

Agenda

Council of Governors Business Meeting

Will be held on 19th October 2021, between 14:00 - 17:00 hours
Will be held at the Sands Venue Stadium (Glanford Park), Scunthorpe

For the purpose of transacting the business set out below

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

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| 1. | BUSINESS ITEMS | 14:00 |
| 1.1 | CHAIRS OPENING REMARKS
Linda Jackson, Acting Trust Chair
(To note the Chair's opening remarks) | Verbal |
| 1.2 | APOLOGIES FOR ABSENCE*
Linda Jackson, Acting Trust Chair
(To note apologies for absence) | Verbal |
| 1.3 | DECLARATIONS OF INTEREST
Linda Jackson, Acting Trust Chair
(To note any declarations of interest in any of the agenda items) | Verbal |
| 1.4 | TO APPROVE THE DRAFT MINUTES AND DOCUMENTS OF THE PREVIOUS MEETINGS
Linda Jackson, Acting Trust Chair
(To approve or amend the minutes from the previous meeting) | |
| 1.4.1 | 23 rd June 2021 Council of Governors' Annual Review Meeting: Attached <ul style="list-style-type: none"> ○ Minutes ○ Action Plan | |
| 1.4.2 | 20 th July 2021 Council of Governors' Business Meeting Minutes | Attached |
| 1.4.3 | 12 th August 2021 Private Extra-ordinary Council of Governors' Business Meeting Minutes | Attached |
| 1.4.4 | 13 th September 2021 Council of Governors' Annual Members' Minutes | To Follow |
| 1.5 | MATTERS ARISING
Linda Jackson, Acting Trust Chair | Verbal |

(To discuss any matters arising from the minutes which are not on the agenda)

- 1.6 REVIEW OF ACTION LOG** Attached
Linda Jackson, Acting Trust Chair
(To consider progress against actions agreed at the previous meetings)
- 2. REPORTS AND UPDATES** 14:10
- 2.1 Chair's Update** Attached
Linda Jackson, Acting Trust Chair
(To receive and note the Chair's update)
- 2.2 Chief Executive's Update** Attached
Dr Peter Reading, Chief Executive
(To receive and note the Chief Executive's update)
- 2.3 Lead Governor's Update** Attached
(To include highlights from the Governor Assurance Group and Appointments & Remuneration Committee meetings)
Rob Pickersgill, Deputy Lead Governor
(To receive and note the Lead Governor's update)
- 3. STRATEGY & PLANNING - COG BRIEFINGS** 14.40
- 3.1 Progress report on the development of Integrated Care Systems, with specific reference to Humber, Coast and Vale Health and Care Partnership** To Follow
Dr Peter Reading, Chief Executive
Ivan McConnell, Director of Strategic Development
(To receive an update on the development of ICS, with specific reference to Humber, Coast and Vale Health and Care Partnership)
- 3.2 Voluntary Services Update** Attached
Julie Dobbs, Voluntary Services Manager
Jo Loughborough, Senior Nurse Patient Experience
(To receive an update on Voluntary Services)
- 4. QUESTIONS FROM GOVERNORS** Verbal 16:30
Linda Jackson, Acting Trust Chair
(To raise and respond to questions from governors for consideration at the CoG)
- 5. ITEMS FOR INFORMATION** Attached 16.35
Linda Jackson, Acting Trust Chair
(To note items for information)
- 5.1 Finance Report**
- 5.2 Board Assurance Framework**
- 5.3 Glossary and Acronyms**

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| <p>6. ANY OTHER URGENT BUSINESS
Linda Jackson, Acting Trust Chair
(To discuss any other urgent business)</p> | <p>Verbal 16:40</p> |
| <p>7. MATTERS TO BE ESCALATED TO THE TRUST BOARD
Linda Jackson, Acting Trust Chair
(To discuss any items requiring escalation to the Trust Board)</p> | <p>Verbal 16:45</p> |
| <p>8. COUNCIL PERFORMANCE AND REFLECTION
Linda Jackson, Acting Trust Chair
(To consider the performance of the CoG)</p> | <p>Verbal 16:55</p> |
| <p>9. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING
Linda Jackson, Acting Trust Chair
(To note the date and time of the next formal business meeting)</p> <p>Date: 18th January 2022
Time: 14:00 - 17:00 hours
Venue: (TBC)</p> | |

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 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.

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.	Items for Information		
5.1	Finance Update	Lee Bond Chief Financial Officer	Attached
5.2	Board Assurance Framework	Helen Harris Director of Corporate Governance	Attached
5.3	Glossary and Acronyms	Alison Hurley, Assistant Director of Corporate Governance	Attached

ACTION PLAN
from the Council of Governors' Annual Review Meeting
held on 23rd June 2021

AGENDA ITEM NO.	ACTION	BY WHOM	DUE DATE	COMMENTS
2	Add Governor participation with external organisations to the Governor skills matrix	Membership Office	July-21	Added to skills profile/matrix/skills questionnaire
4	Membership Office to distribute the reflection questionnaire to capture essential Governor feedback	Membership Office	July-21	Completed following meeting and responses collated
5	Membership Office to distribute volunteer week certificates following the meeting to all Governors with the exception of Paul Grinell	Membership Office	July-21	Volunteer certificates distributed following the meeting
3.1 (a)	Confirm Professor Stephen Eames CBE briefing on the overview of HCV within July CoG	Membership Office	July-21	Briefing provided within July Council of Governors Business meeting
3.3 (c)	Membership Office to move future financial reports in the appendix section of CoG agendas	Membership Office	July-21	Financial reports moved to appendices of future Council of Governors Business meetings.
3.4 (a)	Membership Office to add CoG stakeholder membership to the CoG agenda following disestablishment of the CCGs in April 2022	Membership Office	July-21	Added to agenda for April 2022 Council of Governors Business meeting
3.5 (b)	Membership Office to identify a Governor buddy at point of appointment	Membership Office	July-21	Governor buddy has been added to the induction process for the appointment of new governors
3.6 (a)	Membership Office to arrange a Governor walkabout with a NED in the autumn	Membership Office	July-21	Membership Office liaising and coordinating Governor walkabouts
3.6 (b)	Chief Financial Officer to ensure Governors are involved in the setting of Trust priorities for inclusion in the Trust's forward plan	Chief Financial Officer	July-21	Lee Bond contacted regarding Governor involvement in the setting of Trust Priorities. To be actioned

Minutes

COUNCIL OF GOVERNORS' ANNUAL REVIEW MEETING

Minutes of the Meeting held on Wednesday, 23rd June 2021, from 14:00 to 17:00 hours
Virtual Meeting held by Microsoft Teams

Present:

Terry Moran CB	Chair	Tim Mawson	Staff Governor
Kevin Allen	Public Governor	Brian Page	Lead Governor
Diana Barnes	Public Governor	Rob Pickersgill	Lead Governor
Jeremy Baskett	Public Governor	Ian Reekie	Public Governor
Tony Burndred	Public Governor	Gorajala Vijay	Public Governor
Paul Grinell	Public Governor		

In Attendance:

Stuart Hall	Associate Non-Executive Director
Helen Harris	Director of Corporate Governance
Alison Hurley	Membership Manager and Assistant Trust Secretary
Gillian Ponder	Associate Non-Executive Director
Michael Proctor	Non-Executive Director
Maneesh Singh	Associate Non-Executive Director
Andrew Smith	Non-Executive Director
Michael Whitworth	Non-Executive Director
Serena Mumby	Membership Officer (minutes)

1. BUSINESS ITEMS

1.1 CHAIR'S OPENING REMARKS

Terry Moran opened the meeting by welcoming everyone to the Annual Review Meeting (ARM) of the Council of Governors (CoG).

1.2 APOLOGIES FOR ABSENCE

Alison Hurley provided apologies for absence as detailed below:

Apologies were received from Trust Board Member Mrs Linda Jackson (Vice Chair) and from Stakeholder Governors Cllr Barbara Jeffreys, Eddie McCabe and Cllr Stan Shreeve; Public Governors Vince Garrington and Liz Stones and Staff Governor Mr Ahmed Aftab.

1.3 TO APPROVE THE MINUTES AND ACTION PLAN FROM THE PREVIOUS MEETING HELD ON 20th JUNE 2020

Terry Moran invited members to approve the minutes of the CoG ARM held on 20th June 2020. The minutes were approved as a true and accurate record.

Alison Hurley referred to the action log which demonstrated there were no outstanding actions.

Council Decision: The Council received the minutes and CoG action log

2. GOVERNOR ENGAGEMENT FEEDBACK

Ian Reekie provided an update on progress made regarding the agreed actions following the Governor Engagement exercise undertaken in January 2021. The importance of member engagement was stressed and was identified as an issue requiring primary focus post-COVID-19.

Brian Page drew attention to some of the ongoing actions marked as complete within the action log, and requested clarification. Alison Hurley confirmed that the items had been marked as complete as the responsibility for the actions had been assigned to the Governor Assurance Group (GAG).

Helen Harris referred to the Governor Development Reviews scheduled for July 2021, and advised that the reviews would aid in identifying any training opportunities for discussion at the GAG meeting. Robert Pickersgill concurred and added that they would also support the collation of information on Governor involvement/attendance with other organisations and groups, such as Patient Participation Groups (PPG) or Healthwatch committees. The Council were in agreement.

3. REVIEW OF OPERATION AND PERFORMANCE

A brief overview was provided by Alison Hurley on the revised framework tool and the adapted process which involved collating and circulating Governor feedback in advance of the meeting, and the Council progressed through framework as below.

3.1 ROLE OF GOVERNORS

3.1 (a) Do you fully understand the role of the Governor and CoG as a whole, and is the operation of the CoG influenced by the needs of the local community?

Governor feedback identified that 88% of the Governors who responded understood their Governor Role, the CoG as a whole, and the operation of the CoG as influenced by the needs of the local community. This equated to 14 out of 16 Governors.

Terry Moran informed the Council that Professor Stephen Eames CBE, Independent Chair and Lead for the Humber Coast & Vale (HCV) Integrated Care System (ICS), would be attending the July CoG meeting to provide an overview of the HCV Developments. This would provide an opportunity for greater understanding of the latest rationale around how the emerging ICS changes and the impact on Governor and public membership, as the legislation passes through parliament.

Rob Pickersgill expressed frustration at Governors not being granted access to forums addressing strategic development, and suggested that Governor engagement would be necessary in order to have democratic representation. Terry Moran stated that there would be a partnership

forum expected to reach the appropriate democratic interests of the population and suggested that further assurance be sought during the July CoG meeting.

Terry Moran thanked the Governors and invited further comments.

Council Action: Confirm attendance of Professor Stephen Eames for the HCV briefing on at the July CoG

3.1 (b) Is the CoG satisfied with the level of attendance and engagement with the Trust Board, Executive Directors, Non-Executive Directors (NEDs) and the Senior Independent Director (SID), and do Governors have sufficient opportunity to question Directors, and do you feel your concerns are taken seriously and feedback given where agreed?

Terry Moran reported that 94% of Governors were satisfied with the level of attendance and engagement with the Trust Board.

Ian Reekie reported that though there were only six Governors on the Governor Assurance Group (GAG), it was found to be a valuable forum for holding NEDs to account. Michael Proctor drew attention to his initial apprehension around Governor attendance at committee meetings, however it had been found to be a positive and constructive involvement. The only residual concern being that feedback is relayed to all Governors, regardless of their attendance at the GAG or committee meetings.

Terry Moran responded to a query from Jeremy Baskett on how he had found working with the Governors and stated that Governor involvement at committees had brought a constructive approach, together with the impartial oversight provided in relation to recruitment. Following a brief discussion it was agreed that improvements were required to enable Governors to be more representative of their constituents. Terry Moran thanked members and invited further comments, none were received.

3.1 (c) Do Governors feel the Trust Chair keeps CoG members informed about the key activities and risks concerning the Board of Directors?

Terry Moran reported a positive response by 94% of Governors to this question. Key comments provided included good communication, proactive approach in engaging with Governors and a transparent approach to informing Governors of key developments.

Rob Pickersgill queried whether Terry Moran would be applying for the position of Chair of the ICS and Terry Moran advised that following careful consideration he was able to assure Governors that he would not be applying for this role.

Terry Moran thanked Governors for their positivity and invited further comments. None was received.

3.2 ENGAGEMENT WITH MEMBERS AND STAKEHOLDERS

3.2 (a) How do you as a Governor feel opinions are canvassed and represented on the interests of Trust staff, public members and the general public, and are these effectively feedback to the Board of Directors for inclusion in the governance of the Trust?

Terry Moran reported mixed feedback on this question and invited discussion.

Ian Reekie reported a need for greater community engagement following the evolving environment, since the traditional engagement methods were no longer effective. It was suggested to utilise the Humber Acute Service Review (HASR) as a catalyst to engage with communities. Alison Hurley reassured Governors that a presentation and support notes would be available for Governors in advance of any upcoming engagement events. Terry Moran supported the approach of Governor involvement once formal engagement commenced.

Terry Moran thanked Ian Reekie and no further comments were made.

3.2 (b) How do you feel Governors communicate about the Trust, its vision and performance to members, the public and stakeholder organisation who elected or appointed you?

A discussion took place regarding the suitability for specific audiences of a recent presentation delivered through a briefing between Hull University Teaching Hospital (HUTH) and Northern Lincolnshire & Goole NHS Foundation Trust (NLaG). Alison Hurley advised the Council that closer work with Ade Beddow and Ivan McConnell would be undertaken to produce a suitable briefing for Governors for formal engagement, once HASR timescales had been established for such engagement. This would be submitted to the GAG for consideration prior to being issued to Governors.

Terry Moran thanked Governors for their contribution and invited further comments. None was received.

3.3 ACCOUNTABILITY

3.3 (a) Do Governors use their voting rights as a CoG to effectively hold NEDs individually and collectively to account for the performance of the Board of Directors?

75% of Governors rated this process as clearly defined and robust, and noted further improvements since the overhaul of the GAG terms of reference and practices.

A discussion ensued regarding performance statistics and Terry Moran reassured Governors that the nationally published data was accurate.

Terry Moran invited any further questions and none were received.

3.3 (b) Are Governors confident that the Audit, Risk and Governance Committee criteria for appointing, re-appointing and removing external auditors is effective?

Terry Moran reported that feedback stated the process was clearly defined and robust and invited comments. No comments were raised.

3.3 (c) Do the CoG receive and consider appropriate information to enable it to discharge its duties?

Terry Moran confirmed that 100% of the Governor feedback was positive as a result of receiving appropriate information. A discussion took place surrounding the suitability of a financial update at future CoG meetings. It was determined that the financial update would be circulated as an appendix to allow the agenda to focus on core items.

Further comments were sought, but none were received.

Council Action: Membership Office to move future financial reports to the appendix section of CoG agendas

3.4 CONDUCT OF MEETINGS

3.4 (a) Does the membership and size of the CoG remain fit for purpose?

Governors chose 100% positive responses to this question regarding the CoG membership size and purpose.

Ian Reekie advised the Trust would need to reconsider CoG membership and any associated legislation following the dis-establishment of the Clinical Commissioning Groups proposed for April 2022, as this would result in the loss of two Stakeholder Governors. It was agreed to add CoG Membership to the Workplan.

Terry Moran invited further comments. None were received.

Council Action: Membership Office to add CoG stakeholder membership to the CoG workplan

3.4 (b) Are there sufficient meetings to address the workload of the CoG and is the balance between the work undertaken at the CoG and at sub-groups correct?

Terry Moran reported that 94% of ratings received were positive. No comments were added.

3.4 (c) Are the agenda, minutes and supporting documents circulated in good time for meetings? Are Governors satisfied that you are provided with the key information on the performance of the Trust to be able to discharge your duties as a Governor?

Terry Moran reported that 100% of the responses were positive due to the high level of work undertaken and delivered by Helen Harris and Alison Hurley.

3.5 PERSONAL DEVELOPMENT

3.5 (a) Are Governors satisfied that the mechanisms in place are appropriate to identify and meet Governor training needs?

88% of Governors reported being satisfied with the training mechanisms in place. Terry Moran provided assurance that the Trust remains committed to supporting colleagues and invited feedback. None was received.

3.5 (b) Do Governors feel that they have received sufficient induction and training to fulfil their role?

The majority of Governors felt they had received sufficient induction and training. Ian Reekie suggested that long standing Governors need to be more proactive in becoming buddies to newly elected Governors to offer support. Terry Moran agreed with the need to identify Governor buddies at point of induction as per current practices.

Council Action: Membership Office to identify a Governor buddy at point of recruitment

3.6 SHAPING THE FUTURE

3.6 (a) Do Governors feel that they make a useful contribution and have had the opportunity to be sufficiently involved in activities within the Trust that influence the future of either clinical services or the Foundation Trust as a whole?

Terry Moran reported that the majority of Governors gave positive ratings and highlighted that many comments referred to the impact of COVID-19 upon the Trust's activities. Comments were invited.

Ian Reekie proposed arranging a Governor walkabout with a Non-Executive Director during the autumn to visit key services in a bid to provide Governors with a more holistic view on the hospital sites.

Terry Moran sought further questions or comments. None were received.

Council Action: Membership Office to arrange a Governor walkabout with a NED in the autumn

3.6 (b) Is there sufficient dialogue on the Trusts forward plan?

Governor feedback demonstrated there was sufficient dialogue on the Trust's forward plan. Governors confirmed they had not been consulted on the Trust priorities as per the usual approach this year. Terry Moran thanked Governors for their honesty and provided reassurance that this had been done with the greatest intentions and would be added to the forward plan to prevent this occurring again.

No further questions or comments were made.

Council Action: Chief Executive to ensure Governors are involved in the setting of Trust priorities for inclusion in the Trust's forward plan

3.7 STANDARD OF CONDUCT

3.7(a) Are Governors satisfied about the agreed process to remove any Governor from the Council who consistently and unjustifiably fails to attend the meetings of the CoG, has an actual or potential conflict of interest which prevents the proper exercise of their duties or whose behaviours or actions as a Governor or group of governors may be incompatible with the values and behaviours of the Trust?

Governors were satisfied with the robust process in place and no additional comments were made.

3.7(b) Are Governors aware of the ability of the CoG to exercise its power to remove the Trust Chair or any NEDs after exhausting all means of engagement with the Board of Directors?

All Governors confirmed awareness of the CoG's ability to exercise this power. Terry Moran thanked Governors for their transparency and honesty and invited comments. None were received.

4. REFLECTION OF FORMAT FOR FUTURE REVIEW MEETINGS

Terry Moran advised that reflection on the format of the meeting would be invited in written form following the meeting to ensure the CoG continues to fulfil the requirements of the Council and welcomed Governor reflection.

Paul Grinell drew attention to the meeting format and stated that the process of inviting comments in advance of the meeting enabled greater focus and provided assurance of the reliability of the feedback.

Terry Moran invited further comments. None were received.

Council Action: Membership Office to distribute the reflection questionnaire to capture essential Governor feedback

5. ANY URGENT BUSINESS

Terry Moran confirmed that Volunteers' Week had taken place recently and thanked Governors for their enormous contribution of time and effort which they had given to the role of Governor within the Trust. Certificates would be distributed following the meeting as a token to acknowledge the contributions made by the Governor volunteers.

Paul Grinell thanked Terry Moran for the acknowledgement and confirmed that the certificate was unnecessary for himself, although a return of the volunteers' annual

afternoon tea previously held would be welcomed as a method of acknowledging volunteer contributions.

Terry Moran invited further urgent business. None were received.

Council Action: Membership Office to distribute volunteer week certificates following the meeting to all Governors with the exception of Paul Grinell

6. DATE AND TIME OF NEXT COUNCIL OF GOVERNORS' MEETINGS

Council of Governors' Business Meeting

Date: 20th July 2021

Time: 14:00 - 17:00 hours

Venue: Microsoft Teams (Virtual)

Council of Governors' Annual Members Meeting

Date: 13th September 2021

Time: 14:00 - 17:00 hours

Venue: The Sands Venue Stadium (Glanford Park, Scunthorpe)

Terry Moran thanked members for their attendance and contributions. The meeting closed at 15:57 hours.

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Tuesday, 20th July 2021, from 14:00 to 17:00 hours

Present:

Linda Jackson	Vice Trust Chair	Brian Page	Public Governor
Kevin Allen	Public Governor	Rob Pickersgill	Public Governor
Diana Barnes	Public Governor	Ian Reekie	Public Governor
Maureen Dobson	Public Governor	Cllr Stan Shreeve	Stakeholder Governor
Paul Grinell	Public Governor	Gorajala Vijay	Public Governor
Joanne Nejrup	Staff Governor	Brian Page	Public Governor

In Attendance:

Abolfazl Abdi	Divisional General Manager - Medicine (representing Shaun Stacey)
Prof Stephen Eames CBE	Independent Chair and Lead for the Humber Coast & Vale Health and Care Partnership (for agenda item 3.2)
Helen Harris	Director of Corporate Governance
Alison Hurley	Assistant Director of Corporate Governance
Jug Johal	Director of Estates and Facilities
Gillian Ponder	Non-Executive Director
Michael Proctor	Non-Executive Director
Maneesh Singh	Non-Executive Director
Andrew Smith	Non-Executive Director
Michael Whitworth	Non-Executive Director
Zoe Hinsley	Senior Membership Officer (minutes)

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Linda Jackson opened the virtual Council of Governors (CoG) meeting and welcomed everyone, she advised in the absence of Terry Moran CB she would undertake the Trust Chair Role, and a further update would be provided within the Lead Governor update. It was agreed Alison Hurley would provide an update on current Governor resignations later within the agenda.

1.2 APOLOGIES FOR ABSENCE

Linda Jackson provided apologies for absence as detailed below:

Apologies for absence were received from: Terry Moran CB (Trust Chair, represented by Linda Jackson), Dr Peter Reading (Chief Executive,

represented by Jug Johal), Shaun Stacey (Chief Operating Officer, represented by Abolfazl Abdi), Stuart Hall (Non-Executive Director), Ahmed Aftab (Staff Governor), Jeremy Baskett (Public Governor), Tim Mawson (Staff Governor), Eddie McCabe (Stakeholder Governor), Steven Price (Public Governor) and Liz Stones (Public Governor).

1.3 DECLARATION OF INTERESTS

Linda Jackson requested members of the CoG to raise any declarations of interest relating to specific agenda items or provide any updates to their annual declaration of interests. None were received.

1.4 TO APPROVE MINUTES OF THE PREVIOUS MEETING HELD ON 20th APRIL 2021

Linda Jackson invited members to approve the minutes of the CoG Public Business meeting held on the 20th April 2021, and the minutes were approved as a true and accurate record.

Council Decision: The Council received, and approved the minutes

1.5 MATTERS ARISING

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

1.6 REVIEW OF ACTION LOG

The Action Log from the April 2021 CoG meeting was reviewed.

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

Linda Jackson drew the Council's attention to the decision of Terry Moran CBE who had stood down as Joint Chair of Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) for personal reasons. Sincere gratitude was expressed for the work accomplished within the eighteen months whilst in this post, together with the kindness and stability provided. Interim arrangements along with recruitment processes would be covered within the Lead Governor's report.

Paul Grinell confirmed that during discussions held within the Governor pre-meet prior to the 20th July CoG meeting, all Governors had requested a formal minute be recorded to express their appreciation to Terry Moran CB, and collectively send their best wishes for the future. It was agreed this would be actioned on the Governors behalf.

Following a brief discussion, it was confirmed that meetings would continue to be held virtually due to the ongoing implications of COVID-19.

Linda Jackson drew attention to the positive outcomes following the Trust Board development meetings. It was acknowledged that constructive progress had been achieved with the Integrated Performance Report (IPR), which involved Sam Riley from NHS England/Improvement (NHSE/I), and key actions had been established as a result of discussions held with Becky Southall, the Quality Governance Lead for NHSE/I.

Linda Jackson queried whether Governors wished to comment or raise any questions. None were received.

Council Action: Governors gratitude and best wishes to be conveyed to Terry Moran CBE

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

Jug Johal provided an overview which included the celebration of success for two Health Service Journal (HSJ) partnerships awards, the first in coming runners up, and highly commended regarding the Summary Hospital Mortality Index (SHMI) position. Secondly, Infection Control having been shortlisted for the upcoming HSJ award later within the year.

In relation to capital, the Trust had successfully secured funding of more than £130 million over the last year and the official opening of the Magnetic Resonance Imaging (MRI) units had received exceptional feedback from both staff and patients. Enabling works for the Trust's new Emergency Departments (ED) at Scunthorpe General Hospital (SGH) were almost complete, refurbishment of the Coronation Block was almost complete, car parks had been created and the doctors' on call accommodation was near completion. The internal demolition work had commenced on the Administration Block and the building would be taken down week commencing 26th July. Completion of the single tier car park at SGH remained imminent and formulation of the structure had been launched at Diana, Princess of Wales Hospital (DPoW).

Environment improvements for patients, family and staff via investments in sustainable energy solutions and cutting CO2 emissions by 5,000 tonnes a year had been undertaken. This included the removal of the coal fired boiler at Goole District Hospital (GDH), and replacement with an energy efficient boiler.

The Trust remained on Operational Pressures Escalation Level (OPEL) four and the decision to stand down non-essential meetings and training had been taken to allow a focus on improving patient flow. Severe staff shortages as a result of the COVID-19 'ping' alert, increased cases received through Accident and Emergency Department (A&E) and COVID-19 increases, with the added pressure of the current heatwave had all

profoundly impacted on the Trust and staff. The possibility of further pressures could intensify within the coming months, as the service contends with continuing COVID-19 infections, the challenges of extending the vaccination programme, organising boosters, the expanded flu campaign, and dealing with what is expected to be one of the most difficult winters the NHS would ever face. It was confirmed that measures had been reinstated to address increased implications as a result of the rising COVID-19 cases. There were 36 confirmed COVID-19 positive inpatients; 27 in DPoW, of which six were in Intensive Care Unit (ICU), and nine in SGH with two in ICU.

Linda Jackson thanked Jug Johal and invited Governors to raise any questions.

In a response to a query raised by Paul Grinell regarding government guidance on self-isolation management for staff, Jug Johal confirmed new government guidance had been issued and provided a brief overview. An in-house online self-assessment tool had been developed to support staff isolating due to the COVID-19 app or Test and Trace, and Christine Brereton, Director of People had led the testing arrangements at the Trust in line with government recommendations.

Kevin Allen raised a concern about staff not wearing Personal Protective Clothing (PPE) masks correctly and Jug Johal provided assurance that this would be addressed appropriately.

Cllr Stan Shreeve asked what last week's figures for COVID-19 inpatients were in comparison to this week. Jug Johal advised he would obtain this information before the end of the meeting.

Linda Jackson thanked Jug Johal for a very clear update and queried whether Governors wished to comment or raise any questions. None were received.

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

Council Action: Concerns about staff not correctly wearing appropriate PPE masks to be addressed

2.2.1 Trust Priorities 2020-21 Year End Report

Jug Johal reported that the Trust Priorities 2020-21 Year End Report had been presented at the June Trust Board meeting, and had been shared for information at the CoG.

Ian Reekie reported during the Governor pre-meet prior to the CoG, Rob Pickersgill had queried the response to unachieved priorities from the previous year. Jug Johal confirmed all Care Quality Commission (CQC) actions continue to be addressed and the Trust had developed a refreshed Quality Improvement (QI) approach as part of the Trust's priorities for 2021/22. A new QI Team, led by Ryan Sutton, would focus on helping and supporting in the use of "tools from improvement science" to deliver

improvements, which could be for patients or colleagues. The vision would be to continue to empower and promote a culture of problem solving, ideas generation and testing through a common approach, language and a set of QI tools.

