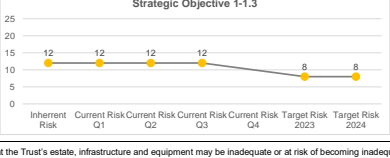
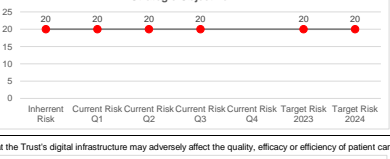
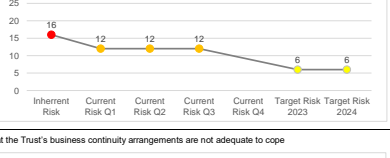
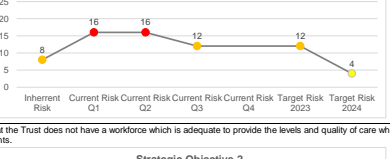
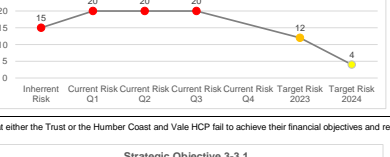


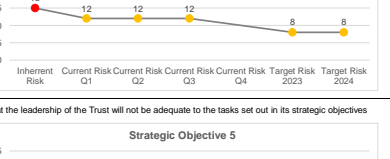
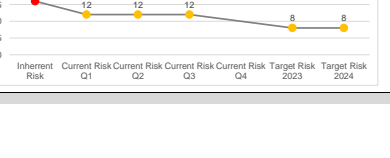
The Trust will ensure 'risk management is everyone's business' and that staff are actively identifying risks and reporting adverse incidents, near misses or hazards. The Trust will look to create and sustain an open and supportive risk culture, seeking patients' views, and using their feedback as an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

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

Risk Appetite Assessment

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

Strategic Risk Ratings

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>15</td></tr> <tr><td>Current Risk Q3</td><td>15</td></tr> <tr><td>Current Risk Q4</td><td>15</td></tr> <tr><td>Target Risk 2023</td><td>15</td></tr> <tr><td>Target Risk 2024</td><td>10</td></tr> </table>	Category	Value	Inherent Risk	15	Current Risk Q1	15	Current Risk Q2	15	Current Risk Q3	15	Current Risk Q4	15	Target Risk 2023	15	Target Risk 2024	10	Low	Medical Director and Chief Nurse	Q&SC
Category	Value																			
Inherent Risk	15																			
Current Risk Q1	15																			
Current Risk Q2	15																			
Current Risk Q3	15																			
Current Risk Q4	15																			
Target Risk 2023	15																			
Target Risk 2024	10																			
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>20</td></tr> <tr><td>Current Risk Q3</td><td>20</td></tr> <tr><td>Current Risk Q4</td><td>20</td></tr> <tr><td>Target Risk 2023</td><td>15</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	20	Current Risk Q3	20	Current Risk Q4	20	Target Risk 2023	15	Target Risk 2024	10	Low	Chief Operating Officer	F&PC
Category	Value																			
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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>12</td></tr> <tr><td>Current Risk Q3</td><td>12</td></tr> <tr><td>Current Risk Q4</td><td>12</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	12	Current Risk Q3	12	Current Risk Q4	12	Target Risk 2023	8	Target Risk 2024	8	Low	Director of Strategic Development	SDC
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>20</td></tr> <tr><td>Current Risk Q3</td><td>20</td></tr> <tr><td>Current Risk Q4</td><td>20</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	20	Current Risk Q3	20	Current Risk Q4	20	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	20																			
Current Risk Q3	20																			
Current Risk Q4	20																			
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>16</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>12</td></tr> <tr><td>Current Risk Q3</td><td>12</td></tr> <tr><td>Current Risk Q4</td><td>12</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	16	Current Risk Q1	12	Current Risk Q2	12	Current Risk Q3	12	Current Risk Q4	12	Target Risk 2023	6	Target Risk 2024	6	Low	Chief Information Officer	ARG
Category	Value																			
Inherent Risk	16																			
Current Risk Q1	12																			
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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>8</td></tr> <tr><td>Current Risk Q1</td><td>16</td></tr> <tr><td>Current Risk Q2</td><td>16</td></tr> <tr><td>Current Risk Q3</td><td>12</td></tr> <tr><td>Current Risk Q4</td><td>12</td></tr> <tr><td>Target Risk 2023</td><td>12</td></tr> <tr><td>Target Risk 2024</td><td>4</td></tr> </table>	Category	Value	Inherent Risk	8	Current Risk Q1	16	Current Risk Q2	16	Current Risk Q3	12	Current Risk Q4	12	Target Risk 2023	12	Target Risk 2024	4	Low	Chief Operating Officer	F&PC
Category	Value																			
Inherent Risk	8																			
Current Risk Q1	16																			
Current Risk Q2	16																			
Current Risk Q3	12																			
Current Risk Q4	12																			
Target Risk 2023	12																			
Target Risk 2024	4																			
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>20</td></tr> <tr><td>Current Risk Q3</td><td>20</td></tr> <tr><td>Current Risk Q4</td><td>20</td></tr> <tr><td>Target Risk 2023</td><td>12</td></tr> <tr><td>Target Risk 2024</td><td>4</td></tr> </table>	Category	Value	Inherent Risk	15	Current Risk Q1	20	Current Risk Q2	20	Current Risk Q3	20	Current Risk Q4	20	Target Risk 2023	12	Target Risk 2024	4	Low	Director of People	WC
Category	Value																			
Inherent Risk	15																			
Current Risk Q1	20																			
Current Risk Q2	20																			
Current Risk Q3	20																			
Current Risk Q4	20																			
Target Risk 2023	12																			
Target Risk 2024	4																			
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>10</td></tr> <tr><td>Current Risk Q1</td><td>15</td></tr> <tr><td>Current Risk Q2</td><td>20</td></tr> <tr><td>Current Risk Q3</td><td>20</td></tr> <tr><td>Current Risk Q4</td><td>20</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	10	Current Risk Q1	15	Current Risk Q2	20	Current Risk Q3	20	Current Risk Q4	20	Target Risk 2023	20	Target Risk 2024	20	Moderate	Chief Financial Officer	F&PC
Category	Value																			
Inherent Risk	10																			
Current Risk Q1	15																			
Current Risk Q2	20																			
Current Risk Q3	20																			
Current Risk Q4	20																			
Target Risk 2023	20																			
Target Risk 2024	20																			
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>12</td></tr> <tr><td>Current Risk Q2</td><td>15</td></tr> <tr><td>Current Risk Q3</td><td>15</td></tr> <tr><td>Current Risk Q4</td><td>15</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	12	Current Risk Q2	15	Current Risk Q3	15	Current Risk Q4	15	Target Risk 2023	15	Target Risk 2024	15	Moderate	Director of Strategic Development	SDC
Category	Value																			
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Current Risk Q2	15																			
Current Risk Q3	15																			
Current Risk Q4	15																			
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>15</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>12</td></tr> <tr><td>Current Risk Q3</td><td>12</td></tr> <tr><td>Current Risk Q4</td><td>12</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	15	Current Risk Q1	12	Current Risk Q2	12	Current Risk Q3	12	Current Risk Q4	12	Target Risk 2023	8	Target Risk 2024	8	Moderate	Director of Strategic Development	SDC
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Current Risk Q2	12																			
Current Risk Q3	12																			
Current Risk Q4	12																			
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>16</td></tr> <tr><td>Current Risk Q1</td><td>12</td></tr> <tr><td>Current Risk Q2</td><td>12</td></tr> <tr><td>Current Risk Q3</td><td>12</td></tr> <tr><td>Current Risk Q4</td><td>12</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	16	Current Risk Q1	12	Current Risk Q2	12	Current Risk Q3	12	Current Risk Q4	12	Target Risk 2023	8	Target Risk 2024	8	Moderate	Chief Executive	WC
Category	Value																			
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Current Risk Q3	12																			
Current Risk Q4	12																			
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.

	Inherent Risk	Current Risk				Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	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
		Q1	Q2	Q3	Q4							
Consequence	5	5	5	5	5	5	5					
Likelihood	3	3	3	3	3	3	2					
Risk Rating Score	15	15	15	15	15	15	10					

