

Agenda

Council of Governors Business Meeting

Wednesday, 20th July 2022

Virtually via MS Teams - [Click here to join the meeting](#)

10:00 - 13:00 hours

For the purpose of transacting the business set out below

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

- | | | |
|-----------|-----------------------------------------------------------------------------------------------------|--------------|
| 1. | BUSINESS ITEMS | 10:00 |
| 1.1 | CHAIRS OPENING REMARKS
Sean Lyons, Trust Chair | Verbal |
| 1.2 | APOLOGIES FOR ABSENCE*
Sean Lyons, Trust Chair | Verbal |
| 1.3 | DECLARATIONS OF INTEREST
Sean Lyons, Trust Chair | Verbal |
| 1.4 | TO APPROVE THE DRAFT MINUTES OF THE MEETING HELD ON 13 APRIL 2022
Sean Lyons, Trust Chair | Attached |
| 1.5 | MATTERS ARISING
Sean Lyons, Trust Chair | Verbal |
| 1.6 | REVIEW OF ACTION LOG
Sean Lyons, Trust Chair | Attached |
| 2. | REPORTS AND UPDATES | 10:20 |
| 2.1 | Chair's Update
Sean Lyons, Trust Chair | Attached |
| 2.2 | Chief Executive's Update
Dr Peter Reading, Chief Executive | Attached |
| 2.2.1 | Operational Update
Shaun Stacey, Chief Operating Officer | Attached |

2.3	Lead Governor's Update Ian Reekie, Lead Governor	Attached	
3.	STRATEGY & PLANNING - COG BRIEFINGS		10:50
3.1	Culture Development Programme Update Christine Brereton, Director of People	Attached	
3.2	Financial Plan and Cost Improvement Programme (CIP) Update Brian Shipley, Deputy Director of Finance	Attached	
4.	ITEMS FOR APPROVAL		11:50
4.1	Governors' Register of Interests – updated report Alison Hurley, Assistant Director of Corporate Governance	Attached	
5.	QUESTIONS FROM GOVERNORS Sean Lyons, Trust Chair	Verbal	12:00
6.	QUESTIONS FROM THE PUBLIC Sean Lyons, Trust Chair	Verbal	12:10
7.	ITEMS FOR INFORMATION (see separate Appendix A) Sean Lyons, Trust Chair	To Note	12:20
8.	ANY OTHER URGENT BUSINESS Sean Lyons, Trust Chair	Verbal	12:25
9.	MATTERS TO BE ESCALATED TO THE TRUST BOARD Sean Lyons, Trust Chair	Verbal	12:30
10.	COUNCIL PERFORMANCE AND REFLECTION Sean Lyons, Trust Chair	Verbal	12:35
11.	DATE AND TIME OF THE NEXT MEETING Sean Lyons, Trust Chair	Verbal	12:45

COUNCIL OF GOVERNORS' ANNUAL MEMBERS' MEETING - PUBLIC

Date: 29th September 2022
Time: 14:00 - 17:00 hours
Venue: Sands Venue, Glanford Park, Scunthorpe

COUNCIL OF GOVERNORS' ANNUAL REVIEW MEETING

Date: 13th October 2022
Time: 11:00 - 13:00 hours
Venue: Centre4, Grimsby

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 13th October 2022
Time: 14:00 - 17:00 hours
Venue: Centre4, Grimsby

APPENDIX A

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

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

7.	Items for Information		
7.1	Finance Update	Lee Bond Chief Financial Officer	Attached
7.2	Board Assurance Framework	Helen Harris Director of Corporate Governance	Attached
7.3	Audit, Risk and Governance Committee Annual Report 2021/22	Simon Parkes Chair of Audit, Risk and Governance Committee	Attached
7.4	Acronyms & Glossary of Terms	Alison Hurley Assistant Director of Corporate Governance	Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

Minutes

PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Wednesday, 13th April 2022, from 14:00 to 16:00 hours
held virtually using Microsoft Teams

Present:

Linda Jackson	Vice Chair	Tim Mawson	Staff Governor
Kevin Allen	Public Governor	Anthonia Nwafor	Staff Governor
Diana Barnes	Public Governor	Brian Page	Public Governor
Jeremy Baskett	Public Governor	Rob Pickersgill	Deputy Lead Governor
Tony Burndred	Public Governor	Steve Price	Public Governor
David Cuckson	Public Governor	Ian Reekie	Lead Governor
Maureen Dobson	Public Governor	Liz Stones	Public Governor

In Attendance:

Dr Peter Reading	Chief Executive Officer
Lee Bond	Chief Financial Officer
Stuart Hall	Associate Non-Executive Director
Alison Hurley	Assistant Director of Corporate Governance
Sean Lyons	Trust Chair
Jennifer Moverley	Head of Compliance and Assurance
Fiona Osborne	Associate Non-Executive Director
Simon Parkes	Non-Executive Director
Michael Proctor	Non-Executive Director
Michael Whitworth	Non-Executive Director
Dr Kate Wood	Medical Director
Zoe Hinsley	Corporate Governance Officer (presentations)
Serena Mumby	Membership Officer (minutes)

Members of the Public: Paul Grinell

1. BUSINESS ITEMS

1.1 CHAIRS OPENING REMARKS

Sean Lyons welcomed everyone to the Council of Governors (CoG) meeting and extended the welcome to public member Paul Grinell.

1.2 APOLOGIES FOR ABSENCE

Alison Hurley provided apologies for absence as detailed below:

Apologies for absence were received from

Ahmed Aftab	- Staff Governor
Helen Harris	- Director of Corporate Governance (represented by Alison Hurley)
Joanne Nejrup	- Staff Governor
Cllr Stan Shreeve	- Stakeholder Governor
Liz Stones	- Public Governor
Sue Symington	- Integrated Care Systems Chair

1.3 DECLARATION OF INTERESTS

Sean Lyons 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 was received.

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

Sean Lyons invited members to approve the minutes and documents of the CoG Business meeting held on 18th January 2022.

Following an amendment to add Gill Ponder to the apologies, the content of the minutes was accepted as a true and accurate record.

Council Action: Membership Office to amend the previous minutes

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 January 2022 CoG meeting was reviewed, and several closures and updates were agreed.

COG(22)01 – Rob Pickersgill reported that the Cost Improvement Programme (CIP) was crucial in attaining financial targets and proposed a CIP briefing for Governors which also outlined the plan for the 2023/24. Lee Bond added that non-recurrent savings had grown and was adding further pressures. Lee Bond agreed to provide an update at a future meeting.

Council Actions:

- **Membership Office to update the Action Log**
- **Membership Office to arrange briefing with Lee Bond on Cost Improvement Programme (CIP)**

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

2. REPORTS AND UPDATES

2.1 CHAIR'S UPDATE

Sean Lyons thanked everyone for the warm welcome since joining the Trust. The report was taken as read and the Council's attention was drawn to the following highlights within the report:

- Governance
- Trust Board
- Humber Acute Service Review (HASR) Developments
- Integrated Care Systems (ICS)

Sean Lyons reiterated that channels of communication remain open and invited all present to contact him where necessary so that any concerns could be addressed. Questions on the Chair's update were invited. None were received.

Council Decision: The Council received the Chair's update

2.2 CHIEF EXECUTIVE'S UPDATE

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

- Development of our Integrated Care System (ICS)
- Key areas of Executive Team focus for February and March:
 - Urgent and emergency care, and patient flow
 - Elective recovery
 - Continued pandemic response considering local resurgence of high levels of COVID
 - Staffing (including managing high levels of absence due to COVID, and supporting staff wellbeing)
 - Continued implementation of the Trust's extensive investment programme in estates, equipment, infrastructure, and digital
 - Developing operational and financial plans for 2022-23, against a backdrop of very high levels of urgent and emergency pressure, the need to pursue elective recovery very energetically, and a tight financial settlement for the NHS in 2022-23
- Care Quality Commission (CQC) Inspection
- Ockendon Report – Part 2
- National COVID-19 Pandemic Enquiry
- National Staff Survey
- Mutual Aid to Neighbouring Trusts
- Integrated Acute Assessment Business Case
- Shauna Macmahon appointed as the Joint Clinical Information Officer
- Changes to Divisional Management Arrangements for Clinical Support Services

Dr Peter Reading also summarised the intensity of the pressures faced by the whole Trust and the resultant intense impact on the Trust's services and staff. COVID-19 related staff absences for between 130 to 140 staff members per day were reported, which was further impacted by seasonal pressures and the relaxation of the Government's COVID-19 restrictions.

The ambulance service was reported to be under significant pressures with many ambulances waiting outside of the Accident and Emergency (A&E) departments. Patient waiting times continue to be based on patients' arrival at the hospital, and food and refreshments were being provided to ensure safe patient care. Issues regarding discharging of patients continue across the region but had not impacted on the quality of patient care.

Dr Peter Reading invited questions.

Brian Page queried the delays in discharging patients home. Dr Peter Reading reported that the Trust was working hard to ensure that discharges, which do not depend on the care system, happen in a timely manner. The Trust continues to work on seven-day discharges, and at times of great pressure, the Trust mobilises a specialist discharge team led by a senior physician and nurse.

Brian Page queried if the 12 hour breaches in A&E meant that the patients had to wait 12 hours before being seen. Dr Peter Reading clarified that the 12 hour breaches in A&E referred to patients that had to wait over 12 hours after the decision to admit had been made and provided assurance that the patients were on beds and not trolleys.

Following the termination of the park and ride service, Kevin Allen sought reassurance of alternative transport options on behalf of the Trust's staff members and its hospital volunteers. Dr Peter Reading reported that the park and ride service provided had been withdrawn by Hornsby's. Kevin Allen reported that no signage had been placed at the bus stops advising that the service was terminated. Dr Peter Reading thanked Kevin Allen for bringing this to his attention and agreed to follow this up immediately following the meeting.

Ian Reekie referred to the mutual aid provided by Northern Lincolnshire and Goole (NLaG) to other Trusts and expressed concern that patients north of the Humber were being prioritised over those patients south of the Humber. Dr Peter Reading reported that talks were ongoing with Hull to create a single Patient Tracking List (PTL) for key specialties to ensure no risk of north bank patients receiving prioritisation over south bank patients. Dr Kate Wood also provided assurance that Shauna McMahon was working to ensure that both patient systems were able to communicate with each other. As Lee Bond manages the administration services at Hull University Teaching Hospitals NHS Trust (HUTH), it was confirmed that patients are being dealt with by clinical priority and was not aware of any preferential treatments.

Jeremy Baskett reported that North East Lincolnshire was looking at community diagnostics to take pressure off diagnostics within the hospital setting and enquired if this could be done equitably across the patch. Dr Peter Reading reported that this was being led by the Integrated Care System (ICS) with business cases for £15m for each site being produced by the Place Partnership Board. The plans were moving quickly to develop locations at Cartergate in Grimsby and H&M in Scunthorpe. It was believed that Louth and East Lindsey would be addressed by United Lincolnshire Hospitals.

Rob Pickersgill queried if there would be clinical consistency in triaging to ensure that all patients on the PTLs would be managed fairly. Dr Kate Wood gave an overview of the prioritisation levels and provided assurance that everyone was placed on the list at the necessary level based on the condition and the effects on the patients and added that these were reviewed regularly and escalated where necessary.

Dr Peter Reading invited Lee Bond to provide an update on the financial year just completed and the difficulties of setting budgets for the coming year.

Lee Bond reported that for the 2021/22 year the Trust was able to report a small surplus of just under £50k. The draft accounts would be subject to external audit over the forthcoming months and the finance team were working hard to bring the accounts to the necessary standard. The reported figure on the revenue position would be a small surplus and the capital position would be within the capital limit.

There was a problem with the system for 2022/23 which meant that the initial draft Humber and North Yorkshire system plans detailed a deficit of approximately £140 million. Various discussions had taken place to improve those positions. The latest position across the ICS was just under £90 million which was still a significant deficit. The position for NLaG was between £5.5 to £8 million. The large range was due to an income assumption, dependent on the Clinical Commissioning Groups (CCGs) and this would be driven by significant inflation shortfalls, particularly around energy and forecast for non-pay inflation which had been identified as a problem nationally.

The Trust continued to work hard to review spending in relation to COVID-19 and was looking to substantiate some of the working practices and ward establishments.

The Trust plans would address the continuation of a GP led urgent care service in the front door of SGH and DPoW A&E to treat walk in patients which were largely primary care related for 24 hours a day. £1 million had been allocated to community services, district nursing and end of life care. Building programmes continue for the new A&E and integrated assessment units situated directly behind and adjacent to the emergency departments.

CCGs would soon integrate into the ICS who would in turn inherit these resources. CCGs reported a position of financial distress going into 2022-23 with the Humber CCG budget remaining under considerable pressure as there was no additional money available to invest or alleviate deficits.

Lee Bond invited questions.

Prior to the meeting, Shiv Nand had queried the timescales for the auditing of Trust accounts. Lee Bond reported that the auditors would attend the first week in May for a 4 to 6 week period. Key data would be submitted on the 26 April 2022.

Ian Reekie queried if pay inflation would lead to higher pay awards, and if this additional cost would be funded by the treasury. Lee Bond reported that the NHS would face big pressures concerning the pay award, and confirmed the Trust would not be able to source monies for an increase.

Rob Pickersgill queried if the Trust was having supply chain difficulties. Lee Bond reported that the Trust, along with every major telecom provider, had been unable to source microchips for digital equipment which had led to lead times being frequently extended.

David Cuckson queried if the building work was being undertaken on fixed price contracts or if these were on a sliding scale to allow for inflation. Lee Bond confirmed that the contracts were fixed price but not all aspects of the build were included in this which led to some suppliers levying time delays. Lee Bond assured the CoG that the estate team continued to work hard to mitigate delays and cost increases.

Sean Lyons thanked Dr Peter Reading and Lee Bond for the updates and invited further comments and questions. None were received.

Council Action: Dr Peter Reading would address the signage issues regarding the termination of the park and ride service

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

2.2.1 TRUST PRIORITIES 2022/23

Dr Peter Reading reported that this paper presented the Trust Priorities for 2022-23 which were approved by the Trust Board as its meeting on 5th April 2022, subject to some final refining of the wording of the items which reference the final Ockenden Report (an action delegated to the Chief Executive, Chief Nurse and Medical Director).

An overview was given of the Trust's ten priorities for 2022/23 being:

1. Our People
2. Quality and Safety
3. Restoring Services
4. Reducing Health Inequalities

5. Collaborative and System Working
6. Strategic Service Development and Improvement
7. Finance
8. Capital Investment
9. Digital
10. The NHS Green Agenda

Sean Lyons thanked Dr Peter Reading and invited further comments and questions. None were received.

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

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

Ian Reekie provided an overview of the Lead Governors' report including the recommendation to extend the terms of office of the NEDs as detailed in the report.

It was confirmed that the new emergency department walkaround at Diana, Princess of Wales (DPoW) would need to be rescheduled, take place in smaller groups, or be a virtual walkaround to reduce the risk of contracting COVID-19. The Membership Office would investigate these options.

Council Action: Membership Office to investigate options regarding the emergency department walkaround at DPoW prior to the opening to the public

Council Decisions: The Council received the Lead Governor's update and approved the extension of terms of office for the NEDS

3. STRATEGY & PLANNING – COG BRIEFINGS

3.1 Integrated Care Systems (ICS) Development

This item was deferred until a future meeting.

Council Action: Membership Office to re-arrange the briefing on Integrated Care Systems (ICS) Development

3.2 Care Quality Commission (CQC) Improvement Plan

Dr Kate Wood and Jennifer Moverley presented details on the Trust's position following the CQC inspection in 2019, compared to progress made to date in key priority areas, including recent divisional self-assessments.

The Trust would continue to:

- Prepare staff for the next inspection and reiterate the importance of utilising the inspection as an opportunity to be proud of improvements
- Undertake ongoing monitoring of all actions at divisional level with escalation into Performance Review Improvement Meetings (PRIMS), sub-committees and Trust Management Board
- Red, Amber and Green (RAG) ratings would continue to be assessed monthly to indicate areas of progress or concern (transparency of progress or deterioration)
- Quarterly reviews would be undertaken of all closed actions to ensure sustainability of improvements made

Dr Kate Wood thanked Jennifer Moverley and her team for the hard work invested and invited questions. Sean Lyons thanked Dr Kate Wood for the comprehensive presentation.

Council Decision: The Council received an update on Care Quality Commission Improvement Plan

4. ITEMS FOR APPROVAL

4.1 Audit, Risk and Governance (ARGC) External Audit Services Contract

Simon Parkes reported to the CoG that Mazars were originally awarded the Trust's external audit service contract in 2019/20 for a period of three years with the option to extend for a fourth and final year (2022/23), however, Mazars had advised the Trust that they may not be able to resource and deliver the 2022/23 financial statements audit. It was therefore necessary to go out to the market for a new external audit service. In view of this, the ARGC recommend that the Trust market the external audit service via a national framework route.

If the decision of the Council of Governors is to market test, then the tender process would commence in July 2022 (once potential External Audit service providers had concluded their busiest period of NHS year end work), in order to have a new contract in place for Autumn 2022, commencing with work on the 2022/23 public disclosure statements.

As in previous tender exercises for external audit services, a sub-committee of the CoG would be convened. This sub-committee would be supported in the tender process by appropriate advisors from the Audit, Risk and Governance Committee and members of the Finance and Procurement team. A recommendation would then be made from the sub-committee to the full CoG for it to approve the appointment of external auditors, following the competitive tendering exercise.

Lee Bond supported the approach of going out to tender as external audit firms had been exiting the market and this may cause a time delay. It was

suggested that the tender be delayed for a few months to allow Mazars some time to prepare a case for tender.

Sean Lyons thanked Simon Parkes and Lee Bond for their update and invited the governors to respond. The supported the recommendation that the Trust would go out to tender.

Council Decision: The Council approved the Audit, Risk and Governance (ARGC) recommendation to market test the external audit service

4.2 Governor Register of Interests

Alison Hurley invited members to review the updated Governors' Register of Interests document and provide any further updates to Governor declarations of interest.

Council Decision: The Council approved the Governor Register of Interests

5. QUESTIONS FROM GOVERNORS

Sean Lyons invited questions from Governors. None was received.

Kevin Allen and Simon Parkes left the meeting at 15:56 hours

6. QUESTIONS FROM THE PUBLIC

Sean Lyons invited questions from members of the public.

Paul Grinell proposed sending an e-mail to public members advising them to contact the Membership Office for a link to the virtual CoG meeting if they wished to attend, similar to the approach taken by the Trust Board of Directors.

Council Action: Membership Office to email public members regarding a link to the virtual meetings, as per Trust Board of Directors

7. ITEMS FOR INFORMATION

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

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

Council Decision: The Council received the items for information

8. ANY OTHER URGENT BUSINESS

There were no further items of urgent business raised.

9. MATTERS FOR ESCALATION TO THE TRUST BOARD

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

Lee bond left the meeting at 15:59 hours

10. COUNCIL PERFORMANCE AND REFLECTION

Sean Lyons advised that a questionnaire would be distributed following the CoG meeting for completion and invited any questions.

Sean Lyons thanked everyone for their questions and welcomed further questions at any time.

11. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING

ANNUAL REVIEW OF THE COUNCIL OF GOVERNORS' MEETING - PRIVATE

Date: 14th July 2022
Time: 14:30 - 16:30 hours
Venue: Virtual via MS Teams

COUNCIL OF GOVERNORS' BUSINESS MEETING - PUBLIC

Date: 20th July 2022
Time: 10:00 - 13:00 hours
Venue: Sands Venue Stadium (Glanford Park), Scunthorpe

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

Sean Lyons thanked members for their attendance and contributions and the meeting closed at 16:01 hours.

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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

ANNUAL ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Ahmad Aftab	8	1	Eddie McCabe	0	0
Kevin Allen	8	7	Joanne Nejrup	7	4
Diana Barnes	8	8	Brian Page	8	6
Jeremy Baskett	8	5	Rob Pickersgill	8	8
Tony Burndred	8	7	Stephen Price	8	4
David Cuckson	2	2	Ian Reekie	8	7
Mo Dobson	8	7	Alex Seale	8	0
Vince Garrington	3	3	Cllr Stan Shreeve	8	3
Paul Grinell	7	7	Liz Stones	8	2
Tim Mawson	8	6	Gorajala Vijay	7	6

ANNUAL NON-EXECUTIVE DIRECTOR ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Linda Jackson	8	7	Michael Proctor	6	5
Stuart Hall	6	2	Maneesh Singh	5	5
Fiona Osborne	4	3	Andrew Smith	2	2
Simon Parks	4	3	Michael Whitworth	6	4
Gillian Ponder	6	4			



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

ACTION LOG & TRACKER

Council of Governors (CoG) Meeting



Northern Lincolnshire
and Goole
NHS Foundation Trust

Minute Reference	Date of Meeting	Action Reference	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)16	13/04/2022	6	Membership Office to email public members regarding a link to the virtual meetings, which was the approach taken by the Trust	Membership Office	Jul-22	Zoe Hinsley emailed Charlie Grinhaff regarding this approach. Serena Mumby previously recommended the media bulletin for the CoG meetings in line with that of the Trust Board. Internet site updated	Completed	Emails	Yes
COG(22)15	13/04/2022	3.1	Membership Office to rearrange the briefing on Integrated Care Systems (ICS) Development	Membership Office	Jul-22	Ivan McConnell to present at the 26th July Governor and NED Briefing	On Track	Agenda	Yes
COG(22)14	13/04/2022	2.3	Membership Office to investigate options regarding the emergency department walkaround at DPoW prior to it opening to the public	Membership Office	Jul-22	Original walkaround cancelled by Zoe Hinsley. Rearranged for 11th May 2022	Completed	Emails	Yes
COG(22)13	13/04/2022	2.2	Dr Peter Reading would address the signage issues regarding the termination of the park and ride service	Dr Peter Reading	Jul-22	Peter Reading confirmed this had been picked up with Sally Yates and Keith Fowler	Completed	Email	Yes
COG(22)12	13/04/2022	1.6	Membership Office to update the Action Log	Membership Office	Jul-22	Action log updated	Completed	Action log	Yes
COG(22)11	13/04/2022	1.6	Membership Office to arrange briefing with Lee Bond on Cost Improvement Programme (CIP)	Membership Office	Jul-22	Lee Bond invited to present within the 20th July CoG	On Track	Agenda	Yes
COG(22)10	13/04/2022	1.4	Membership Office to amend the previous minutes	Membership Office	Jul-22	Minutes amended	Completed	Minutes	Yes
COG(22)06	18/01/2022	3.2	Membership Office to contact Shaun Stacey to return to a future CoG to provide an update on the planning position and the operational plan	Membership Office	Apr-22	Shaun Stacey to provide update at the 12th May Governor & NED Briefing (presented by Ashy Shankar)	Completed	Agenda	Yes
COG(22)04	18/01/2022	2.1	Membership Office to arrange for Alison Dubbins to provide a future briefing on culture, equality, diversity, inclusion, and freedom to speak up at a future CoG	Membership Office	Apr-22	Christine Brereton to deliver update within the 20th July CoG	On Track	Email	Yes
COG(22)01	18/01/2022	3.1	Membership Office to contact Rob Pickersgill regarding his question to Lee Bond	Membership Office	Apr-22	Rob Pickersgill contacted by email on 27.01.22 regarding query on Financial Special Measures briefing. Chased on 23.02.22 & 28.03.22. Request for CIP briefing within the 20th July CoG	On Track	Email	Yes
COG(21)12	20/04/2021	3.2	Membership Office to arrange for a North Lincolnshire Community Services update within six to 12 months	Membership Office	Apr-22	Briefing added to 6th January 2022 Pre GAG Briefing - briefing stood down due to anticipated service pressures. Scheduled for 10.03.22 - briefing stood down due to anticipated service pressures. Update confirmed to be delivered with 12th May Governor & NED Briefing	Completed	Email	Yes

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

Minute reference	Date/Month of Meeting	Action Reference (if Different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(22)09	18/01/2022	7	Membership Office to reintroduce questions from the public on future agendas	Membership Off	Apr-22	Membership will add to future agendas	Complete	Agenda	Yes
COG(22)08	18/01/2022	4.1	Shiv Nand to send through a new declaration of interests to include his employment details to the Membership Office	Shiv Nand	Jan-22	Declaration requested and received	Complete	Email	Yes
COG(22)07	18/01/2022	3.2	Shaun Stacey to send a briefing note to the Membership Office on the Trust's Planning Position for distribution	Shaun Stacey	Jan-22	Briefing note on Trust's planning position distributed on 19.01.22	Complete	Email	Yes
COG(22)05	18/01/2022	2.3	Membership Office to seek expressions of interest for the two vacant seats on the ARC	Membership Off	Apr-22	Email sent to Governors requesting expressions of interest on 19.01.22	Complete	Email	Yes
COG(22)03	18/01/2022	1.6	Membership Office to update the Action Log	Membership Off	Apr-22	Action log updated	Complete	Action log	Yes
COG(22)02	18/01/2022	1.4.2	Membership Office to update the attendance records on the minutes from the October and November minutes	Membership Off	Apr-22	Governor and NED attendance has been updated on all three sets of minutes.	Complete	Minutes	Yes
COG(21)22	19/10/2021		Adolfazi Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels	Adolfazi Abdi	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG(21)21	19/10/2021		Adolfazi Abdi to investigate issues around the early morning discharge of patients	Adolfazi Abdi	Jan-22	Adolfazi Abdi investigated issues around the early morning discharge of patients and the outcome was emailed to Governors by the Membership Office.	Complete	Email	Yes
COG(21)20	19/10/2021	1.6	Organise a briefing with Lee Bond or Shaun Stacey on changes and provide information to Governors on changes to elective care and the ICS.	Membership Off	Jan-22	Update provided within Jan 2022 CoG by Shaun Stacey	Complete	Minutes	Yes
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Off	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21. Feedback report produced in readiness.	Complete	AMM review and planning meeting held 01.12.21.	Yes
COG AMM(21)18	13/09/2021	5	Membership Office to contact individuals raising queries by email regarding responses to the queries raised in advance of the CoG AMM meeting (AMM)	Membership Off	Oct-21	Responses to questions raised were distributed following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG AMM(21)17	13/09/2021	3.1.1	Membership Office to distribute the audit report to all attendees following the meeting (AMM)	Membership Off	Oct-21	Distributed to attendees following the CoG AMM meeting	Complete	Emails saved with CoG AMM papers	Yes
COG(21)16	20/07/2021	10	Discuss Council Reflection at next GAG meeting	Membership Off	Nov-21	Added to GAG agenda for the meeting on 02.09.21	Complete	Added to GAG Agenda	Yes
COG(21)15	20/07/2021	3.1	Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the ICS.	Membership Off	Oct-21	Briefing included within 19.10.21 CoG meeting	Complete	CoG agenda and following minutes	Yes
COG(21)14	20/07/2021	2.2	Request for communications team to raise the importance of wearing face masks and PPE as required	Infection Control	Oct-21	Directed to the IPC team and a request to comms to raise the importance of wearing face masks and PPE as required	Complete	Emails within CoG meeting actions	Yes
COG(21)13	20/07/2021	1.2	Governors gratitude and best wishes to be conveyed to Terry Moran CB	Alison Hurley	Oct-21	Lead Governor to forward gratitude and best wishes on behalf of the Governors	Complete	Letter sent	Yes
COG(21)11	20/04/2021	3.2	Membership Office to distribute the North Lincolnshire Community Services presentation following the meeting	Membership Office	Apr-21	Alison Hurley distributed Community Services presentation following the April CoG	Complete	Presentation distributed following April CoG	Yes
COG(21)10	20/04/2021	5	Infection Control to produce a written briefing on nosocomial infections, numbers experienced in the Trust in comparison to regional and national data for circulation to the Governors	Membership Office	Jul-21		Complete	Update provided within the 1st July Governor & NED Briefing session	Yes
COG(21)9	20/04/2021	5	Membership Office to invite Jackie France to provide an update on digital appointment letters at the Governor and NED briefing scheduled for 27th May 2021	Membership Office	Apr-21	Jackie France provided update at 27th Governor & NED Briefing	Complete		Yes
COG(21)8	20/04/2021	5	Jackie France to liaise with Kevin Allen about digital letters and patient support	Membership Office	Jul-21	Kev Allen contacting by Dr Peter Reading, Jackie France and Zoe Hinsley - awaiting confirm from Kevin action now closed	Complete	Virtual meeting between Kev Allen and Jackie France held on 5th May 2021	Yes