The QI Team would be championing the use of the Institute for Healthcare Improvement “Model for Improvement” as our common QI tool. The team had also been accredited to deliver the NHSI Quality Service Improvement and Redesign (QSIR) training which promoted the “Model for Improvement”.

Jug Johal invited Governors to forward any particular queries with regards to outstanding actions from the previous report.

In response to Cllr Stan Shreeve’s earlier query regarding COVID-19 inpatients, Paul Grinell confirmed as of the 13th July, there were 11 patients at DPoW and six patients at SGH.

Linda Jackson thanked Jug Johal and invited any more questions, none were received.

Council Decision: The Council received the Trust Priorities 2020-21 Year End Report

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

Ian Reekie provided a comprehensive overview of the Lead Governors’ report. It was confirmed that an extraordinary CoG meeting would be convened in due course to make a decision on the continuation of the Joint Chair concept when a full report would be presented setting out the potential benefits and risks involved.

The ARC sought confirmation of the appointment of Linda Jackson, the existing Trust Vice Chair, as the Acting Trust Chair for a period of up to six months with effect from 12th July 2021 pending the appointment of a new Trust Chair.

As Linda Jackson would be unable to continue in her roles as Deputy Chair and the Senior Independent Director (SID), whilst serving as Acting Chair, the ARC proposed that expressions of interest should be invited from the other Non-Executive Directors (NEDs) to take on these roles.

A discussion ensued about the approach to Governor voting and it was agreed that an electronic show of hands would be appropriate. Ian Reekie summarised and confirmed that the show of hands demonstrated that Governors voted in support of the ARC recommendations.

CoG members were requested to ratify the appointment of Simon Parkes as the NED Chair for the Audit Risk and Governance Committee (ARGC), and Fiona Osborne as Associate NED. Both were approved.

A short discussion took place surrounding the calibre of future NED applicants and it was confirmed that as the Trust was in special measures a representative from NHSE/I would need to be included on the interview panel. It was confirmed Dr Peter Reading was due to meet with Professor Stephen Eames to progress the recruitment of the Joint Chair.

Linda Jackson confirmed she would work with Ian Reekie to ensure the correct process was utilised for the appointment Chair due to the Trust being a Foundation Trust (FT).

Linda Jackson thanked Ian Reekie and invited further questions. No further questions were received.

Council Decisions:

- **Linda Jackson appointed as Acting Trust Chair for a period up to six months with effect from 12th July 2021**
- **Expressions of Interest to be sought for the appointment of the SID**
- **Expressions of Interest to be sought for the appointment of the Interim Trust Chair**
- **Simon Parks ratified for the appointment of NED and ARGC Chair**
- **Fiona Osborne ratified for the appointment of Associate NED**

The Council agreed to cover agenda item 4, ahead of item 3

4. ITEMS FOR DISCUSSION

4.1 Governor Elections

Alison Hurley provided an overview of the upcoming November elections and confirmed governors for the following vacancies would be sought:

- One seat - Staff
- Two seats - Goole & Howdenshire
- Three seats - North East Lincolnshire
- Two seats - North Lincolnshire

The Council were invited to forward details of potential governors to the Membership Office. Governors were then reminded that this was a democratic process, where potential Governors nominate themselves and members within that constituency will vote the Governor into post.

Linda Jackson thanked Alison Hurley.

The agenda reverted to the planned running order

3. STRATEGY & PLANNING – COG BRIEFINGS

3.1 Referral to Treatment Current Situation and Recover Plans

Abolfazi Abdi provided an overview of the presentation, and invited any questions.

Ian Reekie referred to speculation raised about the fluctuating goal posts on elective care recovery funding and queried whether achievement levels of the new targets of the Trust's partner organisations. The advantage of monitoring the Trust's and HUTH's performance against these targets by Lee Bond, the joint Chief Financial Officer was acknowledged. Gillian Ponder confirmed the Finance and Performance Committee (F&PC) had identified these implications and would be address this within the committee. Linda Jackson proposed Lee Bond or Shaun Stacey could provide information to Governors on changes to elective care and the Integrated Care Systems (ICS).

In relation to the overdue out-patient target of a maximum of 9,000 patients by the end of March 2022, Linda Jackson sought an update and Abolfazi Abdi advised this was medium risk, with the scope to achieve it through a holistic approach. Attention was then drawn to the Trust challenges within the forthcoming months; which included the additional pressures of increased A&E attendances and increased ambulance admissions.

Linda Jackson thanked Abolfazi Abdi for the update and invited questions.

In response to a query raised by Maneesh Singh, Abolfazi Abdi advised that approximately 25 to 40 only of the 500 patients attending A&E required A&E treatment.

A short discussion took place around the potential additional pressures facing the Trust, in line with planned partnership working, as identified within the presentation.

Linda Jackson thanked Abolfazi Abdi and invited any further comments or questions. None were received. Linda Jackson requested that thanks from the CoG be conveyed to the team.

Council Action: Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.

Council Decision: The Council received the Referral to Treatment current Situation and Recovery Plans update

Abolfazi Abdi left the meeting at 15.20 hours

3.2 Overview of Humber Coast and Vale Developments

Professor Stephen Eames CBE introduced himself to the CoG and provided an overview to the presentation which summarised the shared vision of the ICS Partnership. The presentation referred to the seven tests and system priorities for 2021/22, operating arrangements and place and provider collaborative.

Linda Jackson thanked Professor Stephen Eames and invited any questions.

Paul Grinell queried the impact of both the ICS recruiting a chair and the Trust and HUTH recruiting a joint chair simultaneously. Professor Stephen Eames reported both bodies had a key role to ensure a suitable and dynamic candidate was secured, and advised Richard Barker, the North East and Yorkshire Regional Director for NHS E/I would be working to the post for the Trust and HUTH as a priority.

In response to Paul Grinell's query regarding the future of Governors and the FT model, Professor Stephen Eames referred to the cultural change from competition to collaboration, and acknowledged the contribution of Governors within the future collaborative operations.

Ian Reekie thanked Professor Stephen Eames and drew attention to the Trust's current care provision across and outside the ICS boundaries; and questioned the impact of this within future plans. Professor Stephen Eames acknowledged the importance of local knowledge and information within partnership working, alongside the importance for the ICS to allow this to develop. It was confirmed that each Provider Collaborative would agree specific objectives with one or more ICS, to contribute to the delivery of the strategic priorities of the systems. Provider collaborative arrangements from April 2022 would assist in identifying future financial delegations. It was acknowledged that not all places were prepared at present; and it was noted that North East Lincolnshire was one of the more advanced areas.

Linda Jackson drew attention to the challenges the Trust were enduring, linking to COVID-19, recovery and current rising cases including hospital admissions, the heatwave, patient flow difficulties, increased ED attendances and winter pressures. These challenges had led to the decision to place the Trust in OPEL 4 taken earlier in the day. Professor Stephen Eames concurred and acknowledged the robust work of the Trust which was evidenced in the ranking of NHS performance tables.

Professor Stephen Eames responded to a query raised by Paul Grinell, and drew attention to the advantages of future integrated organisations holding their own commissioning power, working in partnership and creating a strong foundation for the future. It was understood that the Government was considering the changes which may be required for Foundation Trust governance arrangements.

In response to Cllr Stan Shreeve's concerns about the integration and operating arrangements of the six places, Professor Stephen Eames highlighted the existing positive collaborative working within North East Lincolnshire; and advised future direction would be received once clarified.

Linda Jackson thanked Professor Stephen Eames and invited any further comments or questions. None were received.

Council Decision: Overview of Humber Coast and Vale Developments

Agenda item 4 was covered earlier in the meeting

5. ITEMS FOR APPROVAL

5.1 **Governors' Register of Interests**

Alison Hurley invited members to review the updated Governors' Register of Interests and referred to the updated entry for Jeremy Baskett.

Paul Grinell informed the Council his declaration required an amendment; and Alison Hurley invited all Governors to submit any amendments to their declarations to the Membership Office.

Council Decision: The Council approved the current Governors' Register of Interests

6. **QUESTIONS FROM GOVERNORS**

Linda Jackson invited questions from Governors. None were received.

7. **ITEMS FOR INFORMATION**

Linda Jackson drew the Council's attention to the items for information contained within appendix A

8. **ANY OTHER URGENT BUSINESS**

There were no items raised.

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

Linda Jackson invited Governors to raise any matters for escalation to the Trust Board. None were received.

10. **COUNCIL PERFORMANCE AND REFLECTION**

Linda Jackson advised that only three responses had been received, Paul Grinell questioned the necessity of the document. It was agreed to take this as an action to the GAG for review.

A short discussion ensued around a potential issue with the CoG Annual Members' Meeting (AMM) and the need to gain Parliamentary approval of the Annual Report, Accounts and Auditors report/certificate, as a result of late guidance which detailed the requirement for auditors to update and finalise their certificate. It was agreed to keep Governors aware of developments.

Council Action: Discuss purpose of Council Reflection at GAG

11. **DATE AND TIME OF THE ANNUAL MEMBERS MEETING**

Date: 13th September 2021

Time: 14:00 - 17:00 hours

Venue: Sands Venue Stadium (Glanford Park)

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

Date: 19th October 2021
Time: 14:00 - 17:00 hours
Venue: Sands Venue Stadium (Glanford Park)

Please notify the Membership Office of any apologies for these events.

Linda Jackson thanked members for their attendance and contributions and the meeting closed at 16:23 hours.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

- | |
|---|
| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• 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. |

Minutes

PRIVATE EXTRA-ORDINARY COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Thursday, 12th August 2021, from 15:00 to 16:30 hours

Present:

Linda Jackson	Acting Trust Chair	Brian Page	Public Governor
Kevin Allen	Public Governor	Rob Pickersgill	Public Governor
Diana Barnes	Public Governor	Ian Reekie	Public Governor
Maureen Dobson	Public Governor	Cllr Stan Shreeve	Stakeholder Governor
Paul Grinell	Public Governor	Gorajala Vijay	Public Governor
Tony Burndred	Public Governor		

In Attendance:

Helen Harris	Director of Corporate Governance
Alison Hurley	Membership Manager & Assistant Trust Secretary
Gillian Ponder	Non-Executive Director
Michael Proctor	Non-Executive Director
Dr Peter Reading	Chief Executive Officer
Maneesh Singh	Non-Executive Director
Michael Whitworth	Non-Executive Director
Sarah Meggitt	PA to the Acting Trust Chair & Director of Corporate Governance (minutes)

1. INTRODUCTION & PURPOSE OF THE MEETING

Linda Jackson opened the meeting at 15.00 hrs and provided an overview on the purpose of the meeting, and advised that the Non-Executive Directors (NEDs) would be in attendance only until agenda item four, and would then leave the meeting.

Linda Jackson provided an overview of NED changes and appointments. Andrew Smith, the current Chair of the Audit, Risk & Governance Committee (AR&GC) would be leaving the role on the 31 August 2021 and Linda Jackson expressed her thanks for the hard work and support provided. Fiona Osborne, Associate NED had been appointed and would commence in role on the 16 August 2021. Simon Parkes had been appointed as Andrew Smith's replacement and would commence in September once the appropriate recruitment checks had been undertaken.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Governors Joanne Nejrup, Jeremy Baskett and Tim Mawson and NED, Andrew Smith.

3. DECLARATION OF INTERESTS

Linda Jackson sought declarations of interest in respect of the agenda items. None were received.

4. TRUST CHAIR APPOINTMENT

Linda Jackson advised the paper issued with the agenda had been shared for Council of Governor (CoG) approval. Ian Reekie addressed key points within the paper. One point to note was that before Terry Moran had left the Trust an appraisal had been undertaken and there had been overwhelming support for the Joint Chair arrangement, which had been well received from an internal and stakeholder perspective. Both Northern Lincolnshire & Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospital (HUTH) Trust Boards had been supportive of the continuation of the joint arrangement and this had also been agreed by NHS England / Improvement (NHSE/I).

Ian Reekie had attended a meeting with senior management from NHSE/I in respect of the Chair recruitment process and it had been agreed that it would include support from the Governors at NLAG. This would include a stakeholder event to allow Governors the opportunity to meet candidates. It had been agreed to use Gatenby Sanderson for the recruitment search. Although the Trust Constitution states the role would be sought from within the Trust's catchment area, this would again not be possible due to it being a joint role. It had been agreed that whoever was appointed would have strong links to the Humber area.

Linda Jackson sought approval from the CoG to appoint a substantive Joint Chair for a period of three years. CoG approval was given.

At this point the Non-Executive Directors (NEDs) left the meeting.

5. SENIOR INDEPENDENT DIRECTOR APPOINTMENT (SID)

Linda Jackson advised this role needed to be recruited to as Linda Jackson could not continue to undertake this role due to undertaking the Acting Chair role.

Helen Harris advised the Appointments & Remuneration Committee (ARC) had agreed to seek declarations of interest for the SID role at the last meeting held on the 14 July 2021. One expression of interest had been received from Gill Ponder, Non-Executive Director. The Trust Board had discussed the expression of interest and subsequently approved this at the meeting on the 3 August 2021. The Trust Board had then sought a virtual recommendation from the ARC to the appointment of Gill Ponder, which was agreed by all ARC members. The CoG was now being requested to ratify this appointment.

Ian Reekie advised Gill Ponder had previously undertaken this role at United Lincolnshire Hospital NHS Trust (ULHT), and had extensive experience in the role. Due to various previous experience as a NED, Gill Ponder was also a long standing NED.

Linda Jackson sought approval of the appointment. The CoG approved Gill Ponder to undertake the role of the SID.

6. INTERIM DEPUTY CHAIR APPOINTMENT

Linda Jackson advised expressions of interest had been sought for the Interim Deputy Chair role for up to a period of six months whilst Linda Jackson was the Acting Chair.

Helen Harris advised expressions of interest had been sought as per the ARC Terms of Reference and the Trust Constitution. One expression had been received by Gill Ponder. Linda Jackson noted the positive feedback for Gill Ponder from other NEDs.

Linda Jackson sought approval of Gill Ponder undertaking the role of Interim Deputy Chair for a period of six months. The CoG approved Gill Ponder to undertake the Interim Acting Deputy Chair role.

7. DATE AND TIME OF NEXT GOVERNORS MEETINGS

Council of Governors Annual Members Meeting

Date: 13th September 2021

Time: 14:00 - 17:00 hours

Venue: Sands Venue (Glanford Park)

Council of Governors Business Meeting

Date: 19th October 2021

Time: 14:00 - 17:00 hours

Venue: Sands Venue (Glanford Park)

The meeting closed at 15.20 hrs.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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| <ul style="list-style-type: none">• 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. |
| <ul style="list-style-type: none">• 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. |

COUNCIL OF GOVERNORS
ACTION LOG & TRACKER
2019-2021
(updated October 2021)

ACTION LOG & TRACKER

Council of Governors (CoG) Meeting

Minute Reference	Date/Month of Meeting	Action Reference (if different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Office	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21	On Track		
COG AMM(21)18	13/09/2021	5	Membership Office to contact individuals raising queries by email regarding responses to the queries raised in advance of the CoG AMM meeting (AMM)	Membership Office	Oct-21	Responses to questions raised were distributed following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG AMM(21)17	13/09/2021	3.1.1	Membership Office to distribute the audit report to all attendees following the meeting (AMM)	Membership Office	Oct-21	Distributed to attendees following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG(21)16	20/07/2021	10	Discuss Council Reflection at next GAG meeting	Membership Office	Nov-21	Added to GAG agenda for the meeting on 02.09.21	Complete	Added to GAG Agenda	Yes
COG(21)15	20/07/2021	3.1	Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.	Membership Office	Oct-21	Briefing included within 19.10.21 CoG agenda	On Track	CoG agenda and following minutes	Yes
COG(21)14	20/07/2021	2.2	Request for communications team to raise the importance of wearing face masks and PPE as required	Infection Control Team	Oct-21	Directed to the IPC team and a request to comms to raise the importance of wearing face masks and PPE as required	Complete	Emails within CoG meeting actions	Yes
COG(21)13	20/07/2021	1.2	Governors gratitude and best wishes to be conveyed to Terry Moran CB	Alison Hurley	Oct-21	Lead Governor to forward gratitude and best wishes on behalf of the Governors	Complete		
COG(21)12	20/04/2021	3.2	Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months	Membership Office	Apr-22	Briefing added to January 2022 draft CoG agenda for consideration	On Track	CoG Agenda	
COG(21)7	20/04/2021	4.1	Membership Office to update the Governors' Register of Interests with Jeremy Baskett amendment	Membership Office	Jul-21	Jeremy Baskett's updated Declaration of Interests received and added to Register of Interest for approval at July CoG	Complete	Presented at July CoG	Yes

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

Kindness · Courage · Respect

CoG(10 / 21) Item 2.1

DATE OF MEETING	19 October 2021
REPORT FOR	Council of Governors
REPORT FROM	Linda Jackson, Acting Chair
CONTACT OFFICER	As above
SUBJECT	Chair's Update
BACKGROUND DOCUMENT (if any)	N/A
PURPOSE OF THE REPORT	General Briefing
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	N/A
EXECUTIVE SUMMARY	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide good leadership
				✓
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response		Workforce and Leadership		
Quality and Safety		Strategic Service Development and Improvement		
Estates, Equipment and Capital Investment		Digital		
Finance		The NHS Green Agenda		
Partnership & System Working	✓			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	N/A				
BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

Chair Recruitment Process

The Chair recruitment process is on-going and being managed by Gatenby Sanderson with interviews planned for the 1st November. A stakeholder event is also being organised on this day for members of the CoG to meet with the candidates prior to their formal interviews.

There has been concern raised by potential candidates around the breadth of the role and the time that would be required to carry out the role effectively. This has reduced the number of applicants. Formal long listing takes place on Thursday 14th October.

Trust Board 5th October

Last Tuesday we held our first Trust Board Meeting in person since the start of the pandemic last year. It was a really good day with lots of interaction and we plan to carry on with face to face board meetings (suitably socially distanced). The Sub Committee meetings will all continue to be held virtually. These arrangements will be continually assessed and modified as required depending on the local CoVid pressures throughout the winter period.

What was clear from the reports received and other discussions throughout the day was the huge burden still being faced by all of our staff and the focus the Trust Board needs to maintain on supporting wherever possible our workforce throughout these difficult times.

Maurice Madeo, Deputy Director of IPC attended and presented the team's [Annual Report for 2020/21](#). This report detailed all the work which had been done throughout the pandemic to keep staff and patients as safe as possible.

We also heard from the Safeguarding Team, with Lynn Benefer presenting their [Annual Report for 2020/21](#) which highlighted all the work the Trust has carried out, and continue to do, to keep our patients and staff safe.

If you have not done so already I would strongly urge you to read these two reports which are well written, very comprehensive and detail all of the challenges that the Trust face and the great achievements made by both teams.

Strategy

Trust Board members from both HUTH and NLaG met again at the Humber Acute Services Development Committee on 7th October to review the progress on Programmes 1, 2 and 3.

Programme 1

There was a deep dive this month on Programme 1 – the interim clinical plan. Good progress was noted and a real focus is now being given to get this element of the programme to move forward at pace. Further assurance on the implementation of these changes will be brought back to the next meeting.

Programme 2

Work is ongoing in Programme 2 to develop the Pre Consultation Business Case by the end of December 2021. This will then go to the CGC's for Governing Body Approval to allow progression onward to Statutory Public Consultation in Q1 2022/23.

Programme 3

The Expression of Interest for Programme 3 was submitted on the 9th September. This is a short document and comprises of 1,750 words only. The submission is based on a portfolio application of £350m for SGH, £250m for HRI and CHH and £120m for DPoW. There will be a lot of competition for capital across the country and Region and we wait to hear on how the volume of bids will be evaluated and shortlisted.

To underpin the volume of work the Trust is undertaking on the external agenda the Trust is setting up a new Sub Committee of the Trust Board called the Strategy and Transformation Committee. This will be taken to the November Trust Board for ratification. This committee will bring together the focus on strategic capital, HAS development and ICP, ICS and the Acute collaborative work streams. There will be a resultant amendment to the TOR for the Finance and Performance Committee and the first meeting is being planned for November.

CoG(10/21) Item 2.2

DATE OF MEETING	Tuesday, 19 October 2021
REPORT FOR	Council of Governors
REPORT FROM	Dr Peter Reading, Chief Executive
CONTACT OFFICER	Dr Peter Reading, Chief Executive
SUBJECT	Chief Executive's Update
BACKGROUND DOCUMENT (if any)	Not applicable.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Trust Board on 5 October 2021
EXECUTIVE SUMMARY	<p>The report provides an overview of the following:</p> <ul style="list-style-type: none"> • 6 Month Progress Report on 2021-22 Trust Priorities • Development of Humber Coast and Vale Health and Care Partnership

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide good leadership
✓	✓	✓	✓	✓
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response	✓	Workforce and Leadership		✓
Quality and Safety	✓	Strategic Service Development and Improvement		✓
Estates, Equipment and Capital Investment	✓	Digital		✓
Finance	✓	The NHS Green Agenda		✓
Partnership & System Working	✓			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	1.1, 1.2, 1.4, 1.5, 1.6, 2, 3.1, 3.2, 4 and 5.				
BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

Chief Executives Overview

1. 6 Month Progress Report on 2021-22 Trust Priorities

Attached to this paper as an Appendix is the 6-month (April to September 2021) Progress Report on the 2021-22 Trust's Priorities.

2. Development of Humber Coast and Vale Health and Care Partnership

The development of the local Integrated Care System (ICS) – Humber Coast and Vale Health and Care Partnership (HCV) - continues at pace, with full participation in all relevant aspects of its development of Trust Executive Directors, managers and clinicians. Subject to the passing of enabling legislation by Parliament, HCV will go 'live' on 1 April 2022. ICSs will assume the statutory responsibilities of Clinical Commissioning Groups, which, again subject to legislation, will be abolished on 31 March 2022.

Recent national guidance has identified the two governing bodies of ICSs as an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP). The former will govern the NHS side of an ICS with statutory powers and be the overarching financial and managerial body for services and organisations within the ICS. Each ICB will have a Non Executive Chair appointed by the Secretary of State, and a number of mandatory Board posts, including a Chief Executive, a Finance Director, a Medical Director, a Chief Nurse and at least two Non Executive Directors. The ICB will have discretion to appoint other executive and non-executive directors. The ICP will have a key role in determining the strategy of the ICS and will include representatives of all relevant local authorities, together with other local stakeholders. In HCV, following an open recruitment process, a recommendation for the post of Chair-designate has been made to the Secretary of State, with an announcement of the appointment expected shortly. Recruitment to the Chief Executive-designate post is now under way, with an appointment expected within a few weeks.

Within HCV, there has been intensive activity over recent months to establish the key components of the new ICS structure. Partnership Boards have been established for York and North Yorkshire and for the Humber. The NLaG CEO is a member of the latter Partnership Board. Four Provider Collaboratives have been established – one each for Acute providers, Community providers, Mental Health, Learning Disability and Autism providers, and Primary Care. NLaG is a member of the first two of these. The Collaborative of Acute Providers is developing its work programme and it is keen to play a leading role in Cancer, Elective Care, Diagnostics, Maternity and Paediatrics and Urgent and Emergency Care, together with enabling collaborations in relevant aspects of Digital, Workforce and clinical service planning and development. The Community Collaborative is focusing on developing and sharing good practice, for example, in Discharge to Assess.

At Place (defined by local authority boundaries), work is proceeding at pace to establish structures and ambitions to ensure that local needs are adequately addressed in the new system and also that the new objectives of the NHS and its partners, including population health management and reducing health inequalities, are addressed adequately and at pace. Local authorities are playing a key role in these developments, with relevant CCGs, providers, primary care networks, and independent and voluntary sector organisations. The work is most advanced in North East Lincolnshire, where local organisations (including NLaG) have signed a Memorandum of Understanding and have a draft Partnership Agreement ready for signing.

Work remains at an early stage in determining where money flows from the ICS, and which organisation has the lead role in specific areas, ie the ICS, collaboratives and Place-based partnerships. This work is expected to accelerate once the ICB Chair-designate and Chief Executive-designate are in post, creating a matrix for collaboration, service transformation, service delivery, financial flows, and the delivery of the objectives of the NHS, alongside the new objectives for health (eg population health management, reducing health inequalities).

Peter Reading
Chief Executive

Trust Priority 1 – Pandemic Response

- We will play a full part (both acute and community) in the NHS's **response to the Covid-19 pandemic**, offering the best and safest service possible to patients, staff and public, including maintaining the highest standards of infection prevention and control.

The Trust has continued with the red, yellow and green wards throughout this year in order to segregate the COVID positive, COVID negative and those awaiting swab results for the suspected and not suspected patients. The segregation has also continued within the EDs where the COVID suspected patients are within the red area. On all wards, within ED and in Outpatients, social distancing has continued and the deep cleans, where required, are still happening. Staff are still donning/doffing masks, aprons and gloves as per Infection Control guidelines, in order to limit cross contamination. Visiting on the Wards has been limited to one named family member/friend and if a patient can attend ED alone then this is advised; where a patient is unable to attend alone due to age, ability to communicate, then one family member/friend has been allowed to stay. The Trust has implemented a policy on staff absence for staff who test positive for COVID or where a household member has tested positive. The Trust is also continuing to remind all staff to undertake twice weekly lateral flows in order to identify any staff who are COVID positive but are not symptomatic. Infection Control is still contacted where any questions around COVID may arise.

- We will maintain and deliver as full an **urgent and elective service** as resources allow during and after the pandemic, including:
 - delivery of our agreed recovery plans (currently Wave 3);

As of 14 September, the Trust had achieved 91% of the H1 activity plan, this can be broken down to:

<i>Outpatient New</i>	<i>102%</i>
<i>Outpatient Review</i>	<i>87%</i>
<i>Elective Inpatients</i>	<i>80%</i>
<i>Day Case</i>	<i>89%</i>

The Trust did not achieve the plan for 3 of the 4 categories of activity but this can be explained through the extra work carried out for Risk Stratification, limited elective capacity, COVID patients 'over-flowing' into theatres and workforce absence.

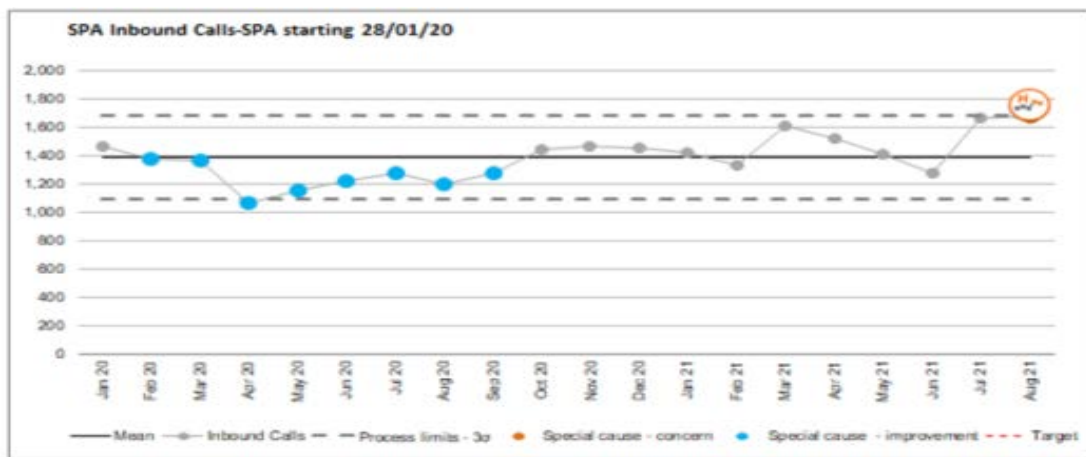
- an emergency response through our Emergency Departments of 80% of patients managed within 4 hours;

The Trust's ED performance has dropped and we are not achieving the 80% of patients managed within 4 hours, however there are a number of schemes being put in place to attempt to raise the performance back to the required levels. The programmes of work include but are not limited to: Integrated Urgent and Emergency Care, Patient Flow and Acute Assessment Unit Capital Scheme. The Integrated Urgent and Emergency Care programmes

involve looking at the ED Front Door, ED Streaming, ED Roles and Responsibilities, Trust Wide Roles and Responsibilities, Portering in ED, Paediatric Urgent Care Pathways and the Medical and Nursing workforce. The Patient Flow programme is aiming to reduce the number of long stay patients and therefore free up acute hospital beds and therefore increase the flow of patients from the Eds. This programme of working includes the already operational Hospital Discharge Service. Finally, the Acute Assessment Unit Capital Scheme is concentrating on the establishment of the current IAAUs and the integration of the Wards into the new build EDs

- community Single Point of Access (SPA) with 70% of patients receiving a crisis response within 2 hours;

The Single Point of Access (SPA) has seen an increasing number of incoming calls since its introduction in January 2020 and will now form part of the business case outlining a major reconfiguration of unplanned care.