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 and Serious Incident Review Group, 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 	<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 • Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board • Health Scrutiny Committees (Local Authority) • 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 <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 	<p>Action</p> <ul style="list-style-type: none"> • Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2023 (later due to national delays) • Birthrate plus review • Continue to develop metrics as data quality allows • Delivery of deteriorating patient improvement plan • Implementation of End of Life Strategy (system-wide strategy) • Annual establishment reviews across nursing, midwifery and • Update IPC BAF as national changes and requirements • Continued management of COVID19 outbreaks <p>• Workforce Committee undertaking Workforce Planning linked to</p> <ul style="list-style-type: none"> • Review policy and embed supportive observation • Audit of stop and check safety huddle compliance <p>• Review of Ward Assurance Tool and Web V pilot</p> <ul style="list-style-type: none"> • Pilot of 15 Steps Star Accreditation Programme • Management of Influenza outbreaks <p>• Preparation for trust requirements in DoLS and the new LPS by 31</p> <ul style="list-style-type: none"> • Business case completed for Transition post 	<p>Quarter / Year Assurance</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Q2 2023/24</td><td style="width: 50%; text-align: center; background-color: green;">Green</td></tr> <tr><td>Q2 2022/23</td><td style="text-align: center; background-color: orange;">Amber</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: green;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: orange;">Amber</td></tr> <tr><td>Q4 2025/26</td><td style="text-align: center; background-color: orange;">Amber</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: green;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: green;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: green;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: green;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="text-align: center; background-color: orange;">Amber</td></tr> <tr><td>Q3 2022/23</td><td style="text-align: center; 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Britain's exit from the European Union; Pandemic) on business continuity and the delivery of core service</p> <p>Workforce impact on HASR</p>	Q2 2023/24	Green	Q2 2022/23	Amber	Q4 2022/23	Green	Q4 2022/23	Amber	Q4 2025/26	Amber	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Amber	Q3 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Amber	Q3 2022/23	Amber
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Q4 2022/23	Green																																
Q4 2022/23	Green																																
Q4 2022/23	Amber																																
Q3 2022/23	Amber																																
<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Estate and compliance with IPC requirements - 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 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Mandatory training • Delays with results acknowledgement (system live, process not yet embedded) • Progress with the End of Life Strategy • Ophthalmology Waiting List remains sizeable • Safety and delays on cancer pathways 	<p>Links to High Level Risks Register</p> <p>Divisional / Departmental Risks Scoring >15:</p> <ul style="list-style-type: none"> • No 2421 Nurse Staffing = 25 • No 2145 Quality of Care and Patient Safety - (due to nurse staffing position) = 20 • No 2245 Risk to overall performance, Surgery = 16 (previously 20) • No 2562 Failure to meet constitutional targets in ECC, Medicine = 20 • No 2949 Joint Oncology Risk for HASR, Medicine = 20 • No 2244 Risk to overall cancer performance, Clinical Support Services = 16 • No 2898 Mandatory training compliance for medical staff, Medicine = 16 • No 3036 Risk of Harm in ED due to length of stay in department, Medicine = 16 • No 2992 Lack of Changing Places facility at SGH = 16 • No 2347 Deteriorating patient risk, Surgery = 15 • No 2388 Deteriorating patient risks, Medicine = 15 • No 3114 Delays in Children being seen at DPoWH by Paediatric Endocrine Service, Family Services = 15 • No 3031, Risk that the diabetes service in DPOW will not be able to operate fully due to long term sickness leading to parents having a lack of confidence of the service and not developing the service going forward eg transition to adults = 16 	<p>Future Opportunities</p> <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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)			Initial Date of Assessment: 1 May 2019	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
Consequence	5	5	5	5	5	5	5						
Likelihood	4	4	4	4	4	3	2						
Risk Rating Score	20	20	20	20	20	15	10						
											Last Reviewed: December 2022, 13 October 2022, July 2022, 11 April 2022, 24 January 2022	Risk Owner: Chief Operating Officer	

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 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019. • 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 2021-22 <p>External:</p> <ul style="list-style-type: none"> • NHSI Intensive Support Team • Audit Yorkshire internal audit: A&E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019. • Humber Cancer Board • 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"> • Workforce and resources to Humber Cancer Board • Public Health England guidance (cancer diagnosis) reviewed and implemented • Further development of the ICP with HUTH • Review of clinical pathways linked to HASR programme 1 ICP, 7 specialties • Consultant led ward rounds, further development and implementation (ECIST) • Development of Phase 2 three year HASR Plan by 2022 • Revision and Development of QSIS plans • Progress P1 of HASR Plan - Haematology, Oncology, Dermatology • Implementation phase 3 of AAU business case • Validation of all RTT Clock Stops back to 75% • Job plans complete for 22/23 • Opening of new ED build at DPoW • Implementation of the UCS Model (funding based on Business Case agreement) On hold - Review of South Bank Urgent Care Services taking place • Outcome of the Urgent Care Services Review for South Bank of ICS agreed • Winter Planning for 2022/23 - ongoing • Review and relaunch of the Daily Operations Meetings - ongoing • Develop divisional dashboards • Establishment of pathway for YAS to access the North Lincolnshire SPA in the same way as EMAS • Development of ward 25 at SGH to provide additional single rooms • Validation of all RTT Clock Stops back to 100% • Introduction of Pathway to enable referrals into SPA from technology enabled care providers to reduce ambulance calls and conveyancing • Further development of the ICP with HUTH - Dermatology • Introduction of LLoS reviews in Medicine Division • Consultant job plans to be signed off for 2022-23 • Diagnostic and cancer pathways reviewed and implemented • Opening of new ED build at SGH • Consultant job plans to be signed off for 2023-24 • Further development of the ICP with HUTH - Cardiology, Respiratory, Gastroenterology. • Progress with implementation of General Internal Medicine Model 	<ul style="list-style-type: none"> Q4 2021/22 Red Q4 2021/22 Amber Q4 2021/22 Green Q4 2022/23 Amber Q4 2021/22 Amber Q1 2022/23 Yellow Q1 2022/23 Yellow Q2 2022/23 Yellow Q2 2022/23 Yellow Q2 2022/23 Yellow Q3 2022/23 Blue Q3 2022/23 Yellow Q3 2022/23 Yellow Q3 2022/23 Yellow Q3 2022/23 Yellow Q4 2022/23 Amber Q3 2022/23 Green Q3 2022/23 Green Q3 2022/23 Amber Q4 2022/23 Yellow Q4 2022/23 Yellow Q4 2022/23 Green Q4 2022/23 Green Q4 2022/23 Yellow Q4 2022/23 Yellow 	<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, 62 days and 104 days breaches, due to COVID-19 and other ICP issues • 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 from April 23 • 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. • Mutual Aid <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> <p>Adverse impact of external events (ie. Continued Pandemic) on business continuity and the delivery of core service.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> • Evidence of compliance with 7 Day Standards. • Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Diagnostics Constitutional Standards. • Capacity to Reduce 52 week, 104 day and over 18 week waits to meet the trusts standard of 0 waits over 40 week in 2022. • Limited single isolation facilities. • Review of effective discharge planning. • 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. • Validation of RTT Clock Stops is being undertaken in high risk areas specialties only due to ongoing capacity pressure as a result of COVID • Reduced bed capacity due to IPC compliance requirements and high levels of norovirus (DPOW) and Covid within the Trust • High levels of staff sickness • Ensuring the trust is utilising its current capacity 	<ul style="list-style-type: none"> • QSIS Standards improvement plans. • Demand and Capacity planning for Diagnostics. • Meeting national standards • Increase in Serious Incidents due to not meeting waiting times. • Patient safety risks increased due to longer waiting times. 	<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 2576, Paediatric Medical Support Pathway for ECC - 'Fastrack' = 16 No 2592, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16 No 2949, Oncology Service = 20 No 3095, Data safety risk, delay to patient testing = 16 No 3131, Delay in paediatric assessment being carried out (multi-agency assessment for under five years of age = 16 	<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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Strategic Development Committee	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	4	4	4	4					
Likelihood	3	3	3	3	2	2	2					
Risk Rating	12	12	12	12	8	8	8					

Last Reviewed: 14/10/22, 23/6/22, 13 April 2022, 12 January 2022

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 2022/23 Humber and North Yorkshire Health Care Partnership (HNY HCP). 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) Strategic Development Committee (SDC) Patient Safety Champions 	<p>Positive:</p> <ul style="list-style-type: none"> NHSE/I Assurance and Gateway Reviews. OSC Engagement. Clinical Senate formal review <p>Internal:</p> <ul style="list-style-type: none"> Minutes from Committees and Executive Oversight Group for HAS, JDB, CiC, SDC Humber and North Yorkshire Health Care Partnership. 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/I (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). Citizens Panel (Humber). 	<p>Action</p> <ul style="list-style-type: none"> To formulate a vision narrative (PCBC) for Humber Acute Services review that is understood by partners, staff and patients by (draft complete) To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review Joint OSC - reviews CiC / SDC / NED / Governor reviews Citizens Panel reviews To undertake continuous engagement process with public and staff Evaluation of the models and options with stakeholders Draft report from Clinical Senate review 2 (due end July 22) Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case NHSEI Gateway review ICB Executive Assurance Board / ICB Board Approval Public Consultation <p>Quarter / Year Assurance</p> <table> <tr><td>Q3 2022/23</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Green</td></tr> <tr><td>Q4 2022/23</td><td>Green</td></tr> <tr><td>Q4 2022/23</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Green</td></tr> <tr><td>Q4 2022/23</td><td>Green</td></tr> <tr><td>Q1 2022/23</td><td>Green</td></tr> <tr><td>Q4 2022/23</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>Q2/Q3 2023/24</td><td>Green</td></tr> </table>	Q3 2022/23	Green	Q1 2023/24	Green	Q1 2023/24	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q1 2023/24	Green	Q1 2023/24	Green	Q4 2022/23	Green	Q1 2022/23	Green	Q4 2022/23	Green	Q4 2023/24	Green	Q4 2023/24	Green	Q2/Q3 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
Q3 2022/23	Green																												
Q1 2023/24	Green																												
Q1 2023/24	Green																												
Q4 2022/23	Green																												
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Q2/Q3 2023/24	Green																												
<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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Estates and Facilities Strategy, Clinical Strategy, Digital Strategy
Consequence	5	5	5	5	5	5	Last Reviewed: January 2023, October 2022, July 2022, 12 April 2022, 11 January 2022		Risk Owner: Director of Estates and Facilities		
Likelihood	4	4	4	4	4	4					
Risk Rating	20	20	20	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 Estate 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. <p>• Continue Backlog Maintenance programme</p> <p>• Complete Core Capital Programme</p> <p>• Complete refurbishment of old DPOW ED</p> <p>• Clear Ward 25 defects</p> <p>• Start refurbishment of SGH ED</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: left;">Assurance</th> </tr> </thead> <tbody> <tr> <td>Ongoing Actions</td> <td style="background-color: green;">Green</td> </tr> <tr> <td>Ongoing Actions</td> <td style="background-color: red;">Red</td> </tr> <tr> <td>O4 2022/23</td> <td style="background-color: green;">Green</td> </tr> <tr> <td>O4 2022/23</td> <td style="background-color: green;">Green</td> </tr> <tr> <td>O4 2022/23</td> <td style="background-color: green;">Green</td> </tr> <tr> <td>O4 2022/23</td> <td style="background-color: green;">Green</td> </tr> <tr> <td>O4 2022/23</td> <td style="background-color: green;">Green</td> </tr> </tbody> </table> <p>Future Risks</p> <ul style="list-style-type: none"> • COVID-19 future surge and impact on the infrastructure • 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) <p>Strategic Threats</p> <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 • Within the next three years a significant (60%) proportion of the trust wide estate will fall into 'major repair or replacement' 6 facet survey categorisation • A further breakdown of strategic risk detailed in the 2019/20 6 Facet Survey Report: 22% of SGH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown' • 19% DPOW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown' • 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown' 	Quarter / Year	Assurance	Ongoing Actions	Green	Ongoing Actions	Red	O4 2022/23	Green	O4 2022/23	Green	O4 2022/23	Green	O4 2022/23	Green	O4 2022/23	Green
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O4 2022/23	Green																		

