

AGENDA

A meeting of the Council of Governors
to be held on Thursday, 11 January 2024 at 14:00 to 17:00 hours
at the Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	Welcome and Apologies for absence Linda Jackson, Vice Chair	Verbal	Information	14:00
1.2	Declarations of Interest Linda Jackson, Vice Chair	Verbal	Information	
1.3	Minutes of the Meeting held 12 October 2023 Linda Jackson, Vice Chair	Attached	Approval	
1.4	Urgent Matters Arising Linda Jackson, Vice Chair	Verbal	Information	
1.5	Action Log – Public Linda Jackson, Vice Chair	Attached	Approval	
2. REPORTS AND UPDATES				
2.1	Chair's Update Linda Jackson, Vice Chair	Attached	Information	14:20
2.2	Chief Executive's Update Shaun Stacey, Group Chief Delivery Officer representing Jonathan Lofthouse, Group Chief Executive	Attached	Information	
2.3	Lead Governor's Update Ian Reekie, Lead Governor	Attached	Information	
3. COG BUSINESS ITEMS				
3.1	Developing Group Organisational Values Simon Nearney, Group Chief People Officer	Attached	Information	15:00
3.2	Quality Priorities Update Richard Dickinson, Associate Director of Quality Governance	Attached	Information	
4. ITEMS FOR APPROVAL				
4.1	Future Role of Council of Governor and Governor Assurance Group including Terms of Reference Linda Jackson, Vice Chair and Wendy Booth, Interim Governance Advisor	Attached	Approval	16:00
4.2	Governor Observer Protocol Linda Jackson, Vice Chair and Wendy Booth, Interim Governance Advisor	Attached	Approval	
4.3	Annual Governors' Register of Interests Alison Hurley, Assistant Trust Secretary	Attached	Approval	
5. OTHER				
5.1	Questions from Governors Linda Jackson, Vice Chair	Verbal	Information	16:15
5.2	Questions from the Public Linda Jackson, Vice Chair	Verbal	Information	16:25

5.3	Items for Information / To Note (as per Appendix A) Linda Jackson, Vice Chair	Verbal	Information	16:35
5.4	Any Other Urgent Business Linda Jackson, Vice Chair	Verbal	Information	16:40
5.5	Matters to be escalated to the Trust Board Linda Jackson, Vice Chair	Verbal	Information	16:45
5.6	Council Performance and Reflection Linda Jackson, Vice Chair	Verbal	Information	16:50
6. DATE OF THE NEXT MEETING				
6.1	The next meeting of the Council of Governors will be the Annual Members Meeting (AMM) held on Thursday, 1 February, at 09:00 – 11:30 hours via MS Teams Live			

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.

5.3.	Items for Information		
5.3.1	Finance Report	Lee Bond, Group Chief Financial Officer	Attached
5.3.2	Board Assurance Framework	Wendy Booth, Interim Governance Advisor	Attached
5.3.3	Acronyms & Glossary of Terms	Alison Hurley, Assistant Trust Secretary	Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Thursday, 12 October 2023, from 14:00 to 17:00 hours held in the Rolling Mill, Wortley House Hotel, Scunthorpe, DN16 1SU and via MS Teams

Present:

Sean Lyons	Chair	David Cuckson	Public Governor
Kevin Allen	Public Governor	Cllr David Howard	Stakeholder Governor
Diana Barnes (virtual)	Public Governor	Tim Mawson (virtual)	Staff Governor
Jeremy Baskett	Public Governor	Emma Munday	Stakeholder Governor
Mike Bateson (virtual)	Public Governor	Rob Pickersgill	Deputy Lead Governor
Tony Burndred	Public Governor	Ian Reekie	Lead Governor

In Attendance:

Neil Gammon	Independent Chair Health Tree Foundation Trustees' Committee
Helen Harris (virtual)	Director of Corporate Governance
Alison Hurley	Assistant Trust Secretary
Jonathan Lofthouse	Group Chief Executive
Jo Loughborough	Lead Nurse Patient Experience
Simon Parkes (virtual)	Non-Executive Director
Gill Ponder	Non-Executive Director
Carla Ramsey	Chief of Staff
Gary Sainty (virtual)	Head of Voluntary Community and Social Enterprise (VCSE) Collaborative, Humber and North Yorkshire Health and Care Partnership
Lucy Skipworth	Health Tree Foundation Charity Manager
Jason Stamp (virtual)	Chair and Senior Responsible Officer, VCSE Collaborative, Humber and North Yorkshire Health and Care Partnership
Claire Woodard	Interim Head of Smile Health
Suzanne MacLennan	Corporate Governance Officer (minutes)
Katrina Vorley	Business Support Officer

Members of the Public: None in attendance

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Sean Lyons opened and welcomed everyone present to the Council of Governors (CoG) meeting, both in the room and virtually via Microsoft Teams. A warm welcome was extended to Councillor David Howard, Jonathan Lofthouse and Carla Ramsey who were attending their first CoG meeting.

1.2 APOLOGIES FOR ABSENCE

Alison Hurley provided apologies for absence as detailed below:

Ahmed Aftab	Staff Governor
Karen Green	Public Governor
Linda Jackson	Vice Chair
Sue Liburd	Non-Executive Director
Shiv Nand	Public Governor
Anthonia Nwafor	Staff Governor
Fiona Osborne	Non-Executive Director
Liz Stones	Public Governor
Kate Truscott	Non-Executive Director

Sean Lyons conveyed some sad news advising the CoG that sadly Stephen Price had passed away on 11th October 2023 and confirmed the thoughts of the Council were with Stephen's family at this time.

Sean Lyons was delighted to inform the CoG that Staff Governor Anthonia Nwafor had safely delivered a baby boy, wished them both well and looked forward to seeing Anthonia on her return to work following maternity leave.

Sean Lyons requested all speakers to be mindful of the virtual attendees and to speak loud and clear to ensure they were heard.

1.3 DECLARATION OF INTERESTS

Members of the CoG were requested to raise any declarations of interest relating to specific agenda items by Sean Lyons. None were received.

1.4 TO APPROVE THE DRAFT MINUTES OF THE MEETING HELD ON 13 JULY 2023

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

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

1.5 MATTERS ARISING

Sean Lyons requested any matters arising which were not captured on the agenda. None were received.

1.6 REVIEW OF ACTION LOG

The Action Log was reviewed following the July 2023 CoG meeting. It was highlighted that all outstanding actions were due to be addressed at the upcoming Governor briefing session on 27th November 2023.

Sean Lyons advised that due to the complexity of some briefing topics it was paramount that appropriate time was apportioned for greater depth, rather than covering too many topics in the sessions.

It was agreed that all completed actions noted in green could be archived.

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

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

Sean Lyons highlighted the reoccurring sentiment felt from the Governor and Chair one to one sessions was some anxiety around Governor input to address the role in representing the Governor's own constituencies. It was confirmed a systematic approach to support Governors to fulfil this role and gather feedback from their respective constituencies would be developed.

Sean Lyons requested that Governors support the Humber Acute Services Consultation which had led to feedback of some anxiety in the Scunthorpe area and less so in Grimsby. The importance of both staff and the public was confirmed, and it was clarified that there was no agenda behind the plans which was in response to supporting the challenges faced by services and the availability of appropriate staff.

David Cuckson referred to the Governor Observer protocol for attendance at Committee meetings and queried the future Group governance intentions and whether Governor observers would be able to request clarification in meetings. In response Sean Lyons suggested it would be at the discretion of the committee chair although clarifications on this would be forthcoming with the progress of the new Committees in Common model, and clarification would usually be expected to take place outside of the meeting and not during. It was confirmed there was no intention of blocking Governors' understanding of topics.

In response to a query, Sean Lyons confirmed the Group Governance Governor Observer protocol would be presented to Governors shortly and hoped it would be met with approval, as it would not be dissimilar to the current protocol.

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Jonathan Lofthouse provided an overview of the report which was taken as read.

Jonathan Lofthouse outlined the current weekly work pattern of being based at Hull Royal Infirmary on a Monday and Tuesday, Castle Hill Hospital on a Wednesday and at the south bank sites on Thursday and

Friday. Staff and patients were thanked for the very warm welcome provided during walk and talk sessions around all sites.

Jonathan Lofthouse noted the Trust had been asked to highlight areas of concern for action following the Lucy Letby case. It was confirmed there had been four areas to strengthen and these included, integrity and visibility of performance data surrounding small service areas and how the data was fed into the Board Assurance Committees, streaming tools which highlight areas of concerns and drop-in sessions for Freedom to Speak Up Guardians/Champions on both the north and south bank. Jonathan Lofthouse suggested it was highly likely there would be further guidance released and confirmed there were no undue concerns with the Trust.

The group were reminded the Humber Acute Services (HAS) Consultation was well underway and led by the Humber and North Yorkshire Integrated Care Board (ICB) and not by the Trust who had no jurisdiction over the consultation.

It was confirmed the new Group operating structure would be shared with Governors in due course and Jonathan Lofthouse was happy to present the structure at a separate briefing as required.

Jonathan Lofthouse confirmed the national finance position of NHS Plc was poor being £800 million off plan with a large amount of risk directly attributed to the 74 strike days which had taken place so far. The Group had an operating budget of £1.4 billion with the budget setting for the Group to take place in January 2024.

Conversations with Place based colleagues continued with the desire from ICB senior leaders to maximise the benefit and accountability of Place. Further steps would be taken by the ICB to ensure there was consistency across the six Places and to move collective agendas forward.

David Cuckson queried whether the government would continue to cover the costs of the doctors' strikes and Jonathan Lofthouse explained there would be reduced industrial action throughout the winter months due to the British Medical Association (BMA) who represent the English consultant body, being close to resolution. There had been very little movement in terms of the junior doctors in training. It was highlighted that the government would need to seek additional funding from the Treasury for NHS organisations.

In response to a query from Jeremy Baskett, Jonathan Lofthouse provided assurance that the Trust as the acute care provider, would be well represented within the six Place partnerships.

Jeremy Baskett raised concerns regarding transport not just for patients but for family members wishing to visit relatives and friends particularly from East and West Lindsey. Jonathan Lofthouse confirmed Ivan McConnell, Director of Strategy was very much aware of this issue and had considered rural accessibility as part of the consultation. Sean Lyons concurred.

Kevin Allen wondered whether the wearing of face masks would be reintroduced particularly during the winter months. Whilst this was

considered a reasonable suggestion, it was confirmed that the Trust could not reintroduce the wearing of face masks until it was made mandatory nationally and formal instruction given. It was confirmed that all staff were provided with the opportunity to receive both the Covid-19 and flu vaccinations at all sites to help address this.

Ian Reekie was very pleased to hear there would be performance reviews of small specialty services particularly following the issue within paediatric audiology.

Ian Reekie requested an explanation why the Chief Digital Officer (CDO) would be reporting to the Chief Medical Officer (CMO) within the new executive structure and Jonathan Lofthouse confirmed there were two reasons, firstly, a balance had to be recalibrated. The nine executive positions reporting directly to the Group Chief Executive would directly influence the care of the patients and require coaching and mentoring. This approach allowed other positions to be coached and supported by others. Secondly, as the Trust becomes digitally mature and embraced artificial intelligence the individuals maximising the applications would be clinicians. This structure would provide the opportunity to co-create solutions with the CMO and the Digital Technical team who report to the CDO and this partnership will maximise this approach.

Ian Reekie queried whether there had been any indication from the ICB regarding the timing and methodology for their review of maternity and neonates. Jonathan Lofthouse confirmed a conversation was required surrounding maternity services at Scunthorpe General Hospital. It was felt that solutions would be most likely identified post the general election as it was recognised there was a quality, safety and accessibility issue to be debated.

Gary Sainty and Jason Stamp joined the meeting at 14:41

In response to a query from David Cuckson, Jonathan Lofthouse clarified that both Diana, Princess of Wales Hospital (DPoW) and Scunthorpe General Hospital (SGH) sites had high rates of backlog maintenance. It was outlined that due to a small number of services potentially moving to DPoW, suitable safe accommodation to respond to these associated patients would be required.

Rob Pickersgill queried whether there were constraints with transformational change in the operational structure with regards to patient pathways. Jonathan Lofthouse confirmed an optimistic outlook with no service being unavailable on the south bank, advising the pathways would be improved and would possibly accelerate the care to the north bank. It was outlined that stabilisation was required to provide the best service for the 1.5 million population.

Following a request from Kevin Allen it was agreed Jonathan Lofthouse would visit the Stroke Unit at SGH.

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

Post Meeting Note: Governors would receive the Executive and Operating Structures at a briefing session on 21st November 2023.

2.3 LEAD GOVERNOR'S UPDATE

Ian Reekie provided an overview of the report and added an update from the Governor Assurance Group (GAG) meeting which had taken place on 5th October 2023. The updates covered:

- The Governors introduction meeting with representatives from the external auditors ASM Chartered Accountants
- The Group digital agenda – A Governor briefing was requested on the Lorenzo Patient Administration System (PAS) and Electronic Patient Records (EPR)
- Consideration on the progress of the Quality Priorities 2023-24
- Collaborative Acute Providers (CAP)
- The Trust's Financial position - particularly the underlying deficit and bank and agency spend
- Workforce Race Equality Standards (WRES) performance

Sean Lyons requested an update from Jonathan Lofthouse on the Collaborative Acute Providers (CAP). In response Jonathan Lofthouse advised that progress had been immature and physical geography had been a factor although the correct motivation to move at a faster pace was now in place. It was confirmed that Jonathan Lofthouse was Chief Executive/nominated lead for elective improvement across the totality of the ICB and within six months there would be evidence of change. Sean Lyons confirmed the Trust Boards would be receiving updates and a collective view of the financial target challenge.

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

3. COG BRIEFINGS

3.1 Integrated Care Board (ICB) Voluntary Community and Social Enterprise (VCSE) Collaborative

Sean Lyons welcomed the external auditors, Jason Stamp and Gary Sainty to the meeting.

Jason Stamp noted the previous conversation regarding the CAP and added that the Humber and North Yorkshire Place was one of the few which had established a collaborative mechanism for the volunteer sector to be included in the ICB.

Jason Stamp and Gary Sainty delivered the presentation for the ICB VCSE.

Ian Reekie queried the total NHS spend with the VCSE within Humber and North Yorkshire and what areas the CAP should be considering committing further service requirements to the VCSE. Gary Sainty confirmed that across all six Places there were varying degrees of investment within the VCSE sector. Work was ongoing to establish the current contracts in place which would be completed shortly. Jason Stamp referred to the difficulties

of sustainability for the VCSE sector which presented challenges and a different approach in future. The relationship between VCSE and acute providers presently differed and could be developed to include assistance with acute pressures such as hospital discharge and waiting lists.

Sean Lyons queried whether North Lincolnshire were an outlier in local authority funding and contracting. Gary Sainty confirmed during the last few years there had been no infrastructure contracts between the North Lincolnshire Council and the VCSE sector although investment had started following some conversations.

Jonathan Lofthouse expressed thanks for the presentation which had been very helpful. It was agreed the presentation would be circulated following the meeting.

Mike Bateson queried how Governors could engage more with the VCSE sector, firstly to gain a greater understanding and secondly to hear from the community what was expected. Jason Stamp highlighted the huge opportunity available with regards to engaging with Governors and the connection the VCSE had in local communities. There was an opportunity to promote the role of governors and therefore be actively involved on how decisions were made. The VCSE had connections with a different dynamic of people who wouldn't normally readily engage. Jason Stamp suggested that thinking differently about what was delivered and how it was delivered by the best use of available assets could make a huge difference without the need for huge investment of additional finance.

Sean Lyons added the ongoing need for Governors to engage with local communities and how the VCSE could be support the ability to fulfil this in the future.

Action: Corporate Governance Office to distribute the ICB VCSE presentation to the CoG.

Gary Sainty and Jason Stamp left the meeting at 15:30

3.2 The Health Tree Foundation (HTF)

Sean Lyons welcomed Neil Gammon, Clare Woodard and Lucy Skipworth to the meeting and an overview of the Health Tree Foundation was delivered.

Following the presentation Neil Gammon highlighted the need for Governors to be advocates for the charity when engaging with staff, members and the public.

Jeremy Baskett suggested further marketing of the HTF as following a recent ward visit it had been noted not everyone was clear how to make a suggestion or apply for funding. Neil Gammon confirmed the need to attend various meetings such as the CoG meeting to enhance visibility and awareness of the charity and access to funds. Lucy Skipworth concurred and explained the Wishes Roadshows were created for this purpose and the charity worked closely with the Trust's Communication team to assist

with awareness. In addition, there were QR codes for each ward and department clearly visible in their respective areas.

Kevin Allen expressed sincere thanks to the HTF for providing the Trust Volunteers with t-shirts and hoodies which had helped enormously to identify the volunteers and support their teamwork.

David Cuckson expressed unease with regards to HTF funding projects which perhaps should have been funded by the Trust itself through Estates and Facilities. Neil Gammon confirmed that trustees shared the unease regularly and often it was not clear who should be funding the idea. All wishes submitted were discussed in detail by the trustees who received advice from Smile Health, the decisions were not made by HTF. A recent donation of £326k had been generously left in a legacy to specifically target dementia patients at SGH and trustees agreed this would significantly benefit dementia patients. It was confirmed that HTF had a great relationship with the Director of Estates and Facilities who ensured that charity money was spent efficiently and effectively.

Jonathan Lofthouse requested a little caution in funding work related to Community Diagnostic Centres (CDC) which would be fit for purpose once opened. It was highlighted that focussing funding efforts at the two core inpatient sites would have far greater effect. Neil Gammon noted this point and added that trustees were attracted to the CDCs due to the amount of footfall which could encourage further donations.

In response to a query Clare Woodard agreed the Circle of Wishes was very cumbersome and confirmed a grant was received from NHS Charities Together in 2022 to help improve the charity itself. The idea was to create a Circle of Wishes platform, a website for fund guardians and wish makers to login and receive approval which was in the planning process.

Gill Ponder added that due to the cost of living crisis there had been a drop in donations and it was thought that adding mobile phone charging points at the CDCs which might not be covered by core funds could encourage donations due to the number of patients visiting the centres. Gill Ponder welcomed suggestions for fundraising efforts.

In response to a query from Sean Lyons, Clare Woodard confirmed that everyday items which should be funded by the NHS were included in submitted wishes. Any requests for general equipment were reported to the Chief Nurse through regular meetings.

Mike Bateson raised a query regarding the 27% management costs. In response Clare Woodard confirmed the Trust was charged a 27% management cost to Smile Health to employ the charity team and provide training. Neil Gammon highlighted a benchmarking exercise in which HTF compared favourably against other NHS Charities Together.

3.3 Patient Experience and Complaints Update

Sean Lyons welcomed Jo Loughborough to the CoG for the last time due to her upcoming retirement and expressed thanks for excellent contributions and support to the Governor meetings over her career with the Trust.

Jo Loughborough thanked the Governors and Foundation Trust Office for their support over the years and to the Patient Experience agenda and provided an overview of the report.

David Cuckson requested future reports show more specific statistics for each division, highlight the problem areas and whether they had been resolved. Ian Reekie confirmed his monthly attendance at the Patient Experience Group (PEG) and highlighted much improved quarterly divisional reports on patient experience were provided. Jonathan Lofthouse suggested divisional updates be built into future reports.

David Cuckson raised a concern regarding awareness of Friends and Family Tests (FFT) particularly whilst conducting 15 Step Reviews and requested wards were encouraged to publicise them. Jo Loughborough provided assurance the Patient Experience Manager was engaging with wards, acknowledged some wards performed better than others and it was accepted that further engagement was required with staff regarding FFT. Kevin Allen provided feedback from attending 15 Step Reviews and confirmed staff were aware of the FFT.

Ian Reekie expressed sincere thanks to Jo Loughborough on behalf of the Governors for delivering various Patient Experience briefings over the years.

4. ITEMS FOR NOTING

4.1 Outcome of the Governor Assurance Group Evaluation Assessment Tool

Alison Hurley provided an overview of the report and noted key points as follows:

- One Governor response stated there had been ample opportunity to challenge the Non-Executive Directors (NEDs) and seek clarity from NEDs on the appropriateness of Governor challenge
- A survey to the NEDS to request feedback on the appropriateness on Governor challenge had been conducted and would be presented at the December GAG meeting
- The virtual meeting process was proving to be successful
- Views on the timings of the GAG meetings would again be sought.

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

Council Decision: The Council noted the outcome of the GAG Evaluation Assessment Tool

5. QUESTIONS FROM THE GOVERNORS

Sean Lyons invited questions from Governors and Mike Bateson queried whether the minutes from the CoG meetings were circulated to members. Sean Lyons confirmed member engagement was a topic which required further discussion and exploration. Alison Hurley outlined members were invited to attend the CoG

meetings, the agenda and meeting papers were always on the Trust website and if timely the agenda and minutes could be circulated with quarterly member newsletters.

Ian Reekie reminded Governors of the planned briefing session on 27th November 2023 which would include discussions on Governor statutory responsibilities and engagement to include the results of the recent engagement survey. Sean Lyons agreed a full review and plan of engagement to ensure Governor engagement duties were being discharged was required.

6. QUESTIONS FROM THE PUBLIC

There were no members of the public present.

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 Audit Risk and Governance Committee Annual Report 2022/23
- 7.2 Board Assurance Framework (BAF)
- 7.3 Acronyms and Glossary of Terms

9. ANY OTHER URGENT BUSINESS

There were no further items of urgent business raised.

10. MATTERS TO BE ESCALATED TO THE TRUST BOARD

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

11. COUNCIL PERFORMANCE AND REFLECTION

Sean Lyons invited suggestions for future meetings noting that improvements to audio and visual equipment would be required for hybrid meetings. No further suggestions were made.

12. DATE AND TIME OF THE NEXT MEETING

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 11th January 2024

Time: 14:00 – 17:00 hours

Venue: Main Boardroom, Diana, Princess of Wales Hospital, Grimsby

Please notify the Foundation Trust Office of any apologies for this event.

