

# Agenda

## Council of Governors Business Meeting

Will be held on 18<sup>th</sup> January 2022, between 14:00 - 17:00 hours  
Will be held virtually via MS Teams

For the purpose of transacting the business set out below

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

### 1. BUSINESS ITEMS 14:00

- |     |   |        |
|-----|---|--------|
| 1.1 | <b>CHAIRS OPENING REMARKS</b><br>Linda Jackson, Acting Trust Chair<br>(To note the Chair's opening remarks) | Verbal |
|-----|---|--------|

**Running order amended to accommodate availability**

### 3. STRATEGY & PLANNING - COG BRIEFINGS

- |     |   |              |
|-----|---|--------------|
| 3.3 | <b>Financial Special Measures Update</b><br>Lee Bond, Chief Financial Officer<br>(To receive an update on Financial Special Measures) | Presentation |
|-----|---|--------------|

**Return to original order**

### 1. BUSINESS ITEMS

- |       |  |          |
|-------|--|----------|
| 1.2   | <b>APOLOGIES FOR ABSENCE*</b><br>Linda Jackson, Acting Trust Chair<br>(To note apologies for absence)  | Verbal   |
| 1.3   | <b>DECLARATIONS OF INTEREST</b><br>Linda Jackson, Acting Trust Chair<br>(To note any declarations of interest in any of the agenda items)                        | Verbal   |
| 1.4   | <b>TO APPROVE THE DRAFT MINUTES OF THE PREVIOUS MEETINGS</b><br>Linda Jackson, Acting Trust Chair<br>(To approve or amend the minutes from the previous meeting) |          |
| 1.4.1 | 19 <sup>th</sup> October 2021 Council of Governors' Business Meeting Minutes   | Attached |

<p><b>1.4.2</b> 11<sup>th</sup> November 2021 Private Extra-ordinary Council of Governors' Business Meeting Minutes</p>	<p>Attached</p>
<p><b>1.5 MATTERS ARISING</b> Linda Jackson, Acting Trust Chair (To discuss any matters arising from the minutes which are not on the agenda)</p>	<p>Verbal</p>
<p><b>1.6 REVIEW OF ACTION LOG</b> Linda Jackson, Acting Trust Chair (To consider progress against actions agreed at the previous meetings)</p>	<p>Attached</p>
<p><b>2. REPORTS AND UPDATES</b></p>	<p>14:20</p>
<p><b>2.1 Chair's Update</b> Linda Jackson, Acting Trust Chair (To receive and note the Chair's update)</p>	<p>Attached</p>
<p><b>2.2 Chief Executive's Update</b> Dr Peter Reading, Chief Executive (To receive and note the Chief Executive's update)</p>	<p>Attached</p>
<p><b>2.3 Lead Governor's Update</b> (To include highlights from the Governor Assurance Group and Appointments &amp; Remuneration Committee meetings) Ian Reekie, Lead Governor (To receive and note the Lead Governor's update)</p>	<p>Attached</p>
<p><b>3. STRATEGY &amp; PLANNING - COG BRIEFINGS</b></p>	<p>14.50</p>
<p><b>3.1 Emergency Care and Elective Recovery Update</b> Shaun Stacey, Chief Operating Officer (To receive an update on Emergency Care and Elective Recovery)</p>	<p>Presentation</p>
<p><b>3.2 Planned Care Update</b> Shaun Stacey, Chief Operating Officer (To receive an update on Planned Care)</p>	<p>Presentation</p>
<p><b>3.3 Financial Special Measures Update</b></p>	<p>Provided earlier within the agenda</p>
<p><b>4. ITEMS FOR APPROVAL</b></p>	<p>16:10</p>
<p><b>4.1 Governors' Annual Register of Interests</b> Alison Hurley, Assistant Director of Corporate Governance (To receive and approve the Governors' Annual Register of Interests)</p>	<p>Attached</p>
<p><b>5. QUESTIONS FROM GOVERNORS</b> Linda Jackson, Acting Trust Chair (To raise and respond to questions from governors for consideration at the CoG)</p>	<p>Verbal 16:20</p>

- 6. ITEMS FOR INFORMATION** Attached 16.30  
Linda Jackson, Acting Trust Chair  
(To note items for information)
- 6.1 Finance Report**
- 6.2 Board Assurance Framework**
- 6.3 Acronyms & Glossary of Terms**
- 7. ANY OTHER URGENT BUSINESS** Verbal 16:40  
Linda Jackson, Acting Trust Chair  
(To discuss any other urgent business)
- 8. MATTERS TO BE ESCALATED TO THE TRUST BOARD** Verbal 16.45  
Linda Jackson, Acting Trust Chair  
(To discuss any items requiring escalation to the Trust Board)
- 9. COUNCIL PERFORMANCE AND REFLECTION** Verbal 16:55  
Linda Jackson, Acting Trust Chair  
(To consider the performance of the CoG)
- 10. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING**  
Linda Jackson, Acting Trust Chair  
(To note the date and time of the next formal business meeting)
- Date: 13<sup>th</sup> April 2022  
Time: 14:00 - 17:00 hours  
Venue: (TBC)

**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.

## 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.

6.	Items for Information		
6.1	Finance Update	Lee Bond Chief Financial Officer	Attached
6.2	Board Assurance Framework	Helen Harris Director of Corporate Governance	Attached
6.3	Acronyms & Glossary of Terms	Alison Hurley, Assistant Director of Corporate Governance	Attached

# Minutes

## PUBLIC COUNCIL OF GOVERNORS MEETING

Minutes of the Meeting held on Tuesday, 19<sup>th</sup> October 2021, from 14:00 to 17:00 hours  
at the Sands Venue Stadium (Glanford Park), Scunthorpe

### Present:

Linda Jackson	Acting Trust Chair	Tim Mawson	Staff Governor
Kevin Allen	Public Governor	Brian Page	Public Governor
Diana Barnes	Public Governor	Rob Pickersgill	Deputy Lead Governor
Jeremy Baskett	Public Governor	Cllr Stan Shreeve	Stakeholder Governor
Tony Burndred	Public Governor	Liz Stones	Public Governor
Maureen Dobson	Public Governor	Gorajala Vijay	Public Governor
Paul Grinell	Public Governor		

### In Attendance:

Dr Peter Reading	Chief Executive Officer
Adolfazl Abdi	Deputy Chief Operating Officer
Victoria Andrews	Volunteer Coordinator
Julie Dobbs	Voluntary Services Manager (for agenda item 3.2)
Helen Harris	Director of Corporate Governance
Jo Loughborough	Quality Matron (for agenda item 3.2)
Fiona Osborne	Non-Executive Director
Simon Parkes	Non-Executive Director
Gillian Ponder	Non-Executive Director
Michael Proctor	Non-Executive Director
Maneesh Singh	Non-Executive Director

Zoe Hinsley Corporate Governance Officer (minutes)

**Members of the Public:** Anthonia Nwafor

## 1. BUSINESS ITEMS

### 1.1 CHAIRS OPENING REMARKS

Linda Jackson opened the Council of Governors (CoG) meeting and welcomed everyone. This included Public Member Anthonia Nwafor who had recently been elected as a Trust Staff Governor and was due to take up office for three years on 16<sup>th</sup> November 2021 and Adolfazl Abdi who would provide the performance update.

As this was the last attendance at the CoG for Paul Grinell, Linda Jackson expressed her thanks on behalf of the Trust Board and CoG for the hard work and dedication shown over the past 12 years as a Public Governor.

This had covered various roles which included Lead Governor and Chair of CoG sub-groups.

## **1.2 APOLOGIES FOR ABSENCE**

Linda Jackson provided apologies for absence as detailed below:

**Apologies for absence were received from** Steven Price (Public Governor), Ian Reekie (Lead Governor, represented by Rob Pickersgill Deputy Lead Governor), Michael Whitworth (Non-Executive Director) and Alison Hurley (Assistant Director of Corporate Governance).

## **1.3 DECLARATION OF INTERESTS**

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

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

Linda Jackson invited members to approve the minutes and documents of the previous CoG meetings:

**CoG Annual Review Meeting - 23<sup>rd</sup> June 2021**

**CoG Business Meeting Minutes - 20<sup>th</sup> July 2021**

**Private Extra-ordinary CoG Business Meeting Minutes - 12<sup>th</sup> August 2021**

**CoG Annual Members' Minutes - 13<sup>th</sup> September 2021**

All of the minutes were approved as a true and accurate record.

**Council Decision: The Council received and approved the various 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 July 2021 CoG meeting was reviewed.

A short discussion took place around the action for Lee Bond or Shaun Stacey to provide information to Governors on changes to elective care and the Integrated Care System (ICS). It was agreed to arrange a briefing.

**Council Action: Organise a briefing with Lee Bond or Shaun Stacey on changes to elective care and the ICS**

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

**It was agreed to amend the agenda order to accommodate an additional briefing from Adolfazi Abdi**

Adolfazi Abdi provided an update to members which included the Accident and Emergency (A&E) performance for the Trust and Hull University Teaching Hospitals NHS Trust (HUTH). It was confirmed that both organisations resided within the bottom of the results table. Assurance was provided in relation to the actions undertaken by the Trust to address the challenges faced, which included the impact of COVID-19. In relation to workforce issues, the service faced challenges which included staff shortages, increased A&E attendances, hospital stays and discharge concerns. It was confirmed that the Trust was ranked 51 for ambulance handovers.

At 14.22 hours Cllr Stan Shreeve left the meeting

A brief discussion took place around the increased A&E attendances at Diana, Princes of Wales Hospital (DPoW) Grimsby which had led to inadequate seating for patients.