The Community and Therapies Division is currently working towards the required milestones to deliver 2 Hour Urgent Community Response in line with the NHS Operational Planning Guidance 2021/22. The initial milestone was to submit the required information to the Community Services Data Set (CSDS) which has been achieved. The next steps are to work with the Information Team to establish internal reporting against this measure along with developing the operating model and recruiting additional staffing capacity. Work on these stages commences in October 2021, with a deadline for delivery of March 2022.

- a reduction to zero by 31.3.22 of patients waiting over 52 weeks for elective treatment, and those waiting over 104 days for cancer treatment;

The 52 week position has been steadily decreasing month on month since February 2021 and it is currently below the target required to be at by March 2022.



The 104 day waiters have also been decreasing and are currently at 26 (as at 29 September 2021). Some of the long waits for patients are outside our control, as treatment is due to take place at HUTH, therefore when HUTH make the decision to stand down theatre sessions due to COVID this can have a knock-on effect to the NLaG waiting position which effectively we cannot control. This means that although the trajectory would suggest a decrease in the 104 day waiters, there remains some risk to achieving this by the end of the financial year.

- o full risk stratification of those whose elective or out-patient care is delayed.

Risk stratification of the Live Inpatient Elective waiting list stands at 99.8% and the Planned Inpatient Elective Waiting list stands at 66.7% (as at 29 September 2021). The Planned Elective waiting list compliance is gradually increasing and should be close to 100% by the end of the financial year. The Outpatient New waiting list has 44.9% Risk Stratification compliance and the follow up waiting list is showing as 54.1% compliance. The Outpatient follow up has a large number of outstanding risk stratifications to complete but the Divisions have put plans in place to have all of these complete by the end of the financial year.

Trust Priority 2 – Workforce and Leadership

- We will strengthen **Recruitment and Retention** of key groups of clinical staff, specifically focussing on filling vacancies for health care support workers and registered nursing and taking account of Workforce Safeguards (2018) standards

Recruitment continues across all staff groups within medical and nursing vacancies. 73 Newly Qualified Nurses are due to start shortly following completion of training. International nurse recruitment is ongoing, with the project led by and overseen by the Chief Nurse's Directorate. 5 nurses are scheduled to start in October 2021, with 21 planned for November 2021, 21 for December 2021, and 20 for January 2022.

Recruitment of Health Care Support Workers (HCSWs) is ongoing, with 161.87WTE HCSW recruited between January 2021 and September 2021. The HCSW pipeline continues to be utilised responding to increased turnover. From previous recruitment in September, all appointments were allocated immediately, subsequent recruitment has resulted in 15.97 WTE awaiting start in October and

November. A recruitment process is currently underway and is at the shortlisting stage with interviews scheduled.

For Medical and Dental the last report position in August 2021:

- *Consultants – 18.73% (target 16%)*
- *Specialty Doctors – 14.87%*
- *Junior Doctors (training) – 14.65%*
- *Junior Doctors (non-training) – 16.12%*

Current pipeline of individuals awaiting start stands at 6 Consultants, 29 SAS and 17 juniors, with further recruitment ongoing. Rotation fill for August was 80.10%. Increases in establishment have impacted against targets, with budgeted establishment for M&D increasing by 19.60 WTE between June and August 2021.

- We will **Improve Culture** by developing overall plans to further implement and embed our values, improve working practices, and support new ways of working

*Proposals have now been developed for a **Culture Transformational Group** which will co-ordinate activities and objectives to improve culture at NLAG. This will bring together under one infrastructure all information, data and intelligence and work areas so that it can be appropriately governed and focus on key priorities and measure output. This will include Equality, Diversity and Inclusion, Freedom To Speak Up, HR case work, staff survey, health and wellbeing and OD. This has been socialised at Executives and Workforce Committee and will be presented further to TMB and Board in October/November.*

To further support this agenda we have:

- *Appointed an Associate Director for Culture and OD who will support the People Director*
 - *Relaunched our staff network groups for BAME, Disability and LGBTQ+*
 - *WRES / DES and gender pay gap data submitted*
 - *Introduced a Board Development Programme for 2021/22 alongside Executive leadership development*
 - *Shaping a Just Culture framework to deal with B&H complaints and disciplinary – to embed a learning culture*
 - *Focus on staff engagement initially through staff survey to be launched on 4 October*
 - *Considering next steps for Pride and Respect and embedding our values*
- We will design and implement a **Health and Wellbeing plan** which sets out our offer for all staff the next two years.

To identify the objectives for our Health and Wellbeing (HWB) plan we are going to undertake a diagnostic of our current culture and approach to Health and Wellbeing across. This will be done by completing a self-assessment NHSI/E tool kit. Given Covid, the NHSI/E HWB tool kit has been further updated and enhanced to include:

- *Leadership and Management*

- *Data*
- *Environment*
- *Professional Wellbeing support*
- *Relationships at work*

The HWB self-assessment tool kit is completed with a range of stakeholders, including HWB specialists, senior leaders, managers, trade unions and staff. NLaG has been successful in being one of the pilot Trusts to support this enhanced tool kit and a meeting to discuss its implementation will take place with NHSI/E in early October. Once the self-assessment has been completed, this will identify hotspot areas for the Trust to focus its attention on, either working locally or across the ICS to improve HWB for our staff. A HWB plan will then be drafted, implemented and communicated. Delivery of the objectives of the HWB will be governed through the HWB group and Workforce Committee on behalf of the Board.

To further support this agenda we have:

- *Appointed a Health and Wellbeing Guardian to our Board. This is governed through the Workforce Committee.*
 - *Appointed a HWB Co-ordinator role who commenced in post at the end of August and is currently gathering all information on our HWB “offers” across the Trust to inform the self-assessment process.*
 - *Health and Wellbeing Group has now been re-established chaired by the Director of People.*
 - *Implementing PTSD support for our staff to ensure easier access*
 - *Continuing to promote available support and resource to our staff via our web. Facebook and communications.*
- We will scope our **Leadership Development** Framework to enhance the capabilities of clinical and non-clinical leaders at all levels.

An exercise will be undertaken to design a Leadership programme for all Leaders within the Trust and will encompass HWB, Diversity and Inclusion and conflict management. Work will be undertaken to gain valuable insights from leaders across the organisation so that the programme is co-designed. In addition, we will also review current leadership development models underway to establish “what works”.

In line with the Culture work, we are also considering how to encompass Pride and Respect/our Values into a leadership development programme and to link in with leadership development within the wider NHS.

Initial proposals will be drafted by end of December for discussion at Executives in early 2022, which will be costed, and if approved, for delivery within the next financial year.

To further support this agenda we have:

- *Introduced a stand-alone leadership programme for new consultants to support their induction*

- *Continuing where possible to support individuals to develop in leadership roles, ie nursing*
- We will enhance and invest in the **People Directorate capability** to support the Trust to deliver the NHS People Plan and Trust People Strategy

A business case was submitted to the Executive Team in March 2021, to support changes and enhancements for the People Directorate, this was supported in part to enhance investment for OD given the priorities for the Trust and function around Leadership, Culture and OD. As a result, three senior posts have been appointed to roles in August.

A formal consultation exercise with staff and trade unions commenced in early July and ended at the end of August. Consultation within the HR team has continued and will end in early October. A number of vacancies have arisen as a result of the restructure and recruitment is underway for these posts, mainly within in the OD team. This presents some immediate risks to the delivery of the Culture and Leadership objectives whilst we recruit.

Objectives for the People Directorate for 21/22 have been devised which focus on delivery of the People Strategy which was signed off by the Board in June 2020. Full benefits realisation will be measurable from 2022 onwards.

Trust Priority 3 – Quality and Safety

- We will redesign the **Quality Improvement (QI)** offer, programme and culture across the Trust; investing in our QI team and empowering our staff to contribute to and champion our emerging QI community.
- We will continue to learn and improve following external agency reports, with clear action to resolve or mitigate risk, particularly related to patient safety, including the **response to the 2020 CQC report** and other major national reviews e.g. Ockenden
 - *The Team has now been fully recruited to, with all postholders in post by the beginning of December.*
 - *There is a nursing and medical lead, with an AHP lead expected in the near future, these are sessional posts and unfunded past March 2022 but essential for clinical support and promotion of QI methods.*
 - *There is a QI Trust wide methodology and the QI platform 'Life QI' is now in use for current QI projects.*
 - *The Trust QI Strategy will be shared with TMB in mid-October and then to the next Trust Board.*
 - *We continue to develop our Trust QI brand and are 'Turning NLaG Orange'.*
 - *We have started our first Trust wide QI Collaborative Programme in Medicines Management, with six smaller projects underway. Our first Collaborative was within Maternity, demonstrating a significant change.*
 - *We held our first QI Council in September 2021.*
 - *We continue to develop our training academy which includes virtual training and project implementation for our staff, but also across the HCV for Junior Doctors.*

- We will focus on the following five **quality priorities**:

- End of Life care and related mortality indicators

The out-of-hospital SHMI has reduced, mainly as a result of improvement in SGH OOH SHMI; collaborative review work with partners of recent cases has commenced and MIG will receive a paper in October focussing on the data relating to out-of-hospital mortality indicators. Good progress.

- The Deteriorating Patient and sepsis

Manual audit data is now available to support understanding performance with Deteriorating patients and sepsis. This has identified gaps in recording. Electronic data relating to sepsis remains a challenge. This is being escalated to the MIG in November. An improvement campaign is planned to focus on both areas based on the audit findings. There is concern in progress here hence the improvement campaign planned for November.

- Reduction of medication errors
- Diabetes Mellitus management

Medication safety in relation to omitted doses and insulin administered on time perform well from EPMA data. A focus on weighing patients is currently being targeted from the audit data now available. Good progress here for both of these quality priorities

- Safety of discharge

Safety of discharge is tracked through the Access & Flow data on the IPR and is centred on time of discharge (before or after 12 noon) and the time spent in hospital, and also timeliness of discharge letters.

Trust Priority 4 – Strategic Service Development and Improvement

- With Hull University Teaching Hospitals, we will complete the **Interim Clinical Plan**, including:
 - the delivery of a revised leadership and clinical delivery approach for oncology, haematology and dermatology by May 2021;
 - the joining together of the clinical services of ENT, ophthalmology, cardiology and urology under a single service leadership by March 2022;
 - improved access and treatment pathways, including a redesigned community approach by March 2022.
- *Interim Clinical Plan (ICP) – twelve month plan in place and governed through Committees in Common (HUTH and NLaG) and Joint Development Board (Chair Ellen Ryabov COO HUTH)*
- *Single leadership in place for haematology, dermatology, cardiology and oncology*
- *MOU and SLA drafted for cross organisational working*
- *JD drafted for joint clinical directors – first post to go to advert for Ophthalmology*

- *Service strategies complete*
- *Connected Health Network cardiology – running well and some very good learning that can be applied across other specialties*
- *Wide ranging engagement with out of hospital programmes and primary care – but more to be done – need to recognise the challenges of different business/contracting models and also potential issues of capital investment*

Good progress – but given challenges of elective recovery we need to shift focus from planning to delivery and implementation more quickly than planned.

- *With partners in the Humber Acute Services Review, we will engage fully in leading and supporting the development by the end of 2021 of a **Pre-Consultation Business Case (PCBC) for the delivery of new models of care** for Urgent & Emergency Care, Maternity*
- *Pre Consultation Business Case planned for publication Q4*
- *UEC, Maternity, Paediatrics and Neonatal and Planned Care pathways being developed – options for change*
 - *Data analysis underway*
 - *Potential options for change mapped*
 - *Evaluation framework developed*
 - *NHSE/I assurance reviews underway – monthly*
 - *Clinical Senate Engagement and reviews underway*
 - *College and Peer reviews underway*
 - *Wide ranging engagement – 3,883 public survey, 569 staff survey, 1,133 maternity voices partnership, 72 local councillors focus groups, citizens panel, 750 clinical staff engaged in pathways*
- *Approach reviewed by Consultation Institute and recognised as example of good practice*
- *Pre Consultation Business Case is linked to Capital EOI – review process for Gateway Review will link both PCBC and Capital investment*

Trust Priority 5 – Estates, Equipment and Capital Investment

- **We will invest c£130 million (subject to approvals) in estates and equipment, including:**
 - *back-to-back MRI suite at DPOW: this has successfully opened. Total MRI waiters at peak was over 6,000. From March 2021, this has reduced from 5,262 to 2,362; Number of patients waiting longer than 6 weeks has reduced from over 3,000 at its peak to 215; the % of patients breaching the 6 week constitutional target has reduced from >50% to 9.1%.*
 - *new MRI at SGH: the new MRI at SGH is under construction.*
 - *new Emergency Departments, Same Day Emergency Care and Acute Assessment Units at both DPOW and SGH: full Planning Permission has been granted. With the exception of the multi-storey car park at DPOW, all key enabling works are completed including the relocation of c200 staff, enabling existing services to be maintained. ED super structure built, with*

work on internals commencing at DPoW. Car parking at SGH completed. AAU FBC submitted. All key M&E infrastructure upgrades underway.

- £40.3 million on major **energy schemes** across all three hospital sites including a new energy centre at Goole & District Hospital: *the new energy centre at Goole and District Hospital is under construction.*
- We will continue to work with North and North East Lincolnshire Councils and NHSE/I on the long term development of a **new hospital for Scunthorpe and redevelopment of DPOW**: *this work continues. The Trust (jointly with HUTH) submitted an Expression of Interest to the DHSC New Hospitals Programme in September 2021 for £720 million investment in the Humber's hospitals, including a proposal for a £350 million new hospital for Scunthorpe and £120 million for redevelopment of DPOW.*

Trust Priority 6 – Digital

- We will deliver the **first phase of the Trust's Digital Strategy**, including investment of £2.5 million Digital Aspirant capital plus £2.5 million Trust 'matched' capital on:
 - Improved access to patient information by linking WebV and HUTH Lorenzo EPR, & Yorkshire and Humber Care record and other sources;
 - Upgrading the Trust data warehouse to improve business intelligence and data management;
 - Upgrading versions of current inhouse systems to support paper-lite/paperless working;
 - Investing in solutions & devices to enable real time clinical data entry and single sign on;
 - Piloting a scalable automation platform (Robotic Processing Automation – RPA) to reduce the burdens of repetitive data entry.

The Digital Transformation Programme that support the Digital Strategy is tracked across its various projects via a programme tracker which provides a RAG rating framework for the schemes. National reporting rated the programme at Amber+.

Delivery target is Fiscal 21/22. Some of the initiatives will be started, not completed in Yr. (I.e. Doc mgmt, Command Centre).

Workstream	Target Completion Date	RAG Status	Update
Digital Aspirant award	March 2022	Amber +	Submission of NHSX funding report in September 2021, rating programme at Amber+. Successful delivery appears viable however this will be monitored through the Digital Programme Management Group to ensure risks/issues do not escalate into major threat affecting programme delivery.
Governance/Resourcing	October 2021	Amber+	Digital PMO Office developed, temporary Programme Manager and Office 365/ITSM Project Manager in post until Oct 2021. Successful recruitment to permanent Digital Programme Manager starting Nov 2021. Governance processes implemented for approvals for new projects through the Digital Programme Management Group and Digital Solutions Delivery group.
Funding for 2021/22	September 2021	Green	Completed and submitted Funding Evidence Report (FER) to NHSX in September 2021 to support £2.27m for 2021/22 capital and £196k for 2021/22 revenue.
Funding for 2021/22	March 2021	Green	2020/21 funding for devices and infrastructure was spent successfully before 31st March 2021. Kit deliveries were received and are continuing to be rolled out across all areas.
HUTH/NLG Lorenzo/WebV	August 2021	Completed	Development and testing of Lorenzo >WebV viewer is complete, roll out underway scheduled to complete by end of September 2021.

Kindness • Courage • Respect

The Digital Transformation Programme that support the Digital Strategy is tracked across its various projects via a programme tracker which provides a RAG rating framework for the schemes. National reporting rated the programme at Amber+.

Delivery target is Fiscal 21/22. Some of the initiatives will be started, not completed in Yr. (I.e. Doc mgmt., Command Centre).

Workstream	Target Completion Date	RAG Status	Update
Lorenzo PAS	August 2021	In Progress	Lorenzo PAS technical proposal currently being assessed by both Trusts for preferred model of implementation. Lorenzo PAS Business Case/options paper to be provided to ET/TMB in Sept/Oct 2021.
Data Warehouse	July 2022	Amber/Green	Data Warehouse project outline understood, and procurement options assessed. Discussion underway with HUTH DW supplier around shared proposal that would link into support the preferred PAS option. Otherwise a separate procurement exercise would be undertaken in September/October.
Clinical Systems Upgrade	Dec 2021	Amber/Green	Clinical system upgrades have been purchased from suppliers and form part of the schedule of planned work across the Digital Teams. Priorities around CTG archiving, Cardiology and Obstetric ultrasound systems. New PM starting to progress this piece of work.
RPA	October 2021	Amber/Green	RPA 'envision' workshop held with Patient Admin teams at both Trust and Northampton General (Automation Accelerator). Feedback on priority processes by end of July. Productive discussion with NHSEI to support shared RPA infrastructure for initial pilots.

Kindness • Courage • Respect

Trust Priority 7 - Finance

- We will achieve the **Trust's 21/22 Financial Plan**.

Whilst the H1 (month 06) results are not yet known, the Chief Financial Officer is confident the Trust will have met the plan that was set for the first half of the financial year. The H2 planning guidance was released on 30 September and the Trust is now working through what that means, not only for this organisation but also for the overall Humber system. A proposed plan for H2 will be presented as soon as possible.

- We will achieve the 21/22 Humber Coast and Vale HCP **system financial control total**.

As above, it is fully expected that the HC&V control total will have been met in the H1 period. The H2 plan is now being developed and will be made available as soon as possible.

- We will leave **Financial Special Measures**.

A letter from the Regional Director of Finance received in late 2020, laid out a number of specific criteria needed to enable the Trust to leave FSM. Achievement of the H1 targets and agreement of an achievable H2 plan were two of those criteria. An assessment of the Trust's financial governance was also included. To that end NHSE/I representatives have recently been in attendance at a number of governance meetings and informal feedback received from that process has been favourable. The final element relates to the development of a long term financial model which we are currently in the process of completing. It is expected that a discussion with the FSM team relating to the Trust's exit from the FSM process will take place by the end of November.

Trust Priority 8 – The NHS Green Agenda

- We will promote, develop and embed the **NHS Green agenda** into the Trust, specifically, procurement policies, staff energy champions, travel, waste and energy reduction: *our Board level approved **Green Plan** supports the **NHS Green agenda** and is focused on reducing our carbon impact. It targets our direct, indirect and external scopes, such as energy reduction, waste, travel, use of resources, medicines, food and construction. Our Waste teams are increasing facilities to recycle at every level of the organisation, these efforts were recognised by the judges in the **Zero Waste Awards** having achieved zero waste to landfill. We are reviewing our lease car policy, shifting our staff fleet to ULEV and ZEV vehicles and increasing electric fleet pool cars, whilst increasing charging capacity.*
- We will invest £40.3 million from the **Public Sector Decarbonisation Fund** (joint DHSC and BEIS) in Green schemes across all three hospitals, including replacing the coal fired boiler at Goole: *so far we have used the £40.3 million from the **Public Sector Decarbonisation Fund** (joint DHSC and BEIS) to remove the coal boiler at Goole, creating an energy centre. More widely, we continue to review the heating at SGH and investigate ground source heat pumps, alongside a wide range of energy saving innovations.*

Trust Priority 9 – Partnership and System Working

- We will play a full part in the **development of the Humber Coast and Vale (HCV) Health & Care Partnership**, including the Humber Partnership Board, the Acute Collaborative, the Community Collaborative, the ICPs (Integrated Care Partnerships) of North and North East Lincolnshire, the HCV Cancer Alliance and associated professional networks

The Trust has played a full part in the multiple work streams which are developing the Humber Coast and Vale (HCV) Health and Care Partnership. This has included: membership of the Board of the Collaborative of Acute Providers (CAP) and the Trust's Chief Operating Officer chairing the CAP Chief Operating Officers Group; Board level membership of the Community Collaborative; supporting the development of and signing the Memorandum of Agreement for the North East Lincolnshire Integrated Care Partnership (ICP); participation in development workshops for the emerging ICPs for North Lincolnshire and East Riding of Yorkshire; membership of the Humber Partnership Board; and multiple supporting committees and development workshops.

- We will play a full part in other **national and regional networks**, including professional, service delivery and improvement (e.g. GIRFT), and operational.

The Trust continues to play a full part in multiple GIRFT (Getting It Right First Time) programmes, has joined the Faculty of Medical Leadership and Management (FMLM), is involved in a variety of support programmes arranged through the NHSE/I Intensive Support Team, has established Committees in Common with Hull University Teaching Hospitals, and plays a full part in HCV and Regional Clinical Networks.

CoG(10/21) Item: 2.3

DATE OF MEETING	Tuesday 19 October 2021
REPORT FOR	Council of Governors
REPORT FROM	Ian Reekie
CONTACT OFFICER	
SUBJECT	Lead Governor's Update
BACKGROUND DOCUMENT (if any)	
PURPOSE OF THE REPORT	The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting on 20 July 2021 in which the Lead Governor has been involved, including highlights from the Governor Engagement Group and the Appointments & Remuneration Committee.
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	The Deputy Lead Governor has kindly agreed to present this report in the absence of the Lead Governor. He has had the opportunity to review and comment on the first draft of the report.
EXECUTIVE SUMMARY	The Council of Governors is asked to note the content of the Lead Governor's Update report including highlights from the Governor Assurance Group and the Appointments & Remuneration Committee.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide good leadership
			✓	✓
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response		Workforce and Leadership		✓
Quality and Safety		Strategic Service Development and Improvement		
Estates, Equipment and Capital Investment		Digital		
Finance		The NHS Green Agenda		
Partnership & System Working	✓			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	N/A				
BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
	✓				

COUNCIL OF GOVERNORS

19 October 2021

Lead Governor's Update

GOVERNOR ELECTIONS

Following the conclusion of the recent governor elections I am sure that we would all wish to welcome our three new governor colleagues who will be taking up their positions in early November. Shiv Nand and Michael Lewis are the new public governors for North Lincolnshire while Anthonia Nwafor is the new staff governor. David Cuckson will also be returning to the fold after a brief hiatus. Unfortunately interest from Trust members in becoming a governor was again disappointing with none of the constituency elections being contested. However the North Lincolnshire and staff constituencies are now fully represented, as are East & West Lindsey and Goole & Howdenshire. One vacancy remains for a public governor in North East Lincolnshire. Post COVID we must redouble our efforts to engage with our local communities in an attempt to raise the governor profile and hopefully develop a more diverse pipeline of potential future governors.

Only one of our colleagues will be retiring following the conclusion of his current term of office in November, but he will be a significant loss to the Council of Governors. Paul Grinell was first elected to represent North Lincolnshire way back in 2009 and he has played an influential role in the governance of the Trust throughout his twelve years of service including a lengthy period when he acted as Lead Governor. I am sure that colleagues will wish to join me in thanking Paul for his outstanding contribution to the work of the Council of Governors.

Although they have been re-elected, the current terms of office of both the Lead Governor and Deputy Lead Governor expire in early November when both these positions will fall vacant. The Membership Office will therefore shortly invite nominations from governors wishing to take on these roles. This process will be accelerated to ensure that the Trust is not left without Lead and Deputy Lead Governors for any significant period of time.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

The GAG last met on 2 September 2021 when governors took the opportunity to quiz the chairs of the board assurance committees in pursuit of our responsibility as governors to hold NEDs to account for the performance of the Trust Board. In particular, the GAG received assurance regarding the following issues:

- The management of the ophthalmology waiting list including progress on risk stratification and the identification of diagnostic codes
- The appropriate prioritisation of NLaG patients referred for treatment by Hull University Teaching Hospitals (HUTH)
- The external auditor's value for money conclusions
- A new process to monitor theatre utilisation and productivity
- The significant variance in agency staff spend between NLaG and HUTH
- Performance in respect of eligibility for Elective Recovery Fund income

The GAG was attended by Jo Loughborough who confirmed that funding has been identified to enable the continuing employment of Family Liaison Assistants on the wards until the end of January 2022. GAG members noted that while undertaking '15 Steps' ward reviews they had recognised the significant improvement in patient/ family communication resulting from the work of Family Liaison Assistants and expressed their support for the permanent establishment of these roles. Jo also confirmed that a review of volunteer services was underway and that an additional post had been created to oversee volunteer recruitment and training. Jo went on to outline the findings from, and answer questions about NLaG's relative performance in respect of the following three national patient experience surveys:

- Urgent and Emergency Care Survey 2020
- Adult Inpatient Survey 2020
- Children and Young People's Patient Experience Survey 2020

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

Although the ARC has not met since the last CoG meeting, ARC members have been involved in the recruitment process for the Humber Coast and Vale ICS Chair and will be involved in recruiting the new Joint Chair for NLaG and HUTH. The Lead Governor represented the Chief Executive on a stakeholder group which met with candidates preceding the interviews for the HCV Chair. At the time of drafting this report confirmation of the preferred candidate was still awaited from the Secretary of State but his/her identity should be known before the CoG meeting.

Applications for the NLaG/HUTH Joint Chair role closed on 11 October with longlisting taking place on 14 October and shortlisting on 25 October. Formal interviews will be held on 1 November when two ARC members will join the interview panel. The other four ARC members have been invited to participate in a stakeholder group that will meet with the candidates prior to the formal interviews. CoG members will then be asked to virtually ratify the appointment of the successful candidate.