Sean Lyons thanked members for their attendance and contributions and the meeting closed at 16:33 hours.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

ANNUAL ATTENDANCE DETAILS - PUBLIC

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmed Aftab	4	1	David Howard	1	1
Kevin Allen	4	3	Tim Mawson	4	3
Diana Barnes	4	4	Emma Munday	4	2
Jeremy Baskett	4	3	Shiv Nand	4	1
Mike Bateson	4	4	Anthonia Nwafor	4	0
Tony Burndred	4	1	Rob Pickersgill	4	3
David Cuckson	4	4	Ian Reekie	4	4
Karen Green	4	3	Liz Stones	4	1

ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS - PUBLIC

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Sean Lyons	4	4	Fiona Osborne	4	2
Linda Jackson	4	3	Simon Parkes	4	1
Stuart Hall	4	1	Gillian Ponder	4	2
Sue Liburd	4	1	Kate Truscott	4	0

COUNCIL OF GOVERNORS
ACTION LOG & TRACKER
(Public)
2024
(updated January 2024)

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)22	12/10/2023	3.1	Integrated Care Board (ICB) Voluntary Community and Social Enterprise (VCSE) Collaborative	Corporate Governance Office	Oct-23	Presentation circulated to Governors via email on 16th October 2023	Completed	Email	yes
COG(23)18	13/07/2023	2.2	Arrange a Electronic Patient Records briefing session for Governors	Corporate Governance Office	TBC	Report requested for distribution at 27th November 2023 briefing session. Update deferred until a later more appropriate date			
COG(23)17	13/07/2023	2.1	Arrange a Patient Flow and Discharge briefing session for Governors to be delivered by Emma Owen	Corporate Governance Office	Nov-23	Briefing delivered on 27th November 2023 at the Governor Briefing Session	Completed	Agenda & Presentation	yes
COG(23)14	22/06/2023	ARM 2.5 (a)	Schedule and assist Ian Reekie with Governor briefing on Member and Public Engagement	Corporate Governance Office	Nov-23	1:1 Ian and Alison arranged 25.07.23 for presentation preparation. Presentation delivered on 27th November 2023 at the Governor Briefing Session	Completed	Agenda & Presentation	yes
COG(23)12	22/06/2023	ARM 2.2 (a)	Corporate Governance Office to create and circulate public engagement survey to Governors	Corporate Governance Office	Nov-23	Engagement Opportunities Survey circulated to Governors 5th July 2023 Collated responses discussed at the Governor Briefing Session on 27th November 2023 and the Governor Assurance Group on 11th December 2023	Completed	Agenda and GAG minutes	yes
COG(23)02	11/01/2023	2.4	Reinstate Staff Governor meetings with Trust Chair, Chief Executive, Interim Director of People & Lead Governor	Corporate Governance Office	Dec-23	The Staff Governor elements will continue to be addressed within the Governor Assurance Group meetings (as per the current terms of reference), with a standing agenda item to cover this.	Completed	GAG Agenda	yes
COG(22)25	13/10/2022	3.2	Deliver Health Inequalities update in 12 months time	Jug Johal	Nov-23	Report to October CoG 2023 Report distributed at the 27th November 2023 Governor Briefing Session	Completed	Agenda and Presentation	yes

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

Kindness · Courage · Respect

Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(23)21	13/07/2023	6	Research and book Scunthorpe based venues for future CoG meetings	Corporate Governance Office	Oct-23	Wortley House Hotel booked for the October CoG meeting	Completed	Agenda & Diary invites	yes
COG(23)20	13/07/2023	4.1	Forward approved CoG & TB Engagement Policy (DCP231) and approving minutes to Document Control for processing	Corporate Governance Office	Oct-23	Approved by Trust Board on 3rd October 2023	Completed	Agenda & minutes	yes
COG(23)19	13/07/2023	2.3	Return the recommendation to approve the re-appointment of Stuart Hall as an Associate Non-Executive Director to the Appointments and Remuneration Committee for clarification and consideration.	Corporate Governance Office	Jul-23	Extra-ordinary Appointments and Remuneration Committee (ARC) meeting held 31.07.23 CoG virtually approved the ARC recommendations obtaining nine Governor approvals	Completed	Minutes and approval emails	yes
COG(23)16	13/07/2023	1.4	Combine the CoG ARM Action Log with the CoG Action Log - Public	Corporate Governance Office	Aug-23	The CoG ARM action Log has been included in this Action Log	Completed	Action Log	yes
COG(23)15	13/07/2023	1.4	Amend CoG ARM minutes to state nine recommendations from the Member Engagement Group were approved	Corporate Governance Office	Aug-23	CoG ARM minutes from 22.06.23 amended and actions managed by the Governor Assurance Group	Completed	Minutes & GAG Action Log	yes
COG(23)13	22/06/2023	ARM 2.2.1	Re-instate Governor and Member Drop-in sessions at each Trust site, publicise them and seek Governor commitment	Corporate Governance Office	Oct-23	This action will be managed by the Governor Assurance Group	Completed	GAG Action Log	yes
COG(23)11	22/06/2023	ARM 2.1 (c)	Consideration for appropriate system working briefing	Corporate Governance Office	Aug-23	Updates covered by the Group Development Committee in Common Highlight Report presented to the Governor Assurance Group	Completed	GAG meeting papers	yes
COG(23)10	13/04/2023	6	Provide an update on High Level Risk Register Item 3095	Helen Harris	Apr-23	Shauna McMahon provided a response following consultation with NLaG representatives - Emailed to Governors on 18th April 2023	Completed	Emails	yes
COG(23)09	13/04/2023	5	Publicity of CoG meetings	Corporate Governance Office	Apr-23	Comms team emailed on 2nd May regarding members with no access to social media platforms and a request for further publicity of CoG meetings	Completed	Emails	yes
COG(23)08	13/04/2023	3.1	Share the Working with People and Communities Engagement Strategy	Corporate Governance Office	Apr-23	Karina Ellis shared the link in the chat function of Teams during the April CoG and included in the minutes	Completed	Link in chat & minutes	yes
COG(23)01	11/01/2023	2.3	Update the CoG on external auditor position	Lee Bond	Apr-23	Lee Bond provided a verbal update at the April CoG	Completed	Minutes	yes
COG(23)07	11/01/2023	4.3	Forward approved Governor Assurance Group ToR to Document Control for processing	Corporate Governance Office		Formatted ToR (DCT092) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes
COG(23)06	11/01/2023	4.1	Forward updated and approved Trust Constitution to Document Control for processing	Corporate Governance Office		Formatted Trust Constitution (DCM001) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes
COG(23)05	11/01/2023	3.2	Request staff C19 & flu vaccine uptake figures	Helen Harris		Figures requested from Paul Bunyan and results emailed to Governors 12/01/23	Completed	Emails	yes
COG(23)04	11/01/2023	3.1	Membership Office to arrange End of Life briefing with Kate Wood, Jan Haxby & Donna Smith	Corporate Governance Office	Mar-23	Briefing delivered on 8th March 2023 at 17:00 - 18:00 hours and diary invites issued	Completed	Email & diary invites	yes
COG(23)03	11/01/2023	2.4	Forward approved Member Engagement Working Group ToR to Document Control for processing	Corporate Governance Office		Formatted ToR (DCT274) and extract of approving minutes sent to DC for processing 12/01/23	Completed	Email & DC Library	yes

Agenda Number:

CoG (01/24) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Sean Lyons, Trust Chair	
Contact Officer/Author	As above	
Title of the Report	Chair's Update	
Purpose of the Report and Executive Summary (to include recommendations)	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input checked="" type="checkbox"/> Not applicable
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.

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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.
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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.
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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.
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Chair's Update

Chair's Report for Northern Lincolnshire & Goole (NLaG) NHS Foundation Trust Council of Governors meeting 11 January 2024

Firstly, I would like to wish Governors a very Happy New Year, and to say that Linda Jackson and myself look forward to working with Governors in 2024. Thank you for your support and challenge in 2023.

Please accept my apologies for absence at the Council of Governors meeting as I am overseas for a special family occasion.

I am pleased to present my report to Governors, providing an update on matters since the last report of 12 October 2023.

As we meet, we are still in the midst of significant operational pressures with Winter expected to bring an additional burden. The industrial action that has been a feature of the last year continues, with a settlement with Junior Doctors seemingly some way off. Although, there is a prospect of Consultants accepting the latest offer from the Government, although this in itself may provoke a reaction from the Nursing Unions.

Inevitably, this disruption has a detrimental effect on timely emergency care and planned procedures, and it also has a demoralising effect on staff who have to respond.

Therefore, I wish to especially commend the hard work of the staff to the Governors and ask that they show appreciation wherever possible, thank you.

Organisational arrangements in the Group Context

Governors will be aware of the direction of travel in respect of the Group arrangements, and a detailed briefing was held with Governors on the 21 November, which I hope was satisfactory.

The Group Chief Executive's report will cover the latest in terms of Executive appointments and the Care Group operating structure.

The briefing on the 21 November also covered the proposed Governance arrangements at Board and Committee level where 'in common' working was explained.

Terms of reference, membership, meeting dates and workplans for the Committees were agreed on 12 December where the Boards of NLaG and Hull University Teaching Hospital (HUTH) NHS Trust met in common.

Governance

The briefing on the 21 November also covered findings from one to one discussions and review of ways of working between the NLaG Board and the Council of Governors (CoG).

Whilst working relationships are good, it was felt that the public interest would be better served if the CoG Business meeting was developed to be the main vehicle for Governors to gain their assurance, rather than through the Governor Assurance Group (GAG).

This will be progressed in the first quarter of 2024 and a workshop will be organised to review the way the GAG can be refocused, and we look forward to those discussions.

Governor Elections

As mentioned in my October report we welcomed our newly elected Public Governors David, Paula, Caroline and Dr Vijay and I have been delighted to have personal discussion with each.

The contest for the three Staff Governor seats took place between 19 October and 13 November.

The successful candidates are Corrin Manaley, Raquel Antipatia and Ahmed Aftab, and our congratulations go to them. I have been pleased to have personal discussions with Corrin and Raquel recently, as they are newly appointed.

I would like to express the Board and Council of Governor's appreciation to Tim Mawson, who has served as a Staff Governor for several years and who now steps down from the role.

Humber Acute Services (HAS) Consultation

As mentioned previously, the Public HAS consultation began on 25 September to run for 14 weeks. Governors have actively supported this and I would like thank those who have helped to stimulate the engagement.

A total of 43 engagement events have been held and, at the time of writing, the programme has heard from more than 4,500 people either directly or via questionnaire.

At the end of the consultation there will be a period of analysis of the extensive feedback, and this will be reported back to the Integrated Care Board (ICB) with recommendations.

Sean Lyons
Group Chair

Agenda Number:

CoG (01/24) Item: 2.2

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Jonathan Lofthouse, Group Chief Executive	
Contact Officer/Author	Jonathan Lofthouse, Group Chief Executive	
Title of the Report	Group Chief Executive's Update	
Purpose of the Report and Executive Summary (to include recommendations)	<p>This report is to provide an update to the Council of Governors from the Group Chief Executive.</p> <p>The report includes:</p> <ul style="list-style-type: none"> • A detailed update on the Group executive team • Summaries of key issues across the Trust, including patient safety and quality of care; elective and urgent and emergency care performance; finance; workforce • Includes a briefing on the Thirlwall Enquiry • Celebrates our staff awards and national recognition 	
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 checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
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Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	This is a Group-wide piece of work, inclusive of all members of staff as well as Governors, to shape the values for our new Group organisation	
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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Group Chief Executive Officer

Update to the Council of Governors Thursday 11 January 2024

1. Introduction

- 1.1 Since the last Council of Governors' meeting I attended, significant progress has been made on the appointment processes to the new Group Chief and Director structure.
- 1.2 I am very pleased to announce the following Group Chief and Director appointments, all of whom have been through a robust stakeholder and panel interview process.
 - Shaun Stacey, Group Chief Delivery Officer
 - Dr Kate Wood, Group Chief Medical Officer
 - Ivan McConnell, Group Chief Strategy and Partnerships Officer
 - Simon Nearney, Group Chief People Officer
- 1.3 Lee Bond has been undertaking a Group-level Chief of Finance role for both organisations, and has now been confirmed in post as Group Chief Financial Officer. My sincere congratulations go to all our successful appointees. All appointees took up their new larger portfolios of responsibility at the beginning of November.
- 1.4 My sincere thanks also go to Suzanne Rostron, Helen Harris, Ellen Ryabov, Ellie Monkhouse and Makani Purva for their hard work and dedicated service. They are moving on to new opportunities internal and external to the Group.
- 1.5 We have made job offers for Group Transformation Director, Group Chief Digital Officer and Group Director of Assurance. We are just awaiting completion of pre-employment checks and agreeing start dates, at which point we will be able to confirm names. We continue to explore options around the Group Chief Clinical Design Officer post and the Group Chief Nurse Officer roles.
- 1.6 I am also very pleased that in the last quarter, we have been joined by Adam Creeggan, interim Director of Performance, Rob Chidlow, interim Director of Quality Governance, and Michael Kaiser, interim Winter Director. I am also very pleased that Wendy Booth is continuing to support us as interim Group Assurance Officer. These colleagues will provide us with significant additional bandwidth and expertise as we navigate coming together as a Group. This is at the same time as needing to make progress at pace with quality and safety improvements, improved reporting and navigating the most significant winter pressures we have experienced.
- 1.7 The staff consultation on the new Operational Care Group structure commenced on 21 November 2023 and ran for 30 days. This is to move our Group organisation to a new structure for our current Clinical Divisions (NLaG) and Health Groups (HUTH) in to a fully integrated care group structure covering our full range of acute and community services. I am very pleased that a lot of detailed, constructive feedback was received during the consultation process.
- 1.8 Part of the Operational Care Group structure is to group services under the portfolio of the two new site teams, which consist of a Site Managing Director, Site Medical Director and Site Nurse Director. These posts have been out to national advert and job offers made for the posts for the team for the North and a further interview process for posts for the South is taking place this month. Once the pre-employment checks are completed and start dates confirmed, these names will also be announced.

1.9 I am really pleased that our Group organisation is also taking its next steps around its governance arrangements this month. As Governors are aware, the Trust Board of this organisation together with Hull University Teaching Hospitals NHS Trust will meet as Trust Board and Committees in Common starting this month. A great deal of work has been completed by our Non-Executive and Executive Directors as well as supporting teams to get us to this stage. We are building up our integrated reporting system to be able to report our data externally as a Group, as well as reflecting the individual Trust organisations where required, and we will be looking at a single Board Assurance Framework built on our new Group strategy in the next financial year. I appreciate that you have a discussion item on today's agenda about these governance developments and I look forward to continuing our collective work to improve our patients' experiences of our services and improving health outcomes at pace.

2. Patient Safety, Quality Governance and Patient Experience

2.1 The Trust continues to focus on patient safety, quality and patient experience. There have been some positive improvements in rates of harms our patients are experiencing in our care, particularly falls over the last 3 months. However, our teams are seeing a small increase in hospital-associated infections and pressure damage.

2.2 We know that cases of norovirus in the community are on the increase, so we continue to ask all of our staff, clinical and support staff, to be extra vigilant with handwashing and hygiene measures, as we know these make a real difference to reducing risk of infection spread, and keep our patients and each other safer.

2.3 I am pleased to note the continued progress in our CQC action plans. This is not to say that we can take our focus away from delivering the quality improvement plans and actions that we have committed to, nor from implementing and making further progress on other national must-do schemes for patient safety, including Learning from Deaths and the new Patient Safety Incident Response Framework.

2.4 I understand that the Council of Governors would like to understand more about the Quality priorities, delivery and data recording. This will be covered on today's agenda by Dr Kate Wood.

3. Elective Care and Urgent and Emergency Care

3.1 In the last quarter, I have been asked to take the elective recovery 'tsar' role for the ICS. We are looking for ways to maximise capacity and elective recovery across our system, to work for our patients and make best use of our collective resources.

3.2 By 22 November 2023, all Trusts were required to respond to a national 're-set' exercise, which reviewed all current and projected acute trust positions on urgent and emergency care standards, financial plans, elective care and cancer delivery, and winter plans. Our Non-Executive Director colleagues responded to the short-notice request to provide check and challenge to the submission put together by Group Cabinet colleagues with their teams, which was submitted successfully to the ICB on Monday 20 November 2023.

3.3 Within this return, our Trust confirmed its commitment to achieve the four-hour standard and ambulance handover requirements by March 2024, to meet its elective recovery standards, manage within its financial plan (taking account of the request to reduce the level of Elective Recovery Funding in the plan) and confirm that the bed base and surge capacity remain as planned. This exercise has given the Trust to re-base its trajectory for the achievement of 65-week breaches, given the current upward trend in cases rather than reduction. The Trust is committed to achieving the 65-week requirement as well as cancer waiting times over the coming months.

- 3.4 In terms of current position, the Trust had reported 125 patients waiting over 65 weeks in October 2023, which was considerably over the original trajectory submitted. The trajectory has now been re-based in order to produce a monthly reduction, in order to achieve this standard by year-end as originally planned.
- 3.5 The delivery of the Faster Diagnosis standard remains around 70% and the Trust is on-track to move this to 75% delivery by the end of the year. The Trust's 62-day backlog is around trajectory, however delivery of the 62-day standard and 104-day backlog are not where we would wish them to be and need to make further improvements against these standards. Shaun Stacey, Group Chief Delivery Officer, will provide more detail when presenting this report, as I appreciate this is an area that Governors would like to understand further.
- 3.6 Urgent and emergency care has come under some greater operational pressure in the last two months. We remain committed to continuing to make improvements in our urgent and emergency care standards, including ambulance handover times, where we have been above the improvement trajectory requirements for 30-minute handovers throughout the year. This was commitment was part of the national 're-set' exercise referenced in paragraph 3.2.
- 3.7 Capital and workforce plans for the Community Diagnostic Centres continue to be developed. The detail of the Community Diagnostic Centres will be scrutinised at the Trust Board Committees in Common, including a new Estates and Capital Planning Committee in Common, to take account of the capital, revenue and workforce requirements, and timescales, of each scheme.

4. Strategic developments

4.1 The Thirlwall Enquiry

The Thirlwall Enquiry is the national enquiry following the sentencing of Lucy Letby, and has published its broad terms of reference.

These are to review:

- A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.
- B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently
- C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

All NHS Trusts have received a letter advising of these terms of reference, and a further letter requesting submission of first sets of data by 18 December 2023, which our Trust submitted per the brief. Clearly, this will rightly bring a great deal of scrutiny on the way in which Trust Boards ensure that there are routes through which staff can raise patient safety concerns and for these to be thoroughly investigated.

I would like to assure the Council of Governors, as members already well aware, that there are a number of well-established routes through which staff can raise concerns. I take seriously any concern raised by staff and personally seek assurance that our reporting methods are robust.

I believe there will be a number of lessons for all NHS organisations to learn from this national inquiry and I welcome the scrutiny on staff culture and professional behaviours.

4.2 Humber Acute Services– public consultation

At regional level, the public consultation on Humber Acute Services closed on 5 January 2024, undertaken by the Integrated Care Board. The public consultation process, represented a significant milestone in this project; over 50 face-to-face sessions were held during the period, with additional sessions arranged during the consultation process at the request of members of the public and representative groups, as well as elected members. The next step is to develop a business case for national consideration, taking account of the public consultation process feedback.

5. **Financial Performance**

5.1 As reported to the Trust Board in December 2023, in respect of income and expenditure (I&E) performance, the Trust reported an in-month deficit of £1m for month 7, which was £200k adverse to plan, with a year-to-date position of a £15.4m deficit position at month 6, which is £1.6m favourable to plan. The I&E forecast outturn is still to achieve the planned £13.4m deficit position. The capital plan is £10.5m underspent, and the year-to-date cost improvement plan is currently forecasting a shortfall of £8.5m. The Finance and Performance Committee received the detail of the full financial position, and understanding of key risks, which were brought to the public Trust Board meeting in December 2023.

6. **Workforce Update**

6.1 On today's Council of Governors agenda, I have provided a separate briefing about the current work to develop a set of Group values. This is a crucial piece of work to bring about how our new Group organisation will look and feel. We have already held a number of initial engagement workshops with staff across the Group; these continue this month, with activities planned to refine the feedback in to a set of values and behaviours for launch with the new financial year.

7. **Equality, Diversity and Inclusion (EDI)**

7.1 I was thrilled to be asked to film an introduction for the Trust's UK Disability History Month Lunch and Learn Event on 30 November 2023. The agenda for the session included Succeeding in Life with a Disability from Dr Ossie Stuart and the Trust's Project Search, our organisation's excellent project to significantly, positively improve the lives of younger people with learning disabilities. The feedback about the whole event has been really positive from participants as well as the staff who supported the event, which I'm really pleased about.

7.2 I have set personal objectives to all of our new Group Chief postholders for the next six months; all of my direct reports must have at least one EDI personal objective and I will be holding our Cabinet postholders to account for increasing our inclusion and effectiveness in our EDI agenda over the coming months.

8. **Good News Stories and Communications Updates**

8.1 I was delighted to attend the Our Stars staff awards in November 2023. It was a fantastic celebration of all the hard work our staff do – huge congratulations to all the winners and many congratulations for those who were shortlisted, too. I was particularly honoured to present the Group Chief Executive's Brightest Star award to Lynn Sherlock from Mortuary team at Scunthorpe – a very worthy winner. This was the final staff awards programme in this format. Starting this year year, the staff awards will be across the Group and involve both NLaG and HUTH staff; planning for this has already started. I was really pleased to see a number of Governors at the event and I am sure you will agree that it was a wonderful way to celebrate our staff.

- 8.2 In December 2023, we said a bit of a festive thank you to our staff. We distributed gift bags across our wards, departments and teams to help staff take their breaks this month – gift bags of hot chocolate, tea, coffee, biscuits and chocolates were really appreciated by our staff and it was excellent to chat to staff as we distributed the bags to say ‘thank you’.
- 8.3 We also held a team photo competition for staff to send us their best festive team photograph – we put up fireplace backdrops on all of our bases as well as encouraged entries from across the Group’s locations. We had a lot of great entries, and I was proud to award a team from each of our main sites as well as one of our community teams the chance to have a team night out to celebrate their team spirit.
- 8.4 There have been some other fantastic achievements to also shout about recently. I wanted to select just a few highlights to share with you. Three of our nursing healthcare support workers recently received special Chief Nursing Officer for England awards in recognition of their hard work and dedication. We were also delighted to receive the National Preceptorship for Nursing Quality Mark from the NHS England National Preceptorship Programme. Well done to all involved. There has also been national award recognition for staff, including our Hospital at Home team at Grimsby being shortlisted for the Royal College of Nursing (RCN) Awards, and Louise Salt, Colorectal Clinical Nurse Specialist, who was a finalist in the Bowel Cancer UK Gary Logue Colorectal Cancer Nurse Awards 2023. This is brilliant recognition for the expertise and dedication of our colleagues, and I congratulate them all.

Jonathan Lofthouse
Group Chief Executive
3 January 2024

Agenda Number:

CoG (01/24) Item: 2.3

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
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 highlights from a Governor Briefing session held on 27 November 2023, a Governor Assurance Group meeting held on 11 December 2023 and an Extraordinary Appointments & Remuneration Committee meeting held on 20 December 2023. The report also seeks confirmation of the names of governors who have volunteered to act as observers and deputy observers of the new committees-in-common.</p> <p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> • Commence the development of an ambitious new Member and Public Engagement Strategy • Complete the cleansing of the Foundation Trust public membership list • Note the highlights from the Governor Assurance Group meeting held on 11 December 2023 • Note that virtual Council of Governors approval has been obtained for: <ul style="list-style-type: none"> – the appointment of Kate Truscott as a Non-Executive Director for three years commencing on 1 January 2024 – the commencement of a recruitment process to fill the resulting Associate Non-Executive Director post vacancy following completion of an appropriate skills assessment • Endorse the appointment of governor observers and deputies for the new committees-in-common 	
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

<p>Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)</p>	<p>To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6</p> <p>To be a good employer: <input type="checkbox"/> 2</p>	<p>To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2</p> <p>To work more collaboratively: <input type="checkbox"/> 4</p> <p>To provide good leadership: <input type="checkbox"/> 5</p> <p>✓ Not applicable</p>
<p>Financial implication(s) (if applicable)</p>	<p>None</p>	
<p>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</p>	<p>None</p>	
<p>Recommended action(s) required</p>	<p>✓ Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance</p>	<p>✓ Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.</p>

***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.
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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.
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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.
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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

11 January 2024

Lead Governor's Update

MEMBER AND PUBLIC ENGAGEMENT

A workshop was held on 27 November 2023 as part of a Governor Briefing session to consider how best to proceed in tackling the urgent need to revitalise engagement with the aim of more effectively fulfilling the statutory duty of governors to represent the interests of trust members and the public at large. Following a wide-ranging discussion two priority actions were agreed:

- The need to commence the development of an ambitious new Member and Public Engagement Strategy – As set out in the paper to be considered at agenda item 4.2 it is intended that this should be a primary focus for a reconstituted Governor Assurance Group
- The need to complete the cleansing of the Foundation Trust public membership list – The final report prepared by the Member Engagement Working Group which was considered at the Council of Governors Annual Review Meeting on 22 June 2023 highlighted the fact that the Trust is not able to contact and therefore engage with 2,559 (40.3%) of its 6,341 public members. When a final attempt was made to contact these 'theoretical' members with a postal survey in January 2023 it was made clear that failure to respond would be taken as an indication *'that you are no longer interested in receiving communications from NLaG'*. Although CoG recognised the need to cleanse the public membership list it was decided in June 2023 to defer a decision on taking this step until after completion of the Humber Acute Services consultation exercise. At the November workshop there was general concurrence that a clean slate of members is now required on which to build a new engagement strategy.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

At the GAG meeting chaired by the Deputy Lead Governor on Monday 11 December governors considered the content of board assurance committee highlight reports presented by NED chairs. Topics focused on included:

- Delayed SGH geothermal heating project
- Collaborative procurement arrangements
- Loss of patient dentures and hearing aids
- Cancer waiting times
- Underlying financial position
- Lack of specific quality and safety targets
- End of Life pathway/communication/training
- 2024/25 quality priorities
- Community Diagnostic Centre staff recruitment
- Mandatory training sanctions

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

An extraordinary meeting of the ARC was held on Wednesday 20 December following receipt of the resignation with effect from 31 December of Fiona Osborne as a Non-Executive Director and Chair of the Quality & Safety Committee. The ARC decided to recommend to the Council of Governors that Associate NED Kate Truscott be appointed to the vacant full NED post for three years commencing on 1 January 2024. It is intended that Kate will take on the role as Chair of the Workforce, Education & Culture Committee with Sue Liburd switching to chair the Quality & Safety Committee.

The role of Assistant NED was created to establish a pipeline of potential full NED candidates which has borne fruit in the case of Kate Truscott. ARC therefore decided to recommend the commencement of a recruitment process to fill the vacant Associate NED post following completion of an appropriate skills assessment. Subsequently CoG members virtually approved both these recommendations.

COMMITTEES-IN-COMMON GOVERNOR OBSERVERS/DEPUTIES

Following a request for expressions of interest a much more diverse team of governor observers and deputies has been recruited to attend the new committees-in-common. In line with the terms of the revised Governor Observer Protocol to be considered as agenda item 4.1, both the observers and deputies will receive agendas and reports for all meetings of the committees-in-common they are attached to but only one of them will attend on each occasion.

CoG is asked to endorse the appointment of committee-in-common governor observers and deputies as follows:

Committee-in-Common	Governor Observer	Deputy Governor Observer
Audit, Risk & Governance	Karen Green	Shiv Nand
Capital & Major Projects	Ian Reekie (Provisional)	To be determined
Performance, Estates & Finance	Ian Reekie	Mike Bateson
Quality & Safety	Kevin Allen	Corrin Manaley
Workforce, Education & Culture	Rob Pickersgill	Raquel Jakins
Health Tree Foundation	Tony Burndred	Ian Reekie

Agenda Number:

CoG (01/24) Item: 3.1

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Jonathan Lofthouse, Group Chief Executive	
Contact Officer/Author	Carla Ramsay, Chief of Staff	
Title of the Report	Developing the Group Values	
Purpose of the Report and Executive Summary (to include recommendations)	<p>The paper outlines the approach being taken between December 2023 – March 2024 to develop a new set of Group values, for launch on 1 April 2024.</p> <p>This is the paper that has been to the Trust Boards' Workforce Committees so is an opportunity to brief Governors on the approach and invite participation.</p>	
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 checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
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Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	This is a Group-wide piece of work, inclusive of all members of staff as well as Governors, to shape the values for our new Group organisation	
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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Development of Group Values

1. Purpose

To outline the process and programme of activity required to deliver a new set of values for the Group, and how those values will be effectively embedded to help create a common working culture.

2. Introduction

Organisational values are the guiding principles that shape culture, behaviour, and decision-making processes. They serve as a compass, setting the tone for the organisation's culture. They define what is acceptable and what the expected behaviour within the organisation would be. When values align with the beliefs and principles of employees, it fosters a sense of belonging and engagement, leading to higher morale and productivity. Conversely, a misalignment of values can result in a toxic work environment and high turnover rates.