Cllr Stan Shreeve returned to the meeting at 14.24 hours

The addition of temporary seating both inside and outside A&E at DPoW A&E to increase capacity, along with heating had been introduced as a temporary provision to address this issue. The pioneer intervention across the country in relation to the Intensive Care Unit (ICU) had proved very effective and the emergency pathways for discharge remained a priority.

A short discussion ensued around super stranded patients and the total occupancy stays within a hospital setting, and it was confirmed that the Trust continued to be in the top league table for patient stays in hospital.

Linda Jackson thanked Adolfazi Abdi and invited any questions.

In reply to Paul Grinnell's concern around the continued attendance within A&E of non-urgent patients, along with what actions had been taken to address the situation, Adolfazi Abdi advised three audits had been undertaken to redirect patients away from secondary care. This included alternative pathways through the Emergency Department (ED). It was confirmed that the continued use of A&E departments to address non-urgent cases was not unique to the Trust.

Dr Peter Reading drew attention to discussions with primary care partners about targeted low attendance within the local GP practices. Historically the ambulance service would redirect patients geographically, which had resulted in an influx of patients to the Trust from as far as Mablethorpe and Louth. This process remained under review to accommodate availability and ensure the patient's safety was paramount.

Liz Stones queried whether elective activity had been reinstated, did this confirm capacity was not an issue and attention was also drawn to the increased waits with A&E which involved the use of additional seating, cover and heating. Dr Peter Reading advised the measures to accommodate additional attendances was implemented to provide suitable shelter for the patients presenting in A&E.

In response to a query raised by Liz Stones regarding the discharge of patients in the early hours and the associated implications, Adolfazl Abdi confirmed he would investigate this outside of the meeting.

Jeremy Baskett drew attention to the transfer of patients within the East and West Lindsey locality to ensure this was addressed in the future plans, as this was outside of the ICS area. Adolfazl Abdi advised the Trust discharges into the community setting, and discharges outside of the current ICS area had presented a challenge. Dr Peter Reading confirmed intervention for this area was a priority; and the location of East Midlands Ambulance Service (EMAS) within Nottingham hindered this structure.

Tim Mawson enquired whether predictions in activity illustrated an increase or decrease in attendances and Adolfazl Abdi stated the variables which included winter pressures would impact on such a forecast. Preparation and plans would continue to address the challenges raised to ensure patient safety.

Michael Proctor assured Governors that Non-Executive Directors (NED) continued to hold the Directors to account for this performance as an essential part of the NED role.

A short discussion took place around the role of Governors and NEDs. Michael Proctor stated elements of performance, quality of patient care, finance and safety had been paramount when assurance had been sought. It was confirmed NEDs were deeply involved and continued to scrutinise and seek assurance in order to provide assurance to Governors.

In response to a query raised by Rob Pickersgill around funding opportunities for EDs in acute hospitals, Dr Peter Reading reported there had been a potential of £20 million for the Humber, Coast and Vale (HCV) area.

Linda Jackson thanked Adolfazl Abdi and it was agreed that a further update within the January 2022 CoG would be provided on elective recovery, A&E attendances and performance levels.

### **Actions:**

- **Adolfazi Abdi to investigate issues around the early morning discharge of patients**
- **Adolfazi Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels**

The agenda returned to the original order.

## **2. REPORTS AND UPDATES**

### **2.1 CHAIR'S UPDATE**

Linda Jackson provided a general update which included confirmation that Public Governors Rob Pickersgill and Paul Grinell were involved in the Joint Trust Chair Stakeholder interview panel, along with Staff Governor Tim Mawson and Lead Governor Ian Reekie.

**Council Decision: The Council received the Chair's update**

### **2.2 CHIEF EXECUTIVE'S UPDATE**

Dr Peter Reading provided an overview which included the six month progress update against the Trust Priorities for 2021-22, and invited any questions.

A short discussion took place around the declarations of interest for the newly appointed Chair of HCV ICS and how this would be addressed.

Rob Pickersgill drew attention to the importance of the patient voice being heard within the new structure plans, and Dr Peter Reading advised it was essential for the patient voice to be heard, whether this be via Healthwatch or another avenue.

Linda Jackson thanked Dr Peter Reading for a very clear update 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 meetings (ARC))**

Rob Pickersgill provided a comprehensive overview of the Lead Governors' report. He welcomed the newly elected Governors and paid tribute to Paul Grinell's rein as a Public Governor, as he would not be re-standing for election at the end of his term in office in November.

Linda Jackson thanked Rob Pickersgill and invited comments or questions, none were received.

### **3. STRATEGY & PLANNING – COG BRIEFINGS**

#### **3.1 Voluntary Services Update**

Julie Dobbs, Victoria Andrews and Jo Loughborough presented the Voluntary Services Update. Jo Loughborough confirmed the additional funding for the position of Volunteer Coordinator, had positively impacted enormously within the service, and Victoria Andrews had been appointed to the role.

Linda Jackson thanked Julie Dobbs, Victoria Andrews and Jo Loughborough for an interesting and informative overview and invited any questions.

In reply to a query raised by Michael Proctor, Jo Loughborough confirmed that historically the service had explored engagement with student volunteers to record nutrition and hydration feedback. The requirement for a training facilitator to support these student volunteers had not been achievable for this project to continue.

Julie Dobbs confirmed strict guidance had been followed in the recruitment of all volunteers in line with policy and procedures, in reply to a query raised around safeguarding from Cllr Stan Shreeve.

Kev Allen queried whether some volunteers may not have confidence in the use of electronic devices to receive shared information. Julie Dobbs confirmed the volunteer service had been very conscious of this potential issue, it was confirmed focus around e-learning and individual learning packages would be available for each individual volunteer.

A short discussion took place around the use of therapy Dogs within the Trust. It was confirmed intense specialised training for specific dogs had been used as a form of therapy with patients. It was noted that therapy Dogs had a hugely positive impact on patient's emotional and social mental wellbeing.

Brian Page suggested that an external national qualification be available for volunteers if they were interested in the progression of this route.

In reply to a query raised by Anthonia Nwafor around the provision of emotional support for volunteers posted to individual wards, Jo Loughborough confirmed the Patient Liaison Officer role had specifically been created to address this.

Julie Dobbs confirmed all Trust communication and information had been shared with all volunteers on a daily basis; in reply to a question raised by Rob Pickersgill.

**Council Decision: The Council received an update on Voluntary Services**

#### 4. QUESTIONS FROM GOVERNORS

Linda Jackson invited questions from Governors. None were received.

#### 5. ITEMS FOR INFORMATION

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

#### 6. ANY OTHER URGENT BUSINESS

There were no items raised.

#### 7. MATTERS FOR ESCALATION TO THE TRUST BOARD

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

#### 8. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING

Date: 18<sup>th</sup> January 2022  
Time: 14:00 - 17:00 hours  
Venue: TBC

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

**Linda Jackson thanked members for their attendance and contributions and the meeting closed at 15.55 hours.**

#### **PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS**

- |   |
|---|
| <ul style="list-style-type: none"><li>• 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 <b>10 clear days prior to the meeting at which it was to be considered</b>. Requests made less than 10 clear days before a meeting may be included on the agenda at the discretion of the Trust Chair.</li></ul> |
| <ul style="list-style-type: none"><li>• 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.</li></ul>   |

## ANNUAL ATTENDANCE DETAILS

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

## ANNUAL NON-EXECUTIVE DIRECTOR AND OFFICER ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Christine Brereton	5	0	Shaun Stacey	5	1
Lee Bond	5	0	Kate Wood	5	1
Helen Harris	6	6	Stuart Hall	5	2
Linda Jackson	6	5	Fiona Osborne	2	2
Jug Johal	5	2	Simon Parks	2	2
Ivan McConnell	5	0	Gillian Ponder	4	3
Shauna McHahon	5	2	Michael Proctor	5	4
Ellie Monkhouse	5	0	Maneesh Singh	2	2
Dr Peter Reading	6	4	Michael Whitworth	5	3

# Minutes

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## EXTRA-ORDINARY COUNCIL OF GOVERNORS BUSINESS MEETING

Minutes of the Meeting held on Thursday, 11<sup>th</sup> November 2021, from 11.30 to 12.30 hours  
via virtual MS Teams

### Present:

Linda Jackson	Acting Trust Chair	Joanne Nejrup	Staff Governor
Kevin Allen	Public Governor	Rob Pickersgill	Deputy Lead Governor
Diana Barnes	Public Governor	Stephen Price	Public Governor
Jeremy Baskett	Public Governor	Ian Reekie	Lead Governor
Tony Burndred	Public Governor		
Maureen Dobson	Public Governor		
Paul Grinell	Public Governor		
Tim Mawson	Staff Governor		

### In Attendance:

Dr Peter Reading	Chief Executive Office
Helen Harris	Director of Corporate Governance
Alison Hurley	Assistant Director of Corporate Governance

Suzanne MacLennan Corporate Governance Support Officer (minutes)

## 1. INTRODUCTION & PURPOSE OF THE MEETING

Linda Jackson opened the Extra Ordinary Council of Governors (CoG) meeting and welcomed everyone.

## 2. APOLOGIES FOR ABSENCE

Suzanne MacLennan provided apologies for absence as detailed below:

Apologies for absence were received from Public Governors Brian Page and Liz Stones, and Stakeholder Governor Cllr Stan Shreeve and it was noted that Stephen Price would join the meeting later due to other commitments.

## 3. DECLARATION OF INTERESTS

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

#### **4. APPOINTMENT OF TRUST CHAIR – TO CONSIDER A REPORT BY THE LEAD GOVERNOR AND ACTING CHAIR**

Linda Jackson referred to the supporting paper addressing the need for Governors to approve the appointment of a joint Chair for the Trust and Hull University Teaching Hospitals (HUTH) NHS Trust for a term of three years and invited Ian Reekie to discuss this agenda item.