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) 	<p>No 1620, Medical Gas Pipeline System = 20</p> <p>No 2038, Fire Compliance = 20</p> <p>No 2623, Failure of windows - Trustwide = 20</p> <p>No 2088, Building Management Systems (BMS) Controller failure/upgrade = 20</p> <p>No 2719, Water Safety Compliance: Corrosion block = 20</p> <p>No 2951, Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide = 20</p> <p>No 2655, SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers = 20</p> <p>No 3015 Insufficient estate resources to manage the workload demand - Trustwide = 20</p> <p>No 1774, Poor condition of Fuel Oil Storage Tanks - SGH = 16</p> <p>No 2035, Equality Act 2010 compliance - Trustwide = 16</p> <p>No 2272, EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide = 16</p> <p>No 2905, Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPOW = 16</p> <p>No 2952, Water Safety Compliance: Fire ring main - Trustwide = 16</p> <p>No 2953, Water Safety Compliance: Sensor taps - Trustwide = 16</p> <p>No 2959, Replacement/Repairs of flat roof - Trustwide = 16</p> <p>No 2036, Ventilation and Air Conditioning - HVAC - Trustwide = 15</p> <p>No 2954, Asbestos; Risk of exposure to asbestos - Trustwide = 15</p> <p>No 2955, Med Gas; Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - Trustwide = 15</p>	<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 3B 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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Audit, Risk and Governance Committee	Enabling Strategy / Plan: Digital Strategy
		Q1	Q2	Q3	Q4							
Consequence	4	4	4	4	3	3	3					
Likelihood	4	3	3	3	3	2	2					
Risk Rating	16	12	12	12	9	6	6		Last Reviewed: October 2022, July 2022, 11 April 2022, 11 January 2022	Risk Owner: Chief Information Officer		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																		
<ul style="list-style-type: none"> Strategy and Development Committee Finance and Performance Committee Upto 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, Strategic Development Committee, Finance and Performance Committee and TMB Digital / IT Policies all current CIO/Executive Director Report (6 monthly) to Trust Board <p>External:</p> <ul style="list-style-type: none"> Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021. Limited Assurance: Audit Yorkshire internal audit; Data Security and Protection Toolkit: Limited Assurance, Q3 2019 <p>Positive Assurance:</p> <p>The Integrated Performance Report (IPR) has been revised and updated. This was done with NHSE/I who have stated it is now among the leading models for reportin</p>	<p>Action</p> <ul style="list-style-type: none"> Development of a comprehensive IT BC / DR Programme including monitoring of adherence to the programme. Results of BC / DR tests recorded and formally reported by 31 December 2021. External Project Manager appointed to undertake further work on the IT BC/ DR Programme to be completed by 30 Sept. 2022 (extended from 30 April 2022) DSPT Ref: IA-20724 Digital Reporting schedule/Work plan for Board Committees completed as of the 4th Qtr 21/22 Report to ARG July 27 / 6 Month updates provided to Board The Data Warehouse options appraisal was approved through governance structures by February 2022 Implementation of the Data Warehouse commenced in April 2022 Year 2 Digital Aspirant Funds available to support funding Digital Programs (20/21 & 21/22) IPR - further review of current IPR for adding Digital, Finance and Estates KPI. S. Review in April 2023 <p>• Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022)</p> <p>• Secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Digital Aspirant Funds £5 M secured with additional internal Capital to deliver projects 21/22 & 22/23. Depending on when NHSX releases funds for the Unified Tech Fund, we work with the ICS to bid for funds to continue our "levelling strategy" across the ICS</p> <p>• £250k NHSX/D Cyber Security Capital Funding Bid Approved - Improving Cyber Security and Management over Medical Devices and other unmanaged IT devices on the Trust network</p> <p>The Data Warehouse with core data sets will be completed and running on the new platform by March 2023.</p>	<p>Quarter / Year Assurance</p> <table style="width: 100%;"> <tr><td>Q3 2022/23</td><td>Green</td></tr> <tr><td>Q3 2021/22</td><td>Blue</td></tr> <tr><td>Q4 2021/22</td><td>Blue</td></tr> <tr><td>Q4 2021/22</td><td>Blue</td></tr> <tr><td>Q1 2023/24</td><td>Green</td></tr> <tr><td>Q4 2022/23</td><td>Amber</td></tr> <tr><td>Other</td><td>Amber</td></tr> <tr><td>Other</td><td>Blue</td></tr> <tr><td>Q4 2022/23</td><td>Green</td></tr> </table> <p>• COVID-19 surge and impact on adoption of digital transformation</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 	Q3 2022/23	Green	Q3 2021/22	Blue	Q4 2021/22	Blue	Q4 2021/22	Blue	Q1 2023/24	Green	Q4 2022/23	Amber	Other	Amber	Other	Blue	Q4 2022/23	Green
Q3 2022/23	Green																				
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Q4 2022/23	Amber																				
Other	Amber																				
Other	Blue																				
Q4 2022/23	Green																				
			<p>Strategic Threats</p> <ul style="list-style-type: none"> Capital funding to deliver IT solutions and establish a 3 yr plan Government legislative and regulatory changes shifting priorities as the ICS continues to evolve 																		

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<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. Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020. Achieve DSP Toolkit and mandatory training compliance - in progress 	<ul style="list-style-type: none"> Integrated Performance Report - the Digital and Estates Data Warehouse solution to support outcomes from BI review 	<ul style="list-style-type: none"> No 2300, Insufficient processes in place to ensure records management /quality against national = 16 	<ul style="list-style-type: none"> Humber Coast and Vale ICS, system wide collaborative working Clinical pathways to support patient care, driven by digital solutions Collaborative working with HASR and Acute Care Collaborative

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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)				Initial Date of Assessment: 1 May 2019	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: NLAG Winter Planning and Potential COVID-19 Wave, Business Continuity Policy
Consequence	4	4	4	4	4	4	4	Last Reviewed: 18 January 2023, December 2022, 13 October 2022, July 2022, 11 April 2022, 24 January 2022					Risk Owner: Chief Operating Officer		
Likelihood	2	4	4	3	4	3	1								
Risk Rating	8	16	16	12	16	12	4								