IAN REEKIE
Lead Governor

Minutes

COUNCIL OF GOVERNORS ANNUAL MEMBERS MEETING

Minutes of the Meeting held on Wednesday, 30th September 2020, from 14:00 to 16:30 hours,
Virtual Meeting held by GoToMeeting

Present:

Linda Jackson	Vice Chair	Rob Pickersgill	Public Governor
Diana Barnes	Public Governor	Steve Price	Public Governor
Jeremy Baskett	Public Governor	Ian Reekie	Public Governor
Tony Burndred	Public Governor	Cllr Stan Shreeve	Stakeholder Governor
Maureen Dobson	Public Governor	Liz Stones	Public Governor
Paul Grinell	Public Governor	Dr Gorajala Vijay	Public Governor
Tim Mawson	Staff Governor		
Eddie McCabe	Stakeholder Governor		

In Attendance:

Adrian Beddow	Associate Director of Communications
Tony Bramley	Non-Executive Director
Stuart Hall	Associate Non-Executive Director
Helen Harris	Trust Secretary
Claire Hansen	Deputy Director of Operations (representing Shaun Stacey)
Dawn Harper	Deputy Chief Nurse (representing Ellie Monkhouse)
James Hayburn	Interim Director of Finance
Kathryn Helley	Improvement Programme Director
Alison Hurley	Membership Manager & Assistant Trust Secretary
Jug Johal	Director of Facilities
Ivan McConnell	Director of Strategic Development
Karl Portz	Equality, Diversity & Inclusion Lead
Mike Proctor	Non-Executive Director
Dr Peter Reading	Chief Executive
Melanie Sharp	Deputy Chief Nurse (representing Ellie Monkhouse)
Harriett Stephens	Head of Education, Training and Development (representing Claire Low)
Mark Surridge	Mazars Auditors
Simon Thackray	Consultant Cardiologist
Michael Whitworth	Non-Executive Director
Dr Kate Wood	Medical Director

Zoe Hinsley	Senior Membership Officer (minutes)
Serena Mumby	Membership Officer (presentations)

Public Members

Terry Aldridge
Joseph Bowman
Jennifer Clarke
Barry Coley
Carol Coley
David Cuckson
Julie Grimmer
Paula Wilson

Stakeholders & Partner Trusts:	Tracy Astley	– York Teaching Hospital
	Carrie Butler	– Healthwatch North Lincolnshire
	Sylvia Leary	– Care Plus
	Daniel Perks	– ISS Facility Services UK
	Tracey Slattery	– Healthwatch North East Lincolnshire
	Joe Warner	– Focus

The Council agreed to commence with agenda Item 2.

2. MEETING ITEMS

2.1 Chairs Opening Remarks

Linda Jackson explained that she would be Chairing the meeting in the absence of Trust Chair, Terry Moran, and welcomed everyone to the Council of Governors (CoG) Annual Members' Meeting (AMM), including Public Members and representatives from the Trust's stakeholder organisations.

Linda Jackson took members through the protocols for the meeting and advised if she experienced any difficulties with Information Technology (IT) connectivity, Tony Bramley would chair until she re-joined the meeting. Everyone was advised that the CoG AMM meeting being held via GoTo would be recorded. A brief CoG Business Meeting would also follow the CoG AMM at 16.30 hours to address one business item, 'Proposals for the Development of Integrated Acute Assessment Units and Extended Emergency Departments'.

Linda Jackson introduced and welcomed Mike Proctor, who had recently been appointed as Non-Executive Director (NED), replacing Sandra Hills as the Chair of the Quality & Safety Committee (Q&SC). This would be Jim Hayburn's last CoG meeting and on behalf of the Trust she expressed their sincere gratitude for the superb work he had undertaken over the last 12 months. He had seen the Trust through the 2020/21 planning round, the COVID-19 pandemic, and the achievement of the financial plan for the first time in many years.

The agenda then resumed to the planned running order.

1. PATIENT STORY

1.1 Patient Stories

Melanie Sharp introduced herself as Deputy Chief Nurse and delivered the Patient Stories presentation. Communication via IT tablets had provided the opportunity to enable patients to be supported to connect with their families, where they may have otherwise struggled. Further work was required to embed these new methods and improve all forms of communication with carers and families. This included the Trust website, patient information leaflets, social media messages, alternative languages and formats.

Linda Jackson thanked Melanie Sharp for her informative update and Health Tree Foundation for arranging funding of the IT tablets. Questions were then invited.

Dr Kate Wood expressed her appreciation and gratitude to Melanie Sharp and the Patient Experience Team, for their continuous hard work supporting patients and families within wards.

Council Decision: The Council received the Patient Stories Presentation.

2.2 APOLOGIES

Apologies for absence were received from:

Public Governors: Vince Garrington and Brian Page

Stakeholder Governors: Cllr Anne Handley and Alex Seale

Non-Executive Directors: Stuart Hall.

Executive Directors: Jo Loughborough (represented by Dawn Harper and Melanie Sharp), Claire Low (represented by Harriett Stephens), Ellie Monkhouse (represented by Dawn Harper and Melanie Sharp), Terry Moran (represented by Linda Jackson), and Shaun Stacey (represented by Claire Hansen).

Alison Hurley added that Cllr Stan Shreeve was required to leave the meeting at 4pm for a further meeting, Ellie Monkhouse hoped to join the meeting at some point, and Dr Kate Wood needed to leave the meeting at 4pm to take a phone call.

2.3. DECLARATION OF INTERESTS

Linda Jackson requested members of the Council to raise any conflicts of interest relating to specific agenda items or provide any updates to their annual declaration of interests. None were received

2.4. TO APPROVE THE MINUTES OF THE PREVIOUS MEETING HELD ON 6TH SEPTEMBER 2019

Linda Jackson invited members to approve the minutes of the CoG AMM held on 6th September 2019. The minutes were approved as a true and accurate record.

Council Decision: The Council received, noted and approved the minutes.

3. ANNUAL REPORT & ACCOUNTS

3.1 Overview of Last Year Including Annual Report & Accounts for 2019/20 and Trust Priorities for the Future

Linda Jackson explained that the AMM is the occasion at which the Annual Report and Accounts are formally received and published by the Trust via the CoG.

Dr Peter Reading introduced himself and provided an overview of the highlights of the past year. This included an update on capital bids/projects for the

Emergency Departments and Acute Assessment Units (AAUs), the new computerized tomography (CT) and magnetic resonance imaging (MRI) scanners, the upgrade of the fire and water safety systems, Critical Care funding, the Bereavement Suite at Scunthorpe General Hospital (SGH) and the fully upgraded Ward 29 at SGH.

Further highlights included the securing of the Integrated Musculoskeletal (MSK) and Chronic Pain Service in North Lincolnshire as part of a joint bid, Joint Advisory Group (JAG) accreditation secured for endoscopy services for a further year, several new senior leaders and 30 clinical leads, some improvements in the 2019 national staff survey and continued improvements in junior doctors fill rates.

Jim Hayburn presented the financial overview for 2019/20 financial year and confirmed the Trust and the Integrated Care System (ICS) delivered their Control Totals, and the Trust invested approximately £4 million, which was primarily for additional staffing.

Dr Peter Reading presented an overview of 2019/20 Annual Report including Trust progress in 2020/21. The Trust continues to be in quality Special Measures following the Care Quality Review (CQC) inspection, although notable improvements had been made within staffing in Accident and Emergency (A&E); work on end of life care had progressed, and improved positions were evident on waiting lists, out-patient follow-ups and diagnostics, including scanning and reporting.

In relation to Mortality improvements, it was reported that improvements had been driven by a focus on improved clinician oversight and ownership of established processes ensuring robust data is available and utilised for the Summary Hospital-level Mortality Indicator (SHMI). The SHMI being the ratio between the actual number of patients who die following hospitalisation at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated.

Winter pressures along with the effects of COVID-19 had impacted greatly on the performance data for Cancer and Referrals to Treatment (RTT), including 18 week and 52 week waiters. The presentation provided the Trust's actions taken as a response to managing Covid-19.

14.44 hours Claire Hansen and Terry Aldridge arrived

An update on the Trust priorities for the remainder of 2020/21 in addition to managing COVID-19 was delivered.

Linda Jackson thanked Dr Peter Reading and invited any questions or points for clarification.

Jim Hayburn responded to a query from Ian Reekie and outlined the positives and consequences of NHS England/Improvement (NHSE/I) moving to system level financial allocations in the ICS from the Trust's perspective. Positive elements for the Trust had included recognition of achievement of the cost base of the Trust over the last six months, the change to funding provider costs and

collaborative partnership working to transform services without incorporating exceptional financial debts.

Difficulties had included the ICS not currently existing as a statutory body and therefore not having formal accountability in terms of governance, as opposed the Trust and Clinical Commissioning Groups (CCGs). It was also noted that there would be competing priorities over quality and finance issues in the ICS, and a solution would be to align agendas across the system and have a shared direction with evident benefits.

Ian Reekie queried the level of patient and public engagement on the Humber Acute Services (HAS), and particularly the Integrated Clinical Plan (ICP) which addresses the fragile and vulnerable services. There is concern at the perceived lack of engagement in advance of any formal consultation, other than the local authority Overview and Scrutiny Committees.

Ivan McConnell confirmed that plans were in place to undertake a review of the implementation timelines for phase one and two and the associated engagement which had been initially planned for the end of October or early November 2020. Statutory requirements would be met by ensuring robust engagement was undertaken throughout the process, via information dissemination and capturing and addressing feedback. Clinical workshops had also been arranged and included pollution, health, service demand, patient flow which will provide further means of engagement.

A short discussion ensued about the delivery of all phases. It was confirmed that the final pre-consultation was planned to be undertaken with the presentation of proposed business cases between January and March 2021. This would be followed by engagement with wider groups, including formal statutory groups which would include Governors and have a key focus on reaching people who use the services. Adrian Beddows confirmed the Communications Team were exploring options to achieve this goal.

Linda Jackson thanked Ivan McConnell and asked Ian Reekie if this addressed his query. Ian Reekie clarified he was specifically querying the six months period for the ICP engagement of Phases One and Two. Dr Peter Reading responded in the absence of Shaun Stacey and confirmed the terminology used in the report had been confused by using the meaning of the word phase in two different contexts, the terminology should have been referred to as 'phase' and 'stage'.

In response to a query from Rob Pickersgill about Phase Three for Primary and Community Transformation, Dr Peter Reading reported that the HAS focused on acute hospitals, and emphasised the necessity to work in parallel with primary and community changes to achieve the best outcomes, with the CCGs taking the lead. North Lincolnshire partnership work had commenced and North East Lincolnshire developments had been undertaken to create a Health and Care Executive attended by Ivan McConnell and Dr Peter Reading, led by independent Chair Kevin Turner.

Ivan McConnell drew attention to the limitless exertion shown through the COVID-19 pandemic to ensure progress continues to plan. Jeremy Baskett

concluded, referred to the lessons learnt at Manchester University NHS Foundation Trust and queried how the Trust planned to tackle the envisaged second COVID-19 wave. Dr Kate Wood confirmed her curiosity with the Manchester findings and advised the Trust had fortunately not experienced the same impact of COVID-19 as some other Trusts. Bed space reviews were undertaken on a daily basis in order to be reactive to daily requirements during the height of the first COVID-19 wave, as 120 beds had been made unavailable in line with the COVID-19 policy.

Jeremy Baskett drew attention to a single site hospital being explored within Scunthorpe; and queried whether it presented an opportunity to explore how the Trust provides services across the South Bank and East Lindsey. Dr Peter Reading confirmed discussions had been held around the erection of a new hospital at Barnetby Top near Scunthorpe but was rejected primarily due to logistical complications for patients between the two main towns. The criteria to gain national support had also not been met. There is a need to ensure Lincolnshire CCG was involved to ensure appropriate representation for East and West Lindsay requirements.

Dr Peter Reading responded to a query from David Cuckson relating to the Well Led action in the CQC report and whether it was appropriate to have a joint Chair for the Trust and Hull University Teaching Hospitals (HUTH) NHS Trust. The proposal for the Joint Trust Chair role had been approved by the CoG following thorough consultation. There is significant benefits for the Trust in acquiring the expertise of Terry Moran and the closer working relationship and collaborative working with HUTH. Linda Jackson concurred and confirmed that positive outcomes were already evident from this role and her position as Vice Chair, with both roles being clearly defined with no overlap.

Tim Mawson advised that he had initially voted against the instatement of a Joint Trust Chair, and he confirmed through further information and reflection he felt confident that his revised approval of the role was the correct decision for the Trust.

David Cuckson queried the appointment of NEDs outside of the Trust area and Linda Jackson stated this approval had only been established for exceptional circumstances to ensure the best candidate was recruited for the position. This was reflected in the Trust Constitution.

Jim Hayburn provided a short explanation around the Trust's cash balance and timely payment of creditors in response to a query from David Cuckson and confirmed that 80% were paid within 30 days.

Paul Grinell confirmed his close involvement with the process to appoint Terry Moran as Joint Trust Chair due to being a member of the Appointments and Remuneration Committee, and advised of his strong recommendation to approve the proposal from the beginning. Throughout the process to appoint the Joint Chair it was confirmed that this did not approve a merger between the two Trusts. The capital funding is welcomed to upgrade the fire and water safety systems referred to in slide two, and queried how quickly the finances could be accessed and deployed and the potential effects of COVID-19. Jug Johal confirmed the finance must be paid by March 2021, and advised the Trust

were confident the work would be achieved within deadlines specified despite additional pressures from COVID-19.

Council Decision: The Council received the overview of last year including Annual Report & Accounts for 2019/20 and Trust Priorities for the Future

3.1.1 Annual Audit Letter for 2019/2020

Mark SurrIDGE introduced himself as the Engagement Lead for Mazars, the Trust's external auditors, and provided a brief overview of the executive summary in the letter. The opinion of the Financial Statement was considered to provide a true and fair view of the Trust's and Group's financial position. The Trust were the first to submit their Financial Statement from the 40 NHS Trusts represented by Mazars, and had the least number of required changes, which was an excellent result.

The second area of responsibility was for Value for Money referred to as financial governance and decision making, and had been awarded a red rating. The required formal language used by Mazars could appear harsh, and explained that the parameters of ratings awarded were restricted due to the Trust being in Financial Special Measures. Therefore, the outcome should be viewed as constructive, as Mazars had not uncovered anything the Trust were not aware of.

At 15.14 hours Julie Grimmer left the meeting.

The third responsibility for Mazars to submit necessary reports to the National Audit Office to confirm the Trust's Consolidation Return was consistent with the audited financial statements was achieved.

It was noted that under the final responsibility relating to Statutory Reporting, Mazars had not been required to apply any additional actions or levels of recommendations.

Linda Jackson thanked Mark SurrIDGE for his helpful overview and invited any questions.

Mark SurrIDGE responded to a query from David Cuckson and confirmed that due to the implications of COVID-19, a moderate additional fee had been agreed in addition to the original quotation for the service.

Melanie Sharp left the meeting at 15.53 hours.

Jim Hayburn advised that 2020 had been the first year Mazars had been appointed as the Trust's External Auditors, and thanked Mazars for their effective approach and fair reporting.

Council Decision: The Council received the Annual Audit Letter for 2019/20

Karl Portz joined the meeting at 15.55 hours.

4. QUESTIONS FROM THE PUBLIC

Alison Hurley confirmed a series of questions had been submitted from public member David Cuckson as follows:

I presume that the Trust has a Patient Experience Committee (or equivalent). If not, why not? Are Governors represented on this committee? If so, do they find their participation is productive?

Alison Hurley confirmed the Trust had a Patient Experience Group (PEG) chaired by Jo Loughborough, the patient safety lead and would be attended by public Governor, Ian Reekie. Ian Reekie also chairs the Governor Membership and Engagement Group (MPEG), which was in turn attended by Jo Loughborough, to effective oversight, information sharing and engagement. Ian Reekie concurred and confirmed his request to attend the PEG was to gain assurance.

5. REFLECTION OF FORMAT FOR FUTURE REVIEW MEETINGS

Linda Jackson drew attention to the change to holding a virtual AMM as a result of COVID-19, which could be viewed as not ideal, but confirmed the Trust's aim to return to meeting in person again next year.

Paul Grinell confirmed he was content with the organisation of the meeting and expressed his disappointment in the number of Trust Members attending general CoG meetings. Every effort should be explored to fully engage with Trust Members and supported the aims of MPEG in endeavouring to do this.

David Cuckson introduced himself as a member of the public and confirmed the presence of senior members including the Chief Operating Officer would be beneficial for submission of questions. The use of GoTo Meetings an alternative supplier such as Starleaf be used in future virtual meetings. Linda Jackson thanked David Cuckson for his comments which would be noted, and advised that through her considerable experience now of using different virtual meeting providers, they all had glitches and the Trust were currently required to utilise the GoTo provider. All Executive Directors were either in attendance at CoG meetings or provided representatives.

6. ANY OTHER BUSINESS

Linda Jackson invited members to raise any other business.

Terry Aldridge introduced himself as a Trust Member and an active patient representative for the Trust's Trauma and Orthopaedic Group and advised he did not have access to patient evaluations or reports and added that this was echoed by patient representatives on other sub-groups. Dawn Harper apologised and advised this role was a key element of the Trust's Patient Safety Strategy. Rich and informative patient data was available and could be shared, and suggested meeting outside of the CoG meet to resolve the situation.

Council Action: Dawn Harper to meet with Terry Aldridge to discuss and resolve patient representative engagement issues raised.

7. DATE AND TIME OF NEXT COUNCIL OF GOVERNORS MEETINGS AND BRIEFINGS

Linda Jackson thanked everyone for attending and contributing and advised that the venues for the next CoG Meetings would be confirmed shortly in line with Government recommendations to ensure appropriate social distancing and the safety of staff and CoG members. A five minute comfort break was then taken ahead of the brief CoG Business Meeting to address one business item, 'Proposals for the Development of Integrated Acute Assessment Units and Extended Emergency Departments'.

Council of Governors Business Meeting

Date: 15th October 2020

Time: 14:00 - 17:00 hours

Venue: TBC

Please notify the Membership Office of any apologies for these events.

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.

Linda Jackson thanked members for their attendance and contributions. The meeting closed at 16:04 hours.

CoG (09/21) Item 3.1.1

DATE OF MEETING	13 th September 2021
REPORT FOR	Council of Governors' Annual Members' Meeting
REPORT FROM	Mazars LLP
CONTACT OFFICER	Mark SurrIDGE, Director (Mazars LLP) Mike Norman, Senior Manager (Mazars LLP)
SUBJECT	Annual Auditor's Report 2020-21
BACKGROUND DOCUMENT (if any)	
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Audit Committee
EXECUTIVE SUMMARY	The Annual Auditor's Report summarizes the auditor's views on the Trust's arrangements to secure value for money across the themes of financial sustainability, governance and improving economy, efficiency and effectiveness in the use of resources.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
		X		

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)			
Pandemic Response		Workforce and Leadership	
Quality and Safety		Digital	
Estates, Equipment and Capital Investment		Strategic Service Development and Improvement	
Finance	X	The NHS Green Agenda	
Partnership & System Working			

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	n/a
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BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		X		X	

Auditor's Annual Report

Northern Lincolnshire and Goole NHS
Foundation Trust— year ended 31 March
2021

August 2021



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This document is to be regarded as confidential to Northern Lincolnshire and Goole NHS Foundation Trust. It has been prepared for the sole use of the Audit, Risk and Governance Committee as the appropriate sub-committee charged with governance by the Board of Directors. No responsibility is accepted to any other person in respect of the whole or part of its contents. Our written consent must first be obtained before this document, or any part of it, is disclosed to a third party.

01

Section 01: **Introduction**

Introduction

Purpose of the Auditor's Annual Report

Our Auditor's Annual Report (AAR) summarises the work we have undertaken as the auditor for Northern Lincolnshire and Goole NHS Foundation Trust ('the Trust') for the year ended 31 March 2021. Although this report is addressed to the Trust, it is designed to be read by a wider audience including members of the public and other external stakeholders.

Our responsibilities are defined by the Local Audit and Accountability Act 2014 and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO'). The remaining sections of the AAR outline how we have discharged these responsibilities and the findings from our work. These are summarised below.



Opinion on the financial statements

We issued our audit report on 11 June 2021. Our opinion on the financial statements was unqualified.



Value for Money arrangements

In our audit report we reported that we had not completed our work on the Trust's arrangements to secure economy, efficiency and effectiveness in its use of resources and had not issued recommendations in relation to identified significant weaknesses in those arrangements at the time of reporting. Section 3 confirms that we have now completed this work and provides our commentary on the Trust's arrangements.

Following the completion of our work we issue our audit certificate which formally closes the audit for the 2020/21 financial year.



Wider reporting responsibilities

In line with group audit instructions issued by the NAO, on 11 June 2021 we reported that the Trust's consolidation schedules were consistent with the audited financial statements.

02

Section 02:

Audit of the financial statements

In this section of the report, we summarise the outcome of our audit of the financial statements

Audit of the financial statements

The scope of our audit and the results of our opinion

Our audit was conducted in accordance with the requirements of the Code and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error. We do this by expressing an opinion on whether the statements are prepared, in all material respects, in line with the financial reporting framework applicable to the Trust and whether they give a true and fair view of the Trust' and its subsidiaries' financial position as at 31 March 2021 and of its financial performance for the year then ended. Our audit report, issued on 11 June 2021 gave an unqualified opinion on the financial statements for the year ended 31 March 2021:

“In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust and Group as at 31 March 2021 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.”

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Section 03:

Commentary on VFM arrangements

In this section of the report, we explain our approach, whether we identified any significant risks and whether those significant risks led to identified weaknesses in arrangements

Commentary on VFM arrangements

Overall Summary



VFM arrangements – Overall summary

Approach to Value for Money arrangements work

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The NAO issues guidance to auditors that underpins the work we are required to carry out and sets out the reporting criteria that we are required to consider. The reporting criteria are:

- Financial sustainability;
- Governance; and
- Improving economy, efficiency and effectiveness.

At the planning stage of the audit, we undertake work so we can understand the arrangements that the Trust has in place under each of the reporting criteria; as part of this work we may identify risks of significant weaknesses in those arrangements. Where we identify significant risks, we design a programme of work (risk-based procedures) to enable us to decide whether there is a significant weakness in arrangements. Although we describe this work as planning work, we keep our understanding of arrangements under review and update our risk assessment throughout the audit to reflect emerging issues that may suggest there are further risks of significant weaknesses.

Our assessment of what constitutes a significant weakness is a matter of professional judgement, based on our evaluation of the subject matter in question, including adequacy of the Trust's responses. The National Audit Office's guidance states that a weakness may though be said to be significant if it:

- Exposes (or could reasonably be expected to expose) the body to significant financial loss or risk;
- Leads to (or could reasonably be expected to lead to) significant impact on the quality or effectiveness of service or on the body's reputation;
- Leads to (or could reasonably be expected to lead to) unlawful actions; or
- Involves a failure to take action to address a previously identified significant weakness, such as failure to implement or achieve planned progress on action/improvement plans.

Where our risk-based procedures identify actual significant weaknesses in arrangements, we are required to report these and make recommendations for improvement.

To arrive at our assessment, we performed a variety of work to obtain an understanding of the Trust's arrangements for each specified reporting criteria. This included performing a detailed risk assessment, drawing from a variety of sources, including, but not limited to:

- Meeting with management and reviewing information provided by management';
- Considering the views of the Audit, Risk and Governance Committee;
- Reviewing supporting guidance from the National Audit Office, including indicators of significant weaknesses;
- Considering our understanding of sector developments and any local issues;
- Reading and reviewing Board and Committee reports;
- Reviewing the Trust's Annual Governance Statement and Annual Report;
- Considering the outcomes from the work of internal audit;
- Reading risk registers and risk management reporting; and
- Considering the work of regulators and inspectorates.

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VFM arrangements – Overall summary

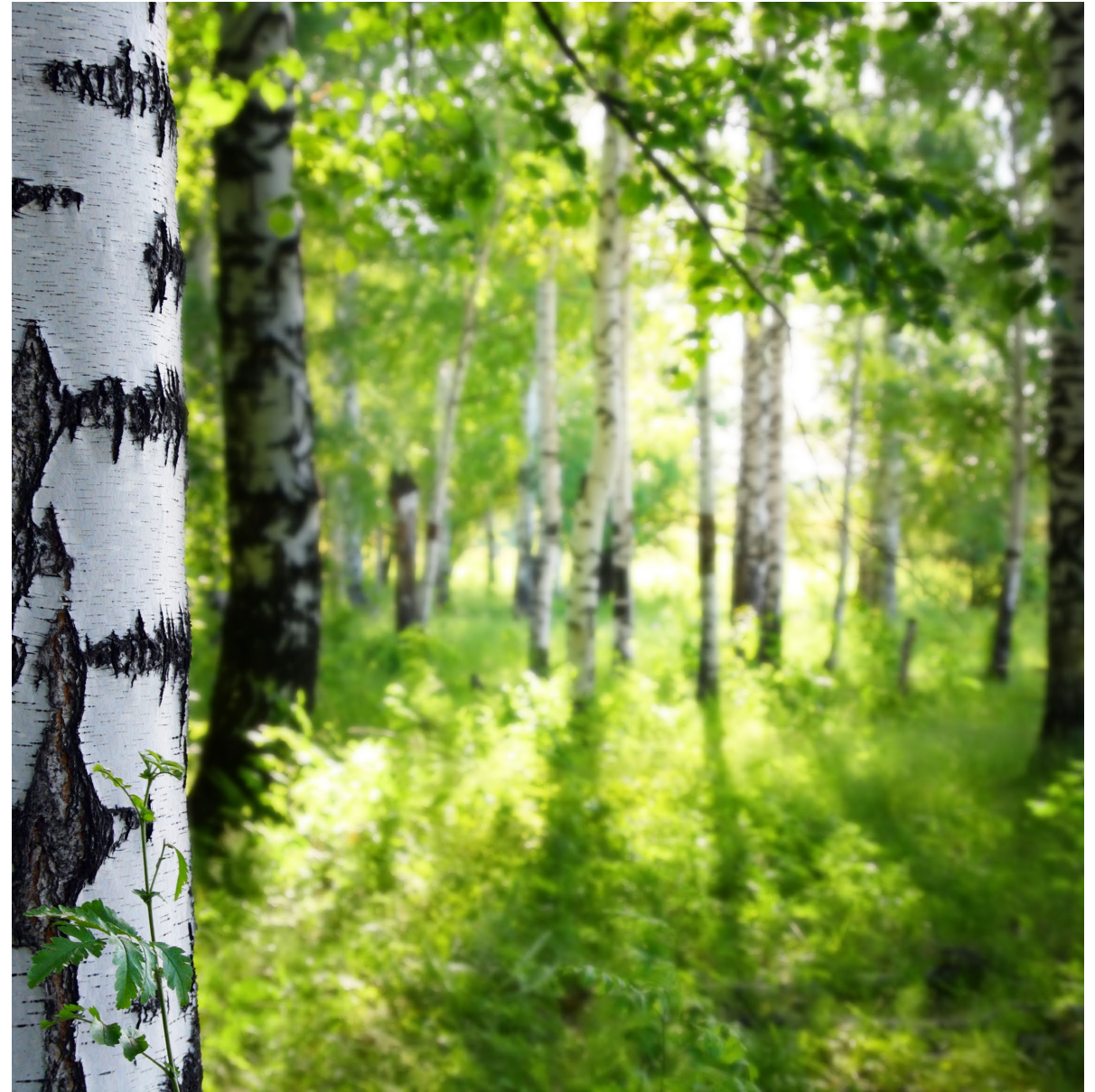
Summary

The table below summarises the outcomes of our work against each reporting criteria. We presented these findings to the Audit, Risk and Governance Committee on 27 August 2021.

Reporting criteria	Commentary page references	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	17-20	Yes	Yes
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	21-22	No	No
Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	23-26	Yes	Yes

Commentary on VFM arrangements

Risks of significant weaknesses in arrangements



VFM arrangements – Risks of significant weakness in arrangements

Risks of significant weaknesses in arrangements

We have outlined below the risks of significant weaknesses in arrangements that we identified as part of our continuous planning procedures, and the work undertaken to respond to each of those risks.