The present situation is that Hull University Teaching Hospitals (HUTH) and Northern Lincolnshire and Goole (NLaG) each have a set of values, and while there is nothing intrinsically wrong with either, the advancement of a Group culture and mentality will be accelerated by introducing a shared set of values, based on staff and stakeholder feedback and input. We want to benefit from the cohesion that shared values can give us. We want to have a set of values that we can all sign up to and then make decisions based on those values

It is the goal to have an agreed set of Group values by 1st April 2024.

3. Barrett Values tool

It is our intention to deploy the internationally recognised Barrett Values tool to support this piece of work. Barrett enables organisations to survey their workforce and stakeholders to understand what their personal values are, what they believe the current values of their organisation are and what the desired (future) values of the organisation should be. Values are ranked by order in which they were most commonly selected from a list of 100+ options. Some values are 'limiting' (L), they have a limiting effect on the goals and objectives of an organisation. The fewer of these appearing in a Current Values' column, the better.

Survey results would look like this:

PERSONAL VALUES		CURRENT ORGANISATION VALUES		DESIRED ORGANISATIONAL VALUES	
1	Accountability	1	Care	1	Care
2	Ambition	2	Hierarchy (L)	2	Respect
3	Care	3	Bureaucracy (L)	3	Honesty
4	Compassion	4	Professionalism	4	Kindness
5	Humour/fun	5	Honesty	5	Accountability
6	Trust	6	Long Hours (L)	6	Courage
7	Honesty	7	Control (L)	7	Safety
8	Continuous learning	8	Safety	8	Staff engagement
9	Teamwork	9	Improvement	9	Communication
10	Professionalism	10	Excellence	10	Compassion

Desired organisational values will provide us with the data required to generate staff discussion around behaviours and the permanent long-term values of the Group. Gaps between personal values, current organisational values and the desired organisational values enable will help to inform future culture development programmes and highlights areas for improvement.

Data can be cut by ward, department, staff grouping, all of which can be useful for managers at a local level.

Staff at both HUTH and NLaG are trained to deliver and interpret the Barrett Values surveys.

4. Process and timeline

December 2023 - January 2024

Staff and stakeholder engagement: at least 50 face-to-face executive-led workshops to be held in all five Group hospitals as well as community venues. These will take attendees through a guided process to discuss personal values, current values of the Group and desired values, asking them to consider what our patients would expect to see from our organisational value and culture.

January 2024 - mid-February 2024

Launch of virtual sessions (as above) and a link to the Barrett Values survey which also asks staff to list their personal values, the current values of the Group and the desired future values.

Mid-February 2024 – mid-March 2024

Focus groups with staff to discuss the workshop/virtual sessions and survey results and understand the feedback received. This part of the process should result in clarity regarding the expected behaviours associated with desired Group values.

Identify a proposed list of values following staff and stakeholder engagement, and engage with executive, board, staff side groups, and key stakeholders to achieve sign off.

March 2024

Develop staff charter based on agreed values, and staff expected behaviours.

April 2024

Launch new values and staff charter.

5. Embedding the new Group values

When values are embedded and embraced, employees are more likely to make decisions aligned with the company's ethical standards, promoting a culture of trust and accountability.

We will incorporate the new values into all aspects of the Group, from recruitment and on-boarding to performance evaluations and recognition programmes:

- Training and development – leadership programmes, staff charter training
- Staff induction
- Recognition and reward – awards programme for staff who espouse the values
- Accountability - hold employees, including leaders, accountable for adhering to the values. Create mechanisms for reporting and addressing values violations.

6. Summary

Our Governors are fully encouraged to take part in the values workshops, on-line sessions and ongoing engagement to help determine and then embed our Group values.

Jonathan Lofthouse
Group Chief Executive

Agenda Number:

3.2

Name of the Meeting	Council of Governors
Date of the Meeting	11 January 2024
Director Lead	Dr Kate Wood, Group Chief Medical Officer
Contact Officer/Author	Richard Dickinson, Associate Director of Quality Governance Fiona Moore, Head of Quality Assurance
Title of the Report	Quality Priorities
Purpose of the Report and Executive Summary (to include recommendations)	<p>This paper provides a summary of the consultation process and final recommendation for the Trust's 2024/25 Quality Priorities.</p> <p>A series of quality priority consultation papers have been presented previously to the Quality Governance Group, the Governor Assurance Group and the Quality Safety Committee as part of the stakeholder engagement process for identifying the Trust's quality priorities for 2024/25. These outlined the challenges faced in 2023/24 due to the Lorenzo/Patient Administration System (PAS) development freeze and the expected constraints on any 2024/25 quality priorities in terms of the requirement to have topics with established data collection and reporting mechanisms. In addition to consultation with the various committees, the long list was compiled through seeking the views from the Information Services team, current quality priority leads and through triangulation of themes from incidents, claims, complaints, mortality reviews and linkages with the Trust's Patient Safety Incident Response Plan (PSIRP).</p> <p>There have been no counter proposals to the recommendation that the Trust's 2023/24 quality priority topics should be carried over to 2024/25. Performance of the 2023/24 quality priority metrics will be considered in April 2024 and appropriate stretch targets or re-focus to the 2024/25 quality priority underlying workstreams will be agreed at that time. Although the targets or underlying workstreams may alter the main quality priority topics will remain the same:</p> <ul style="list-style-type: none"> • End of Life • Deteriorating patient • Sepsis • Medication safety • Mental capacity
Background Information and/or Supporting Document(s) (if applicable)	Previous progress papers presented to the Quality Safety Committee available on request from meeting dates 4 September 2023, 2 October 2023, 6 November 2023, 28 November 2023.
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> Divisional SMT <input type="checkbox"/> PRIMs ✓ Other: QGG and QSC

<p>Which Trust Priority does this link to</p>	<input type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
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<p>Financial implication(s) (if applicable)</p>	<p>N/A</p>	
<p>Implications for equality, diversity and inclusion, including health inequalities (if applicable)</p>	<p>N/A</p>	
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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

2024/25 Quality Priorities

The pace of progress of the 2023/24 quality priorities and the ability to report on the full suite of process and balancing measures has been impacted by the Lorenzo/PAS development freeze. Any new quality priority topics considered for 2024/25 will be constrained to those that already have established data collection and reporting methods.

Each year stakeholders are consulted to develop a ‘long list’ of new quality priorities for the coming year as part of the annual Quality Account cycle. The topics under consideration are listed in the table below. This long list has been compiled through seeking the views from the Quality Governance Group, current quality priority leads and through triangulation of themes from incidents, claims, complaints, mortality reviews and linkages with the Trust’s Patient Safety Incident Response Plan (PSIRP). The Information Services team have also been consulted and have provided their view on the feasibility of the proposed topics in the long list.

There was agreement at the QGG and at the Quality Safety Committee (QSC) that the existing 2023/24 quality priority topics should be carried over to 2024/25 and no new topics should be considered due to the constraints imposed by the Lorenzo/PAS development freeze and collective desire to fully embed new methodologies until significant improvement is achieved. Performance of the 2023/24 quality priority metrics will be considered in April 2024 and appropriate stretch targets or re-focus to the 2024/25 quality priority underlying workstreams will be agreed at that time. Although the targets or underlying workstreams may alter the main quality priority topics will remain the same:

- End of Life
- Deteriorating patient
- Sepsis
- Medication safety
- Mental capacity

Topic	Comments	Feasible 2024/25 quality priority
End of Life: To improve personalised palliative and end of life care to ensure patients are supported to have a good death.	Current 2023/24 quality priority.	Yes
Deteriorating patient: Improved recognition and responding to the	Current 2023/24 quality priority.	Yes

Topic	Comments	Feasible 2024/25 quality priority
deteriorating patient in patients aged 16+.		
Sepsis: Improved recognition and responding to sepsis in patients.	Current 2023/24 quality priority.	Yes
Medication safety: To improve the safety of prescribing weight dependent medication to adults.	Current 2023/24 quality priority.	Yes
Mental capacity: Increase the compliance and quality of Mental Capacity Act (MCA) assessments and best interest recording.	Current 2023/24 quality priority.	Yes
Handover of care.	No existing data collection and reporting available from information services.	No
Management of Diabetic Ketoacidosis (DKA) and fluid management.	No existing data collection and reporting available from information services.	No
Nutrition and hydration.	Limited existing data collection and reporting available via WAT tool: <ul style="list-style-type: none"> • Have food charts been implemented for patients identified as a nutritional risk and completed accurately? • Is the ward undertaking appropriate MUST Screening as per Trust guidance? • Have fluid balance charts commenced as per patients' needs and completed accurately? 	Limited potential
Hospital Acquired alert organism infections that are part of national targets or cross-infection.	Existing PowerBI dashboard and currently included in the Q&S IPR: <ul style="list-style-type: none"> • Number of MRSA Infections (Rate per 1,000 bed days) • Number of E Coli Infections (Rate per 1,000 bed days) • Number of Trust Attributed C-Difficile Infections (Rate per 1,000 bed days) 	Yes

Topic	Comments	Feasible 2024/25 quality priority
	<ul style="list-style-type: none"> • Number of MSSA Infections (Rate per 1,000 bed days) • Number of Gram Negative Infections (Rate per 1,000 bed days) <p>This could further be expanded further to include Klebsiella species and Pseudomonas aeruginosa.</p>	
Patient falls.	<p>Existing PowerBI dashboard and currently falls rate in inpatient wards per 1000 bed days is included in Q&S IPR. Therefore, potential to report on the following KPIs:</p> <ul style="list-style-type: none"> • Total falls incidents • Total number of falls incidents per incident harm category • Inpatient falls rate per 1000 bed days 	Yes
Hospital acquired pressure ulcers.	<p>Existing PowerBI dashboard and currently hospital acquired pressure ulcer rate per 1000 bed days is included in Q&S IPR. Therefore, potential to report on the following KPIs:</p> <ul style="list-style-type: none"> • Hospital acquired pressure ulcer total • Hospital acquired pressure ulcer by category • Hospital acquired pressure ulcer rate per 1,000 bed days • Community acquired pressure ulcer total • Community acquired pressure ulcer by category 	Yes
Radiological missed clinical findings.	<p>No existing data collection and reporting available from information services. Limited data available from Ulysses incidents.</p>	No
Timely actions in response to test/investigation results.	<p>No existing data collection and reporting available from information services.</p>	No

Agenda Number:

CoG (01/24) Item: 4.1

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Linda Jackson, Vice Chair – NLaG	
Contact Officer/Author	Wendy Booth, Interim Governance Advisor	
Title of the Report	Future Role of the Council of Governors & Governor Assurance Group	
Purpose of the Report and Executive Summary	The report outlines proposed changes to the role of the Council of Governors and Governor Assurance Group ensuring the Council of Governors continues to fulfil its statutory duties	
Background Information and/or Supporting Document(s) (if applicable)	‘Your statutory duties: a reference guide for NHS foundation trust governors’ (NHSE) & subsequent amendment NHS Act 2006 Health & Social Care Act 2012.	
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 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 type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	None	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input 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

Future Role of the Council of Governors and Governor Assurance Group

1. Background & Introduction

- 1.1 The NHS England publication: 'Your statutory duties: a reference guide for NHS foundation trust governors' and the subsequent addendum, set out the role and responsibilities of council of governors, as provided by the NHS Act 2006 and amended by the Health & Social Care Act 2012.
- 1.2 The duties and responsibilities of the council of governors include (but are not limited to):
 - holding the non-executive directors individually and collectively to account for the performance of the board of directors;
 - representing the interests of the NHS foundation trust and the public.
- 1.3 The role of governors in 'holding to account' is one of assurance of the performance of the board of directors, with the forum for examining that performance and holding the non-executive directors to account properly being the full Council of Governors' meetings. Over recent years, the 'holding to account' role has been undertaken through other mechanisms such as governor attendance (with speaking rights) at board committees and through the Governor Assurance Group – mechanisms which involve only a small number of governors. In keeping with the above legislation, which applies to councils of governors as a whole, not individual governors, a number of changes are proposed to the current arrangements – as set out in section 2. below.
- 1.4 The proposed changes are intended to support the move to a group model and reinforce the NLaG council of governors as a key part of the governance framework.

2. Proposed Changes

- 2.1 The full council of governor meetings will be the primary forum for holding the non-executive directors to account for the performance of the board of directors. Meetings will also be attended by the group chief executive and the other group executive directors.
- 2.2 Governor representatives will continue to attend board committees but in an 'observer only' capacity. Amendments have been made to the Governor Observer Protocol to reflect this change and, importantly, the move to group and board committees-in-common – **see separate agenda item**. This change avoids individual governors becoming involved in operational detail and decision-making and ensures a clear distinction between the statutory role of governors and that of non-executive directors.
- 2.3 Highlight / escalation reports from the board committees-in-common will in future be submitted to Council of Governors business meetings and not to the Governor Assurance Group. Again, this change reinforces the role of the council of governors as a whole for 'holding to account' and seeking assurance from the non-executive directors on the performance of the board of directors.
- 2.4 The discharge of the council of governors' statutory duty for holding the non-executive directors to account will, in turn, be evidenced within the council of governors' business meeting minutes.

- 2.5 Other mechanisms for ensuring governors continue to be able to fulfil their statutory role will include:
- regular, and structured updates at council of governors' business meetings on 'hot topics';
 - planned / structured briefings throughout the year with additional briefings being arranged as requested / the need arises;
 - governors will also continue to receive board agendas and minutes and have open access to the Group Chair, Group Chief Executive and NLaG Vice Chair. This will ensure governors continue to be briefed on key trust strategic issues and risks.
- 2.6 With effect from 1 April 2024, the Governor Assurance Group will be re-named and refocused on member engagement & communication; supporting the council of governors with its duty to represent the interests of its members and the public. Revised Terms of Reference have been drafted and are attached to this paper at **Appendix A**.

3. Council of Governors Action Required

3.1 The Council of Governors is asked to:

- note and support the proposed changes outlined in sections 2.1 – 2.6 above;
- approve the revised Terms of Reference for the Governor Assurance Group (to be renamed the Membership and Public Engagement & Assurance Group with effect from 1 April 2024).

Appendix A

Group Director of Assurance

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP

Membership and Terms of Reference

1.0 Introduction & Purpose

- 1.1 The primary role of the Membership and Public Engagement & Assurance Group (MPEAG) is to ensure, on behalf of the Council of Governors (CoG), that the statutory responsibility of governors to engage with Foundation Trust members, patients, carers and local residents is fulfilled effectively.
- 1.2 On behalf of the CoG, the MPEAG is responsible for overseeing the development, implementation and regular review of the Trust's Member and Public Engagement Strategy. This incorporates oversight of member recruitment and communication, public engagement initiatives and mechanisms to feed back the views of members and the public to the CoG, and Trust Board.
- 1.3 The MPEAG is also responsible for undertaking various assurance functions as directed by the CoG on either a permanent or occasional basis. Where decisions are required, such matters will be referred to the full Council of Governors.

2.0 Authority

- 2.1 The MPEAG will consider and progress specific items, as directed, and report back to the full Council for assurance and / or decision, as required.
- 2.2 The MPEAG will meet regularly on four occasions per annum and have the authority to hold additional meetings as deemed necessary.

3.0 Accountability and Reporting Arrangements

- 3.1 The MPEAG is directly accountable to the full CoG, and the Chair of the MPEAG will submit a highlight report summarising work undertaken by the group to each quarterly CoG business meeting.

4.0 Responsibilities

4.1 Member and Public Communication and Engagement

- 4.1.1 Support the Communications & Engagement Team to develop a Member and Public Engagement Strategy for adoption by the CoG. Subsequently oversee its implementation and periodic review.
- 4.1.2 Promote engagement opportunities, events and communication approaches aimed at maximising member and public involvement in the work of the Trust whilst supporting and maximising governor engagement.
- 4.1.3 Encourage Governor support for any formal or informal public consultations on proposed service changes commissioned either directly by the Trust or by the Humber and North Yorkshire Integrated Care Board in respect of services provided by the Trust.

- 4.1.4 Oversee member recruitment initiatives and commission any necessary research on the composition of trust membership to ensure that it is representative of the population served by the Trust.
- 4.1.5 Support the Communications and Engagement Team in developing content and promoting positive public relations messages regarding FT membership for inclusion in the quarterly members' newsletter and other publications including social media posts. .
- 4.1.6 Liaise with partner organisations to ensure a co-ordinated approach to public engagement at place level and effective governor engagement.
- 4.1.7 Receive timely updates from the Patient Experience and Volunteering Teams to ensure a consistent approach with any communications.
- 4.1.8 Develop quality monitoring systems to provide assurance to the CoG that Foundation Trust (FT) members, patients, carers and the population served by the Trust are being effectively engaged and communicated with.

4.2 Assurance Functions

- 4.2.1 Provide input to the process of determination of the Trust's annual quality priorities and contribute to the identification and development of quality and safety measures to be included within the Trust's Integrated Performance Report and annual Quality Account.
- 4.2.2 On behalf of the CoG select a specific quality indicator for scrutiny by the Trust's appointed external auditors as part of the Quality Account audit process.
- 4.2.3 Receive and review a draft of the Trust's annual Quality Account and produce a formal response on behalf of the CoG for inclusion in the final version of the document.
- 4.2.4 Assist in the of governor inductions, identify annual training and development requirements, and monitor delivery of the subsequent Governor Development Plan.
- 4.2.5 As part of the annual governor election process assist in identifying potential candidates and encouraging the submission of nominations.
- 4.2.6 Monitor governor attendance at CoG and governor observer attendance at board committee meetings and recommend to the CoG any action necessary to maintain and improve attendance levels.
- 4.2.7 Undertake three yearly reviews of the Trust Board and Council of Governors Engagement Policy and recommend any proposed amendments for approval by the CoG and Trust Board.

4.3 External Audit

- 4.3.1 The CoG is responsible for the appointment of the Trust's external auditors and the task of assessing prospective candidate firms is delegated to a panel of Governors drawn from the MPEAG, supported by a member of the Audit, Risk & Governance Committee (normally the Chair thereof). The MPEAG will therefore oversee and approve recommendations to the CoG on the appointment of external auditors.

5.0 Membership

5.1 Core Membership

- 5.1.1 The Trust Vice Chair (ex officio)
- 5.1.2 The Lead Governor (ex officio)
- 5.1.3 The Deputy Lead Governor (ex officio)
- 5.1.4 Six other governors elected following the process described in paragraph 5.3 below, a minimum of one to be a staff governor.
- 5.1.5 The Group Director of Assurance and/or the Deputy Director of Assurance shall attend meetings in an advisory and non-voting capacity.

5.2 Other Attendees

- 5.2.1 The Trust Chair will attend meetings, as required.
- 5.2.2 Other governors who are not MPEAG members may attend as observers.
- 5.2.3 A representative of the Communications and Engagement Team, as required.

5.3 Member and Public Engagement & Assurance Group Elections

- 5.3.1 Members of the MPEAG shall be elected for the remainder of their term of office as governors (although they will be entitled to express an interest in standing for re-appointment if they are re-elected as a governor). When elections are required, they shall be held at the first meeting of the CoG in the calendar year. All Governors shall be entitled to vote, and all Governors except the Lead Governor and Deputy Lead Governor (who are ex officio members of the group) shall be entitled to stand.
- 5.3.2 At least one calendar month before the date of the meeting of the CoG, the Group Director of Assurance or their nominee shall contact all Governors to invite expressions of interest. Ballot papers showing the names of all the nominated candidates shall be distributed with the papers and a secret ballot shall be conducted at the meeting (or electronically). The Group Director of Assurance, or their nominee, shall act as returning officer and shall announce the results of the election before the close of the meeting when completed ballot papers will be made available for scrutiny by Governors as required.
- 5.3.3 Alternatively, expressions of interest will be sought by the Deputy Director of Assurance via e-mail and all Governors will be invited to vote within a set timescale. The results of the election will be announced via e-mail and an update will be provided at the next MPEAG meeting and will be included in the MPEAG Highlight Report to the next CoG meeting.

5.3.4 To ensure equitable representation, an electoral constraint shall be applied which requires that at least one staff governor is elected to the group although it is accepted that this will not be possible if no expressions of interest from staff governors are received.

5.4 Other Provisions

5.4.1 Should the core membership of the MPEAG fall below the number specified in paragraph 5.1 then the remaining members shall have the authority to co-opt additional governors to serve on the group provided that the total core membership is not exceeded. It is expected that the selection of co-opted members will be by consensus. Where a vote is required, this shall be determined by a simple majority of a show of hands. Such co-opted members shall serve until the next scheduled election to the ME&AG.

6. Procedural Issues

6.1 Frequency of Meetings

6.1.1 There shall be a minimum of four quarterly meetings per annum with the precise frequency being determined by the group.

6.2 Chairperson

6.2.1 The chair of the MPEAG shall be the Lead Governor. In the absence of the Lead Governor the Deputy Lead Governor will chair meetings of the group.

6.3 Secretary

6.3.1 Secretarial support will be provided from within the office of the Deputy Director of Assurance.

6.4 Attendance

6.4.1 Governors are required to attend in person and no deputies are permitted. The Group Director of Assurance / Deputy Director of Assurance may nominate a deputy to attend in their absence as required.

6.4.2 It is expected that members will do their best to attend all meetings of the group. The minimum acceptable attendance is 50%.

6.4.3 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 Group is in the best interests of the group, the CoG and the member.

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

6.5 Quorum

6.5.1 Four Governors shall form a quorum for the group.

6.6 Administration and Meeting Minutes

6.6.1 Draft minutes will be submitted to the Chair for approval within ten working days of the meeting. On approval they will be distributed to all members with the papers for the next group meeting.

6.7 Review

- 6.7.1 These terms of reference will be reviewed every three years or sooner should the need arise.

7 Equality Act (2010)

- 7.1 Northern Lincolnshire and Goole NHS Foundation Trust is committed to a proactive 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 The Trust therefore strives to ensure that in both employment and service provision no individual is discriminated against or treated less favourably by reason of age, disability, gender, pregnancy or maternity, marital status or civil partnership, race, religion or belief, sexual orientation or transgender (Equality Act 2010).

8 Freedom to Speak Up

- 8.1 Where a member of staff has a safety or other concern about any arrangements or practices undertaken in accordance with these terms of reference, please speak in the first instance to your line manager. Guidance on raising concerns is also available by referring to the Freedom to Speak Up Policy for the NHS (DCP126) which has been adopted by the Trust in line with national guidance. Staff can raise concerns verbally, by letter, email or by completing an incident form. Staff can also contact the Trust's Freedom to Speak Up Guardian in confidence by email to nlg-tr.ftsuguardian@nhs.net or telephone 07892764607. More details about how to raise concerns with the Trust's Freedom to Speak Up Guardian can be found on the Trust's intranet site.

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

Agenda Number:

CoG (01/24) Item: 4.2

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Linda Jackson, Vice Chair - NLaG	
Contact Officer/Author	Wendy Booth, Interim Governance Advisor	
Title of the Report	Governor Observer Role Protocol	
Purpose of the Report and Executive Summary (to include recommendations)	The Governor Observer Role Protocol has been updated for nominated Governor observers at Trust Board Committee-in-Common (CiC) meetings in line with changes to the Group.	
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 checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input 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
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Governor Observer Role Protocol for Nominated Governor Observers at Board Committees-in-Common

Governor Observer Role

The Council of Governors (CoG) shall nominate a Governor observer and deputy (to attend if the nominated Governor is unavailable), to attend relevant Trust Board Committee-in-Common (CiC) meetings. Associated meeting papers will be circulated to both nominees and the Lead Governor in advance of meetings.

The role of the Governor observer (or appointed deputy), is to seek relevant information to assist the CoG, in fulfilling its duty to hold Non-Executive Directors (NEDs) individually and collectively to account for the performance of the Trust Board.

The observer role will be addressed through scrutiny of committee papers and listening to committee debate within the meetings, prior to providing assurance or sharing any concerns with fellow Governors at the CoG meetings in public as per the appropriate CiC highlight report agenda item.

Governors will attend the CiC meetings for the Group matters of business and NLaG specific business matters but will then leave the CiC meeting prior to the HUTH specific business matters.

Governor Holding to Account role

CiC meetings are not appropriate forums for the exercise of Governors' NED challenge role, hence the 'observer only' capacity of Governors at CiC meetings. The discharge of the Governor statutory duty to hold NEDs to account will be addressed at formal CoG meetings where Governors can form a triangulated view on the performance of the Board of Directors on key priorities and risks (not the NEDs' performance) and hold the NEDs to account for the Board's performance. This avoids governors becoming involved in operational detail and decision-making at committees and reinforces the NED assurance role. The discharge of the Governors' statutory duty for holding to account and seeking assurance will then be evidenced within the minutes of the formal meeting of the Council of Governors. It should be noted that it is the role of NEDs not Governors to challenge Executive Directors and Governors should not get involved in operational detail.

NED Committee Chair support for Governor observers in the committee meetings

Each committee Chair will open the committee meeting and welcome members and attendees, introduce the Governor observer and confirm they are in attendance in an observer capacity only. When appropriate the committee Chair should remind members to use jargon free language and avoid the use of acronyms which the Governor observer may be unfamiliar with. Governor observers should scrutinise committee papers, listen to debate within the committee meeting and raise any Governor relevant queries in CoG public meetings to appropriately evidence any Governor challenge.

NED Chairs will not invite questions from Governor observers.

Other mechanisms for ensuring governors continue to be able to fulfil their statutory role will include:

- regular, and structured updates at Council of Governor business meetings on ‘hot topics’;
- planned / structured briefings throughout the year with additional briefings being arranged as requested / the need arises;

Governors will also continue to receive board agendas and minutes and have open access to the Group Chair, Group Chief Executive and Vice Chair. This will ensure governors continue to be briefed on key trust strategic issues and risks.