COG(21)7	20/04/2021	4.1	Membership Office to update the Governors' Register of Interests with Jeremy Baskett amendment	Membership Office	Jul-21	Jeremy Baskett's updated Declaration of Interests received and added to Register of Interest for approval at July CoG	Complete	Presented at July CoG	Yes
COG(21)6	20/04/2021	2.3	Membership Office arranged CoG Annual Review Meeting, 23rd to be held at site, at Sansview Stadium, Scunthorpe	Membership Office	Jun-21	Off site venue arranged for CoG AMM - virtual meeting arranged in line with COVID-19 guidance	Complete	Off site venue arranged for CoG AMM	Yes
COG(21)6	20/04/2021	1.6	Membership Office to update action log	Membership Office	Apr-21	Action log updated	Complete	Action log updated	Yes
COG(21)5	20/04/2021	1.4	Membership Office to amend 19th January 2021 CoG minutes as discussed	Membership Office	Apr-21	Minutes amended as agreed	Complete	Minutes amended as agreed	Yes
COG(21)4	19/01/2021	6	Alison Hurley to seek and collate votes for NHS Providers' Governor Advisory Committee	Alison Hurley	Mar-21	Voting information was distributed on 19th January 2021. NHS Providers' Governor Advisory Committee votes were cast on behalf of the CoG as agreed.	Complete	E-mail	Yes
COG(21)3	19/01/2021	4.2	Membership Office to distribute 15 th October Private CoG minutes	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(21)2	19/01/2021	2.2.1	Chief Information Officer to consider increasing IT accessibility for staff to access staff updates	Shauna McMahon	Apr-21	Shauna MacMahon provided update within 9th March Briefing held prior to the GAG	Complete	Briefing	Yes
COG(21)1	19/01/2021	2.2.1	Membership Office to distribute COVID-19 presentation	Membership Office	Apr-21	Distributed to governors on 19th January 2021	Complete	E-mail	Yes
COG(20)254	22/07/2020	3.2	Virtual Governor waiting list briefing to be organised	Membership Office	Nov-20	Governors received update at January 2021 CoG	Complete	Minutes	Yes
COG(20)253	14/01/2020	1.7.1	Health Tree Foundation briefing for Governors to be organised	Membership Office	Nov-20	On hold until the COVID-19 restrictions are lifted and normal business resumes - possible agenda item at April CoG	Complete	E-mail	Yes
CoG(20)259		6	Membership Office to distribute questionnaire to CoG members for Council Reflection	Membership Office		Distributed	Completed		
COG(20)259	15/10/2020	9.2	Membership Office to amend the Governor Attendance at Briefings Document	Membership Office	Jan-21	Governor Attendance at Briefings Document amended	Complete	Governor attendance document	Yes
CoG(20)258		2	Membership Office to electronically circulate the proposal document following this meeting	Membership Office		Distributed	Completed		
COG(20)258	15/10/2020	4.3.1	Lee Bond to investigate and provide an update at the January CoG meeting on any short term Trust investments	Lee Bond	Jan-21	Verbal update to be provided at April CoG	Completed	Update provided within April CoG	Yes
CoG(20)257		1.8	Membership Office to distribute the Oncology Stakeholder briefing to Governors	Membership Office		Briefing document circulated 23.01.2020	Completed		
COG(20)257	15/10/2020	3.2	The significant transactions element of the Trust Constitution to be circulated to CoG members	Membership Office	Oct-20	The significant transactions element of the Trust Constitution circulated to CoG members	Complete	E-mail	Yes
CoG(20)256		7.1	Membership Office to send Mr Garrington a copy of the most recent staff survey results	Membership Office		Staff survey results sent to Mr Garrington 21.01.2020	Completed		
COG(20)256	22/07/2020	13	Alison Hurley, Linda Jackson and Helen Harris to discuss public attendance at CoG meetings outside of the meeting	Alison Hurley	Oct-20	Considered and addressed via a virtual meeting which also considered general Governor engagement	Complete	E-mail	Yes
CoG(20)255		5.1	Mr Karvot to contact Mrs Jackson outside of the CoG to discuss the antibiotic service for DPoW	Mr Karvot		Mr Karvot contacted Mrs Jackson regarding the antibiotic service	Completed		
COG(20)255	22/07/2020	7.1	Claire Low to provide an update on the incidents of potential inappropriate access to WebV	Claire Low	Oct-20	Addressed in the all staff e-mail shared with Governors on 6th October 2020	Complete	E-mail	Yes
CoG(20)254		5.1	Membership Office to add 5-year forecasting to the February Governor & NED Bi-annual Briefing	Membership Office		Discussed at 11.02.20 Bi-annual Governor and NED Briefing	Completed		
CoG(20)252		1.7.1	Membership Office to add Health Tree Foundation Highlights Report to future CoG agendas	Membership Office		Actioned	Completed		
CoG(20)251		1.7.2	Dr Wood to contact NLCCG regarding the use of Everlight Radiology services	Dr Kate Wood		This was addressed within the May CoG	Completed		
COG(20)249	04/07/2019	9	Mrs Hurley to investigate potential sponsorship for IT tablets for Governors	Alison Hurley	Oct-19	Oversight will be maintained at the Governor Assurance Group meeting	Completed	GAG Agenda	Yes
CoG(20)245		1.6	Membership Office to add Women and Children Services to Sheffield Hospital to a future CoG Agenda	Membership Office		Addressed within October CoG	Completed		
CoG(20)244		1.5.1	Membership Office to invite Mrs Farquharson to provide a Pride & Respect briefing	Membership Office		Addressed within November Bi-annual Briefing	Completed		
CoG(20)242		1.3	Add Smoking Shelter Update to the next CoG Agenda	Membership Office		Addressed within October CoG	Completed		

CoG(19)240		8	Membership Office to liaise with Mr Bramley to arrange a Governor & NED briefing on Quality and Service Improvement Report (QSIR) later in the year	Membership		To be addressed within QRG & QSC agenda	Completed		
CoG(19)237		5.1	Membership Office to circulate papers from the NHS Providers Regional Workshop for information	Membership		Completed 02/05/2019	Completed		
CoG(19)236		3.1	Membership Office to invite Mr Stacey to discuss Winter Planning at a future CoG meeting	Membership		Added to July CoG agenda	Completed		
CoG(19)235		2.1	Membership Office to add IT Security to a future CoG agenda for Mr Johal to speak to	Membership		Added to July CoG agenda	Completed		
COG(20)234	16/04/2019	4.2	Membership Office to invite Mrs Plant to provide a briefing on planned initiatives for improving financial and operating targets	Membership Office	Jul-19	Discussed within July CoG briefing	Completed	July CoG briefing agenda	Yes
CoG(19)233		4.1	Dr Reading to discuss externally procured coding with Mr Johal outside of the meeting to ascertain backlog and sustainability status	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)232		1.6.1	Membership Office to organise an urgent treatment centres briefing	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)231		1.6	Membership Office to organise a radiology and pathology briefing at the next Governor & NED Briefing session	Membership		Addressed within November 2019 Bi-annual Briefing	Completed		
CoG(19)230		1.6	Dr Reading to provide Mrs Jeffreys with feedback regarding the biometric machine for ophthalmology at GDH	Dr Reading		Completed 23/05/2019	Completed		
CoG(19)229		1.4	Membership Office to update the Action Log including the archiving of completed actions	Membership		Completed 17/04/2019	Completed		
CoG(19)228		10.5	Membership Office to add Terms of Reference for the ARC to the April CoG agenda	Membership		Agenda item 7.4 on April 2019 CoG agenda	Completed		
CoG(19)227		10.4	Trust Constitution to be added to the April CoG agenda	Membership		Agenda item 7.3 on April 2019 CoG agenda	Completed		
CoG(19)226		10.3.1	Mrs Adamson to circulate updated action plan from the National Guardian's Office	Mrs Adamson		No newer version available at present. This will be added to a future CoG agenda when available	Completed		
CoG(19)225		8.1.1	Mrs Capitani to forward names of Goole patients experiencing problems regarding attendance to Mrs Hurley	Mrs Capitani		Mrs Capitani provided the membership office with the patient details and this action was resolved on 06.02.19	Completed		
CoG(19)224		8.1.1	Mr Jefferys to forward query regarding Goole patient receiving ophthalmology treatment to the Membership Office	Mrs Jeffreys		Mrs Jeffreys provided the membership office with the patient details and this action was resolved on 31.01.19	Completed		
CoG(19)223		9.4	Dr Reading to contact Mr Reekie regarding timescales of coding issues	Membership		Mr Reekie was updated on the 22.03.19	Completed		
CoG(19)222		4	Membership Office to update the CoG action log	Membership		Membership Office updated the action log	Completed		
CoG(19)221		11.2	Trust Constitution Updates to be presented to the Governor Assurance Group	Mrs Booth		Update to be provided at the January 2019 CoG meeting at 11.1 of the agenda	Completed		
CoG(19)220		10.1 & 12.3.1	Mrs Farquharson to provide a Pride & Respect Programme update to the December Governor and NED briefing	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 (as above at item 200)	Completed		
CoG(19)219		9.4.1	Mrs France to provide a Patient Administration Progress update at the December Governor and NED briefing	Mrs France		Delivered at the December briefing	Completed		
CoG(19)218		4	Membership Office to update the Action Log, and completed actions will be moved and archived	Membership		Action log amended	Completed		
CoG(19)217		3	Amend Item 4.1 in the Annual Review Meeting minutes from 12th June 2018	Membership		Minutes amended	Completed		
CoG(19)216		6	Mr Stacey to provide an update at the next meeting on the Pain Management Service and use of St Hugh's Hospital in Grimsby and InHealth services at Scunthorpe	Mr Stacey		Agenda item 9.3.2 on January 2019 CoG agenda	Completed		
CoG(19)214		4	Membership Office to amend previous minutes to state Dr Reading throughout.	Membership		Membership Office amended minutes	Completed		
CoG(19)213		13.3.1	Membership Office to ensure the National Guardians report on NLaG Procedures is on the next CoG agenda	Membership		Item 12.3.1 on the January CoG agenda	Completed		

CoG(19)212		13.3	Membership Office to ensure the National NLaG Freedom to Speak Up Report is on the next CoG agenda	Membership		Item 12.3 on the January CoG agenda	Completed		
CoG(19)211		13.2	Membership Office to update the totals column on the Attendance at Governor Briefings and Training and Development Opportunities document to reflect the rolling 12 month period	Membership		Membership Office updated document	Completed		
CoG(19)210		13.1	Membership Office to update the totals column on the Governor Attendance at CoG and Sub-groups document to reflect the rolling 12 month period	Membership		Totals column on spreadsheet amended	Completed		
CoG(19)209		9.1	Membership Office to ensure BAF is added to the next CoG agenda.	Membership		Item 9.1 on the January CoG agenda	Completed		
CoG(19)208		8.4	The ARC are to amend the NED remuneration to reflect the NHS cost of living increase of 3% effective from 1st April 2018	ARC		Referred to ARC Meeting to address	Completed		
CoG(19)207		7	Membership Office to invite Mr Stacey to provide updates at future CoG meetings	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)206		6	Update on restructuring and nursing due at the October CoG meeting	Membership		Update provided at the October CoG meeting	Completed		
CoG(19)205		9.4.2	Mr Stacey agreed to establish whether local patients were presenting with early or late stage cancer	Mr Stacey		Update provided at the October CoG meeting	Completed		
CoG(19)204		10.2	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)203		10.2	Membership Office to ensure Humber Acute Services Review update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)202		10.1	Membership Office to distribute update to be provided by Mrs Clipson	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)201		10.1	Membership Office to ensure STP update is on the next CoG agenda	Membership		Update provided at the October Pre-CoG briefing	Completed		
CoG(19)200		11.1	Membership Office to ensure Pride and Respect is added to the agenda quarterly	Mrs Farquharson		To be delivered at the Governor and NED Briefing in February 2019 - Delivered at the February Governor & NED Briefing session	Completed		
CoG(19)199		9.4.1	To invite Mrs France to the October CoG meeting for a further Patient Administration Progress update	Membership		Update provided at the December briefing	Completed		
CoG(19)198		9.2	The Membership Office to ensure that the Improving Together Programme briefing is on the agenda for the November briefing session.	Membership		Added to the November briefing	Completed		
CoG(19)197		4	Membership Office to update the Action Log.	Membership		Membership Office updated	Completed		
CoG(19)196		3	Membership Office to add 'during the day' to clarify item 7 on page 5 of the minutes.	Membership		Membership Office amended minutes	Completed		
CoG(19)195		6.2.1	Governors to receive an STP update covering Trust representatives on all of the various work-streams	Membership		October CoG	Completed		
CoG(19)194		6.2.1	Membership Office to seek timelines for the release of the embargoed Annual Report and Account for the Governor Assurance Group	Membership		Annual Report circulated to Govenors before AMM	Completed		
CoG(19)193		6.2.1	Mrs Hurley to add a simplified criteria column to the framework documents	Mrs Hurley		Completed for 2019	Completed		
CoG(19)192		6.1.1	Membership Office to move the CQC update briefing session to the CoG agenda and replace by a meet and greet session with the Chief Executive and Executive Directors.	Membership		July CoG	Completed		
CoG(19)191		13.3	Membership Office to invite Mr Hemadri to present the National Guardians Report at the July CoG	Membership		Mr Hemadri invited to the July CoG to provide update on National Guardians Report	CLOSED		
CoG(19)191		4.2	Mrs Hurley to discuss raising awareness of the SID role with Mrs Booth	Mrs Hurley		To be incorporated within the review of the Trust Board sub-committees	Completed		
CoG(19)190		9.4	Mrs Jackson suggested Mrs Louise Glover could provide clarity around the clinical harm process for Mr Baskett	Membership		Mrs Lousie Glover liaised with Mr Baskett around the clinical harm process	Completed		

CoG(19)189		9.3	Membership Office to arrange a briefing for Governors on Capital Funding	Membership		Delivered at the November Gov & NED Briefing	Completed		
CoG(19)188		9.1	Membership Office to invite Mr Daws to the next QRG Meeting	Membership		This has been completed. Mr Daws attended June QRG Meeting.	CLOSED		
CoG(19)187		11.3	Membership Office to invite governors on behalf of Mr Currie, to attend the Compassionate Leadership Conference on 17th May 2018	Membership		This has been completed. Mrs Bett attended conference.	CLOSED		
CoG(19)186		11.3	Membership Office to invite Mr Currie to return in the autumn for a further progress report.	Mrs Hurley		Mrs Claire Low confirmed for providing an update at the July CoG	CLOSED		
CoG(19)185		4	Membership Office to update Action Log	Membership		This has been completed.	CLOSED		
CoG(19)184		17	Membership Office to invite Mrs Graves to the Quality Review Meeting in February to discuss the Ward Reviews.	Mrs Hurley		Mrs Filby attended the February QRG meeting and provided an update on the new ward review/SQAT process	CLOSED		
CoG(19)183		14.3	Mrs Shaw to address the potential conflict of interest outside of the meeting.	Mrs Shaw		This was addressed and resolved	CLOSED		
CoG(19)182		8.5	Membership Office to distribute the Staff Governor Working Group terms of reference electronically for comments.	Mrs Hurley		Completed and added to the April CoG agenda for full CoG ratification	CLOSED		
CoG(19)181		8.4	Mr Grinell to take appraisals of the Non-Executive Directors (NED) and the Trust Chair back to ARC agenda for further consideration.	Mr Grinell		This will be discussed within the ARC meetings. A response will be provided at the July CoG.	CLOSED		
CoG(19)180		8.3	Mrs Hurley to contact IT and the communications team regarding the feasibility of recording short YouTube clips for the Trust website	Mrs Hurley		Communications team to consider utilising YouTube for positive promotion of the Trust and its' services	CLOSED		
CoG(19)179		8.3	MWG to liaise with Mrs Clipson to discuss linking the group with service strategy.	Mrs Hurley		Mrs Sandra Hills now aligned with the MWG as the NED lead for service strategy.	CLOSED		
CoG(19)178		8.2	Membership Office to add RTT to the next QRG agenda for further discussion.	Mrs Hurley		RTT has been added to the May QRG agenda.	CLOSED		
CoG(19)177		8	Membership Office to amend the agenda for April CoG meeting to incorporate the Trust Board sub-committee highlight reports in to the CoG sub-group highlight reports.	Mrs Hurley		This has been completed.	CLOSED		
CoG(19)176		11.2	Mrs Clipson to provide the governors with regular updates on the Humber Acute Service Progress Report.	Mrs Clipson		This is ongoing as a CoG agenda item.	CLOSED		
CoG(19)175		10.4.1	Membership Office to invite Mrs France to return in the autumn for a further progress report.	Mrs Hurley		Mrs France confirmed for providing an update at the July CoG.	CLOSED		
CoG(19)174		10.4.1	Membership Office to distribute late papers to attendees	Mrs Hurley		Papers distributed as actioned.	CLOSED		
CoG(19)172		10.3	Membership Office to add Draft Trust Strategy 2021 & Strategic Objectives to the January pre-CoG briefing	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)170		6	Membership Office to involve Dr Reading in the November briefing for the Improving Together Programme	Mrs Hurley		This was delivered as part of the Governor and NED briefings held on 22nd February.	CLOSED		
CoG(19)168		7.3	Mrs Greenbeck to provide article ideas to the Membership Office	Mrs Greenbeck		Mrs Hurley and Mrs Greenbeck wrote an article with Mrs Dobson on dementia and improvements for dementia patients and new staff.	CLOSED		
CoG(19)166		9	Mrs Hurley to investigate the use of microphones for future CoG Meetings	Mrs Hurley		This is now closed. This will be reviewed dependant on the venue being used. Equipment to be sourced from the Smile Foundation. Mrs Hurley will contact the Health Tree Foundation as they are often able to bring equipment with them from Hull and return.	CLOSED		
CoG(19)154		5.1	Chairs of CoG Sub-Groups are to ensure their terms of reference reflect those of the Trust Board	CoG Sub-Group Chairs		CoG sub-groups are now aligned with TB sub-committees which is reflected in their terms of reference.	CLOSED		
CoG(19)150		3.3	Mrs Hurley to seek a champion who can take the IT Tablets for Governors business case to the Charitable Funds Committee meeting on the 27th July 2017	Mrs Hurley		This is now closed. As this was an ongoing item requiring further exploration. It was agreed to monitor this action through the Governor Assurance Group. Support has been received from the information team to produce specification for palmtops. Previous sponsorship plans have not come to fruition.	CLOSED		

Agenda Number:

CoG (07/22) Item: 2.1

Name of the Meeting	Council of Governors	
Date of the Meeting	20 July 2022	
Director Lead	Sean Lyons, Chair	
Contact Officer/Author	As Above	
Title of the Report	Chair's Update	
Purpose of the Report and Executive Summary (to include recommendations)	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input type="checkbox"/> Finance <input type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

Chair's Update

Chair's report for the NLaG Council of Governors 20 July 2022

Since we met in April the Trust has continued to be under severe operational pressure, and it is a great tribute to staff and leadership that the focus on high quality, patient centred care continues.

It is unfortunate that this Council of Governors meeting is being held virtually due to recent concerns regarding the rise in Covid infection rates. However, we remain optimistic that face to face meetings and visits will return to normality soon and I would encourage all readers of this report to take the time to show appreciation for the good work of all our staff in whatever way they can.

Governance

I regret to report that two of our Non-Executive Directors, Mike Proctor and Michael Whitworth have decided to leave the Trust for personal reasons.

Mike Proctor joined the Trust in September 2020 and has served as Chair of the Quality and Safety Committee as well as being Deputy Chair of the Workforce Committee.

Michael Whitworth joined the Trust in April 2020 and served as Chair of the Workforce Committee as well as being Deputy Chair of the Audit, Risk & Governance Committee and Strategic Development Committee.

I am sure that Governors will join me in thanking Mike and Michael for their excellent service and we wish them well for the future.

A recruitment process has been completed for Michael Proctor's replacement and a recommendation to approve the selected candidate's appointment can be found in the Lead Governor's report.

A recruitment process for Michael Whitworth's appointment has been agreed and we will progress this as soon as possible.

Board

Since the last Council of Governors meeting, the NLaG Board has met twice on 3 May, which was a development session in preparation for the CQC visit, and on 7 June for normal business.

On 5 July, both Boards of NLaG and HUTH, along with other Clinicians and System Leaders met at Forest Pines to review the progress and challenges relating to the HASR programme. This was the first time that both Trust Boards had met together, and I was pleased that both Ian Reekie and Rob Pickersgill were able to attend.

The CQC visited the Trust between the 28 and 30 June with c.40 inspectors visiting all three sites. The inspection period continues until the 28 July which includes unannounced visits and a 'Well Led' review.

The Trust will be making a presentation to the CQC on the 26 July reporting on progress since the last inspection, Governors were invited to a preview of this presentation by the CEO on the 11 July, and I was pleased to see a good attendance and some constructive questioning.

Operations

Flow of patients who are ready for hospital discharge remains a major challenge. Timely Social Care provision for these patients is and remains a serious system bottleneck. The ICS will be holding 'summit' talks about this issue to explore every avenue to relieve this pressure before the onset of winter.

Huge pressure is being applied on the NHS to improve waiting lists, particularly 104 week + waiters, and it is good to report that NLaG has been supporting HUTH in their recovery challenge.

ICS

Following Royal Assent Humber and North Yorkshire ICS formally came into being on the 1 July.

The two independent NED's on the ICB, Mark Chamberlain and Stuart Watson visited the Scunthorpe General Hospital recently and the CEO and I had a cordial introductory conversation with them.

The East Riding NHS Place Director has been named as Simon Cox, who takes up his duties in July.

Progress is being made on the composition of the ICP, and the Place Partnership Boards for North Lincolnshire and the East Riding

Finally, I would like to re-emphasise to Governors that I am very happy to be contacted at any time if there are any concerns or positive issues that you would want me to be aware of.

Agenda Number:

CoG (07/22) Item: 2.2

Name of the Meeting	Council of Governors	
Date of the Meeting	20 July 2022	
Director Lead	Peter Reading, Chief Executive	
Contact Officer/Author	Peter Reading, Chief Executive	
Title of the Report	Chief Executive's Briefing	
Purpose of the Report and Executive Summary (to include recommendations)	To brief the CoG on a number of matters of interest	
Background Information and/or Supporting Document(s) (if applicable)	Links to supporting documents are provided in the report	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input checked="" type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input checked="" type="checkbox"/> 1 - 1.1 <input checked="" type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input checked="" type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input checked="" type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	Both the national Governance Consultation documents and the Messenger Review have positive implications for equality, diversity and inclusion	
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

Chief Executive's Briefing

1. Operational Performance

Shaun Stacey will present a separate paper on Operational Performance as part of this Briefing.

2. CQC Inspection

NLaG had a two and half day on site inspection by about 40 CQC inspectors from 28th to 30th June. The inspectors visited all three hospitals (but not Community Services) and the following services:

- Diagnostics
- End of Life
- Maternity
- Medicine
- Outpatients
- Surgery

We expect unannounced visits over the coming weeks, and our Well Led Inspection is scheduled for 26th to 28th July.

3. NHS England stands down National Incident

On 19 May 2022, the Chief Executive of the NHS (Amanda Pritchard) reclassified to Level 3 (Regional), the Level 4 (National) Incident declared on 13 December 2021 to help the NHS prepare for the predicted surge in Omicron and to deliver the COVID-19 vaccination booster Raj. Accordingly, NLaG is standing down most of the organizational infrastructure established to manage our response to the National Incident.

Associated with the very substantially reduced impact of COVID-19 on the NHS, NLaG has gradually returned to close to pre-pandemic arrangements for visiting, infection prevention and control and wearing of PPE (Personal Protective Equipment).

4. NHS England consultation on proposed revisions to trust Provider Licence

NHS England has published (for a six week consultation which closed on 8 July 2022) three draft documents that will sit under a revised Provider Licence (currently in development) which will soon apply to all trusts. The documents reflect the passing of the Health and Care Act 2022, updating governance arrangements where relevant. I am grateful to the NHS Providers *On the day briefing* for most of the content below.

Among these draft documents is a proposed new NHS provider *Code of Governance* which would replace the *NHS Foundation Trust Code of Governance* which was last updated in 2014. For the first time, the Code will apply to all trusts. There is also a draft *Addendum to Your statutory duties – reference guide for NHS foundation trust governors*, and *Draft Guidance on Good Governance and Collaboration*. Ian Reekie, Lead Governor, will lead discussion on the second of these documents (the *Addendum*).

- [Consultation on the draft Code of governance for NHS provider trusts](#)
- [Consultation on the draft Addendum to your statutory duties – A reference guide for NHS foundation trust governors](#)
- [Consultation on the draft Guidance on good governance and collaboration](#)

The provisions of the proposed new NHS provider *Code of Governance*, in general, do not greatly differ from the 2014 version since the Health and Care Act 2022 does not change the statutory role, responsibilities and liabilities of provider trust boards of directors. However, there are some themes underlying the key changes:

- Incorporation of the requirement for boards of directors to assess the trust's "contribution to the objectives of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB), and place-based partnerships" as part of its assessment of its performance, and "system and place-based partners" are highlighted as key stakeholders throughout.
- Inclusion of the board's role in assessing and monitoring the culture of the organisation and taking corrective action as required, alongside "investing in, rewarding and promoting the wellbeing of its workforce". The previous code only mentioned wellbeing in the context of the finances of the organisation.
- A new focus on equality, diversity and inclusion, among board members but also training in EDI should be provided for those undertaking director-level recruitment. The board should have a plan in place for the board and senior management of the organisation to reflect the diversity of the local community or workforce, whichever is higher.
- For foundation trusts, potentially greater involvement for NHS England in recruitment and appointment processes, including utilising NHSE's Non-Executive (NED) Talent and Appointments team in preference to external recruitment consultancies and having representation from NHSE on NED recruitment panels. When setting remuneration for NEDs, including the chair, foundation trusts should use the *Chair and non-executive director remuneration structure*.

The draft *Addendum to Your statutory duties – reference guide for NHS foundation trust governors* seeks to place the legal duties of councils of governors into the context of system working. It addresses holding the non-executive directors (NEDs) to account for the performance of the board, representing the interests of trust members and the public, and approving or not, significant transactions, mergers, acquisitions, separations or dissolutions. This addendum only applies to a council of governors' role within its own foundation trust's governance.

The *Draft Guidance on Good Governance and Collaboration* is issued under the NHS provider licence and sets out what NHS England expects from providers in terms of collaboration and the good governance that must be in place to support it. It reflects the expectation for providers to collaborate with partners to agree shared objectives through integrated care partnerships (ICPs) and to collaborate on the delivery of the five-year joint plan and annual capital plan through system, place-based arrangements, and provider collaboratives. The guidance also forms the basis of how NHSE will oversee this aspect of provider performance under the NHS System Oversight Framework (SOF).

In addition to their existing duties to deliver safe, effective care, and effective use of resources, the success of individual trusts and foundation trusts will increasingly be judged against their contribution to the objectives of the integrated care system (ICS). The guidance sets expectations of providers in terms of collaboration in three key areas and gives illustrative (non-exhaustive) minimum behaviours.

Providers will be expected: to engage consistently in shared planning and decision-making; consistently to take collective responsibility with partners for delivery of services across various footprints including system and place; and consistently to take

responsibility for delivery of improvements and decisions agreed through system and place-based partnerships, provider collaboratives, or any other relevant forums.

5. **Development of Humber & North Yorkshire Health & Care Partnership**

Following the Health & Care Act gaining Royal Assent, integrated care systems (ICSs) such as the Humber & North Yorkshire Health & Care Partnership (HNY) have been incorporated statutorily with effect from 1st July 2022.

In anticipation of this, the infrastructure and key personnel of HNY continue to take shape. NLaG continues to participate actively in the development of the three Place Partnerships and two Collaboratives of which it is a member, together with relevant professional or specialist for a within the HNY structure.

6. **National Staff Survey**

The results of the National Staff Survey for 2021 were published on 30th March 2022. NLaG's response rate at 38% (2,553) was 2% higher than the previous year, but still well below the national average.

Good progress had been made in some areas with staff telling us they feel secure raising concerns about unsafe clinical practice, as well as managers providing clear feedback and allowing staff to use their own initiative. However, fewer staff would recommend NLaG as a place to work, or as a place for friends and relatives to be treated compared to the 2020 results. This is obviously very disappointing, but this score has deteriorated everywhere in country – a sad reflection on the enormous pressure the NHS has been under over the last two years.

7. **Workforce Issues in the Context of General Labour Market Conditions**

Governors may wish to be aware that major changes in general labour market conditions in the UK over the last two to three years, particularly towards the lower end of the pay spectrum, are having an impact on the NHS and social care recruitment and retention. For NLaG, this mostly affects Bands 2 and 3. NLaG is actively reviewing its recruitment and career development processes for Health Care Support Workers in particular, to reflect this.

8. **Messenger Review**

The review of NHS leadership by Sir Gordon Messenger and Dame Linda Pollard, commissioned by the Secretary of State last autumn, was published on 8 June 2022, entitled *Leadership for a collaborative and inclusive future*. Generally, it has been well received by NHS leaders. A link to the report is below.

<https://www.gov.uk/government/publications/health-and-social-care-review-leadership-for-a-collaborative-and-inclusive-future/leadership-for-a-collaborative-and-inclusive-future>

I had the opportunity to feed into the review in three separate Roundtable meetings convened by Sir Gordon, one about the leadership needs of challenged, rural and remote trusts, one about equality and diversity, and one about disability and leadership. It is satisfying to see each of these themes featuring strongly in the report. Governors, in their role of appointing Non-Executive Directors, may also be interested in the recommendation about NED recruitment and development.