Risk of significant weakness in arrangements

The Trust is in Special Measures

The outcome from the most recent CQC inspection in 2020 was 'requires improvement' and at the end of 2020/21, the Trust's overall quality rating by the CQC remains as 'Requires Improvement. Ratings will not change until the next formal inspection by the Care Quality Commission.

Work undertaken

Our work in relation to this matter included:

- Reviewing relevant CQC Reports
- Reviewing the Trust's score under the Single Oversight Framework
- Reviewing Board / Audit, Risk and Governance Committee Reports to review progress
- Discussions with management the actions being taken to resolve the weaknesses identified in the reports.

Results

On 27 August 2021, we reported this significant weakness to the Trust and supported it with a recommendation for improvement. A summary of the significant weakness in arrangements identified and the supporting recommendations for improvement are provided on page 14.

The Trust's financial sustainability

Total group operating income for the year as recorded in the Statement of Comprehensive Income was £478m. This ultimately resulted in a deficit for 2020/21 of £6.7m, compared to a deficit in 2019/20 of £22.2m. As set out in the Statement of Financial Position, the Group Income & Expenditure Reserve is £208m deficit.

The Trust continues to be in financial special measures.

At the end of 2020/21, under the Single Oversight Framework, the Trust is scored 4, defined as: Providers in special measures: there is actual or suspected breach of license with very serious and/or complex issues.

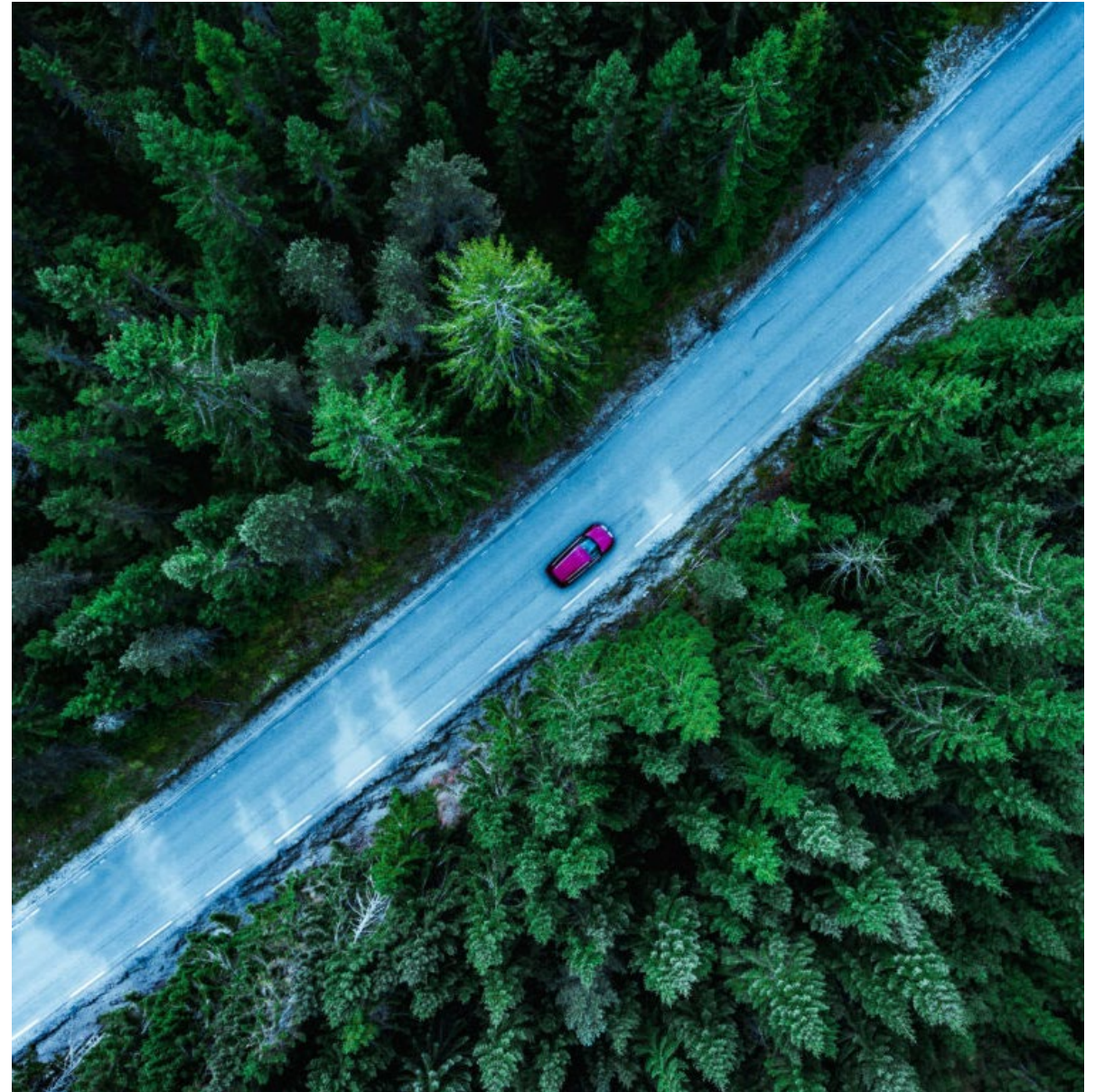
Our work in relation to this matter will include:

- Reading the Trust Board papers for insight on the financial and quality performance of the Trust through 2020/21
- Review the Trust's financial performance for 2020/21 through the financial statements
- Discuss with management and review the Trust's progress in developing a financial plan within the constraints of the current NHS funding regime.

On 27 August 2021, we reported this significant weakness to the Trust and supported it with a recommendation for improvement. A summary of the significant weakness in arrangements identified and the supporting recommendations for improvement are provided on page 15.

Commentary on VFM arrangements

Identified significant weaknesses and our recommendations



VFM arrangements - Identified significant weaknesses and our recommendations

As a result of our work, we have identified significant weaknesses in the Trust’s arrangements to secure economy, efficiency and effectiveness in its use of resources. The identified weaknesses have been outlined in the table below and pages 17-26.

Identified significant weakness in arrangements	Financial sustainability	Governance	Improving the 3Es	Recommendation(s)
<p>The Trust is in Special Measures</p> <p>The overall outcome from the most recent Care Quality Commission (CQC) inspection in 2019 was a combined rating of ‘requires improvement’, and the Trust continues to operate under the Quality Special Measures introduced in April 2017. The detailed assessment included a negative change in the rating in the ‘Safe’ domain (to ‘inadequate’) and an improvement in the rating in the ‘well led’ domain (to ‘requires improvement’). Ratings will not change until the next formal inspection by the CQC. NHS England and Improvement (NHSE/I) continues to meet with the Trust for performance review meetings. The Trust also continues to be under the Financial Special Measures introduced in 2017.</p> <p>Under the Single Oversight Framework (SOF), which is designed to help NHS providers attain, and maintain, CQC ratings of ‘Good’ or ‘Outstanding’, The Trust’s public score for 2020/21 is “4”, defined as: <i>Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues</i>. The public score is changed only once providers have been informed by their regional lead and there is a move between segments.</p> <p>We recognise the impact of Covid-19 during the year, and acknowledge the steps being taken to engage with CQC and NHSE/I to address the areas of concern highlighted in inspection reports and secure financial sustainability. The Trust has though remained in financial and quality special measures throughout 2020/21 and there is insufficient evidence to demonstrate the Trust has made sufficient progress for conditions to be lifted by regulators. As a result, there is a significant weakness in the Trust’s arrangements that exposes it to a risk of significant overspending and can be reasonably expected to lead to a significant impact on the quality or effectiveness of service and the Trust’s reputation.</p>	●		●	<p>In order to ensure systems, processes and training are in place to manage the risks relating to the health, safety, and welfare of service users, the Trust must ensure it embeds and sustains the action plans that it has put in place Trust-wide to address the patient care issues identified by the CQC. In particular, it needs to ensure that robust monitoring and reporting processes are maintained, and that challenge, scrutiny and escalation arrangements drive the required improvements for patients and sustain the progress made to-date in implementing the actions to address the issues raised by the CQC.</p>

VFM arrangements - Identified significant weaknesses and our recommendations

Identified significant weakness in arrangements

Financial sustainability

Governance

Improving the 3Es

Recommendation(s)

The Trust's financial sustainability



Following the onset of the Covid-19 pandemic, the original NHS Planning Guidance 2020/21 was suspended and a new financial regime implemented. Systems were expected to achieve financial balance within this envelope and individual organisations were able to deliver surplus or deficit positions by mutual agreement within the system.

As reported in the audited financial statements, the Group financial outturn was £7m deficit in 2020/21 and a £22m deficit in 2019/20, both an improvement from the £59m deficit in 2018/19. The Group financial statements also show the financial performance as measured on a control total basis by NHSE/I as: £0.1m surplus in 2020/21 and £25m deficit in 2019/20, with the deficit being £58m in 2018/19. The cumulative Income and Expenditure deficit at 31 March 2021 is significant, at £208m.

The Trust has been in Financial Special Measures since 2017 and continues to face significant financial challenges. The Trust has engaged with NHS England and Improvement (NHSE/I) regarding the current criteria for exiting from Financial Special Measures In 2021/22. These are focused on the Trust and the Integrated Care System achieving the first 6 months financial plan, restructuring of the Finance team, delivering planned savings and developing a robust long term financial plan with emphasis on reducing Covid expenditure and the underlying run rate.

The Trust's long term financial sustainability is dependent, amongst other things, on the resolution of long-standing issues in relation to the local configuration of services and workforce, which is the focus of the ongoing Humber Acute Services Review and also of the work with Hull University Teaching Hospitals NHS Trust to complete the Interim Clinical Plan. It is also dependent on the national funding structures yet to be determined.

These long-standing issues, alongside the need to respond and adapt to Covid-19, have prevented the Trust from improving arrangements to secure financial sustainability during 2020/21. Overall, therefore, we have concluded that there is an ongoing significant weakness in arrangements to secure financial sustainability.

Within the context of revisions to NHS financing and the 2021/22 Planning Guidance, the Trust should ensure that it delivers the action plans that have been developed by management, and that monitoring and reporting, challenge and scrutiny and escalation arrangements are in place to drive the required improvements for patients and sustain the improvements that are made.

Commentary on VFM arrangements

[Our commentary on each reporting criteria](#)



VFM arrangements – financial sustainability summary

Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services

Position brought forward from 2019/20

We considered the findings from previous years' Value for Money Conclusion work. We noted that adverse Value for Money Conclusions were given by Mazars and predecessor auditors in each year going back to 2013/14, indicating that the auditors were not able to confirm that under the previous Value for Money assessment framework that the Trust had proper arrangements in place for securing economy, efficiency and effectiveness in its use of resources.

In the most recent assessment we reported in our 2019/20 Auditor's Report that the following were evidence of weaknesses in proper arrangements for securing value for money, with an adverse conclusion required:

- Breach of Licence - the license condition issued in August 2013 to the Board of Directors and the Council of Governors, triggered by a deterioration in the Trust's financial position, was still in place. Original enforcement undertakings issued in April 2015 had since been replaced and superseded in May 2017 but remained in place, stating that the Trust had demonstrated a failure of governance and financial management.
- Financial performance and Financial Special Measures - in March 2017, NHS Improvement placed the Trust in Financial Special Measures, noting the Trust had a significant variance from its control plan and was forecasting a significant deficit. The Trust's financial Special Measures status is still in place.
- CQC Inspection and Quality Special Measures - the Trust was placed into Quality Special Measures by NHS Improvement in April 2017 as a result of a recommendation from the Care Quality Commission (CQC) following its inspection in November 2016 where an overall 'Requires Improvement' rating was determined. The latest CQC inspection, undertaken in September 2019, the outcome of which was received by the Trust on 7 February 2020, re-affirmed this position with an overall 'Requires Improvement' rating again being determined. The Trust's Quality Special Measures status is still in place and its CQC rating is unchanged.

Although NAO's value for money assessment has changed from 2020/21 onwards these regulator conditions and judgements continue to apply to the Trust and are relevant to our identification of risks of significant weaknesses in the Trust's current arrangements.

Background to the NHS financing regime in 2020/21

Following the onset of the Covid-19 pandemic in March 2020, the original NHS Planning Guidance 2020/21 was suspended and a new financial regime was implemented. For the first half of the year (April to September 2020) all NHS trusts and NHS foundation trusts were moved to block contract payments 'on account' and the usual Payment by Results national tariff payment process was suspended. The Financial Recovery Fund was also suspended and NHS providers were able to claim for additional costs due to Covid-19. Whilst commissioner allocations for 2020/21 had already been notified, individual commissioner financial positions were kept under review and top-up payments were issued to CCGs to cover the difference between allocations and expected costs to pass on to providers.

For the second half of the year (October 2020 to March 2021) there was a move to "system envelopes" with funding allocations covering most NHS activity made at the system level, including resources to meet the additional costs of the Covid-19 pandemic. There were no further general retrospective top-up payments and all Covid-19 costs from that point were funded through the fixed Covid-19 funding allocation with a few exceptions.

Systems were expected to achieve financial balance within this envelope and individual organisations were able to deliver surplus or deficit positions by mutual agreement within the system. However, NHS trusts were still required to meet their statutory break-even duty and CCGs required to meet their resource limits.

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Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services

Overall responsibilities for financial governance

We have reviewed the Trust's overall governance framework, including Board and Committee Reports, the Annual Governance Statement, and Annual Report and Accounts to confirm the Trust Board has arrangements to meet its responsibility to make the best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally.

We have reviewed reports and minutes of the Finance and Performance Committee, confirming there is oversight on all aspects of financial management and operational performance on behalf of the Board.

Budget monitoring and control

We read the Trust's Standing Financial Instructions and these include specific provisions for budgetary control and reporting and Finance Managers provide reports and support to budget holders and teams to support effective financial management of those component parts of Trust financial performance. Clear responsibilities are outlined for budget holders and the Trust's Standing Financial Instructions include specific provisions for the preparation and approval of the Annual Plan and budget.

Our discussions with management and our review of committee reports and minutes confirms that throughout 2020/21, the Finance and Performance Committee and the Trust Board, through an Integrated Performance Report and Finance Report, have received regular reports on financial performance and planning. We reviewed a sample of reports presented for 2020/21, which contain evidence of a clear summary of the Trust's performance, detail on any variances and adequate explanations of the causes.

As reported in the audited financial statements, Total Operating Income for 2020/21, as recorded in the Statement of Comprehensive Income, was £478m and Total Operating Expenses were £481m. The operational and financial performance was heavily impacted by Covid, with specific changes introduced to the System's funding regime and additional costs required. As set out in Note 5 Operating Expenses, staff costs increased from £293m in the prior year to £324m in 2020/21, with the increase including a £5.4m increase in the accrual outstanding annual leave and a £3.0m increase in agency costs.

The Trust has well established arrangements for effective year end financial reporting, with statutory deadlines met for 2020/21 and an unqualified audit opinion issued. No significant concerns were reported in our Audit Completion Report and the final outturn was in line with the forecast position during the year.

The Trust's Strategic Objectives include 'to live within our means'. We reviewed a selection of Board and Audit, Risk and Governance Committee meetings where the Board Assurance Framework was presented. Our review confirms the Board Assurance Framework includes specific risks regarding this objective. These risks relate to the Trust and its system partners meeting their financial objectives and securing sufficient capital funding to support the planned redevelopment of the Trust's estate. We considered the controls, sources of assurance and plans to address the risk as presented in the Board Assurance Framework and are satisfied there is evidence of ongoing review, challenge and action by the Trust.

The Board Assurance Framework identified control gaps relating to this Strategic Objective include:

- Challenges to the delivery of the Cost Improvement Programme;
- Uncertainty regarding financing framework for the 2nd half of 2021/22 and future years;
- The development of the Trust's Finance Strategy; and
- The System finance plans ability to address individual organisation's sustainability.

Some sources of assurance or actions continue to be challenging during Covid-19 and there remains an ongoing challenge in the need for clarity on NHS financing beyond October 2021.

VFM arrangements – financial sustainability summary

Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services

Financial standing

The Consolidated Statement of Comprehensive Income we audited includes a separate disclosure relating to the Trust's financial performance against its control total, which we have re-produced in the table below as well as showing the two major components of Taxpayer's Equity: Public Dividend Capital and the Income & Expenditure Reserve. Figures in brackets represent a deficit position.

	2018/19 (£'000)	2019/20 (£'000)	2020/21 (£'000)
Control Total Performance			
Audited surplus/(deficit for the period)	(59,140)	(22,172)	(6,717)
Net adjustments to control total basis	1,405	(3,104)	6,881
Adjusted financial performance	(57,735)	(25,276)	164
Taxpayer's Equity			
Public Dividend Capital	129,295	130,690	369,433
Income and expenditure reserve	(178,992)	(200,933)	(207,839)
Total Taxpayer's Equity	(29,333)	(49,064)	177,720

During 2020/21 £211m of Department of Health and Social Care interim revenue and capital loans as at 31 March 2020 were extinguished and replaced with the issue of Public Dividend Capital (PDC) to allow the repayment.

The Trust's arrangements and approach to 2021/22 financial planning

For the first half of 2021/22 the NHS will remain under the same financial arrangements as for the second half of 2020/21. The arrangements will continue to include system funding envelopes. Block payments will remain in place for relationships between CCGs and NHS providers. NHS England and improvement (NHSE/I) have nationally calculated CCG and NHS provider organisational plans as the default positions for systems and organisations to adopt. These then provide a starting point for budget management without the need to

complete an extensive planning process.

The Financial Plan adopted annually by the Trust Board reflects the strategic framework set out each year by NHSE/I. The plan reflects the national planning context and its application at a regional level. The plans are developed and agreed as part of the financial governance that are in place for the Humber Coast and Vale Integrated Care System (ICS). Our review of reports confirms that the Finance and Performance Sub-committee is carrying out its role in providing assurance to the Trust Board as to the achievement of the Trust's financial plan, the scrutiny of cost efficiency opportunities and by carrying out deep dives into areas of particular concern.

We reviewed the financial plan submitted by the Trust, which includes assumptions around staffing levels, pay awards and Covid-19 expenditure and is based on block funding based on 2020/21 values adjusted for inflation for the first half of 2021/22. The Trust plans a full year outturn based on a £4.37m deficit, with the 6 month target being a £0.22m deficit. The full year planned outturn takes account of £16.37m expected block/top up support, with the underlying deficit before this support being £20.66m.

We noted, through discussions with management and review of board and committee papers, the Trust plans to deliver £9m of efficiency savings in the year, which represents 2% of operating expenditure. The Trust's Annual Report notes that The Trust delivered Cost Improvement Programme savings of £10.5 million in 2020/21 against a revised (from £13.0m) target of £10.4m, which included £6.3m in recurrent savings. The Trust has in place a project-based approach to savings delivery, with governance and oversight arrangements in respect of planned savings delivery. Savings are subject to a quality impact assessment sign off process undertaken jointly by the Chief Nurse and Medical Director. The financial plan acknowledges though that the 2% target is challenging and that detailed a delivery plan was required, with 2% reductions to directorates' and divisions' expenditure budgets being made in the interim.

VFM arrangements – financial sustainability summary

Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services

The Trust’s priorities include its exiting Financial Special Measures. The Annual Report confirms that prior to the impact of COVID-19, the Trust agreed with NHSE/I a challenging plan for financial recovery and was expecting to achieve the first years’ target. The Trust met the revised financial targets set by NHSE/I during 2020/21 and is committed to plans across the Humber Coast and Vale ICS to return the organisation being financially sustainable in the medium term.

The Trust has engaged with NHSE/I regarding the current criteria for exiting from Financial Special Measures In 2021/22. These are focused on the Trust and the ICS achieving the first 6 months financial plan, restructuring of the Finance team, delivering the planned CIP savings and developing a robust long term financial plan with emphasis on reducing Covid expenditure and the underlying run rate. The Finance and Performance Committee is expected to oversee progress against the planned actions and provide assurance to the Trust Board

Significant weakness in financial sustainability arrangements

The Trust has complied with relevant financial planning guidance during 2020/21 and has continued to monitor progress against plan to date, which included delivering a financial outturn in line with the 2020/21 system envelope. However, as reported in the Annual Governance Statement, the Trust has been in Financial Special Measures since March 2017 and continues to face significant financial challenges. The Trust agreed a Financial Recovery Plan with NHSE/I, but this has been materially impacted by Covid-19.

The Trust’s long term financial sustainability is dependent, amongst other things, on the resolution of long-standing issues in relation to the local configuration of services and workforce, which the focus of the ongoing Humber Acute Services Review and the work with Hull University Teaching Hospitals NHS Trust to complete the Interim Clinical Plan. It is also dependent on the national funding structures yet to be determined. These long-standing issues, alongside the need to respond and adapt to Covid-19, have prevented the Trust from significantly improving arrangements during 2020/21. Overall, therefore, we have concluded that there is an ongoing significant weakness in arrangements to secure financial sustainability as explained on page 15.

VFM arrangements – Governance

Governance: how the trust ensures that it makes informed decisions and properly manages its risks

Governance structure

We have reviewed the Trust's Board and Committee Reports during the year as well as key documents in relation to how the Trust ensures that it makes informed decisions and properly manages its risks.

The Trust has a full suite of governance arrangements in place, supported by the Trust's Constitution and Scheme of delegation. These are set out in the Trust's Annual Report and Annual Governance Statement. We reviewed these documents as part of our audit and confirmed they were consistent with our understanding of the Trust's arrangements in place. This includes arrangements such as registers of interests being maintained and published.

Our review of the Trust's governance framework confirms arrangements are in place, with the Trust Board being accountable for the Trust's strategies, policies and performance. The Trust has established sub-committees with responsibility for specific areas, such as finance and performance, clinical risk and patient safety, including:

- Audit, Risk and Governance Committee;
- Quality and Safety Committee;
- Remuneration and Terms of Service Committee;
- Finance and Performance Committee; and
- Workforce Committee.

The Trust carries out an annual review of the Board and its sub-committees. Each sub-committee completes an annual review of its effectiveness, with the results and any priorities for improvement reported to the Trust Board. We have reviewed these assessments and the matters considered by the Board. We consider the committee structure of the Trust is sufficient to provide assurance that decision making, risk and performance management is subject to appropriate levels of oversight and challenge.

Our review of Board and Committee papers confirms that a template covering report is used for all Board Reports, ensuring the purpose and links to the strategic objectives, priorities and risks (as reflected in the referenced Board Assurance Framework) and recommendations are clear. Minutes are published and reviewed

by the Trust Board to evidence the matters discussed, challenge and decisions made.

The Annual Report and Annual Governance Statement set out the steps being taken to respond to matters highlighted by the Care Quality Commission Development in their latest Well Led review, which in 2020 saw an improvement in the rating for this domain from 'Inadequate' to 'Requires Improvement'. There is a Board Development programme in place with a broad framework of further actions being taken to strengthen the Trust's clinical leadership and divisional management and governance arrangements. Progress in relation to these improvement activities has been impacted to some degree during the lockdown period, although the Trust's core governance arrangements during the pandemic have held up well.

The Trust carries out an ongoing programme of work to ensure that its governance procedures are in line with the principles of the NHS Foundation Trust Code of Governance. The Annual Report includes a summary of the Trust Board's assessment of its arrangements against the Code's expectations. The summary is consistent with our understanding of the Trust's arrangements and the Board has reported that it considers that it was fully compliant in 2020/21 with the provisions of the Code.

The Trust Board holds an annual self-certification event to assess and confirm compliance with the requirements of its NHS Provider Licence including the condition relating to governance. This work is supported by Internal Audit review of the assurances in place in support of the required declarations in order to test and validate their validity. Our review of Trust Board minutes confirmed this event took place in May 2021 and the expected confirmations were agreed.

The Annual Report sets out the arrangements in place for the Council of Governors (CoG) to carry out its roles and meet its responsibilities as set out in the Trust Constitution. These include the arrangements for making the Trust accountable for the services it provides. The Annual Report acknowledges that at no time during 2020/21 has the CoG exercised its formal power to require a Non-Executive Director to attend a Council meeting and account for the performance of the Trust. The Report states that the CoG is satisfied with its interaction and relationship with the board of directors and that it is appropriate and effective.

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Governance: how the trust ensures that it makes informed decisions and properly manages its risks

Board Assurance Framework

The Trust has a comprehensive risk management system in place which is embedded into the governance structure of the organisation. The processes are supported by the Trust-wide Governance and Risk Management Strategy and the Trust leadership plays a key role in implementing and monitoring the risk management process.

The Trust records strategic risks in the Board Assurance Framework (BAF) and our review confirms it is sufficiently detailed to manage the Trust's key risks, identify controls, gaps in controls and obtain the assurance required to work towards a targeted risk score. The Audit, Risk and Governance Committee has the delegated authority on behalf of the Trust Board for ensuring these arrangements are in place and are effective. The BAF and risk register are used to inform the agenda of the Trust Board and Board assurance committees with our review of agendas confirming the relevant risks being aligned to and reviewed by the relevant committees quarterly. The Trust Board also annually reviews the organisation's 'Risk Appetite'. Our review of reports as well as attendance at Audit, Risk and Governance Committee meetings confirms the BAF is regularly updated and in sufficient detail to allow for adequate review including primary risk controls, gaps, plans to improve controls and any additional actions required. Internal Audit carry out an annual review of the BAF and the risk management systems and process which underpin it. Internal audit provided a 'significant assurance' rating on these arrangements for 2020/21. Managers are continuing to review and look for opportunities to further strengthen these arrangements.

Audit, Risk and Governance Committee

The Trust has an established Audit, Risk and Governance Committee that is responsible for establishing and maintaining an effective system of governance and control in a way that supports the organisation's objectives. The Committee's role is to:

- Consider the effectiveness of internal controls and the management arrangements established by the Trust to deliver its stated objectives;
- Seek assurance that the Trust complies with the law, guidance and codes of conduct; and

- Monitor the integrity of the public disclosure statements made by the Trust.

The Audit, Risk and Governance Committee considers the Board Assurance Framework, Annual Report and Annual Governance Statement and progress with internal and external audit plans. It also regularly receives updates on losses and compensation payments, single source tenders and waivers of Standing Financial Instructions.

We have reviewed supporting documents and confirmed the Audit, Risk and Governance Committee meets regularly and reviews its programme of work to maintain focus on key aspects of governance and internal control. In response to Covid-19, the Trust moved Board and Committee meetings on-line. Our attendance at Audit, Risk and Governance Committee has confirmed there is an appropriate level of effective challenge, with management attendance required at the Committee in relation to any matters identified of significant concern.

Internal Audit and Counter-Fraud

The Trust's Internal Audit is provided by an independent third party who provide Annual Plan, Annual Report and regular progress reports to the Audit, Risk and Governance Committee, which we have read. Internal Audit has free access to Directors and staff and has not reported any concerns regarding its ability to carry out its role effectively. Internal Audit's work is risk based and there is appropriate focus, supported by the Committee, on follow up on implementation of agreed recommendations. The Head of Internal Audit Opinion is reflected in full alongside the published Annual Governance Statement. In respect of the 2020/21 period Internal Audit's opinion was that "Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently".

The Trust hosts and manages an in-house counter fraud collaborative, known as Counter Fraud Plus (CFP), between itself and four local trusts, This collaborative arrangement is intended to provide a more resilient counter fraud service between the organisations involved. The Audit, Risk and Governance Committee has received regular progress reports on the agreed annual counter fraud plan and provided oversight and challenge as required. We have reviewed the reports provided and they do not highlight any significant concerns in relation to the counter fraud arrangements in place or the matters being reported.