Ian Reekie highlighted there had been three applicants for the Joint Chair vacancy and confirmed the role would demand considerable commitment both physically and intellectually. The limited quantity of applicants had been anticipated due to the very exacting person specification. It was confirmed that all three applicants were shortlisted and each had experience as NHS Trust Chairs, although one applicant dropped out due to the salary offered. Attention was drawn to how well the Trust and Governors were represented within the collaborative selection process with HUTH, and it was noted that the panel's decision to recommend Sean Lyons was noted as a unanimous Decision.

Ian Reekie provided a brief biography about Sean Lyons which included his residency in Worksop, and longstanding and impeccable local connections having been born and brought up in Scunthorpe. Ian Reekie highlighted the determination and leadership abilities of Sean Lyons which were demonstrated from the initial apprenticeship on Scunthorpe Steelworks prior to progressing to the Site Director. Ian Reekie confirmed that Sean Lyons', mother had trained and qualified as a nurse at Scunthorpe General Hospital (SGH), and confirmed his experience as Chair of an NHS Foundation Trust in special measures which had progressed to the special measures being lifted, therefore also confirming experience of work with a CoG.

Linda Jackson thanked Ian Reekie for his update and confirmed that Sean Lyons was a great candidate, very enthusiastic and would fit in very well.

#### **Stephen Price joined the meeting 11:40 hours**

Linda Jackson sought approval for the appointment of Sean Lyons as the joint Chair of the Trust and HUTH. Approval was confirmed by all Governors present.

Jeremy Baskett queried whether the second candidate could re-apply in future and Linda Jackson confirmed that the interview panel felt both candidates had been appointable.

Linda Jackson confirmed that following the meeting, Sean Lyons would be informed of his successful appointment with the planned commencement date of 1 February 2022.

#### **Council Decision: The Council approved the appointment of Joint Trust Chair**

#### **5. DATE AND TIME OF THE NEXT FORMAL BUSINESS MEETING**

Ian Reekie questioned the date of the next meeting having received a diary invite for the 26<sup>th</sup> January 2022. Helen Harris confirmed that a full review of the Trust

Board and sub-committees meeting schedule had been undertaken which had caused the date to be moved. Helen Harris confirmed that the date could revert back to 18<sup>th</sup> January should that be more convenient, which was agreed.

**Stephen Price joined the meeting at 11:41 hours.**

Rob Pickersgill queried the venue for future meetings and supported the use of Glanford Park due to current building works and parking issues at Trust sites. Helen Harris confirmed the use of Glanford Park was useful although virtual meetings may be required again due to COVID-19 restrictions, and consideration may need to be given to Grimsby venues too. A brief discussion ensued about suitable venues and Ian Reekie highlighted that a consultation exercise in January 2021 had identified Scunthorpe as the preferred location for CoG meetings due to the fairly central vicinity.

**Action: Review and confirm the date of the January 2022 CoG meeting and propose a venue for future meetings where necessary.**

**Date: 18<sup>th</sup> January 2022 (post meeting update)**

**Time: 14:00 - 17:00 hours**

**Venue: TBC**

**Linda Jackson thanked members for their attendance and contributions and the meeting closed at 11:46 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	7	1	Eddie McCabe	2	0
Kevin Allen	7	6	Joanne Nejrup	7	4
Diana Barnes	7	7	Brian Page	7	5
Jeremy Baskett	7	4	Rob Pickersgill	7	7
Tony Burndred	7	5	Stephen Price	7	2
David Cuckson	1	1	Ian Reekie	7	6
Mo Dobson	7	6	Alex Seale	7	0
Vince Garrington	0	0	Cllr Stan Shreeve	7	3
Paul Grinell	7	7	Liz Stones	7	2
Tim Mawson	7	4	Gorajala Vijay	7	6

## ANNUAL NON-EXECUTIVE DIRECTOR AND OFFICER ATTENDANCE DETAILS

Attendee Name	Possible	Actual	Attendee Name	Possible	Actual
Christine Brereton	5	0	Shaun Stacey	5	1
Lee Bond	5	0	Kate Wood	5	1
Helen Harris	7	7	Stuart Hall	5	2
Linda Jackson	7	6	Fiona Osborne	2	2
Jug Johal	5	2	Simon Parks	2	2
Ivan McConnell	5	0	Gillian Ponder	4	3
Shauna McHahon	5	2	Michael Proctor	5	4
Ellie Monkhouse	5	0	Maneesh Singh	2	2
Dr Peter Reading	7	5	Michael Whitworth	5	3

CoG (10/21) Item 1.6



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

## ACTION LOG & TRACKER

### Council of Governors (CoG) Meeting

Minute Reference	Date/Month of Meeting	Action Reference (if different)	Action Point	Lead Officer	Due Date	Progress	Status	Evidence	Evidence Stored
COG(21)22	19/10/2021		Adolfazl Abdi to provide an update within the January 2022 CoG on elective recovery, A&E attendances and performance levels	Adolfazl Abdi	Jan-22	Update to be provided within Jan 2022 CoG by Shaun Stacey	On Track		
COG(21)21	19/10/2021		Adolfazl Abdi to investigate issues around the early morning discharge of patients	Adolfazl Abdi	Jan-22	Adolfazl Abdi to investigate issues around the early morning discharge of patients	On Track		
COG(21)20	19/10/2021	1.6	Organise a briefing with Lee Bond or Shaun Stacey on changes and provide information to Governors on changes to elective care and the ICS.	Membership Office	Jan-22	Update to be provided within Jan 2022 CoG by Shaun Stacey	On Track		
COG AMM(21)19	13/09/2021	6	Membership Office to use the feedback to improve proceedings at the next CoG AMM (AMM)	Membership Office	Sep-22	CoG AMM review and planning meeting arranged for 01.12.21. Feedback report produced in readiness.	Complete	AMM review and planning meeting held 01.12.21.	Yes
COG(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	On Track		

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

Kindness · Courage · Respect

## CoG( 01 / 22 ) Item 2.1

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Linda Jackson, Acting Chair
<b>CONTACT OFFICER</b>	As above
<b>SUBJECT</b>	<b>Chair's Update</b>
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>PURPOSE OF THE REPORT</b>	General Briefing
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues

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

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

## **Integrated Care Board Appointments**

As you may be aware late 2021 Sue Symington was appointed as the designate Chair of the Integrated Care Board with Stephen Eames appointed as the designate CEO.

Following Sue and Stephen's appointments five of the Executive Director roles were advertised on the 23<sup>rd</sup> November and for four of them, the recruitment process has taken place over the last few weeks. It has been announced that the following appointments have been made:

- Chief Operating Officer – Amanda Bloor
- Executive Director Clinical and Professional – Dr Nigel Wells
- Executive Director Nursing and Quality – Teresa Fenech
- Executive Director People – Jayne Adamson

The process for the Executive Director of Finance and Investment, Executive Director of Corporate Affairs and the Director of Communications, Marketing and Media will hopefully conclude by early February.

The two mandated Non-Executive Director roles are also currently being advertised, with an aim to appoint by late February and the three partner members recruitment will commence in this month.

## **Trust Board**

### **Board Briefing - 2<sup>nd</sup> November**

The Trust Board spent half a day back in November being briefed on the developments within the people directorate with regard to Culture, Equality Diversity and Inclusion and Freedom to Speak up. This was a very informative session and Trust Board members were able to meet Alison Dubbins – Associate Director, Leadership Culture and OD for the first time. This will be followed up by a board development session planned for March 2022 with a well-regarded external consultant who specialises in organisational development with the focus on "*Leading in inclusive organisations*".

### **Trust Board Meeting – 7<sup>th</sup> December**

The Trust Board's final meeting of 2021 was on 7<sup>th</sup> December (all the public papers are available for governors on the hub) There is just one I would like to bring to the attention of governors:

- **Annual Safer Nursing Establishment Review** – A very comprehensive report was tabled for information and discussion. Clearly a lot of hard work had been put into this review from the Chief Nurse and her team. The recommendations within this report are now being taken into the trust's business planning cycle where funding decisions will be made. The report highlighted 9 wards that were categorised as very high risk and needing additional resource allocated. The Trust Board were assured the additional resource had been allocated on a temporary basis whilst the business planning process was concluded.

## **Strategic Development Committee**

The inaugural meeting of the Strategic Development Committee was held on 23<sup>rd</sup> November with the aim of bringing together the trust's strategic agenda under one subcommittee of the

Trust Board. At this meeting the workplan and terms of reference were approved. A standard agenda was also approved which covers three main areas of focus which are aligned to our strategic objectives:

- **External Strategic Relations**
  - To consider developments at ICS, Acute Collaborative and Place Based services to ensure the trust is working collaboratively.
- **Implementation of the NLaG Clinical Plan**
  - To monitor the development, approval, and implementation of the Clinical Plan with specific focus on Programme 1 and 2 of the HASR and ensuring NLAG enabling strategies are fit for purpose.
- **Capital Funding Development**
  - To secure adequate major capital funding to redevelop the estate specifically focussing on HASR Programme 3, digital and other external bids.

### **Trust Chair Commencement**

Sean Lyons formally commences as the Chair of NLaG and HUTH on 1<sup>st</sup> February. Over the last 2 months Sean has been able to visit all hospital sites and have a one to one meetings with all Trust Board Executive and Non-Executive Directors across both organisations. Sean has also held an informal greeting session with the NLaG governors.