The recommendations of the report are:

i. *Targeted interventions on collaborative leadership and organisational values.*

A new, national entry-level induction for all who join health and social care.

A new, national mid-career programme for managers across health and social care.

ii. *Positive equality, diversity and inclusion (EDI) action*

Embed inclusive leadership practice as the responsibility of all leaders.

Commit to promoting equal opportunity and fairness standards.

More stringently enforce existing measures to improve equal opportunities and fairness.

Enhance CQC role in ensuring improvement in EDI outcomes.

iii. *Consistent management standards delivered through accredited training*

A single set of unified, core leadership and management standards for managers.

Training and development bundles to meet these standards.

iv. *A simplified, standard appraisal system for the NHS*

A more effective, consistent and behaviour-based appraisal system, of value to both the individual and the system.

v. *A new career and talent management function for managers*

Creation of a new career and talent management function at regional level, which oversees and provides structure to NHS management careers.

vi. *More effective recruitment and development of non-executive directors*

Establishment of an expanded, specialist non-executive talent and appointments team.

vii. *Encouraging top talent into challenged parts of the system*

Improve the package of support and incentives in place to enable the best leaders and managers to take on some of the most difficult roles.

9. **Joint Clinical Information Officer**

The Boards of HUTH and NLaG have appointed Shauna McMahon (NLaG's Chief Information Officer) to be Joint Chief Information Officer for both trusts with a (nonvoting) seat on both Trust Boards, with effect from 1st April 2022.

10. Changes to divisional management arrangements for Clinical Support Services

Following the retirement at the end of March of Dr Steve Griffin, Divisional Medical Director for Clinical Support Services and a careful option appraisal of options, the Trust Management Board decided to change the management arrangements for the services within that division substantially.

The Division has been disestablished and the majority of its services and departments redistributed across Operations (Central), Estates & Facilities, and the clinical divisions of Medicine, Community & Therapies, and Surgery & Critical Care divisions.

Pathlinks will be managed separately, reporting to the Chief Operating Officer (COO), through a new post of Medical (Clinical) Director for Pathlinks. This post will be advertised internally and externally, and open to clinical scientists as well as doctors. The appointee will have a seat at TMB.

NLaG and HUTH will appoint a Joint Cancer Divisional Medical Director

11. National Covid-19 Pandemic Enquiry

This Inquiry is expected to examine the UK's pandemic response and ensuring that lessons were learned for the future. The Trust has established an internal Inquiry working group, made up of key individuals which would meet on a regular basis to discuss and action the information coming from the national team, with the regional steering group meeting monthly. Draft Terms of Reference have recently been published and these set out the aims of the Inquiry, namely to examine the COVID-19 response and the impact of the pandemic; to produce a factual narrative account in relation to central, devolved and local public health decision-making and its consequences; the response of the health and care sector across the UK; the economic response to the pandemic and its impact, including government interventions; and to identify the lessons to be learned from the above, thereby to inform the UK' preparations for future pandemics. It is not expected that hearings will commence until 2023.

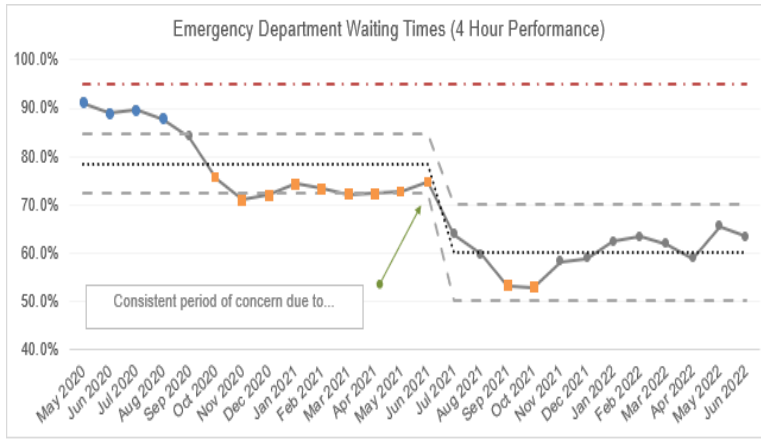
Dr Peter Reading
Chief Executive
11 July 2022

Operational Update

Council of Governors
20th July 2022

Shaun Stacey, Chief Operating Officer

Emergency Department



Jun 2022
63.3%

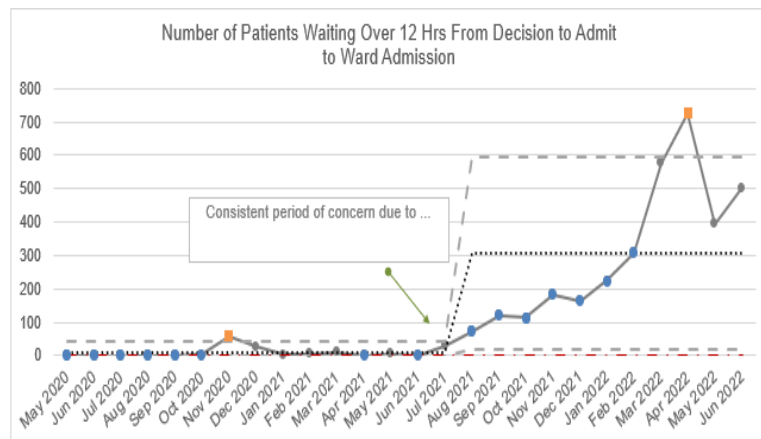
Target
95.0%

Variance

Common cause - no significant change

Assurance

Consistently falling short of the target



Jun 2022
502

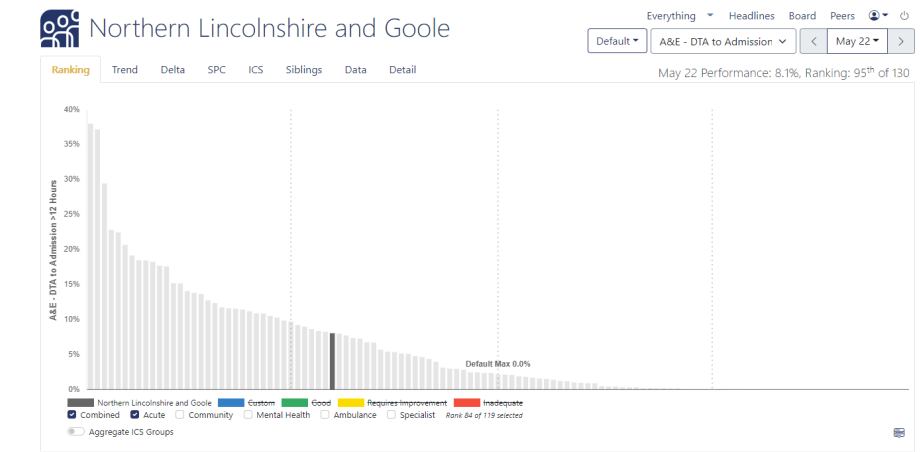
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Variance

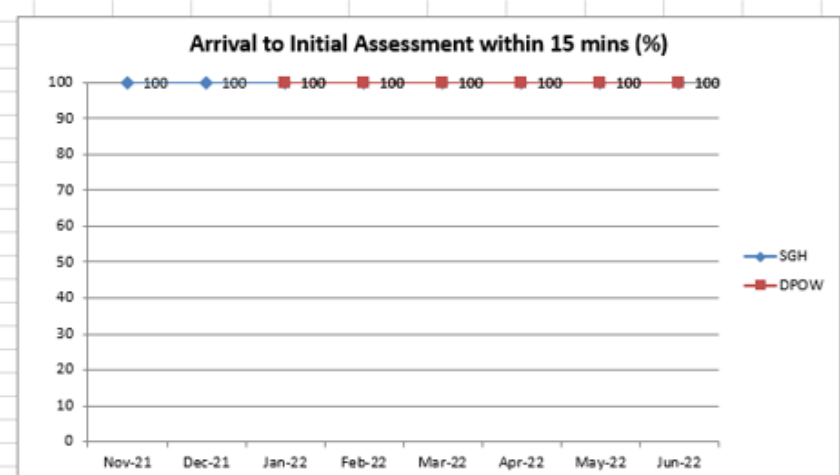
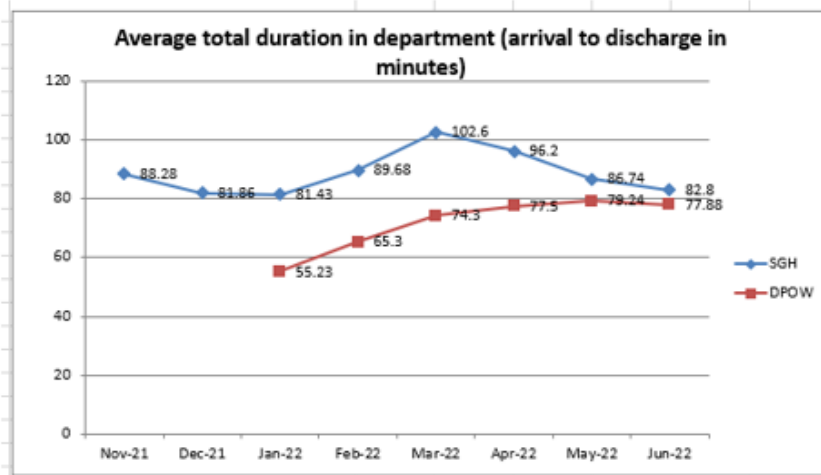
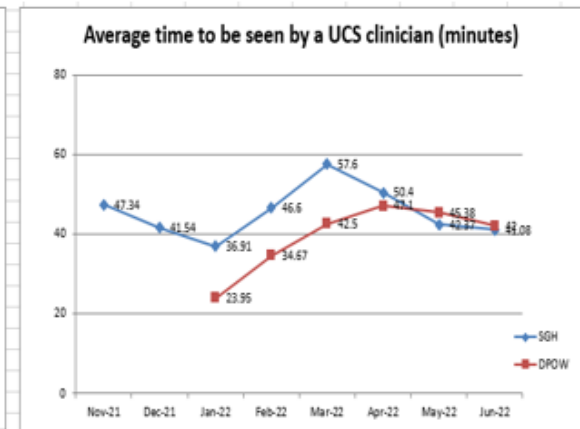
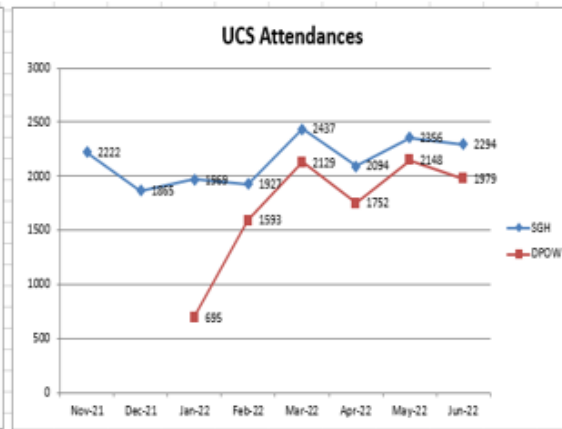
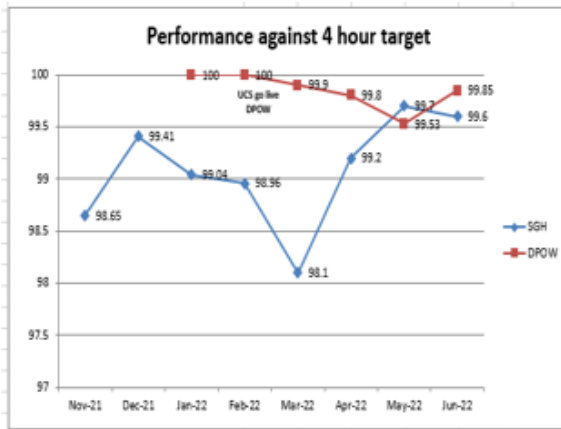
Common cause - no significant change

Assurance

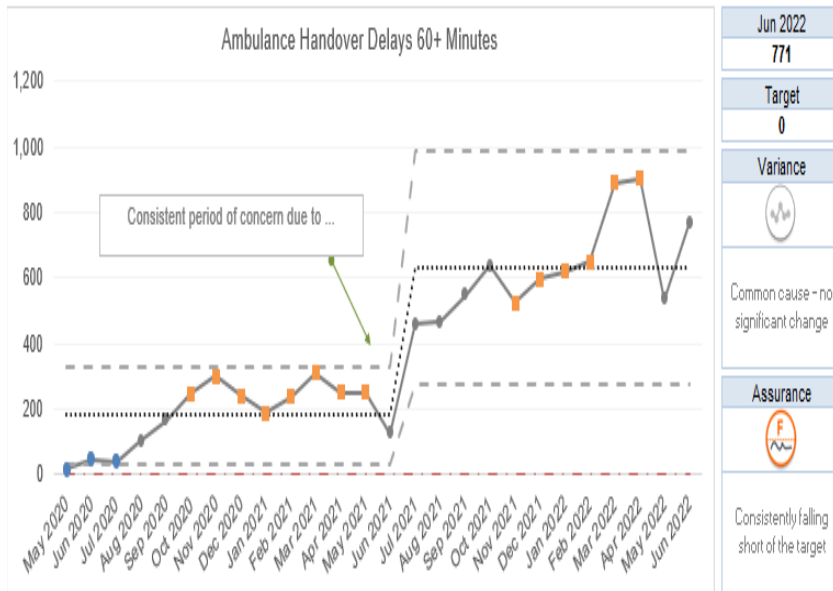
Consistently falling short of the target



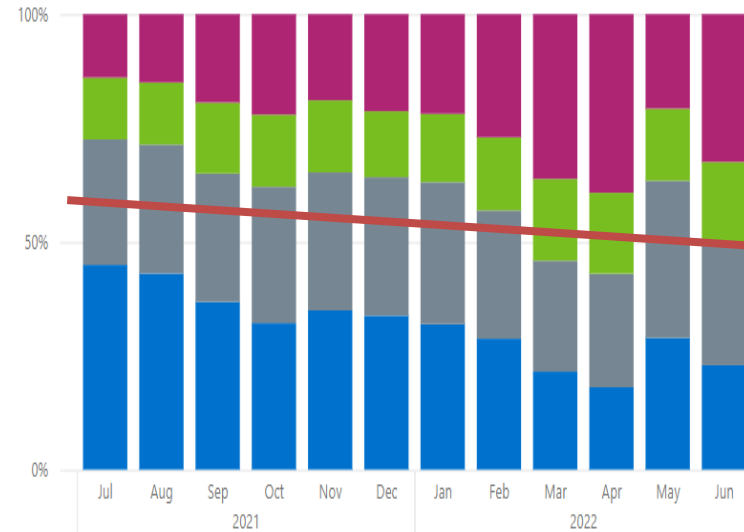
Urgent Care Service



Ambulance Handovers



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

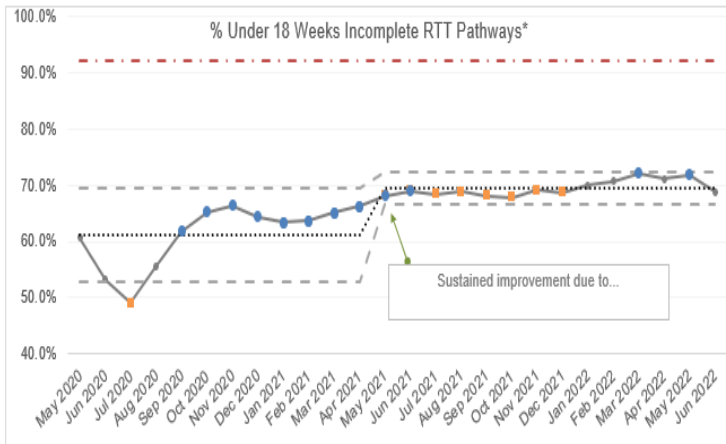


Discharge to Assess

Trust Name	Occupancy	7+ LoS occupancy %	7+ number	14+ LoS occupancy %	14+ number	21+ LoS occupancy %	21+ number	% of beds occupied by COVID	Beds occupied by COVID pts	% beds occupied by patients NOT meeting criteria to reside	Number of patients NOT meeting criteria to reside	4hr month to date
North East and Yorkshire	91.33%	50.65%	7696	30.16%	4582	19.93%	3029	4.41%	669	26.2%	3980	75.64%
Airedale NHS Foundation Trust	89.54%	48.11%	153	26.59%	85	15.14%	48	3.10%	10	40.9%	130	59.14%
Barnsley Hospital NHS Foundation Trust	92.24%	43.76%	164	20.85%	78	12.21%	46	3.88%	15	26.3%	99	56.92%
Bradford Teaching Hospitals NHS Foundation Trust	90.00%	41.51%	215	23.06%	119	15.64%	81	4.25%	22	18.5%	96	77.73%
Calderdale and Huddersfield NHS Foundation Trust	94.68%	44.75%	264	27.33%	161	16.62%	98	2.57%	15	33.5%	198	72.90%
County Durham and Darlington NHS Foundation Trust	87.46%	44.70%	317	22.68%	161	13.48%	96	6.29%	45	8.1%	58	62.15%
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	95.04%	50.58%	325	28.24%	182	16.10%	104	4.86%	31	26.2%	169	72.87%
Gateshead Health NHS Foundation Trust	94.50%	51.26%	213	28.98%	120	16.32%	68	6.68%	28	31.6%	131	78.76%
Harrogate and District NHS Foundation Trust	90.53%	57.52%	141	39.11%	96	28.30%	70	6.51%	16	38.2%	94	68.52%
Hull University Teaching Hospitals NHS Trust	95.17%	45.32%	449	26.71%	264	17.99%	178	2.45%	24	27.3%	270	59.01%
Leeds Teaching Hospitals NHS Trust	99.47%	57.24%	944	37.82%	624	28.57%	471	3.39%	56	28.5%	470	68.72%
MID YORKSHIRE HOSPITALS NHS TRUST	90.97%	55.72%	510	33.92%	310	24.03%	220	3.89%	36	31.9%	292	-
North Cumbria Integrated Care NHS Foundation Trust	90.25%	54.09%	297	33.45%	184	22.83%	125	5.36%	29	35.2%	193	70.36%
NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	91.36%	42.78%	201	21.13%	99	11.01%	52	6.93%	33	13.9%	65	-
Northern Lincolnshire and Goole NHS Foundation Trust	91.91%	42.37%	249	20.54%	121	10.57%	62	3.74%	22	29.1%	171	67.29%
Northumbria Healthcare NHS Foundation Trust	88.62%	48.85%	375	29.38%	226	18.57%	143	3.59%	28	16.4%	126	89.45%
Sheffield Children's NHS Foundation Trust	74.10%	0.39%	0	0.00%	0	0.00%	0	1.18%	1	0.0%	0	92.46%
Sheffield Teaching Hospitals NHS Foundation Trust	88.29%	59.36%	747	37.45%	471	23.22%	292	6.19%	78	32.4%	408	73.50%
South Tees Hospitals NHS Foundation Trust	89.63%	58.16%	442	37.05%	282	25.62%	195	6.67%	51	25.5%	194	68.53%
South Tyneside and Sunderland NHS Foundation Trust	86.54%	45.71%	431	27.39%	258	18.16%	171	3.44%	32	23.9%	226	76.50%
The Newcastle Upon Tyne Hospitals NHS Foundation Trust	86.35%	50.87%	628	29.13%	360	21.73%	268	2.35%	29	18.7%	231	78.55%
THE ROTHERHAM NHS FOUNDATION TRUST	93.50%	44.50%	207	24.95%	116	12.84%	60	2.94%	14	23.1%	108	-
York and Scarborough Teaching Hospitals NHS Foundation Trust	92.34%	53.59%	423	33.57%	265	23.07%	182	7.26%	57	31.9%	252	70.22%

	7+ LOS Occupancy %	14+ LOS Occupancy %	21+ LOS Occupancy %
NLaG	42.37%	20.54%	10.57%

RTT Performance



Jun 2022
68.8%

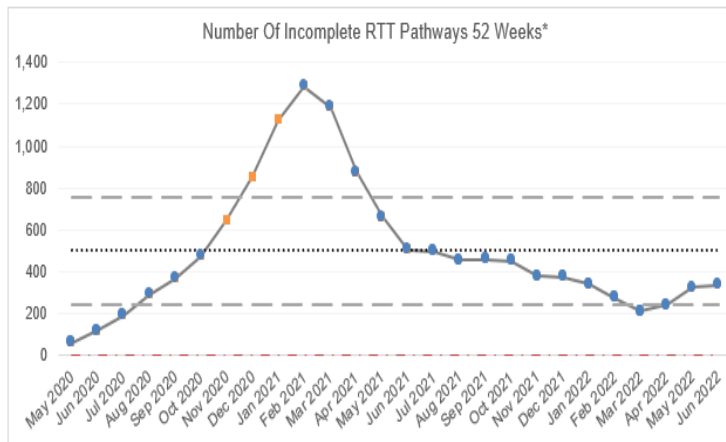
Target
92.0%

Variance
23.2%

Common cause - no significant change

Assurance
F

Consistently falling short of the target



Jun 2022
336

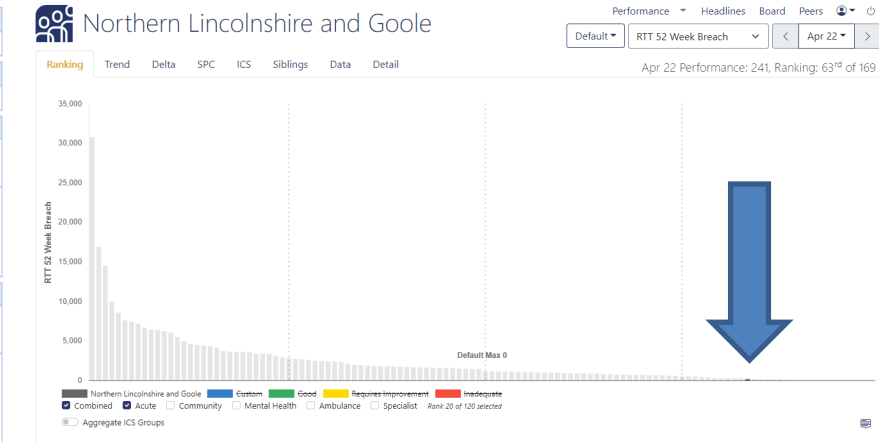
Target
0

Variance
336

Special cause of improving nature or lower pressure due to lower values

Assurance
F

Consistently falling short of the target



RTT Mutual Aid

	Orthopaedics	Urology
Seen & Treated	40	80
Already Had Treatment Plan at Hull	10	14
Patient Choice to go back to Hull/GP	17	28
No Referral Received	0	12
Unable to Contact Patient/ DNA'd – Discharged Back	6	8
Didn't meet GDH criteria	0	12
Awaiting Inv/AA/PA/TCI	138	35
Awaiting Vetting	0	11
Do Not Undertake the Procedure	0	5
Merged into PTL, lower down than 52 weeks	237	0
TOTAL	448	205

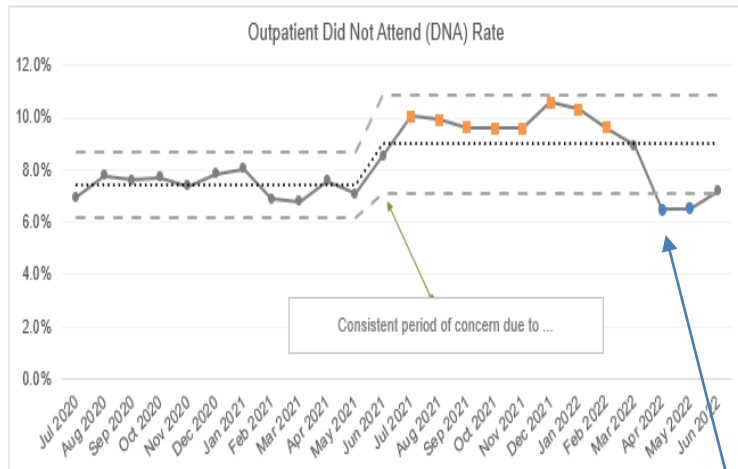
*as at end of June 2022 (c900 as at 13th July 2022)

Diagnostics & Outpatients

Financial Year Name	2021/22												2022/23		
Financial Month of Year Number	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
DM01 Group	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Audiology - Audiology Assessments	39.0%	49.9%	42.8%	34.8%	25.6%	16.7%	11.5%	9.6%	15.9%	18.8%	14.9%	20.1%	23.9%	21.5%	26.3%
Cardiology - echocardiography	26.1%	40.1%	33.3%	36.2%	46.0%	43.0%	53.1%	53.6%	48.4%	53.4%	43.3%	42.8%	46.0%	41.3%	35.8%
Colonoscopy	19.5%	16.4%	9.2%	12.4%	12.4%	6.8%	6.1%	7.7%	5.1%	5.5%	5.3%	3.2%	5.9%	6.1%	6.7%
Computed Tomography	8.3%	6.5%	2.7%	14.2%	12.4%	12.9%	16.5%	23.1%	31.8%	31.7%	21.1%	20.4%	32.8%	24.9%	26.3%
Cystoscopy	34.6%	23.6%	22.3%	30.9%	28.7%	21.7%	17.9%	27.5%	20.5%	20.9%	25.2%	26.7%	35.2%	39.0%	30.7%
DEXA Scan	8.4%	10.0%	10.9%	2.4%	2.2%	3.3%	2.9%	4.2%	10.2%	3.5%	4.3%	2.5%	4.3%	2.4%	9.1%
Flexi sigmoidoscopy	25.7%	8.1%	5.1%	9.6%	12.5%	7.5%	2.2%	3.2%	5.9%	3.2%	5.9%	1.6%	11.0%	5.5%	5.0%
Gastroscopy	20.2%	12.8%	6.8%	11.1%	7.2%	5.2%	4.8%	5.6%	5.1%	6.5%	2.1%	0.7%	3.1%	4.1%	4.1%
Magnetic Resonance Imaging	35.6%	28.3%	11.4%	5.9%	12.3%	5.8%	6.3%	2.7%	5.5%	8.8%	6.1%	5.8%	12.3%	15.1%	26.6%
Neurophysiology - peripheral neurophysiology	0.7%	1.5%	2.6%	1.3%	6.5%	5.3%	2.3%	4.6%	1.5%	1.4%	0.0%	1.6%	4.3%	1.7%	1.9%
Non-Obstetric Ultrasound	58.8%	57.1%	57.2%	56.2%	59.4%	55.3%	56.7%	50.0%	48.0%	34.7%	22.7%	18.2%	25.7%	16.3%	18.5%
Urodynamics - pressures & flows	10.3%	10.3%	2.9%	0.0%	7.3%	3.9%	13.2%	2.0%	10.6%	9.6%	11.1%	7.0%	6.5%	1.8%	7.1%
Total	39.8%	39.7%	33.3%	32.4%	36.1%	31.5%	34.4%	30.9%	31.0%	27.1%	18.3%	16.6%	23.8%	20.0%	24.4%

← (-)

← (-)