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Improving VFM: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Performance management

We have reviewed key reports issued by the Board and confirmed the Trust reports its performance in several different ways:

- an Integrated Performance Report to each Board meeting, with Sub-Committees providing initial scrutiny and challenge to relevant sections; and
- the publication of the Annual Report, and Annual Governance Statement, which are reviewed by the Audit, Risk and Governance Committee before adoption by the Board.
- The annual Quality Report

In March 2020, in response to the Covid-19 pandemic, the Trust enacted its major incident plans and put in place Command and Control systems. This response continued until August when nationally the national Emergency Response Level was reduced to Level 3. This signified the start of the Recovery Phase of the response to Covid-19 pandemic.

Operational performance for the periods from August 2020 where data is available reflects the Recovery Phase where services are being reinstated as part of this Phase 3 Recovery programme. From August, this recovery commenced with ambitions to return to pre-Covid-19 levels of waiting lists, response times and constitutional standards, in line with expectations as set out in Sir Simon Stevens' letter of July 2020.

However, the Covid-19 2nd wave has impacted significantly against the Trusts plans.

We considered the Trust's operational performance for the year by reviewing a selection of Integrated Performance Reports to the Board in the year, including the 2020/21 full year report. In doing so, we recognise the highly unusual circumstances caused by Covid-19 posed challenges across both non-elective and elective pathways.

The Trust has in place a Performance Framework, which outlines the approach to holding Divisions to account for delivery of objectives and improvements including those relating to governance and risk management. This includes monthly Performance Review Improvement meetings for the Clinical Divisions, chaired by the Chief

Operating Officer and attended by other Executive Directors. The outcomes of the Performance Review Improvement meetings are presented to the Finance and Performance sub-committee of the Board for oversight.

Our review of Board and Committee reports and minutes confirms that the Trust Board and its Sub-committees have continued to receive regular Integrated Performance Reports covering Performance, Quality & Safety, Workforce, with Finance to be included. Performance is summarised in format which shows performance against target and over time. Board members are also able to triangulate information from this report with the assurance summaries from each Sub-committee, where Committee chairs draw attention to assurances provided or matters escalated for the full Board's attention. Our review confirms the reports provide sufficient detail to understand performance and published minutes demonstrate sufficient challenge from non-executive directors on the Trust's costs, performance and service delivery. Our review also confirms the Board has paid particular focus to the impact of the Covid-19 pandemic on performance and the Board holds managers to account where performance improvements are required.

In the year, the Trust Board agreed developments to the Integrated Performance Report in line with best practice examples, including statistical charts to demonstrate performance. The new report format is also used for Sub-committee reports and divisional performance reports to provide consistency of reporting throughout the Trust. The reports are also structured to reflect the national targets outlined in the NHS Oversight Framework along with the Trust's annual priorities.

As the demands of Wave 2 have diminished, the Trust is now moving into a period of restoration of services and is now guided by national requirements as set out in NHS England's 2021/22 Priorities and Operational Planning Guidance. This guidance, which moves away from a focus on statutory access standards, will have a direct impact on performance.

We have read and reviewed the Trust's Annual Report and Quality Report, which set out its performance against key indicators and how it evaluates and assesses performance and improvement opportunities.

Our review confirms, overall, that the Trust's reports are adequately laid out and sufficiently detailed to monitor performance and take corrective action where required, which may include updating the Board Assurance Framework.

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Care Quality Commission (CQC)

On 16 March 2020, the CQC announced they would suspend their routine inspection schedule however, they may still inspect if they have patient safety concerns. We reviewed the CQC website and all inspection reports issued during 2020/21, including any service specific reports.

At the end of 2020/21, the Trust’s overall quality rating by the CQC was ‘Requires Improvement’, with the domain scores from the latest published report shown in the table opposite. The inspection was carried out September 2019, with the report published February 2020. Ratings will not change until the next formal inspection by the CQC. We have reviewed the Trust’s Annual Report which sets out the steps being taken to continue to engage with the CQC, including monthly relationship meetings and the escalation of risks and concerns in respect of patient safety or quality if required.

The rating of ‘Inadequate’ in the ‘Safe’ domain was attributed to ongoing waiting list backlogs in some specialties, the backlog in diagnostic reporting, concerns in relation to end of life care and specific issues in the Trust’s two emergency departments. The Annual Report confirms that the Trust remains in quality ‘special measures’ and continues to benefit from the support package put in place by NHSE/I. Detailed Divisional improvement plans are in place in response to all CQC findings with oversight and reporting arrangements including monthly report on progress to Performance Review and Improvement Meetings, the relevant Trust Board Sub-committees and the Trust Board. The Trust’s Quality Board is in place to with relevant stakeholders supporting the Trust in the delivery of its improvement plan, and providing oversight of delivery of the required improvements. We reviewed Trust Board and Sub-committee Reports and confirmed that the Trust Board receives regular updates on performance through the Integrated Performance Report. The Report is sufficiently laid out to enable scrutiny on performance against targets and performance trends as well as consider and challenge the actions to recover performance. We also reviewed the Board Assurance Framework, which adequately links the identified risks to matters in response to relevant CQC findings and through to controls, sources of assurance and planned actions.

We reviewed the 2020/21 Annual Report, which explains the steps being taken to deliver improvement and to address and exit Special Measures. We also reviewed Trust Board and Sub-committee reports, where the Quality and Safety Sub-committee provides regular reporting up to the Trust Board on its monitoring of the progress being made on the CQC improvement plans and any matters for escalation for the Board’s response. Our review confirms the Trust’s arrangements are in line with those expected for the sector. We reviewed the June 2021 Trust Board Report summarising performance against the 2020/21 priorities which shows the priority of ‘achieve the must do actions identified in the CQC report’ as being ‘substantially achieved’, with Covid impacting on, amongst other things, performance trajectories and engagement with staff on quality priorities.

We recognise the impact of Covid-19 during the year, but the Trust has remained in financial and quality special measures throughout 2020/21 and to the date of this report. We are unable to confirm that the Trust has made sufficient progress for the ratings to be changed and the judgement on the effectiveness of arrangements is subject to any future inspection findings from the CQC.

Theme	Rating
Northern Lincolnshire and Goole NHS Foundation Trust (Report Issued February 2020)	
Overall rating	Requires improvement
Are services safe?	Inadequate
Are services effective?	Requires Improvement?
Are services caring?	Good
Are services responsive?	Requires Improvement
Are services well-led?	Requires improvement
Use of resources	Requires improvement

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Single oversight framework (SOF)

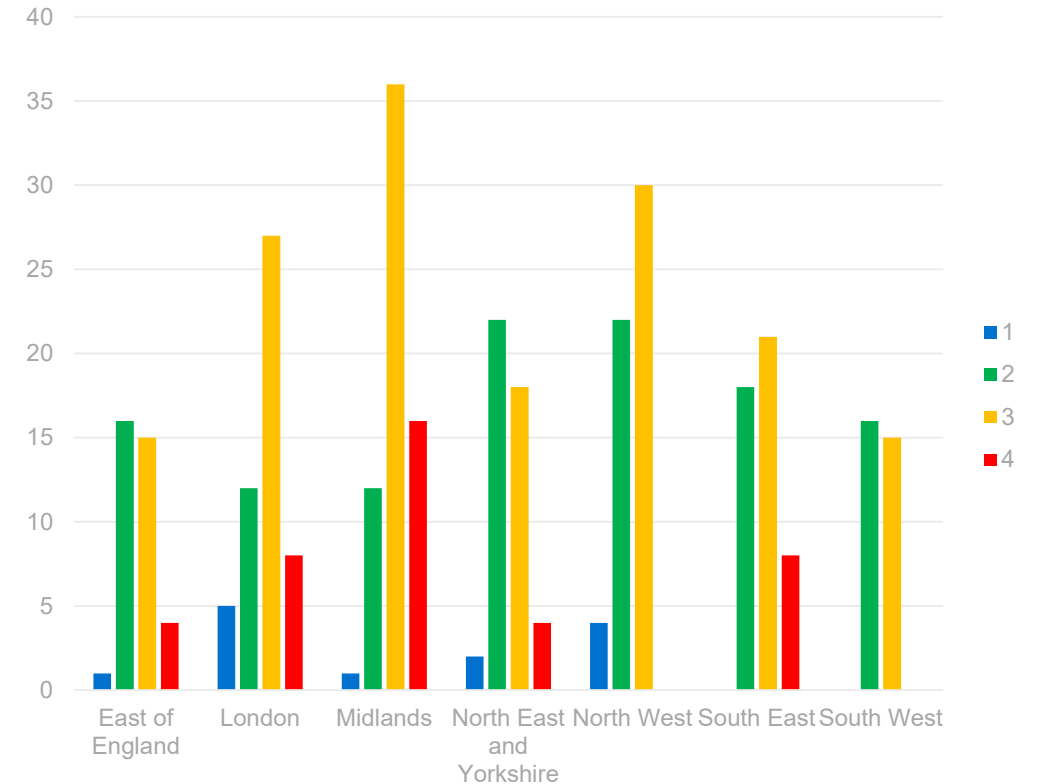
Under the SOF, which is designed to help NHS providers attain, and maintain, CQC ratings of 'Good' or 'Outstanding', NHSE/I now segment providers based on the level of support each provider needs. Each trust is segmented into one of the following four categories:

Segment	Description
1	Providers with maximum autonomy: no potential support needs identified. Lowest level of oversight; segmentation decisions taken quarterly in the absence of any significant deterioration in performance.
2	Providers offered targeted support: there are concerns in relation to one or more of the themes. We've identified targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.
3	Providers receiving mandated support for significant concerns: there is actual or suspected breach of licence, and a Regional Support Group has agreed to seek formal undertakings from the provider or the Provider Regulation Committee has agreed to impose regulatory requirements.
4	Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The Provider Regulation Committee has agreed it meets the criteria to go into special measures.

We reviewed the Trust's public score, which for 2020/21 is 4, defined as: Providers in special measures: there is actual or suspected breach of licence with very serious and/or complex issues. The public score is changed only once providers have been informed by their regional lead and there is a move between segments.

The chart opposite sets out the Trust's relative position on the SOF against all acute providers in England and the Trust's current SOF rating is an indicator of inadequate arrangements.

Acute Sector SOF Segmentation



VFM arrangements – Improving Economy, Efficiency and Effectiveness

Improving VFM: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Partnership working

The Trust's strategic objectives include 'to work more collaboratively', recognising the importance of working with others to provide effective and sustainable services and meet patients' needs. Our review of board minutes and discussions with management confirms the Trust is committed to partnership working and there are examples of significant partnerships in place.

The Trust works in close partnership with other Health and Social Care organisations in the area, through its participation in the Humber Coast and Vale (HCV) Health and Care Partnership. The Trust's priorities include playing an active role in the Partnership and its programmes and the June 2020/21 Trust Board report on performance against priorities 2020/21 records this priority as being 'very substantially achieved'. Due to the revised financial arrangements in place in 2020/21, the Trust has had to work closely with partner organisations across the Partnership to deliver a financial position within the allocated system envelope. Key priorities for the Trust in securing sustainability for the Trust and local services are successfully progressing the Humber Acute Services Review and its work with Hull University Teaching Hospitals NHS Trust to complete the Interim Clinical Plan to support strategy development and capital investment across both organisations. The Trust reports a number of positive developments in the governance, programme management and progress against milestones in these challenging areas.

Procurement

We read the Trust's Standing Financial Instructions and confirm these adequately set out the procedures, controls and the authorisation sign offs that are required for the commission or procurement of services. In 2020/21, to assist the management of the Trust's response to Covid-19, supported by the Cabinet Office's Procurement Policy Note (PPN 02/20) issued in March 2020, the Trust introduced specific instructions and requirements. There is a professional procurement team in place with a specification process used to ensure that the selected option and supplier gives best value for money. Legally compliant Framework Agreements are used where appropriate and there are instructions in place regarding the levels for delegated approval of expenditure. The Trust has policies in place regarding expected standards of business conduct, and gifts and hospitality, to mitigate the risk of conflicts of interests arising. Our review of Board and Committee minutes

confirms these are published on a regular basis. Our attendance at the Audit, Risk and Governance Committee confirms it receives regular reports on any waiving of Standing Orders and Losses and Compensation, and specific reports on the level of Non-Purchase Order activity and progress in establishing a central Contract Register and the work of the Strategic Procurement Team. The Committee's reviews provide assurance to the Trust Board that the Trust is working in accordance with relevant legislation, professional standards and internal policies. Sufficient information is provided to enable an adequate level of review and we have observed an appropriate level of challenge from Committee members through the year.

Significant weakness in arrangements to improve economy, efficiency and effectiveness

Notwithstanding the above, as highlighted on page 14, we have identified significant weaknesses in arrangements against the Improving Economy, Efficiency and Effectiveness reporting criteria as a result of the Trust continuing to be under CQC special measures.

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Section 04:

Other reporting responsibilities

This section of the report summarises the outcome of our other reporting responsibilities as the Trust's auditor

Other reporting responsibilities

Matters we report by exception

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in their judgement, require specific reporting action to be taken. Auditors have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We have not exercised any of these statutory reporting powers.

We are also required to report if, in our opinion, the governance statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust. We did not identify any matters to report in this regard.

Reporting to the National Audit Office in respect of consolidation data

The NAO, as group auditor, requires us to report to them whether consolidation data that the Trust has submitted is consistent with the audited financial statements. We have concluded and reported that the consolidation data is consistent with the audited financial statements.

Mark Surridge

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B3 3AX

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*where permitted under applicable country laws.

CoG (10/21) Item 3.2

DATE OF MEETING	19 th October
REPORT FOR	Council of Governors
REPORT FROM	Julie Dobbs
CONTACT OFFICER	Julie Dobbs
SUBJECT	Voluntary Services Update
BACKGROUND DOCUMENT (if any)	PowerPoint attached
PURPOSE OF THE REPORT	To provide a Trust Voluntary Services update
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	
EXECUTIVE SUMMARY	An update of Voluntary Services Activity

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide good leadership
X	X		X	X
TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)				
Pandemic Response	X	Workforce and Leadership		
Quality and Safety	X	Strategic Service Development and Improvement		
Estates, Equipment and Capital Investment		Digital		
Finance		The NHS Green Agenda		
Partnership & System Working				

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))	N/A				
BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		X			

Voluntary Services Update October 2021

Meet the Team

Jo Loughborough	Senior Nurse Patient Experience
Julie Dobbs	Voluntary Services Manager
Vicki Andrews	Volunteer Co-ordinator
Tina Bingley	Voluntary Services Assistant
Hayley Ridley	Voluntary Services Assistant

Setting the Scene

- * Supporting the recovery and restoration of volunteering activity in the Trust, following the Covid-19 Pandemic
- * Building staff capacity for the return, recruitment and management of volunteers on all sites
- * Increased volunteer roles to ease staff pressures and support patients and their families

Current Volunteers

- * 86 volunteers currently on site - 36 new volunteers started since 1 July.
- * In numerous roles such as;
 - Portering
 - Therapy Dogs
 - Stores ordering in Maternity
 - Queue busting in Emergency Care Centre (ECC)
 - Admin Support in clinics and green wards
 - Wayfinder
 - Chaplaincy
- * 20+ new applicants from latest campaigns
- * 56 going through the application procedure

2021 so far...

- * Increase the number of returning volunteers within hospitals
- * Increase the number of new volunteers within hospitals especially younger applicants for more active roles
(Following a significant decrease from 450 to 86 during the course of the pandemic)
- * Implement mandatory training using e-learning
- * Have role specific social media campaigns
- * Have role descriptions for each new volunteer
- * Improve the volunteer area of the Trust website

2021 so far

- * Voluntary Services generic email
- * Supporting volunteers completing Health and Social care courses
- * Online Inductions – using Microsoft Teams
- * Care Certificates
- * Secured funding to employ a Volunteer Co-ordinator and bank Voluntary Services Assistant
- * Created a Volunteer Handbook with quality information

Social media campaigns

- * Campaigns aimed at filling specific volunteering roles:
 - General campaign to attract younger and active volunteers
 - Wayfinders at DPoW
 - ECC Scunthorpe
 - ECC Grimsby
 - Chaplaincy

Feedback from staff

“This frees up about 3-5 hours per week”

“Having a volunteer has helped hugely in my department.....having a volunteer has helped support the admin team massively”

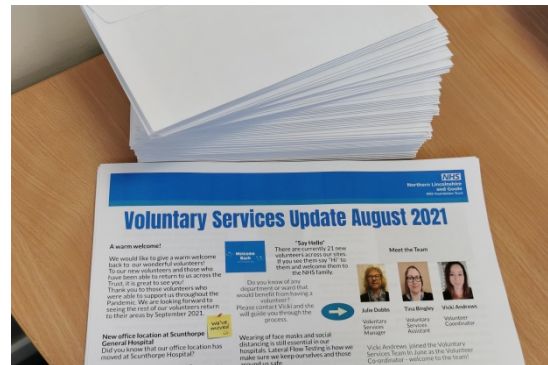
“Free up ward staff time to spend on patient care”

“a pleasure to have on the ward”

“We always value our volunteers”

“patients have given us great feedback”

“This frees up 2-3 hours per week”



Feedback from Volunteers

I have loved spending time with patients and providing some company.

It has been lovely to make even a small difference to the patients

I look forward to coming in....it makes me feel useful again

Want to say a huge thank you for this opportunity.

I am excited to be able to complete the Care Certificate and improve my chances of being a Trust employee

“A smile and a friendly word goes a long way to reassure people who may be feeling very vulnerable.”

Collaborations

- * The Workforce Consortium of Humber Coast and Vale Healthcare
- * Working with local colleges to support their students - offering volunteering hours
- * Volunteering roles that meet volunteers requests – e.g. maternity wards for current HCA wanting to train to be a nurse in midwifery.
- * Training & Development – providing Care Certificates and ongoing support for volunteers
- * Volunteer to employee

2021 next steps

- * NHS England / Improvement Volunteering Services Fund 2021 – to support the restoration of volunteering services (for £25k)
- * Further targeted recruitment campaigns
- * Bi-monthly newsletter
- * Develop current volunteering roles e.g hydration and nutrition within ECC and supporting End of Life patients
- * To make volunteers part of the NHS team by seeking funding for a uniform
- * Celebrate our volunteers

2021 and beyond

- * The Strategic Plan

It will include 4 priorities:

1. To increase the diversity and number of active volunteers
2. To identify opportunities where volunteers can have the greatest impact
3. To support, train, engage and retain volunteers
4. To improve good practice in volunteer management by growing the team.

- * The Volunteer Policy – this has been revised and is awaiting approval by the Patient Experience Group October 2021

Thank you!

Any
Questions?

CoG (10/21) Item 5.1

DATE OF MEETING	19 October 2021
REPORT FOR	Council of Governors
REPORT FROM	Lee Bond, Chief Financial Officer
CONTACT OFFICER	Brian Shipley, Deputy Director of Finance
SUBJECT	Finance Update – M05
BACKGROUND DOCUMENT (if any)	-
PURPOSE OF THE REPORT	For Information
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Finance & Performance Committee – 29 September 2021 Trust Board – 5 October 2021
EXECUTIVE SUMMARY	The attached report outlines the reported financial position at M05 of the 2021/22 reporting period.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide strong leadership
		✓		

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)					
Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
				✓	

BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))	Strategic Risk 3 – 3.1
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COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)	Approval	Information	Discussion	Assurance	Review
		✓			

Finance Report Month 5

August – 2021/22

Executive Summary Month 5 2021/22

The Trust reported a £0.04m surplus for the month of August, which was £0.03m adverse to plan. The year-to-date position is now a £0.06m surplus, which is marginally favourable (£0.05m) to plan.

Income was £10.31m below plan in month.

- This includes an £8.62m adverse donated income variance which is excluded from NHSE&I financial targets, and is due to the re-profiling of EPC capital funding grants. ERF income was £1.84m below plan, which was primarily as a result of low elective, day case and outpatient follow-up activity, and the recent re-profiling of the thresholds to 95%. ERF income actuals were £0.12m negative in month due to the impact of the ICS income values announced following the national May freeze position.
- Elective Recovery Funding (ERF) – the trust has achieved an estimated £3.65m ERF income year-to-date. Further validation of the activity will need to be undertaken, and the Trust achievement of ERF income is dependant on the overall ICS position. The overall ICS did not achieve the ERF thresholds in July or August, though it did for April to June. Quarter 2's non-achievement has been due to Trusts not achieving the increased productivity target of 95% of 19-20 activity, which NHSE&I recently increased from 85%.

Pay was £0.02m overspent in month.

- Medical staff was £0.09m overspent in month. This was partly due to Anaesthetic Middle Grade rota delays, and due to agency premiums for covering vacancies predominantly in Urology, ENT and T&O. The overspend was also as a result of additional waiting list expenditure, including Ophthalmology risk stratification activity. This also includes an estimate for Middle Grade pay reforms which has no attached funding.
- Nursing was £0.11m overspent in month due to supernumerary overspends following international recruitment, use of escalation and surge beds and increased staff absence, partially offset through continued underspends in Midwifery.
- Other Pay variances include £0.03m Flowers costs, for which the Trust has not been reimbursed (£0.15m year-to-date).

Non Pay was £1.53m underspent in month due to low activity, mainly because of slippage in planned Independent Sector additional capacity and the consumables costs associated with it, offsetting the loss of ERF income discussed above.

Post EBITDA items were £0.11m underspent in month due to reduced depreciation and PDC as a result of capital programme delays.

Income & Expenditure to 31st August 2021

Income & Expenditure	Annual Plan to 31st March 2022 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	344,241	28,687	28,699	12	143,434	143,691	257
ERF Income	9,761	1,712	(123)	(1,835)	8,672	3,651	(5,021)
Block Top Up	59,816	4,985	4,984	(0)	24,923	24,922	(1)
Covid Inside Envelope Block	13,524	1,127	1,127	0	5,635	5,635	0
Covid Outside the Envelope	690	115	79	(36)	575	680	105
Other Income	37,182	3,098	3,271	173	15,492	15,473	(18)
Donated Income	41,638	10,351	1,731	(8,620)	37,375	4,371	(33,004)
Total Operating Income	506,852	50,075	39,768	(10,307)	236,106	198,423	(37,683)
Clinical Pay	(247,987)	(20,714)	(20,806)	(92)	(104,479)	(104,786)	(307)
Other Pay	(67,795)	(5,688)	(5,616)	73	(28,223)	(28,072)	150
Total Pay	(315,783)	(26,402)	(26,421)	(19)	(132,702)	(132,858)	(157)
Clinical Non Pay	(68,025)	(6,046)	(5,064)	982	(29,664)	(27,839)	1,824
Other Non Pay	(68,375)	(5,855)	(5,309)	547	(29,758)	(27,292)	2,466
ERF Expenditure			0	0		0	0
Total Non Pay	(136,400)	(11,901)	(10,372)	1,529	(59,421)	(55,131)	4,290
Operating Expenditure	(452,183)	(38,303)	(36,794)	1,510	(192,123)	(187,989)	4,134
EBITDA	54,669	11,771	2,974	(8,798)	43,983	10,434	(33,549)
Depreciation	(12,539)	(967)	(923)	44	(4,708)	(4,552)	156
Interest Expenses & Other Costs	(186)	(16)	(16)	(0)	(78)	(83)	(6)
Dividend	(4,939)	(399)	(333)	66	(1,919)	(1,664)	255
Total Post EBITDA Items	(17,664)	(1,381)	(1,271)	110	(6,704)	(6,299)	405
Remove Capital Donated I&E Impact	(41,374)	(10,329)	(1,667)	8,662	(37,268)	(4,078)	33,190
I&E Surplus / (Deficit)	(4,368)	61	36	(25)	12	57	46

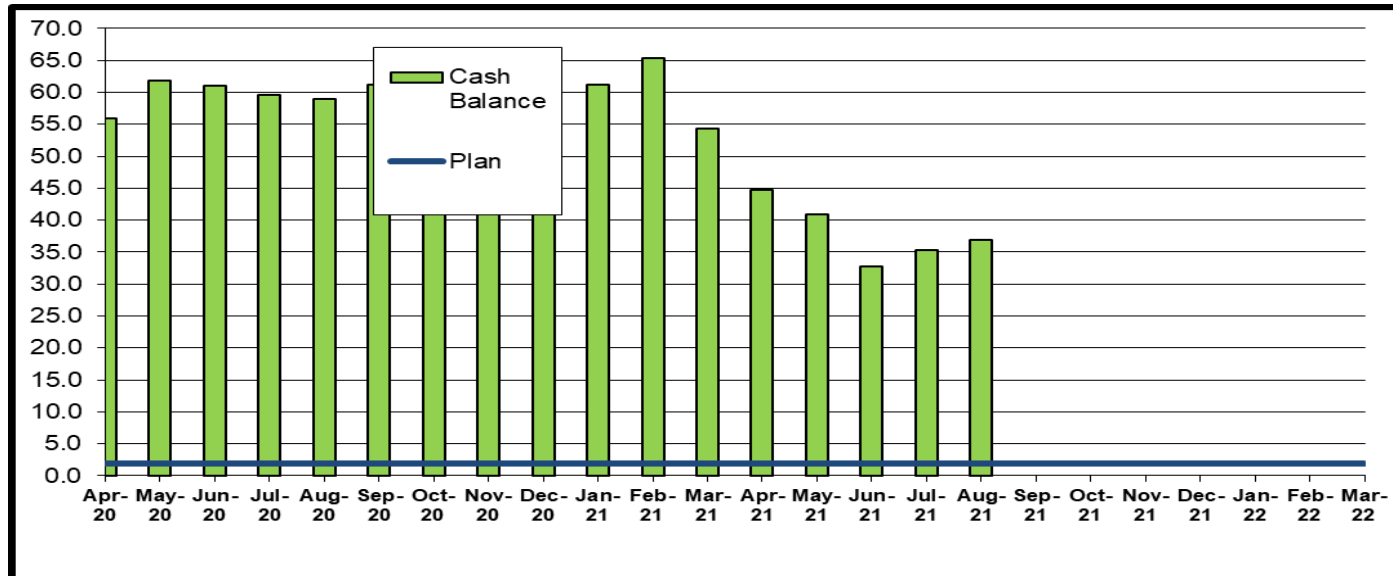
COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	1,147	0	1,147
Existing workforce additional shifts to meet increased demand	2,617	0	2,617
Backfill for higher sickness absence	1,106	0	1,106
PPE associated costs	0	3	3
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	5	5
Remote management of patients	6	0	6
Segregation of patient pathways	0	20	20
Decontamination	0	95	95
After care and support costs (community, mental health, primary care)	0	22	22
Outside Envelope Remote working for non-patient activities	0	0	0
Outside Envelope COVID-19 - Vaccination Programme - Provider/ Hospital hubs	69	2	70
Outside Envelope COVID-19 - Deployment of final year student nurses	137	0	137
Outside Envelope COVID-19 - International quarantine costs	0	6	6
Outside Envelope Other COVID-19 virus / antibody (serology) testing (not included elsewhere)	216	36	252
Outside Envelope COVID-19 virus testing - rt-PCR virus testing	0	17	17
Outside Envelope COVID-19 virus testing - Rapid / point of care testing - all other locally procured devices	0	435	435
Outside Envelope NIHR SIREN testing - research staff costs	14	0	14
Total COVID-19 Expenditure	5,312	642	5,954
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	132,858	55,131	187,989
COVID-19 % of Total Trust Operating Expenditure	4.0%	1.2%	3.2%

Cash

The cash balance at 31st August was £36.86m, an in-month increase of £1.6m.