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 • COVID-19 Executive Incident Control (Gold Command). • Patient Flow Improvement Group (PFIG) • Discharge System Improvement Group • Planned Care Improvement and Productivity (PCIP) • Industrial action planning • Emergency Preparedness, Resilience and Response Steering Group • Bank Holiday Planning Group 	<p>Internal:</p> <ul style="list-style-type: none"> • Regional EPRR scenarios and planning exercises in preparation for 'Brexit' have been undertaken alongside partners, including scenarios involving transportation, freight and traffic around local docks with resulting action plan. • Business continuity management system and business continuity plans • Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&E Delivery Board, Clinical Reference Group, PFIG, Discharge System Improvement Group, PCIP <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"> • Lateral flow testing staff is ongoing • Business Intelligence monitoring re: pandemic • Rolling Schedule of annual business continuity plans • Review of EPRR work programme and exercise programme • Implementation of new national EPRR Strategic Health Commander training • LRF Flood Exercise • Winter Planning for 2022/23 • CBRN training aligned to New DPOWH ED transition plan • Relaunch of loagist training and provision • Major incident table top training • National Exercise Artic Willow (Winter preparedness) • Planning for and response to industrial action (multiple unions) • Inclusion of details of BC plans tested/implemented during exercises/incidents documented in reports. • National Exercise Mighty Oak (national power outage) • Review and update of Escalation and Surge Policy • Review of Evacuation Plan <p>• Review of Major Incident Plan and Critical Incident Plan</p>	<table style="width: 100%; border-collapse: collapse;"> <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="background-color: #d4edda;">Green</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q2 2022/23</td><td style="background-color: #c6c8fa;">Blue</td></tr> <tr><td>Q2 2022/23</td><td style="background-color: #c6c8fa;">Blue</td></tr> <tr><td>Q2 2022/23</td><td style="background-color: #c6c8fa;">Blue</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #fff3cd;">Yellow</td></tr> <tr><td>Q3 2022/23</td><td style="background-color: #c6c8fa;">Blue</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Ongoing</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #fff3cd;">Yellow</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #fff3cd;">Yellow</td></tr> <tr><td>Q4 2022/23</td><td style="background-color: #d4edda;">Green</td></tr> <tr><td>Q1 2023/24</td><td style="background-color: #d4edda;">Green</td></tr> </tbody> </table> <p>• COVID-19 surge.</p> <ul style="list-style-type: none"> • 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 due to COVID-19. • 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	Green	Ongoing	Green	Q2 2022/23	Blue	Q2 2022/23	Blue	Q2 2022/23	Blue	Ongoing	Green	Ongoing	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Yellow	Q3 2022/23	Blue	Ongoing	Green	Ongoing	Green	Q4 2022/23	Yellow	Q4 2022/23	Yellow	Q4 2022/23	Green	Q1 2023/24	Green
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<p>Gaps in Controls</p> <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 2022/23 • Lower than expected uptake of influenza vaccination. 	<p>Gaps in Assurance</p> <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. 	<p>Links to High Level Risks Register</p> <ul style="list-style-type: none"> • Constitutional A&E targets (2562) • Quality of Care (due to nurse staffing position) (2145) 	<p>Future Opportunities</p> <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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Workforce Committee	Enabling Strategy / Plan: People Strategy, NHS People Plan, Leadership Development Strategy	
		Q1	Q2	Q3	Q4								
Consequence	5	5	5	5	4	4	4						
Likelihood	3	4	4	4	2	3	1						
Risk Rating	15	20	20	20	8	12	4		Last Reviewed: January 2023, 14 November 2022, September 2022, July 2022, 6 April 2022, March 2022	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 Nursing Apprenticeship task and finish group International recruitment programme Task & Finish group Remuneration and Terms of Service Committee (RATS) Culture Transformation Board (CTB) & Culture Transformation Working Group (CTWG) Workforce Systems Group (Finance, HR and Operations) NLAG People Strategy approved by the Board June 2020 People Directorate - People Strategy Annual Delivery Implementation Plan 2022-23 (Workforce Committee approved July 2022 and TMB September 2022) 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, Nursing Apprenticeship Group, Internal Recruitment Programme Group, 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. Recruitment Plans signed off divisionally 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"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020 Audit Yorkshire internal audit: Sickness Absence Management N2020/13. Significant Assurance <p>External:</p> <ul style="list-style-type: none"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. Audit Yorkshire internal audit: Sickness Absence Management N2020/13. Significant Assurance 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"> Developing Recruitment plans for 22/23 to recruit to non registered an Review of Recruitment Processes to ensure that they are streamlined, inclusive, responsive and timely Health and Wellbeing plan communicated to staff Just and Learning Culture Framework to be introduced/piloted as part of the roll out of the new disciplinary policy -- subject to approval of disciplinary policy Setting up a working group to oversee payment processes to ensure streamlined processes between People/Operations and Finance Directorate Set up Culture Transformation Board to develop plans to address issues identified through staff survey, FTSU and other data on staff morale and culture Review of Statutory and Mandatory training is underway to clarify what staff need to undertake in line with national benchmarks Development of Recruitment Dashboard to support recruitment delivery Culture Transformation Launch event - 4th August Development and Sign off of Performance Metrics to support roll out of Leadership Strategy and Culture Transformation Implementation and roll out of Clever Together - Big conversation - Be the change to support staff engagement Continued delivery against NHS People Plan Continue collaboration between NLAG and HUTH and the HCV wider network Analysis of results from Big Conversation - Be the Change (clever together) Continued review of the Health and Wellbeing offer to staff Review of the Educational /Leadership Development offer and future roll out of programmes Staff Survey 22/23 roll out Continued implementation of People Strategy by 31 March 2024 	<p>Quarter / Year Assurance</p> <ul style="list-style-type: none"> Q1 2022/23 Blue Q1 2022/23 Blue Q1 2022/23 Blue Q1 2022/23 Blue Q1 2022/23 Blue Q2 2022/23 Blue Q2 2022/23 Blue Q2 2022/23 Blue Q2 2022/23 Yellow Q2 2022/23 Blue Q3 2022/23 Blue Q3 2022/23 Blue Q3 2022/23 Blue Q3 2022/23 Blue Q3 2022/23 Blue Q4 2022/23 Blue <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Workforce Integrating Care: Next Steps Future staffing needs / talent management
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Slower international recruitment of clinical staff due to visa backlogs 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits 	<p>Other Significant Risks & Links to High Level Risks Register</p> <ul style="list-style-type: none"> No 1851, Shortfall in Capacity within the Ophthalmology Service - 15 No 2421, Nurse Staffing, Risk Rating = 25 No 2530, Poor Registered Nursing Skill Mx on Wards = 20 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 	<p>Future Opportunities</p> <ul style="list-style-type: none"> Closer ICS working Provider collaboration International recruitment

Strategic Objective 3 - To live within our means

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

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Initial Date of Assessment: 1 May 2019	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, ICS
		Q1	Q2	Q3	Q4							
Consequence	5	5	5	5	5	5	5					
Likelihood	2	3	4	4	1	4	4					
Risk Rating	10	15	20	20	5	20	20					
									Last Reviewed: 9 January 2023, 19 July 2022, 18 May 2022, 31 January 2022	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 CIP schemes. Engagement with Integrated Care System on system wide planning Monthly ICS Finance Meetings Operational and Finance Plan 2022/23 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"> Letter from NHSE related to financial special measures and achievement of action plan. On track to deliver the requirements set out by NHSE Internal Audit Reports - Internal Control - significant assurance <p>External:</p> <ul style="list-style-type: none"> Financial Special Measures Meeting - Letter from NHSE related to financial special measures and achievement of action plan Approval received at ICS Level for 2022-23 capital plan Internal Audit Reports - Internal Control - significant assurance Agreed Financial Plan at ICS Level for 2022/23 	<p>Action</p> <ul style="list-style-type: none"> Undertake financial planning as part of HNY HCP exercise and agree a balanced financial plan for 2022/23 - this is still work in progress with a plan deficit of £6m currently. Included within this are two key actions: productivity improvement plans to return the Trust to 19/20 activity levels as a minimum, and a robust and recurrent cost improvement plan which is capable of being delivered in year Work with system partners, specifically community and local authorities to ensure that our local systems are working in unison to Agree financial recovery plan to meet 2022/23 year-end target Release of balance sheet flexibility to support 2022/23 forecast outturn 	<p>Quarter / Year Assurance</p> <p>Q4 2022/23 Blue</p> <p>2022/23 Green</p> <p>Q4 2022/23 Green</p> <p>Q4 2022/23 Green</p>
			<ul style="list-style-type: none"> COVID-19 further surges and impact on finance and CIP achievement National policy changes Impact of HAS plans on NLaG clinical and non clinical strategies 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 Grip and control of non-pay spend emerging from Month 8 Vacancy levels in medical and nursing driving an unplanned level of spend <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding Integrating Care: Next Steps System wide control total

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Systems plans may not address individual organisational sustainability Challenges with HASR, CIP Delivery Uncertainty on application of long term financial framework. 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 	<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 3074, Financial Risk - Medicine CIP 2022/23 = 16	<ul style="list-style-type: none"> Closer ICS working Provider collaboration 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.								
Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)			Initial Date of Assessment: 1 May 2019	Lead Committee: Strategic Development Committee	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	4	5	5		5	5	5						
Likelihood	3	3	3	3		3	3	3						
Risk Rating	15	12	15	15		15	15	15	Last Reviewed: 9 January 2023, 14/10/22, 23/6/22, 13 April 2022 (DoSD)_14 February 2022			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 year ● Trust Strategic Development Committee ● Trust Board ● Trust Committee(s) in Common ● ICS Strategic Capital Advisory Group ● NHSE/I - HAS Assurance Reviews ● NHSE/I Financial Special Measures 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"> ● Financial Special Measure Meeting with NHSE/I ● NHSE/I attendance at AAU / ED Programme Board ● NHSE/I Assurance Review Feedback ● CIC Minutes 	<p>Action</p> <ul style="list-style-type: none"> ● Agree forecast spend for current year as part of wider ICS capital planning exercise ● Find a solution to address BEIS/Salix funding issues with regards to year end cut off ● Develop strategic capital plan as part of comprehensive service planning exercise - to be completed by end March 2023 ● Secure approval for Acute Assessment Unit, Full Business Case ● Develop Capital Investment Strategic Outline Case for development of SGH/DPoW ● Develop TIF submission through acute collaboratives for additional theatre capacity ● Develop integrated bid across N and NE Lincs for implementation of CDH aligned to ICS Core Programme ● Review and seek if there are ways of applying for future rounds of PSDS funding 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Quarter / Year</th> <th style="width: 15%;">Assurance</th> <th style="width: 70%;">Future Risks</th> </tr> </thead> <tbody> <tr> <td>Q4 2022/23</td> <td style="text-align: center; background-color: green;">Green</td> <td rowspan="6" style="vertical-align: top;"> <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) </td> </tr> <tr> <td>Q2 2022/23</td> <td style="text-align: center; background-color: blue;">Blue</td> </tr> <tr> <td>Q4 2022/23</td> <td style="text-align: center; background-color: green;">Green</td> </tr> <tr> <td>Q4 2021/22</td> <td style="text-align: center; background-color: blue;">Blue</td> </tr> <tr> <td>Q3 2022/23</td> <td style="text-align: center; background-color: green;">Green</td> </tr> <tr> <td>Q3 2022/23</td> <td style="text-align: center; background-color: blue;">Blue</td> </tr> <tr> <td>Q4 2022/23</td> <td style="text-align: center; background-color: green;">Green</td> <td></td> </tr> <tr> <td>Q4 2022/23</td> <td style="text-align: center; background-color: green;">Green</td> <td></td> </tr> </tbody> </table>	Quarter / Year	Assurance	Future Risks	Q4 2022/23	Green	<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) 	Q2 2022/23	Blue	Q4 2022/23	Green	Q4 2021/22	Blue	Q3 2022/23	Green	Q3 2022/23	Blue	Q4 2022/23	Green		Q4 2022/23	Green	
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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 		<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 Coast and Vale (HCV) Health Care Partnership (HCP) (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan (LTP): to make best use of the combined resources available for health care, to work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally, to work with partners to secure major capital and other investment in health and care locally, to have strong relationships with the public and stakeholders, to work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: make best use of the human capabilities and capacities locally; offer excellent local career development opportunities; contribute to reduction in inequalities; contribute to local economic and social development.