Jun 2022
7.2%

Target
No Target

Variance

Common cause - no significant change

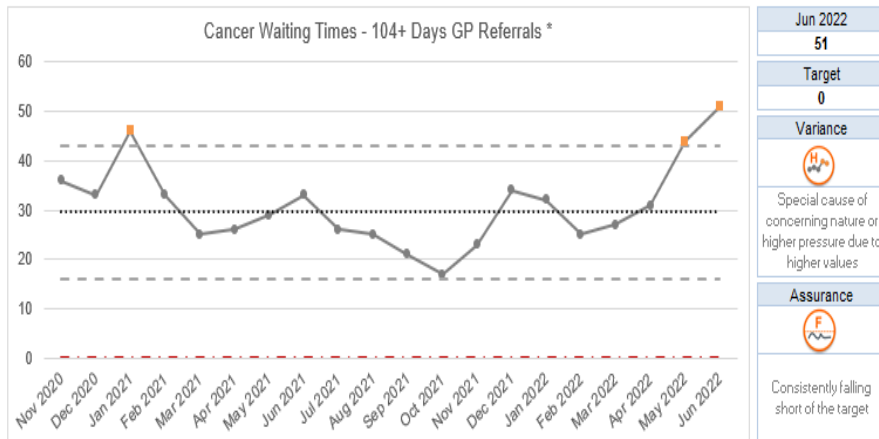
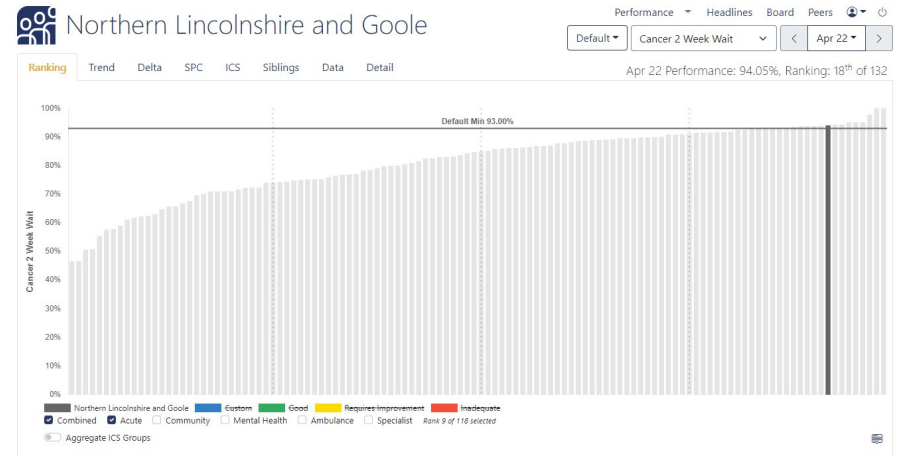
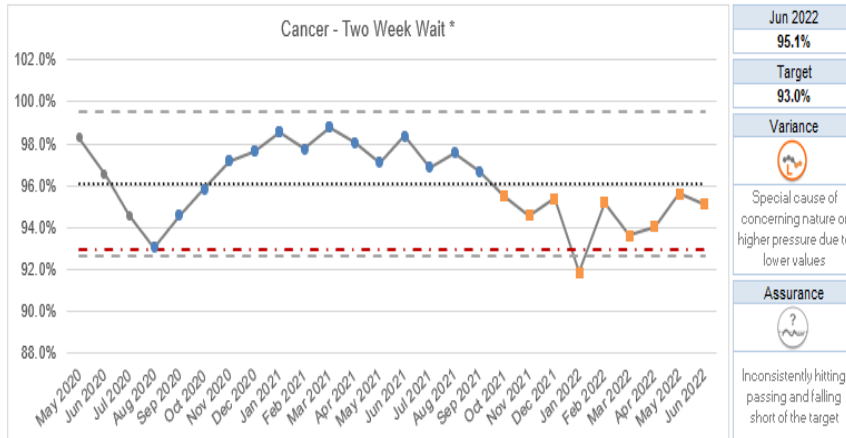
Assurance

There is no target, therefore target assurance is not relevant

Text Messaging Reminders restarted



Cancer



Summary

- What Positives can we take from the past year?
 - Continued with Elective Care
 - Implementation of UCS
 - Discharge to Assess (D2A)
 - Diagnostic Performance
- What we are still looking to improve
 - Ambulance Handovers
 - Emergency Department 4 hour performance
 - 104 Day Cancer Waits

Agenda Number:

CoG (07/22) Item: 2.3

Name of the Meeting	Council of Governors
Date of the Meeting	20 July 2022
Director Lead	Ian Reekie
Contact Officer/Author	Ian Reekie
Title of the Report	Lead Governor's Update
Purpose of the Report and Executive Summary (to include recommendations)	<p>The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting in which the Lead Governor has been involved, including highlights from Governor Assurance Group meetings held on 13 April and 7 July 2022 and the Appointments & Remuneration Committee meeting held on 15 June 2022.</p> <p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> • Note the content of the Lead Governor's Update report including highlights from Governor Assurance Group and the Appointments & Remuneration Committee meetings. • Agree to use '<i>Addendum to your statutory duties – reference guide for foundation trust governors</i>' as the basis for the 13 October CoG Annual Review Meeting agenda. • As an interim measure pending a full review of the Trust Constitution, invite the North and North East Lincolnshire Place Directors to nominate stakeholder governors to represent their respective health and care partnerships • Permanently adopt an agile approach to arranging governor briefings at short notice when the need to raise governor awareness of a particular topic arises. • Note that CoG members have virtually approved the appointment of Fiona Osborne as a NED and chair of the Quality & Safety Committee with effect from 15 September 2022. • Extend Fiona Osborne's Associate NED contract until 15 September 2022. • Note that Michael Whitworth has resigned as a NED and chair of the Workforce Committee with effect from the end of September 2022.
Background Information and/or Supporting Document(s) (if applicable)	<p>'System working and collaboration: The role of foundation trust councils of governors' – A draft addendum to 'Your statutory duties: A reference guide for NHS foundation trust governors' (NHS England » Draft Addendum to your statutory duties – reference guide for NHS foundation trust governors)</p>
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> Divisional SMT <input type="checkbox"/> PRIMs <input type="checkbox"/> Other: Click here to enter text.

Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input checked="" type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	None	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None	
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

COUNCIL OF GOVERNORS

20 July 2022

Lead Governor's Update

STATUTORY DUTIES CONSULTATION

On 27 May NHS England published a suite of three consultation documents relating to changes to NHS provider governance arrangements designed to support trusts to work effectively within Integrated Care Systems. One of these documents relates directly to the responsibilities of governors – [NHS England » Draft Addendum to your statutory duties – reference guide for NHS foundation trust governors](#).

The consultation draft aims to support FT governors by:

- Supplementing the existing 'Your Statutory Duties' guide for governors and explaining how the duties of NHS foundation trust councils of governors need to support system working and collaboration
- Detailing additional considerations regarding system working that foundation trust governors may wish to discuss with their trust's board on the specific statutory duties to:
 - Hold the non-executive directors individually and collectively to account for the performance of the board of directors.
 - Represent the interests of the members of the NHS foundation trust and the public.
 - Approve "significant transactions", mergers, acquisitions, separations or dissolutions.
- Making it clear that in carrying out their duties, FT councils of governors should not be restricted to representing the interests of a narrow section of the public served by the foundation trust (i.e. patients and the public within the vicinity of the trust, or those who form governors' own electorates). Instead, councils of governors should form a rounded view of the interests of the 'public at large'. This would include the population of the local system of which the FT is part.

The Council of Governors will have to consider what action it needs to take to comply with the new requirements once the final version of the addendum is published. It is therefore recommended that the document should be used as the basis of the agenda for the Annual Review Meeting on 13 October 2022 when CoG will need to review both compliance with its existing statutory responsibilities and the steps required to support system working.

STAKEHOLDER GOVERNORS

As a consequence of the establishment of the Humber and North Yorkshire Integrated Care Board on 1 July 2022 all clinical commissioning groups (CCGs) have been abolished. The NLaG constitution specifies that CoG membership should include stakeholder governors nominated by North and North East Lincolnshire CCGs. The Trust Board recognises the need to review the whole constitution to take account of new system working obligations, but as an interim arrangement it is recommended that the North and North East Lincolnshire Place Directors be asked to nominate stakeholder governors to represent their respective health and care partnerships.

PLACE ENGAGEMENT

In recognition that the Council of Governors will need to adapt its approach to member and public engagement in the context of system working, the Lead and Deputy Lead Governors have met with Amanda Bloor, the Humber and North Yorkshire Integrated Care Board's Chief Operating Officer to discuss governor involvement in the development of integrated place engagement arrangements. It was agreed that, as community leaders charged with representing the views of FT members and the broader patient population, governors should seek to develop a close working relationship with the Place Directors across the NLaG patch. A meeting is therefore being arranged to discuss the governor engagement role with the North East Lincolnshire, North Lincolnshire and East Riding Place Directors now that all three are in post.

GOVERNOR BRIEFINGS

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

- Quality Account/Patient Safety Partners – Wednesday 4 May
- Operational Plan/Community Services – Thursday 12 May
- CQC 'Well Led' Inspection – Monday 11 July

The next briefing will cover Integrated Care Board/Partnership developments with an emphasis on place-based governance. None of these briefings have been held on the originally timetabled dates. This is because Governor Assurance Group meetings which briefings used to precede have been moved to an early evening timeslot and the opportunity has been taken to be more agile in arranging briefings at much shorter notice as the need to raise governor awareness of a particular topic arises. It is therefore recommended that this new approach to arranging governor briefings be permanently adopted with the cancellation of remaining pre-programmed briefings on 8 September and 10 November.

GOVERNOR WALKABOUTS

Governor walkabouts resumed post Covid lockdowns with a tour of the new Emergency Department at DPoW on Wednesday 11 May. Governors were also shown the new imaging suites and visited the Operations Centre where they were briefed on patient flow pressures and were shown the technology used to monitor ambulance handovers, ED waiting and the bed state in real time.

Walkabouts at the other two hospital sites are planned later in the year. The visit to SGH on Monday 5 September will again feature the new ED and other estates developments. Governors will also be taken behind the scenes to see the food preparation facilities and to hear about the implications for the trust of complying with expected new food quality standards. The final leg of the tour will be a visit to view new estates developments at Goole District Hospital on Wednesday 5 October. GDH is probably the site which is least familiar to governors with the exception of colleagues representing Goole & Howdenshire. Matron Kerry Owen has therefore agreed to give an overview of the hospital's current operational model while a member of the Humber Acute Services team will brief governors on the role envisaged for GDH post HASR implementation.

GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

Two GAG meetings have taken place since the last COG meeting. On 13 April GAG members sought assurance from NEDs through consideration of their committee highlight reports. The group also had the opportunity to question Director of People Christine Brereton on the trust's performance in respect of the Workforce Race Equality Standard.

At the meeting held on 7 July GAG members again sought assurance from NEDs regarding the content of their committee highlight reports. Issues raised included:

- Temporary staff costs
- Financial/service implications of any unfunded pay awards
- Levelling up mutual aid
- Estates risks/Humber Acute Services capital requirements
- BAF effectiveness
- Relationship between internal and external auditors
- External audit contract
- Potential incorporation of health inequality factors into risk stratification
- Recruitment/retention
- Culture transformation/leadership development

APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

At a meeting held on 15 June the ARC endorsed an interview panel recommendation that Associate NED Fiona Osborne be appointed as a full NED and Chair of the Quality & Safety Committee to replace Mike Proctor who will sadly be leaving the organisation when his current term of office expires on 15 September. Fiona's appointment was subsequently confirmed virtually by CoG members. However as her Associate NED term of office expires on 16 August an extension until 15 September needs to be agreed.

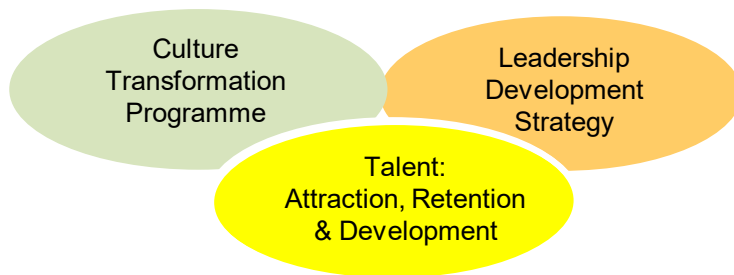
The appointment of Fiona Osborne amply justifies the CoG decision in 2021 to establish a pipeline of potential NEDs through the appointment of two Associate NEDs. ARC agreed to further evaluate the Associate NED role prior to deciding at its September meeting whether to proceed with the recruitment of a replacement.

The ARC went on to consider the results of non-executive appraisals with the exception on of Sean Lyons, who following his appointment in February will not be formally appraised until 2023, and the NLaG and HUTH vice chairs Linda Jackson and Stuart Hall the results of whose appraisals will be reported to ARC in September. With the exception of one of the Associate NEDs who was rated 'needs development', all the other non-executives were considered to be 'fully satisfactory'.

Subsequent to the ARC meeting another NED, the chair of the Workforce Committee Michael Whitworth, has regrettably submitted his resignation due to new work commitments in London. A recruitment exercise has therefore been launched with a view to having a new suitably qualified and experienced NED in place before Michael leaves at the end of September.

Ian Reekie
Lead Governor

Culture Transformation – Our Approach



Culture Transformation is our Priority



Northern Lincolnshire
and Goole
NHS Foundation Trust

- National Drivers: NHS National People Plan (People Promise), Trust Priority, CQC Well Led KLOE, Model Employer, NLAG People Strategy
- Trust Priorities 2021-2022:
 - **Improve Culture** by developing overall plans to further implement and embed our values, improve working practices and support new ways of working
 - We will scope our **Leadership Development Framework** to enhance the capabilities of clinical and non-clinical leaders at all levels
- Trust Priorities 2022-2023:

We will continue to improve our **Culture and Staff Engagement** within the Trust by:

 - Conducting a culture diagnostic exercise to understand better what matters to our staff, and build actions to address these needs, overseen and monitored through the introduction of a **Culture Transformation Board**.
 - Further embedding **Just and Learning Culture** practices into how we address adverse events that affect our staff.
 - Designing and implementing a 3-strand **Leadership Development Strategy** focused on developing our emerging and existing leaders which includes: Leadership Core Skills, Career Development, and a Values Based Leadership programme centred on Kindness, Courage and Respect.
 - Strengthening our efforts to increase and celebrate the **diversity** of our workforce, developing strong staff networks to ensure an inclusive employee experience for all staff.

People Promise Theme Results

Survey Coordination Centre

2021 NHS Staff Survey Results > People Promise and theme results > Overview



We are compassionate and inclusive



We are recognised and rewarded



We each have a voice that counts



We are safe and healthy



We are always learning



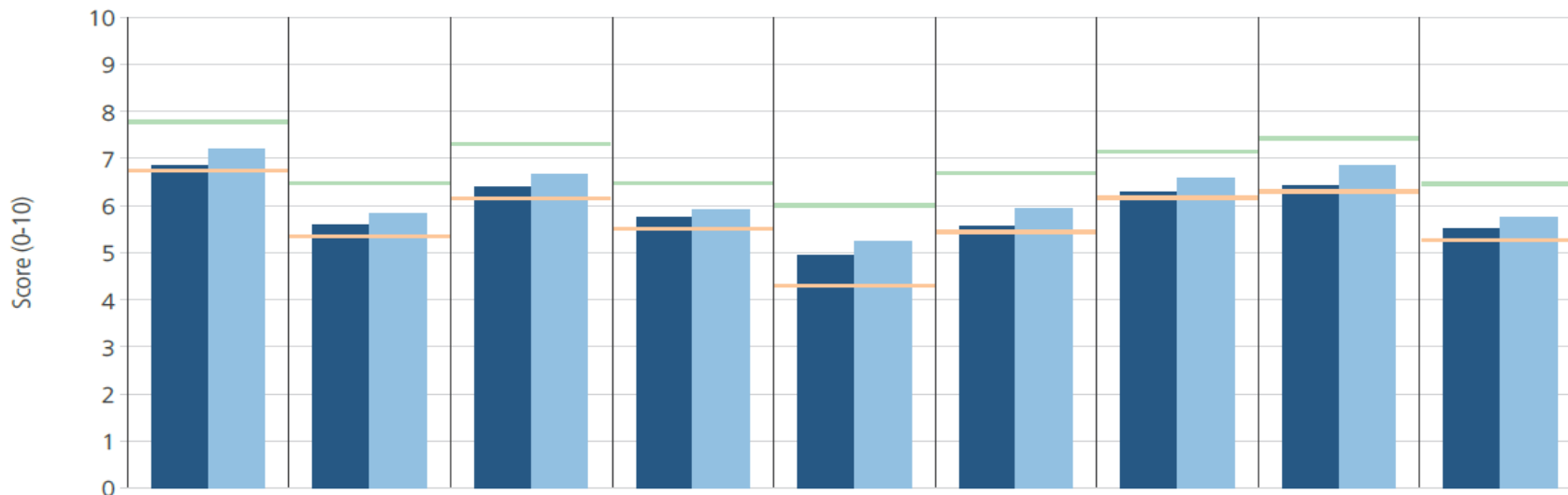
We work flexibly



We are a team

Staff Engagement

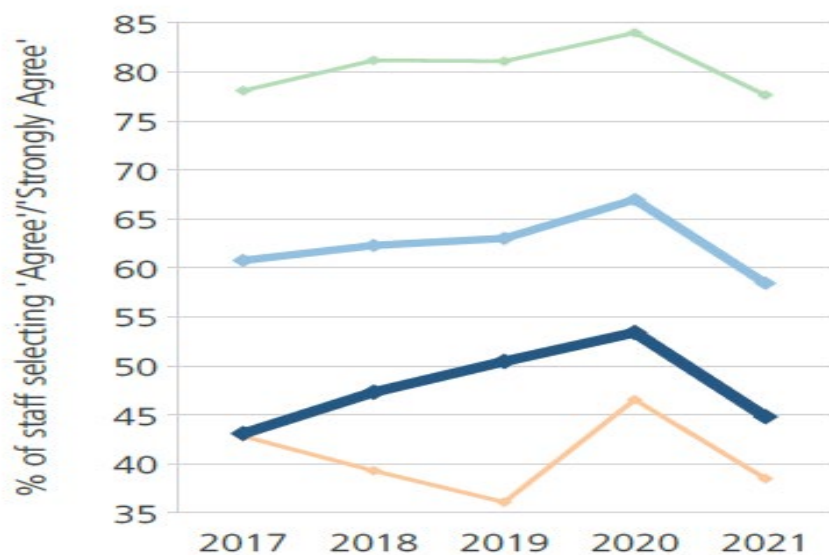
Morale



Best	7.8	6.5	7.3	6.5	6.0	6.7	7.1	7.4	6.5
Your org	6.9	5.6	6.4	5.8	4.9	5.6	6.3	6.4	5.5
Average	7.2	5.8	6.7	5.9	5.2	5.9	6.6	6.8	5.7
Worst	6.7	5.3	6.1	5.5	4.3	5.4	6.2	6.3	5.3
Responses	2,453	2,480	2,401	2,419	2,342	2,450	2,448	2,481	2,481

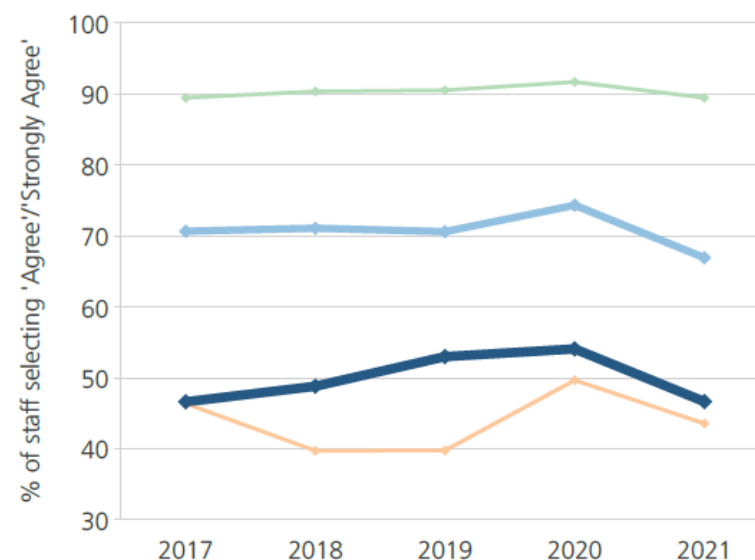
Headline Metrics 2021

Q21c
I would recommend my organisation as a place to work



Best	78.1%	81.2%	81.1%	84.0%	77.6%
Your org	43.1%	47.3%	50.5%	53.4%	44.8%
Average	60.8%	62.3%	63.0%	67.0%	58.4%
Worst	42.8%	39.3%	36.1%	46.5%	38.5%
Responses	1,965	1,941	2,478	2,360	2,436

Q21d
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation



Best	89.5%	90.4%	90.5%	91.7%	89.5%
Your org	46.6%	48.8%	53.0%	54.1%	46.6%
Average	70.7%	71.1%	70.6%	74.3%	66.9%
Worst	46.4%	39.7%	39.8%	49.7%	43.6%
Responses	1,964	1,931	2,488	2,363	2,433

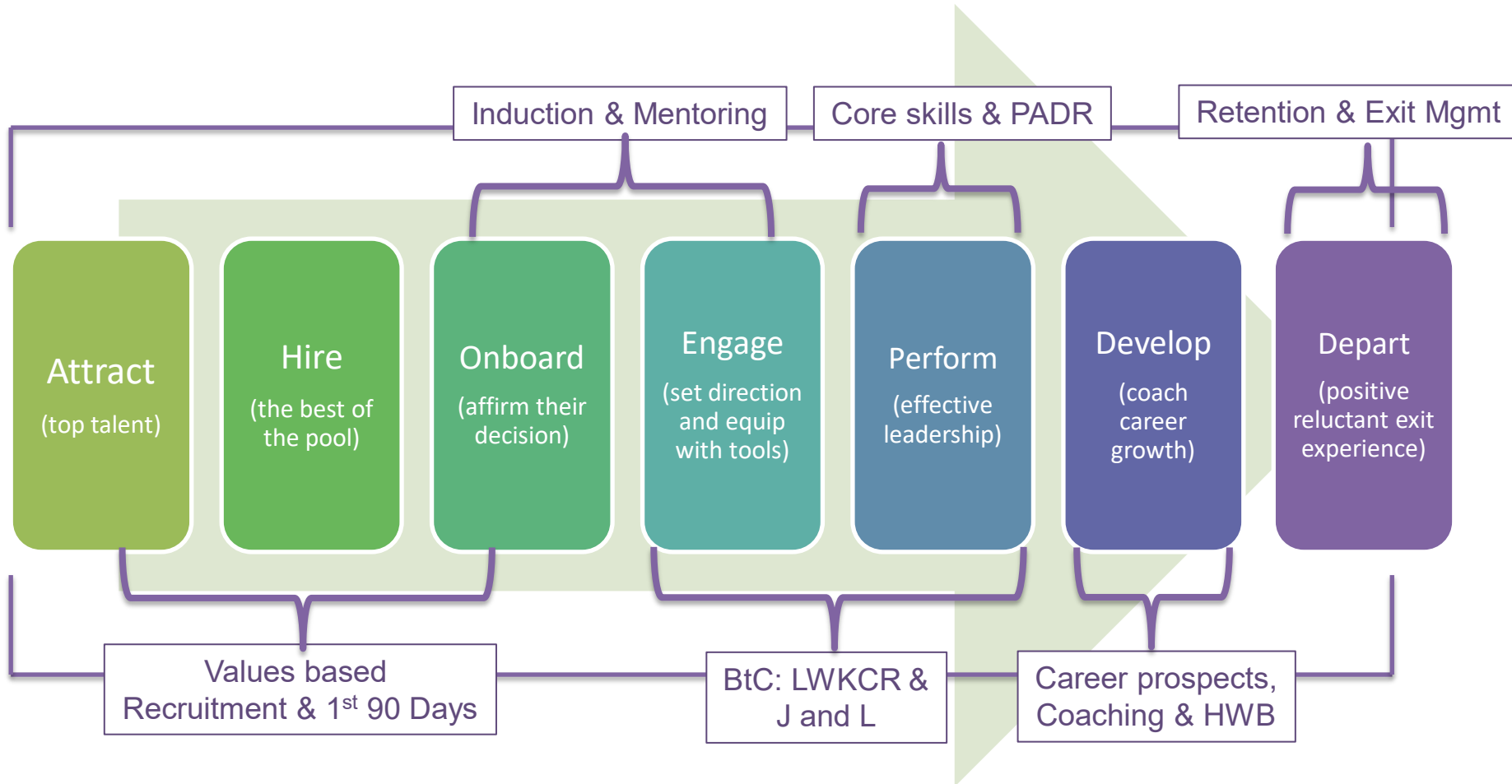
Observations

- Staff survey results not where we need or want them to be as per 2020 but **one measure**, albeit national, but must be placed within context of wider Culture Transformation work and within the environment/history of the Trust
- Large numbers of international staff – successful for the Trust, but can create cultural tension
- Historical issues with the Trust that will take time to address
- Leadership development is key to changing to developing and improving culture – previous lack of investment due to financial constraints
- Special measures mindset creates low morale

Our plans 2022/23.....

1. Introduction of a **CULTURE TRANSFORMATION PROGRAMME** of work overseen by a **Culture Board** (strategic oversight) chaired by the CEO supported by a **Culture Working Group** (working groups to make things happen):
 - Health and Wellbeing
 - Equality, Diversity and Inclusion
 - Leadership Development for new and existing leaders
 - Staff engagement: to improve morale/reduce B&H
2. **Our Culture Transformation Launch event** will take place of 4th August – 120 attendees – where we will launch a staff engagement tool – **Be the change** an online platform for all staff to share views, ideas and concerns on what does it feel like to work at NLAG. We will take the results and feed into the working group. We will prioritise on 3-4 issues and put all of our attention/focus on making the changes in 2022/23.
3. **Leadership Development:** We will begin to roll out key strands (this year), to improve core/basic skills on managerial/leadership competency and Value Based Leadership (5 modules) to help improve culture
4. **Performance Metrics:** We are developing a set of key performance metrics (which will include staff survey as one measure) to support our culture improvement programme

Engagement Context - The Employee Experience



Culture & Engagement Transformation Framework

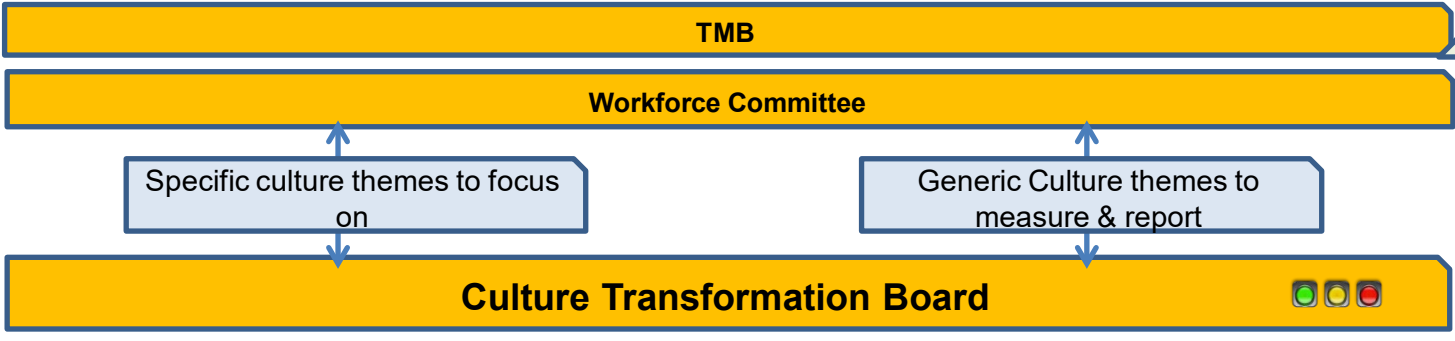
Aim

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

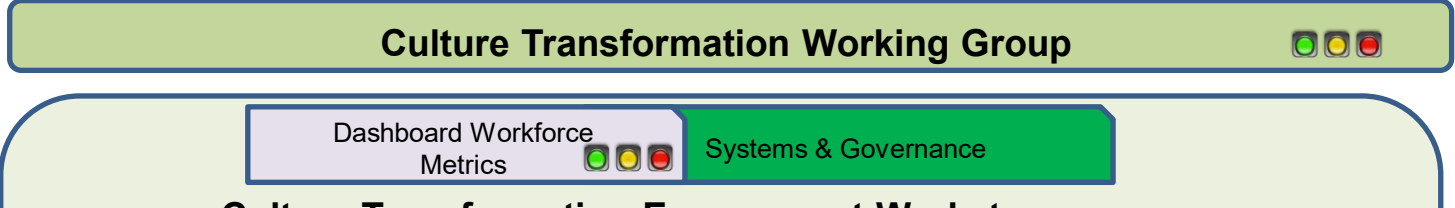
Principles of Delivery

- Build wholistic, collaborative delivery plans
- Strengthen "Living our Values"
- Measure and celebrate progress

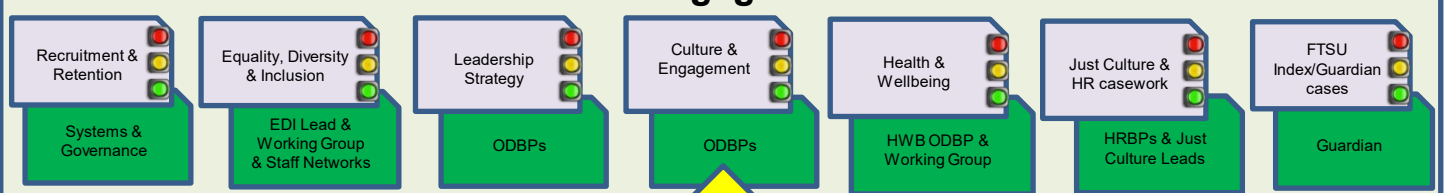
Accountability



Implementation (inc Dashboard Reporting)



Enabling channels



Implementation, Activities, Facilitation & Collaborative Participation

Example streams of activities: Clever Together diagnostics, NSS local action plans, People Pulse Check, Staff Networks, EDS 2, EDI Strategy refresh & Equality Objectives, National Networks, "Be the Change Champions" (was Pride & Respect), Employee Voice Network (new), "Be the Change" Diagnostics & Programme, Focus Groups, Facilitation Circles, Listening Events, Just & Learning Culture reflective practice, Corporate Comms, Spiritual Wellbeing (Chaplaincy), Team Talk Live (new), EDI/HWB pop up hubs, Core skills development, Recruitment events, QI ROI, Inclusion workshops

Metrics contribute to Culture & Engagement dashboard

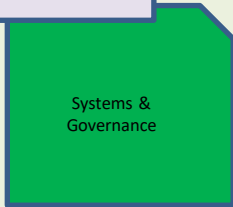
Comms Channels

Kindness · Courage · Respect

Recruitment, Attraction and Development - scope

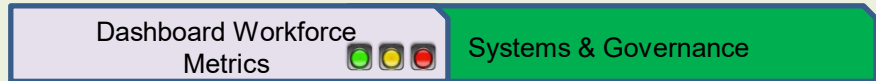


Recruitment & Retention



Systems & Governance

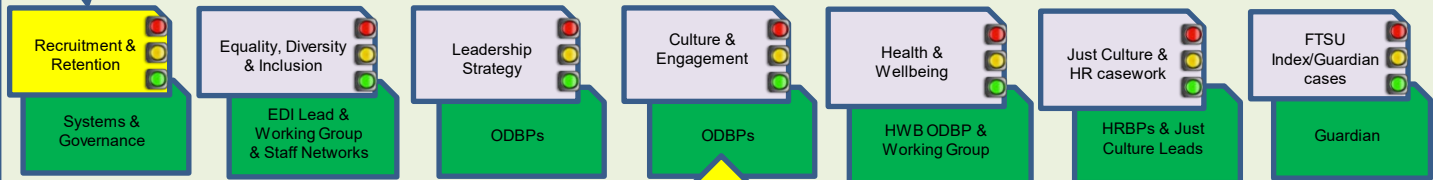
- Marketing
- Inclusive recruitment experience
- Inclusive onboarding experience
- Corporate Welcome
- Local Induction
- 1st 90 days
- Exit Management & Data



Dashboard Workforce Metrics

Systems & Governance

Culture Transformation Engagement Workstreams



Example streams of activities: Clever Together diagnostics, NSS local action plans, People Pulse Check, Staff Networks, EDS 2, EDI Strategy refresh & Equality Objectives, National Networks, "Be the Change Champions" (was Pride & Respect), Employee Voice Network (new), "Be the Change" Diagnostics & Programme, Focus Groups, Facilitation Circles, Listening Events, Just & Learning Culture reflective practice, Corporate Comms, Spiritual Wellbeing (Chaplaincy), Team Talk Live (new), EDI/HWB pop up hubs, Core skills development, Recruitment events, QI ROI, Inclusion workshops

Culture Transformation - scope

Equality, Diversity & Inclusion



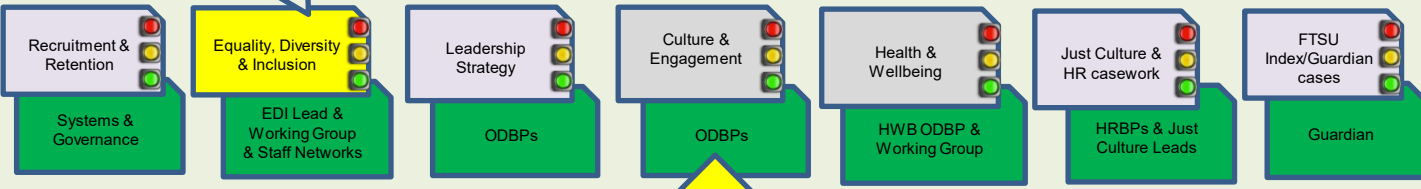
EDI Lead, Working Group & Staff Networks

- EDS2
- EDI Strategy
- WRES
- WDES
- Gender Pay Gap
- National Staff Survey.....