	£m	£m
Cash Balance as at 31st August		36.86
Commitments:		
Income received in advance	4.33	
Capital creditors	3.72	
Capital loan repayments	0.39	
August PAYE/NI/Pension	10.13	
Public Dividend Capital	1.66	
Annual leave income	4.49	
Invoices due for payment not yet authorised	4.06	
To support other creditors due	<u>6.18</u>	
		(34.96)
NHSi minimum balance		<u><u>1.90</u></u>



Balance Sheet as at 31st August 2021

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	196.69	199.50
Stocks & WIP	3.29	3.63
Debtors	13.57	13.85
Prepayments	6.11	5.87
Cash	35.26	36.86
Total Current Assets	58.23	60.20
Creditors : Revenue	36.73	39.64
Creditors : Capital	3.19	3.72
Accruals	15.93	14.80
Deferred Income	3.85	4.33
Finance Lease Obligations	0.01	0.01
Loans < 1 year	0.71	0.73
Provisions	2.18	2.45
Total Current Liabilities	62.60	65.68
Net Current Assets/(Liabilities)	(4.38)	(5.48)
Debtors Due > 1 Year	0.89	0.89
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	9.54	9.54
Finance Lease Obligations > 1 Year	0.02	0.02
Provisions - Non Current	5.43	5.43
TOTAL ASSETS/(LIABILITIES)	178.21	179.91
TOTAL CAPITAL & RESERVES	178.21	179.91

- Stock has increased this month in the following areas: Pathology and theatres at all 3 sites.
- Debtors increased in month, this relates to additional income for elective recovery. The debtors for 2020/21 relating to annual leave and 'flowers' are still outstanding.
- Prepayments have increased this month, relating to vehicle insurance and maintenance contracts.
- Revenue creditors and accruals have also increased. The increase is in relation to outstanding pay costs and costs incurred in relation to the elective recovery plan. The BPPC figures for the Trust are continuing to be above 90% for non-NHS invoices, the in month value paid within 30 days was 94.14% and the number of invoices paid 92.37%. NHS invoices saw an improvement in month to 88.21% relating to the value paid within 30 days and a reduction in the number paid to 68.59%. All invoices need to be authorised promptly in order to comply with this target. NHSE/I are now monitoring Trusts on their performance, the target is 90%.

Item No 5.2

DATE OF MEETING	19 October 2021
REPORT FOR	Council of Governors
REPORT FROM	Helen Harris, Director of Corporate Governance
CONTACT OFFICER	Helen Harris, Director of Corporate Governance
SUBJECT	Board Assurance Framework (BAF) 2021-22
BACKGROUND DOCUMENT (if any)	N/A
OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME	Quality and Safety Committee – 16 July 2021 Audit Risk and Governance Committee – 22 July 2021 Executive Team – 27 July 2021 Workforce Committee – 27 July 2021 Finance and Performance Committee – 28 July 2021 Trust Management Board – 2 August 2021 Trust Board - 3 August 2021
EXECUTIVE SUMMARY (including key issues of note or, where relevant, concerns that the committee need to be made aware of)	<p>The Trust board has set its assurance framework and captured its key risks to achieving its strategic objectives. At the Trust Board meeting in August it:</p> <ul style="list-style-type: none"> a) noted the over-arching report, reviewed the detailed BAF in Appendix 1 and noted the current risk scores b) sought assurance from the Sub-Committees of the Board and the Executive Owners on the controls, assurances, planned actions and the underpinning high level risks c) considered and supported the proposal from the Workforce Committee to reduce the risk scoring of SO2 – ‘the risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients’ from 20 to 15 d) approved the strategic risk wording of strategic objective 1 – 1.1, from: 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; to: 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.

LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)				
1. To give great care	2. To be a good employer	3. To live within our means	4. To work more collaboratively	5. To provide good leadership
✓	✓	✓	✓	✓

TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)			
Pandemic Response	✓	Workforce and Leadership	✓
Quality and Safety	✓	Digital	✓
Estates, Equipment and Capital Investment	✓	Strategic Service Development and Improvement	✓
Finance	✓	The NHS Green Agenda	✓
Partnership & System Working	✓		

<p>BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))</p>	<ul style="list-style-type: none"> • SO1 – 1.1: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard. • SO1 - 1.2: The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time targets. • SO1 - 1.3: The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy. • SO1 - 1.4: The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate. • SO1 - 1.5: The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources. • SO1 - 1.6: The risk that the Trust's business continuity arrangements are not adequate to cope. • SO2: The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients. • SO3 - 3.1: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities. • SO3 - 3.2: The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate. • SO4: The risk that the Trust is not a good partner and collaborator. • SO5: The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.
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BOARD ACTION REQUIRED	Approval	Information	Discussion	Assurance	Review
		✓		✓	

Board Assurance Framework – Quarter 1 Review (1 April – 30 June 2021)

1. Purpose of the Report

To present the BAF to the Trust Board for assurance and for the Board to review the controls, assurances, planned actions and referenced high level risks.

The Trust Board is responsible for setting its assurance framework, to capture the key risks to achieving the Trust's strategic goals, and detail the level, or lack, of assurance during the year as to what extent the level of risk is being managed. The BAF is a key governance tool to measure and monitor the level of strategic risk in the organisation and determines what an acceptable level of risk would be.

The Trust has in place a 'ward to board' process for risk management and this allows for the BAF to include reference to relevant risks from the High Level Register where they may impact on the achievement of the Trust's strategic goals.

The BAF was reviewed by the internal auditors in 2020-21 and gave an opinion of 'significant assurance'. The review found that the BAF provided a very comprehensive view of the Trust's strategic risks and how these risks are being managed. There was one recommendation to further develop the BAF, which was to restructure the BAF in a way that is sufficiently comprehensive whilst focussed on the matters of relevance to the Board and to ensure that the Board and its Sub-Committees are fully sighted on the high level risks from the risk register that are considered relevant to the strategic objective. This has been built in to the attached BAF for 2021-22.

2. Background

The Trust Board has set its assurance framework and captured its key risks to achieving the strategic objectives:

- SO1:** To Give Great Care
- SO2:** To be a Good Employer
- SO3:** To Live within our Means
- SO4:** To Work more Collaboratively
- SO5:** To Provide Good Leadership

3. Quarter 1 Review – April to June 2021

The Sub-Committees of the Trust Board have reviewed all the strategic risks and associated controls, assurances, gaps, planned actions and the links to the high level risks.

In summary the current risk ratings by strategic objective risk are:

Strategic Risk Ratings							
Strategic Objective	High Level Risk Description	Risk Rating 2021-22				Owner	Assurance (Committee)
		Q1	Q2	Q3	Q4		
SO1 - 1.1	The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard	15				Medical Director and Chief Nurse	Quality and Safety
SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance targets	20				Chief Operating Officer	Finance and Performance
SO1 - 1.3	The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy	12				Director of Strategic Development	Finance and Performance
SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate	20				Director of Estates and Facilities	Finance and Performance
SO1 - 1.5	The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care	12				Chief Information Officer	Finance and Performance
SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope	16				Chief Operating Officer	Finance and Performance
SO2	The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients.	20				Director of People	Workforce
SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities	12				Chief Financial Officer	Finance and Performance
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital	12				Chief Financial Officer	Finance and Performance
SO4	The risk that the Trust is not a good partner and collaborator	12				Director of Strategic Development	Finance and Performance
SO5	The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives	12				Chief Executive	Workforce / Trust Board

Further detail can be reviewed in Appendix 1 – Strategic Risk Ratings.

Amendments to the BAF at a high level are detailed below in sub sections 3.1 to 3.11.

3.1. SO1 – 1.1: The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard of safety, clinical effectiveness and patient experience.

The strategic risk was reviewed at Quality and Safety Committee at its meeting on 16 July 2021. The strategic risk score remains at 15.

The Committee is recommending to the Board to amend the strategic risk wording from: 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; to: 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.

New controls in place include: the Quality Board – NHSE/I, Quality Review Meetings with CCGs, Serious Incident Collaborative Meeting with CCGs, Local Authority Health Scrutiny Committee, Healthwatch and Chief Medical Information Officer (CMIO). Gaps in control include attracting qualified staff, progress with the End of Life Strategy, ophthalmology waiting list and delays with results acknowledgement.

Additional internal assurance is the Nursing Midwifery and AHP Strategy, Risk Stratification Report and the monitoring of Care Quality Commission (CQC) Progress at Board Development Sessions.

All Planned Actions have an action date for completion. A number of new actions include the Ophthalmology Action Plan, End of Life Strategy, Risk Stratification Report, Workforce Committee overseeing recruitment and the Clinical Engagement of results acknowledgement being reviewed by the CMIO.

The high level risks now include the risk ratings to illustrate current and previous risk ratings. The Various Equipment Risks have been removed as these are monitored within the relevant divisional and directorate risk registers.

3.2. SO1 - 1.2: The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time targets.

The Finance and Performance Committee reviewed the risk at its meeting on 28 July 2021. The Chief Operating Officer has assessed the controls, assurances, planned actions and current scoring of the strategic risk. One minor addition to assurances was added. The current risk scoring remains at 20 due to a significant number of planned actions, gaps in controls and gaps in assurances. Some of the key actions to take place to close the gaps are: the development of a cancer transformation plan, outpatient transformation plan and a review of clinical pathways linked to HASR programme.

There is a number of high level risks referenced in the BAF, which may have an impact on the risk to the strategic objective, some of those being: cancer 62 day target, constitutional A&E targets, shortage of radiologists, failure to review ophthalmology patients in specified timescales.

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

The Finance and Performance Committee reviewed the strategic risk at its meeting on 28 July 2021. The risk score remains at 12. A full review of the current controls and gaps in controls has been undertaken by the Director of Strategic Development.

Additional assurances have been added, namely key reports from Executive Director and Non-Executive Director to the Trust Board and the minutes from the newly formed Humber Acute Service Development Committee.

There are two high level risks that could have an impact on the achievement of the strategic objective: the Clinical Strategy and the HASR political and public response to service change.

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

The Finance and Performance Committee reviewed the strategic risk at its meeting on 28 July 2021. The current risk score is 20, which was reviewed by the Director of Estates and Facilities and remains unchanged from 2020/21.

The main focus for this quarter is the review of the links to the high level risk register. There is 40 high levels risks recorded at 15 or above on the Risk Register which is reviewed by the Estates and Facilities Governance Group on a regular basis. The key risks relate to water infrastructure, medical gases and fire compliance that place an increased risk to the Trust's overall strategic ability to provide patient care in a safe, secure and suitable environment.

Mitigation is the delivery of the core capital programme, transformational capital schemes, BLM schemes, the equipment plan for 2021/22 produced as part of the 2021/22 core capital annual funding and the external audits and surveys on a number of key areas such as infrastructure.

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

The Finance and Performance Committee reviewed the strategic risk at its meeting on 28 July 2021. The risk score was 16 in 2020/21, which has been assessed by the Chief Information Officer and is currently scored at 12.

A thorough review has taken place to provide the Committee with the appropriate assurances and planned actions to support the delivery of Strategic Objective 1.

The key planned actions are, to address the limited assurance from the IT Business Continuity audit with the development of a comprehensive Business Continuity Programme by Quarter 3 2021/22, and the Data Security Protection Toolkit standards with the aim to meet Cyber Essentials Plus Accreditation in July 2022. There is also a number of planned actions to secure resources to deliver the Digital Strategy and annual priorities.

There are a number of Digital Services high level risks that could have an impact on the delivery of the strategic objective. These are reviewed by the Digital Services directorate and at the Risk Register Confirm and Challenge meeting. Of key importance is the data security and cyber security infrastructure and non-compliance with the Data Protection Act 2018.

3.6.SO1 - 1.6: The risk that the Trust's business continuity arrangements are not adequate to cope.

The Finance and Performance Committee reviewed the strategic risk at its meeting on 28 July 2021. The Chief Operating Officer reviewed the risk prior to submission to the Committee, which resulted in the removal of some of the 'gaps in control'. However, the current risk score remains at 16, due to some key actions to be completed: an annual table top exercise by October 2021 and capacity to meet demand of beds and workforce by September 2021.

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

The Workforce Committee reviewed the strategic risk at its meeting on 27 July 2021 and propose that the score be reduced from 20 to 15. This is due to the level of controls in place, the significant assurances following internal audits in 2020 and the workforce integrated performance report.

The investment in the people directorate will support the delivery of the NHS People Plan and NLAG People Strategy, which in-turn will support the achievement of this strategic objective. The high level risks pertain to the workforce and staffing issues.

3.8.SO3 - 3.1: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities.

The Finance and Performance Committee reviewed the strategic risk at its meeting on 28 July 2021. There is a number of significant actions to be undertaken, being, the development of a finance strategy and a full Cost Improvement Programme (CIP) by the end of quarter two 2021/22. The development of finance key performance indicators to be incorporated into the integrated performance report is to be completed by the quarter three 2021/22. Two high level risks have been linked to the strategic risk: COVID-19 expenditure and the savings programme, which could be a possible threat to the delivery of achieving the Trust's financial objective.

The current risk scoring remains at 12 due to gaps in control of the finance strategy, uncertainty with the H2 Financial Framework 2021/22, challenges with HASR and the CIP delivery.

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

The Chief Financial Officer and Deputy Chief Financial Officer reviewed the controls, assurances and planned actions. The planned actions include the development of a core capital programme in conjunction with the finance strategy and the financial requirements for HASR. There are a few gaps in assurance being the delivery of the CIP, individual organisational sustainability plans and Committees in Common. One high level risk has been added to the BAF – Acute Assessment Unit / Emergency Department business case, which may have an impact on the risk to the strategic objective: deploying adequate major capital to redevelop its estate. Future risks that may also have an impact are, challenges with estate major capital and COVID-19 third surge due to the lack of supplies or inflation.

The current risk scoring remains at 12 due to the gaps in assurance and the planned actions, as detailed above. Finance and Performance Committee reviewed the risk at its meeting on 28 July 2021.

3.10.SO4: The risk that the Trust is not a good partner and collaborator.

The Director of Strategic Development undertook a comprehensive review of the controls, assurances and planned actions, which has resulted in four of the planned actions being achieved: Humber Acute Services Review communication has been developed, the Integrated Care System and Humber work plan was completed in quarter one 2021, the capital investment strategy and trust priorities were approved at Trust Board and the project / programme plans have been approved.

The strategic risk was reviewed by the Finance and Performance Committee at its meeting on 28 July 2021. The current risk score remains at 12 due to the current gaps in controls and the planned actions. There are two high level risks on the risk register that could impact on the delivery of the strategic objective.

3.11 SO5: The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.

The Workforce Committee reviewed the strategic risk at its meeting on 27 July 2021. The Director of People reviewed the controls, assurances and planned actions. The current risk score remains at 12 due to the gap in control being: no investment for staff training / courses to support leaders work within a different context. The action to close this gap is the scoping of a leadership development programme for leaders at all levels to be developed by December 2021.

4. Recommendations

The Trust Board is asked to:

- a) note the over-arching report, the detailed BAF in Appendix 1 and the current risk scores
- b) seek assurance from the Sub-Committees of the Board and the Executive Owners on the controls, assurances, planned actions and the underpinning high level risks
- c) consider the proposal from the Workforce Committee to reduce the risk scoring of SO2 – ‘the risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients’ from 20 to 15
- d) approve the strategic risk wording of strategic objective 1 – 1.1, from: 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; to: 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.

Board Assurance Framework - 2021 / 22

Strategic Objective	Strategic Objective Description
1. To give great care	<ul style="list-style-type: none"> ● To provide care which is as safe, effective, accessible and timely as possible ● To focus always on what matters to our patients ● To engage actively with patients and patient groups in shaping services and service strategies ● To learn and change practice so we are continuously improving in line with best practice and local health population needs ● To ensure the services and care we provide are sustainable for the future and meet the needs of our local community ● To offer care in estate and with equipment which meets the highest modern standards ● To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.
2. To be a good employer	<ul style="list-style-type: none"> ● To develop an organisational culture and working environment which attracts and motivates a skilled, diverse and dedicated workforce, including by promoting: <ul style="list-style-type: none"> - inclusive values and behaviours - health and wellbeing - training, development, continuous learning and improvement - attractive career opportunities - engagement, listening to concerns and speaking up - attractive remuneration and rewards - compassionate and effective leadership - excellent employee relations.
3. To live within our means	<ul style="list-style-type: none"> ● To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse ● To keep expenditure within the budget associated with that income and also ensuring value for money ● To achieve these within the context of also achieving the same for the Humber Coast and Vale Health Care Partnership ● To secure adequate capital investment for the needs of the Trust and its patients.
4. To work more collaboratively	<ul style="list-style-type: none"> ● To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring 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 comm - 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 sta

Risk Scoring Approach

Strategic Risk Assessment

Strategic Objective		Strategic Risk	Risk Appetite
1 To Give Great Care	SO1 - 1.1	The risk that the Trust fails to deliver treatment, care and support consistently at the highest standard (by international comparison) of safety, clinical effectiveness and patient experience.	Low (4 to 6)
	SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time 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.	Low (4 to 6)
	SO1 - 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.	Low (4 to 6)
	SO1 - 1.4	The risk that the Trust's estate, infrastructure and 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.	Low (4 to 6)
	SO1 - 1.5	The risk that the Trust's digital infrastructure (or the inadequacy of it, including data quality) 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.	Low (4 to 6)
	SO1 - 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).	Low (4 to 6)
2 To Be A Great Employer	SO2	The risk that the Trust does not have a workforce which is adequate (in terms of numbers, skills, skill mix, training, motivation, flexibility, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.	Low (4 to 6)
3 To Live Within Our Means	SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.	Moderate (8 to 12)
	SO3 - 3.2	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.	Moderate (8 to 12)
4 To Work More Collaboratively	SO4	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.	Moderate (8 to 12)
5 To Provide Good Leadership	SO5	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.	Moderate (8 to 12)

Risk Appetite Statement - 2021 / 22

Context

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

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

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

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

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

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

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

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

Risk Appetite Assessment

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

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

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

Strategic		Strategic Risk Ratings										Risk Rating				Assurance						
		Risk Consequence / Impact Assessment										Q1	Q2	Q3	Q4							
		Catastrophic	Major			Moderate			Minor		Insignificant											
		25	20	18	16	15	12	10	9	8	6	5	4	3	2	1						
SO1 - 1.1	The risk that patients may suffer because the Trust fails to deliver treatment, care and support consistently at the highest standard											15				Medical Director and Chief Nurse	Quality and Safety					
SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance targets											20				Chief Operating Officer	Finance and Performance					
SO1 - 1.3	The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy											12				Director of Strategic Development	Finance and Performance					
SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate											20				Director of Estates and Facilities	Finance and Performance					
SO1 - 1.5	The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care											12				Chief Information Officer	Finance and Performance					
SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope											16				Chief Operating Officer	Finance and Performance					
SO2	The risk that the Trust does not have a workforce which is adequate to provide the levels and quality of care which the Trust needs to provide for its patients.											20				Director of People	Workforce					
SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities											12				Chief Financial Officer	Finance and Performance					
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital											12				Chief Financial Officer	Finance and Performance					
SO4	The risk that the Trust is not a good partner and collaborator											12				Director of Strategic Development	Finance and Performance					
SO5	The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives											12				Chief Executive	Workforce / Trust Board					

KEY	
	Initial risk score
	Current risk score
	Target risk score

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 internationally.

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.

	Initial	Current	Target
Consequence	5	5	5
Likelihood	3	3	2
Risk Rating	15	15	10

Initial Date of Assessment: 1 May 2019
Last Reviewed: 25 June 2021
Target Date: 31 March 2024

Lead Committees:
Quality and Safety Committee

Risk Owners:
Medical Director and Chief Nurse

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Quality and Safety Committee Operational Plan (approved Trust Board 1/6/2021) Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems Risk Register Confirm and Challenge Meeting Trust Management Board Ethics Committee PPE Audits Quality Board, NHSE/I Quality Review Meetings with CCGs SI Collaborative Meeting with CCGs Health Scrutiny Committees (Local Authority) Healthwatch Chief Medical Information Officer (CMIO) Council of Governors 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Committees and Groups. Integrated Performance Report 15 Steps Challenge. Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board Nursing and Midwifery dashboards Ward Assurance Tool Nursing Metric Panels IPC - Board Assurance Framework Inpatient survey Friends and Family Test (FFT) platform Nursing Midwifery and AHP Strategy (Trust Board approved 1/6/2021) Risk Stratification Report (COO and Medical Director May 2021) Board Development Sessions - Monitoring CQC Progress <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 	<ul style="list-style-type: none"> Mandatory Training Report to Workforce Committee (by CQC Domain) - Director of People by 31 July 2021. Platform for FFT reporting at local and trust level developed by 31 August 2021. Preparation for trust requirements in DOLs by 31 April 2022. Continue to establish a vulnerabilities team, Aug 2021. Annual establishment reviews across nursing, midwifery and community settings continue Continue to add metrics as data quality allows by 31 March 2022. Implement supportive observation by 31 October 2021. Update IPC BAF as national changes and requirements (ongoing) Continued management of Covid 19 outbreaks (ongoing). Ophthalmology Action Plan 2021-22 to be developed by Division of Surgery and Critical Care by August 2021. Implementation of End of Life Strategy by March 2022. Risk stratification report with trajectories and continued oversight through Operational Management Group, by March 2022. Workforce Committee overseeing recruitment (BAF SO2). CMIO to review clinical engagement of results acknowledgement, through Digital Strategy Board, by Q3 2021/22. <p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> Mortality performance (2418) - Risk Rating 10 (previous risk rating 15). Ceilings of care and advance care planning (2653) - Risk Rating 9 (previous risk rating 12) Deteriorating patient risks - Medicine (2388) - Risk Rating 15, Surgery (2347) - Risk Rating 15, Paediatrics (2390) - Risk Rating 8 (previous risk rating 15) Management of formal complaints (2659) - Risk Rating 12 (previous risk rating 15) Risk to overall cancer performance - Clinical Support Services (2244) - Risk Rating 12 (previous risk rating 16) Inequitable division of LD Nurses (2531) - Risk Rating 12 (previous risk rating 20) Inability to segregate patients in ED due to lack of isolation facilities (2794) - Risk Rating 20 Child Protection Information System (2914) - Risk Rating 15 (28 Moderate Risks and 5 Low Risks linked to quality and safety). 	<ul style="list-style-type: none"> COVID-19 third surge and 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 HASR plans on NLaG clinical and non clinical strategies. Changes to Liberty Protection Safeguards. Skill mix of staff. Student and International placements and capacity to facilitate/supervise/train <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> <p>Adverse impact of external events (ie. Britains exit from the European Union; Pandemic) on business continuity and the delivery of core service.</p> <p>Workforce impact on HASR.</p> <p>Future Opportunities</p> <ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration International recruitment Shared clinical development opportunities Development of Integrated Care Provider with Local Authority.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Risk stratification not complete. Estate and compliance with IPC requirements - see BAF SO1 - 1.4 Ward equipment and replacement programme see BAF SO1 - 1.4 Fully funded Learning Disabilities team across both sites Attracting sufficiently qualified staff - see BAF SO2. Delays in progress with the End of Life Strategy Ophthalmology Waiting List Delays with results acknowledgement 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Mandatory training Sepsis Web-V Tool Risk stratification FFT data reporting to Committees and Groups 		

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.

	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	Lead Committees: Finance and Performance Committee
Consequence	5	5	5	Last Reviewed: July 2021	
Likelihood	4	4	1	Target Date: 31 March 2026	Risk Owners: Chief Operating Officer
Risk Rating	20	20	5		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> • Operational Plan 2021-22 (Trust Board approved 1/6/2021) • Operational Management Group (OMG) • Performance Review Improvement Meetings (PRIMs) • Trust Management Board (TMB) • Waiting List Assurance Meetings • Cancer Board Meeting • Winter Planning Group • Strategic 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 • Emergency Department (ED) Performance and Ambulance Handover Group • Planned Care Board • Primary and Secondary Care Collaborative Outpatient Transformation Programme 	<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, Strategic Planning Group, A&E Delivery Board, MDT Business Meetings, Planned Care Board. • Integrated Performance Report to Trust Board and Committees. • 7 Day Services Assurance Framework, action plan. • Executive and Non Executive Director Report (bi-monthly) to Trust Board. <p>Positive:</p> <ul style="list-style-type: none"> • Audit Yorkshire internal audit: A&E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019. • Benchmarked diagnostic recovery report outlining demand on services and position compared to peers presented at PRIM, October 2020. No significant differences identified, Trust compares to benchmarked peers. <p>External:</p> <ul style="list-style-type: none"> • NHSI Intensive Support Team • Audit Yorkshire internal audit: A&E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019. 	<ul style="list-style-type: none"> • Diagnostic and cancer pathways reviewed and implemented by Q2 2021-22. • Public Health England guidance (cancer diagnosis) reviewed and implemented by Q3 2021-22. • Further development of the ICP with HUTH by Q3 2021-22 • Workforce and resources to Humber Cancer Board by Q3 2021-22. • Develop a joint NLAG/HUTH cancer transformation plan by Q1 2021-22. • Diagnostic breach tracker tool by Q4 2021-22. • Outpatient transformation plan by 2022. • Development of Phase 2 three year HASR Plan by 2022. • Consultant job plans to be updated by Q2 2021-22. • Review of clinical pathways linked to HASR programme 1 ICP, 7 specialities by Q4 2021-22. • Continued development and implementation of risk stratification for RTT incomplete and completed pathways by Q3 2021-22. • 40 Week RTT recovery plan to be costed and implemented by July 2021. • RTT / Cancer Recovery Plan costed and implemented by April 2021. • Develop divisional dashboards Q3 2021-22. • Consultant led ward rounds, further development and implementation (ECIST) by Q3 2021-22. • Development of an independent sector activity plan by Q2 2021-22. <p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> • Cancer 62 Day Target (2592) • Risks of non-delivery of constitutional cancer performance (2160) • COVID-19 performance and RTT (2791) • Constitutional A&E targets (2562) • Instability of ENT Service (2048) • Overdue Followups (2347) • Shortfall in capacity with Ophthalmology service (1851) • Accuracy of data of business decision making for RTT (2515) • Delayed or missing internal referrals (2826) • Shortage of radiologists (1800) • MRI Equipment (1631) • Replacement of X-Ray Room (2646) • SGH Main MRI Scanner capacity and waiting lists (2499) • Failure to meet 6 week target for CT/MRI (2210) • Failure to review ophthalmology patients in specified timescales (2347) • JAG Accreditation in housing enema room within clinical area (2694) • Impact on Medicine Divisional business plan / service delivery (2700) 	<ul style="list-style-type: none"> • COVID-19 third surge and impact on patient experience. • National policy changes to emergency access and waiting time targets. • Funding and fines changes. • Reputation as a consequence of recovery. • Additional patients with longer waiting times over 18 weeks, 52 weeks, 62 days and 104 days breaches, due to COVID-19. • Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, 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. • Staff taking statutory leave unallocated due to COVID-19 risk. <p>Strategic Threats</p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of surgical and cancer pathways, poor flow and discharge, and increase in patient complaints.</p> <p>Adverse impact of external events (ie. Continued Pandemic) on business continuity and the delivery of core service.</p> <p>Unexpected Business changes from the revised EU transitio</p> <p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer Integrated Care System working • Humber Acute Services Review and programme • Provider collaboration
<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Evidence of compliance with 7 Day Standards. • Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Dignostics Constitutional Standards. • Capacity to Reduce 52 week, 104 day and over 18 week waits to meet the trusts standard of 0 waits over 40 week in 2022. • Cancer Board and MDT Meetings not quorate. • Limited single isolation facilities. • Urgent Treatment Centre gaps in North and North East Lincolnshire GP rotas • Lack of effective discharge planning. • Diagnostic capacity and capital funding to be confirmed. • Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • QSI Standards improvement plans. • Demand and Capacity planning for Diagnostics. • RTT and DM01 not meeting national targets. • Increase in Serious Incidents due to not meeting waiting times. • Patient safety risks increased due to longer waiting times. 		