January 2024

Agenda Number:

CoG (01/23) Item: 4.3

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead		
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary	
Title of the Report	Updated Register of Governors' Interests	
Purpose of the Report and Executive Summary (to include recommendations)	The report provides the updated Register of Governors' Interests as at January 2023	
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 checked="" 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 checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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**REGISTER OF GOVERNORS' INTERESTS
JAN 2024 (v1.0)**

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Jeremy Baskett	➤ Louth Town Councillor	22.08.2023
	➤ Working for Integrated Care Board (ICB) as an NHS Job Evaluator	31.08.2023
Dr Gorajala Vijay	➤ None	19.12.2023
PUBLIC GOVERNORS – GOOLE & HOWDENSHERE		
Tony Burndred	➤ Chair of Men in Sheds (Goole)	19.12.2023
Rob Pickersgill	➤ Chair – Asselby Parish Council, Howden, East Yorkshire	18.12.2023
	➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company)	19.12.2023
	➤ Member of Howden Medical Practice PPG	
	➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA)	
	➤ Member of National Economic Policy Committee, MAKE UK (UK Manufacturers' representative body)	
Vacancy	➤	
PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➤ Volunteer worker at SGH	18.12.2023
	➤ Local Authority Governor at Scunthorpe C E Primary School	
	➤ Local Authority Governor at Enderby Road Infants School	
Paula Ashcroft	➤ Persons Voice Co-Ordinator for North Lincolnshire Council	04.01.2024
David Cuckson	➤ None	29.11.2023
Shiv Nand	➤ Sits on- a Citizens' Advice Bureau board	04.04.2023
	➤ Sits on Bilborough College board	
	➤ Committee member of Lincoln Business Club, and ex-President of regional Junior Lawyers Division	17.04.2023
	➤ Works as a solicitor at Gately Legal PLC	
	➤ Father and brother are current employees of NLaG being Dr Sanjiv Nand (Associate Specialist Orthopaedics) and Dr Raghav Nand (C1B Locum CT) respectively	
Caroline Ridgway	➤ None	27.11.23

PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Diana Barnes	➤ None	08.01.2024
Michael Bateson	➤ Board member/Trustee of local charity Friendship at Home	30.10.2023
Karen Green	➤ Nephew is a Staff Nurse in ITU at DPoW	18.12.2023
	➤ Daughter-in-law is a Shift Leader at DPoW ED	
	➤ Sister is Ward Manager of Laurel Ward at DPoW	19.12.2023
	➤ Brother-in-law Head of General Radiology at DPoW	
David James	➤ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	04.01.2024
Ian Reekie	➤ None	20.12.2023

STAKEHOLDER GOVERNORS		
Cllr David Howard – East Riding of Yorkshire Council	<ul style="list-style-type: none"> ➤ Self employed – David Howard trading as Production Values ➤ East Riding of Yorkshire Councillor - Howden Ward and Town Councillor – Howden ➤ Trustee for Moorland Charity in Goole and Howden Shire Hall 	19.12.2023
Vacancy – North East Lincolnshire Place	➤	
Emma Munday – North Lincolnshire Place	➤ Head of Contracting & Intelligence within North Lincolnshire for Humber & North Yorkshire Integrated Care Board	19.12.2023
Vacancy – North East Lincolnshire Council		
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➤ Director of Sazin Eyecare Limited	05.01.2023
	➤ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite, Scunthorpe	28.11.2022
	➤ Member of British Medical Association with different local, regional and national roles	
Raquel Antipatia	➤ TBC	TBC
Corrin Manaley	➤ None	21.12.2023
Anthonia Nwafor	➤ Staff Governor	18.12.2023

Agenda Number: CoG (01/24) Item: 5.3.1

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Lee Bond, Chief Financial Officer	
Contact Officer/Author	Brian Shipley, Operational Director of Finance	
Title of the Report	Finance Report – M08	
Purpose of the Report and Executive Summary (to include recommendations)	This report highlights the reported financial position at Month 8.	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
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Financial implication(s) (if applicable)	Contained within the report.	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
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Finance Report Month 8

November – 2023/24

Finance Overview

In month Income and Expenditure (I&E)

Performance – pages 4 to 7

£0.2m

The Trust reported a (£0.3m) in-month deficit for month 8, £0.2m better than plan.

I&E Forecast Outturn – page 8 to 9

(£13.4m)

The Trust is forecasting a £24.9m deficit before management action. Technical savings and forecast ERF over-performance bring the position in line with the planned £13.4m deficit.

Underlying I&E – page 11

(£51.1m)

The Trust underlying position included in its plan submission is estimated at circa £51.1m.

Capital Expenditure – page 15

(£13.9m)

Capital spend was £13.9m below plan.

Elective Recovery Performance – page 20 to 22

104.9%

The Trust is now ahead of the second revision to the NHSE 2019/20 Activity Baseline (107% to 103%) at 104.9% earning £0.9m in additional income YTD.

Year to Date (YTD) I&E Performance –

pages 4 to 7

£1.8m

The Trust reported a (£15.8m) YTD deficit up to the end of month 8, £1.8m better than plan.

YTD Cost Improvement Plan (CIP) – page 10

(£4.0m)

The Trust has delivered £11.2m in CIP against a YTD target of £15.2m, (£4.0m) adverse YTD and is currently forecasting £28.3m vs a £35.7m plan, a shortfall of (£7.5m).

System Performance – page 13

(£33.9m)

The Integrated Care Board (ICB) reported a deficit of £63.1m, £33.9m adverse to plan for the first seven months of the year.

Balance Sheet & Cash – page 16 to 17

£17.2m

The Trust cash balance at the end of November was £17.2m.

Temporary Staffing – page 23 to 26

(£1.1m)

The Trust has spent £40.7m on agency and bank pay. This is £1.1m more than the same period in 2022/23.

Key Risks

- Unidentified CIP Stretch Target £10.0m.
- Slippage on Core CIP Programme.
- Non-delivery of Elective Recovery Target.
- Reliance on unfunded Escalation Beds.
- Further Strike Action Costs.
- Inflationary Pressures
- Unable to release Technical CIP plan

Key Actions

Key actions to achieve financial plan/targets in 2023/24:

- Reducing cost pressures - reliance on premium agency, minimising escalation beds and greater control of non-pay consumables.
- Maximising planned care activity, reducing reliance on Independent Sector (IS) and Waiting List Initiative (WLI) premium costs.
- Delivering a challenging stretch CIP programme - conversion of non-recurrent savings into recurrent delivery schemes and identifying new schemes.
- Compliance with Humber and North Yorkshire (HNY) Financial Controls Checklist.

Income and Expenditure Performance



Financial Performance Summary

The Trust ended November with a year-to-date (YTD) deficit of £15.8m, £1.8m better than plan.

- The Trust reported a £0.3m deficit in November 2023, £0.2m better than plan. However, the position is supported by non-recurrent benefits on independent sector expenditure slippage, reserves, depreciation and interest received. The CIP plan is also much more challenging in the second half of the financial year.
- Clinical Income was £5.7m above plan YTD due Non Recurrent additional support of £3.6m to cover Pay Award and Strike Costs, £1.4m Elective Recovery Funding and Advice & Guidance (ERF; the target was further reduced by 2%) and High Cost Drugs pass through income. £0.2m Depreciation support funding is awaiting confirmation. Lung Health Checks were £0.6m below plan, partly offset by £0.5m expenditure underspends. Research and Development income was partly offset by pay underspends (net £0.02m pressure). Other income was £1.3m above plan due to education and charity income, offset by expenditure.
- Clinical Pay was £7.3m overspent YTD. £5.6m Medical Staff overspends were due to temporary staffing premiums covering vacancies, sickness, on-call cover, strikes (£1.2m YTD), extra Emergency Department (ED) shifts, undelivered CIP (2.7m), and weekend Intensive Treatment Unit cover. £2.4m Nursing overspends were due to a £1.1m YTD pressure on additional ED shifts, £0.6m unidentified CIP in Maternity and agency premiums across several areas. £0.7m Allied Health Professional (AHP) underspends were due to vacancies across Blood Sciences, Microbiology and Pharmacy.
- Overspends on Covid testing (£0.21m) and Community Equipment bank (£0.1m), were offset by admin underspends, and slippage on investment and elective recovery reserves.
- Non-pay was £1.7m overspent YTD due to Paediatrics' drugs (£0.18m, mainly Respiratory), Pathology activity (£0.3m), transport (£0.3m), Audiology consultancy (£0.1m), Lorenzo PAS delays (£0.1m) and establishment expenses (£0.3m) mainly due to visas for extensions and recruitment. Independent Sector underspends were £0.6m.
- Depreciation and Non-operating Items were £3.1m underspent due to interest received on cash balances and capital work delays on Acute Assessment Units and Diagnostic Centres.

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Income						
Clinical Income	40.1	46.2	6.1	320.8	326.5	5.7
Other Income	3.8	4.0	0.3	30.2	31.5	1.3
Total Operating Income	43.9	50.3	6.4	351.0	358.0	7.0
Pay Costs						
Clinical Pay	(23.3)	(27.8)	(4.5)	(196.0)	(203.3)	(7.3)
Other Pay	(6.7)	(6.7)	(0.0)	(53.5)	(52.7)	0.7
Total Pay Costs	(30.0)	(34.4)	(4.5)	(249.5)	(256.1)	(6.6)
Clinical Non Pay	(6.5)	(7.5)	(1.0)	(53.6)	(54.5)	(0.8)
Other Non Pay	(5.7)	(6.9)	(1.3)	(47.9)	(48.8)	(0.8)
Total Non Pay Costs	(12.2)	(14.4)	(2.2)	(101.6)	(103.2)	(1.7)
Total Operating Expenditure	(42.1)	(48.8)	(6.7)	(351.0)	(359.3)	(8.3)
EBITDA	1.7	1.5	(0.3)	(0.0)	(1.4)	(1.3)
Depreciation	(1.7)	(1.6)	0.2	(13.5)	(12.2)	1.2
Non Operating Items	(0.5)	(0.3)	0.2	(4.0)	(2.2)	1.9
Surplus/(Deficit)	(0.5)	(0.3)	0.2	(17.5)	(15.8)	1.8

EBITDA = Earnings Before Tax, Depreciation & Amortisation

See Appendix A on Page 19 for Detailed I&E Position

Financial Performance – Divisions

See Appendix A on page 19 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>£0.2m YTD Variance</p> <p>£0.7m YTD CIP Variance</p>	<ul style="list-style-type: none"> £(0.7)m Pathology overspends due to activity over-performance netted off by £0.3m additional income (note circa 50% CCG activity on block) . £0.7m pay underspend due to vacancies in Pathology and Pharmacy. £0.1m overspend on transport costs for ambulance discharges. 	<ul style="list-style-type: none"> Monitor costs of Path Links Over-performance on activity on block, minimise variable costs on additional activity. Monitor effectiveness of new controls on transport expenditure Continue to explore new recurrent CIP schemes
<p>Family Services</p> <p>(£0.1m) In-month Variance</p> <p>(£1.4m) YTD Variance</p> <p>(£0.4m) YTD CIP Variance</p>	<ul style="list-style-type: none"> Medical staff (£0.3m) overspend YTD: Overspend due to additional activity and locum cover for absence, including restricted duties. Nursing (£0.4m) overspend (£0.1m in month): agency premiums covering vacancies in Gynae, Maternity and Paediatrics, the latter two of which are incurring Thornbury agency costs. (£0.1m) overspend in month and (£0.6m) YTD due to unidentified CIP. 	<ul style="list-style-type: none"> Continued close management rota cover costs, reduce sickness and special leave, implement cross site working, address exempt from on call where possible. Reduce F/UP Op activity. Continue to recruit to substantive posts in order to reduce reliance on bank and agency. Continue working to replace non recurrent benefits with sustainable recurrent CIP plans.
<p>Surgery & Critical Care</p> <p>£0.1m In-month Variance</p> <p>(£4.3m) 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. Medical vacancies remained static in month and stand at 38.78 wte (M07 38.05 wte). £0.08m overspent on non pay which was an improvement in month due to funding for increased drug costs, lab kits and prosthesis . £440K HCD adverse variance due to limited delivery of CIP on biosimilars. £247K scientific overspend YTD due vacancies in theatres and radiology 	<ul style="list-style-type: none"> 8 medical staff on restricted duties . Meetings with individuals to agree ending of restrictions Recruitment of medical staff to vacancies 38.78 wte a key priority alongside staff retention Alternative CIP plans being developed to mitigate for limited delivery of biosimilar savings Focus on theatre productivity in line with GIRFT targets

Financial Performance – Divisions continued

Divisions	YTD Performance	Key Actions
<p>Medicine</p> <p>£0.2m In-month Variance</p> <p>(£2.7m) YTD Variance</p> <p>(£0.2m) YTD CIP Variance</p>	<ul style="list-style-type: none"> In-month variance supported by £0.5m prior month funding for medical staff strike costs. Medical Staff (£1.7m deficit) ; 56wte vacancy premium ; (£0.6m) ED vacancies & additional ED / UCS shifts , (£0.7m) Acute vacancies (33%) & oncall gaps; Other Specialties (£0.4m) LT sickness cover, vacancies & GI bleed & GIM oncall gaps Nursing Staff (£1.20 deficit of which £1.1m is ED); vacancy premium 102 wte RN & 73 wte HCA Lung Health Checks – (£0.1m) deficit YTD 	<ul style="list-style-type: none"> Medical Staff : Work ED rotas to funded plan; continue recruitment & retention & mitigate gaps with floater posts ; review of oncall & GI bleed rota gaps Nursing : Regular ED monitoring & additional duties; reduce agency spend ; work to agreed bed base establishments, continuation of recruitment & retention; Continue to push harder and further on CIP savings plans
<p>Therapy & Community Services</p> <p>(£0.4m) In-month Variance</p> <p>(£0.4m) YTD Variance</p> <p>£0.1m YTD CIP Variance</p>	<ul style="list-style-type: none"> Acute Therapy teams (£0.1m) overspend: Team struggling to cope with demand, significant increased duties in recent two years. Use of bank to cover vacancies and create additional capacity. Continued pressure on continence products (£0.1m)) overspend YTD. (£0.1m) overspend in month on community beds and mattresses, following the Multi Agency Discharge Event (MADE). GDH Medical & Nursing (£0.3m) overspend: significant locum usage over budget, overall worked WTE 9 over budget across medical and nursing staff. The above pressures are partly offset by vacancy underspends YTD, spread across several therapy and community services. CIP: heavy reliance on non recurrent plans – targets against AHP & nursing vacancies, but currently over-delivering. 	<ul style="list-style-type: none"> Review C&D for acute teams – redirect resource from other areas Work to streamline processes and maximise collections and refurbishments to reduce pressure on equipment spend and optimise staff time to meet increased pressure Recruitment efforts suggest vacancies could be addressed by the autumn. There are sustainable recurrent opportunities to replace non recurrent plans which are being worked up and progressed.

Financial Performance – Divisions continued

Divisions	YTD Performance	Key Actions
<p>Corporate Directorates</p> <p>(£0.1m) In-month Variance</p> <p>£0.9m YTD Variance</p> <p>£1.3m YTD CIP Variance</p>	<ul style="list-style-type: none"> • Estates & Facilities £0.27m underspent due to a non-recurrent settlement (NHSPS) and Energy underspends albeit elements of Facilities Services non-pay continue to cause financial pressures. • Chief Nurse (£0.01m deficit) overspent due to a net R&D I&E deficit position and maternity leave cover. • Digital Services £0.1m underspent although delays with the Lorenzo PAS project have a monthly cost pressure (wef Oct 23) of £42k. • People Directorate (£0.02m deficit) overspent due to unfunded covid vaccination centre and additional unfunded recruitment schemes (India trip). • All other Corporate Directorates were break-even or in surplus mainly due to non-recurrent CIP over-delivery. 	<ul style="list-style-type: none"> • Continue to update & review non-pay pressures. Facilities Services - overspending areas including postage, transport (Taxis), cleaning materials and waste, potentially linked to inflation & patient activity. • Review of recurrent CIP gaps by individual Corporate Directorates, working up plans to close the gaps.
<p>Central Reserves</p> <p>£0.5m In-month Variance</p> <p>£9.4m YTD Variance</p> <p>(£4.6m) YTD CIP Variance</p>	<ul style="list-style-type: none"> • Clinical Income was £5.7m above plan YTD due Non Recurrent additional support of £3.6m to cover Pay Award and Strike Costs, £1.4m Elective Recovery Funding and Advice & Guidance (ERF; the target was further reduced by 2%) and High Cost Drugs pass through income. £0.2m. Other income was £1.3m above plan due to education and charity income, offset by expenditure • Centrally held CIP slippage YTD of £4.5m, due to the ICS stretch target in addition to expected release of B/S support not yet required. • The position is supported through slippage on Investment & ERF reserves and centrally held agency premium reserves, plus positive variances on interest and depreciation due to capital plan delays and high cash balances. 	<ul style="list-style-type: none"> • Review Investment and ERF reserves and expenditure plans.

Financial Performance – Forecast Outturn (FOT)

The Trust is forecasting a deficit of £24.9m, £11.6m adverse to plan. Technical Support reduce this to the planned deficit of £13.4m

The Trust is currently £1.8m ahead of plan at the end of month 8 with a year to date deficit of £15.8m.

A straight-line forecast projects a potential deficit of £23.7m. This has been adjusted for known seasonal variation in energy costs, planned completion of Capital programme, increasing depreciation charges, and additional ERF funding to an adjusted deficit of £24.9m, £11.6m adverse to plan.

The Trust has technical support available of £4.8m, and the plans required the release of its annual leave provision of £6.0m.

The Trust currently forecasts a marginal gain on Elective Recovery and Advice & Guidance Funding (if no further strike action in incurred) of £0.8m, reducing the deficit to £13.4m in line with plan.

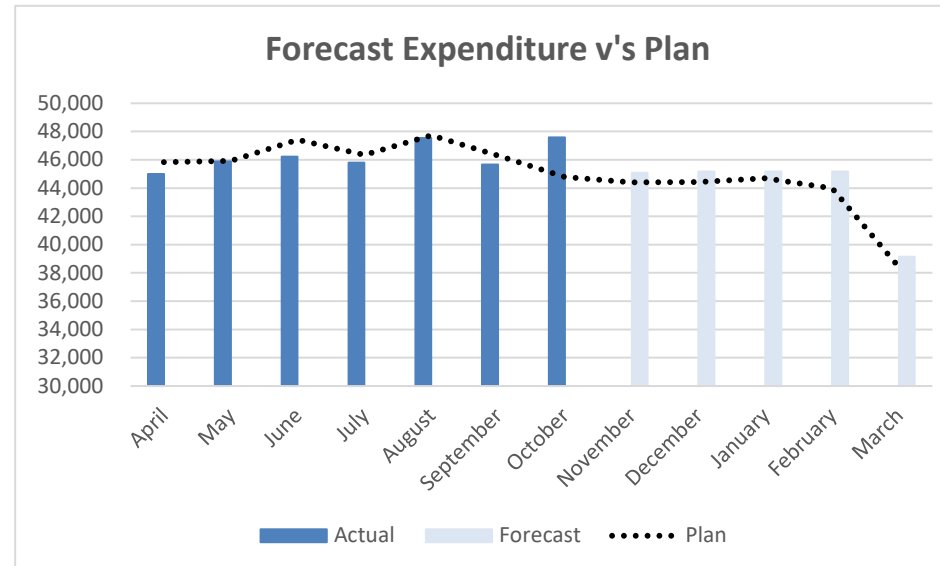
£m	Income	Expenditure	Post EBITDA	Excluded Items	Surplus / (Deficit)
Month 8 YTD Actual	358.0	(359.3)	(15.1)	0.6	(15.8)
Straight-line FOT	536.9	(539.0)	(22.6)	1.0	(23.7)
Seasonal Utilities		(1.0)			(1.0)
Depreciation		(0.5)			(0.5)
Strike Income/Expenditure Adj	(1.0)	1.1			0.1
Adjusted Run Rate	536.0	(539.3)	(22.6)	1.0	(24.9)
Technical Support	0.5	4.3			4.8
A/L Provision		6.0			6.0
CIP Run Rate Improvement	0.0	0.0			0.0
ERF/ A&G Income Support	0.8				0.8
Total	537.3	(529.0)	(22.6)	1.0	(13.4)
Plan	526.5	(513.2)	(27.5)	0.9	(13.4)
Surplus / Deficit	10.8	(15.8)	5.0	0.1	0.0

Financial Performance – Forecast Outturn Continued

Key Risks to primary forecast are as follows:

- Unable to release full annual leave (A/L) provision
- Failure to deliver Elective Recovery targets
- Further Strike Action Costs.
- Additional Inflationary Pressures
- Bed Capacity – Increased Non-Elective & Emergency Demand
- Enhanced Internal Medical Staffing Rate Card
- Group Restructure Costs.

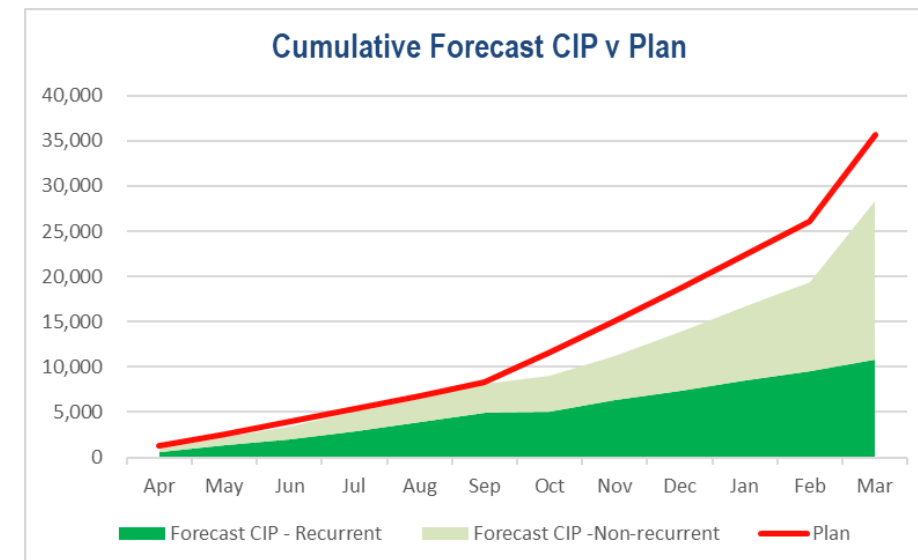
Risk	Likelihood	Estimated Impact £
A/L Provision	High	(6.0)
Industrial Action	Medium	(0.8)
Winter Pressures	Medium	(0.5)
ERF Income Loss	Medium	(0.5)
BMA Rate Card	Medium	(0.5)
TOTAL		(8.3)



Financial Performance – CIP Delivery

The Trust has delivered £11.16m CIP year-to-date against a plan of £15.15m. Performance is driven by under deliveries of £3.35m on the ICS Stretch and £1.42m on Technical, with the Core Programme over delivering by £0.78m.

£million	Current Month			Year to Date			Forecast Year-end		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
CLINICAL WORKFORCE									
Medical Staff	0.3	0.2	-0.1	1.5	1.1	-0.4	2.7	2.0	-0.7
Nursing and Midwifery	0.5	0.5	0.0	2.3	3.2	0.8	4.9	5.3	0.4
AHP Staff	0.1	0.0	0.0	0.4	1.2	0.8	0.6	1.8	1.2
TOTAL CLINICAL WORKFORCE	0.8	0.7	-0.1	4.3	5.5	1.3	8.2	9.1	0.9
Corporate and Non-Clinical	0.1	0.3	0.2	0.5	1.3	0.8	0.8	1.9	1.1
Non-Pay and Procurement	0.1	0.1	0.0	0.8	1.0	0.2	1.3	1.6	0.3
COVID Expenditure Reduction	0.0	0.0	0.0	0.2	0.2	0.0	0.3	0.3	0.0
Other CIP	0.6	0.9	0.4	4.4	2.9	-1.5	6.7	4.3	-2.4
Non-recurrent Technical Efficiency	0.2	0.0	-0.2	1.6	0.1	-1.4	8.4	11.1	2.7
ICS Stretch	1.7	0.0	-1.7	3.4	0.0	-3.4	10.1	0.0	-10.1
TRUST TOTAL EFFICIENCY PLAN	3.5	2.1	-1.4	15.2	11.2	-4.0	35.7	28.3	-7.5
Recurrent	1.2	1.2	0.0	6.9	6.3	-0.6	12.4	10.8	-1.6
Non-recurrent	2.3	0.9	-1.4	8.2	4.9	-3.4	23.4	17.5	-5.9



- The Trust is £0.78m ahead of its £10.24m **Core** CIP plan year-to-date (YTD); Although, pressures delivering medical and nursing recruitment trajectories and the outstanding unidentified plans; strong delivery on productivity initiatives in Surgery, income delivery in Estates and Facilities and Corporate and AHP vacancies have more than mitigated this.
- The **ICS stretch** of £1.67m per month until the end of the financial year remains challenging. **Technical** although forecast to over deliver by year end is currently only delivering £109k YTD against its plan of £1.56m. All of this puts the Trust at a £4.0m deficit against its **total plan** to the end of November.
- Operations are £0.67m adverse YTD on plans of £7.68m, this is a £0.2m decline on last month driven by the pressures identified above. However, the year-end forecast has improved due to anticipated medical recruitment and improved productivity. The year-end forecast variance is now £1.91m adverse. Corporate directorates continue to over-deliver, £1.45m YTD and £1.78m forecast, but this is driven by vacancies, so recurrent initiatives are still required.
- The Core Programme is forecasting a year-end shortfall of £0.14m. The Technical over delivery forecast has increased to £2.74m which will provide some support to the Stretch programme which is forecasting a deficit of £10.06m. The forecast variance on the Trust total CIP is now £7.45m adverse; a £1.03m improvement on October driven largely by non-recurrent technical contributions.