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Initial Date of Assessment: 1 May 2019	Lead Committee: Strategic Development Committee	Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy, Clinical Strategy, Humber Acute Services Programme, Communications & Engagement Strategy
		Q1	Q2	Q3	Q4							
Consequence	5	4	4	4	4	4	4	Risk Appetite Score: Moderate (8 to 12)		Last Reviewed: October 2022, 23/6/22, 13 April 2022, 12 January 2022	Risk Owner: Director of Strategic Development	
Likelihood	3	3	3	3	2	2	2					
Risk Rating	15	12	12	12	8	8	8					

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). Strategic Development Committee (SDC). Capital Investment Board (CIB). HAS Executive Oversight Group. HNY HCP. 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 (Trust Board approved 1/6/2021) 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) 	<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 <p>Internal:</p> <ul style="list-style-type: none"> Minutes of HAS Executive Oversight Group, HNY HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, ARGC, F&PC, TMB, SDC, 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 	<p>Action</p> <ul style="list-style-type: none"> Recruit to Strategic Development - Associate Medical Director to support the ICS collaboration - Dec 21 (complete and in post) HAS two year programme (current to March 2023) - 12 month rolling <p>Options appraisal for HAS Capital Investment to be approved</p> <p>To undertake continuous process of stocktake and assurance reviews NHSE// and Clinical Senate review</p> <ul style="list-style-type: none"> Joint OSC - reviews CIC / SDC / NED / Governor reviews Citizens Panel reviews Clinical Senate reviews To undertake continuous engagement process with public and staff <p>Evaluation of the models and options with stakeholders</p> <ul style="list-style-type: none"> Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case NHSEI Gateway review ICS Board approval Public Consultation 	<table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Q3 2021/22</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q4 2022/23</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Green</td> </tr> <tr> <td>Q1 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2/Q3 2023/24</td> <td>Green</td> </tr> </tbody> </table> <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	Q3 2021/22	Green	Q4 2023/24	Green	Q4 2022/23	Green	Q1 2023/24	Green	Q1 2023/24	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q4 2022/23	Green	Q1 2023/24	Green	Q1 2023/24	Green	Q2/Q3 2023/24	Green
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Q2/Q3 2023/24	Green																																		
<p>Gaps in Controls</p> <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. 	<p>Gaps in Assurance</p> <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 	<p>Links to High Level Risks Register</p>	<p>Future Opportunities</p> <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 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Initial Date of Assessment: 1 May 2019	Lead Committees: Workforce Committee and Trust Board	Enabling Strategy / Plan: Trust Strategy, NHS People Plan, People Strategy, Leadership and Development Strategy
Consequence	4	4	4	4	4	4	4	Last Reviewed: January 2023, 14 November 2022, September 2022, July 2022, 6 April 2022, March 2022		Risk Owner: Chief Executive		
Likelihood	4	3	3	3	2	2	2					
Risk Rating	16	12	12	12	8	8	8					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks														
<ul style="list-style-type: none"> • Trust Board, Trust Management Board, Workforce Committee, PRIMS • CQC and NHSE Support Teams • Board development support programme with NHSE support. • 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 and more programmes in development • Communication with the Trust's senior leaders via the monthly senior leadership community event • NHSI Well Led Framework • PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement • Joint posts of Trust Chair and Chief Financial Officer, with HUTH • Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, Humber and North Yorkshire Health and Care Partnership. 	<p>Internal:</p> <ul style="list-style-type: none"> • Leadership Strategy signed off by Trust Board - May 2022 • Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS • Trust Priorities report from Chief Executive (quarterly) • Integrated Performance Report to Trust Board and Committees. • Letter from NHSE related to financial special measures and achievement of action plan. • Chief Executive Briefing (bi-monthly) to Trust Board • 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> <ul style="list-style-type: none"> • Letter from NHSE related to financial special measures and achievement of action plan. <p>External:</p> <ul style="list-style-type: none"> • CQC Report - 2020 (rated Trust as Requires Improvement). • Financial and Quality Special Measures. • NHS Staff Survey. • Minutes of Collaborative Working Relationship groups 	<p>Action</p> <ul style="list-style-type: none"> • Introduction of x3 Portfolio Governance Boards including one for leadership and career development with representation from all stakeholder staff groups, leadership development programmes we design in-house, commission, or subscribe to, align with our People Strategy aims of attracting, developing and retaining leaders as a preferred employer. From April 2022. • Continued development of the Leadership Development Model for all leaders and managers towards building a culture of compassion-centred, collective leadership. This programme, modular in approach, will include Leading with Kindness, Courage and Respect, underpinned with processes and skill development in difficult conversations, embodying the Trust values, and improving what it feels like for staff to work at NLaG. From April 2022, subject to funding • Refreshing of the coaching model with the move towards a Coaching and Mentoring Bureau, offering staff at all levels, opportunities for coaching and mentoring. All participants on leadership development programmes will have a coach for the duration of their development course. We aim to introduce mentoring, both peer to peer, role and career, and reverse, during 2023 with some small scale pilot programmes including a pilot EDI-centric reverse mentoring programme to further strengthen inclusion. • Refresh of our PADR process referred to in the Training & Development submission, will include process components and skills training to enable identification of talent, development of potential, and proactive planning for succession. Refer to the Leadership and Career development draft schematic in the Appendices for concept. December 2022 • Introducing a managerial core skills programme for newly appointed managers 2022 and beyond - February 2023 • Continued development and implementation of Value based leadership - subject to funding and resources 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: left;">Assurance</th> </tr> </thead> <tbody> <tr> <td>Q1/2 2022/23</td> <td style="background-color: blue; color: white;">Blue</td> </tr> <tr> <td>Q1/2 2022/23</td> <td style="background-color: blue; color: white;">Blue</td> </tr> <tr> <td>Q2 2022/23</td> <td style="background-color: yellow;">Yellow</td> </tr> <tr> <td>Q3 2022/23</td> <td style="background-color: yellow;">Yellow</td> </tr> <tr> <td>Q3 2022/23</td> <td style="background-color: yellow;">Yellow</td> </tr> <tr> <td>Q4 2022/23</td> <td style="background-color: blue; color: white;">Blue</td> </tr> </tbody> </table> <p>• COVID-19 third surge and impact on finance and CIP achievement.</p> <p>• National policy changes.</p> <p>• Impact of HASR plans on NLaG clinical and non clinical strategies.</p> <p style="text-align: center;">Strategic Threats</p> <ul style="list-style-type: none"> • Non-delivery of the Trust's strategic objectives • Continued quality/financial special measures status • CQC well-led domain of 'inadequate' • 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 	Quarter / Year	Assurance	Q1/2 2022/23	Blue	Q1/2 2022/23	Blue	Q2 2022/23	Yellow	Q3 2022/23	Yellow	Q3 2022/23	Yellow	Q4 2022/23	Blue
Quarter / Year	Assurance																
Q1/2 2022/23	Blue																
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Q2 2022/23	Yellow																
Q3 2022/23	Yellow																
Q3 2022/23	Yellow																
Q4 2022/23	Blue																
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities														
<ul style="list-style-type: none"> • No investment specifically for staff training / courses to support leaders work within a different context and to be effective in their roles as leaders within wider systems 	<ul style="list-style-type: none"> • Financial Special Measures • Quality Special Measures 	None	<ul style="list-style-type: none"> • Closer Integrated Care System working • Provider collaboration • System wide collaboration to meet control total • HASR 														