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.	
	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	
Consequence	4	4	4	Last Reviewed: July 2021	
Likelihood	3	3	2	Target Date: 31 March 2025	
Risk Rating	12	12	8	Lead Committee: Finance and Performance Committee	
				Risk Owners: Director of Strategic Development	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> ● NLaG Clinical Strategy 2021/25. ● Strategic Plan 2019/24. ● Trust Priorities 2021/22. ● Humber Coast and Vale Health Care Partnership (HCV HCP). ● Integrated Care System (ICS) Leadership Group. ● NHS Long Term Plan (LTP). ● Quality and Safety Committee. ● Acute Care Collaborative (ACC). ● Humber Cancer Board. ● Humber Acute Services - Executive Oversight Group (HASR). ● Health Overview and Scrutinee Committees (OSC). ● Council of Members. ● Council of Governors. ● Primary Care Networks (PCNs). ● Clinical and Professional Leaders Board. ● Hospital Consultants Committee (HCC) / MAC ● Humber Acute Services Development Committee (HASDeC) 	<p>Internal:</p> <ul style="list-style-type: none"> ● Minutes from Programme Board and Executive Oversight Group for HASR. ● Minutes of HAS Executive Oversight Group. ● Humber Coast and Vale Health Care Partnership. ● ICS Leadership Group. ● OSC Feedback. ● Outcome of patient and staff engagement exercises. ● Executive Director Report to Trust Board. ● Non-Executive Director Highlight Report to Trust Board ● Minutes from HASCEC <p>Positive:</p> <ul style="list-style-type: none"> ● NHSE/I Assurance and Gateway Reviews. ● OSC Engagement. <p>External:</p> <ul style="list-style-type: none"> ● Checkpoint and Assurance meetings in place with NHSE/I (3 weekly). ● Clinical Senate Reviews. ● Independent Peer Reviews re; service change (ie Royal Colleges). ● Citizens Panel. 	<ul style="list-style-type: none"> ● To formulate a vision narrative for Humber Acute Services review that is understood by partners, staff and patients by December 2021 ● To undertake continuous process of stocktake and assurance reviews NHSE/I ● OSC - Quarterly Reviews. ● NED / Governor Reviews Monthly and Quarterly ● Citizens Panel held Quarterly. 	<ul style="list-style-type: none"> ● Change in national policy. ● Further covid-19 waves affecting opportunity to engage. ● Uncertainty / apathy from staff. ● Lack of staff engagement if not the option they are in favour of.
		<p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> ● Clinical Strategy (RR no. TBC). ● HASR political and public response to service change (RR no. TBC). 	<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.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> ● A shared vision for the HASR programme is not understood across all staff/patients and partners 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> ● Feedback from 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. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> ● Clinical pathways to support patient care, driven by digital solutions. ● Closer ICS working. ● Provider collaboration. ● System wide collaboration to meet control total. ● HASR.

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.			
Initial Date of Assessment: 1 May 2019 Last Reviewed: July 2021				Lead Committees: Finance and Performance Committee			
Consequence	5	5	5	Target Date: January 2026		Risk Owners: Director of Estates and Facilities	
Likelihood	4	4	2				
Risk Rating	20	20	10				

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. • Trust Management Board (TMB). • Project Boards for Decarbonisation Funds. • BLM Capital Group Meeting • PAM (Premises Assurance Model) 	<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 Highlight Report (bi-monthly) to Trust Board • Executive Director Report (6 monthly) to Trust Board <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>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). • PAM • ERIC (Estates Return Information Collection) 	<ul style="list-style-type: none"> • Continue to produce and revise our 3 year business plans on an annual basis in line with Clinical & Estates & Facilities Strategy. Prioritisation is reviewed and updated as part of the business planning cycle - Action date; ongoing • Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date; ongoing • Allocation of Core Capital Funding assigned to infrastructure and engineering and equipment risks through the monthly E&F governance process - Action date; ongoing • Estates and Facilities equipment plan produced and implemented as part of the 21/22 core capital annual funding (this may be reprioritised as no current contingency) - Action date; end of financial year 21/22 • To specifically deliver: - the Decarbonisation Funding (£40.3M) project across all three sites by 31 March 2022, - Core Capital Programme, - Transformational Capital Schemes, - BLM Schemes <p>Links to High Level Risk Register</p> <p>There are approximately 40 Estates and Facilities risks graded 15 or above recorded on the high level risk register. Of which there are a significant number of risks pertaining to the physical infrastructure and engineering equipment being inadequate or becoming inadequate. Of particular note, there are a number of high risks relating to water infrastructure, medical gases and fire compliance that place increased risk to the Trust's overall strategic ability to provide patient care in a safe, secure and suitable environment.</p>	<ul style="list-style-type: none"> • COVID-19 third 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. <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. • Prevents changes being made which are aligned to organisational and system priorities. • Government legislative and regulatory changes.
<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. • Timeline to deliver the decarbonisation projects. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Integrated Performance Report - Estates and Facilities. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer ICS working. • Humber Acute Services Review and programme. • Provider and stakeholder collaboration to explore funding opportunities.

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.

	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	Lead Committees: Finance and Performance Committee
Consequence	4	4	3	Last Reviewed: July 2021	
Likelihood	4	3	2	Target Date: March 2024	Risk Owners: Chief Information Officer
Risk Rating	16	12	6		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Digital Strategy Upto date Digital / IT policies, procedures and guidelines. 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) Trust Management Board (TMB) Finance and Performance Committee Digital Strategy Board Digital Solutions Delivery Group Annual Penetration Tests Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication 	<p>Internal:</p> <ul style="list-style-type: none"> Digital Strategy Approved by Board January 2021 CIO in post November. 2020 CMIO in post May 2021 CN&AHP IO in post August 2021 Highlight reports to Trust Board from Audit Risk and Governance Committee, Finance and Performance Committee, Digital Strategy Board, TMB. Reporting Schedule approved May 2021 IT Security Manager in Post 4th Quarter Fiscal 20/21. CIO/Executive Director Report (6 monthly) to Trust Board Approved Digital Governance Structure May 2021 <p>External:</p> <ul style="list-style-type: none"> Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021 External audit of DSPT there are 8 Assertions to address. A plan and action submitted to NHSD and action plan approved for deliver by July 31, 2021. Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019. <p>Positive Items to Note:</p> <ul style="list-style-type: none"> Significant Assurance: Audit Yorkshire internal audit: Clinical Coding / Activity Recording: Significant Assurance, Q2 2019. Significant Assurance: Audit Yorkshire internal audit: GDPR Compliance (cfwd 18/19): Significant Assurance, Q1 2019. 	<ul style="list-style-type: none"> Recruit Digital Leadership to drive change & engage with frontline (3rd & 4th Qtr 20/21) Establish Digital Reporting schedule/Workplan for Board Committees (4th Qtr 20/21) Apply for Digital Aspirant Funds to Support funding Digital Programs (20/21). Recruit IT Security Manager (3rd Qtr 20/21) Development of a comprehensive IT BC / DR Programme including monitoring of adherence to the programme. Results of BC / DR tests recorded and formally reported.(3rd Qtr 21/22) Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022). There are 8 Assertions on the Improvement plan with the end date of the 31st December 2021. Secure resources to deliver Digital Strategy and annual Priorities (PAS; EPR; Data Warehouse; RPA; Doc Mgmt; Infrastructure upgrades). 	<ul style="list-style-type: none"> COVID-19 surge and impact on adoption of digital transformation. National policy changes. 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. The Trust may be issued with an Information Notice to require them to provide information or an Enforcement Notice requesting them to take specified steps as required under the NIS regulation (Network and Information Systems regulations 2018).
		<p>Links to Corporate Risk Register</p> <ul style="list-style-type: none"> Cyber security risk (windows 10 implementation/Win Server Migrations) (2463) Accuracy of Data of Business Decision Making (2515) The IT Operations Department require a comprehensive IT Service Management System (2675) Risk of non-compliance with the Data Protection Act 2018 due to the Trust not having sufficient resource and technical tools (2676) Unsupported software, hardware and applications (2369) Data & Cyber Security: (2) Cyber Infrastructure (2408) Updated Business Continuity & Disaster Recovery Policy & Procedure (#). 	<p>Strategic Threats</p> <ul style="list-style-type: none"> Capital funding to deliver IT solutions. Government legislative and regulatory changes shifting priorities as the ICS continues to evolve.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Address the assertions without evidence in the DSPT Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020 Achieve DSP Toolkit and mandatory training compliance. Review ToR/recruit wider representation to the Digital Strategy Board & Digital Solutions Delivery Group. (improve attendance, representation and directorate support.) Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Integrated Performance Report - Digital. (include performance metrics of underlying infrastructure and application performance) Posture Assessment (cyber) to be presented to AR&G June 2021. Digital Strategy project plan. Data Warehouse solution to support outcomes from BI review. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> Humber Coast and Vale ICS, system wide collaborative working. Clinical pathways to support patient care, driven by digital solutions. Collaborative working with HASR and Acute Care Collaborative.

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.6: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.				Risk to Strategic Objective 1 - 1.6: The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).			
	Initial	Current	Target	Initial Date of Assessment: 1 May 2019		Lead Committee:	
Consequence	4	4	4	Last Reviewed: July 2021		Finance and Performance Committee	
Likelihood	2	4	2	Target Date: 31 March 2022		Risk Owners:	
Risk Rating	8	16	8			Chief Operating Officer	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> • Winter Planning Group. • Strategic Planning Group. • A&E Delivery Board. • Director of People - Senior Responsible Owner for Vaccinations. • Ethics Committee. • Clinical Reference Group • Influenza vaccination programme. • Public communications re: norovirus and infectious diseases. • Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group. • Ward visiting arrangements changed and implemented, Red and Green Zones, expansion of critical care facilities. • COVID-19 Executive Incident Control (Gold Command). 	<p>Internal:</p> <ul style="list-style-type: none"> • Regional EPRR scenarios and planning exercises in preparation for 'Brexit' have been undertaken alongside partners, including scenarios involving transportation, freight and traffic around local docks with resulting action plan. • Business continuity plans. • Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&E Delivery Board, Clinical Reference Group. <p>Positive:</p> <ul style="list-style-type: none"> • Half yearly tests of the Major incident response. • Annual review of business continuity plans. • Internal audit of emergency planning compliance 2018/19 (due 2021/22). <p>External:</p> <ul style="list-style-type: none"> • Emergency Planning self-assessment tool. • NHSE review of emergency planning self-assessment 2019/20. • Internal audit of emergency planning compliance 2018/19 (due 2021/22). 	<ul style="list-style-type: none"> • Lateral flow testing staff is coordinated through the national programme from July 2021. • Annual table top exercise by October 2021. • Half yearly telephone exercise completed by March 2022. • Business Intelligence monitoring re: BREXIT and pandemic. • Capacity to meet demand (Beds/workforce) by September 2021. • PODs for urgent and emergency care outside of the acute hospital unavailable (UTC gaps) installed by January 2021. 	<ul style="list-style-type: none"> • COVID-19 third surge. • Availability of dressing, equipment and some medications post Brexit. • Costs and timeliness of deliveries due to EU Exit. • Additional patients with longer waiting times RTT, Cancer and Diagnostics due to COVID-19.
		<p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> • Cancer 62 Day Target (2592) • Risks of non-delivery of constitutional cancer performance (2160) • COVID-19 performance and RTT (2791) • Constitutional A&E targets (2562) • Instability of ENT Service (2048) • Overdue Followups (2347) • Accuracy of data of business decision making for RTT (2515) • COVID-19 Isolation (2794) • C-19 Equipment (2793) • C-19 Patient Safety (2792) • COVID -19 pandemic - surgery & critical care (2706) • COVID -19 pandemic - community and therapies (2708) • COVID -19 pandemic - risk to IT Operations (2710) • Impact on Medicine Divisional business plan / service delivery (2700) • Risk arising as a result of COVID-19 - clinical support services (2704) 	<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>
<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Capacity to meet demand (Beds/workforce). 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Not undertaking internal audit review of the standards. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer Integrated Care System working. • Provider collaboration.

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	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	Lead Committees: Workforce Committee, Remuneration and Terms of Service Committee
Consequence	5	5	4	Last Reviewed: July 2021	
Likelihood	3	4	2	Target Date: March 2024	Risk Owners: Director of People
Risk Rating	15	20 15	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Workforce Committee, Audit Risk & Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee NHS People Plan NLAG People Strategy approved by the Board June 2020 NHS Staff Survey - annual Collaborative engagement with CCG, forum established to support closer working and transformational changes. Holistic requirements of Humber Coast and Vale workforce led by People Lead for Humber Coast and Vale (HCV) Integrated Care System (ICS). People Directorate Delivery Implementation Plan 2021-22 (Workforce Committee approved 27/4/2021) 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Workforce Committee, Audit Risk & Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee. Workforce Integrated Performance Report. Annual staff survey results Medical engagement survey 2019 Non Executive Director Highlight Report to Trust Board Executive Director Report to Trust Board <p>Positive:</p> <ul style="list-style-type: none"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance <p>External:</p> <ul style="list-style-type: none"> Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020. Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance 	<ul style="list-style-type: none"> Implementation of People Strategy by 31 March 2024. Delivery against NHS People Plan - ongoing. Investment in the People Directorate to develop plans for delivery against the NHS People Plan and NLAG People Strategy Continue collaboration between NLAG and HUTH and the HCV wider network. 	<ul style="list-style-type: none"> COVID-19 third surge and impact on staff health and wellbeing. National policy changes. Generational workforce : analysis shows significant risk of retirement in workforce. Impact of HASR plans on NLAG clinical and non clinical strategies. Provide safe services to the local population. Succession planning and future talent identification. Visa changes. Staff retention.
		<p>Links to High Level Risk Register</p> <p>There are approximately 14 staffing risks graded 15 or above recorded on the high level risk register. Of which there are a significant number of risks pertaining to the haematology workforce, staffing (nurse, midwife, medical, radiologists) that place an increased risk to the Trust's overall strategic ability to provide a workforce which is adequate (in terms of diversity, numbers, skills, skill mix, training, motivation, health or morale) and to provide the levels and quality of care which the Trust needs to provide for its patients.</p>	<p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Workforce. Integrating Care: Next Steps. Future staffing needs / talent management
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Restructure of People Directorate International recruitment of clinical staff due to visa restrictions 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Staff morale barometer to compare engagement, value and health & wellbeing to Workforce Committee. Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> Closer ICS working. Provider collaboration. International recruitment.

Strategic Objective 3 - To live within our means

Description of Strategic Objective 3 - 3.1: To secure income which is adequate to deliver the quantity and quality of care which the Trust's patients require while also ensuring value for money for the public purse. To keep expenditure within the budget associated with that income and also ensuring value for money. To achieve these within the context of also achieving the same for the Humber Coast and Vale HCP.				Risk to Strategic Objective 3 - 3.1: The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.			
Risk Rating	Initial	Current	Target	Initial Date of Assessment: 1 May 2019		Lead Committees:	
Consequence	5	4	5	Last Reviewed: July 2021		Finance and Performance Committee	
Likelihood	2	3	2	Target Date: 31 March 2024		Risk Owners: Chief Financial Officer	
Risk Rating	10	12	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Capital Investment Board, Trust Management Board (TMB), PRIMS. National benchmarking and productivity data constantly reviewed to identify CIP schemes. Engagement with Integrated Care System on system wide planning. Humber Acute Services Review (HASR) engagement to redesign fragile and vulnerable service pathways at system and sub system level. Monthly ICS Finance Meetings Finance Meeting - HASR Operational and Finance Plan 2021-22 (approved at Trust Board June 2021) Financial Special Measures Meeting with NHSE/I. Counter Fraud and Internal Audit Plans. 	<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, Non-Executive Director Highlight Report (bi-monthly) to Trust Board <p>Positive:</p> <ul style="list-style-type: none"> Letter from NHSE/I related to financial special measures and achievement of action plan. <p>External:</p> <ul style="list-style-type: none"> Financial Special Measures Meeting - Letter from NHSE/I related to financial special measures and achievement of action plan. ICS Executive Oversight Group. HASR Programme Assurance Group 	<ul style="list-style-type: none"> Develop Finance Strategy, Q2 2021/22. Develop Finance IPR, Q3 2021/22. Development of full CIP, Q2 2021/22. Monitoring of new H2 financial guidance released from NHSE/I in relation to H2 and refresh financial plan in Q2 2021/22. HASR Fragile and vulnerable services programme to deliver change in pathways which deliver operational efficiency, improve quality and outcomes and support recruitment of staff by 2023. Five Year Plan, interim Clinical Plan and Trust Recovery Plan by 2024. Letter from NHSE/I related to financial special measures and achievement of action plan by Q3 2021-22. Finalise Investment Programme 2021-22 Q2 2021. 	<ul style="list-style-type: none"> COVID-19 third surge and impact on finance and CIP achievement. National policy changes. Impact of HASR plans on NLaG clinical and non clinical strategies. Recurrent COVID-19 Expenditure Savings Programme
		<p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> Risk of not achieving 2020-21 CIP target - family services (2733). Unable to meet CIP delivery - surgery (2599). COVID-19 Expenditure (ref: Financial Plan 2021-22) Savings Programme (ref: Financial Plan 2021-22) 	<p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding. Integrating Care: Next Steps. System wide control total.
	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Integrated Performance Report - Finance. Delivery of Cost Improvement Programme Plan. Management of finance risks arising from the cost of the pandemic. Individual organisational sustainability plans may not deliver system wide control total. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> Closer ICS working. Provider collaboration. System wide collaboration to meet control total.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Systems plans may not address individual organisational sustainability Challenges with HASR, CIP Delivery Uncertainty on H2 Financial Framework 2021-22. Finance Strategy 			

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 major capital to redevelop its estate to make it fit for purpose for the coming decades.

Risk Rating	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	Lead Committees: Finance and Performance Committee
Consequence	5	4	5	Last Reviewed: July 2021	
Likelihood	2	3	2	Target Date: 31 March 2024	Risk Owners: Chief Financial Officer
Risk Rating	10	12	10		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Capital Investment Board Agreed Capital programme and allocated budget 2021/22 Financial Special Measure Meeting with NHSE/I 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Trust Management Board, Finance and Performance Committee, Capital Investment Board. <p>External:</p> <ul style="list-style-type: none"> NHSE/I attendance at AAU / ED Programme Board Financial Special Measure Meeting with NHSE/I 	<ul style="list-style-type: none"> Develop core capital programme in conjunction with long term financial strategy by Q2 2021/22. Financial requirements for HASR Q3 2021/22 (link to SO1-1.3 and SO4). 	<ul style="list-style-type: none"> COVID-19 third surge and impact on finance due to the lack of supplies or inflation National policy changes. Challenges with estate major capital.
		<p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> AAU / ED Business Case 	<p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding. Government funding allocations
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Systems plans may not address individual organisational sustainability. Challenges with Estate. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Delivery of Cost Improvement Programme Plan. Individual organisational sustainability plans may not deliver system wide control total. Committees in Common 		<p>Future Opportunities</p> <ul style="list-style-type: none"> Provider collaboration System wide collaboration to major capital development needs.

Strategic Objective 4 - To work more collaboratively

Description of Strategic Objective 4: To work innovatively, flexibly and constructively with partners across health and social care in the Humber Coast and Vale Health Care Partnership (including at Place), and in neighbouring Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan: to make best use of the combined resources available for health care, to work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally, to work with partners to secure major capital and other investment in health and care locally, to have strong relationships with the public and stakeholders, to work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: 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	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	Lead Committees: Finance and Performance Committee
Consequence	5	4	4	Last Reviewed: July 2021	
Likelihood	3	3	2	Target Date: March 2025	Risk Owners: Director of Strategic Development
Risk Rating	15	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Audit Risk & Governance Committee. Trust Management Board (TMB). Finance and Performance Committee. Capital Investment Board. HAS Executive Oversight Group. Humber Coast and Vale (HCV) Health Care Partnership (HCP). Integrated Care System (ICS) Leadership Group. Wave 4 ICS Capital Committee. Executive Director of HASR and HASR Programme Director appointed. NHS Long Term Plan (LTP). ICS LTP. NLaG Clinical Strategy. NLaG Membership of ICP Board NE Lincs. Committees in Common (Trust Board approved 1/6/2021) 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of HAS Executive Oversight Group, HCV HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, Audit Risk & Governance Committee, Finance & Performance Committee, TMB, Capital Investment Board. Non Executive Director Highlight Report to Trust Board Executive Director Report to Trust Board <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/I Rolling Assurance Programme - Regional and National including Gateway Reviews. <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE/I (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews. 	<ul style="list-style-type: none"> Continuous HAS communication and engagement HAS two year programme (current to March 2022) - 12 month rolling. Options appraisal for HAS Capital Investment to be approved by Q4 2021/22. Identification and approval for management time within existing consultant management Pas (Clinical Leads), approach to be agreed with Chief Operating Officer / Divisional Clinical Directors by September 2021 <p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> Clinical Strategy (RR no. TBC). HASR political and public response to service change (RR no. TBC). 	<ul style="list-style-type: none"> National policy changes. Long term sustainability of the Trust's sites. Change to Royal College Clinical Standards. Capital Funding. ICS / Integrated Care Partnership (ICP) Structural Change. <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.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities. Interim Clinical Plan with Humber to be progressed. Governance arrangements for HAS, clinical leadership, clinical engagement and approval of plans. Strategic capital investment options appraisal in progress for HAS for N Lincs and NE Lincs. Engagement with the wider system in the clinical strategy, capital and service developments, including attendance at programme boards / clinical sign off of propose plans. Local Authority, primary care, community service, NED and Governor engagement / feedback. ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement. Hosting of HAS clinical services to support planning. Lack of integrated plan and governance structure. 		<p>Future Opportunities</p> <ul style="list-style-type: none"> HCV 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 Collaborative.

Strategic Objective 5 - To provide good leadership

Description of Strategic Objective 5: To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible.				Risk to Strategic Objective 5: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.	
Risk Rating	Initial	Current	Target	Initial Date of Assessment: 1 May 2019	
Consequence	4	4	4	Last Reviewed: July 2021	
Likelihood	4	3	2	Target Date: March 2022	
Risk Rating	16	12	8		
				Lead Committees: Workforce Committee and Trust Board	
				Risk Owners: 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. • CQC and NHSE/I Support Teams • Board development support programme with NHSE/I support. • Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments. • Development programmes for clinical leaders, ward leaders and more programmes in development. • Communication with the Trust's senior leaders via the monthly senior leadership community event. • NHSI Well Led Framework. • PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement. • Joint posts of Trust Chair and Chief Financial Officer, with HUTH • Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, HCV HCP and CCG. 	<p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS • Trust Priorities report from Chief Executive (quarterly) • Integrated Performance Report to Trust Board and Committees. • Letter from NHSE/I related to financial special measures and achievement of action plan. • Chief Executive Briefing (bi-monthly) to Trust Board <p>Positive:</p> <ul style="list-style-type: none"> • Letter from NHSE/I related to financial special measures and achievement of action plan. <p>External:</p> <ul style="list-style-type: none"> • CQC Report - 2020 (rated Trust as Requires Improvement). • Financial and Quality Special Measures. • NHS Staff Survey. 	<p>Planned Actions:</p> <ul style="list-style-type: none"> • Compliance and performance improvement to be monitored at PRIMS by 31 March 2022. • Development of Trust Priorities quarterly report, by Q2 2021 and supporting People Plan which outlines plans to scope out a Leadership Development Programme for leaders at all levels by December 2021. 	<ul style="list-style-type: none"> • COVID-19 third surge and impact on finance and CIP achievement. • National policy changes. • Impact of HASR plans on NLaG clinical and non clinical strategies.
		<p>Links to High Level Risk Register</p> <ul style="list-style-type: none"> • None 	<p>Strategic Threats</p> <ul style="list-style-type: none"> • Non-delivery of the Trust's strategic objectives; • Continued quality/financial special measures status; • CQC well-led domain of 'inadequate'. • Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives; • Failure to obtain support for key changes needed to ensure improvement or sustainability; • Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.
<p>Gaps in Controls</p> <ul style="list-style-type: none"> • No investment specifically for staff training / courses to support leaders work within a different context and to be effective in their roles as leaders within wider systems. 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Integrated Performance Report • Financial Special Measures • Quality Special Measures 		<p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer Integrated Care System working • Provider collaboration • System wide collaboration to meet control total • HASR

ACRONYMS & GLOSSARY OF TERMS FOR GOVERNORS & NON-EXECUTIVE DIRECTORS

March 2021 - v5

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

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

AHP – Allied Health Professional

AMM – Annual Members' Meeting

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

ARM – Annual Review Meeting for CoG

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

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

BAF - Board Assurance Framework

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

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

Board of Directors - 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

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

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 were introduced by the Health & Social Care 2012 Act. Following the abolition of Primary Care Trusts (PCTs), they are formed by GP practices and are responsible for commissioning the majority of local health care services

CFC – Charitable Funds Committee

Choose and Book - When a patient has been referred by your GP for an appointment with a healthcare provider, they may be able to book your appointment with Choose and Book. Most services are available via Choose and Book. Patients can choose the date and time of their appointment their GP may be able to book their appointment there and then. However, the patient has the right to think about their choices, compare different options and book their appointment at a later stage

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

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

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

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

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

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

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

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

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

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

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

COO – Chief Operating Officer

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

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))

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

DOI – Declarations of Interest

DOLS – Deprivation of Liberty Safeguards

DPA - Data Protection Act

DPoW – Diana, Princess of Wales hospital

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

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

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

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

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

EOL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire for Council and CCG etc

ESR - Electronic Staff Record

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

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

FIP – Finance & Performance Committee

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

FPC – Finance & Performance Committee

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

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

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

GDPR – General Data Protection Regulations

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

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

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

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

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

GMC – General Medical Council

HAS – Humber Acute Services

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

HCAI – Healthcare Acquired Infections are those acquired as a result of health care

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

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

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

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

HTF – Healthtree Foundation Trust charity

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

HW - Healthwatch

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

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

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

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.

IPR – Integrated Performance Report

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.

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

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

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

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

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

MCA – Mental Capacity Act

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

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*

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

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.

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

NEL - North East Lincolnshire for Council and CCG etc

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

NHS – National Health Service

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

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

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

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

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

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

NHSE/I – officially merged on 1 April 2019, but are yet to formalise all details

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

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

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

NL - North Lincolnshire for Council and CCG etc

NLaG – Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC – Nursing & Midwifery Council

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

NQB – National Quality Board

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

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

PbR – Payment by Results

PCN - 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.

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

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

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

POE – People & Organisational Effectiveness

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

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

PRIMM - Performance Review Improvement Management Meeting

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

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

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

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

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

QSIR – Quality & Service Improvement Report

RCN – Royal College of Nursing

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

RTT – Referrals to Treatment

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

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

SGH – Scunthorpe General Hospital

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

SHMI – Summary Hospital-level Mortality Indicator

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

SIB – System Improvement Board

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

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

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

SNCT - Safer Nursing Care Tool

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

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

Statutory Requirement - A requirement prescribed by legislation

STP - Sustainability and Transformation Partnerships

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

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

ToR – Terms of Reference

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

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

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

WC – Workforce Committee

WTE - Whole time equivalent

YTD – Year to date

** please see the terms of reference for further details*