Underlying Position

The Trust underlying position has deteriorated from its 2023/24 plan submission deficit of £41.5m to £51.1m

- The Trust's underlying position reported within its 2023/24 plan submission was an estimated deficit of £41.5m. This has been updated for in year developments to £51.1m and is driven by the following:
- Confirmation of Inflation and Depreciation support funding to be treated as non recurrent - £4.3m
- Recurrent funding shortfall of Agenda For Change (AfC), Medical Staffing & VSM Pay Awards - £1.9m
- Increased reliance on Non-Recurrent savings delivery - £2.2m

£million	Plan	Month 4	Month 5	Month 6	Month 7	Month 8	Movement to Plan
2023/24 - Surplus/(Deficit) Plan	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	(13.4)	0.0
Non-recurrent Adjustments							
Non Recurrent Savings Delivery Core Programme	(5.7)	(4.7)	(5.4)	(5.5)	(5.5)	(6.4)	(0.7)
Non Recurrent Savings Delivery Technical	(8.4)	(9.3)	(9.3)	(9.4)	(10.8)	(11.1)	(2.7)
Unidentified Stretch Target	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	(10.1)	0.0
FYE Investment Programme	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	(4.0)	0.0
Non Recurrent Depreciation & Inflation Support		(4.3)	(4.3)	(4.3)	(4.3)	(4.3)	(4.3)
2023/24 Pay Award Shortfall		(0.9)	(1.7)	(1.7)	(1.9)	(1.9)	(1.9)
Underlying Deficit	(41.5)	(46.6)	(48.1)	(48.4)	(49.8)	(51.1)	(9.6)

System Financial Performance



System Financial Performance – October 2023

The Month 7 position for the system is a deficit of £63.1m against a planned deficit of £29.2m, representing a year to date overspend of £33.9m. The ICB is still forecasting to meet its planned £30m deficit following the financial reset.

Please note M7 position is before the Financial Reset

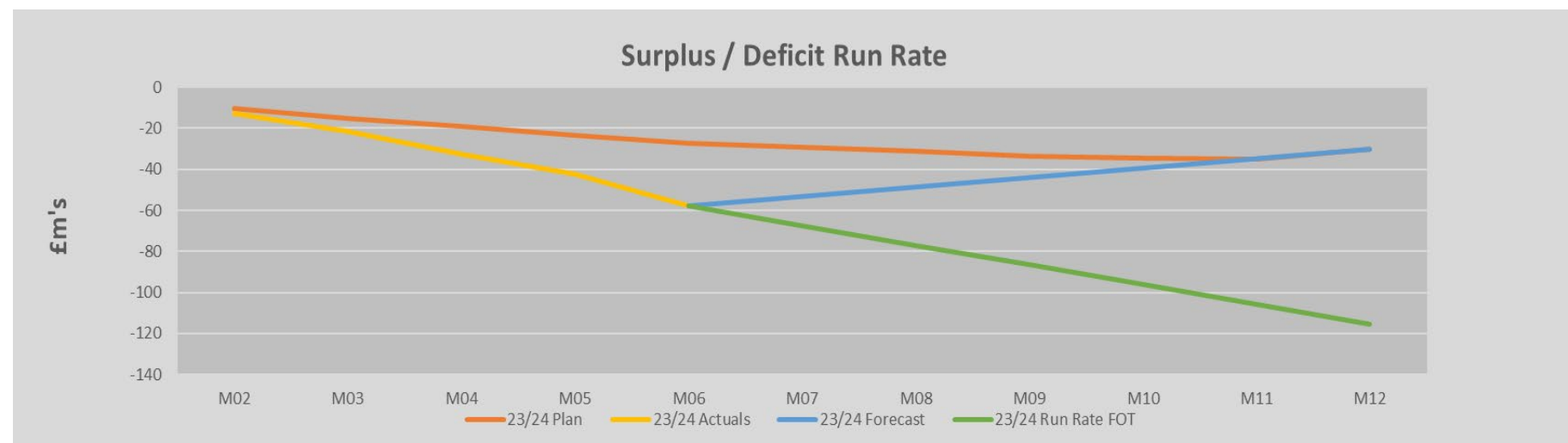
Year to Date

- ICB breakeven
- Providers £33.8m adverse variance against plan
- Actual YTD variance £63.1m

Forecast Outturn

- ICB Breakeven
- Providers £30m deficit consistent with plans
- *M7 extrapolated (straight line) indicates circa £108m deficit*

Organisation	Surplus / (Deficit) - Adjusted Financial Position								
	Plan		Actual		Variance		Plan	Forecast	Variance
	YTD	YTD	YTD	YTD	Year Ending	Year Ending	Year Ending	Year Ending	
	£000	£000	£000	%	£000	£000	£000	%	
Humber And North Yorkshire ICB	0	(1,583)	(1,583)	(0.1%)	(0)	0	0	0.0%	
Harrogate And District NHS Foundation Trust	3,508	(6,955)	(10,463)	(5.3%)	6,000	6,000	(0)	(0.0%)	
Hull University Teaching Hospitals NHS Trust	(2,331)	(7,830)	(5,499)	(1.2%)	(7,231)	(7,231)	0	0.0%	
Humber Teaching NHS Foundation Trust	-	(286)	(286)	(0.2%)	-	0	0	0.0%	
Northern Lincolnshire And Goole NHS Foundation Trust	(17,042)	(15,444)	1,598	0.5%	(13,355)	(13,355)	(0)	(0.0%)	
York And Scarborough Teaching Hospitals NHS Foundation Trust	(13,347)	(30,989)	(17,642)	(4.3%)	(15,414)	(15,414)	-	0.0%	
ICS Total	(29,212)	(63,086)	(33,874)	(1.5%)	(30,000)	(30,000)	0	0.0%	



Capital and Balance Sheet



Capital Expenditure

Year-to-date capital expenditure is £8.3m against a £22.2m YTD plan, including IFRS16 and donated spend.

£million	Year to Date			Full Year		
	Plan	Actual	Var.	Plan	Forecast	Var.
Estates Major Schemes						
Emergency Department/AAU	10.5	3.9	(6.6)	13.2	13.2	0.0
DPOW & SGH Theatres TIF	0.2	0.0	(0.2)	0.2	0.2	0.0
SGH Fire Alarm	1.6	1.3	(0.3)	2.2	2.2	0.0
Discharge Lounge	0.1	0.1	0.0	0.1	0.1	0.0
Colposcopy service	0.0	0.0	(0.0)	0.0	0.0	0.0
N Lincs CDC	5.5	0.4	(5.1)	17.5	17.5	0.0
N E Lincs CDC	0.3	0.1	(0.2)	10.0	10.0	0.0
Unallocated	(0.9)	0.0	0.9	0.5	0.5	0.0
Total Estates Major Schemes	17.3	5.8	(11.4)	43.7	43.7	0.0
Other Estates Schemes	0.6	0.2	(0.5)	0.9	0.9	0.0
IM&T Programme	1.2	1.2	(0.1)	4.5	4.5	0.0
Pathology LIMS	0.9	0.1	(0.8)	5.0	5.0	0.0
Equipment Renewal	1.3	0.8	(0.5)	2.6	2.6	0.0
Facilities Maintenance	0.4	0.1	(0.3)	0.4	0.4	0.0
Other Capital Expenditure	0.4	0.1	(0.3)	1.3	1.3	0.0
Total Capital Programme	22.1	8.3	(13.9)	58.2	58.2	0.0
Funded By:						
Internally Generated	15.0	7.6	(7.4)	19.7	19.7	0.0
PDC Funded	6.7	0.6	(6.1)	37.3	37.3	0.0
Donated	0.1	0.0	(0.0)	0.1	0.1	0.0
IFRS16	0.4	0.0	(0.3)	1.2	1.2	0.0
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	22.2	8.3	(13.9)	58.2	58.2	0.0

The Trust capital funding for 2023/24 is £58.2m. Including donated £0.1m and International Financial Reporting Standard 16 (IFRS16) leases £1.2m. The Trust has successfully secured funding of £0.06m for cyber. The actual spend to 30th November was £8.3m, £13.9m behind plan. Key variances are detailed below:

- The AAU schemes at DPOW has now slipped to January as commissioning of the building has not started by the contractor. SGH has also slipped further to mid April 2024. The spend is currently £6.6m behind plan, there has been a slight catch up in month. additional works. The forecast overspend for the schemes is still **£4.9m**.
- The Trust estates team are continuing to work with contractors to plan the electrical infrastructure work at SGH, the work will be completed by the end of March 2024.
- North Lincs CDC – Costs are now in line with funding. The groundworks have started and the contractor for the shell has been agreed, the remaining packages will be approved within the next few weeks. The teams are also starting to place the orders for the major equipment. The spend is behind plan due to the delays in planning permission and the requirement for additional funding.
- North East Lincs CDC – The Trust is continuing to work with the contractor regarding timescales. Further delays have been incurred as the council have still not granted access to the building.
- Facilities Maintenance – spend continues to be behind plan, schemes have been agreed and orders have been place.
- Pathology LIMS – final funding details and timeframes are still to be signed off. A preferred supplier has been agreed.
- Equipment renewal –Orders continue to be placed and delivery dates chased.
- Other capital expenditure includes IFRS16 leases, the Trust has renewed a number of pool cars, which have not yet arrived. The lease for North East Lincs CDC has also slipped.
- TIF = Targeted Investment Fund. LIMS = Laboratory Information Management System. PDC = Public Dividend Capital. EPR = Electronic Patient Record.

Balance Sheet

£ million	Actual	Actual	Actual	In month movement
	31-Mar-23	31-Oct-23	30-Nov-23	
Fixed Assets	278.9	273.7	274.9	1.2
<u>Current Assets</u>				
Inventories	4.0	4.1	4.1	(0.0)
Trade and Other Debtors	25.4	18.5	22.8	4.3
Cash	41.5	23.3	17.2	(6.0)
Total Current Assets	70.8	45.8	44.1	(1.8)
<u>Current Liabilities</u>				
Trade and Other Creditors	64.8	41.9	43.3	1.4
Accruals	16.0	21.5	22.6	1.1
Other Current Liabilities	5.3	8.5	5.9	(2.6)
Total Current Liabilities	86.1	71.9	71.8	(0.1)
Net Current Liabilities	(15.3)	(26.1)	(27.7)	(1.6)
Debtors Due > 1 Year	0.98	0.98	0.98	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	12.29	12.31	12.31	0.00
Provisions - Non Current	4.04	4.04	4.04	0.00
Total Assets/(Liabilities)	241.3	225.3	224.9	(0.4)
TOTAL CAPITAL & RESERVES	241.3	225.3	224.9	(0.4)

Key Movements:

Current Assets

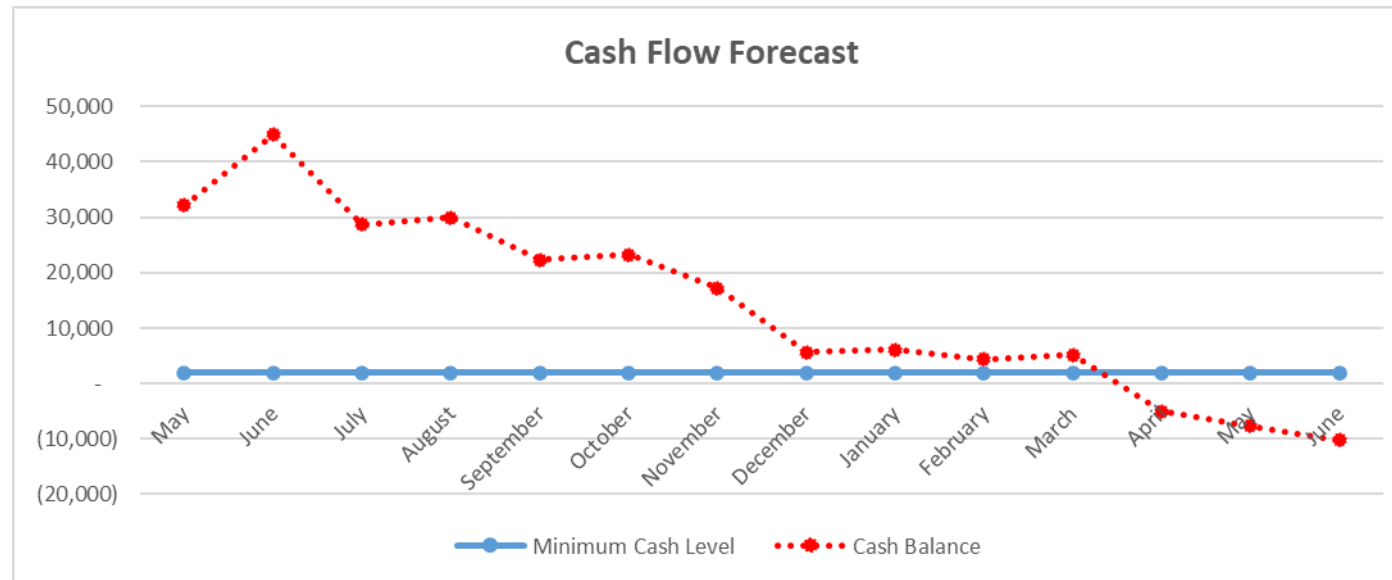
- Stock balances remain in line with previous months.
- The Trust has seen an increase in NHS debtors during the month, the increase relates to additional financial 'reset' funding.

Current Liabilities

- The deferred income has reduced, the November income relates to Health education Contract has been released.
- Trade, other creditors and accruals have increased in month. Capital creditors increased by £0.9m, other creditors includes pay disputes that have come to light this month. The increase in accruals relates to gas, clinical supplies and drugs.
- The total Better Payment Practice Code (BPPC) figures for the Trust continue to be above 90%; year to date figures are, 96.2% for value of NHS invoices paid with 30 days and 94.9% for number paid, a stable position in month. Non NHS invoices is 95.6% for value paid within 30 days and 93% for number paid, a slight improvement on the October figures. 97.7% of the value for Non NHS invoices for November were paid within 30 days. Monitoring of BPPC and communication to staff of the importance of authorising invoices will continue.

Cash Flow

Based on the current forecast deficit of £13.4m, which includes the release of non-cash backed technical savings of £10.8m, the Trust is not expecting to require central cash support this financial year.



£000's	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June
Minimum Cash Level	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900	1,900
Cash Balance	34,885	32,181	44,887	28,648	29,951	22,300	23,279	17,239	5,608	6,059	4,403	5,191	(4,996)	(7,635)	(10,274)

Appendices



Appendix A – Detailed I&E, Divisional & Reserve Summary

£million	In Month			Year to Date			Full Year		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Forecast	Variance
Income									
Clinical Income	40.1	46.2	6.1	320.8	326.5	5.7	481.1	489.9	8.7
Other Income	3.8	4.0	0.3	30.2	31.5	1.3	45.3	47.4	2.1
Total Operating Income	43.9	50.3	6.4	351.0	358.0	7.0	526.5	537.3	10.8
Pay Costs									
Medical Staff	(8.1)	(9.3)	(1.2)	(68.3)	(73.9)	(5.6)	(99.0)	(108.1)	(9.1)
Nursing Staff	(10.8)	(14.1)	(3.3)	(92.5)	(94.9)	(2.4)	(133.9)	(139.6)	(5.7)
Scientific Therapeutic & Technical Staff	(4.4)	(4.4)	0.0	(35.2)	(34.5)	0.7	(51.3)	(50.0)	1.3
Total Clinical Pay	(23.3)	(27.8)	(4.5)	(196.0)	(203.3)	(7.3)	(284.1)	(297.7)	(13.6)
Admin & Clerical Staff Substantive	(5.0)	(4.9)	0.0	(39.9)	(39.0)	0.9	(58.7)	(57.3)	1.4
Maintenance Staff Substantive	(0.2)	(0.2)	0.0	(1.4)	(1.4)	0.0	(2.1)	(2.1)	0.0
Support Staff Substantive	(1.4)	(1.4)	(0.0)	(11.1)	(11.3)	(0.1)	(16.5)	(16.5)	(0.1)
Other Staff	(0.0)	(0.0)	0.0	(0.1)	(0.1)	0.0	(0.2)	(0.2)	0.0
Apprentice Levy	(0.1)	(0.1)	(0.0)	(0.9)	(1.0)	(0.1)	(1.4)	(1.6)	(0.2)
Technical	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1
Total Other Pay	(6.7)	(6.7)	(0.0)	(53.5)	(52.7)	0.7	(78.8)	(77.6)	1.2
Total Pay Costs	(30.0)	(34.4)	(4.5)	(249.5)	(256.1)	(6.6)	(363.0)	(375.4)	(12.4)
Drugs	(3.0)	(3.4)	(0.4)	(25.1)	(25.5)	(0.4)	(37.1)	(37.9)	(0.8)
Clinical Supplies & Services	(3.5)	(4.1)	(0.6)	(28.6)	(29.0)	(0.5)	(42.4)	(43.4)	(1.0)
Total Clinical Non Pay	(6.5)	(7.5)	(1.0)	(53.6)	(54.5)	(0.8)	(79.5)	(81.3)	(1.8)
General Supplies & Services	(0.5)	(0.5)	(0.1)	(3.6)	(4.0)	(0.4)	(5.4)	(6.0)	(0.5)
Establishment Expenses	(0.6)	(0.9)	(0.3)	(4.9)	(5.5)	(0.7)	(7.2)	(8.0)	(0.9)
Other Establishment Costs	(1.3)	(1.3)	0.0	(10.5)	(10.4)	0.1	(15.8)	(15.6)	0.2
Premises and Fixed Plant	(2.0)	(2.1)	(0.1)	(15.0)	(14.6)	0.4	(23.4)	(22.2)	1.2
Purchase of Healthcare Services	(1.0)	(1.7)	(0.7)	(11.9)	(11.7)	0.1	(15.9)	(16.5)	(0.5)
Miscellaneous Expenditure	(0.1)	(0.2)	(0.1)	(0.5)	(0.9)	(0.4)	(0.8)	(1.4)	(0.5)
Education Expenditure	(0.1)	(0.2)	(0.1)	(1.1)	(1.2)	(0.2)	(1.6)	(1.8)	(0.3)
Consultancy Expenditure	(0.1)	(0.0)	0.1	(0.4)	(0.3)	0.1	(0.6)	(0.4)	0.3
Technical	0.0	0.0	0.0	0.0	(0.1)	(0.1)	0.0	(0.1)	(0.1)
Total Other Non Pay	(5.7)	(6.9)	(1.2)	(47.9)	(48.8)	(0.8)	(70.7)	(71.9)	(1.2)
Total Non Pay Costs	(12.2)	(14.4)	(2.1)	(101.6)	(103.2)	(1.7)	(150.2)	(153.2)	(3.0)
Total Operating Expenditure	(42.2)	(48.8)	(6.6)	(351.0)	(359.3)	(8.3)	(513.2)	(528.5)	(15.4)
EBITDA	1.7	1.5	(0.2)	(0.0)	(1.4)	(1.3)	13.3	8.7	(4.6)
Depreciation	(1.7)	(1.6)	0.2	(13.5)	(12.2)	1.2	(20.6)	(18.8)	1.8
Non Operating Items	(0.5)	(0.3)	0.2	(4.0)	(2.2)	1.9	(6.1)	(3.3)	2.8
Surplus/(Deficit)	(0.6)	(0.3)	0.2	(17.5)	(15.8)	1.8	(13.4)	(13.4)	0.0

£million	In Month			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
Operations						
Operations Directorate	(3.8)	(4.0)	(0.1)	(30.8)	(30.6)	0.2
Family Services	(4.3)	(4.3)	(0.1)	(32.0)	(33.3)	(1.4)
Surgery & Critical Care	(11.9)	(11.8)	0.1	(88.0)	(92.3)	(4.3)
Medicine	(11.7)	(11.5)	0.2	(88.3)	(91.0)	(2.7)
Therapy & Community Services	(3.2)	(3.6)	(0.4)	(26.0)	(26.4)	(0.4)
Total Operations	(35.0)	(35.2)	(0.2)	(265.1)	(273.7)	(8.6)
Corporate Directorates						
Trust Management	(0.2)	(0.2)	0.0	(1.2)	(1.1)	0.1
Chief Medical Officer Directorate	(2.0)	(2.0)	0.0	(15.9)	(15.8)	0.1
Chief Nurses Office	(0.5)	(0.5)	(0.0)	(3.9)	(3.9)	(0.0)
Finance	(0.4)	(0.3)	0.0	(2.9)	(2.6)	0.3
People Directorate	(0.5)	(0.6)	(0.1)	(4.1)	(4.1)	(0.0)
Estates & Facilities	(3.5)	(3.4)	0.0	(26.3)	(26.1)	0.3
Strategic Development	(0.1)	(0.1)	(0.0)	(0.8)	(0.8)	0.1
Digital Services	(0.9)	(1.0)	(0.1)	(7.3)	(7.2)	0.1
Total Corporate Directorates	(8.1)	(8.3)	(0.1)	(62.5)	(61.7)	0.9
Central Income	44.8	47.3	2.5	334.4	336.8	2.4
Technical Central & Capital Charges	(2.3)	(1.9)	0.4	(18.0)	(14.9)	3.0
Central CIP	1.9	0.0	(1.9)	5.1	0.0	(5.1)
Trust Reserves	(1.8)	(2.3)	(0.6)	(12.0)	(2.9)	9.1
Total Central, Technical & Reserves	42.6	43.1	0.5	309.5	318.9	9.4
Excluded Items	0.1	0.1	0.0	0.6	0.6	0.0
Trust Total	(0.5)	(0.3)	0.2	(17.5)	(15.8)	1.8

£million	Opening Allocation	Residual Annual Budget	YTD Budget	YTD Expenditure	YTD Variance
Investments Reserve	11.0	2.6	1.4	0.0	1.4
Inflation Reserve	20.3	5.0	2.6	2.9	(0.4)
Agency Premium Reserve	12.7	5.3	5.6	0.0	5.6
Elective Recovery Reserve	12.0	5.4	2.4	0.0	2.4
TOTAL	56.1	18.3	11.9	2.9	9.0

Appendix B – Elective Recovery

The Trust is now ahead of the second revision to the NHSE 2019/20 Activity Baseline (107% to 103%) at 104.9% earning £0.9m in additional income YTD. The position is further supported by £0.5m over-performance on Advice & Guidance.