Dashboard Workforce Metrics

Systems & Governance

Culture Transformation Engagement Workstreams



Example streams of activities: Clever Together diagnostics, NSS local action plans, People Pulse Check, Staff Networks, EDS 2, EDI Strategy refresh & Equality Objectives, National Networks, "Be the Change Champions" (was Pride & Respect), Employee Voice Network (new), "Be the Change" Diagnostics & Programme, Focus Groups, Facilitation Circles, Listening Events, Just & Learning Culture reflective practice, Corporate Comms, Spiritual Wellbeing (Chaplaincy), Team Talk Live (new), EDI/HWB pop up hubs, Core skills development, Recruitment events, QI ROI, Inclusion workshops

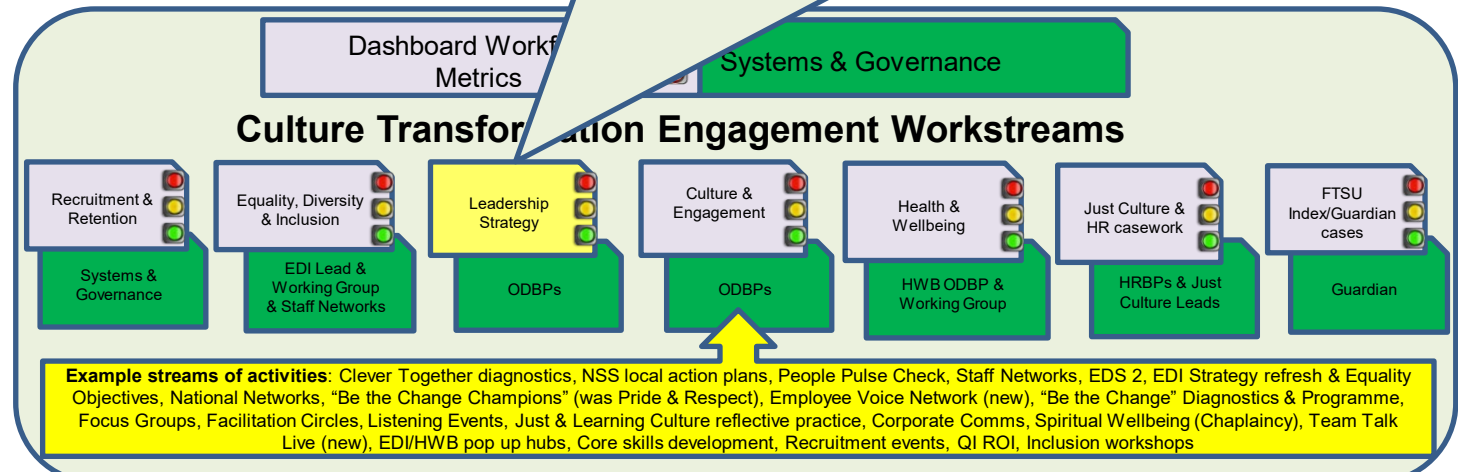
Leadership Strategy - scope

Leadership Strategy



ODBPs

- Staff survey data
- People Pulse Check data
- Be the Change: Leading with Kindness Courage and Respect
- OD Diagnostics including Clever Together platform
- 1st 90 days feedback
- Performance coaching



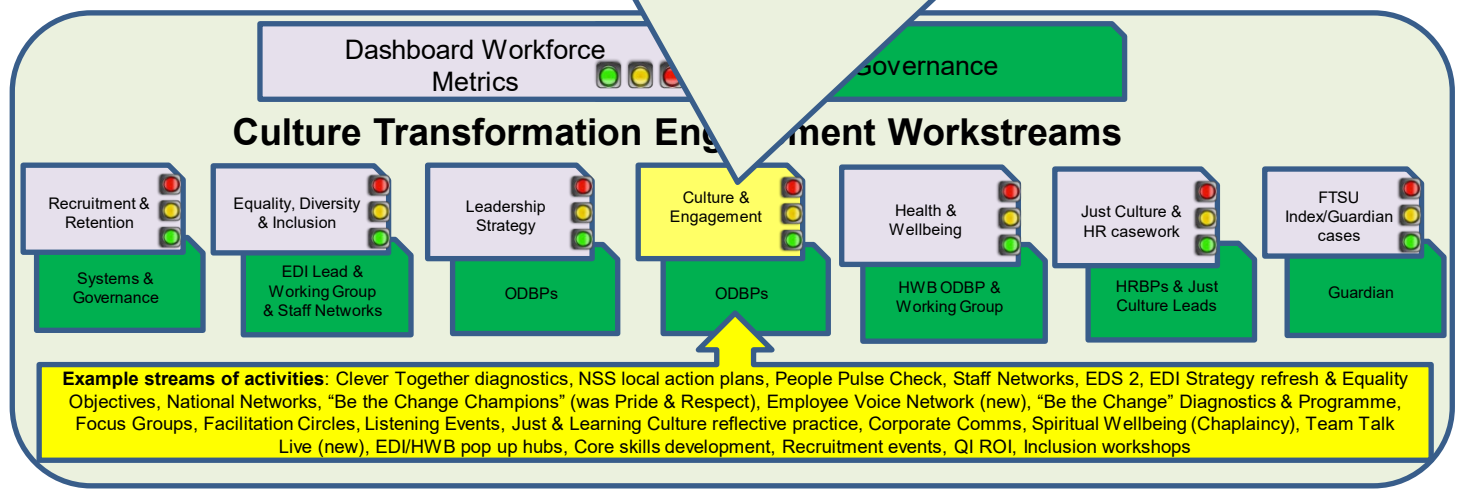
Kindness · Courage · Respect

Culture Transformation - scope

Culture & Engagement

ODBPs

- National staff survey data
- People Pulse Check data
- Be the Change: Leading with Kindness, Courage and Respect
- OD Diagnostics including Clever Together platform
- 1st 90 days feedback
- Reverse Mentoring
- Employee Voice Network
- Staff Networks
- EDI agenda
- HWB agenda

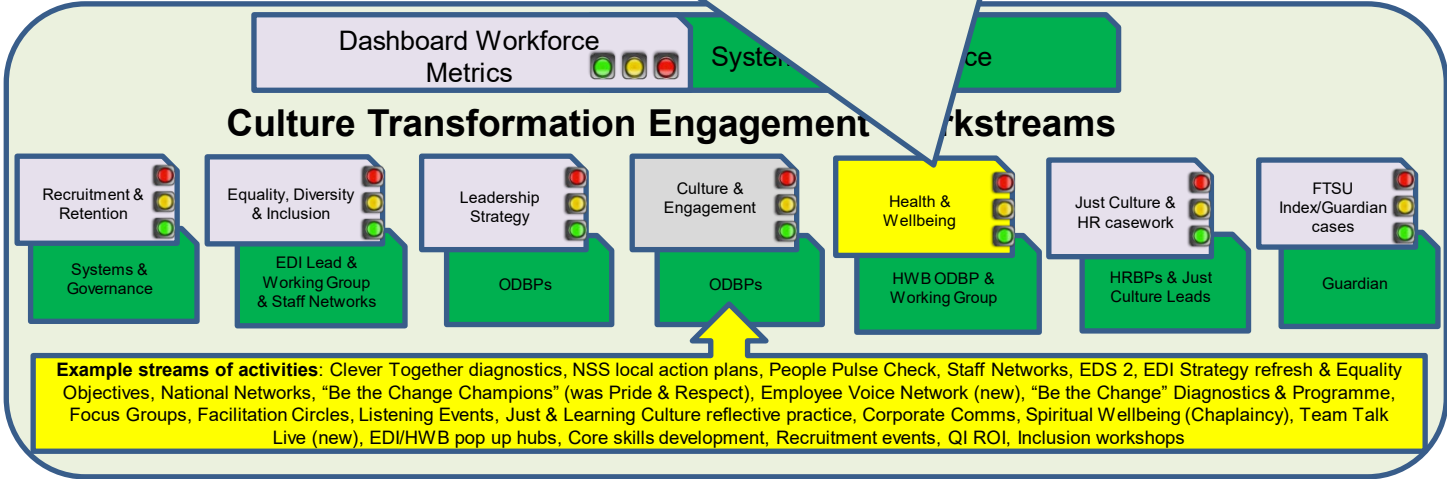


Culture Transformation - scope

Health & Wellbeing

HWB ODBP & Working Group

- HWB Strategy
- NHSEI Trailblazer
- National Staff Survey
- Schwarz Rounds.....



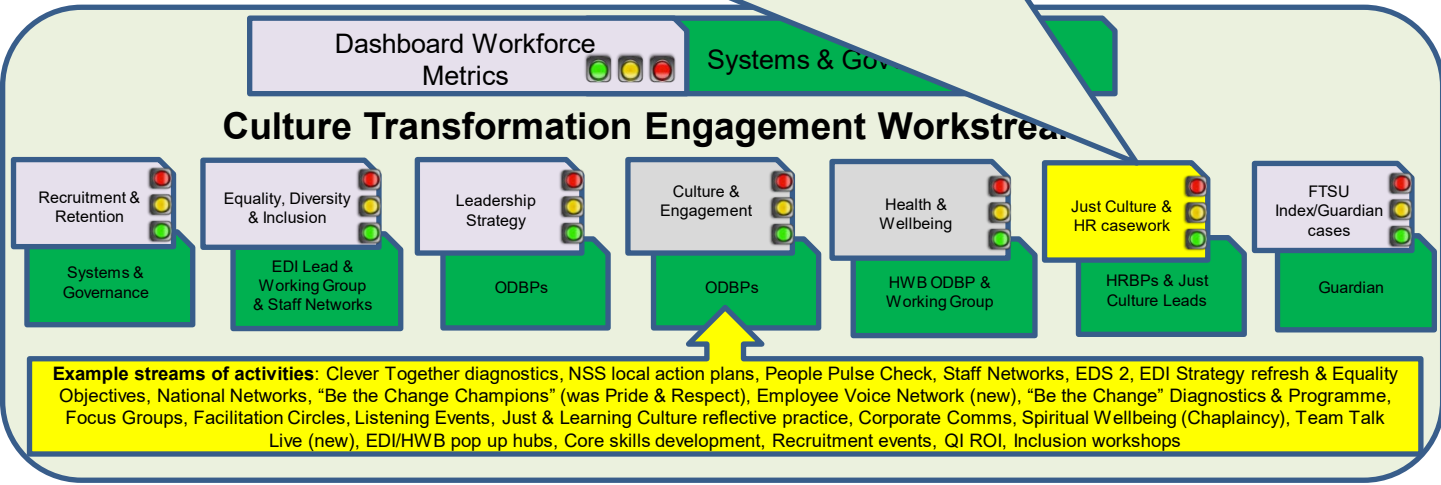
Culture Transformation - scope

Just & Learning Culture

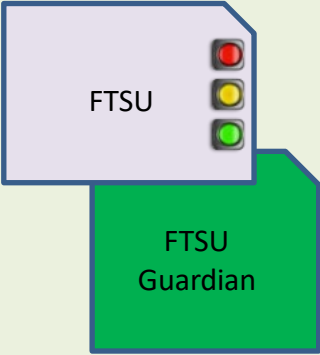


HRBPs

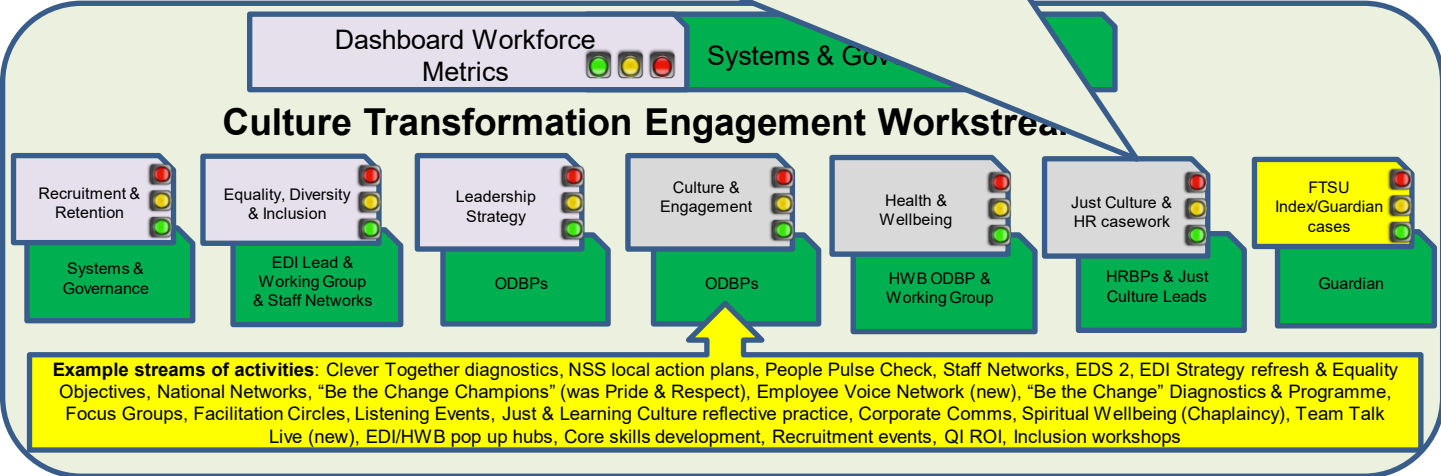
- Improving the experience for staff in formal processes
- Embedding restorative practice v punitive measures
- Building a learning culture
- Reducing formal HR casework through early intervention



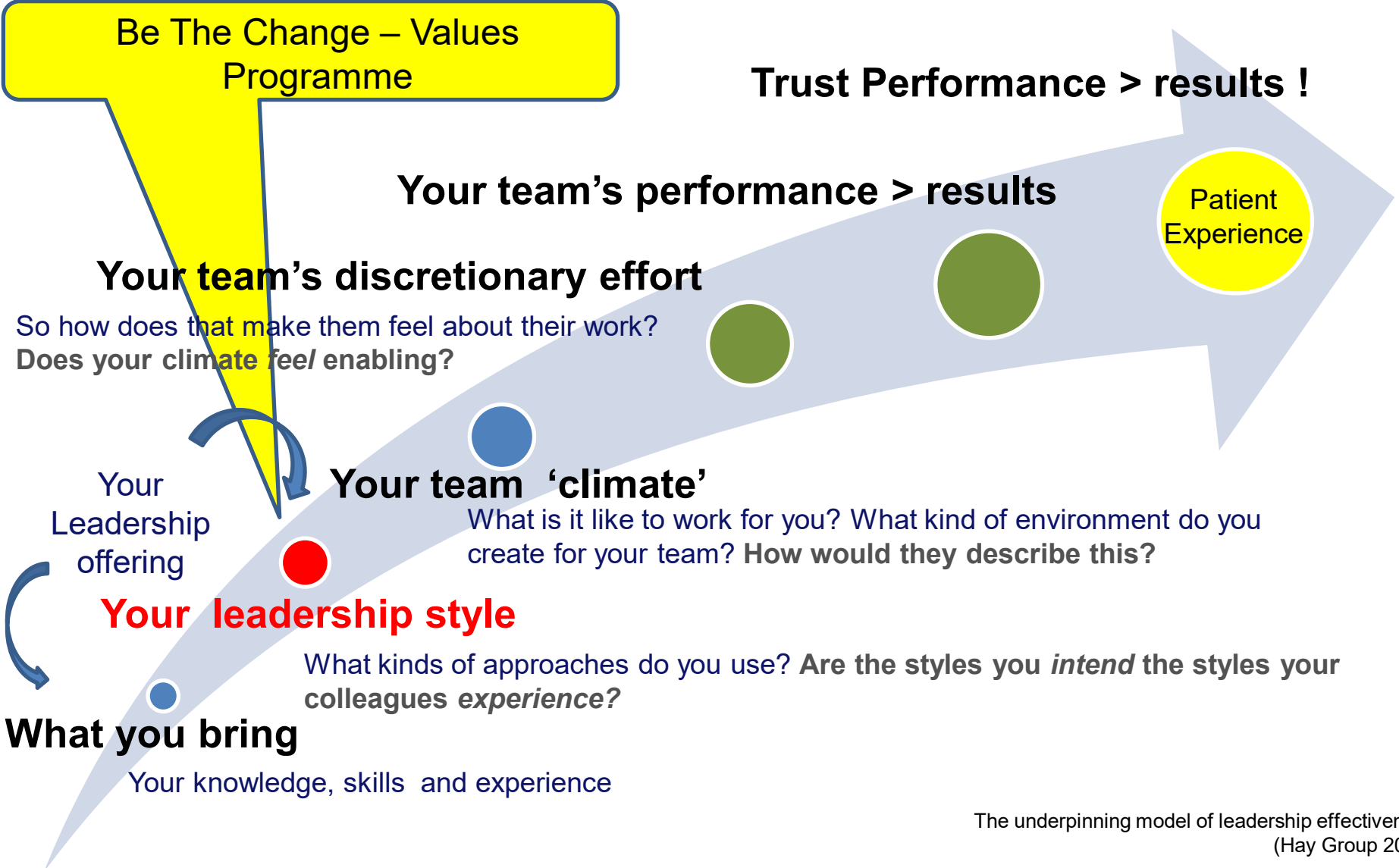
Culture Transformation - scope



- Strengthening our speak up culture
- Encouraging open dialogue
- Building capability for early intervention



Leadership - influence on Culture & Trust performance



Our Leadership Strategy



Northern Lincolnshire
and Goole
NHS Foundation Trust

*programmes that
evaluate as effective and
ROI
** number will fluctuate

Foundations in Leadership

Professional Leadership Development

Values Based Leadership

What does it include?

- Core people skills
- Basic competency

Existing programmes* aimed at developing people professionally and generically

A designed programme focussed on our values: Kindness, Courage and Respect

Who is for?

- All of our 648** managers as and where needed.
- New Leaders

Existing staff identified via PADR discussion Talent identification process

All of our identified “Leaders” to influence culture change

How will we deliver it?

E-learning and face to face Module based approach based on need

Range of current and planned programmes e.g. FMLM, Nursing, Apprenticeships, NHSLA programmes, ongoing internal programmes

Externally designed and facilitated – module approach – face to face. Phased over 1-3 years

Strand 1:

Foundations in Leadership

- **External diagnostics exercise complete-** Key themes and core skill requirements captured.
- **People leader Induction-** Developed for new people leaders- Implementation September 2022.
- **Leadership Individual Development Analysis (LIDA)-** Developed to be rolled out September 2022
- **Sourcing of tablets-** Digital solution- In progress.
- **People Leader Core skill learning solutions-** In development.

Strand 2:

Professional Leadership Development



Northern Lincolnshire
and Goole
NHS Foundation Trust

- **Portfolio Governance Boards ratified and launch in progress-** Core Skills PGB platform for multi-disciplinary approvals of career pathway maps (Clinical and non-clinical)
- **Leadership Career Pathways** – Mapping to development frameworks underway
- **PADR Refresh-** Working group planned to commence October 2022
- **Course Approvals Panel-** Planned for Core Skills PGB October 2022
- **Trust-Wide TNA underway-** Scheduled for consultation and decision Oct/Nov 2022

Strand 3:

Values Based Leadership



Northern Lincolnshire
and Goole
NHS Foundation Trust

- **Be the change- Leading with Kindness, Courage and Respect-** Design in progress
- **Delivery planning** - External provider & internal resource planning in progress (resource constraints)
- **Planned commencement** – Oct/Nov 2022 with senior team
- **Understanding Behaviours workshops** - Prerequisite to VBL workshops – commenced pilot in Corporate Nursing

Financial Plan 2022/23

Income and Expenditure Plan

This table shows the high-level I&E account, mapping the move from 21/22 to 22/23.

Income & Expenditure £'000	Annual Plan to 31st March 2023
Clinical Income	424,751
ERF Income	7,987
Covid Inside Envelope Block	11,387
Covid Outside the Envelope	1,700
Other Income	39,332
Total Operating Income	485,157
Clinical Pay	(256,495)
Other Pay	(65,707)
Total Pay	(322,202)
Clinical Non Pay	(70,187)
Other Non Pay	(71,404)
Total Non Pay	(141,591)
Operating Expenditure	(463,792)
EBITDA	21,365
Depreciation	(16,169)
Interest Expenses & Other Costs	(233)
Dividend	(6,251)
Total Post EBITDA Items	(22,653)
Remove Capital Donated I&E Impact	1,289
I&E Surplus / (Deficit)	0

This table summarises the movements from the 21/22 balanced outturn to the 22/23 plan deficit.

	April Plan £m	Update £m
21/22 Forecast Outturn	0.0	0.0
21/22 Lost Income	(26.7)	(26.7)
21/22 NR Expenditure	14.8	14.8
21/22 NR Savings	(4.3)	(4.3)
22/23 Car Parking Recovery	1.0	1.0
21/22 Underlying Deficit	(15.2)	(15.2)
22/23 Tariff Inflation Uplift	11.4	14.1
22/23 Tariff Inflation Estimate	(11.4)	(11.4)
22/23 Utilities Inflation Estimate	(3.7)	(3.7)
22/23 Non Pay Inflation Above Tariff	(1.1)	(1.1)
22/23 1.1% Efficiency / Convergence	(5.9)	(5.9)
22/23 Cost of Capital & PDC	(1.4)	(1.4)
22/23 Core CIP (1.1%)	5.5	5.5
22/23 Investment Programme	(8.3)	(6.9)
22/23 Growth Funding	7.7	4.6
22/23 CCG Winter Capacity Funding	2.5	2.5
ERF Capacity	(9.2)	(7.3)
ERF Capacity - Spec Comm Funding	0.5	0.5
ERF Capacity - HCV ICB Funding	7.5	7.5
ERF Capacity - Lincs ICB Funding	0.0	1.2
22/23 Efficiency Programme	6.5	6.5
22/23 System Stretch Efficiency Programme (1.0%)	5.0	6.8
SDF Expenditure	(0.6)	(0.6)
SDF Income	0.6	0.6
22/23 COVID Expenditure Reduction (Savings)	3.6	3.6
22/23 DRAFT (Deficit)	(6.0)	(0.0)

Issue 1 – Lost Income & Non Recurrent Expenditure

- Moving between years the Trust has lost ERF, TIF, Winter Capacity funding plus other non recurrent income and the impact of FYE of H2 Tariff and System Efficiency requirements. This totals £26.7m.
- Car Parking Income is expected to partially recover to 2019/20 levels - £1.0m

Scheme	£m
ERF/TIF	(14.0)
FYE H2 Efficiency/ System Smoothing	(3.5)
Winter Capacity (UCS)	(1.8)
COVID	(1.4)
Cancer Alliance	(0.9)
HEE Education NR Funding	(0.9)
Ockenden Funding Reduction	(0.9)
Intensive Support Funding	(0.8)
Other NR Income	(0.7)
MSW	(0.6)
Recruitment Support Funding	(0.4)
GP OOH's FYE	(0.4)
Grange Beds	(0.2)
Tobacco	(0.2)
ACT	(0.1)
Total	(26.7)

- We used this resource to meet non-recurrent costs of £14.8m (detailed opposite). These costs do not re-occur in the 22/23 plan.
- During 21/22 we also delivered £4.3m NR CIP.

Scheme	£m
ERF/TIF	8.4
Winter Capacity (UCS)	1.4
Bank Incentives	1.2
Medical Staffing Notified Shifts	0.8
Other NR Items	0.7
HR & Other Employment Disputes	0.6
MSW	0.6
COVID	0.5
Cancer Alliance	0.5
HEE Education NR Funding	0.5
Recruitment Initiatives	0.4
GP OOH's FYE	0.4
Intensive Support Expenditure	0.3
NHS Property Disputed items	0.3
Grange Beds	0.2
Tobacco	0.2
ACT	0.1
PDC/Depreciation Slippage	(2.2)
Total	14.8

Resulting in an underlying brought forward deficit of £15.2m

Issue 2 – Growth and Inflation

- Moving between years the Trust has received growth funding of £7.1m. This partially compensates for the brought forward underlying deficit position of £14.7m but should be noted against new 22/23 pressures also (its intended purpose).
- Inflation funding has been received at 3.5% - £14.1m. Included in the plan is an assessment of inflation costs of £16.2m. With the variance primarily driven by Utilities and other Non Pay contract increases.

Issue 3 – Investments

22/23 Investment Programme	Final Plan £m
Unscheduled Care Services (UCS) FYE	3.9
NL Community Services	1.1
ED Expansion (PYE)	1.9
Total	6.9

Investments of £6.9m have been included within the plan. The key elements within this are as follows:

- The continued operation of an urgent care service at the front of the Emergency departments in both Scunthorpe and Grimsby.
- There is a recognition that investment is required to bolster our community services. This has been a subject of discussion and negotiation with CCG colleagues for the past 18 months.
- The two new Emergency departments that are currently under construction will require additional investment in terms of running costs.

Please note that the cost of the In-patient Nursing review is included in the COVID funding section below.

Issue 4 – Covid-19 Expenditure

- COVID-19 funding has been significantly reduced (nationally by over 50%) for 22/23.
- The Trusts allocation is £13.09m including an assessment of outside of envelope funding.
- The 2021/22 exit run rate of COVID19 expenditure was used to estimate the costs for 2022/23 at £12.7m.
- The material element of this expenditure relates to the reconfiguration of the ward bed base, zoning requirements, and nurse staffing. These factors have been factored into the nurse establishment review and therefore it is intended that this will become the new baseline for the ward establishments to be monitored against.
- From a planning perspective, the changes to national infection prevention and control procedures and the ability for local interpretation (of those procedures) should help the Trust substantially reduce COVID related absence and as such costs related to shielding and absence should be avoided in the coming period.
- These changes results in a reduction of £3.6m to be included within the Cost Improvement Programme as additional efficiency.