## CoG( 01 / 22 ) Item 2.1

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Linda Jackson, Acting Chair
<b>CONTACT OFFICER</b>	As above
<b>SUBJECT</b>	<b>Chair's Update</b>
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>PURPOSE OF THE REPORT</b>	General Briefing
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	Briefing for the Council of Governors on the key highlights from the recent Trust Board and current issues

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Finance		The NHS Green Agenda		
Partnership & System Working	✓			

<b>BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not applicable (N/A))</b>	N/A				
<b>BOARD / COMMITTEE ACTION REQUIRED (please tick ✓)</b>	Approval	Information	Discussion	Assurance	Review
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## CoG(01/22) Item

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Dr Peter Reading, Chief Executive
<b>CONTACT OFFICER</b>	Dr Peter Reading, Chief Executive
<b>SUBJECT</b>	<b>Chief Executive's Report</b>
<b>BACKGROUND DOCUMENT (if any)</b>	Not applicable.
<b>PURPOSE OF THE REPORT</b>	
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	Not applicable.
<b>EXECUTIVE SUMMARY</b>	The report provides an overview of the following: <ul style="list-style-type: none"> <li>• Pandemic response and current operational pressures</li> <li>• Development of the Integrated Care System</li> <li>• 2022/23 Operational Planning Guidance</li> </ul>

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

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

## Chief Executive's Overview

### 1. Pandemic response and current operational pressures

In light of the rapidly changing state of affairs nationally and locally with respect to pandemic response and current operational pressures, a verbal report will be presented at the meeting on this topic.

### 2. Development of the Integrated Care System

Since the last CoG meeting, the shape of the new Integrated Care Board (ICB) and the structures which will sit below them within the Humber Coast and Vale (in future, North Yorkshire and Humber) Integrated Care System has begun to emerge more clearly, although the timetable for implementation has been delayed across England by three months, to 1<sup>st</sup> July 2022.

Appointments have been made to the ICB positions of Chair-Designate and Chief Executive-Designate and to a number of executive roles, with further appointments in the pipeline – all subject to legislative approval.

Development continue at Place (six Place Partnership Boards in varying formats) and at Collaborative level (four Collaboratives – Acute; Community; Mental Health, Learning Disabilities and Autism; and Primary Care).

### 3. 2022/23 Operational Planning Guidance

The attached document (NHS Providers On The Day Briefing on this Guidance) summarises and assesses the Guidance.

The NHS in 2022/23 will be expected to focus on the following ten priorities:

- A. Investing in the workforce and strengthening a compassionate and inclusive culture
- B. Delivering the NHS COVID-19 vaccination programme
- C. Tackling the elective backlog
- D. Improving the responsiveness of urgent and emergency care and community care
- E. Improving timely access to primary care
- F. Improving mental health services and services for people with a learning disability and/or autistic people
- G. Developing approach to population health management, prevent ill-health, and address health inequalities
- H. Exploiting the potential of digital technologies
- I. Moving back to and beyond pre-pandemic levels of productivity
- J. Establishing ICBs and enabling collaborative system working

Peter Reading

Chief Executive



## 2022/23 operational planning guidance

On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the **2022/23 operational planning guidance**. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity. This briefing highlights the key takeaways from the guidance.

### Key points

- NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the **Omicron variant**'. The planning timetable and submission deadlines will therefore be extended to the end of April 2022 and draft plans will be due in mid-March.
- The detailed annexes on revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.
- Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:
  - A Investing in the workforce and strengthening a compassionate and inclusive culture
  - B Delivering the NHS COVID-19 vaccination programme
  - C Tackling the elective backlog
  - D Improving the responsiveness of urgent and emergency care and community care
  - E Improving timely access to primary care
  - F Improving mental health services and services for people with a learning disability and/or autistic people
  - G Developing approach to population health management, prevent ill-health, and address health inequalities
  - H Exploiting the potential of digital technologies
  - I Moving back to and beyond pre-pandemic levels of productivity
  - J Establishing ICBs and enabling collaborative system working

## Summary of planning guidance

### Workforce

The guidance is clear about the need to prioritise support for the NHS workforce, given their experience during the pandemic so far, and the efforts which are now being asked of them. Section A lists the priorities for workforce management in 2022/23:

- **Look after our people** by delivering the [People Plan 2020/21](#), with particular focus on flexible working, career conversations, and supporting staff to understand pension options. Root causes of sickness absence should also be addressed, while supporting staff to access the ongoing vaccination programme, health and wellbeing support, and to rest.
- **Improve belonging in the NHS** by delivering the six high impact actions to overhaul recruitment and promotion practices and implementing plans to promote equality.
- **Work differently** by increasing new roles (e.g. anaesthetic associates), delivering care closer to home, e-job planning and e-rostering, and use of volunteers.
- **Grow for the future** with international recruitment of nurses and midwives, more collaborative staff banks (leading to less reliance on agency staff), protected time for supervisors to maintain doctors' education and training, and expanding clinical placement capacity for students.

Support for these actions will come from Health Education England (HEE) and NHSE/I, focussing on:

- International nurse recruitment programme - eligibility will be expanded to include allied health professionals, but there is no clarity in the guidance on whether social care nurses can access this funding.
- Health care support workers
- Mental health hubs, with enhanced health and wellbeing offers for staff
- GP recruitment and retention
- Creating multi-disciplinary teams, particularly through delivery of the Additional Roles Reimbursement Scheme (ARRS) in Primary Care Networks (PCNs). Notably, there is no mention of this scheme taking staffing pressures across the system into account (for example, to manage the risk of creating additional vacancies across the paramedic workforce within ambulance trusts).

### Vaccines

The guidance details the ask of the NHS to offer every eligible adult over the age of 18 a booster vaccination by 31 December 2021, and the ongoing prioritisation of the vaccination programme for the year ahead. Systems are therefore asked to maintain infrastructure to enable the service to respond to need in the vaccination programme as it arises.

The guidance notes the rollout of new COVID-19 treatments, initially for highest-risk patients, and the launch of a new study into the efficacy of antivirals. Updates on antiviral access are expected in spring. For post-COVID services, the guidance asks systems to increase the number of patients seen within six weeks and reduce the number of those waiting longer than 15 weeks. This will be supported by £90 million in 2022/23, which is particularly welcome for community providers, which have been at the forefront of delivering long COVID care. There are, however, concerns in the sector about workforce capacity required to deliver these services within a fixed term funding structure.

## Elective recovery, cancer waiting times and maternity services

### Maximise elective activity and reduce long waits

Systems must establish delivery plans across elective inpatient, outpatient and diagnostic services for 2022/23, outlining how they will meet the ambitions for elective recovery, including for systems to deliver over 10% more elective activity than before the pandemic and to reduce long waits. These plans should set out how disruptions will be minimised, clarify the use of local independent sector capacity, and show how systems will utilise additional capital and revenue funding and maximise productivity opportunities.

Systems should eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23 (except where patients choose to wait longer), reduce waits of over 78 weeks, and reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 (and going further where possible). The guidance also outlines plans to reduce outpatient follow-ups and to promote more personalised approaches to care

As part of the additional revenue funding (over £8bn) for elective recovery announced in September, £2.3 billion will be allocated to systems and tied to the delivery of the elective activity target. Systems must also show how their capital proposals will deliver an increase in elective activity to access the £1.5 billion capital funding announced in the Spending Review for surgical hubs and increased bed capacity.

### Complete recovery and improve performance against cancer waiting times standards

The guidance urges systems to complete any outstanding work on the post-pandemic cancer recovery objectives set out in the [2021/22 H2 planning guidance](#). Cancer Alliances are asked to work with systems to develop and implement a plan to improve performance against all cancer standards, and to make progress against the ambition in the NHS long term plan (LTP) to diagnose more people

with cancer at an earlier stage. Cancer Alliances and ICBs are also expected to ensure trusts have fully operational patient stratified follow-up (PSFU) pathways for breast, prostate, colorectal and one other cancer by early 2022/23 (and for two other cancers by March 2023), and to increase the recruitment and retention of the wider cancer workforce.

## Diagnostics

The ambition is for systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23, and develop investment plans for further capacity expansion via community diagnostic centres (CDCs) in 2023/24 and 2024/25.

Expanding supply of and training opportunities for the workforce will be facilitated by national investment through HEE. Systems will be able to access revenue to support set up and running of CDCs (following business case approvals). £21m of programme funding will also support pathology and imaging networks to deliver diagnostic digital roadmaps 2022/23.

Systems are asked to utilise targeted system capital allocations to increase the number of endoscopy rooms, invest in CT capacity to support expansion of Target Lung Health Checks, develop additional digitally connected imaging capacity, ensure all acute sites have a minimum of two CT scanners, and procure new breast screening units. Operational capital resources should continue to be used to reduce the replacement backlog of diagnostic equipment replacement over 10 years old.

## Deliver improvements in maternity care

ICBs are asked to undertake formal oversight of their Local Maternity Systems (LMS), and providers should continue to embed and deliver the seven immediate and essential actions identified in the [interim Ockenden Review](#). £93m of funding to support the implementation of Ockenden actions (via workforce investment) will go into baselines from 2022/23.

LMSs should also continue to work with providers to implement local plans to deliver better births, including delivering local plans for midwifery continuity of carer (MCoC), offering every woman a personalised care and support plan in line with the [personalised care and support planning guidance](#). LMSs must also implement the [Saving Babies' Lives](#) care bundle.

## UEC and community care

To relieve pressure on urgent and emergency care, systems are expected to limit ambulance handover delays and improve response times; meet growing demand for NHS 111 by enhancing call

handling capacity; expand UTC to enable greater focus on higher acuity need within emergency departments; and increase focus on urgent care provision for children. Systems are asked to reduce 12-hour waits in EDs towards zero and no more than 2%; improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards; and minimise handover delays between ambulance and hospital.