Actual and Forecasted Performance against adjusted 103% NHSI Profile Target

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
H&NY	Plan	4,548,219	5,191,254	5,766,112	5,408,993	5,365,065	5,862,140	6,078,611	5,947,939	4,885,988	5,058,701	5,808,681	5,589,339	65,511,042
	Actual	4,776,321	5,477,349	5,659,385	5,636,744	5,994,604	5,722,242	6,043,719	6,155,450	5,086,372	5,711,444	6,001,138	5,864,840	68,129,607
	Variance	228,102	286,095	-106,272	227,752	629,539	-139,898	-34,892	207,511	200,384	652,742	192,457	275,501	2,618,565

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
ICB Contracts Outside of H&NY	Plan	716,032	724,415	899,847	838,942	865,619	851,295	838,064	894,169	681,359	791,196	824,256	794,530	9,719,723
	Actual	663,602	793,080	795,638	778,555	847,279	779,822	871,392	841,903	711,473	798,906	839,428	820,363	9,541,442
	Variance	-52,430	68,665	-104,209	-60,387	-18,340	-71,473	33,327	-52,265	30,114	7,711	15,173	25,834	-178,281

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
ICB LVA Outside of H&NY	Plan	26,713	50,185	28,680	13,907	24,909	17,603	42,124	33,795	30,588	24,944	32,571	31,619	357,639
	Actual	14,425	21,383	10,224	31,185	19,223	29,613	14,867	14,259	17,203	19,318	20,297	19,836	231,834
	Variance	-12,288	-28,802	-18,456	17,278	-5,686	12,010	-27,257	-19,536	-13,385	-5,627	-12,274	-11,783	-125,805

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Other NHSE	Plan	1,125	879	2,685	1,553	1,521	972	2,019	1,809	3,446	1,783	2,215	2,098	22,104
	Actual	1,502	1,375	1,141	1,550	815	6,678	695	162	1,353	1,520	1,597	1,561	19,948
	Variance	377	495	-1,544	3	-705	5,706	-1,324	-1,647	-2,093	-263	-618	-537	-2,156

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Spec Comm	Plan	150,848	156,571	143,566	132,478	127,789	129,717	139,186	112,170	119,413	138,081	148,241	142,354	1,640,415
	Actual	123,143	149,025	149,830	126,301	146,686	97,163	93,739	98,911	85,216	95,688	100,541	98,258	1,364,501
	Variance	-27,705	-7,546	-6,264	-6,177	18,897	-32,553	-45,447	-13,259	-34,198	-42,393	-47,700	-44,096	-275,914

Populated with National ERF Reporting where available, or latest SLAM position, or Forecast based on SLAM data														
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	TOTAL
Total Position	Plan	5,442,937	6,123,304	6,840,889	6,395,873	6,384,902	6,861,727	7,100,004	6,989,882	5,720,795	6,014,705	6,815,964	6,559,940	77,250,923
	Actual	5,578,994	6,442,211	6,616,217	6,574,336	7,008,607	6,635,520	7,024,411	7,110,684	5,901,617	6,626,875	6,963,002	6,804,858	79,287,333
	Variance	136,057	318,907	-224,672	178,462	623,705	-226,208	-75,593	120,803	180,823	612,170	147,038	244,918	2,036,410

Appendix B – Elective Recovery

Division	SpecCode	Spec Description	Month							
			1	2	3	4	5	6	7	8
Surgery and Critical Care	100 & 106	Gen Surgery & Upper GI	66%	72%	71%	97%	111%	70%	96%	105%
	101	Urology	113%	109%	100%	118%	116%	112%	105%	114%
	104	Colorectal Surgery	124%	134%	112%	121%	136%	109%	103%	120%
	110	Trauma & Orthopaedics	90%	87%	83%	92%	121%	110%	114%	107%
	120	ENT	127%	123%	119%	141%	130%	142%	130%	114%
	130	Ophthalmology	109%	124%	108%	121%	137%	122%	107%	105%
	130 Injections	Ophthalmology Injections	195%	189%	169%	170%	189%	165%	158%	167%
	140	Oral Surgery	58%	123%	116%	116%	105%	94%	134%	113%
	190	Anaesthetics	137%	154%	77%	76%	152%	77%	81%	73%
Surgery and Critical Care	Total		102%	106%	98%	111%	125%	110%	112%	112%
Medicine	300	General Medicine	129%	107%	153%	131%	143%	126%	103%	88%
	301	Gastroenterology	118%	145%	166%	145%	121%	101%	79%	106%
	302	Endocrinology	60%	88%	99%	97%	69%	71%	152%	140%
	303	Clinical Haematology	96%	94%	108%	90%	76%	56%	77%	70%
	307	Diabetic Medicine	66%	79%	146%	102%	96%	105%	110%	82%
	320	Cardiology	97%	133%	95%	80%	58%	59%	74%	84%
	329	Transient Ischaemic Attack	70%	72%	55%	61%	80%	68%	72%	115%
	330	Dermatology	52%	72%	23%	24%	92%	106%	105%	127%
	340	Respiratory Medicine	131%	154%	120%	114%	111%	106%	125%	121%
	370	Medical Oncology	87%	94%	84%	83%	93%	81%	75%	77%
	400	Neurology	152%	135%	200%	223%	130%	156%	202%	162%
410	Rheumatology	111%	108%	100%	77%	93%	80%	81%	94%	
430	Geriatric Medicine	123%	151%	114%	129%	127%	94%	101%	96%	
Medicine	Total		103%	121%	109%	97%	90%	80%	85%	92%
Surgery Endoscopy	Total		123%	106%	96%	105%	103%	85%	89%	94%
Family Services	103	Breast Surgery	100%	103%	94%	91%	109%	79%	73%	97%
	223	Paediatric Epilepsy	98%	46%	160%	75%	106%	102%	99%	89%
	263	Paediatric Diabetic Medicine	574%	726%	439%	122%	0%	0%	441%	447%
	290	Community Paediatrics	66%	55%	36%	33%	31%	41%	59%	47%
	420	Paediatrics	106%	123%	110%	107%	91%	107%	108%	115%
	502	Gynaecology	107%	98%	93%	99%	115%	98%	103%	110%
Family Services	Total		104%	101%	95%	96%	107%	93%	96%	106%
Trust	Total		105%	108%	99%	105%	113%	99%	102%	105%

Appendix B – Elective Recovery

Actual and Forecasted Performance against 107% NLaG Plan

Specialty	YEAR TO DATE - Elective Recovery Price (£'k)																		
	DAYCASE			ELECTIVE			OP FIRST ATTENDANCE			OP FIRST PROCEDURE			OP F/UP PROCEDURE			ALL ACTIVITY TYPES			
	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	Plan	Actuals	Variance	
Community and Therapies	312	116	- 196	-	12	12	-	-	-	-	-	-	-	-	-	-	312	128	- 184
Medicine	3,944	3,991	47	432	452	20	5,651	3,919	- 1,732	130	82	- 47	572	531	- 40	40	10,729	8,976	- 1,753
Surgery and Critical Care	9,662	10,489	827	9,535	10,292	757	5,396	5,574	179	1,091	1,246	156	2,099	2,924	825	825	27,782	30,526	2,744
Family Services	1,550	1,338	- 211	1,935	1,654	- 281	3,780	3,062	- 719	1,337	1,134	- 203	469	510	41	41	9,071	7,698	- 1,372
Surgery Endoscopy	5,203	5,180	- 22	-	-	-	-	-	-	74	137	63	-	-	-	-	5,277	5,317	41
Grand Total	20,670	21,114	444	11,902	12,410	509	14,827	12,555	- 2,272	2,631	2,600	- 31	3,140	3,966	826	826	53,171	52,645	- 525

POD	Spells/Attendances					Variance to 2019/20
	2019/20	2020/21	2021/22	2022/23	2023/24	
Elective	4,582	2,453	3,295	3,298	3,430	(1,152)
Daycase	36,196	21,788	33,196	35,865	37,991	1,795
OPD New	64,369	49,869	68,097	76,120	65,524	1,155
OPD New Procedure	18,655	8,090	15,360	15,240	16,819	(1,836)
OPD Follow Up	136,748	115,823	137,430	145,816	128,019	(8,729)
OPD Follow Up Procedure	36,111	18,377	29,424	34,038	37,983	1,872
Total	296,661	216,400	286,802	310,377	289,766	(6,895)

Performance v's 19/20 Baseline

	Community and Therapies	Medicine	Surgery and Critical Care	Family Services	Surgery Endoscopy	Trust Total
DAYCASE	66%	99%	110%	105%	99%	104%
ELECTIVE		54%	109%	81%		102%
OP FIRST ATTENDANCE		111%	108%	107%		108%
OP F/UP ATTENDANCE		100%	93%	105%		97%
OP FIRST PROCEDURE		80%	93%	111%	98%	105%
OP F/UP PROCEDURE		71%	120%	96%		106%
Total	66%	97%	109%	99%	99%	104%

POD	Spells/Attendances																			
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Elective	345	400	353	399	417	426	482	476	357	389	455	407	376	338	375	415	489	484	460	493
Daycase	3,990	4,747	4,248	4,538	4,633	4,356	4,456	4,897	4,338	4,668	4,435	5,098	4,256	4,709	4,903	4,715	4,948	4,499	4,945	5,016
OPD New	9,064	10,146	9,682	9,304	9,048	9,847	9,491	9,538	7,949	8,940	7,851	9,085	6,614	8,166	8,933	8,146	7,892	8,010	9,133	8,630
OPD New Procedure	1,718	1,978	1,702	1,795	1,806	2,081	2,021	2,139	1,762	2,140	1,931	2,182	1,802	2,151	2,073	2,160	2,167	2,051	2,257	2,158
OPD Follow Up	16,546	18,993	18,350	16,929	17,418	18,173	18,738	20,669	16,334	19,741	17,597	18,435	15,124	17,398	16,801	14,827	15,103	15,399	16,621	16,746
OPD Follow Up Procedure	3,804	4,374	3,790	3,865	3,980	4,419	4,563	5,243	3,808	5,263	4,679	4,639	3,989	4,768	4,774	4,836	5,203	4,920	4,661	4,832
Total	35,467	40,638	38,125	36,830	37,302	39,302	39,751	42,962	34,548	41,141	36,948	39,846	32,161	37,530	37,859	35,099	35,802	35,363	38,077	37,875

Appendix C – Temporary Staffing Summary

Total Bank & Agency

Subjective Sub category	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Medical Staff	16,874	17,668	(794)
Nursing Staff	17,754	17,662	92
Scientific, Therapeutic & Technical Staff	1,756	1,996	(240)
Admin & Clerical Staff	1,751	1,757	(6)
Support Staff	1,497	1,608	(111)
Maintenance Staff	-	-	-
Other Staff	2	2	-
Grand Total	39,635	40,694	(1,058)

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Community + Therapy Services	1,986	2,176	(190)
Family Services	3,294	4,263	(969)
Medicine	19,013	18,717	296
Operations Directorate	2,159	2,332	(174)
Surgery + Critical Care	11,231	11,112	119
Sub-total Operations	37,683	38,601	(918)
Chief Medical Officer Directorate	2	9	(7)
Chief Nurses Office	87	55	32
Digital Services	348	321	27
Estates And Facilities	1,428	1,529	(102)
Finance	4	-	4
People Directorate	82	118	(36)
Strategic Development	1	41	(40)
Trust Management	-	18	(18)
Sub-total Corporate	1,952	2,092	(140)
Grand Total	39,635	40,694	(1,058)

Type	Subjective Sub category	2022/23 (£k)	2023/24 (£k)	Variance (£k)
Agency	Medical Staff	8,557	8,902	(345)
	Nursing Staff	9,799	9,393	406
	Scientific, Therapeutic & Technical Staff	1,150	1,239	(89)
	Admin & Clerical Staff	305	297	8
	Maintenance Staff	-	-	-
	Other Staff	2	2	-
	Support Staff	-	1	(1)
Agency Total		19,813	19,835	(21)
Bank	Medical Staff	8,317	8,765	(448)
	Nursing Staff	7,955	8,269	(314)
	Scientific, Therapeutic & Technical Staff	606	757	(151)
	Admin & Clerical Staff	1,446	1,460	(14)
	Support Staff	1,497	1,607	(110)
Bank Total		19,822	20,859	(1,037)
Grand Total		39,635	40,694	(1,058)

Does not include Fixed Term NHS Locums as not premium

Appendix C – Temporary Staffing Medical Staffing

Total Bank & Agency Medical Staffing Spend:

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)	%
Operations Directorate	908	741	167	-18%
Community + Therapy Services	436	571	(135)	31%
Family Services	1,060	1,254	(195)	18%
Medicine	7,054	7,786	(733)	10%
Surgery + Critical Care	5,208	5,210	(1)	0%
Sub Total Operations	14,666	15,563	(896)	6%

Agency Ceiling Rate Compliance 12 Months

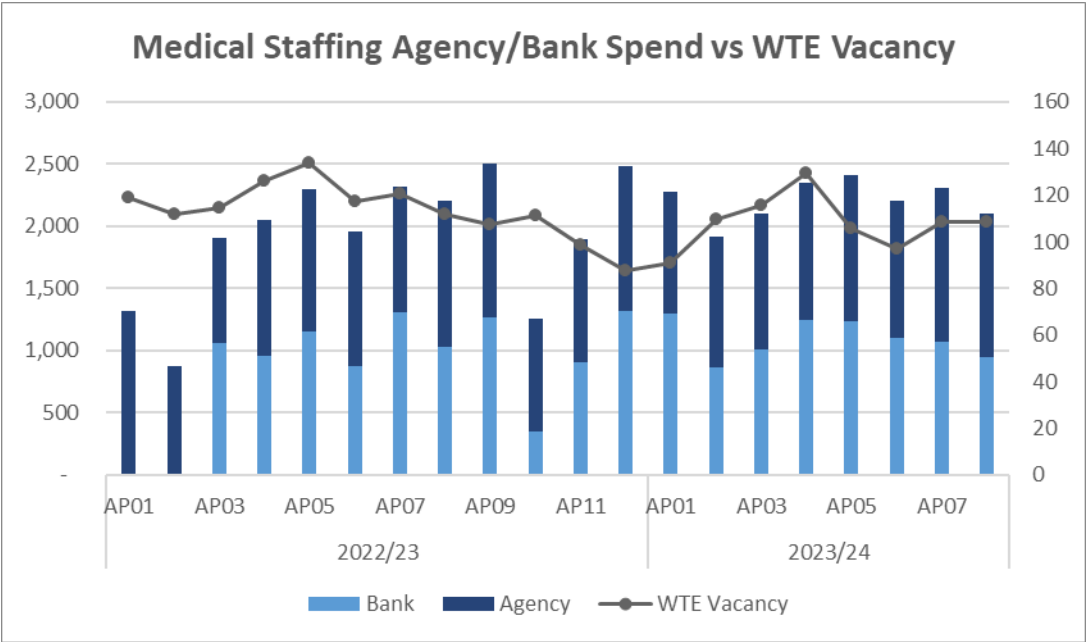
12.9%

Agency Ceiling Rate Compliance YTD 2023/24

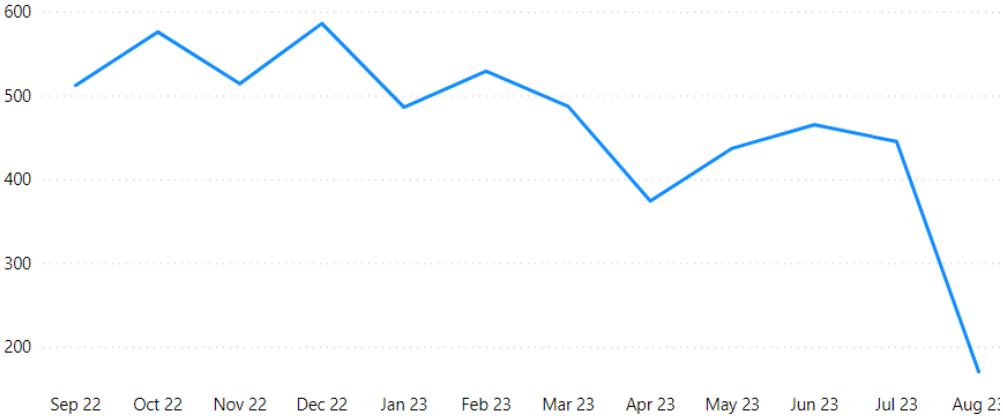
10.9%

Which specialties had most absence days YTD?

Specialty	Absence Days YTD 23/24
Anaesthetics	427
Orthopaedics	374
Acute Care	201
Gastroenterology	175
Stroke	152
Emergency Department	140
Paediatrics & Neonates	129
General Surgery	73
Total	1891



How many days absence have been recorded?



Appendix C – Temporary Staffing Nursing

Total Bank & Agency Nursing Spend:

Division / Directorate	2022/23 (£k)	2023/24 (£k)	Variance (£k)	%
Operations Directorate	316	374	(58)	18%
Community + Therapy Services	911	856	55	-6%
Family Services	1,818	2,388	(570)	31%
Medicine	8,948	8,623	326	-4%
Surgery + Critical Care	3,223	3,332	(109)	3%
Sub Total Operations	15,216	15,573	(357)	2%
Sub Total Corporate	84	58	26	-31%
Grand Total	15,301	15,632	(331)	2%

Agency Ceiling Rate Compliance 12 Months

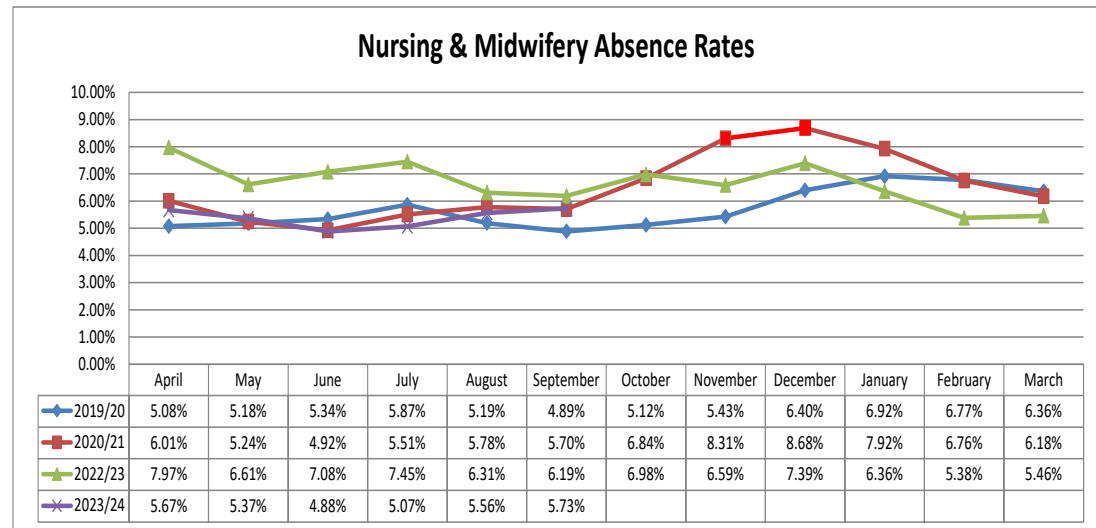
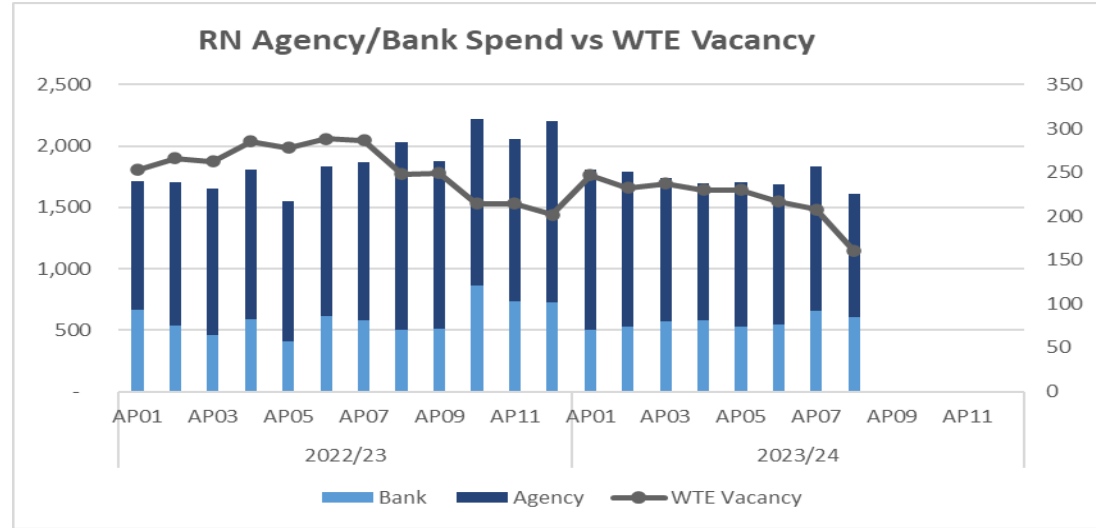
60.8%

Agency Ceiling Rate Compliance YTD 2023/24

67.2%

% Of Hours By Tier

Tier	2022/23	2023/24
T1	58%	71%
T2	31%	21%
T3	11%	8%



Appendix D – Nursing Fill Rate Analysis

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %	
Medicine	DPoW	January	70%	12%	21%	103%	
		February	64%	11%	21%	97%	
		March	64%	11%	22%	97%	
		April	67%	8%	24%	99%	
		May	71%	8%	23%	101%	
		June	73%	8%	20%	101%	
		July	69%	8%	23%	101%	
		August	68%	8%	24%	99%	
		September	69%	9%	22%	99%	
		October	69%	9%	22%	100%	
		November	70%	10%	20%	100%	
	DPoW Total			68%	9%	22%	100%
	SGH	January	72%	15%	22%	109%	
		February	67%	14%	24%	105%	
		March	67%	14%	23%	104%	
		April	69%	11%	23%	103%	
		May	69%	18%	19%	107%	
		June	72%	11%	16%	100%	
		July	73%	11%	16%	100%	
		August	74%	10%	16%	99%	
September		71%	9%	17%	97%		
October		69%	10%	19%	98%		
November	71%	10%	17%	98%			
SGH Total			70%	12%	19%	102%	
Medicine Total			69%	11%	21%	101%	

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %	
Surgery	DPoW	January	82%	9%	5%	96%	
		February	83%	9%	3%	96%	
		March	83%	9%	4%	95%	
		April	84%	7%	6%	96%	
		May	84%	7%	6%	97%	
		June	81%	8%	6%	96%	
		July	83%	7%	6%	96%	
		August	80%	9%	4%	93%	
		September	74%	9%	10%	93%	
		October	77%	9%	8%	94%	
		November	80%	9%	4%	93%	
	DPoW Total			81%	8%	6%	95%
	SGH	January	72%	14%	29%	115%	
		February	66%	11%	34%	111%	
		March	74%	12%	27%	113%	
		April	76%	11%	24%	112%	
		May	78%	10%	26%	114%	
		June	77%	10%	23%	110%	
		July	77%	10%	22%	109%	
		August	77%	11%	16%	105%	
		September	72%	11%	18%	101%	
		October	70%	11%	19%	100%	
	November	70%	13%	18%	102%		
	SGH Total			74%	11%	23%	108%
	GDH	January	44%	14%	9%	67%	
		February	52%	14%	14%	80%	
		March	56%	18%	18%	92%	
		April	48%	22%	26%	96%	
		May	57%	12%	13%	81%	
		June	50%	12%	9%	72%	
		July	67%	12%	15%	93%	
		August	64%	12%	15%	92%	
		September	67%	16%	10%	93%	
October		56%	22%	8%	86%		
November		45%	18%	10%	73%		
GDH Total			55%	16%	13%	84%	
Surgery Total			75%	10%	14%	99%	

Appendix D – Nursing Fill Rate Analysis

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Family Services	DPoW	January	69%	17%	3%	90%
		February	70%	14%	3%	87%
		March	75%	13%	2%	90%
		April	73%	12%	3%	88%
		May	74%	10%	1%	85%
		June	72%	10%	3%	85%
		July	72%	12%	2%	86%
		August	68%	10%	4%	82%
		September	68%	12%	1%	81%
		October	69%	13%	3%	84%
		November	65%	13%	3%	81%
DPoW Total			71%	12%	3%	86%
Family Services	SGH	January	67%	16%	9%	92%
		February	69%	13%	9%	90%
		March	74%	10%	9%	92%
		April	67%	15%	12%	93%
		May	64%	13%	13%	90%
		June	65%	14%	12%	90%
		July	60%	14%	11%	85%
		August	58%	13%	12%	83%
		September	61%	14%	13%	88%
		October	65%	15%	12%	92%
		November	63%	13%	13%	89%
SGH Total			65%	14%	11%	90%
Family Services	Trustwide	January	50%	5%	0%	55%
		February	46%	10%	0%	56%
		March	45%	10%	0%	55%
		April	56%	9%	0%	64%
		May	60%	3%	2%	65%
		June	71%	2%	1%	74%
		July	69%	5%	1%	75%
		August	50%	4%	4%	58%
		September	52%	5%	3%	60%
		October	61%	0%	4%	65%
		November	79%	2%	1%	82%
Trustwide Total			58%	5%	2%	64%
Family Services Total			67%	12%	6%	85%

Division	Site	Month	Substantive Registered Fill Rate %	Bank Registered Fill Rate %	Agency Registered Fill Rate %	All Registered Fill Rate %
Communtiy & Therapies	GDH	January	69%	6%	23%	98%
		February	61%	9%	37%	108%
		March	64%	9%	28%	101%
		April	66%	4%	31%	101%
		May	76%	5%	22%	103%
		June	80%	4%	18%	102%
		July	71%	7%	23%	100%
		August	62%	7%	26%	95%
		September	55%	8%	33%	96%
		October	66%	6%	33%	105%
		November	73%	8%	23%	103%
GDH Total			68%	7%	27%	101%
Communtiy & Therapies Total			68%	7%	27%	101%

Detailed Ward Fill Rate data is available in the attached file:



Microsoft Excel Worksheet

Agenda Number:

CoG (01/24) Item: 5.3.2

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead	Jonathan Lofthouse, Group Chief Executive	
Contact Officer/Author	Wendy Booth, Interim Governance Advisor	
Title of the Report	Board Assurance Framework	
Purpose of the Report and Executive Summary (to include recommendations)	<p><u>Purpose</u></p> <p>The report provides the current version of the Board Assurance Framework (BAF) as at Q2.</p> <p><u>Recommendations</u></p> <p>The Trust Board is asked to</p> <ul style="list-style-type: none"> a) receive and review the BAF; b) note that, in respect of the risks to the achievement of the Trust's strategic objectives, there has been no movement in the overall risk ratings since the Q1 report; c) note plans for a Group Chief Executive led Risk & Assurance Group to be convened to identify any additional gaps in controls and assurances within the BAF and to agree and drive delivery of the planned actions. Similarly to identify, manage & mitigate the underpinning high rated risks on the Trust's risk register; d) note that a more detailed update will be provided in the Q3 report; <p>note that, as part of the development of the group model, work will also be undertaken in due course to align the strategic objectives of the two trusts and, in turn, the BAF.</p>	
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 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
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 checked="" type="checkbox"/> 1 - 1.1 <input checked="" type="checkbox"/> 1 - 1.2 <input checked="" type="checkbox"/> 1 - 1.3 <input checked="" type="checkbox"/> 1 - 1.4 <input checked="" type="checkbox"/> 1 - 1.5	To live within our means: <input checked="" type="checkbox"/> 3 - 3.1 <input checked="" type="checkbox"/> 3 - 3.2 To work more collaboratively: <input checked="" type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5

	✓ 1 - 1.6 To be a good employer: ✓ 2	<input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	Covered within the report	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Covered within the report	
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

Board Assurance Framework - 2023 / 24

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

Board Assurance Framework - 2023 / 24

The Trust's risk appetite is:

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

Context

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

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

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

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

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

Risk Management

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

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

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)	