Expenditure Category	Draft Submission	Update
Ward / Bed Changes	5.9	5.1
Shielding and Isolation	3.4	0.0
Swabbing Centres	0.6	0.6
Hot Clinics - Orthopaedics	0.4	0.0
Patient Facilitators / Liaison Staff	0.4	0.4
Decontamination	0.3	0.3
CMDU	0.0	0.2
Rediroom Canopies	0.1	0.1
Other	0.1	0.9
Inside Envelope Forecast	11.0	7.4
Testing	1.5	1.5
Vaccinations	0.2	0.2
Outside Envelope Forecast	1.7	1.7
TOTAL	12.7	9.1

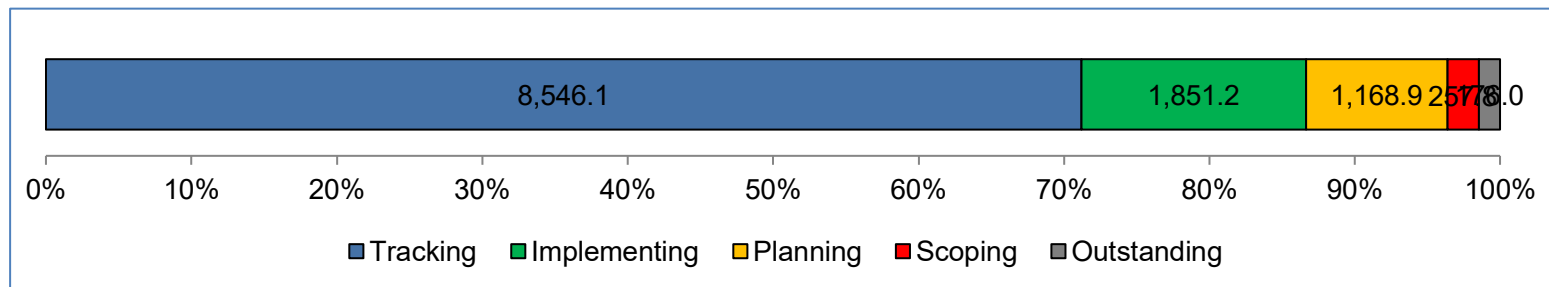
Issue 5 – Implications of Increased Capital

- Due to increased capital spend the Trust will incur an additional £1.1m of PDC charges (interest paid on Govt capital).
- In addition depreciation has increased as a result of the additional capital received into the Trust and IFRS16 changes by £1.4m ((0.4m once Donates assets are adjusted for).
- Whist this is welcome for the capital programme this places further pressure on balancing the I&E position.

Issue 6 – CIP

- The national 22/23 CIP requirement has been set at 1.1% (£4.3m) plus a convergence factor requirement of £1.6m. The total new CIP requirement for 22/23 as per national planning is £5.9m.
- The Trust has an ambitious Core CIP programme of £12.0m (2.5%) allocated to Divisions with a further £3.6m included from a reduction in COVID-19 expenditure.
- In addition, £6.8m of non recurrent technical savings are included resulting in a total of £22.4m (4.6%) .

2022/23 CIP Development – Core Programme Maturity



Issue 7 – Activity Plans and ERF

ERF/TIF	%19/20 Baseline	Capacity Funding £m
Core Capacity	100%	0.00
Required to close gap	4%	3.21
Total	104%	3.21
IS F/UP Capacity		1.69
HUTH Mutual Aid (From NLAG)		0.90
Diagnostic & Other POD Capacity		1.50
Total		7.30

- The plan assumes that we are able to improve our productivity and deliver the 2019/20 baseline levels within existing core capacity with additional funding allocated for additional IS capacity in order to meet the 104% target.
- Additional funding has been allocated to address the overdue Follow Up waiting lists. (Follow Ups are capped at 85% of 2019/20 and therefore do not contribute to ERF)
- As part of mutual aid to address those patients waiting longest within the ICS, internal capacity has been allocated to HUTH and included within the plan.
- Additional funding for Diagnostic and other support is included at £1.5m.

Conclusion

To deliver a balanced financial plan for 2022/23 requires the organisation to deliver the following:

- deliver a 2.5% core efficiency target totalling £12m
- a level of productivity from its core capacity that is equivalent to 100% of the 2019/20 baseline level.
- to manage its cost base, particularly its medical and nursing workforce to within the agreed budgeted levels.

Risk is inherent in each of these assumptions together with the risk that we are currently experiencing operationally in the Trusts inability to discharge patients and the impact this is having on flow within the hospitals and the consequent impact that has on operational efficiency and cost.

Agenda Number:

CoG (07/22) Item: 4.1

Name of the Meeting	Council of Governors	
Date of the Meeting	7 July 2022	
Director Lead	Helen Harris, Director of Corporate Governance	
Contact Officer/Author	Alison Hurley, Assistant Director of Corporate Governance	
Title of the Report	Updated Register of Governors' Interests	
Purpose of the Report and Executive Summary (to include recommendations)	The report provides the updated Register of Governors' Interests as at July 2022	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input type="checkbox"/> Finance <input type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input type="checkbox"/> Information <input checked="" type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

REGISTER OF GOVERNORS' INTERESTS JULY 2022 (v1)

GOVERNOR NAME	INTERESTS	DATE
PUBLIC GOVERNORS - EAST & WEST LINDSEY		
Jeremy Baskett	<ul style="list-style-type: none"> ➤ Working for NHS Hull CCG (on behalf of Humber CCGs) on HR projects ➤ Working for NHS Harrogate and Rural District CCG (on behalf of the North Yorkshire CCGs) on HR projects ➤ Mayor Elect and Deputy Leader for Louth Town Council ➤ Louth Town Councillor 	04.04.2022
PUBLIC GOVERNORS - GOOLE & HOWDENSHERE		
Tony Burndred	<ul style="list-style-type: none"> ➤ Chair of Men in Sheds (Goole) 	07.12.2021
Rob Pickersgill	<ul style="list-style-type: none"> ➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA) ➤ Chair – Asselby Parish Council, Howden, East Yorkshire ➤ Member of Howden Medical Practice PPG ➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company) ➤ Member of the Yorkshire and Humberside Regional Advisory Board, MAKE UK (UK Manufacturers Organisation) 	17.11.2021
Stephen Price	<ul style="list-style-type: none"> ➤ None 	15.12.2021
PUBLIC GOVERNORS - NORTH LINCOLNSHIRE		
Kevin Allen	<ul style="list-style-type: none"> ➤ Volunteer worker at SGH ➤ Local Authority Governor at Scunthorpe C E Primary School ➤ Co-opted Governor at Enderby Road Infants School 	24.11.2021
David Cuckson	<ul style="list-style-type: none"> ➤ None 	18.11.2021
Maureen Dobson	<ul style="list-style-type: none"> ➤ None 	23.11.2021
Shiv Nand	<ul style="list-style-type: none"> ➤ Father and brother are current employees of NLaG being Dr Sanjiv Nand (Orthopaedics) and Dr Raghav Nand (FY2) respectively ➤ Sits on a Citizens' Advice Bureau board ➤ Sits on Bilborough College board ➤ Ongoing committee member of Lincolns business club, and ex-President of regional Junior Lawyers "Davison" ➤ Works as a solicitor at Gatley PLC 	28.03.2022
Vacancy	<ul style="list-style-type: none"> ➤ 	

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

STAKEHOLDER GOVERNORS		
Vacancy- East Riding of Yorkshire Council	➤	
Vacancy - North East Lincolnshire Clinical Commissioning Group	➤	
Alex Seale - North Lincolnshire Clinical Commissioning Group	➤ Chief Operating Officer at North Lincolnshire CCG	10.12.2021
Henry Hudson - North East Lincolnshire Council	➤ Newly appointed - TBC	TBC
Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	➤ Director of Sazin Eyecare Limited	16.12.2021
Tim Mawson	➤ United Kingdom Accreditation Service ➤ Voluntary ISAS technical Assessor since October 2014	06.12.2021
Anthonia Nwafor	➤ None	03.12.2021
Joanne Nejrup	➤ None	21.12.2021

Agenda Number:

CoG (07/22) Item: 7.1

Name of the Meeting	Council of Governors	
Date of the Meeting	20 July 2022	
Director Lead	Lee Bond, Chief Financial Officer	
Contact Officer/Author	Brian Shipley, Deputy Director of Finance	
Title of the Report	Finance Report – M02	
Purpose of the Report and Executive Summary (to include recommendations)	The attached report outlines the reported financial position at M02 of the 2022/23 reporting period.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: F&P & Trust Board
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Partnership and System Working	<input type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input checked="" type="checkbox"/> 3 - 3.1 <input checked="" type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)	-	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

Finance Report Month 2

May – 2022/23

Executive Summary Month 2 2021/22

The Trust had a £0.55m deficit in May, £0.08m worse than plan. The Trust now has a £0.66m year-to-date deficit, £0.58m worse than plan.

Income was £0.77m above than plan in month.

- ERF income was £0.5m above plan. It has been recognised as fully achieved, per system requirements. However the Trust did not achieve the 104% activity target for May despite spending the Capacity Reserve set aside in the plan, meaning an estimated £1m Elective Recovery Funding received year-to-date is at risk of being removed if lost activity is not recovered.
- Other income was £0.36m above plan because of minor favourable variances across several areas including education deferred income and charitable income donations both offset by expenditure. COVID19 Outside Envelope income was £0.09m below plan offset by lower testing costs. Donated income, excluded from NHSE&I financial targets, was £0.04m above plan.

Pay was £0.64m overspent in month.

- Medical staff was £1.4m overspent. Over establishment bookings within Medicine Acute Care £0.28m, SGH ED £0.15m, non delivery of recruitment CIP £0.14m and premium pay covering sickness and vacancies in Stroke (£0.04m), ENT (£0.09m) and Ophthalmology (£0.14m) are the material pressures. Staff covering UCS GP contracts caused a £0.08m overspend but is offset by non-pay underspends. Cost pressures in T&O (hot clinics, £0.13m) and Urology (£0.1m) are awaiting business cases to be approved or services to be stood down. £0.16m Anaesthetics overspends were due to consultant intensivists awaiting job plans and premium pay covering vacancies.
- Nursing was £0.19m underspent in month. However, £0.24m vacancy underspends across Maternity, Community District Nursing and NICU obscure cost pressures of £0.65m from circa 60 additional escalation beds. Additional duties in ED and SDEC agency premiums (£0.15m) are the other key overspends.
- Other Pay was £0.66m underspent. Over-delivery of non-recurrent CIP within Corporate functions masks overspends across E&F support staff (£0.1m) due to 6-week HSA training and sickness, and (£0.06m) in the Workforce Resource centre due to overspends on Transfer Teams (ceasing end of May), Care Navigators and Site Management.

Non Pay was £0.22m overspent in month mainly because of drugs overspends, approximately 25% of which was high cost drugs, and disposable clinical supplies, the reasons for which need investigating. This was partly offset by outsourcing being lower than plan.

Post EBITDA items were £0.08m underspent in month mainly due to a high cash balance in the month, resulting in interest received and a reduced PDC charge.

COVID-19 expenditure was £1.21m year-to-date, and within funding envelope received. However, funding is non recurrent and expected to reduce year on year and therefore the Trust must look to minimise ongoing spend.

Income & Expenditure to 31st May 2022

Income & Expenditure	Annual Plan to 31st March 2023 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	365,822	30,485	30,451	(34)	60,970	61,185	214
ERF Income	7,987	666	1,165	499	1,331	1,331	0
TIF	0	0	0	0	0	0	0
Block Top Up	58,002	4,834	4,834	(0)	9,667	9,667	(0)
Covid Inside Envelope Block	11,387	949	949	(0)	1,898	1,898	(0)
Covid Outside the Envelope	1,700	142	54	(88)	283	169	(114)
Other Income	39,332	3,278	3,638	361	6,541	6,937	397
Donated Income	0	0	36	36	0	113	113
Total Operating Income	484,230	40,353	41,127	774	80,690	81,300	610
Clinical Pay	(260,072)	(21,356)	(22,646)	(1,291)	(43,467)	(44,912)	(1,445)
Other Pay	(67,295)	(6,060)	(5,405)	655	(11,235)	(11,048)	187
Total Pay	(327,367)	(27,416)	(28,051)	(635)	(54,703)	(55,961)	(1,258)
Clinical Non Pay	(70,187)	(5,856)	(6,157)	(301)	(11,162)	(11,455)	(293)
Other Non Pay	(71,312)	(5,905)	(5,822)	83	(11,673)	(11,224)	449
Total Non Pay	(141,499)	(11,762)	(11,980)	(218)	(22,835)	(22,679)	156
Operating Expenditure	(468,866)	(39,178)	(40,031)	(853)	(77,538)	(78,639)	(1,102)
EBITDA	15,364	1,175	1,096	(79)	3,152	2,660	(492)
Depreciation	(16,169)	(1,243)	(1,266)	(23)	(2,437)	(2,532)	(95)
Interest Expenses & Other Costs	(233)	(19)	20	40	(39)	34	72
Dividend	(6,251)	(490)	(431)	59	(975)	(844)	131
Total Post EBITDA Items	(22,653)	(1,752)	(1,677)	76	(3,451)	(3,343)	108
Remove Capital Donated I&E Impact	1,289	107	32	(75)	215	24	(191)
I&E Surplus / (Deficit)	(6,000)	(470)	(549)	(79)	(84)	(658)	(575)

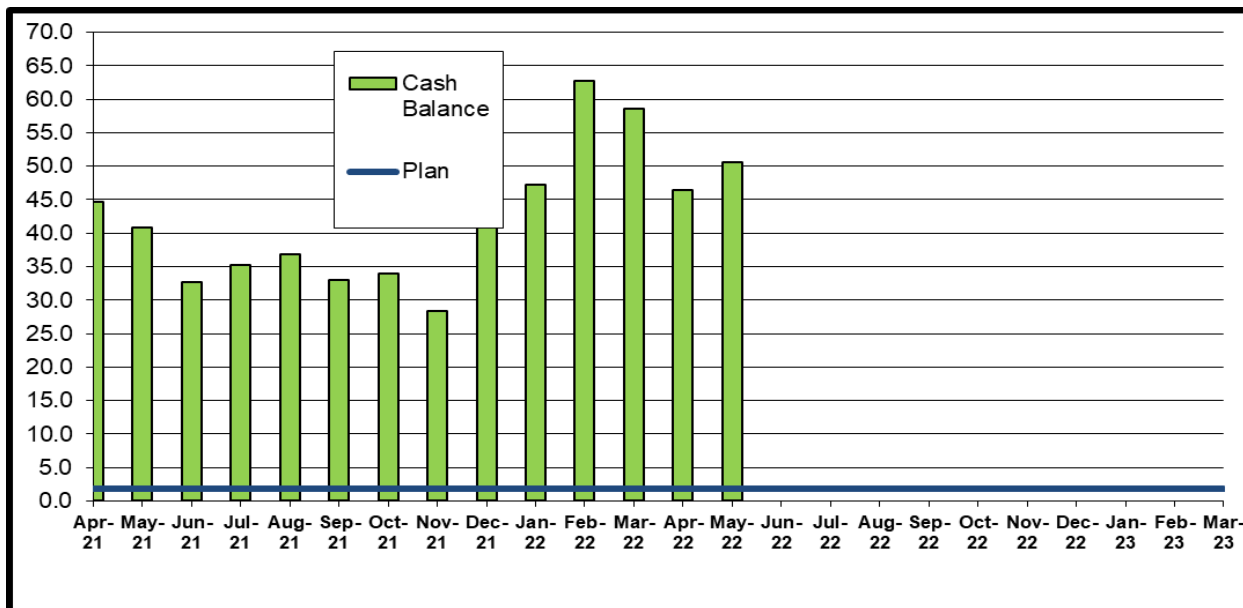
COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	756	0	756
Existing workforce additional shifts to meet increased demand	3	0	3
Backfill for higher sickness absence	184	0	184
Segregation of patient pathways	0	8	8
Decontamination	0	68	68
After care and support costs (community, mental health, primary care)	0	16	16
COVID-19 virus testing - rt-PCR virus testing	33	10	43
COVID-19 virus testing - Rapid / point of care testing - locally procured reagents costs	0	126	126
COVID-19 - Vaccination Programme - Provider/ Hospital hubs	0	3	3
Total COVID-19 Expenditure	976	230	1,207
Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)	55,961	22,679	78,639
COVID-19 % of Total Trust Operating Expenditure	1.7%	1.0%	1.5%

Cash

The cash balance at 31st May was £50.58m, an in-month increase of £4.21m.

	£m	£m
Cash Balance as at 31st May		50.58
Commitments:		
Income received in advance	2.86	
Capital creditors	8.67	
Capital plan underspend	4.59	
Capital loan repayments	0.06	
May PAYE/NI/Pension	11.73	
Public Dividend Capital payment	0.84	
To support other creditors due	<u>19.92</u>	
		(48.68)
NHSi minimum balance		<u>1.90</u>



Balance Sheet as at 31st May 2022

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	260.34	259.73
Stocks & WIP	3.88	3.65
Debtors	19.00	10.87
Prepayments	3.56	4.53
Cash	46.38	50.58
Total Current Assets	72.82	69.63
Creditors : Revenue	44.91	44.04
Creditors : Capital	10.41	8.67
Accruals	19.26	20.36
Deferred Income	4.03	2.86
Finance Lease Obligations	2.19	2.00
Loans < 1 year	1.42	0.67
Provisions	1.16	1.55
Total Current Liabilities	83.38	80.16
Net Current Assets/(Liabilities)	(10.56)	(10.53)
Debtors Due > 1 Year	1.25	1.25
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	8.21	8.21
Finance Lease Obligations > 1 Year	14.48	14.48
Provisions - Non Current	5.50	5.50
TOTAL ASSETS/(LIABILITIES)	222.85	222.27
TOTAL CAPITAL & RESERVES	222.85	222.27

- Stock has reduced in month in pharmacy and pathology.
- Debtors have reduced in month. The Trust received monies from Salix and Health Education in month. United Lincs Hospital also settled the March and April outstanding invoices.
- The Trust cash balance has increased to £50.58m due to the settlement of outstanding debtors.
- Deferred income reduced in month following the release of May income from Health Education.
- Revenue creditors and accruals have remained stable in month. Capital creditors have reduced; the Trust continues to pay outstanding invoices relating 2021/22. The BPPC figures for the Trust continue to be above 90%. The value paid for Non NHS invoices is 90.19% and NHS has increased to 91.37%. We are continuing to monitor the BPPC and are communicating to staff the importance of authorising invoices.

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 Integrated Care Systems, and to shape and transform local and regional care in line with the NHS Long Term Plan ● To make best use of the combined resources available for health care ● To work with partners to design and implement a high quality clinical strategy for the delivery of more integrated pathways of care both inside and outside of hospitals locally ● To work with partners to secure major capital and other investment in health and care locally ● To have strong relationships with the public and stakeholders ● To work with partners in health and social care, higher education, schools, local authorities, local economic partnerships to develop, train, support and deploy workforce and community talent so as to: <ul style="list-style-type: none"> - make best use of the human capabilities and capacities locally; - offer excellent local career development opportunities; - contribute to reduction in inequalities; - contribute to local economic and social development.
5. To provide good leadership	<ul style="list-style-type: none"> ● To ensure that the Trust has leadership at all levels with the skills, behaviours and capacity to fulfil its responsibilities to its patients, staff, and wider stakeholders to the highest standards possible.

Risk Appetite Statement - 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 Risk	High Level Risk Description	Strategic Risk Ratings														Risk Appetite	Risk Rating 2021-22				Target Risk 31.03.22	Owner	Assurance Committee
		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															Low	15	15	15		15	Medical Director and Chief Nurse	Q&SC
SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance targets															Low	20	20	20		20	Chief Operating Officer	F&PC
SO1 - 1.3	The risk that the Trust will fail to develop, agree, achieve approval to, and implement an effective clinical strategy															Low	12	12	12		8	Director of Strategic Development	SDC
SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate															Low	20	20	20		20	Director of Estates and Facilities	F&PC
SO1 - 1.5	The risk that the Trust's digital infrastructure may adversely affect the quality, efficacy or efficiency of patient care															Low	12	12	12		9	Chief Information Officer	ARG
SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope															Low	16	16	16		16	Chief Operating Officer	F&PC
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.															Low	20	20	20		8	Director of People	WC
SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities															Moderate	12	12	12		5	Chief Financial Officer	F&PC
SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital															Moderate	12	12	12		15	Director of Strategic Development	SDC
SO4	The risk that the Trust is not a good partner and collaborator															Moderate	12	12	12		8	Director of Strategic Development	SDC
SO5	The risk that the leadership of the Trust will not be adequate to the tasks set out in its strategic objectives															Moderate	12	12	12		8	Chief Executive	WC

KEY	
	Inherent risk score
	Current risk score
	Target risk score

KEY TO COMMITTEE NAMES		
Quality and Safety Committee - Q&SC	Workforce Committee - WC	
Finance and Performance Committee - F&PC	Strategic Development Committee - SDC	
Audit Risk and Governance - ARG		

Strategic Objective 1 - To give great care

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

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

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

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Quality and Safety Committee (Q&SC) Operational Plan (approved Trust Board 1/6/2021) Clinical policies, procedures, guidelines, pathways supporting documentation & IT systems Risk Register Confirm and Challenge Risk Management Group Trust Management Board Ethics Committee Quality Board, NHSE/I Quality Review Meetings with CCGs SI Collaborative Meeting with CCGs Health Scrutiny Committees (Local Authority) Chief Medical Information Officer (CMIO) Council of Governors SafeCare Daily staffing meetings Serious Incident Panel and Serious Incident Review Group 	<p>Internal:</p> <ul style="list-style-type: none"> Minutes of Committees and Groups Integrated Performance Report 15 Steps Challenge Accreditation Tool 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 and IPCC Inpatient surveys Friends and Family Test (FFT) platform Board Development Sessions - Monitoring CQC Progress Risk Stratification Report to Q&SC Patient Safety Specialist and Patient Safety Champions Group PPE Audits and IPC Dashboard Health Scrutiny Committees (Local Authority) Insights survey Stop and Check Safety Huddle Intentional rounding Nursing and Midwifery Red Flags Falls Huddles OPEL staffing levels Nursing assurance safe staffing framework NHSI <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 	<p>Q2 2021/22</p> <ul style="list-style-type: none"> Continue to establish a vulnerabilities team (Learning Disabilities team) by Aug 2021 - COMPLETED <p>Q3 2021/22 - actions completed</p> <p>Q4 2021/22</p> <ul style="list-style-type: none"> Implementation of End of Life Strategy Risk stratification report with trajectories and continued oversight through Operational Management Group - COMPLETED Continue to add metrics as data quality allows Implement supportive observation Develop a NLAG Patient Safety Incident Response Plan by Spring 2022 CMIO to implement results acknowledgement - COMPLETED Continued roll out of stop and check safety huddle Birthrate plus review <p>Q1 2022/23</p> <ul style="list-style-type: none"> Preparation for trust requirements in DOLs by 31 April 2022 Continue to develop metrics as data quality allows <p>Q2 2022/23</p> <ul style="list-style-type: none"> Implementation of NLAG Patient Safety Incident Response Plan by Autumn 2022 (later due to national delays). <p>Q4 2022/23</p> <ul style="list-style-type: none"> Delivery of deteriorating patient improvement plan <p>Ongoing</p> <ul style="list-style-type: none"> Implementation of End of Life Strategy Annual establishment reviews across nursing, midwifery and community settings continue Update IPC BAF as national changes and requirements Continued management of COVID19 outbreaks Workforce Committee undertaking Workforce Planning linked to Business Planning. 	<ul style="list-style-type: none"> COVID-19 surges and other infections which impact on patient experience National policy changes to access and targets Reputation as a consequence of recovery Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19 Generational workforce : analysis shows significant risk of retirement in workforce Many services single staff/small teams that lack capacity and agility Impact of 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. Britain's exit from the European Union; Pandemic) on business continuity and the delivery of core service.</p> <p>Workforce impact on HASR.</p>

Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> 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 Progress with the End of Life Strategy Ophthalmology Waiting List Delays with results acknowledgement Delivery of Oncology Service (further information to be provided at the Q&SC meeting in February 2022, by the Chief Operating Officer) Workforce sickness and vacancies (further information to be provided at the Q&SC WC meeting in February March 2022, by the Director of People) 	<ul style="list-style-type: none"> Mandatory training Cancer Service (further information to be provided at the Q&SC meeting in February 2022, by the Chief Operating Officer) Delays with results acknowledgement (system live, process not yet embedded) Progress with the End of Life Strategy Ophthalmology Waiting List remains sizeable 	<p>Divisional / Departmental Risks Scoring >15:</p> <p>Divisional / Departmental Risks Scoring >15:</p> <ul style="list-style-type: none"> Inability to segregate patients in ED due to lack of isolation facilities (2695) - Risk Rating 12 Risk to overall cancer performance - Clinical Support Services (2244) - Risk Rating 16 (previous risk rating 16) Deteriorating patient risks - Medicine (2388) - Risk Rating 15, Surgery (2347) - Risk Rating 15, Paediatrics (2390) - Risk Rating 4 (previous risk rating 8, before that 15) <p>Divisional / Departmental Risks Scoring <15:</p> <ul style="list-style-type: none"> Management of formal complaints (2659) - Risk Rating 12 (previous risk rating 12, before that 15) Inequitable division of LD Nurses (2531) - Risk Rating 12 (Previous risk rating 20) Mortality performance (2418) - Risk Rating 10 (previous risk rating 15). Cellings of care and advance care planning (2653) - Risk Rating 9 (previous risk rating 12) Child Protection Information System (2914) - Risk Rating 6, (previous risk rating 15) <p>(27 Moderate Risks and 10 Low Risks linked to quality and safety; previously 28 Moderate and 5</p>	<ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration International recruitment Shared clinical development opportunities Development of Integrated Care Provider with Local Authority.

Strategic Objective 1 - To give great care

Description of Strategic Objective 1 - 1.2: To provide treatment, care and support which is as safe, clinically effective, and timely as possible.