Key to Assurance

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

HIGH LEVEL RISK REGISTER

Number	Risk Opened Date	Risk Target Date	Risk Type	Risk Category	Title of Risk	What is the Risk?	Assessor	Owner	Site	Directorate	Risk Rate Score	Next Review Date	Control Details	Gaps In Controls	Control Assurance
1620	08/01/2013	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Med Gas: Medical Gas Pipeline System outlet and plant - Trustwide	There is a risk of losing bed head medical gases due to medical gas wall point terminals (Oxygen, Vacuum Medical Air, Nitrous Oxide) being obsolete with limited spare parts. The loss of medical gas system could negatively impact the Trust's ability to treat inpatients and also prevents the capability to treat patients that have been transferred to the Trust.	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	20	27/01/2023	<ul style="list-style-type: none"> ▮ Ongoing monitoring of alarms. ▮ National supplier support for business continuity. ▮ Replacement in line with ward upgrades. ▮ Flow rate meters ▮ VIE telemetry 	Inability to determine flow rates around the systems, other than design flow rates.	Significant/robust contingencies in place which have been tested in the recent critical incident (W87371).
1774	05/06/2014	31/03/2023	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.	James Lewis	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	16	27/01/2023	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 neighbouring	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.	Tom Foulds	Jennifer Orton	Trustwide - All Sites (DPoW, S	Directorate of Operations	15	10/02/2023	Work with the ICB to secure additional capacity in the independent sector.	Recent investment will not mitigate the shortfall in capacity	
2035	22/08/2016	31/03/2023	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 (lifts, toilets) 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.	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	16	27/01/2023	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	22/08/2016	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Ventilation and Air Conditioning - HVAC - Trustwide	Failure of the heating and ventilation system. This would result in a negative impact on the effective delivery of patient care.	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	15	27/01/2023	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	31/03/2023	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.	James Lewis	Simon Tighe	Scunthorpe General Hospital (S	Estates and Facilities	20	27/01/2023	Panels are being replaced. DPoW ward replacement programme includes updated detection loops.	Fire detection - Mixture of analogue and digital which increases the risk of failure. Closed protocol system at SGH. Drawings - Establishment and confirmation of existing fire compartments.	Automatic fire detection - current panels to be replaced. A review of existing drawings is near completion.
2088	04/11/2016	31/03/2023	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 controls the sites heating and hot water services, therefore, temperature control of both the hospital environment and water systems could become significantly compromised.	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	20	27/01/2023	Continued monitoring of the system for operation (by Estates Staff).	Reactive to ongoing BMS failures. Current BMS runs on outdated windows support system.	There are limited assurances on controls highlighted by continued BMS failures.
2145	15/02/2017	31/12/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Staffing Levels & HR	Quality of Care and Patient Safety - (due to nurse staffing position)	<p>The Registered Nursing vacancy position in Medicine, against current, agreed establishment creates significant issues with producing a robust nursing roster. The Nurse vacancy position within Medicine has a direct impact on quality of care and patient safety.</p> <p>There is also a cost associated with the use of Agency Nurses in order to fill the gaps in the rosters.</p> <p>SNCT establishment review undertaken with Chief Nurse and implemented from 4th November roster period. This increased the Nursing establishment on most wards and both Emergency Departments by increasing the number Nurses within Medicine, which has resulted in an increase in our Nurse vacancies despite mitigation.</p> <p>Medicine are also staffing Escalation areas which adds further risk.</p> <p>In addition, Nursing staff rosters are significantly impacted due to the COVID pandemic due to staff sickness and shielding.</p> <p>Patient harm, increased sickness, staff leaving are possible outcomes as a result.</p>	Simon Buckley	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	20	30/11/2022	<ol style="list-style-type: none"> 1. International recruitment of staff 2. Roster approval checks in line with Rostering Policy and Procedure. 3. Shifts identified to be sent to Bank and Agencies within specified timeframes. 4. Block booking in place. 5. Twice daily staffing meetings. Redeployment of staff between wards on a daily basis. <p>Workforce meetings Safe staff meetings PRIMS KPI meeting Check challenge meeting with deputy nurse meeting Care Navigator Roles Clinical Sister Band 6 now in place</p>	Inability to cover all shifts via Agency / Bank. Financial implication of using premium rate agencies.	<p>6 monthly Establishment reviews capturing information related to SNCT and Safecare.</p> <p>Successful Overseas Nurse recruitment - Oct 2020 - date 46 staff recruited.</p> <p>Update - 21.07.21. 49 Pre-registration nurses appointed to Medicine NQN's due to start in September/Oct 21 On-going recruitment drives with the support of Recruitment Team and Talent Acquisition Long term workforce planning as part of P2 of HASR/AAU</p>
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.	Denise Gale	Abolfazl Abdi	Trustwide - All Sites (DPoW, S	Chief Operating Officer	16	06/10/2021	<ol style="list-style-type: none"> (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	31/03/2023	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	Jennifer Orton	Mathew Thomas	Trustwide - All Sites (DPoW, S	Directorate of Operations	16	02/02/2023	(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	31/12/2022	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.	Keith Fowler	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	16	02/02/2023	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.
2300	07/12/2017	31/12/2022	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.	Susan Meakin	Christopher Evans	Trustwide - All Sites (DPoW, S	Digital Services	16	04/01/2023	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 these 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 specialties which risks overdue follow up position deteriorating. Failure to review patients in clinically specified timescales.	Jennifer Orton	Mathew Thomas	Trustwide - All Sites (DPoW, S	Directorate of Operations	15	02/02/2023	Specialties have developed recovery plans in all areas	Potential clinical harm due to lack of appointment capacity.	Cap & demand plans for the trust top 8 specialties 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.
2388	09/07/2018	06/06/2022	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 deteriorating patients not being escalated appropriately.	There is a risk that patients observations and NEWS scores are not being consistently monitored and overseen which could lead to patient harm through deterioration.	Simon Buckley	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	15	30/11/2022	* Trust Policy and escalation process being updated and approved by Trust Management Board. * Roll-out of hand-held devices to ensure better monitoring of observations and escalation of any deteriorating patients in line with the newly updated Trust Policy. * Increased resource being applied for via business case for increased critical care outreach support and hospital at night teams, * Roll-out of ward based dashboards to support ward areas understand their performance against these quality metrics. * Continued roll-out of sepsis 6 bundle. RISK LINKED TO SEPSIS MANAGEMENT RISK NO 1513 Update - 21.01.20 - Snapshot Audit undertaken which will assist with monitoring compliance and inform actions for wards to take. Performance monitored through ward performance reviews which are later reported to PRM. Target for NEWS (on time) is 90%. * Divisional progress against targets is monitored via the Deteriorating Patient & Sepsis Group. * NEWS monitored as part of Quality updates provided to Medicine Board and Governance Meetings. * Monitored at divisional PRM Meeting. * News compliance discussed at Divisional Ward Review Meetings. * Compliance monitored at Deteriorating Patient & Sepsis Group.	Agency staff may be unaware of systems on commencement.	Maintaining NEWS compliance above 85% individual areas below this have plan and discussed at DP & Sepsis Group NEWS scoring reviewed as part of Ward Performance r/v with Hon/DHoN NEWS compliance reported through PRIM's During January 2020 an audit demonstrated - 83.68 % of NEWS scores completed within 30 minutes grace period. 74.75 % were completed without grace period. Update: NEWS trend (June '21 30 mins) 90.2% (May 89.3%) Maintaining NEWS compliance above 85% individual areas below this have plan and discussed at DP & Sepsis Group
2421	29/12/2016	31/12/2022	To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce	Staffing Levels & HR	Nurse Staffing	The risk to the Trust is that we are unable to deliver safe and effective care to our patients and provide the required level of service due to staffing shortages and reliance on temporary staff.	Jennifer Hinchliffe	Eleanor Monkhouse	Trustwide - All Sites (DPoW, S	Chief Nurse	25	15/12/2022	Monthly nurse staffing assurance report that goes to the Quality & Safety Committee and reports to Board which includes nursing fill rates and CHPPD. This is triangulated with nursing sensitive indicators and discussed at a monthly nursing metrics meeting. Daily escalation process in place and Safe Care Live implemented April 2020 with supporting SOP. Head of Nursing challenge and oversight to daily staff deployment and facilitates escalation and authorisation of agency including sign off for all off framework requests. Nursing Workforce Group in place to oversee various strands of work (recruitment, retention, workforce plan and new roles). A number of task and finish groups are in place: Safe Staffing, Effective rostering, Recruitment and Retention and CNS Job Planning. Recruitment and retention strategy in place. New governance structure in place which includes effective rostering and a prospective and retrospective review of roster with Check, Challenge and Coach meetings. KPIs developed and being monitored including sickness, annual leave, training and nursing spend and bank and agency usage. April 2022 - agreed source of funding for registered nurse degree apprenticeship programmes to support career development opportunities and the future supply of RNs. Nursing staffing OPEL level developed and reported daily.	(1) High number of nurse vacancies leading to shortage of nursing staff available to cover required shifts and reliance on temporary staff. (2) 100% compliance with Safe Care Live census by all wards to inform deployment of staff both in and out of hours and to identify temporary staffing needs. (3) Visibility and use of data from Eroster to inform decision making and target areas for improvement, use of patient acuity data from Safe Care Live. (4) Demand for bank staff higher than supply resulting in inability to fill established shifts to support open escalation beds and reliance on agency staff.	(1) Level 1: Nurse staffing dashboard accessible and contains KPIs re. vacancy position, agency usage, nurse sensitive indicators etc. [Mixed assurance]. (1) Level 2: Monthly reporting to QSC and Trust Board [Mixed assurance]. (1) Level 1: Reduction in nursing turnover rates [Positive assurance] (2) Level 1: Anecdotal evidence from ward visits is that staff are transferred to different wards to support safe levels of staffing which leads to skill mix and morale challenges [Negative assurance] (2) Level 2: Daily staffing meetings with Matrons to review Safecare Live introduced Sept 2020 (risks and mitigating actions reviewed) [Mixed assurance]