<p>S01 - 1.1 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> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Chief Medical Officer and Chief Nurse	Q&SC
<p>S01 - 1.2 The risk that the Trust fails to deliver constitutional and other regulatory performance targets</p> <p>Strategic Objective 1-1.2</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Chief Operating Officer	FSFC
<p>S01 - 1.3 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> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Director of Strategic Development	Trust Board
<p>S01 - 1.4 The risk that the Trust's estates, infrastructure and equipment may be inadequate or at risk of becoming inadequate</p> <p>Strategic Objective 1-1.4</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Director of Estates and Facilities	FSFC
<p>S01 - 1.5 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> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Chief Information Officer	ARG/Trust Board
<p>S01 - 1.6 The risk that the Trust's business continuity arrangements are not adequate to cope</p> <p>Strategic Objective 1-1.6</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Chief Operating Officer	FSFC
<p>S02 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> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Low	Director of People	WC
<p>S03 - 3.1 The risk that either the Trust or the Hunter Coast and Vase HCP fail to achieve their financial objectives and responsibilities</p> <p>Strategic Objective 3.3.1</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Moderate	Chief Financial Officer	FSFC
<p>S03 - 3.2 The risk that the Trust fails to secure and deploy adequate mgt capital</p> <p>Strategic Objective 3.3.2</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Moderate	Director of Strategic Development	Trust Board
<p>S04 The risk that the Trust is not a good partner and collaborator</p> <p>Strategic Objective 4</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Moderate	Director of Strategic Development	Trust Board
<p>S05 The risk that the adequacy of the Trust will not be adequate to the tasks set out in its strategic objectives</p> <p>Strategic Objective 5</p> <p>Inherent Risk Current Risk Current Risk Current Risk Target Risk Target Risk Target Risk Target Risk Risk Q1 Q2 Q3 Q4 2023 2024</p>	Moderate	Chief Executive	WC

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 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Quality and Safety Committee	Enabling Strategy / Plan: Quality Strategy, Patient Safety Strategy, Risk Management Strategy, Nursing, Midwifery & Allied Health Care Professionals Strategy, Clinical Strategy, Medical Engagement Strategy	
Consequence	5	5	5		5						
Likelihood	3	3	3		3						
Risk Rating Score	15	15	15		15						
							Reviewed: 10 October 2023	Risk Owners: Chief Medical Officer and Chief Nurse			

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																				
<ul style="list-style-type: none"> Quality and Safety Committee (Q&SC) Operational Plan 2022/23 Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems Risk Management Group Trust Management Board Quality Board, NHSE Place Quality Meetings - N Lincs, N E Lincs, East Riding SI Collaborative Meeting with ICB, with Place Representatives Health Scrutiny Committees (Local Authority) Chief Medical Information Officer (CMIO) Council of Governors SafeCare Live Serious Incident Panel, Patient Safety Specialist and Patient Safety Champions Group Nursing Metric Panel Meeting OPEL Nurse staffing levels and short term staffing SOP Nursing and Midwifery & AHP Board NICE Guidance implementation monitoring and reporting processes Learning from deaths process Mortality Improvement Group Vulnerabilities Group Incident control group chaired by NHSE to support Paediatric Audiology service. 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Committees and Groups Integrated Performance Report Annual Safe Staffing Report, Vulnerabilities report, Annual Complaints Report, Quality Improvement Report, Infection Control Annual Report, Maternity and Ockenden Report to Trust Board, Learning from deaths annual and quarterly reports. Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board NICE Guidance Assurance Report to Q&SC IPC - Board Assurance Framework and IPCC Inpatient surveys Nursing assurance safe staffing framework NHSI Audit Outlier Report to Quality Governance Group 15 Steps Accreditation Tool CQC action planning, monitoring and assurance of action completion processes <p>External (positive):</p> <ul style="list-style-type: none"> Internal Audit - Serious Incident Management, N2019/16, Significant Assurance Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance NHSE External Review of Safe Staffing Establishment and Recommendations - February 2022 Maternity Birth Rate Plus Review - 2022 Internal Audit - CQC action plan compliance – Significant assurance Improved ratings in CQC inspection (Dec 2022 report) with Good for Goole Hospital and Safe domain improved from Inadequate to Requires Improvement Maternity CNST standards compliance submission Health Scrutiny Committees (Local Authority) 	<p>Action</p> <ul style="list-style-type: none"> Continue to develop metrics as data quality allows Delivery of deteriorating patient improvement plan Implementation of End of Life Strategy (system-wide strategy) Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2023 (later due to national delays) Implementation of the Learning From Patient Safety Events incident reporting requirements (we are in testing phase)- Completed Review and implement changes to Audiology Service 15 steps Star Accreditation Programme commenced Delivery of the Quality Priorities for 2023/24 improving patient outcomes in 5 specific areas. Delivery of the 2023/24 CQUIN schemes to improve quality of care for patients <table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr> <td>Ongoing</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Amber</td> </tr> <tr> <td>Q4 2025/26</td> <td>Amber</td> </tr> <tr> <td>Q3 2023/24</td> <td>Green</td> </tr> <tr> <td>Q2 2023/23</td> <td>Blue</td> </tr> <tr> <td>Q3 2023/24</td> <td>Amber</td> </tr> <tr> <td>Ongoing</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> <tr> <td>Q4 2023/24</td> <td>Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Ongoing	Green	Q4 2023/24	Amber	Q4 2025/26	Amber	Q3 2023/24	Green	Q2 2023/23	Blue	Q3 2023/24	Amber	Ongoing	Green	Q4 2023/24	Green	Q4 2023/24	Green	<ul style="list-style-type: none"> Influenza surges and other infections which impact on patient experience National policy changes to access and targets Reputation as a consequence of recovery Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19 Generational workforce : analysis shows significant risk of retirement in workforce Many services single staff/small teams that lack capacity and agility Impact of IPC plans on NLAG clinical and non clinical strategies Skill mix of staff Student and International placements and capacity to facilitate/supervise/train. Transition from SI reporting framework to PSIRF approach. <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>
Quarter / Year	Assurance																						
Ongoing	Green																						
Q4 2023/24	Amber																						
Q4 2025/26	Amber																						
Q3 2023/24	Green																						
Q2 2023/23	Blue																						
Q3 2023/24	Amber																						
Ongoing	Green																						
Q4 2023/24	Green																						
Q4 2023/24	Green																						

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Estate and compliance with IPC requirements B12- see BAF SO1 - 1.4 Ward equipment and replacement programme see BAF SO1 - 1.4 Attracting sufficiently qualified staff - see BAF SO2 Funded full time Transition post across the Trust Paediatric audiology service 	<ul style="list-style-type: none"> Delays with results acknowledgement (system live, process not yet embedded) Progress with the End of Life Strategy Safety and delays on cancer pathways Patient safety risks increased due to longer waiting times. (Refer to SO1-1.2) 	<p>Divisional / Departmental Risks Score >15:</p> <p>No 2347 Deteriorating patient risk, Surgery = 15</p> <p>No 2992 Lack of Changing Places facility at SGH = 16</p> <p>No 3036, Risk to Patient Safety, Quality of Care and Patient Experience within ED due to LLOS = 16</p> <p>No 3114, Delays in children being reviewing in Paediatric Endocrine Service, may lead to failure to treat and manage the child's condition, leading to significant physical, mental issues, that could be life limiting = 20</p> <p>No 3144, Paediatric Audiology Service, risk of harm to babies where hearing loss diagnosis is delayed or incorrect = 16</p> <p>No 3158, Risk of not being able to view scans on Badgernet, patient safety risk to high risk pregnancies = 15</p> <p>No 3161, Risk of patient deterioration not being recognised and escalated on NEWS = 15</p> <p>No 3162, quality of care and patient safety based on nurse staffing position in Medicine = 20</p> <p>No 3164, Nurse Staffing, high number of registered nurse and support worker vacancies = 20</p> <p>No 3168, Newborn hearing screening service cross-site (reduced management time / no management cover) = 16 (Risk closed on Ulysses due to incorrect risk rating).</p> <p>No 3196, Breast imaging service loss of capacity, will impact on delivery of 2ww service and delay patient pathways = 15</p> <p>No 3221, Badgernet Implementation, due to potential failure to obtain funding, may result in an adverse impact on patient safety and Trust reputation = 9 (previously 15)</p> <p>No 3226, Risk of not being able to support delivery of new work relating to quality and audit workstreams, due to PAS/Lorenzo development freeze, may result in negative impact on patients quality of care and financial loss = 16</p>	<ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration International recruitment Shared clinical development opportunities Development of Integrated Care Provider with Local Authority

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.2: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.							Risk to Strategic Objective 1 - 1.2: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.				
	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)		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						
Likelihood	4	4	4		3						
Risk Rating Score	20	20	20		15						
							Reviewed: 10 October 2023		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 Planning and Performance 	<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, Planning and Performance Integrated Performance Report to Trust Board and Committees. Executive and Non Executive Director Report (bi-monthly) to Trust Board. <p>Positive:</p> <ul style="list-style-type: none"> Audit Yorkshire, Internal Audit, A&E Performance Indicators and Breach to Non-Breach Amendments, May 2021, Significant / Limited Benchmarked diagnostic recovery report outlining demand on services and position compared to peers presented at PRIM, October 2020. No significant differences identified, Trust compares to benchmarked peers. Independent Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022 Audit Yorkshire internal audit: Waiting List Management (including Clinical Harm): Significant Assurance, Q1 2022 Completed job plans for relevant clinicians for 2022-23 <p>External:</p> <ul style="list-style-type: none"> Audit Yorkshire, Internal Audit, A&E Performance Indicators and Breach to Non-Breach Amendments, May 2021, Significant / Limited NHSE Intensive Support Team Independent Audit of RTT Business Rules following a number of RTT errors - all high risk areas identified and fully validated - work completed Q1 2022 ECIST & GIRFT Support Team Visits Scheduled for Nov 2023 	<p>Action</p> <ul style="list-style-type: none"> Progress with implementation of General Internal Medicine/Frailty Model and the link as a wider integrated frailty model across Northern Lincolnshire Review of clinical pathways linked to HAS programme 1 Humber Clinical Collaborative Programme (HCCP), seven specialities Validation of all RTT Clock Stops back to 100% Integrated Performance Report to Trust Board and Committees. Executive and Non Executive Director Report (bi-monthly) to Trust Board. Develop divisional dashboards Consultant job plans to be signed off for 2023-24 Completion of theatre refurbishment programme Implementation of 2023/24 Outpatient Clinic Configuration aligned to 2023/24 Activity Plan and NHS Operational Planning Guidance, reducing follow up activity and increasing capacity for new patients Implementation of Gynaecology Service Review including the support the Integrated Acute Assessment Unit (IAAU) model of care Expansion of Community Discharge and Admission Alternative Development workstreams (Virtual Ward capacity, Short Term care capacity and OPAT capacity) Implementation of Criteria to Admit within ED to support reduction in admissions and use of alternative pathways Review of pathways for High Intensity Service Users Implementation of Clinical Frailty Score in ED Review Dementia pathways in ED Implementation phase 3 of AAU business case Cancer Transformation Programme with detailed improvement plans agreed with Divisions to deliver Best Practice timed pathways, plus joint pathway work with HUTH for cross-organisational elements of pathways 	<p>Q2 2023/24 Yellow</p> <p>Q3 2023/24 Amber</p> <p>Q2 2023/24 Amber</p> <p>Q3 2023/24 Amber</p> <p>Q2 2023/24 Amber</p> <p>Q2 2023/24 Amber</p> <p>Q4 2023/24 Yellow</p> <p>Q2 2023/24 Red</p> <p>Q3 2023/24 Green</p> <p>Q2 2023/24 Green</p> <p>Q3 2023/24 Green</p> <p>Q4 2023/24 Green</p> <p>Q3 2023/24 Green</p> <p>Q4 2023/24 Green</p> <p>Q3 2023/24 Green</p> <p>Q4 2023/24 Green</p> <p>Q4 2023/24 Green</p> <p>Q4 2024/25 Yellow</p>	<ul style="list-style-type: none"> Further COVID-19 surges and impact on patient experience and bed planning due to IPC guidance (including norovirus). National policy changes to emergency access and waiting time targets. Funding and fines changes. Reputation as a consequence of recovery. Additional patients with longer waiting times over 18 weeks, 52 weeks, 64 weeks, 62 days and 104 days breaches. Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to inability to access scanner and reporting teams externally Generational workforce analysis shows significant risk of retirement in workforce. Many services single staff / small teams that lack capacity and agility. Staff taking statutory leave unallocated due to COVID-19 risk Future requirement of Type 5 SDEC activity to be submitted as part ECDS requires significant system change. Early adopters from July 23, with mandatory submission from July 24 Inability to staff UCS due to lack of support from Primary Care Impact of Mutual Aid work and increase in waiting times - not meeting constitutional standards and impact on diagnostic capacity Risk of no contracting for independent sector work Funding will not be approved to uplift weekend working for elective activity and support insourcing of theatre staff to backfill vacancy position. Replacement of ward A1 	
					<p>Strategic Threats</p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of surgical and cancer pathways, poor flow and discharge, and increase in patient complaints. Adverse impact of external events (ie. Continued Pandemic) on business continuity and the delivery of core service.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Evidence of compliance with 7 Day Standards. Capacity to meet demand for Cancer, RTT/18 weeks, over 64 weeks, over 52 week waits and Diagnostics Constitutional Standards. Diagnostic capacity and capital funding to be confirmed. Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations. High levels of staff sickness High levels of staff vacancies across registered nurses, doctors and allied health professionals in all service areas. 	<ul style="list-style-type: none"> Quality of reports to board assurance committees Quality and timeliness of data Recruitment and development of Consultants, specialist nurses 	<p>No 1851, Shortfall in capacity with Ophthalmology service = 15</p> <p>No 2244, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16</p> <p>No 2245, Risk to Overall Performance : Non compliance with RTT incomplete target = 16</p> <p>No 2562, Failure to meet constitutional targets in ECC = 20</p> <p>No 2347, Risk to Overall Performance : Overdue Follow-ups = 15</p> <p>No 2592, Risk to Overall Performance: Cancer Waiting / Performance Target 62 day = 16</p> <p>No 2773, Lack of scanning capacity s leading to a risk of delayed diagnosis = 16</p> <p>No 2949, Oncology Service = 20</p> <p>No 3129, Overdue follow-up and new patients waiting lists for paediatric patients at SGH = 15</p> <p>No 3131, Delay in paediatric assessment being carried out (multi-agency assessment) for under five years of age = 16</p> <p>No 3201, Clinical capacity within colposcopy = 15</p> <p>No 3204, One year wait for new referrals to see a Consultant Paediatrician into the ADHD post diagnosis support service = 15</p> <p>No 3217, Breast Imaging Workforce Depletion, and delays to deliver care occurring to cancer standards = 15 20</p> <p>No 3196, Breast Imaging Service loss of capacity = 15</p> <p>No 3048, Challenges to recruitment of acute care physician vacancies in Acute = 16</p> <p>No 3063, Doctors Vacancies within Medicine Division = 16</p> <p>No 3045, Medical Workforce Vacancies in Gastroenterology = 16</p> <p>No 3114, Delays in Children being reviewed in DPOW Paediatric Endocrine Service = 20</p> <p>No 2576, Paediatric Medical Support Pathway for ECC - 'Fastrack' = 16</p> <p>No 2775, Scunthorpe MRI scanner past end of 7 year life, lack of capital availability, impact will be reduced capacity to deliver scans for some cancer pathways = 20</p> <p>No 3168, Newborn hearing screening service cross-site (reduced management time / no management cover) = 16</p>	<ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration Collaboration with PCNs in NL / NEL to support full implementation of the UCS model

Strategic Objective 1 - To give great care

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

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

	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy and Strategic Plan, Clinical Strategy, Integrated Care System
		Q1	Q2	Q3	Q4					
Consequence	4	4	4			4	Reviewed: 24 October 2023	Risk Owner: Director of Strategic Development		
Likelihood	3	3	3			2				
Risk Rating	12	12	12			8				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks																																							
<ul style="list-style-type: none"> NLaG Clinical Strategy 2021/25. Trust Priorities 2023/24 Humber and North Yorkshire Integrated Care System Integrated Care System (ICS) Leadership Group. Quality and Safety Committee. Acute and Community Care Collaboratives (ACC). Humber Cancer Board. Humber Acute Services - Executive Oversight Group (HAS) Health Overview and Scrutiny Committees (OSC). Trust Membership Council of Governors. Primary Care Networks (PCNs). Place Boards Clinical and Professional Leaders Board. Hospital Consultants Committee (HCC) / MAC Joint Development Board (JDB) Committees in Common (CIC) Patient Safety Champions 	<p>Positive:</p> <ul style="list-style-type: none"> NHSE Assurance and Gateway Reviews. OSC Engagement. Clinical Senate formal review The Consultation Institute (assurance on the engagement process) <p>Internal:</p> <ul style="list-style-type: none"> Minutes from Committees and Executive Oversight Group for HAS, JDB, CIC Humber and North Yorkshire Integrated Care System ICS Leadership Group. OSC Feedback. Outcome of public, patient and staff engagement exercises. Executive Director Report to Trust Board. Non-Executive Director Committee Chair Highlight Report to Trust Board <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). Citizens Panel (Humber). The Consultation Institute (assurance on the engagement process) 	<p>Action</p> <ul style="list-style-type: none"> CIC / NED / Governor reviews Evaluation of the models and options with stakeholders Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case Citizens Panel reviews To undertake continuous process of stocktake and assurance reviews NHSE and Clinical Senate review Joint OSC - reviews To undertake continuous engagement process with public and staff <p>Stakeholder Mapping</p> <ul style="list-style-type: none"> Public Consultation (launched 24 Sept 23 - 5 Jan 24) NHSE Gateway review (pre-consultation) ICB Executive Assurance Board / IC Board Approval Final report from Clinical Senate review (due Q1) HAS Risk Workshop with ICB Executives (30 May 23) Case studies for each proposed service change Public exhibition events Decision Making Business Case NHSE Gateway review (post-consultation) Capital short form business case 	<table border="1"> <thead> <tr> <th>Quarter / Year</th> <th>Assurance</th> </tr> </thead> <tbody> <tr><td>Q4 2022/23</td><td>Blue</td></tr> <tr><td>Q4 2022/23</td><td>Blue</td></tr> <tr><td>Q4 2022/23</td><td>Blue</td></tr> <tr><td>Q2 2023/24</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Blue</td></tr> <tr><td>Q2 2023/24</td><td>Blue</td></tr> <tr><td>Q2 2023/24</td><td>Blue</td></tr> <tr><td>Q1 2023/24</td><td>Blue</td></tr> <tr><td>Q2/Q3 2023/24</td><td>Green</td></tr> <tr><td>Q2 4 2023/24</td><td>Blue</td></tr> <tr><td>Q4 2023/24</td><td>Green</td></tr> <tr><td>Q1 2023/24</td><td>Blue</td></tr> <tr><td>Q1 2023/24</td><td>Blue</td></tr> <tr><td>Q3 2023/24</td><td>Green</td></tr> <tr><td>Q3 2023/24</td><td>Green</td></tr> <tr><td>Q3/4 2023/24</td><td>Green</td></tr> <tr><td>Q4 2023/24</td><td>Green</td></tr> <tr><td>Q4 2023/24</td><td>Green</td></tr> </tbody> </table>	Quarter / Year	Assurance	Q4 2022/23	Blue	Q4 2022/23	Blue	Q4 2022/23	Blue	Q2 2023/24	Green	Q1 2023/24	Blue	Q2 2023/24	Blue	Q2 2023/24	Blue	Q1 2023/24	Blue	Q2/Q3 2023/24	Green	Q2 4 2023/24	Blue	Q4 2023/24	Green	Q1 2023/24	Blue	Q1 2023/24	Blue	Q3 2023/24	Green	Q3 2023/24	Green	Q3/4 2023/24	Green	Q4 2023/24	Green	Q4 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 Decoupling maternity/neonates from HAS programme (impact on paediatrics) <p>Strategic Threats</p> <ul style="list-style-type: none"> Government legislative and regulatory changes. Change in local leadership meaning priority changes. Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users. Creation of Placed based partnerships Strategic Capital allocation
Quarter / Year	Assurance																																									
Q4 2022/23	Blue																																									
Q4 2022/23	Blue																																									
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Q4 2023/24	Green																																									
Q1 2023/24	Blue																																									
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Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities																																							
<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 	<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 and Digital Strategy 		<ul style="list-style-type: none"> Clinical pathways to support patient care, driven by digital solutions. Closer ICS working. Provider collaboration. System wide collaboration to meet control total. HAS Programme Joint workforce solutions inc. training and development Humber wide 																																							

Strategic Objective 1 - To give great care

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

Risk to Strategic Objective 1 - 1.4: The risk that the Trust's estate, infrastructure and engineering equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.

	Inherent Risk	Current Risk				Target Risk by 31 March 2024
		Q1	Q2	Q3	Q4	
Consequence	5	5	5			5
Likelihood	4	4	4			4
Risk Rating	20	20	20			20

Risk Appetite Score: Low (4 to 6)

Date of Assessment: 6 June 2023 (Trust Board)

Lead Committee: Finance and Performance Committee

Enabling Strategy / Plan: Estates and Facilities Strategy, Clinical Strategy, Digital Strategy

Reviewed: 7 July 2023

Risk Owner: Director of Estates and Facilities

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks										
<ul style="list-style-type: none"> Audit Risk & Governance Committee Finance and Performance Committee Capital Investment Board Six Facet Survey - 5 years Annual AE Audits Annual Insurance and External Verification Testing Estates and Facilities Governance Group Trust Management Board (TMB) Project Boards for Decarbonisation Funds BLM Capital Group Meeting PAM (Premises Assurance Model) Specialist Technical Groups 	<p>Positive:</p> <ul style="list-style-type: none"> External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) PAM <p>Internal:</p> <ul style="list-style-type: none"> Minutes of Finance and Performance Committee, Audit Risk & Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation PAM Non Executive Director Committee Chair Highlight Report (bi-monthly) to Trust Board Executive Director Report (6 monthly) to Trust Board Specialist Technical Groups <p>External:</p> <ul style="list-style-type: none"> External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) ERIC (Estates Return Information Collection) 	<p>Action</p> <ul style="list-style-type: none"> Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date; ongoing Secure sufficient Core Capital Funding to ensure the infrastructure, engineering and equipment needs identified in the 6 facet survey can be managed appropriately. Complete refurbishment of old DPOW ED (programme slipped - new completion date Dec 2023) Complete refurbishment of old SGH ED (completion end of Q4) Complete BLM 23/24 programme <p>Quarter / Year</p> <table border="1"> <tr> <td>Ongoing Actions</td> <td>Green</td> </tr> <tr> <td>Ongoing Actions</td> <td>Red</td> </tr> <tr> <td>Q3 2023/24</td> <td>Red</td> </tr> <tr> <td>Q3 2023/24</td> <td>Red</td> </tr> <tr> <td>Q4 2023/24</td> <td>Amber</td> </tr> </table>	Ongoing Actions	Green	Ongoing Actions	Red	Q3 2023/24	Red	Q3 2023/24	Red	Q4 2023/24	Amber	<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, 2022/23 Six Facet = £117m) <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 <p>The Critical Infrastructure Risk (CIR) is 74% of the total BLM. The breakdown of the CIR % per site is detailed below:</p> <ul style="list-style-type: none"> Grimby 21% CIR of the BLM Scot 11% CIR of the BLM Scunthorpe 42% CIR of the BLM
Ongoing Actions	Green												
Ongoing Actions	Red												
Q3 2023/24	Red												
Q3 2023/24	Red												
Q4 2023/24	Amber												
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR Insufficient Capital funding 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Integrated Performance Report - Estates and Facilities (development in progress) 	<p>Links to High Level Risks Register</p> <ul style="list-style-type: none"> No 1620, Medical Gas Pipeline System = 20 No 2038, Fire Compliance = 20 No 2623, Failure of windows - Trustwide = 20 No 2088, Building Management Systems (BMS) Controller failure/upgrade = 20 No 2719, Water Safety Compliance: Oversized water distribution pipes = 20 No 2951, Electrical: Age and resilience of Low Voltage Electrical Infrastructure - Trustwide = 20 No 2655, SGH - Replacement of primary heat source and associated infrastructure and equipment to include the Steam Raising Boilers = 20 No 3015 Insufficient estate resources to manage the workload demand - Trustwide = 20 No 1774, Poor condition of Fuel Oil Storage Tanks - SGH = 16 No 2035, Equality Act 2010 compliance - Trustwide = 16 No 2272, EHO Compliance with Ward Based Kitchen surfaces and storage areas - Trustwide = 16 No 2905, Ageing Diesel Powered Generator Sets - CSSD1 - Secondary Power Source Failure - DPoW = 16 No 2952, Water Safety Compliance: Fire ring main - Trustwide = 16 No 2953, Water Safety Compliance: Sensor taps - Trustwide = 16 No 2959, Replacement/Repairs of flat roof - Trustwide = 16 No 2036, Ventilation and Air Conditioning - HVAC - Trustwide = 15 No 2955, Med Gas; Insufficient Oxygen pressure available due to VIE and pipework configuration and sizing - Trustwide = 15 	<p>Future Opportunities</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 4 submission Feasibility of District Heating network for DPOW 										

Strategic Objective 1 - To give great care

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

Risk to Strategic Objective 1 - 1.5: The risk that the Trust's failure to deliver the digital strategy may adversely affect the quality, efficacy or efficiency of patient care and/or use and sustainability of resources, and/or make the Trust vulnerable to data losses or data security breaches.