Systems are asked to develop detailed plans to maximise the rollout of virtual wards by enabling earlier supported discharge and providing alternatives to admission. There is an expectation that by December 2023, systems will have moved towards a national ambition of 40–50 virtual wards per 100,000 population. NHSE/I is making up to £200m available in 2022/23 and 2023/24 to support systems to implement virtual wards (including hospital at home services) to ease the pressure on acute bed capacity. Systems will need to develop two-year plans collaboratively across providers (and the independent sector) to maximise the rollout of virtual wards, which NHSE/I expects to have taken place by December 2023. These virtual wards will be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge. System partners are also asked to plan to reduce backlogs of care and waiting times for community services

Systems are asked to deliver the LTP goal of responsive, personalised community-based care. This includes enhanced health in care homes; improving quality and availability against national data requirements; and embedding urgent community response with services achieving at least 70% two-hour response times from the end of Q3 2022.

As central discharge to assess funding will end in March 2022, NHSE/I is asking systems to sustain improvements in delayed discharges in 2022/23 by working with local authorities supported by the Better Care Fund, and via investment in virtual wards.

## Letters and supporting documents on safe and timely discharge

Related to the planning guidance, on 22 December NHSE/I issued two letters and several supporting documents to enable the safe and timely discharge of patients from acute care. NHSE/I **wrote** to acute and community trusts calling for a “forensic focus” on embedding systems, processes and practical arrangements that enable discharges.

NHSE/I also sent a second **letter** asking the NHS and local authorities to increase support for domiciliary care; maximise alternative pathways to acute admission (e.g. expanding **virtual ward** capacity as fast as practicable); increase bed capacity in care centres (including care homes, hospices

and hotels); and support actions taken by NHS acute hospitals. ICSs should plan by the end of December to provide COVID virtual wards that are of equivalent size to a minimum of 15% of people who are COVID+ as inpatients. ICSs will need to report to NHSE/I with the total new capacity they plan to create by 24 December.

## Primary care

The guidance outlines the LTP's commitment to a £4.5 billion increase in real terms investment into primary medical and community services by 2023/24. ICBs will be expected to maximise the impact of their investment in primary care and PCNs by driving integrated working at neighbourhood/place level, and including primary care as part of the solution to system-wide challenges. ICBs will be the delegated commissioners for primary medical services in 2022/23 and should develop plans to take dental, community pharmacy and optometry commissioning functions from 2023/24.

Expanding the primary care workforce is a key priority, and all systems are expected to support their PCNs to fill their share of the 20,500 FTE PCN roles by the end of 2022/23, and to increase the number of GPs towards the 6,000 FTE target (commensurate with the October 2021 [plan](#)).

To improve access to primary care, systems have also been asked to implement revised access arrangements via PCNs; secure universal participation in the community pharmacist consultation service to divert lower acuity care away from general practice and 111; and support practices and PCNs to ensure every patient can be offered digital-first primary care by 2023/24.

## Mental health, learning disability and autism

### Mental health services

The guidance acknowledges that the complexity of demand has increased because of the pandemic and this, in addition to a pre-existing treatment gap within mental health, is increasing pressures within services and pathways across all ages. To address these pressures systems are asked to:

- increase the provision of alternatives to A&E and improve the ambulance mental health response.
- ensure admissions are intervention-focused, therapeutic, and supported by multidisciplinary teams.
- maintain a focus on improving equalities across all programmes, noting the actions and resources identified in the [advancing mental health equalities strategy](#).
- continue expansion and transformation of services. The guidance signposts to the 2022/23 mental health delivery plan to support systems in understanding their delivery requirements.

On funding, the guidance confirms the delivery of the MHIS remains a mandatory requirement, and that system development funding (SDF) will continue beyond 2023/24. Capital funding made available through system allocations is expected to support urgent patient safety projects for mental health trusts, and funding to eradicate mental health dormitories will continue in 2022/23 and 2023/24.

To support the expansion and transformation of the workforce, systems are asked to develop a mental health workforce plan to 2023/24 in collaboration with mental health providers, HEE and partners in the voluntary care and social enterprise (VCSE) and education sectors.

## People with a learning disability and autistic people

The guidance recognises the pandemic has exacerbated the significant health inequalities experienced by people with a learning disability and autistic people. This means making reasonable adjustments and tailored responses, including considering the ongoing need for face-to-face appointments as digital healthcare develops.

Service development funding support of £75 million will be made available to systems in 2022/23 to support people with a learning disability and autistic people. This will help increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24; improve the accuracy of GP learning disability registers, particularly for under-represented groups such as children and young people and people from ethnic minority groups; and implement actions from Learning Disability Mortality Reviews (LeDeRs).

## Health inequalities

The guidance sets out the ambition to continue to develop approaches to population health management and prevention, with ICSs driving the shift towards targeting interventions and supporting prevention as well as treatment. Systems are asked to develop plans by June 2022 to put in place the systems, skills and data safeguards necessary for robust population health management, and to have the technical capability in place by April 2023. This includes the capacity to use data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities. The guidance reiterates the importance of adopting culturally competent approaches to increasing vaccination uptake.

Systems are asked to develop robust plans for the rollout of tobacco dependence services, improve uptake of lifestyle services including the diabetes prevention programme, and restore diagnosis and

monitoring of long term conditions including hypertension, atrial fibrillation and diabetes. There should be further progress across the LTP's high impact actions, across respiratory, stroke and cardiac care, with the target of restoring detection and management of hypertension, atrial fibrillation and high cholesterol to pre-pandemic levels. Systems are also asked to nominate a senior responsible officer covering prevention deliverables.

## Digital

The guidance confirms systems will be allocated capital over three years from 2022/23 for digital investment. £250m of capital funding will initially be made available to systems in 2022/23 to support the digitisation of services and settings that are currently the least digitally mature. Providers must meet the LTP objective of reaching a core level of digitisation by March 2025. Costed three-year digital investment plans should be completed by June 2022 to meet expectations set out in the [What Good Looks Like](#) framework.

Systems are expected to exchange information across their collaboratives and ensure suppliers comply with interoperability standards. By March 2023, local authorities with care responsibilities within a system's footprint should be connected to their local shared care record. The long-term ambition is for the NHSE e-Referral Service (e-RS) to become an 'any-to-any health sector triage, referral and booking system' by 2025.

## System allocations and financial regime

The detailed annexes on contracting and revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks. NHSE/I plans to shortly issue one-year revenue allocations to 2022/23 and three-year capital allocations to 2024/25, and intends to issue the remaining revenue allocations over the SR period in the first half of 2022/23.

The planning guidance does however broadly outline the role of the 2022/23 financial regime in enabling a system-wide approach to planning and delivery, including:

- **Efficiency ask:** the planning guidance assumes the provider sector will return (and go beyond) pre-pandemic productivity allows 'when the context allows'.
- **Returning to fair shares allocations:** NHSE/I will continue to enable a system-based approach to funding and planning by issuing ICB revenue allocations (based on current system funding envelopes). On top of the efficiency ask, NHSE/I will apply a convergence adjustment and map out a glidepath from current system revenue envelopes to 'fair shares' allocations.

- **Clarity over capital allocations:** multi-year operational capital allocations will be set at ICB level, and NHSE/I will provide further clarity about the allocation of national capital programmes.
- **Financial balance at system level:** ICBs and partner trusts are collectively tasked with delivering a breakeven financial position across their system and, although possibly delayed, the Health and Care Bill will hold ICBs and trusts responsible for their use of revenue and capital resources.
- **Contracts and locally determined prices:** providers are expected to return to signed contracts and local ownership for setting payment values (additional guidance will be provided by NHSE/I). Written contracts should be signed before the start of the financial year. The guidance also recommends systems and organisations sustain a 'partnership approach' payment and contracting. The final version of the NHS Standard Contract will be published in February 2022.
- **Enabling elective recovery:** as highlighted above, additional revenue and capital funding will support systems deliver the ambitions for elective recovery.

## ICBs and collaborative system working

Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022. Timelines for national and local plans will therefore be adjusted. An extended 'preparatory phase' will begin from 1 April 2022 whereby clinical commissioning groups (CCGs) remain in place as statutory organisations, and CCG leaders are expected to work closely with designate ICB leaders on issues likely to affect future ICBs (particularly commissioning and contracting). In Q4 2021/22 NHSE/I will consult with several CCGs about boundary changes to ensure they align with the ICS boundary changes announced in July 2021. NHSE/I does not plan any further CCG mergers before the establishment of ICBs.

CCGs and ICBs should reset their implementation plans and ensure people, property and liabilities are appropriately and safely transferred from CCGs to future ICBs. This also means designate ICB chairs and chief executives should continue with recruitment plans.

NHSE/I regional teams, designate ICB leaders, and CCG accountable officers should agree ways of working for 2022/23 by the end of March 2022. The deadline for ICB Readiness to Operate and System Development Plan submissions will be extended (with details about these plans to be set out in January 2022). ICBs refreshed five-year plans are expected in March 2023, and ICBs are expected to undertake preparatory work throughout 2022/23 in collaboration with local authority partners.

## NHS Providers view

We welcome the pragmatic approach in the planning guidance, resetting priorities while signalling that these will need to be kept under review.

The scope and scale of these actions highlights the formidable array of challenges facing the NHS. These include the impact of Omicron and the booster vaccination programme against a background of unprecedented demand for urgent and emergency care and the need to address the treatment backlog in hospitals, community and mental health services, and the need for urgent capital investment.

All of the priorities in the guidance are important, and we particularly welcome the prominence given to growing, adapting and focusing on the wellbeing of the workforce. Eight of the nine priorities in this programme won't be fully possible without addressing the first – securing a properly costed and funded workforce plan is fundamental to the future success of the NHS.