2530	08/07/2019	31/10/2022	To provide care which is as safe, effective, accessible and timely as possible	Staffing Levels & HR	Poor Registered Nursing Skill Mix on Wards	Through the formal establishment reviews undertaken in March and April 2019 it has been identified that the registered nursing skill mix is low in some adult inpatient wards. The SNCT data collection over 20 days has shown some wards with their patient acuity have a need for additional registered nurses. Skill mix at times is less than 50%.	Jennifer Hinchliffe	Eleanor Monkhouse	Trustwide - All Sites (DPOW, S)	Chief Nurse	20	15/12/2022	Formalised establishment reviews now in place to occur every 6 months with the Chief Nurse and all ward managers. SNCT licence in place to support the collection of data. Papers went to Trust Board in 2019 to recommend an increase in registered nurses, particularly out of hours as a twilight shift. Funding agreed in 2 phases to support recommendations and recruitment underway. Further CN safe staffing establishment review undertaken in 2021 and additional funding secured for priority recommendations for 2022/23. Staffing red flag incidents are being monitored by the Chief Nurse. Deputy Chief Nurses and Heads of Nursing. The Nursing Metrics Panel is meeting monthly to monitor fill rates, including substantive fill rates, incidents (including red flags) and key nursing quality indicators and outcomes. SafeCare Live implemented April 2020 to support deployment of staff. Participating in the HEE Global Learners Programme to support recruitment of overseas nurses. Direct recruitment of overseas nurses also being pursued by the Recruitment Team. Block booking of agency continues and continue to work to increase availability of bank staff. Recruitment and retention strategy in place and Task & Finish Group meeting monthly. Work includes review of flexible working. Supporting increasing numbers of student nurses to support future pipeline of RNs. Nursing apprenticeship business case funded in 2022/23 business planning.	National shortage of registered nurses. Not yet achieving 100% compliance with completion of Safe Care Live census although improving monthly and being sustained. Covid pandemic impacting on speed at which overseas nurses can commence in post.	Reduced RN turnover rate being sustained. Daily staffing meeting with Deputy Chief Nurse and Head of Nurse Staffing introduced Sept 2020 to review Safe Care Live data. 160 overseas nurses appointed between Oct 2020 and March 2022. A further 120 to be appointed by Dec 2022. Monthly reporting to Quality and Safety Committee/ Trust Board. Open days continue (virtually) to attract newly qualified nurses.
2562	01/09/2019	28/02/2022	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.	Nicola Glen	Sarah Smyth	Trustwide - All Sites (DPOW, S)	Directorate of Operations	20	12/01/2023	- 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	- 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	- Emergency Care Quality and Safety Meeting oversight - Medicine Governance Meeting oversight - Agenda item on PRIM - 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
2576	10/03/2022	30/04/2023	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Paediatric Medical Support Pathway for ECC - 'Fastrack'	There is a risk that children and young people are not triaged and assessed within the 15 minute standard as a result of acuity and activity within the Emergency Departments which may lead to prolonged wait times for nursing and medical assessment within the Emergency Departments which may lead to a sick child not being recognised thus causing a level of harm	Deborah Bray	Preeti Gandhi	Trustwide - All Sites (DPOW, S)	Directorate of Operations	16	21/01/2023	>Fast track pathway in place across both ED's	Limited paediatric medical workforce on duty out of hours and overnight which could limit ability to respond and pose a risk to care delivery across the paediatric and neonatal areas.	Incidents monitored via Ulysses and RCA's conducted where appropriate.
2592	17/09/2019	31/10/2021	To work with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and neighbourhood	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	Jennifer Orton	Trustwide - All Sites (DPOW, S)	Directorate of Operations	16	02/02/2023	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.
2623	23/10/2019	31/03/2023	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 failure of windows trust wide. Natural ventilation is used in most areas of the hospital, if windows are inoperable then restricted ventilation will occur, this is key to help with COVID guidelines. There is also the risk that a faulty window could fall down uncontrollably and hurt patients or staff	James Lewis	Simon Tighe	Trustwide - All Sites (DPOW, S)	Estates and Facilities	20	27/01/2023	Periodic planned maintenance	Due to the windows been in poor state it is difficult in determining when these could fail.	Labour management system Highlight reports Capital Backlog Maintenance Window cleaning contractor reports
2655	09/11/2021	31/03/2023	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 28 years old and could fail. Boiler failure would result in SGH closing down all clinical services until temporary boilers could be connected to site.	James Lewis	Simon Tighe	Sounthorpe General Hospital (S)	Estates and Facilities	20	02/02/2023	The management of the energy centre (steam boilers) is outsourced to Engie.	Engie contract has expired. Renewing annually.	Adhoc repairs are effective. No significant loss of service.

2719	01/11/2022	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance	There is the risk of Legionella from underutilised water services and insufficiently flushing regimes impacting on the wider water systems (lack of flow). This can spread to other areas of the hospital which could result in a patient/s contracting legionnaires disease whilst in hospital.	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S	Estates and Facilities	20	27/01/2023	Risk assessments undertaken at two yearly intervals by external competent specialist contractors.	Lack of funding for infrastructure upgrading. Lack of funding to upgrade BMS system to enable thorough monitoring of water systems throughout the sites.	Hydro defect portal giving real time data on progress of defects. Risk assessments. Good circulation temperature L8Guard electronic return management system. Authorised Engineer report. Water sampling results. Water Safety Group Minutes. Finance, & Performance Committee Highlight report to Board. Installation of TMVs to be risk assessed and approved at the relevant safety group. Maintenance to TMV are carried out through the SOPs and PPM regime.
2898	30/03/2021	17/11/2021	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 is currently below Trust requirements. February Report - Core: 57% (Target 90%) Role Specific: 49% (Target 85%). 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.	Sarah Smyth	Asem Ali	Trustwide - All Sites (DPoW, S	Directorate of Operations	16	18/01/2023	* 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.
2905	07/04/2021	31/03/2023	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 - I.T and I.T Server - X-RAY - Theatres - Pathology If this risk materialises, the hospital would need to close	James Lewis	Simon Tighe	Diana, Princess Of Wales Hospl	Estates and Facilities	16	27/01/2023	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	Minor and major equipment services logged in compliance folders.

2949	26/07/2021	25/07/2022	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)HUTH's consultant base is currently running at around 75-80% of the established workforce due to absences both related and unrelated to Covid19, and consultants leaving the organisation. There has also been a reduction in middle grades, as 2 Specialty Doctors have left. 2)Increased patient numbers, with a lesser staffed service may result in consultants and CNSs being under additional pressure, resulting in them leaving, or being off on long term sick with stress. There is also pressure due to increased workload on the administrative services. 3)The Trust are currently in the midst of the third spike of Covid19, and have over 200 inpatients, including some in the QCOH wards. We are now under national lockdown, enshrined in law, similar to that in March 2020. 4)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. 5)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. 6)A reduction in Band 5 chemotherapy nursing workforce on the nurse led chemo day unit at Scunthorpe General Hospital, and difficulty in recruitment of chemotherapy trained nurses. Unable to provide cross site cover from DPOW.	Rhiannon Wilson	Jill Mill	Trustwide - All Sites (DPOW, S)	Directorate of Operations	20	02/12/2022	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. Tho. 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 which 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 day 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.	* Risks reviewed weekly at the joint NLaG & HuTH Oncology meeting and updated accordingly.	
2951	04/08/2021	31/03/2023	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 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.	James Lewis	Simon Tighe	Trustwide - All Sites (DPOW, S)	Estates and Facilities	20	27/01/2023	Monitoring switch gear regularly to ensure the situation is not deteriorating.	Lack of annual switching. Ensure operational areas understand the business continuity plan in the event this risk occurs. Lack of funding to replace LV infra.	Periodic inspections carried out annually. Thermal monitoring to identify hotspots carried out annually. Electrical safety group. LV audits undertaken by AF
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.	James Lewis	Simon Tighe	Trustwide - All Sites (DPOW, S)	Estates and Facilities	16	27/01/2023	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.		Hydrop defect portal giving real time data on progress of defects. Risk assessments. Good circulation temperature L8Guard electronic return management system. Authorised Engineer report. Water sampling results. Water Safety Group Minutes. Finance, &Performance Committee Highlight report to Board. Maintenance to TMV are carried out
2953	04/08/2021	31/03/2023	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Water Safety Compliance: Sensor taps - Trustwide	Due to the installation of sensor 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).	James Lewis	Simon Tighe	Trustwide - All Sites (DPOW, S)	Estates and Facilities	16	27/01/2023	Risk assessments undertaken at three yearly intervals by external competent specialist contractors.		
2954	04/08/2021	31/12/2022	To offer care in estate and with equipment which meets the highest modern standards	Buildings, Land and Plant	Asbestos; Risk of exposure to asbestos - Trustwide	Control of Asbestos Regulations 2012: Gap Analysis demonstrates large areas of SGH Site are current not surveyed. Therefore there is a significant risk to Patients and Staff that Asbestos containing material could be disturbed, thus Asbestos fibres could be released into a patient or work environment, resulting in an immediate closure of the affected space and a RIDDOR notification to be raised to the HSE.	James Lewis	Simon Tighe	Trustwide - All Sites (DPOW, S)	Estates and Facilities	15	27/01/2023	-Currently, there are some Asbestos Management Surveys dated 2005 & 2009 respectively; there is also additional site information available within the Asbestos Management folder located on the H drive in the following location. H:\Estates and Facilities\Estates and Capital\Estates Operational Compliance\Asbestos (SH5)\SGH Log Book	-Gap Analysis carried out in June / July 2020 demonstrates SGH has having 95 areas requiring a suitable & sufficient Asbestos Management Survey to be in place and available. This is a requirement under Regulation 4 of Control of Asbestos Regulation 2012. -The gap analysis identifies SGH has 23 folders covering areas where Asbestos Management Plans have been conducted prior to the change of regulations in 2012. These type 2 surveys do not reference all areas asbestos containing material Information and therefore cannot be considered suitable or sufficient.	-Asbestos Training Records -Control of Asbestos Policy DCP 170 -Control of Contractors Policy DCP 220 -Permit to work Policy DCP 221
2955	04/08/2021	23/12/2022	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 - Trustwide	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.	James Lewis	Simon Tighe	Scunthorpe General Hospital (S)	Estates and Facilities	15	02/02/2023	Daily monitoring of the oxygen consumption.		Medical Gas Policy DCP026 Medical Gas AP Staff Training Medical Gas Committee Health and Safety Committee Enhanced Med Gas AP provision CAS/DNs/NeDERs Med Gas AE support NHSFEL support
2959	02/12/2022	31/03/2023	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, one resulting in the immediate evacuation of the ITU department. Another resulting in a section of masonry coming away which had the potential to cause serious harm or even death to a member of staff, the public or a patient.	James Lewis	Simon Tighe	Scunthorpe General Hospital (S)	Estates and Facilities	16	27/01/2023	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.	
2960	27/04/2022	30/11/2022	To provide care which is 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.	Jane Warner	Preeti Gandhi	Trustwide - All Sites (DPOW, S)	Directorate of Operations	16	05/02/2023	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	Nico Batnica	Trustwide - All Sites (DPoW, S)	People and Organisational Effe	25	02/02/2022	Funding accessed through NHSI to facilitate international recruitment providing additional pipelines.		
2992	18/11/2021	31/03/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Equipment	Changing Places facility at Scunthorpe General Hospital	There is a risk of emotional harm and distress to patients and families who visit the trust and unable to use appropriate toilet facilities. This is due to no adapted Changing Places facility at Scunthorpe General Hospital. This could result in reputational damage from complaints, safeguarding section 42 Care Act enquiries and patient harm due to psychological distress and deterioration in skin integrity; breaches in the Human Rights Act could lead to reputational and cost implications.	Victoria Thersby	Victoria Thersby	Scunthorpe General Hospital (S)	Chief Nurse	16	11/02/2023	There are disabled toilet facilities within the Trust	Complaints by members of the public and patients attending the outpatient department	
3015	01/02/2022	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	Due to an underestimation of the impact of current major capital projects on the estates team, there is a high risk that the Estates team will fail 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. This is intensified by the inability of the internal project team to recruit to technical roles to support the clinical schemes. 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. The impact to the Trust if not actioned: Inability to meet statutory compliance, leading to potential prosecution for statutory non-compliance Lack of Engineer resource to complete mandatory work and project works Ineffective management of Pre-Planned Maintenance Ineffective management of water systems due to shortage of water APs (SGH) 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 (6 facet survey) due to limited resourcing levels in FY 2/22 & 22/23	James Lewis	Simon Tighe	Trustwide - All Sites (DPoW, S)	Estates and Facilities	20	27/01/2023	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 . Patient safety issues are delivered at cost pressure or delayed - dependant on the identified risk Until the volume of capital projects has abated, this risk will remain prevalent. This risk is expected to remain extant until completion of the ED/AAU schemes, at present this is mid 2023.	Internal policies and procedures in place
3031	26/07/2022	31/08/2022	To provide care which is as safe, effective, accessible and timely as possible	Clinical	Children's Diabetic Team DPoW	There is a risk that the diabetes service in DPOW will not be able to operate fully as a result of long term sickness and performance issues which may lead to parents having a lack of confidence of the service, not meeting best practice tariff, not addressing the educational needs of the ward staff (nursing and medical) and developing the service going forward eg transition to adults.	Vikki McAlpine	Deborah Bray	Diana, Princess Of Wales Hospi	Directorate of Operations	16	04/02/2023	Supporting staff to return to work with HR support	Staff member not currently at work, work related stress due to escalation of performance concerns. Working through LTS reviews, with HR and unions	
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.	Simon Buckley	Anwer Qureshi	Trustwide - All Sites (DPoW, S)	Directorate of Operations	16	03/02/2023	LLOS is monitored on an ongoing basis through the following meetings: Medicine Divisional Board Medicine Governance Daily Operation meetings Deptmental Board rounds and Huddles FD 95% standard compliance		
3045	11/05/2022	30/08/2022	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: <ul style="list-style-type: none">- 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	Philip McGlone	Simone Woods	Trustwide - All Sites (DPoW, S)	Directorate of Operations	16	11/01/2023	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.		
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.	Lynsey Chessman	Anwer Qureshi	Trustwide - All Sites (DPoW, S)	Directorate of Operations	16	05/02/2023	Actively trying to recruit more clinicians through networks		
3063	29/06/2022	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	Sarah Smyth	Asem Ali	Trustwide - All Sites (DPoW, S)	Directorate of Operations	16	18/01/2023	weekly workforce panel workforce SMT specialty/business meetings review and oversight if data	development of speciality workforce plans	workforce panel workforce SMT Div Board workforce improvement plan