Risk to Strategic Objective 1 - 1.2: The risk that the Trust fails to deliver constitutional and other regulatory performance targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	
Consequence	5	5	5	5	5	Risk Appetite Score: Low (4 to 6)
Likelihood	4	4	4	3	2	
Risk Rating Score	20	20	20	15	10	

Initial Date of Assessment: 1 May 2019	Lead Committees Finance and Performance Committee	Enabling Strategy / Plan: Quality Strategy, Patient Safety Strategy, Quality Improvement Strategy, Risk Management Strategy, Learning Strategy, Nursing and Midwifery Strategy, Clinical Strategy
Last Reviewed: 11 April 2022 24 January 2022	Risk Owners: Chief Operating Officer	

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 Divisional Executive Review Meetings System-wide Ambulance Handover Improvement Group 	<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. Humber Cancer Board 	<p>Q4 2021-22</p> <ul style="list-style-type: none"> Consultant job plans to be updated Workforce and resources to Humber Cancer Board Continued development and implementation of risk stratification for RTT incomplete and completed pathways (COMPLETE) Develop divisional dashboards Public Health England guidance (cancer diagnosis) reviewed and implemented Further development of the ICP with HUTH Review of clinical pathways linked to HASR programme 1 ICP, 7 specialties Consultant led ward rounds, further development and implementation (ECIST) Community 2 Hour Urgent Crisis Response (UCR) service and performance reporting to be implemented Continued development and usage of independent sector through H2 (COMPLETE) Introduction of Advanced Conscious Sedation and Community Inhalation Sedation in Community Dental Services Diversion of Category 5 EMAS calls to North Lincolnshire SPA to enable local response and avoid admission Establishment of pathway for YAS to access the North Lincolnshire SPA in the same way as EMAS Implementation of robust tracking for patients risk stratified as high risk, escalation processes to notify patients not treated within risk timeframe (COMPLETE) <p>Q1 2022-23</p> <ul style="list-style-type: none"> Outpatient transformation plan by 2022. Development of Phase 2 three year HASR Plan by 2022 Revision and Development of QSIS plans Progress P1 of HASR Plan - Haematology, Oncology, Dermatology Opening of new ED build at DPoW Implementation phase 3 of AAU business case Implementation of the UCS Model (funding based on Business Case agreement) Validation of all RTT Clock Stops back to 75% Confirmation of contracting rules for 22/23 for use of IS providers <p>Q2 2022-23</p> <ul style="list-style-type: none"> Job plans complete for 22/23 <p>Q3 2022-23</p> <ul style="list-style-type: none"> Diagnostic breach tracker tool Development of ward 25 at SGH to provide addition single rooms Validation of all RTT Clock Stops back to 100% <p>Q4 2022-23</p> <ul style="list-style-type: none"> Diagnostic and cancer pathways reviewed and implemented. Opening of new ED build at SGH 	<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 lines 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 Risk of independent sector providers not providing required capacity due to workforce issues (as they use NHS Consultants) Risk to Dermatology Service if HASR doesn't progress (retirement of 1 of the 2 wte consultants in March 2022) Future requirement of Type 5 SDEC activity to be submitted as part ECDS from April 23 Inability to staff UCS due to lack of support from Primary Care Impact of Mutual Aid work and increase in waiting times Risk of no contracting for independent sector work Risk to gastroenterology service due to 2 WTE consultant vacancies <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>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 Diagnostics Constitutional Standards Capacity to Reduce 52 week, 104 day and over 18 week waits to meet the trusts standard of 0 waits over 40 week in 2022 Limited single isolation facilities Review of effective discharge planning Diagnostic capacity and capital funding to be confirmed Data quality - inability to use live data to manage services effectively using data and information - recognising the improvement in quality at weekly and monthly reconciliations Validation of RTT Clock Stops is being undertaken in high risk areas specialties only due to ongoing capacity pressure as a result of COVID 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> QSIS 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. 	<p>Links to High Level Risks 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 Follow-ups (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) Paediatric Medical Support Pathway for ECC (2576) Breast Oncology Services (2948) Depleted Consultant workforce (Breast Team) - (2999) Decrease in Max Fax Capacity at HUTH (3009) Oncology Service (2949) Failure to meet constitutional standards for Cancer (2569) 	<p>Future Opportunities</p> <ul style="list-style-type: none"> Closer Integrated Care System working Humber Acute Services Review and programme Provider collaboration Collaboration with PCNs in NL / NEL to support full implementation of the UCS model

Strategic Objective 1 - To give great care

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

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

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

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> NLaG Clinical Strategy 2021/25. Trust Priorities 2021/22. Humber and North Yorkshire Coast and Vale Health Care Partnership (HNY HCV HCP). Integrated Care System (ICS) Leadership Group. Quality and Safety Committee. Acute and Community Care Collaboratives (ACC). Humber Cancer Board. Humber Acute Services - Executive Oversight Group (HASR). Health Overview and Scrutiny Committees (OSC). Trust Membership Council of Members. Council of Governors. Primary Care Networks (PCNs). Place Boards Clinical and Professional Leaders Board. Hospital Consultants Committee (HCC) / MAC Joint Development Board (JDB) Committees in Common (CIC) Strategic Development Committee (SDC) 	<p>Positive:</p> <ul style="list-style-type: none"> NHSE/ Assurance and Gateway Reviews. OSC Engagement. Clinical Senate formal review <p>Internal:</p> <ul style="list-style-type: none"> Minutes from Committees and Executive Oversight Group for HASR, JDB, CIC, SDC Humber and North Yorkshire Coast and Vale Health Care Partnership. ICS Leadership Group. OSC Feedback. Outcome of public, patient and staff engagement exercises. Executive Director Report to Trust Board. Non-Executive Director Committee Chair Highlight Report to Trust Board <p>External:</p> <ul style="list-style-type: none"> Checkpoint and Assurance meetings in place with NHSE/I (3 weekly). Clinical Senate Reviews. Independent Peer Reviews re; service change (ie Royal Colleges). Citizens Panel (Humber). 	<p>Q3 2021/22</p> <ul style="list-style-type: none"> To formulate a vision narrative (PCBC) for Humber Acute Services review that is understood by partners, staff and patients by December 2021 (Draft complete) <p>Q4 2021/22</p> <ul style="list-style-type: none"> To undertake continuous process of stocktake and assurance reviews NHSE/I and Clinical Senate review OSC - reviews. NED / Governor reviews Citizens Panel reviews To undertake continuous engagement process with public and staff. Evaluation of the models and options with stakeholders Finalise Pre-Consultation Business Case and alignment to Capital Strategic Outline Case (end May 22) <p>Q1 2022/23</p> <ul style="list-style-type: none"> Draft report from Clinical Senate review (end May 22) NHSEI Gateway review ICS Board Approval <p>Q2/Q3 2022/23</p> <ul style="list-style-type: none"> Public Consultation 	<ul style="list-style-type: none"> Change in national policy Delays in legislation. Operational pressures and demand and Covid-19 recovery affecting opportunity to engage. Uncertainty / apathy from staff. Lack of staff engagement if not the option they are in favour of. Out of Hospital enablers and interdependencies Ockenden 2 Report <p>Strategic Threats</p> <ul style="list-style-type: none"> Government legislative and regulatory changes. Change in local leadership meaning priority changes. Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users. Creation of Placed based partnerships Strategic Capital allocation
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> A shared vision for the HASR programme is not understood across all staff/patients and partners Link to SO3 - 3.2 re: Capital Investment 	<ul style="list-style-type: none"> Feedback from public, patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes. Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time. Alignment of strategic capital Alignment to a System wide Out Of Hospital Strategy and ICS Strategic workforce planning 	<ul style="list-style-type: none"> Clinical Strategy (RR no 2924). 	<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 Programme Joint workforce solutions inc. training and development Humber wide

Strategic Objective 1 - To give great care

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

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

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Finance and Performance Committee	Enabling Strategy / Plan: Estates and Facilities Strategy, Clinical Strategy, Digital Strategy
Consequence	5	5	5	5	5				
Likelihood	4	4	4	4	4		Last Reviewed: 12 April 2022	Risk Owner: Director of Estates and Facilities	
Risk Rating	20	20	20	20	20		11 January 2022		

<p>Current Controls</p> <ul style="list-style-type: none"> • Audit Risk & Governance Committee • Finance and Performance Committee • Capital Investment Board • Six Facet Survey - 5 years • Annual AE Audits • Annual Insurance and External Verification Testing • Estates and Facilities Governance Group • Trust Management Board (TMB) • Project Boards for Decarbonisation Funds • BLM Capital Group Meeting • PAM (Premises Assurance Model) • Specialist Technical Groups 	<p>Assurance (internal & external)</p> <p>Positive:</p> <ul style="list-style-type: none"> • External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts • Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) • PAM <p>Internal:</p> <ul style="list-style-type: none"> • Minutes of Finance and Performance Committee, Audit Risk & Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation • PAM • Non Executive Director Committee Chair Highlight Report (bi-monthly) to Trust Board • Executive Director Report (6 monthly) to Trust Board • Specialist Technical Groups <p>External:</p> <ul style="list-style-type: none"> • External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts • Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark) • ERIC (Estates Return Information Collection) 	<p>Planned Actions</p> <p>Ongoing Actions:</p> <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 <p>Q4 2021/22</p> <ul style="list-style-type: none"> • Estates and Facilities equipment plan produced and implemented as part of the 21/22 core capital annual funding (this may be re-prioritised as no current contingency) - Action date: end of financial year 21/22 - COMPLETED • The Decarbonisation Funding (£10.1M) project across all three sites, the Core Capital Programme, the Transformational Capital Schemes and the BLM Schemes were all delivered by 31 March 2022 - COMPLETED <p>Q1 2022/23</p> <ul style="list-style-type: none"> Start Backlog Maintenance programme Continue Ward 25 refurbishment Start Core Capital Programme Start refurbishment of old DPOW ED <p>Q2 2022/23</p> <ul style="list-style-type: none"> Continue Backlog Maintenance programme Continue Ward 25 refurbishment Continue Core Capital Programme Continue refurbishment of old DPOW ED <p>Q3 2022/23</p> <ul style="list-style-type: none"> Continue Backlog Maintenance programme Complete Ward 25 refurbishment Continue Core Capital Programme Continue refurbishment of old DPOW ED <p>Q4 2022/23</p> <ul style="list-style-type: none"> Continue Backlog Maintenance programme Complete Core Capital Programme Complete refurbishment of old DPOW ED 	<p>Future Risks</p> <ul style="list-style-type: none"> • COVID-19 future surge and impact on the infrastructure • National policy changes (HTM / HBN / BS); Ventilation, Building Regulation & Fire Safety Order • Regulatory action and adverse effect on reputation • Long term sustainability of the Trust's sites • Clinical Plan • Adverse publicity; local/national • Workforce - sufficient number & adequately trained staff • Without significant investment future BLM will increase (BLM figures for 2019/20 = £97M circa, and BLM figures for 2020/21 increased to circa £107M) <p>Strategic Threats</p> <ul style="list-style-type: none"> • Integrated Care System (ICS) Future Funding • Failure to develop aligned system wide clinical strategies and plans which support long term sustainability and improved patient outcomes. This could prevent changes from being made • The above prevents changes being made which are aligned to organisational and system priorities • Government legislative and regulatory changes • Within the next three years a significant (60%) proportion of the trust wide estate will fall into 'major repair or replacement' 6 facet survey categorisation • A further breakdown of strategic risk detailed in the 2019/20 6 Facet Survey Report: 22% of SGH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown' • 19% DPoW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown' • 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'
<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 (development in progress) 	<p>Links to High Level Risks Register</p> <p>There are approximately 22 Estates and Facilities risks graded 15 or above recorded on the high level risk register. Of which there are a significant number of risks pertaining to the physical infrastructure and engineering equipment being inadequate or becoming inadequate. Of particular note, there are a number of high risks relating to workforce, water infrastructure, medical gases, electrical and fire compliance that place increased risk to the Trust's overall strategic ability to provide patient care in a safe, secure and suitable environment.</p>	<p>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. • Expression of Interest submitted for New Hospital Programme (NHP) - possible updated in July 2022

Strategic Objective 1 - To give great care

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

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

	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committees: Audit, Risk and Governance Committee	Enabling Strategy / Plan: Digital Strategy
Consequence	4	4	3	3	3		Last Reviewed: 11 April 2022	Risk Owner: Chief Information Officer	
Likelihood	4	3	3	2	2				
Risk Rating	16	12	9	6	6				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> • Strategy and Development Committee • Finance and Performance Committee • Upto date Digital / IT policies, procedures and guidelines • Digital Strategy Board • Digital Solutions Delivery Group • Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation. • Audit Risk & Governance Committee (including external Auditor reports) • Annual Penetration Tests • Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication • Trust Management Board (TMB) 	<p>Internal:</p> <ul style="list-style-type: none"> • A Digital Strategy Board reviews progress of the plans to achieve the strategy • Highlight reports to Trust Board, Audit Risk and Governance Committee, Strategic Development Committee, Finance and Performance Committee and TMB • Digital / IT Policies all current • CIO/Executive Director Report (6 monthly) to Trust Board <p>External:</p> <ul style="list-style-type: none"> • Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021. • Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019 <p>Positive Assurance:</p> <p>The Integrated Performance Report (IPR) has been revised and updated. This was done with NHSE/I who have stated it is now among the leading models for reporting</p>	<p>Q3 2021/22</p> <ul style="list-style-type: none"> • Development of a comprehensive IT BC / DR Programme including monitoring of adherence to the programme. Results of BC / DR tests recorded and formally reported by 31 December 2021. External Project Manager appointed to undertake further work on the IT BC/ DR Programme to be completed by June 2022 (extended from 30 April 2022) • Digital Reporting schedule/Work plan for Board Committees completed as of the 4th Qtr 21/22 <p>Q4 2021/22</p> <ul style="list-style-type: none"> • The Data Warehouse options appraisal to be approved through governance structures by February 2022 • Implementation of the Data Warehouse commenced in April 2022 • Year 2 Digital Aspirant Funds available to support funding Digital Programs (20/21 & 21/22) <p>Q2 2022/23</p> <ul style="list-style-type: none"> • IPR - further development of Digital, Finance and Estates KPIs to be reported, by September 2022 • Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022) <p>Other:</p> <ul style="list-style-type: none"> • Secure resources to deliver Digital Strategy and annual priorities (PAS; EPR; Data Warehouse; RPA; Document management; Infrastructure upgrades). Digital Aspirant Funds £5 M secured with additional internal Capital to deliver projects 21/22 & 22/23. Depending on when NHSX releases funds for the Unified Tech Fund, we work with the ICS to bid for funds to continue our "levelling strategy" across the ICS • £250k NHS/X/D Cyber Security Capital Funding Bid Approved - Improving Cyber Security and Management over Medical Devices and other unmanaged IT devices on the Trust network 	<ul style="list-style-type: none"> • COVID-19 surge and impact on adoption of digital transformation • National policy changes in some cases in short notice, requiring revisions to work plan • Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards • IT infrastructure and implementation of digital solutions that not only support NLaG but also the Integrated Care System (ICS), may delay progress of NLaG specific agenda • Ongoing financial pressures across the organisation • There are eight assertions on the DSPT improvement plan with the end date of the 31st December. In Dec. NHS Digital announced that due to the increasing impact of COVID-19 and Log4J, organisations were no longer required to submit updated improvement plans by the 31 December 2021. No new deadline was set. Organisations can submit completed plans should they wish <p>Of the 8 actions identified on the 20/21 improvement plan NLaG have 2 outstanding:</p> <ol style="list-style-type: none"> 1. Business Continuity Plans and Asset Register Two contractors have been secured who will work on these dedicated projects for an 8-week period with a completion date of end of March 2022 2. Attack Detection and Response Cyber funding was awarded from NHS Digital in October 2021. Procurement is in progress for an 'Attack Detection and Response (ADR) for Healthcare'. Expected completion end of March 2022 <p>Once the above two are completed, the Trust will share the completed Improvement Plan with NHS D and request that the publication status for 20/21 be changed to 'Standards Met'</p>
<p>Gaps in Controls</p> <ul style="list-style-type: none"> • Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions. • 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 - in progress (target 4th qtr 21/22) 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> • Integrated Performance Report - the Digital and Estates • Data Warehouse solution to support outcomes from BI review 	<p>Links to High Level Risks Register</p> <ul style="list-style-type: none"> • Accuracy of Data of Business Decision Making. Finalizing spec to procure new data warehouse. (2515) Low Risk (5) • Risk of non-compliance with the Data Protection Act 2018 due to the Trust not having sufficient resource and technical tools to conduct forensic searches on use of data. Currently rolling out 365 and discussing with NHS D on recommended search tools. (2676) Medium Risk (10) • Data & Cyber Security: (2) Cyber Infrastructure (2408) - Risk High (16) • Updated Business Continuity & Disaster Recovery Procedure (2299) Risk Medium (9) 	<p>Strategic Threats</p> <ul style="list-style-type: none"> • Capital funding to deliver IT solutions and establish a 3 yr plan • Government legislative and regulatory changes shifting priorities as the ICS continues to evolve <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).

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

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Winter Planning Group Strategic Planning Group A&E Delivery Board Director of People - Senior Responsible Owner for Vaccinations Ethics Committee Clinical Reference Group Influenza vaccination programme Public communications re: norovirus and infectious diseases Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group 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) 	<p>Q4 2021/22:</p> <ul style="list-style-type: none"> Capacity to meet demand workforce) Mandatory Vaccinations of Staff - engagement and communication, Booster hubs (COMPLETE) Introduction of 24/7 Operational Matron rota for Scunthorpe General Hospital and Diana Princess of Wales Hospital <p>Ongoing:</p> <ul style="list-style-type: none"> Lateral flow testing staff is ongoing. Business Intelligence monitoring re: pandemic. 	<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 Risk to Oncology Waiting Times due to HJTH operational pressures Risk to Dermatology Service if HASR does not progress (retirement of 1 of the 2 wte consultants in March 2022) Longer waiting times for patients due to HJTH Mutual Aid work Risk to gastroenterology service due to 2 WTE consultant vacancies <p>Strategic Threats</p> <p>A widespread loss of organisational focus on patient safety and quality of care leading to increased incidence of avoidable harm, exposure to 'Never Events', higher than expected mortality, and significant reduction in patient satisfaction and experience. Increase in patients waiting, affecting the effectiveness of cancer pathways, poor flow and discharge, an increase in patient complaints.</p>
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Capacity to meet demand (workforce). Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into January 2022 Mandatory vaccinations of all staff by 31 March 2022 (as per Government requirement) 		<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 Follow-ups (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) Impact on Medicine Divisional business plan / service delivery (2700) Risk arising as a result of COVID-19 - clinical support services (2704) Breast Oncology Services (2948) 	<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	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Low (4 to 6)	Initial Date of Assessment: 1 May 2019	Lead Committee: Workforce Committee	Enabling Strategy / Plan: People Strategy, NHS People Plan, Leadership Development Strategy
Consequence	5	5	4	4					
Likelihood	3	4	2	3					
Risk Rating	15	20	8	13					
							Last Reviewed: April 2022 March 2022	Risk Owner: Director of People	

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 	<p>Q3 2021/22</p> <ul style="list-style-type: none"> Review of staff survey results March/April to inform overall plans for Culture Transformation Board Setting up a working group to oversee payment processes to ensure streamlined processes between People/Operations and Finance Directorate Set up Culture Transformation Board to develop plans to address issues identified through staff survey, FTSU and other data on staff morale and culture Review of Statutory and Mandatory training is underway to clarify what staff need to undertake in line with national benchmarks <p>Q4 2021/22</p> <ul style="list-style-type: none"> Plans to recruit 120 international nurses before end of December 2022 - funding secured to support Review of Recruitment Processes to ensure that they are streamlined, inclusive, responsive and timely - focus on medical recruitment Health and Wellbeing plan offer to be finalised and costed for implementation for 22/23 Introduction of Just and Learning Culture Framework - subject to approval of disciplinary policy - subject to approval of disciplinary policy Review of staff survey results March/April to inform overall plans for Culture Transformation Board Introduction of Just and Learning Culture Framework to be introduced as part of the roll out of the new disciplinary policy - subject to approval of disciplinary policy Setting up a working group to oversee payment processes to ensure streamlined processes between People/Operations and Finance Directorate Set up Culture Transformation Board to develop plans to address issues identified through staff survey, FTSU and other data on staff morale and culture Review of Statutory and Mandatory training is underway to clarify what staff need to undertake in line with national benchmarks Q1 2022/23 <p>Q1 2022/23</p> <p>Ongoing Actions</p> <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 - this is now completed Continue collaboration between NLAG and HUTH and the HCV wider network. Implementation of new directorate structure and recruitment to vacant positions. This is almost complete Outputs from the currently live Staff Survey and quarterly Pulse Survey Continued review of the Health and Wellbeing offer to staff Review of the Educational /Leadership Development offer and future roll out of programmes A Culture and Engagement deep dive was recently conducted, the findings presented at an Executive Team time out, JNCC, Workforce Committee, and now being socialised more broadly for widening participation from all staff groups 	<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 / EU Exit. Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Workforce. Integrating Care: Next Steps. Future staffing needs / talent management
<p>Gaps in Controls</p> <ul style="list-style-type: none"> Slower international recruitment of clinical staff due to visa backlogs 	<p>Gaps in Assurance</p> <ul style="list-style-type: none"> Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits. 	<p>Other Significant Risks & Links to High Level Risks Register</p> <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>Future Opportunities</p> <ul style="list-style-type: none"> Closer ICS working. Provider collaboration. International recruitment.

Strategic Objective 3 - To live within our means

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

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

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

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital. National benchmarking and productivity data constantly reviewed to identify CIP schemes. Engagement with Integrated Care System on system wide planning 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. On track to deliver the requirements set out by NHSEI <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 delivery of H1 financial plan HASR Programme Assurance Group Approval received for AAU business case from NHSE/I 	<p>Q4 2021/22 - ACTIONS COMPLETED - Financial targets met at year end. Financial Accounts prepared and now undergoing External Audit</p> <ul style="list-style-type: none"> Develop financial (incl comprehensive CIP plan) and service plan for 22/23 - target by end of Feb 2022 Secure approval for Acute Assessment Unit Full Business Case January 2022 Secure agreement of income to cover forecasted costs and containing costs to within forecasted levels. Undertake financial planning as part of HCV ICS HNY HCP exercise and agree a balanced financial plan for 2022/23 - this is still work in progress with a plan deficit of £6m currently. Included within this are two key actions: productivity improvement plans to return the Trust to 19/20 activity levels as a minimum, and a robust and recurrent cost improvement plan which is capable of being delivered in year Agree financial implications of P1 completed specialities for transacting in qtr 4 21/22-- <p>2022/33</p> <ul style="list-style-type: none"> Likely receipt of three year income and expenditure allocations and therefore need to develop plans for 2022-25 to commence planned publication of year two and three allocations Develop plans for 2023-25 to demonstrate return to underlying financial balance Agree financial implications of P1 specialities for transacting as and when work is complete Work with system partners, specifically community and local authorities to ensure that our local systems are working in unison to tackle the issues of system flow 	<ul style="list-style-type: none"> COVID-19 third further surges and impact on finance and CIP achievement National policy changes Impact of HASR plans on NLaG clinical and non clinical strategies Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme Impact of external factors such as problems with residential and domiciliary care, causing hospitals to operate at less than optimum efficiency and cause financial problems <p>Strategic Threats</p> <ul style="list-style-type: none"> ICS Future Funding Integrating Care: Next Steps System wide control total
Gaps in Controls	Gaps in Assurance	Links to High Level Risks Register	Future Opportunities
<ul style="list-style-type: none"> Systems plans may not address individual organisational sustainability Challenges with HASR, CIP Delivery Uncertainty on application of long term financial framework. Clinical strategy required to inform Finance Strategy As we progress, the emerging uncertainty around the financial implications of decisions from the HAS process 	<ul style="list-style-type: none"> Integrated Performance Report - Finance Delivery of Cost Improvement Programme Plan Management of financial risks arising from the pandemic Individual organisational sustainability plans may not deliver system wide control total 	<ul style="list-style-type: none"> Unable to meet CIP delivery - surgery (2599). COVID-19 Expenditure (ref: Financial Plan 2021-22) Savings Programme (ref: Financial Plan 2021-22) 	<ul style="list-style-type: none"> Closer ICS working Provider collaboration System wide collaboration to meet control total

Strategic Objective 3 - To live within our means

Description of Strategic Objective 3 - 3.2: To secure adequate capital investment for the needs of the Trust and its patients.						Risk to Strategic Objective 3 - 3.2: The risk that the Trust fails to secure and deploy adequate capital to redevelop its estate to make it fit for purpose for the coming decades.				
Risk Rating	Inherent Risk	Current Risk	Target Risk by 31 March 2022	Target Risk by 31 March 2023	Target Risk by 31 March 2024	Risk Appetite Score: Moderate (8 to 12)		Initial Date of Assessment: 1 May 2019	Lead Committees: Finance and Performance Committee Strategic Development Committee Committees in Common	Enabling Strategy / Plan: Trust Strategy, Clinical Strategy, Humber Acute Services Programme/ Capital Investment EOI and potential SOC for NHP
Consequence	5	4	5	5	5					
Likelihood	2	3	3	4	4					
Risk Rating	10	12	15	20	20					
								Last Reviewed: 13 April 2022 (DoSD) 14 February 2022	Risk Owners: Chief Financial Officer and Director of Strategic Development	

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

Strategic Objective 4 - To work more collaboratively

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

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

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

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

Strategic Objective 5 - To provide good leadership

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

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> • Trust Board, Trust Management Board, Workforce Committee, PRIMS. • CQC and NHSE/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>Q3 2021/22</p> <ul style="list-style-type: none"> • Continued contribution to the 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. • A Trust-wide Leadership Deep Dive is scheduled for review with the Executive Team and Workforce Committee in November/December 2021, to set out an integrated programme of leadership development pathways and activities supporting the Culture and Engagement Transformation Programme and feeding in to our aims for talent identification and succession development. The scope includes a range of initiatives addressing: establishing more effective line manager skills in leading people for existing line managers (building on the work of the HRBPs) <p>Q4 2021/22</p> <ul style="list-style-type: none"> • Compliance and performance improvement to be monitored at PRIMS by 31 March 2022 • Leadership Development Framework to be completed - Delivery plan to be developed to support the roll out of the Leadership Strategy from April 2022 - scoped and costed - to be submitted to Board in April • Implementation of the Culture Transformation Board to oversee delivery of Leadership strategy • Development of Performance metrics to support delivery of Leadership strategy <p>Q1 2022/23</p> <ul style="list-style-type: none"> • Introduce a leadership and career development portfolio governance board in 2022 with representation from all stakeholder staff groups, whose purpose is to ensure any and all leadership development programmes we design in-house, commission, or subscribe to, align with our People Strategy aims of attracting, developing and retaining leaders as a preferred employer. From April 2022, subject to funding • Providing further knowledge and skills for all leaders and managers towards building a culture of compassion-centred, collective leadership. This programme, modular in approach, will include Leading with Kindness, Courage and Respect, underpinned with processes and skill development in difficult conversations, embodying the Trust values, and improving what it feels like for staff to work at NLaG. From April 2022, subject to funding <p>Q2 2022/23</p> <ul style="list-style-type: none"> • Refreshing of the coaching model with the move towards a Coaching and Mentoring Bureau, offering staff at all levels, opportunities for coaching and mentoring. All participants on leadership development programmes will have a coach for the duration of their development course. We aim to introduce mentoring, both peer to peer, role and career, and reverse, during 2022 with some small scale pilot programmes including a pilot EDI-centric reverse mentoring programme to further strengthen inclusion. September 2022, subject to funding <p>Q3 2022/23</p> <ul style="list-style-type: none"> • Refresh of our PADR process referred to in the Training & Development submission, will include process components and skills training to enable identification of talent, development of potential, and proactive planning for succession. Refer to the Leadership and Career development draft schematic in the Appendices for concept. December 2022 • Introducing a managerial core skills programme for newly appointed managers 2022 and beyond. December 2022 <p>Q1 2023/24</p> <ul style="list-style-type: none"> • As part of both leadership development and succession planning, we will be seeking collaborative team working across the ICS for the introduction of a HCV Shadow Board programme. From April 2023 	<p>• COVID-19 third surge and impact on finance and CIP achievement.</p> <p>• National policy changes.</p> <p>• Impact of HASR plans on NLaG clinical and non clinical strategies.</p> <p>• Current vacancy for the Head of Education which is currently being covered by temporary resource</p> <hr/> <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"> • Financial Special Measures • Quality Special Measures 	<p>Links to High Level Risks Register</p> <p>None</p>	<p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer Integrated Care System working • Provider collaboration • System wide collaboration to meet control total • HASR

Name of the Meeting	Council of Governors																																				
Date of the Meeting	20 July 2022																																				
Director Lead	Helen Harris, Director of Corporate Governance																																				
Contact Officer/Author	Alison Hurley, Assistant Director of Corporate Governance																																				
Title of the Report	Board Assurance Framework (BAF) 2021-22 Quarter Four																																				
Purpose of the Report and Executive Summary (to include recommendations)	<p>The Council of Governors are asked to:</p> <p>a) to note the strategic risks which remain at 15 and above as of quarter four.</p> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Strategic Risk</th> <th>Current Risk at Quarter 3 position</th> <th>Target Risk by 31 March 2022</th> </tr> </thead> <tbody> <tr><td>SO1-1.1</td><td>15</td><td>15</td></tr> <tr><td>SO1-1.2</td><td>20</td><td>20</td></tr> <tr><td>SO1-1.3</td><td>12</td><td>8</td></tr> <tr><td>SO1-1.4</td><td>20</td><td>20</td></tr> <tr><td>SO1-1.5</td><td>12</td><td>9</td></tr> <tr><td>SO1-1.6</td><td>16</td><td>16</td></tr> <tr><td>SO2</td><td>20</td><td>8</td></tr> <tr><td>SO3-3.1</td><td>12</td><td>5</td></tr> <tr><td>SO3-3.2</td><td>12</td><td>15</td></tr> <tr><td>SO4</td><td>12</td><td>8</td></tr> <tr><td>SO5</td><td>8</td><td>8</td></tr> </tbody> </table> <p>b) receive for assurance the Board Assurance Framework (as at Appendix A) which details the progress against the delivery of the Trust’s strategic objectives;</p> <p>c) note the above sub-Committees have considered the Board Assurance Framework at their meetings;</p> <p>d) note the report below, the controls, assurances, planned actions and underpinning high level risks associated with each strategic risk.</p>	Strategic Risk	Current Risk at Quarter 3 position	Target Risk by 31 March 2022	SO1-1.1	15	15	SO1-1.2	20	20	SO1-1.3	12	8	SO1-1.4	20	20	SO1-1.5	12	9	SO1-1.6	16	16	SO2	20	8	SO3-3.1	12	5	SO3-3.2	12	15	SO4	12	8	SO5	8	8
Strategic Risk	Current Risk at Quarter 3 position	Target Risk by 31 March 2022																																			
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SO4	12	8																																			
SO5	8	8																																			
Background Information and/or Supporting Document(s) (if applicable)	N/A																																				
Prior Approval Process	<ul style="list-style-type: none"> ✓ Strategic Development Committee – 18.05.22 ✓ Quality & Safety Committee – 24.05.22 ✓ Finance & Performance Committee – 25.05.22 ✓ Workforce Committee – 31.05.2022 ✓ Trust Board – 07.06.2022 <p style="margin-left: 100px;"><input type="checkbox"/> Other: Click here to enter text.</p>																																				

Which Trust Priority does this link to	<ul style="list-style-type: none"> ✓ Pandemic Response ✓ Quality and Safety ✓ Estates, Equipment and Capital Investment ✓ Finance ✓ Partnership and System Working 	<ul style="list-style-type: none"> ✓ Workforce and Leadership ✓ Strategic Service Development and Improvement ✓ Digital ✓ The NHS Green Agenda ✓ Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	<p>To give great care:</p> <ul style="list-style-type: none"> ✓ 1 - 1.1 ✓ 1 - 1.2 ✓ 1 - 1.3 ✓ 1 - 1.4 ✓ 1 - 1.5 ✓ 1 - 1.6 <p>To be a good employer:</p> <ul style="list-style-type: none"> ✓ 2 	<p>To live within our means:</p> <ul style="list-style-type: none"> ✓ 3 - 3.1 ✓ 3 - 3.2 <p>To work more collaboratively:</p> <ul style="list-style-type: none"> ✓ 4 <p>To provide good leadership:</p> <ul style="list-style-type: none"> ✓ 5 <input type="checkbox"/> Not applicable
Financial implication(s)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	<ul style="list-style-type: none"> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion ✓ Assurance 	<ul style="list-style-type: none"> <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

Board Assurance Framework (BAF) Quarter 4 Review (1 January – 31 March 2022)

1. Purpose of the Report

- 1.1 To present the quarter four BAF to the Trust Board. The BAF triangulates relevant information on the risks to the delivery of the board's Strategic Objectives, highlighting risks, controls and assurances. It is an essential tool to support the Board in seeking assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF the Trust Board can have confidence that they are undertaking thorough oversight of strategic risk. The BAF is utilised to support the Board in receiving confidence about the likely achievement of each of its Strategic Objectives.
- 1.2 The Trust Board Sub-Committees are responsible for reviewing the relevant objectives and risks and providing assurance to the Trust Board on progress.
- 1.3 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.
- 1.4 The Trust has in place a 'ward to Board' process for risk management, which 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.