Trusts tell us that workforce capacity is the constraining factor in the health and care system at the moment underpinned by a lack of national long term plan, challenges with recruitment and rising staff absences connected with COVID-19.

While recognising the fundamental importance of elective recovery, this cannot be accomplished without stabilising the situation in urgent and emergency care, primary care and social care and addressing growing demand and a backlog of care in community and mental health services.

Quality of care and patient safety need to remain the key cornerstones for the NHS. For example we have seen a worrying shift in patient safety risk towards ambulance services, particularly as a result of handover delays.

The NHS also needs to transform to meet future needs – taking much greater advantage of digital technology and the leap forward offered by 21<sup>st</sup> century genomic based medicine.

We also need to do much more to help citizens manage their own health and wellbeing more effectively, with greater focus on tackling health inequalities, prevention and whole population health management.

Key to delivery of these changes will be the development of system working and integrated care systems (ICSs) enshrined in forthcoming legislation. While some trusts will be disappointed to hear of the delay in placing ICSs on a statutory footing, many will also see it as a pragmatic response to potential delays.

Trusts need to be at the forefront of this transformational change, which offers huge opportunities to improve services for patients and communities, and it will be important to keep sight of these opportunities, alongside the massive challenge of dealing with immediate operational pressures.

## CoG(01/22) Item

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Dr Peter Reading, Chief Executive
<b>CONTACT OFFICER</b>	Dr Peter Reading, Chief Executive
<b>SUBJECT</b>	<b>Chief Executive's Report</b>
<b>BACKGROUND DOCUMENT (if any)</b>	Not applicable.
<b>PURPOSE OF THE REPORT</b>	
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	Not applicable.
<b>EXECUTIVE SUMMARY</b>	<p>The report provides an overview of the following:</p> <ul style="list-style-type: none"> <li>• Pandemic response and current operational pressures</li> <li>• Development of the Integrated Care System</li> <li>• 2022/23 Operational Planning Guidance</li> </ul>

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

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

## Chief Executive's Overview

### 1. Pandemic response and current operational pressures

In light of the rapidly changing state of affairs nationally and locally with respect to pandemic response and current operational pressures, a verbal report will be presented at the meeting on this topic.

### 2. Development of the Integrated Care System

Since the last CoG meeting, the shape of the new Integrated Care Board (ICB) and the structures which will sit below them within the Humber Coast and Vale (in future, North Yorkshire and Humber) Integrated Care System has begun to emerge more clearly, although the timetable for implementation has been delayed across England by three months, to 1<sup>st</sup> July 2022.

Appointments have been made to the ICB positions of Chair-Designate and Chief Executive-Designate and to a number of executive roles, with further appointments in the pipeline – all subject to legislative approval.

Development continue at Place (six Place Partnership Boards in varying formats) and at Collaborative level (four Collaboratives – Acute; Community; Mental Health, Learning Disabilities and Autism; and Primary Care).

### 3. 2022/23 Operational Planning Guidance

The attached document (NHS Providers On The Day Briefing on this Guidance) summarises and assesses the Guidance.

The NHS in 2022/23 will be expected to focus on the following ten priorities:

- A. Investing in the workforce and strengthening a compassionate and inclusive culture
- B. Delivering the NHS COVID-19 vaccination programme
- C. Tackling the elective backlog
- D. Improving the responsiveness of urgent and emergency care and community care
- E. Improving timely access to primary care
- F. Improving mental health services and services for people with a learning disability and/or autistic people
- G. Developing approach to population health management, prevent ill-health, and address health inequalities
- H. Exploiting the potential of digital technologies
- I. Moving back to and beyond pre-pandemic levels of productivity
- J. Establishing ICBs and enabling collaborative system working

Peter Reading

Chief Executive



## 2022/23 operational planning guidance

On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the **2022/23 operational planning guidance**. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity. This briefing highlights the key takeaways from the guidance.

### Key points

- NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the **Omicron variant**'. The planning timetable and submission deadlines will therefore be extended to the end of April 2022 and draft plans will be due in mid-March.
- The detailed annexes on revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.
- Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:
  - A Investing in the workforce and strengthening a compassionate and inclusive culture
  - B Delivering the NHS COVID-19 vaccination programme
  - C Tackling the elective backlog
  - D Improving the responsiveness of urgent and emergency care and community care
  - E Improving timely access to primary care
  - F Improving mental health services and services for people with a learning disability and/or autistic people
  - G Developing approach to population health management, prevent ill-health, and address health inequalities
  - H Exploiting the potential of digital technologies
  - I Moving back to and beyond pre-pandemic levels of productivity
  - J Establishing ICBs and enabling collaborative system working

## Summary of planning guidance

### Workforce

The guidance is clear about the need to prioritise support for the NHS workforce, given their experience during the pandemic so far, and the efforts which are now being asked of them. Section A lists the priorities for workforce management in 2022/23:

- **Look after our people** by delivering the [People Plan 2020/21](#), with particular focus on flexible working, career conversations, and supporting staff to understand pension options. Root causes of sickness absence should also be addressed, while supporting staff to access the ongoing vaccination programme, health and wellbeing support, and to rest.
- **Improve belonging in the NHS** by delivering the six high impact actions to overhaul recruitment and promotion practices and implementing plans to promote equality.
- **Work differently** by increasing new roles (e.g. anaesthetic associates), delivering care closer to home, e-job planning and e-rostering, and use of volunteers.
- **Grow for the future** with international recruitment of nurses and midwives, more collaborative staff banks (leading to less reliance on agency staff), protected time for supervisors to maintain doctors' education and training, and expanding clinical placement capacity for students.

Support for these actions will come from Health Education England (HEE) and NHSE/I, focussing on:

- International nurse recruitment programme - eligibility will be expanded to include allied health professionals, but there is no clarity in the guidance on whether social care nurses can access this funding.
- Health care support workers
- Mental health hubs, with enhanced health and wellbeing offers for staff
- GP recruitment and retention
- Creating multi-disciplinary teams, particularly through delivery of the Additional Roles Reimbursement Scheme (ARRS) in Primary Care Networks (PCNs). Notably, there is no mention of this scheme taking staffing pressures across the system into account (for example, to manage the risk of creating additional vacancies across the paramedic workforce within ambulance trusts).

### Vaccines

The guidance details the ask of the NHS to offer every eligible adult over the age of 18 a booster vaccination by 31 December 2021, and the ongoing prioritisation of the vaccination programme for the year ahead. Systems are therefore asked to maintain infrastructure to enable the service to respond to need in the vaccination programme as it arises.

The guidance notes the rollout of new COVID-19 treatments, initially for highest-risk patients, and the launch of a new study into the efficacy of antivirals. Updates on antiviral access are expected in spring. For post-COVID services, the guidance asks systems to increase the number of patients seen within six weeks and reduce the number of those waiting longer than 15 weeks. This will be supported by £90 million in 2022/23, which is particularly welcome for community providers, which have been at the forefront of delivering long COVID care. There are, however, concerns in the sector about workforce capacity required to deliver these services within a fixed term funding structure.

## Elective recovery, cancer waiting times and maternity services

### Maximise elective activity and reduce long waits

Systems must establish delivery plans across elective inpatient, outpatient and diagnostic services for 2022/23, outlining how they will meet the ambitions for elective recovery, including for systems to deliver over 10% more elective activity than before the pandemic and to reduce long waits. These plans should set out how disruptions will be minimised, clarify the use of local independent sector capacity, and show how systems will utilise additional capital and revenue funding and maximise productivity opportunities.

Systems should eliminate waits of over 104 weeks as a priority and maintain this position through 2022/23 (except where patients choose to wait longer), reduce waits of over 78 weeks, and reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023 (and going further where possible). The guidance also outlines plans to reduce outpatient follow-ups and to promote more personalised approaches to care

As part of the additional revenue funding (over £8bn) for elective recovery announced in September, £2.3 billion will be allocated to systems and tied to the delivery of the elective activity target. Systems must also show how their capital proposals will deliver an increase in elective activity to access the £1.5 billion capital funding announced in the Spending Review for surgical hubs and increased bed capacity.

### Complete recovery and improve performance against cancer waiting times standards

The guidance urges systems to complete any outstanding work on the post-pandemic cancer recovery objectives set out in the [2021/22 H2 planning guidance](#). Cancer Alliances are asked to work with systems to develop and implement a plan to improve performance against all cancer standards, and to make progress against the ambition in the NHS long term plan (LTP) to diagnose more people

with cancer at an earlier stage. Cancer Alliances and ICBs are also expected to ensure trusts have fully operational patient stratified follow-up (PSFU) pathways for breast, prostate, colorectal and one other cancer by early 2022/23 (and for two other cancers by March 2023), and to increase the recruitment and retention of the wider cancer workforce.

## Diagnostics

The ambition is for systems to increase diagnostic activity to a minimum of 120% of pre-pandemic levels across 2022/23, and develop investment plans for further capacity expansion via community diagnostic centres (CDCs) in 2023/24 and 2024/25.

Expanding supply of and training opportunities for the workforce will be facilitated by national investment through HEE. Systems will be able to access revenue to support set up and running of CDCs (following business case approvals). £21m of programme funding will also support pathology and imaging networks to deliver diagnostic digital roadmaps 2022/23.

Systems are asked to utilise targeted system capital allocations to increase the number of endoscopy rooms, invest in CT capacity to support expansion of Target Lung Health Checks, develop additional digitally connected imaging capacity, ensure all acute sites have a minimum of two CT scanners, and procure new breast screening units. Operational capital resources should continue to be used to reduce the replacement backlog of diagnostic equipment replacement over 10 years old.