		Current Risk								
	Inherent Risk	Q1	Q2	Q3	Q4	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Audit, Risk and Governance Committee / Trust Board	Enabling Strategy / Plan: Digital Strategy
Consequence	3	3	3			3				
Likelihood	2	2	2			2				
Risk Rating	6	6	6			6		Reviewed: 30 October 2023	Risk Owner: Chief Information Officer	

Current Controls	Assurance (internal & external)	Planned Actions	Quarter / Year	Assurance	Future Risks
<ul style="list-style-type: none"> Finance and Performance Committee Up to date Digital / IT policies, procedures and guidelines Digital Strategy Board Digital Solutions Delivery Group Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation. Audit Risk & Governance Committee (including external Auditor reports) Annual Penetration Tests Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication Trust Management Board (TMB) 	<p>Internal:</p> <ul style="list-style-type: none"> A Digital Strategy Board reviews progress of the plans to achieve the strategy Highlight reports to Trust Board, Audit Risk and Governance Committee, Finance and Performance Committee and TMB Digital / IT Policies all current CIO/Executive Director Report (6 monthly) to Trust Board Digital / IT Policies all current Consolidated digital services leadership team (Chief Technology Officer, Deputy CIOs and Chief Medical Information Officer, Chief Nurse Information Officer, Chief AHP and Nursing Info Officer) <p>External:</p> <ul style="list-style-type: none"> Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021. Significant Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Risk Moderate, High Assurance, 2023 <p>Positive Assurance:</p> <ul style="list-style-type: none"> The Integrated Performance Report (IPR) has been revised and updated. This was done with NHSE/I who have stated it is now among the leading models for reporting. Significant Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Risk Moderate, High Assurance, 2023 	<p>Action</p> <ul style="list-style-type: none"> Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation. Work is being undertaken to target specific gaps which were undelivered by Q4 2022/23. IPR - further review of current the IPR to align with how the Group model evolves. (ie. adding digital, finance and estates) Ongoing work to secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Depending when NHSE EPR digitisation funding is made available which is likely to be in Q3/Q4 2023/24 The Data Warehouse with core activity data sets will be completed and running on the new platform by Feb 2024 due to the rescheduling of the Lorenzo PAS go-live. (Undelivered by Q1 2023-24). Review recently submitted Digital Maturity Assessment when published as part of WGLL framework factor in any revision to strategic plans based on findings. Continuing work on reconfiguration of local Digital Services functions to align to group structure increasing resilience and its ability to deliver strategic change. 	<p>Q4 2023/24</p> <p>Q4 2023/24</p> <p>Q4 2023/24</p> <p>Q4 2023/24</p> <p>Q2 2023/24</p> <p>Q4 2023/24</p>	<p>Green</p> <p>Green</p> <p>Amber</p> <p>Yellow</p> <p>Blue</p> <p>Green</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 <p>Strategic Threats</p> <ul style="list-style-type: none"> Capital funding to deliver IT solutions and establish a 5 yr plan Government legislative and regulatory changes shifting priorities as the ICS continues to evolve
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. Achieve DSP Toolkit compliance - currently approaching standards. 	<ul style="list-style-type: none"> Implementation of PAS and connection to Data Warehouse DSP Mandatory Training (critical that operational managers across all divisions ensure that staff completed the training) 	<ul style="list-style-type: none"> No 2300, Insufficient processes in place to ensure records management/quality against national guidance. Gaps include: Limited application of a corporate records audit, not fully implemented IGA retention standards. = 16 			<ul style="list-style-type: none"> Humber and North Yorkshire ICS, system wide collaborative working Clinical pathways to support patient care, driven by digital solutions Collaborative working with HAS, the Acute Care Collaborative and Integrated Care Partnership Approved funding to procure a Single Enterprise EPR, cloud hosted for the NLaG and HUTH.

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).

	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: NLAG Winter Planning and Potential COVID-19 Wave, Business Continuity Policy	
Inherent Risk	Q1	Q2	Q3	Q4						
Consequence	4	4	4							4
Likelihood	3	3	3							2
Risk Rating	12	12	12		8	Reviewed: 10 October 2023	Risk Owner: Chief Operating Officer			

Current Controls	Assurance (internal & external)	Planned Actions	Quarter / Year	Assurance	Future Risks
<ul style="list-style-type: none"> Winter Planning Group. Strategic Planning Group. A&E Delivery Board. Director of People - Senior Responsible Owner for Vaccinations. Ethics Committee. Clinical Reference Group. Influenza vaccination programme. Public communications re: norovirus and infectious diseases. Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group. IPC protocols implemented including mask wearing and rapid testing process Patient Flow Improvement Group (PFIG) Discharge System Improvement Group Planned Care Improvement and Productivity (PCIP) Industrial action planning (Strategic & Tactical Group) Emergency Preparedness, Resilience and Response Steering Group Bank Holiday Planning Group Executive Led Bed Occupancy and Length of Stay Review 	<p>Internal:</p> <ul style="list-style-type: none"> National and Regional exercises testing emergency plans, business continuity and planning assumptions (e.g. Artic Willow, Mighty Oak) Business continuity management system and business continuity plans Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, A&E Delivery Board, Clinical Reference Group, PFIG, Discharge System Improvement Group, PCIP, Strategic & Tactical Group, Emergency Preparedness, Resilience and Response Steering Group, Bank Holiday Planning Group, Executive Led Bed Occupancy and Length of Stay Review <p>Positive:</p> <ul style="list-style-type: none"> Half yearly tests of the Major incident response cascades Annual review of business continuity plans. Internal audit of emergency planning and business continuity compliance 2022/23 rated substantial compliance <p>External:</p> <ul style="list-style-type: none"> Emergency Planning self-assessment tool and peer review against the NHSE EPRR Core Standards rated substantial compliance for 2022/23 NHSE review of emergency planning self-assessment 2021/22 rated substantial compliance Internal audit of emergency planning and business continuity compliance 2022/23 rated substantial compliance EMAS Audit of Trust CBRNe/HAZMAT arrangements with no recommendations (2022/23) 	<p>Action</p> <ul style="list-style-type: none"> Relaunch of loggist training and provision (previous action was Green) Review of Evacuation Plan (previous action was Yellow) <ul style="list-style-type: none"> Continuous Review of Evacuation Plan Planning for and response to industrial action (multiple unions) Inclusion of details of BC plans tested/implemented during exercises/incidents documented in reports. Rolling Schedule of annual business continuity plans Major incident table top exercises underway with new Strategic Health Commanders Review of Major Incident Plan and Critical Incident Plan NHSE Core Standard for EPRR 2023/24 compliance and assurance Flu / COVID Public Health campaign for Vaccinations Roll out of new Major Incident Triage Tool (MITT) Winter Planning Group commenced for 2023/24 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Q2 2023/24</p> <p>Q2 2023/24</p> <p>Q3 2023/24</p> <p>Q4 2023/24</p> <p>Q4 2023/24</p>	<p>Blue</p> <p>Blue</p> <p>Blue</p> <p>Yellow</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p>	<ul style="list-style-type: none"> COVID-19 surge. Availability of clinical consumables, equipment and some medications post EU Exit / Ukraine Costs and timeliness of deliveries due to EU Exit / Ukraine Additional patients with longer waiting times RTT, Cancer and Diagnostics. Increase in seasonal outbreaks (influenza, norovirus) impacting on bed capacity. National industrial action Medical Staff within healthcare and other sectors impacting on workforce levels and elective recovery plan Increased risk of cyber attacks due to sanctions imposed on Russia. Risk of energy supply disruptions over winter period Risk to delivery of EPRR Work and Training Programme due to ongoing industrial action workload
					<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 cancer pathways, poor flow and discharge, an increase in patient complaints.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Capacity to meet demand (workforce). Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into 2023/24. Lower than expected uptake of influenza vaccination. 	<ul style="list-style-type: none"> BC Plans that are tested or implemented during exercises/incidents are not specifically named or captured within reports to evidence testing. Challenge in releasing workforce to attend specialist training (e.g. CBRN/HAZMAT). Recruitment pipeline to address medical staffing shortfalls and reduce reliance on agency. Recruitment pipeline to address nurse staffing shortfalls and reduce reliance on agency. 	<ul style="list-style-type: none"> No 2562, Constitutional A&E targets = 20 No 3164, Nurse staffing = 20 No 2976, Registered nursing vacancies = 25 No 3063, Doctor vacancies = 16 	<ul style="list-style-type: none"> Closer Integrated Care System working. Provider collaboration. Participation in national, regional and ICS/LRF exercising and testing of emergency plans.

Strategic Objective 2 - To be a good employer

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

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Workforce Committee	Enabling Strategy / Plan: People Strategy, NHS People Plan, Leadership Development Strategy
		Q1	Q2	Q3	Q4					
Consequence	5	5	5			5		Reviewed: 24 October 2023	Risk Owner: Director of People	
Likelihood	3	4	4			3				
Risk Rating	15	20	20			15				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks								
<p>Locally</p> <ul style="list-style-type: none"> Workforce Committee Audit Risk & Governance Committee Trust Management Board (TMB) PRIMS Nursing, midwifery & AHP recruitment and retention group Remuneration and Terms of Service Committee (RATS) Culture Transformation Board (CTB) & Culture Transformation Working Group (CTWG) Workforce Systems Group (Finance, HR and Operations) People Directorate - People Strategy Annual Delivery Implementation Plan 2023/24 Annual NHS staff survey and quarterly People Pulse <p>Regional and ICB</p> <ul style="list-style-type: none"> Humber and North Yorkshire (HNY) – ICB Strategic Workforce Group Humber Workforce Group ICB People Strategy HNY ICB HRD Group Yorkshire and North East – HRD Group <p>National</p> <ul style="list-style-type: none"> National HRD Forum NHS People Plan and People Promise NHS Employers Forum 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Workforce Committee, Audit Risk & Governance Committee, Trust Management Board, PRIMs, Recruitment and Retention Group, Workforce Development Portfolio Governance Boards, Culture Transformation Board, Workforce Systems Group, Remuneration and Terms of Service Committee. NHS People Plan, NLAG People Strategy and Implementation Plan reported to Workforce Committee. Workforce Integrated Performance Report Annual staff survey and people pulse results Medical engagement survey 2019 Non Executive Director Highlight Report to Trust Board Executive Director Report to Trust Board. <p>Positive:</p> <ul style="list-style-type: none"> IPR decreasing trends Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. <p>External:</p> <ul style="list-style-type: none"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. Minutes of Regional and ICB workforce groups Minutes of National HRD Forum and NHS Employers Forum 	<p>Action</p> <ul style="list-style-type: none"> Develop and care for our own staff to improve retention (People Plan 23/24) Q4 2023/24 Develop the attraction and development of new staff (People plan 23/24) Q4 2023/24 Continue to improve our culture and staff engagement (People Plan 23/24) Q4 2023/24 	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Quarter / Year</th> <th style="width: 15%;">Assurance</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Q4 2023/24</td> <td style="text-align: center;">Green</td> </tr> <tr> <td style="text-align: center;">Q4 2023/24</td> <td style="text-align: center;">Green</td> </tr> <tr> <td style="text-align: center;">Q4 2023/24</td> <td style="text-align: center;">Green</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Pockets of low staff morale impacting turnover Seasonal illness may impact available workforce numbers National policy changes. Generational workforce : analysis shows significant risk of retirement in workforce. Change impact of HASR and Group plans on NLAG clinical and non clinical strategies. Reliance on international pipelines to reduced vacancy position. <ul style="list-style-type: none"> Increased demand on people services due to significant volumes of staff recruitment - potential for delays Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda National strike action driven by pay detracts from local ability to deliver cultural satisfaction. <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Workforce Integrating Care: Next Steps Future staffing needs / talent management 	Quarter / Year	Assurance	Q4 2023/24	Green	Q4 2023/24	Green	Q4 2023/24	Green
Quarter / Year	Assurance										
Q4 2023/24	Green										
Q4 2023/24	Green										
Q4 2023/24	Green										
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Attract, recruit, retain staff to work in the geographical area. Culture and staff engagement. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Vacancy position reducing overall Consultant vacancy position remains high. remain high particularly in medical areas Agency spend remains high Turnover reducing, but above target remains high. 	<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 2550, Pharmacy Staffing = 15 No 2898, Medical Staff - Mandatory Training Compliance = 16 No 2960, Risk of inability to safely staff maternity unit with Midwives = 16 No 3015, Insufficient estate resources to manage the workload demand = 20 No 3045, Medical Workforce Vacancies in Gastroenterology = 16 No 3048, Challenges to recruitment of acute care physician vacancies in Acute = 16 No 3063, Doctors Vacancies within Medicine Division = 16 No 2976, High registered nursing vacancy levels = 25 No 3164, Nurse Staffing, high number of registered nurse and support worker vacancies = 20 No 3209, Risk to Junior Medical Cover - Recruitment Delays to Acute TG CT = 16 No 3217, Breast Imaging Workforce Depletion, and delays to deliver care occurring to cancer standards = 15 	<p>Future Opportunities</p> <ul style="list-style-type: none"> Closer ICS working Provider collaboration International recruitment Place based educational collaboratives 								

Strategic Objective 3 - To live within our means

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

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

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

Reviewed: 10 July 2023

Risk Owner: Chief Financial Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks								
<ul style="list-style-type: none"> Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital. National benchmarking and productivity data constantly reviewed to identify Cost Improvement Programme (CIP) schemes. Engagement with Integrated Care System on system wide planning Monthly ICS Finance Meetings Operational and Finance Plan 2023/24 Counter Fraud and Internal Audit Plans Trustwide Budgetary Control System 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Audit Risk & Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs, Monthly ICS Finance Meetings Non-Executive Director Highlight Report (bi-monthly) to Trust Board <p>Positive:</p> <ul style="list-style-type: none"> Internal Audit Reports - Internal Control - significant assurance <p>External:</p> <ul style="list-style-type: none"> Approval received at ICS Level for 2023/24 capital plan Internal Audit Reports - Internal Control - significant assurance Agreed Financial Plan at ICS Level for 2023/24 Monthly meetings with NHSE Regional Team as a successor to Financial Special Measures regime. 	<p>Action</p> <ul style="list-style-type: none"> There is specific workforce planning ongoing - linked to Workforce committee (refer to SO2) Review of nationally specified control actions currently underway with a view to introduction. Exercise to identify and complete CIP planning process also underway HAS business case planned to go to public consultation Develop workforce plans for non-registered nursing and medical staffing 	<p>Quarter / Year Assurance</p> <table border="1"> <tr><td>Q1</td><td>Green</td></tr> <tr><td>Q2</td><td>Green</td></tr> <tr><td>Q3</td><td>Green</td></tr> <tr><td>Q4</td><td>Red</td></tr> </table> <ul style="list-style-type: none"> COVID-19 further surges and impact on finance and CIP achievement Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme Impact of external factors such as problems with residential and domiciliary care, causing hospitals to operate at less than optimum efficiency and cause financial problems Vacancy levels in medical and nursing driving an unplanned level of spend Inability to transform planned care pathways, including outpatient follow-ups and theatre productivity <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding Integrating Care: Next Steps System wide control total 	Q1	Green	Q2	Green	Q3	Green	Q4	Red
Q1	Green										
Q2	Green										
Q3	Green										
Q4	Red										

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Cost Improvement Programme not fully formed. Delivery plan to support activity targets no fully formed. Clinical strategy required to inform Finance Strategy As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process Month on month adverse variants against operational budgets Inability to recruit and retain staff to meet financial planning assumptions Have we systems in place to facilitate level of recruitment Systems and processes in place to facilitate reduction in turnover rate Uncertainty of existing systems to recruit and retain staff. 	<ul style="list-style-type: none"> Trustwide Budgetary Control System, not working to deliver financial balance with current plans Recurrent delivery of Cost Improvement Programme Plan Management of financial risks arising from the lack of flow Individual organisational sustainability plans may not deliver system wide control total No assurance recruitment or retention will improve Not meeting productivity targets for theatres and outpatients 	<p>No 3162, quality of patient care and patient safety based on nurse staffing position and increase in use of bank and agency nurses and escalation beds = 20</p> <p>No 3174, Trust doesnot receive SystemOne information to be able to submit costs at a patient level as per mandatory requirements of NHSE = 15</p> <p>No 3202, Non-delivery of Medicine Divisional Finance CIP = 16</p> <p>No 3221, Badgernet Implementation, due to potential failure to obtain funding, may result in an adverse impact on patient safety and Trust reputation = 15</p> <p>No 3226, Risk of not being able to support delivery of new work relating to quality and audit workstreams, due to PAS/Lorenzo development freeze, may result in negative impact on patients quality of care and financial loss = 16</p>	<ul style="list-style-type: none"> Closer ICS working Provider collaboration and formation of the Group System wide collaboration to meet control total

Strategic Objective 3 - To live within our means

Description of Strategic Objective 3 - 3.2: To secure adequate capital investment for the needs of the Trust and its patients.	Risk to Strategic Objective 3 - 3.2: The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades.
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Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, Humber Acute Services Programme/ Capital Investment EOI and potential SOC for NHP
		Q1	Q2	Q3	Q4					
Consequence	5	5	5			5		Reviewed: 24 October 2023	Risk Owners: Chief Financial Officer and Director of Strategic Development	
Likelihood	3	3	3		3					
Risk Rating	15	15	15		15					

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks												
<ul style="list-style-type: none"> • Capital Investment Board (Internal Capital) • Trust (Internally) Agreed Capital programme and allocated budget - annual/three yearly • Trust Board • Trust Committee(s) in Common • ICS Strategic Capital Advisory Group • NHSE - HAS Assurance Reviews 	<p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Internal Trust Meetings <p>External:</p> <ul style="list-style-type: none"> • NHSE attendance at AAU / ED Programme Board • CiC Minutes • Place Boards 	<p>Action</p> <ul style="list-style-type: none"> • Develop Capital Investment Strategic Outline Case for development of SGH/DPoW • Review and seek if there are ways of applying for future rounds of PSDS funding • Develop a strategic capital planning framework aligned with joint Board and integrated Place Strategies • Capital short form business case for HAS models <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Quarter / Year</th> <th style="text-align: left;">Assurance</th> </tr> </thead> <tbody> <tr> <td>Q3 2022/23</td> <td style="text-align: center; background-color: #ffff00;">Yellow</td> </tr> <tr> <td>Q1 2024/25</td> <td style="text-align: center; background-color: #90ee90;">Green</td> </tr> <tr> <td>Q2 2023/24</td> <td style="text-align: center; background-color: #90ee90;">Green</td> </tr> <tr> <td>Q4 3 2023/24</td> <td style="text-align: center; background-color: #ffff00;">Yellow</td> </tr> <tr> <td>Q4 2023/24</td> <td style="text-align: center; background-color: #90ee90;">Green</td> </tr> </tbody> </table>	Quarter / Year	Assurance	Q3 2022/23	Yellow	Q1 2024/25	Green	Q2 2023/24	Green	Q4 3 2023/24	Yellow	Q4 2023/24	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)
Quarter / Year	Assurance														
Q3 2022/23	Yellow														
Q1 2024/25	Green														
Q2 2023/24	Green														
Q4 3 2023/24	Yellow														
Q4 2023/24	Green														
			<p>Strategic Threats</p> <ul style="list-style-type: none"> • ICS Capital Funding Allocations • Inability to gain national strategic capital through NHP • Inability to offset CDEL if non NHS funding sources used for capital investment 												

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> • Comprehensive programme of Control and Assurance - potential inherent risk on ability of Trust to afford internal capital for major spend • Control environment whilst comprehensive may not have ability to influence availability of Strategic Capital - investment funding/affordability • Control environment may not be able to eliminate or reduce risk of estates condition in the short term 	<ul style="list-style-type: none"> • Assurance review process does not create a direct link to sources of strategic capital investment • ICS CDEL may not be sufficient to cover infrastructure investment requirement of Trust in short term - when split across other providers 		<ul style="list-style-type: none"> • Provider collaboration and use of Place based funding • Use of TIF, CDH and Towns Centre funds to support capital spend • System wide collaboration to major capital development needs. • Announcement of multi year, multi billion pound capital budgets for NHS • Gaining a place on the NHP

Strategic Objective 4 - To work more collaboratively

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

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committee: Trust Board	Enabling Strategy / Plan: NHS Long Term Plan, Trust Strategy, Clinical Strategy, Humber Acute Services Programme, Communications & Engagement Strategy
		Q1	Q2	Q3	Q4					
Consequence	4	4	4		4					
Likelihood	3	3	3		2					
Risk Rating	12	12	12		8		Reviewed: 5 July 2023, 24 October 2023	Risk Owner: Director of Strategic Development		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Audit Risk & Governance Committee (ARGC). Trust Management Board (TMB). Finance and Performance Committee (F&PC). Capital Investment Board (CIB). HAS Executive Oversight Group. HNY ICS. ICS Leadership Group. Wave 4 ICS Capital Committee. Executive Director of HAS and HAS Programme Director appointed. NHS LTP. ICS LTP. NLaG Clinical Strategy. NLaG Membership of ICP Board NE Lincs. Committees in Common Acute and Community Collaborative Boards Clinical Leaders & Professional Group Council of Governors. Joint Overview & Scutiny Committees MP cabinet and LA senior team briefings Primary/Secondary Interface Group (Northbank&Southbank) Place Boards 	<p>Positive:</p> <ul style="list-style-type: none"> HAS Governance Framework. HAS Programme Management Office established. HAS Programme Plan Established (12 months rolling). NHSE Rolling Assurance Programme - Regional and National including Gateway Reviews. Clinical Senate review approach and process Consultation Institute Review Place Boards and Place Working Groups established <p>Internal:</p> <ul style="list-style-type: none"> Minutes of HAS Executive Oversight Group, HNY ICS, ICS Leadership Group, Wave 4 ICS Capital Committee, ARGC, F&PC, TMB, CIB, CoG Non Executive Director Committee chair Highlight Report to Trust Board Executive Director Report to Trust Board <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). NHSE Rolling Assurance Programme - Regional and National including Gateway Reviews. Councillors / MPs / Local Authority CEOs and senior teams Place Boards and Place Working Groups established Collaborative of Acute Providers Board 	<p>Action</p> <p>HAS Programme:</p> <ul style="list-style-type: none"> Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case Q4 2022/23 Options appraisal for HAS Capital Investment to be approved Q2 1 2023/24 Joint OSC - reviews Q2 2023/24 NHSE Gateway review Q2 2023/24 ICS Board approval Q2/Q3 2023/24 Public Consultation (launched 24 Sept 23 - 5 Jan 24) Q3/4 2023/24 Decision Making Business Case Q1 2023/24 HAS Risk Workshop with ICB Executives (18 April 23) <p>Collaborative of Acute Providers:</p> <ul style="list-style-type: none"> Development of H&NY Planned Care Strategy/Framework Q3 Q1 2024/25 	<p>Assurance</p> <ul style="list-style-type: none"> Blue Blue Blue Blue Green Green Blue Yellow <p>Future Risks</p> <ul style="list-style-type: none"> National policy changes Delays in legislation Long term sustainability of the Trust's sites. Change to Royal College Clinical Standards. Capital Funding. ICS / Integrated Care Partnership (ICP) Structural Change. Ockenden 2 Report Combined winter pressures and cost of living impacts Decoupling maternity/neonates from HAS programme (impact on paediatrics) <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.
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities. Local Authority, primary care and community service, NED and Governor engagement / feedback (during transition) ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed. 	<ul style="list-style-type: none"> Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement. Lack of integrated plan and governance structure. Alignment with Out of Hospital strategies and programmes 		<ul style="list-style-type: none"> HNY ICS, system wide collaborative working. Clinical pathways to support patient care, driven by digital solutions. Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc. Acute and community collaborative.

Strategic Objective 5 - To provide good leadership

Description of Strategic Objective 5: To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfill its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible.

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

Risk Rating	Inherent Risk	Current Risk				Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)	Date of Assessment: 6 June 2023 (Trust Board)	Lead Committees: Workforce Committee and Trust Board	Enabling Strategy / Plan: Trust Strategy, NHS People Plan, People Strategy, Leadership and Development Strategy
		Q1	Q2	Q3	Q4					
Consequence	4	4	4			4				
Likelihood	3	3	3			2				
Risk Rating	12	12	12			8				
								Reviewed: 12 July 2023, 24 October 2023	Risk Owner: Chief Executive	

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

Board Assurance Framework - 2023 / 24

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

Agenda Number:

CoG (01/24) Item: 5.3.3

Name of the Meeting	Council of Governors	
Date of the Meeting	11 January 2024	
Director Lead		
Contact Officer/Author	Alison Hurley, Assistant Trust Secretary	
Title of the Report	Acronyms and Glossary of Terms	
Purpose of the Report and Executive Summary (to include recommendations)	A reference guide for any words, phrases or acronyms used during the meeting.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Restoring Services <input type="checkbox"/> Reducing Health Inequalities <input type="checkbox"/> Collaborative and System Working	<input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Finance <input type="checkbox"/> Capital Investment <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input checked="" type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

ACRONYMS & GLOSSARY OF TERMS

Sep 2023 – v8.5

2WW - Two week wait

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALOS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AOMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committee

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

BAF - Board Assurance Framework

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

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

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

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

CFC – Charitable Funds Committee

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

CIP – the Cost Improvement Programme is a vital part of Trust finances. Every year a number of schemes/projects are identified. The Trust have an agreed CIP process

which has been influenced by feedback from auditors and signed off at the CIP & Transformation Programme Board

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

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

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

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

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

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

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

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

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

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

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

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

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

CPN – Community Psychiatric Nurse

CPIS - Child Protection Information Sharing

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

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

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

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

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

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

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

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

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

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

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

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

H&WB Board - Health and Wellbeing Board. A statutory forum where political, clinical, professional and community leaders from across the care and health system

come together to improve the health and wellbeing of their local population and reduce health inequalities. The joint strategy developed for this Board is based on the Joint Strategic Needs Assessment. Each ICB has its own Health and Wellbeing Board.

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

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

NHS - National Health Service

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

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

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

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

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

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

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PD – People Directorate

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PFI – Private Finance Initiative

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

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

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

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WC - Workforce Committee

WTE - Whole time equivalent

YTD - Year to date