2. Background

- 2.1 Following the Trust Board meeting on 7th December 2021 the following actions were agreed and have been completed:
 - Add annual targets to the risk scores for each strategic risk;
 - To review and consider additional sub-categories for Strategic Objective 2. Following a meeting with the Chief Nurse, Director of People and Director of Corporate Governance it was agreed to move the safe staffing element from Strategic Objective SO2 to SO1-1.1.
- 2.2 Further developments include the separation of planned actions on a quarterly basis for each Strategic Objective. This is to provide an easy reference against required actions at set timescales.
- 2.3 All strategic risks have been reviewed by their associated Board Sub-Committee with the exception of the Audit, Risk and Governance Committee who are due to meet on 10th June 2022.
- 2.4 Please note that the blue text in the updated BAF signifies updated information and red illustrates text to be deleted once this has been reviewed and approved at the Trust Board.

3. Summary of Current Risk Ratings by Strategic Objective Risk

- 3.1 The full BAF is available at Appendix A, and the Strategic Objectives are detailed below with the current risk ratings for quarter four:

4. Strategic Objectives – Current and Target Risk Ratings

4.1 The table below demonstrates the current risk rating of each Strategic Objective against the target risk rating by the end of March 2022:

Strategic Objective	Current Risk at Quarter 3 position	Target Risk by 31 March 2022
SO1-1.1	15	15
SO1-1.2	20	20
SO1-1.3	12	8
SO1-1.4	20	20
SO1-1.5	9	9
SO1-1.6	16	16
SO2	20	8
SO3-3.1	5	5
SO3-1.2	12	15
SO4	12	8
SO5	8	8

4.2 The Risk Ratings for each Strategic Objective have been reviewed by the Trust Board.

Agenda Number:

CoG (07/22) Item: 7.3

Name of the Meeting	Council of Governors	
Date of the Meeting	20 July 2022	
Director Lead	Simon Parkes – Chair of Audit, Risk and Governance Committee	
Contact Officer/Author	Simon Parkes	
Title of the Report	Audit, Risk and Governance Committee Annual Report 2021/22	
Purpose of the Report and Executive Summary (to include recommendations)	<p>The Audit, Risk and Governance Committee’s Annual Report summarises the key work of the Committee during 2021/22.</p> <p>It contains details of membership and attendance at each meeting throughout the year, the principal areas of review undertaken by the Committee in terms of governance, risk management and internal control.</p> <p>Appendix 1 details attendees at meetings, either members, regular attendees or ad-hoc attendees. Appendix 2 is the Committee’s annual rolling work plan for 2022/23.</p> <p>This report is presented to both the Trust Board and the Council of Governors for information.</p> <p>The Council of Governors is asked to note the annual report from the Audit, Risk and Governance Committee.</p>	
Background Information and/or Supporting Document(s) (if applicable)	HFMA Audit Committee Handbook 2018	
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input checked="" type="checkbox"/> Other: June 2022 ARG Committee
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input checked="" type="checkbox"/> Finance <input type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input type="checkbox"/> 4 To provide good leadership: <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Not applicable

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

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

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



Northern Lincolnshire
and Goole
NHS Foundation Trust

AUDIT, RISK AND GOVERNANCE COMMITTEE

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2022

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

10 June 2022

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1. Introduction and Purpose of the Report

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

This report sets out how the Committee has satisfied its terms of reference during 2021/22 and provides the Board with assurance to underpin its responsibilities for the Annual Governance Statement (AGS).

2. Terms of Reference

The Membership and Terms of Reference for the Committee are subject to regular review and revision as necessary, most recently in February 2022. The April 2022 Trust Board subsequently ratified the revised terms of reference for a further year. The terms of reference will be reviewed again during 2022/23 in line with the Committee's annual work plan to consider whether they remain fit for purpose. The Committee also revisited and re-approved adjustments to its rolling 2021/22 annual work plan during the year.

In terms of the impact of Covid-19 on the Committee's business, additions were made to the terms of reference of the Committee in April 2020 in order to: reduce physical attendance at meetings; make the frequency of meetings flexible and responsive; add to its responsibilities the oversight of the new temporary governance arrangements proposed for the Trust; manage the relationship with both the External and Internal Audit services appropriately; increase the emphasis on counter fraud and anti-theft preparedness; focus on the changing risks in the Board Assurance Framework; and undertake a risk-based review of the Committee's Work Plan. The additional provisions were included as an annex to the existing terms of reference and remain within the current document to enable them to be invoked with the explicit discretion of the Trust Board as necessary going forward.

As part of the Committee's regular review of its own governance arrangements, it undertook a self-assessment exercise in January 2022 using the latest HFMA NHS Audit Committee Handbook self-assessment checklist. This exercise did not identify any gaps in the Committee's processes or terms of reference. The results of this latest exercise were submitted to the Trust Board for information in April 2022.

3. Membership and Attendance

The Committee consists of three non-executive directors (NEDs), of which two must be present at a meeting of the Committee for it to be quorate. The Committee has been chaired by Simon Parkes, NED, since October 2021, having previously been chaired by Andrew Smith, NED, from February 2021 to July 2021. In the absence of

Andrew Smith, the August 2021 meeting was Chaired by Michael Whitworth (Vice Chair / NED). NED members during the year were Michael Whitworth (Vice Chair), Gill Ponder and Neil Gammon (who ended his term at the April 2021 meeting). An Associate NED, Stuart Hall (Vice Chair at Hull University Teaching Hospitals NHS Trust), also attended the Committee in the early part of 2021/22, but ceased after becoming Acting Trust Chair at HUTH. There is cross NED membership with other Trust Board sub-committees.

The Committee continued to meet virtually via MS Teams throughout 2021/22. The virtual meeting format has continued to work well, having been adopted at the on-set of the Covid-19 pandemic in 2020, with ad-hoc attendees dialling in only for their item in line with their allocated time slot.

The Committee met on six occasions during 2021/22 - four full meetings plus an additional meeting for the audited accounts to be approved and an extraordinary meeting to receive the External Auditors Annual Report in order to issue the Audit Certificate for inclusion in the Trust's Annual Report. The Committee has discharged its responsibilities for scrutinising risks and controls that affect all aspects of the Trust's business.

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

4. Principal Review Areas

4.1 Governance, Risk Management and Internal Control

During 2021/22 the Committee reviewed relevant disclosure statements, in particular the Annual Governance Statement (AGS), the Head of Internal Audit Opinion (HoIAO), External Audit opinion and other appropriate independent assurances. The Committee considers that the AGS for 2021/22 is consistent with the Committee's view on the Trust's system of internal control.

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

4.2 Internal Audit

The Trust's internal audit service is provided by Audit Yorkshire, who replaced KPMG on 1 June 2018, following a competitive procurement exercise in early 2018. The contract for the internal audit service was for a period of three years, with the option to extend for a fourth and final year. The extension option was discussed and approved at the October 2020 meeting of the Committee, meaning that 2021/22 was

the fourth and final year of the contract. As a result, a further competitive procurement exercise commenced in January 2022 to award a new contract commencing 1 June 2022. This process concluded in April 2022 with Audit Yorkshire being awarded a new three year contract, commencing with the 2022/23 financial year, with the option to extend for a fourth and final year. An agreed Internal Audit Charter is in place with Audit Yorkshire.

The Committee received the Annual Internal Audit Report for 2020/21 from its internal auditors at its June 2021 meeting.

An internal audit plan was considered and agreed for 2021/22 at the April 2021 meeting of the Committee. As in previous years, the Committee has sought to work effectively with Internal Audit throughout the year to review, assess and develop internal control processes as necessary. The Committee reviewed progress against the agreed internal audit work plan for 2021/22 via routine written progress reports from its internal auditor at each meeting, at which an internal audit representative was always present. Written progress reports outline the status of the planned audit work for the year and the outcome of individual reviews performed, along with associated recommendations where appropriate.

During 2021/22 Internal Audit completed 18 reviews, of which 2 were pieces of advisory/benchmarking work and an assurance rating not applied. Assurance ratings, as to the adequacy and effectiveness of control arrangements in place, for the remaining 16 reviews were as follows:

- 2 reviews with High Assurance rating;
- 13 reviews with Significant Assurance rating (2 reports at draft stage);
- 1 reviews with Limited Assurance rating;
- 0 with Low Assurance rating.

The 2021/22 Head of Internal Audit Opinion was also received by the Committee which gave an overall opinion as follows: ***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 2021/22 HoIAO is included within the AGS, which forms part of the Trust's Annual Report.

The Trust also formulated its annual internal audit plan for 2022/23. The Executive Team provided suggestions for the plan and these were then discussed further between themselves and refined into a programme of audits for the forthcoming year, in line with the allotted 200 day annual internal audit plan. The proposed internal audit plan for 2022/23 was presented to the April 2022 meeting of the Committee for consideration and approval.

Audit Yorkshire operates an electronic follow-up process for all recommendations made, which involves the relevant managers receiving automated prompts to provide periodic updates and evidence, via the electronic system, on the implementation status of recommendations, including those considered to be closed. A routine report is prepared by Audit Yorkshire to show the status of recommendations made,

and this is presented to each meeting of the Committee for assurance or the consideration of further action as appropriate. Long overdue recommendations were a source of concern for the Committee during the year and as such escalated the issue to the Trust Board (from ARGC meetings in July 2021 and April 2022) and also directly to the Executive Team via the Chief Financial Officer. A much improved position was reported to the Committee by Internal Audit at the June 2022 meeting, and is duly reflected in the final HoIAO. The Committee will continue to routinely monitor the implementation of audit recommendations over the coming year.

4.3 Counter Fraud

The Audit, Risk and Governance Committee continued to receive regular written progress reports from the Trust's Local Counter Fraud Specialist (LCFS) throughout the year. Additionally, the Annual Counter Fraud Report for 2020/21 and the Annual Counter Fraud Operational Plan for 2021/22 were also submitted to the Committee during the reporting year.

The LCFS continues working to develop a strong anti-fraud culture, whilst at the same time investigating allegations of fraud to a criminal standard. The LCFS also continued to liaise effectively with the Trust's Human Resources team with a view to applying appropriate internal disciplinary and sanctions as necessary. The Committee was impressed by the level of counter fraud activities performed by the LCFS over the reporting year.

The Trust continues to host and manage an in-house counter fraud collaborative, known as Counter Fraud Plus (CFP) between itself, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS). This collaborative arrangement commenced in July 2013 (with LPFT and LCHS joining in September 2020) under a formal SLA arrangement. It is designed to provide a more resilient counter fraud service between the organisations involved. The Committee has received reports that the collaborative continues to work effectively and successfully across all five local organisations.

4.4 External Audit

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

However, upon requesting details of the fee Mazars advised it may not be able to resource and deliver the 2022/23 financial statements audit following a number of

retirements and other staff losses within the firm, and felt it only right and proper to inform the Trust of this potential risk to delivery should the extension year be taken up [by the Trust]. To mitigate that risk, the Trust believed it necessary to retender for an external audit partner, a position endorsed by the Committee and approved by the Council of Governors in April 2022.

A tender process will commence in early July 2022 (once potential External Audit service providers have concluded their busiest period of NHS year end work) in order to have a new contract in place for Autumn 2022, commencing with work on the 2022/23 public disclosure statements. As in previous tender exercises for external audit services, a sub-committee of the Council of Governors will be convened. This sub-committee will be supported in the tender process by appropriate advisors from the Audit, Risk and Governance Committee and members of the Finance and Procurement team. A recommendation will then be made from the sub-committee to the full Council of Governors for it to approve the appointment of external auditors, following the competitive tendering exercise.

The Trust's External Auditor attended all meetings of the Committee during 2021/22. Oral or written progress reports are received from the Trust's External Auditor at Committee meetings, including the audit opinion on the Trust's annual financial statements.

In line with Regulator guidance, the Trust has a '*Policy for Engagement of External Auditors for Non-Audit Work*' to avoid any potential conflicts of interest, either real or perceived, in terms of the objectivity of their opinion on the financial statements of the Trust. The policy, which can be found on the documents section of the Trust intranet, is subject to annual review and revisions were duly considered by the Committee at its February 2022 meeting and submitted to the Trust Board for information at its April 2022 meeting. The value of non-audit services is routinely disclosed in the Trust's accounts, however there was no such work performed by Mazars during 2021/22.

During the year a private meeting with both the external and internal auditors took place before the June 2021 meeting of the Committee, and no matters of concern were raised. However, in line with its Terms of Reference, there is an open offer to all parties (the Trust, external auditors and internal auditors) to request a private meeting at any time.

The Committee also formally considered the performance of the Trust's External Auditor at its July 2021 meeting following the conclusion of their year end accounts work. No issues of concern were identified as part of the evaluation.

5. Financial Reporting

At its April and June 2021 meetings the Committee reviewed the draft and audited annual financial statements for 2020/21 before submission to the External Auditor and NHS England / Improvement (NHSE/I), and we understand these were in agreement with our accounting records and the current Regulatory requirements.

Prior to the preparation of the 2021/22 financial statements, the Committee reviewed and agreed the detailed accounting principles at its February 2022 meeting. The Committee also reviewed the draft and audited annual financial statements for 2021/22 prior to the anticipated submission of this report to the August 2022 Trust Board meeting. The Committee approved the 2021/22 financial statements on behalf of the Trust Board (in line with formal delegated authority given by the Board in February 2022), which are due for submission to NHSE/I by the national deadline of noon on Wednesday 22 June 2022.

At the April 2022 Committee meeting the issue of 'Going Concern' status was discussed with the External Auditor. As a result the Committee endorsed the view that the Trust is a going concern for the purposes of the annual accounting exercise, and this was agreed by the External Auditor.

6. Management Reports

The Committee has requested and reviewed various management assurance reports from a range of Directors and managers within the organisation in relation to relevant areas of enquiry during the financial year 2021/22. We thank all those who have assisted the Committee in these matters.

7. Other Matters Worthy of Note

The Committee followed its agreed annual work plan throughout the year and received regular reports covering Waiving of Standing Orders; Losses and Compensations; Hospitality and Sponsorship declarations; Orders placed with and without Purchase Orders; Salary Overpayments; and Document Control. Additional information is called for as appropriate. The Committee once again received the Local Security Management Specialist (LSMS) work plan and annual report for information and assurance.

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

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

The Committee members would like to place on record their thanks to the Trust's external auditors (Mazars), internal auditors (Audit Yorkshire), and our in-house counter-fraud service. All have provided a professional and effective service throughout another challenging year during 2021/22.

8. Conclusion and Plans for 2022/23

The Audit, Risk and Governance Committee's latest refreshed annual rolling work plan for 2022/23 is attached at **Appendix 2**.

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

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

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31 March 2022

Appendix 1 - Schedule of Attendance at Audit Committee meetings during 2021/22

<u>Member / Attendee</u>	<u>Apr-21</u>	<u>Jun-21</u>	<u>Jul-21</u>	<u>Aug21*</u>	<u>Oct-21</u>	<u>Feb-22</u>
<u>Members:</u>						
Andrew Smith – NED / Chair (up to and inc. August 21)	Y	Y	Y	N	-	-
Simon Parkes – NED / Chair (from October 2021)	-	-	-	-	Y	Y
Michael Whitworth – NED / Deputy Chair	Y	Y	Y	Y ³	Y	Y
Neil Gammon – NED (up to and inc. April 2021)	Y	-	-	-	-	-
Gill Ponder – NED (from June 2021)	-	Y	Y	Y	Y	Y
<u>Associate Members (not forming part of quorum):</u>						
Stuart Hall – Associate NED, NLAG / Vice Chair, HUTH	N	Y ⁴	-	-	-	-
<u>Regular Attendees:</u>						
Lee Bond – Chief Financial Officer	Y	Y	Y	Y	Y	Y
Helen Harris – Trust Secretary / Director of Corporate Governance	Y	Y	Y	Y	Y	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	Y	Y	Y	Y	Y	Y
Nicki Foley – Local Counter Fraud Specialist	Y	N ¹	Y	N ⁵	Y	Y
Data Protection Officer and Lead for IT (SM)	Y	N ¹	Y	N ⁵	Y	
Head of Procurement (IP)	Y	N ¹	Y	N ⁵	Y	Y
Internal Audit (Audit Yorkshire)	Y	Y	Y	Y	Y	Y
External Audit (Mazars)	Y	Y	Y	Y	Y	Y
Deputy Lead Governor (RP)	Y	Y	Y ²	Y	Y	Y ⁶
<u>Ad-hoc Attendees:</u>						
Asst. DoF – Process & Control (NP)	Y	Y	-	-	-	Y
Deputy Director of Estates & Facilities (ST)	Y	-	-	-	-	-
Medical Director (KW)	Y	-	-	-	-	-
Associate Director of Quality Governance (AL)	Y	-	Y	-	Y	Y

Northern Lincolnshire and Goole NHS Foundation Trust

Audit, Risk and Governance Committee Annual Report for the year ended 31 March 2022

Member / Attendee	Apr-21	Jun-21	Jul-21	Aug21*	Oct-21	Feb-22
Ad-hoc Attendees continued...						
Assistant Director of Corporate Governance (AH)	Y	-	-	-	-	Y
Trust Chair (TM)	-	Y	-	-	-	-
CEO (PR)	-	Y	-	Y	-	-
Associate Director of Communications & Engagement (AB)	-	Y	-	-	-	-
EPR & Business Continuity Manager (GJ)	-	-	Y	-	-	-
Head of Safety & Statutory Compliance (BP)	-	-	Y	-	-	-
Chief Information Officer (SM)	-	-	Y	-	-	-
Associate Director of IM&T (SM)	-	-	Y	-	-	-
IT Data Security Manager (TF)	-	-	Y	-	-	-
Head of Quality Assurance (HG)	-	-	-	-	Y	-
Director / Head of Use of Resources – NHSE/I (RW)	-	-	-	-	Y	-
Associate Director of Pathology (MC)	-	-	-	-	-	Y

Notes:

* August 2021 - extraordinary meeting for External Auditor Annual Report

¹ Not required to attend, Final Accounts meeting only

² Liz Stones attended in the absence of Rob Pickersgill

³ Chaired the meeting in the absence of Andrew Smith

⁴ Last meeting before becoming Acting Trust Chair at HUTH

⁵ Not required to attend, External Auditor Annual Report meeting only

⁶ Ian Reekie attended in the absence of Rob Pickersgill

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

Item of Business	Jun 22 (Public Disclosure Statements meeting)	Jul 22	Nov 22	Feb 23	Apr 23
Audit Committee - Annual Review of Terms of Reference				X	
Audit Committee - Annual Review of Work Plan				X	
Audit Committee - Annual Self-Assessment Exercise & Results				X	
Audit Committee - Annual Report to Trust Board / CoG	X				
Audit Committee - Annual meeting dates/times/locations			X		
Audit Committee - Annual Review of External Auditor Performance		X			
Private Discussion with Auditors (internal and external)	X	as needed	as needed	as needed	as needed
Receive highlight reports & action logs from other Board sub-committees		X	X	X	X
External Audit - Annual External Audit Plan / Timetable / Fees				X	
External Audit - Routine Progress Reports	X	X	X	X	X
External Audit - Year End Report & Letter of Representation	X				
External Audit - Report on Trust's Quality Account (<i>if required</i>)	X				
Internal Audit - Annual Internal Audit Plan					X
Internal Audit - Routine Progress Report / Technical Updates		X	X	X	X
Internal Audit - Head of Internal Audit Opinion	X (Final)				X (Draft)
Internal Audit - Annual Report (inc. client feedback survey results)	X				
Receive Status Report on Implementation of IA Recommendations		X	X	X	X
Annual Governance Statement	X (Final)				X (Draft)
Public Disclosure Statements: Review changes to Accounting Policies				X	
Draft annual accounts, quality accounts and VFM conclusion					X
Audited annual accounts	X				
New from April 2020 – Any Covid-19 ARGC Related Business	as needed	as needed	as needed	as needed	as needed

Item of Business	Jun 22 (Public Disclosure Statements meeting)	Jul 22	Nov 22	Feb 23	Apr 23
LCFS - Annual Counter Fraud Report		X			
LCFS - Annual Counter Fraud Work Plan					X
LCFS - Written Progress Reports		X	X	X	X
LCFS - Concluding investigation reports / related issues		as needed	as needed	as needed	as needed
LCFS - Annual review of Fraud and Corruption Policy					X
LCFS - Results of Annual Staff Fraud Awareness Survey		X			
LSMS - Annual Security Management Report		X			
LSMS - Annual Security Management Work Plan					X
LSMS - Ad-hoc reports and updates		as needed	as needed	as needed	as needed
Review of Waiving of Standing Orders		X	X	X	X
Review of Losses and Compensations			X		X
Review of Hospitality and Sponsorship			X		X
Review of Salary Overpayments & Underpayments		X	X	X	X
Review of Procurement KPI data inc. Invoices without PO's and Contracts Update			X		
Review of finance related policies (SFIs / Standing Orders / Scheme of Delegation, Recovery of Salary Overpayments Policy, Standards of Business Conduct Policy, etc.)		as needed	as needed	as needed	as needed
Annual Review of Policy for Engagement of External Auditors for Non-Audit Work				X	
Board Assurance Framework (BAF) and Risk Register report - quarterly	X (Q4)	X (Q1)	X (Q2)	X (Q3)	
Review of Assurance Sub-Committees' Conduct of Risk Oversight		X	X	X	X
Annual Review of Risk Management Strategy / Development Plan Progress Report		X			
Annual Review of Trust's freedom to speak up arrangements			X		
Freedom to Speak Up Guardian			X		
Annual IG Toolkit Return		X			
IG Steering Group Highlight reports - quarterly		X	X	X	X

Item of Business	Jun 22 (Public Disclosure Statements meeting)	Jul 22	Nov 22	Feb 23	Apr 23
Document Control report			X		X
Annual Fire Report		X			
Annual Health and Safety Policy Statement					X
Annual Emergency Preparedness, Resilience and Business Continuity Report		X			
Clinical Audit Annual Work Plan		X			
Review of Data Quality Dimensions (<i>new item from HFMA checklist 2018</i>)	as needed	as needed	as needed	as needed	as needed
<i>New HFMA NHS Audit Committee Handbook Items – July 2018</i>					
Cyber security – Review the Trust’s information governance and cyber security arrangements annually.	as needed	X	as needed	as needed	as needed
Mergers and acquisitions – review new arrangements	as needed	as needed	as needed	as needed	as needed
Working with regulators - oversee action plans relating to regulatory requirements (e.g. single oversight framework; use of resources)	as needed	as needed	as needed	as needed	as needed
Working at Scale – oversee developing partnership arrangements (e.g. accountable care organisations)	as needed	as needed	as needed	as needed	as needed

Agenda Number:

CoG (07/22) Item: 7.4

Name of the Meeting	Council of Governors	
Date of the Meeting	7 July 2022	
Director Lead	Alison Hurley, Assistant Director of Corporate Governance	
Contact Officer/Author	Suzanne Maclennan, Corporate Governance Support Officer	
Title of the Report	Acronyms & Glossary of Terms	
Purpose of the Report and Executive Summary (to include recommendations)	The Council of Governors is asked to note this document for Support / Information	
Background Information and/or Supporting Document(s) (if applicable)		
Prior Approval Process	<input type="checkbox"/> TMB <input type="checkbox"/> PRIMs	<input type="checkbox"/> Divisional SMT <input type="checkbox"/> Other: Click here to enter text.
Which Trust Priority does this link to	<input type="checkbox"/> Pandemic Response <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Estates, Equipment and Capital Investment <input type="checkbox"/> Finance <input checked="" type="checkbox"/> Partnership and System Working	<input checked="" type="checkbox"/> Workforce and Leadership <input type="checkbox"/> Strategic Service Development and Improvement <input type="checkbox"/> Digital <input type="checkbox"/> The NHS Green Agenda <input type="checkbox"/> Not applicable
Which Trust Strategic Risk(s)* in the Board Assurance Framework (BAF) does this link to (*see descriptions on page 2)	To give great care: <input type="checkbox"/> 1 - 1.1 <input type="checkbox"/> 1 - 1.2 <input type="checkbox"/> 1 - 1.3 <input type="checkbox"/> 1 - 1.4 <input type="checkbox"/> 1 - 1.5 <input type="checkbox"/> 1 - 1.6 To be a good employer: <input checked="" type="checkbox"/> 2	To live within our means: <input type="checkbox"/> 3 - 3.1 <input type="checkbox"/> 3 - 3.2 To work more collaboratively: <input checked="" type="checkbox"/> 4 To provide good leadership: <input checked="" type="checkbox"/> 5 <input type="checkbox"/> Not applicable
Financial implication(s) (if applicable)		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)		
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other: Click here to enter text.

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

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

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

March 2022 – v8

2WW - Two week wait

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

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

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

AAU – Acute Assessment Unit

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALOS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accountable Officer

AOMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

ARC – the governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Chair, Deputy Chair and Non-Executive

Directors on behalf of the Council of Governors, and provide advice and recommendations to the full Council in respect of these matters

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committee

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

BAF - Board Assurance Framework

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

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

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

CCG – Clinical Commissioning Groups 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

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

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

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

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

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

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

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

Compliance Framework - Monitor's Compliance Framework serves as guidance as to how Monitor will assess governance and financial risk at NHS Foundation Trusts, as reflected by compliance with the Continuity of Services and governance conditions in the provider

licence. NHS Foundation Trusts are required by their licence to have regard to this guidance. It was superseded by the Risk Assessment Framework in 2013/14

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

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

COO – Chief Operating Officer

CoP – Code of Practice

CPA – Care Programme Approach

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

CPN – Community Psychiatric Nurse

CPIS - Child Protection Information Sharing

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

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

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

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

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

DCA – Director of Corporate Affairs

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales hospital

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

HER – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

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

EOL – End of Life

EPR - Electronic Patient Record

ERoY – East Riding of Yorkshire for Council and CCG etc

ESR - Electronic Staff Record

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

FD – Finance Director

F&PC – Finance & Performance Committee

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

FIP – Finance & Performance Committee

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

FPC – Finance & Performance Committee

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

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

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

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

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

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

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

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

HASR - Humber Acute Services Review

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

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

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

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

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

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

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

ICU – Intensive Care Unit

IG – Information Governance

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

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

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

JSNA – Joint Strategic Needs Assessment

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

communicate with Monitor. The role of lead Governor is set out in The NHS Foundation Trust Code of Governance

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

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

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire for Council and CCG etc

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

NHS - National Health Service

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

NHSP - NHS Professionals

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

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

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

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

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

NHSE/I - NHS England / Improvement

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

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire for Council and CCG etc

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PFI – Private Finance Initiative

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

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

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

POE - People & Organisational Effectiveness

Population Health Management (PHM) - A technique for using data to design new models of proactive care, delivering improvements in health and wellbeing which make best use of

the collective resources. Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population.

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIMM - Performance Review Improvement Management Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PTL – Patient Transfer List

PTS – Patient Transport Services

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

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committee

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

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

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

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

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

STP - Sustainability and Transformation Partnerships

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

T&C – Terms and Conditions

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

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

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WC - Workforce Committee

WTE - Whole time equivalent

YTD - Year to date

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