## Deliver improvements in maternity care

ICBs are asked to undertake formal oversight of their Local Maternity Systems (LMS), and providers should continue to embed and deliver the seven immediate and essential actions identified in the [interim Ockenden Review](#). £93m of funding to support the implementation of Ockenden actions (via workforce investment) will go into baselines from 2022/23.

LMSs should also continue to work with providers to implement local plans to deliver better births, including delivering local plans for midwifery continuity of carer (MCoC), offering every woman a personalised care and support plan in line with the [personalised care and support planning guidance](#). LMSs must also implement the [Saving Babies' Lives](#) care bundle.

## UEC and community care

To relieve pressure on urgent and emergency care, systems are expected to limit ambulance handover delays and improve response times; meet growing demand for NHS 111 by enhancing call

handling capacity; expand UTC to enable greater focus on higher acuity need within emergency departments; and increase focus on urgent care provision for children. Systems are asked to reduce 12-hour waits in EDs towards zero and no more than 2%; improve against all Ambulance Response Standards, with plans to achieve Category 1 and Category 2 mean and 90th percentile standards; and minimise handover delays between ambulance and hospital.

Systems are asked to develop detailed plans to maximise the rollout of virtual wards by enabling earlier supported discharge and providing alternatives to admission. There is an expectation that by December 2023, systems will have moved towards a national ambition of 40–50 virtual wards per 100,000 population. NHSE/I is making up to £200m available in 2022/23 and 2023/24 to support systems to implement virtual wards (including hospital at home services) to ease the pressure on acute bed capacity. Systems will need to develop two-year plans collaboratively across providers (and the independent sector) to maximise the rollout of virtual wards, which NHSE/I expects to have taken place by December 2023. These virtual wards will be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge. System partners are also asked to plan to reduce backlogs of care and waiting times for community services

Systems are asked to deliver the LTP goal of responsive, personalised community-based care. This includes enhanced health in care homes; improving quality and availability against national data requirements; and embedding urgent community response with services achieving at least 70% two-hour response times from the end of Q3 2022.

As central discharge to assess funding will end in March 2022, NHSE/I is asking systems to sustain improvements in delayed discharges in 2022/23 by working with local authorities supported by the Better Care Fund, and via investment in virtual wards.

## Letters and supporting documents on safe and timely discharge

Related to the planning guidance, on 22 December NHSE/I issued two letters and several supporting documents to enable the safe and timely discharge of patients from acute care. NHSE/I **wrote** to acute and community trusts calling for a “forensic focus” on embedding systems, processes and practical arrangements that enable discharges.

NHSE/I also sent a second **letter** asking the NHS and local authorities to increase support for domiciliary care; maximise alternative pathways to acute admission (e.g. expanding **virtual ward** capacity as fast as practicable); increase bed capacity in care centres (including care homes, hospices

and hotels); and support actions taken by NHS acute hospitals. ICSs should plan by the end of December to provide COVID virtual wards that are of equivalent size to a minimum of 15% of people who are COVID+ as inpatients. ICSs will need to report to NHSE/I with the total new capacity they plan to create by 24 December.

## Primary care

The guidance outlines the LTP's commitment to a £4.5 billion increase in real terms investment into primary medical and community services by 2023/24. ICBs will be expected to maximise the impact of their investment in primary care and PCNs by driving integrated working at neighbourhood/place level, and including primary care as part of the solution to system-wide challenges. ICBs will be the delegated commissioners for primary medical services in 2022/23 and should develop plans to take dental, community pharmacy and optometry commissioning functions from 2023/24.

Expanding the primary care workforce is a key priority, and all systems are expected to support their PCNs to fill their share of the 20,500 FTE PCN roles by the end of 2022/23, and to increase the number of GPs towards the 6,000 FTE target (commensurate with the October 2021 [plan](#)).

To improve access to primary care, systems have also been asked to implement revised access arrangements via PCNs; secure universal participation in the community pharmacist consultation service to divert lower acuity care away from general practice and 111; and support practices and PCNs to ensure every patient can be offered digital-first primary care by 2023/24.

## Mental health, learning disability and autism

### Mental health services

The guidance acknowledges that the complexity of demand has increased because of the pandemic and this, in addition to a pre-existing treatment gap within mental health, is increasing pressures within services and pathways across all ages. To address these pressures systems are asked to:

- increase the provision of alternatives to A&E and improve the ambulance mental health response.
- ensure admissions are intervention-focused, therapeutic, and supported by multidisciplinary teams.
- maintain a focus on improving equalities across all programmes, noting the actions and resources identified in the [advancing mental health equalities strategy](#).
- continue expansion and transformation of services. The guidance signposts to the 2022/23 mental health delivery plan to support systems in understanding their delivery requirements.

On funding, the guidance confirms the delivery of the MHIS remains a mandatory requirement, and that system development funding (SDF) will continue beyond 2023/24. Capital funding made available through system allocations is expected to support urgent patient safety projects for mental health trusts, and funding to eradicate mental health dormitories will continue in 2022/23 and 2023/24.

To support the expansion and transformation of the workforce, systems are asked to develop a mental health workforce plan to 2023/24 in collaboration with mental health providers, HEE and partners in the voluntary care and social enterprise (VCSE) and education sectors.

## People with a learning disability and autistic people

The guidance recognises the pandemic has exacerbated the significant health inequalities experienced by people with a learning disability and autistic people. This means making reasonable adjustments and tailored responses, including considering the ongoing need for face-to-face appointments as digital healthcare develops.

Service development funding support of £75 million will be made available to systems in 2022/23 to support people with a learning disability and autistic people. This will help increase the rate of annual health checks for people aged 14 and over on a GP learning disability register towards the 75% ambition in 2023/24; improve the accuracy of GP learning disability registers, particularly for under-represented groups such as children and young people and people from ethnic minority groups; and implement actions from Learning Disability Mortality Reviews (LeDeRs).

## Health inequalities

The guidance sets out the ambition to continue to develop approaches to population health management and prevention, with ICSs driving the shift towards targeting interventions and supporting prevention as well as treatment. Systems are asked to develop plans by June 2022 to put in place the systems, skills and data safeguards necessary for robust population health management, and to have the technical capability in place by April 2023. This includes the capacity to use data and analytics to redesign care pathways and measure outcomes with a focus on improving access and health equity for underserved communities. The guidance reiterates the importance of adopting culturally competent approaches to increasing vaccination uptake.

Systems are asked to develop robust plans for the rollout of tobacco dependence services, improve uptake of lifestyle services including the diabetes prevention programme, and restore diagnosis and

monitoring of long term conditions including hypertension, atrial fibrillation and diabetes. There should be further progress across the LTP's high impact actions, across respiratory, stroke and cardiac care, with the target of restoring detection and management of hypertension, atrial fibrillation and high cholesterol to pre-pandemic levels. Systems are also asked to nominate a senior responsible officer covering prevention deliverables.

## Digital

The guidance confirms systems will be allocated capital over three years from 2022/23 for digital investment. £250m of capital funding will initially be made available to systems in 2022/23 to support the digitisation of services and settings that are currently the least digitally mature. Providers must meet the LTP objective of reaching a core level of digitisation by March 2025. Costed three-year digital investment plans should be completed by June 2022 to meet expectations set out in the [What Good Looks Like](#) framework.

Systems are expected to exchange information across their collaboratives and ensure suppliers comply with interoperability standards. By March 2023, local authorities with care responsibilities within a system's footprint should be connected to their local shared care record. The long-term ambition is for the NHSE e-Referral Service (e-RS) to become an 'any-to-any health sector triage, referral and booking system' by 2025.

## System allocations and financial regime

The detailed annexes on contracting and revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks. NHSE/I plans to shortly issue one-year revenue allocations to 2022/23 and three-year capital allocations to 2024/25, and intends to issue the remaining revenue allocations over the SR period in the first half of 2022/23.

The planning guidance does however broadly outline the role of the 2022/23 financial regime in enabling a system-wide approach to planning and delivery, including:

- **Efficiency ask:** the planning guidance assumes the provider sector will return (and go beyond) pre-pandemic productivity allows 'when the context allows'.
- **Returning to fair shares allocations:** NHSE/I will continue to enable a system-based approach to funding and planning by issuing ICB revenue allocations (based on current system funding envelopes). On top of the efficiency ask, NHSE/I will apply a convergence adjustment and map out a glidepath from current system revenue envelopes to 'fair shares' allocations.

- **Clarity over capital allocations:** multi-year operational capital allocations will be set at ICB level, and NHSE/I will provide further clarity about the allocation of national capital programmes.
- **Financial balance at system level:** ICBs and partner trusts are collectively tasked with delivering a breakeven financial position across their system and, although possibly delayed, the Health and Care Bill will hold ICBs and trusts responsible for their use of revenue and capital resources.
- **Contracts and locally determined prices:** providers are expected to return to signed contracts and local ownership for setting payment values (additional guidance will be provided by NHSE/I). Written contracts should be signed before the start of the financial year. The guidance also recommends systems and organisations sustain a 'partnership approach' payment and contracting. The final version of the NHS Standard Contract will be published in February 2022.
- **Enabling elective recovery:** as highlighted above, additional revenue and capital funding will support systems deliver the ambitions for elective recovery.

## ICBs and collaborative system working

Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022. Timelines for national and local plans will therefore be adjusted. An extended 'preparatory phase' will begin from 1 April 2022 whereby clinical commissioning groups (CCGs) remain in place as statutory organisations, and CCG leaders are expected to work closely with designate ICB leaders on issues likely to affect future ICBs (particularly commissioning and contracting). In Q4 2021/22 NHSE/I will consult with several CCGs about boundary changes to ensure they align with the ICS boundary changes announced in July 2021. NHSE/I does not plan any further CCG mergers before the establishment of ICBs.