3074	29/06/2022	31/12/2022	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	Financial Risk - Medicine CIP 2022/23	Non delivery of divisional financial objectives for financial year 2022/2023.	Darren Marshall	Sarah Smyth	Trustwide - All Sites (DPoW, S	Directorate of Operations	16	14/01/2023	General budgetary Financial Management - Includes reporting, variance analysis and actions / recommendations.		
3095	14/07/2022	15/07/2022	To ensure the services and care we provide are sustainable for the future and meet the needs of our local community	Information Technology	Data Safety Risk - Delay to Patient Testing (DartOCM)	<p>There is a risk that DART OCM (sample requesting and reporting software) will fail due to the age of the hardware which is now over 15 years old. Additionally, the Windows Server 2008 operating system is no longer supported and poses a data safety risk as no security updates are available making the system more prone to hacking and cyber-attacks.</p> <p>The server is already showing signs of obsolescence with frequent crashes and system errors increasing reliance on manual processes. These processes are described in the business continuity plans however they have not been tested for prolonged outages as posed by the current set up and have inherent risk such as transcription errors increasing patient safety risks.</p> <p>Should the server fail the electronic requesting of pathology test for GP surgeries across all Lincolnshire and Northern Lincolnshire CCGs would be unavailable. Radiology and Pathology acute result communication back to all GP surgeries using Dart would also fail.</p> <p>Given the equipment service provider has reduced the level of support cover to best endeavours and can no longer guarantee support or repair, any failure poses a risk of significantly delay to patient diagnostics and treatment.</p>	Benjamin Francis	Ian Storr	Trustwide - All Sites (DPoW, S	Directorate of Operations	16	06/10/2022	A meeting has been convened Chaired by the Path Links' Director to support interim measures and risk management to monitor effectiveness of actions.	Provider has recently been subject to buyout resulting in loss of skills to support the aging system. As such the system is becoming more reliant on in house solutions from NLG and Path Links IT teams, such as SQL database maintenance. Whilst the team follow the trusts change control policy the supplier change control processes may not be applied.	Path Links risks are reviewed monthly at PLMB / OMG and included on the QMS KPI monitoring report for oversight.
3145	28/12/2022	30/06/2023	To provide care which is as safe, effective, accessible and timely as possible	Equipment	Aging and Damaged ENT Theatre Kit Trustwide	There is a risk that patients on 31/62 and routine pathways are being cancelled due to lack of equipment suitable for the procedures. In addition, our theatre productivity is restricted due to inability to date multiple procedures Trustwide.	Kirsty Harris	Kirsty Harris	Trustwide - All Sites (DPoW, S	Directorate of Operations	16	29/01/2023	Monitoring theatre lists through theatre planning to prevent on the day cancellations	Should equipment fail, patients would need to be cancelled. Due to limitation of piece of equipment available, operations can only take place on one site at a time, again causing patients to be cancelled last minute if lists are not appropriately booked.	

Agenda Number:

CoG (04/23) Item: 7.3

Name of the Meeting	Council of Governors	
Date of the Meeting	13 April 2023	
Director Lead	Alison Hurley, Assistant Trust Secretary	
Contact Officer/Author	As above	
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

Mar 2023 – v8.4

2WW - Two week wait

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALOS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accountable Officer

AOMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committee

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

BAF - Board Assurance Framework

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

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

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

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

CFC – Charitable Funds Committee

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

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

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

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

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

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

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

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

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

Constituency - Membership of each NHS Foundation Trust is divided into constituencies that are defined in each trust's constitution. An NHS Foundation Trust must have a public constituency and a staff constituency, and may also have a

patient, carer and/or service users' constituency. Within the public constituency, an NHS Foundation Trust may have a "rest of England" constituency. Members of the various constituencies vote to elect Governors and can also stand for election themselves

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

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

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

CPN – Community Psychiatric Nurse

CPIS - Child Protection Information Sharing

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

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

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

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

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

DCA – Director of Corporate Affairs

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales hospital

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

HER – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire for Council and CCG etc

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

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

FIP – Finance & Performance Committee

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

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

HASR - Humber Acute Services Review

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

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

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

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

ICP – Interim Clinical Plan

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

ICU – Intensive Care Unit

IG – Information Governance

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

Local Health Economy - This term refers to the different parts of the NHS working together within a geographical area. It includes GP practices and other primary care contractors (e.g. pharmacies, optometrists, dentists), mental health and learning disabilities services, hospital services, ambulance services, primary care trusts (England) and local health boards (Wales). It also includes the other partners who

contribute to the health and well-being of local people – including local authorities, community and voluntary organisations and independent sectors bodies involving in commissioning, developing or providing health services

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire for Council and CCG etc

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

NHS - National Health Service

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

NHSP - NHS Professionals

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

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

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

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

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

NHSE/I - NHS England / Improvement

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

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire for Council and CCG etc

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PFI – Private Finance Initiative

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

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

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

POE - People & Organisational Effectiveness

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIMM - Performance Review Improvement Management Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

QOF – Quality and Outcomes Framework. The quality and outcomes framework (QOF) is part of the General Medical Services (GMS) contract for general practices and was introduced on 1 April 2004

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

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

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

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

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

STP - Sustainability and Transformation Partnerships

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

T&C – Terms and Conditions

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WC - Workforce Committee

WTE - Whole time equivalent

YTD - Year to date