CCGs and ICBs should reset their implementation plans and ensure people, property and liabilities are appropriately and safely transferred from CCGs to future ICBs. This also means designate ICB chairs and chief executives should continue with recruitment plans.

NHSE/I regional teams, designate ICB leaders, and CCG accountable officers should agree ways of working for 2022/23 by the end of March 2022. The deadline for ICB Readiness to Operate and System Development Plan submissions will be extended (with details about these plans to be set out in January 2022). ICBs refreshed five-year plans are expected in March 2023, and ICBs are expected to undertake preparatory work throughout 2022/23 in collaboration with local authority partners.

## NHS Providers view

We welcome the pragmatic approach in the planning guidance, resetting priorities while signalling that these will need to be kept under review.

The scope and scale of these actions highlights the formidable array of challenges facing the NHS. These include the impact of Omicron and the booster vaccination programme against a background of unprecedented demand for urgent and emergency care and the need to address the treatment backlog in hospitals, community and mental health services, and the need for urgent capital investment.

All of the priorities in the guidance are important, and we particularly welcome the prominence given to growing, adapting and focusing on the wellbeing of the workforce. Eight of the nine priorities in this programme won't be fully possible without addressing the first – securing a properly costed and funded workforce plan is fundamental to the future success of the NHS.

Trusts tell us that workforce capacity is the constraining factor in the health and care system at the moment underpinned by a lack of national long term plan, challenges with recruitment and rising staff absences connected with COVID-19.

While recognising the fundamental importance of elective recovery, this cannot be accomplished without stabilising the situation in urgent and emergency care, primary care and social care and addressing growing demand and a backlog of care in community and mental health services.

Quality of care and patient safety need to remain the key cornerstones for the NHS. For example we have seen a worrying shift in patient safety risk towards ambulance services, particularly as a result of handover delays.

The NHS also needs to transform to meet future needs – taking much greater advantage of digital technology and the leap forward offered by 21<sup>st</sup> century genomic based medicine.

We also need to do much more to help citizens manage their own health and wellbeing more effectively, with greater focus on tackling health inequalities, prevention and whole population health management.

Key to delivery of these changes will be the development of system working and integrated care systems (ICSs) enshrined in forthcoming legislation. While some trusts will be disappointed to hear of the delay in placing ICSs on a statutory footing, many will also see it as a pragmatic response to potential delays.

Trusts need to be at the forefront of this transformational change, which offers huge opportunities to improve services for patients and communities, and it will be important to keep sight of these opportunities, alongside the massive challenge of dealing with immediate operational pressures.

## CoG (01/22) Item: 2.3

<b>DATE OF MEETING</b>	Tuesday 18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Ian Reekie, Lead Governor
<b>CONTACT OFFICER</b>	Ian Reekie, Lead Governor
<b>SUBJECT</b>	<b>Lead Governor's Update</b>
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>PURPOSE OF THE REPORT</b>	The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting on 19 October 2021 in which the Lead Governor has been involved, including highlights from the Governor Assurance Group meeting on 24 November and the Appointments & Remuneration Committee meeting on 1 December.
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the Lead Governor's Update report including highlights from the Appointments &amp; Remuneration Committee and the Governor Assurance Group.</li> <li>Confirm the extension of the contract of Linda Jackson as Acting Trust Chair until 31 January 2022.</li> <li>Confirm the extension of the contract of Michael Whitworth as a Non-Executive Director until 7 January 2023.</li> <li>Approve revised terms of reference for the Appointments &amp; Remuneration Committee.</li> </ul>

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

Quality and Safety		Strategic Service Development and Improvement	
Estates, Equipment and Capital Investment		Digital	
Finance		The NHS Green Agenda	
Partnership & System Working	✓		

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

# COUNCIL OF GOVERNORS

18 January 2022

## Lead Governor's Update

### APPOINTMENT OF TRUST CHAIR

At an extraordinary meeting held on 11 November 2021 the Council of Governors approved the appointment of Sean Lyons as Trust Chair in the role of Joint Chair of NLaG and Hull University Teaching Hospitals NHS Trust. Although Sean will not formally be taking up his post until 1 February he has already been busy. He has visited all the hospital sites and has had a total of 121 conversations with executives and NEDs across the two trusts. I greatly appreciated the fact that Sean was willing to devote time to getting to know governors prior to his official start date. He certainly demonstrated at the 'Meet Our New Chair' session on 6 January that he intends to be accessible to governors and to take our views and feedback seriously.

### APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

Since the last CoG meeting the ARC has met once on 1 December 2021 when the following items were considered:

- **Vice Chair/Acting Chair Appointment** – Most immediately Linda Jackson's contract as Acting Trust Chair expired on 11 January but Sean Lyons is not due to take up his post as Joint Chair until 1 February. CoG is therefore asked to formally extend this acting appointment until 31 January 2022. Linda will then revert to her substantive Vice Chair role in respect of which her term of office is due to expire on 31 March 2022. Although ARC gave some initial consideration to the recruitment of a new Vice Chair it was agreed that any decisions should be deferred until the next ARC meeting on 16 March to enable Sean Lyons to participate in deliberations.
- **Review of NED Term of Office** – ARC reviewed the NED performance of Michael Whitworth whose contract was due to expire on 8 January 2022. It was noted that over the past year, in his capacity as Chair of the Workforce Committee, Michael has developed a strong relationship with Christine Brereton, the new Director of People, and that under their joint leadership the Workforce Committee is going from strength to strength. It was agreed to recommend that Michael's contract be extended until 7 January 2023.
- **Review of ARC Terms of Reference** – Governors will recall that to enable the 1 December meeting to proceed CoG had to be asked virtually to agree to maintain the existing membership while the committee's terms of reference were updated and new member(s) were recruited. ARC therefore agreed to recommend adoption of revised terms of reference based on those recently adopted for the Governor Assurance Group. The principal amendment is the inclusion of the Lead Governor and Deputy Lead Governor as ex-officio committee members. CoG is now asked to approve the revised terms of reference appended to this report following which expressions of interest will be invited for the one membership vacancy.

## GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS

Since the last CoG meeting the GAG has met once on 24 November 2021 when as usual the committee was grateful for the attendance of the NED chairs of the four Board assurance committees who presented their highlight reports. Items considered included the following:

- **Ophthalmology Follow-ups** – Mike Proctor provided assurance that the Quality & Safety Committee is closely monitoring efforts to reduce the long ophthalmology follow-up backlog including through the identification of diagnostic codes and subsequent risk stratification.
- **Financial Performance** – Gill Ponder gave an update on financial performance issues covering including the failure of the Humber Coast and Vale system to achieve the levels of elective throughput necessary to access the Elective Recovery Fund, continuing concerns regarding high levels of agency staff spending and the prospects of the trust exiting financial special measures. Governors will have the opportunity to further explore these and other finance issues with Lee Bond, the Chief Financial Officer, who will be giving a presentation at the CoG meeting.
- **Urgent Care** – Gill Ponder gave an update on a range of clinical performance issues but concentrated on the ongoing urgent care pressures. She was able to highlight one piece of good news regarding the launch of the new Urgent Care Service at Scunthorpe General Hospital which aims to assess patients at the front door of A&E and divert minor cases for GP led treatment thus reducing waiting times and overcrowding.

**Ian Reekie**  
**Lead Governor**

## CoG (01/22) Item: 2.3

<b>DATE OF MEETING</b>	Tuesday 18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Ian Reekie, Lead Governor
<b>CONTACT OFFICER</b>	Ian Reekie, Lead Governor
<b>SUBJECT</b>	<b>Lead Governor's Update</b>
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>PURPOSE OF THE REPORT</b>	The purpose of this report is to update governors on relevant issues that have arisen since the last Council of Governors meeting on 19 October 2021 in which the Lead Governor has been involved, including highlights from the Governor Assurance Group meeting on 24 November and the Appointments & Remuneration Committee meeting on 1 December.
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>Note the content of the Lead Governor's Update report including highlights from the Appointments &amp; Remuneration Committee and the Governor Assurance Group.</li> <li>Confirm the extension of the contract of Linda Jackson as Acting Trust Chair until 31 January 2022.</li> <li>Confirm the extension of the contract of Michael Whitworth as a Non-Executive Director until 7 January 2023.</li> <li>Approve revised terms of reference for the Appointments &amp; Remuneration Committee.</li> </ul>

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

Quality and Safety		Strategic Service Development and Improvement	
Estates, Equipment and Capital Investment		Digital	
Finance		The NHS Green Agenda	
Partnership & System Working	✓		

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

# COUNCIL OF GOVERNORS

18 January 2022

## Lead Governor's Update

### APPOINTMENT OF TRUST CHAIR

At an extraordinary meeting held on 11 November 2021 the Council of Governors approved the appointment of Sean Lyons as Trust Chair in the role of Joint Chair of NLaG and Hull University Teaching Hospitals NHS Trust. Although Sean will not formally be taking up his post until 1 February he has already been busy. He has visited all the hospital sites and has had a total of 121 conversations with executives and NEDs across the two trusts. I greatly appreciated the fact that Sean was willing to devote time to getting to know governors prior to his official start date. He certainly demonstrated at the 'Meet Our New Chair' session on 6 January that he intends to be accessible to governors and to take our views and feedback seriously.

### APPOINTMENTS & REMUNERATION COMMITTEE (ARC) HIGHLIGHTS

Since the last CoG meeting the ARC has met once on 1 December 2021 when the following items were considered:

- **Vice Chair/Acting Chair Appointment** – Most immediately Linda Jackson's contract as Acting Trust Chair expired on 11 January but Sean Lyons is not due to take up his post as Joint Chair until 1 February. CoG is therefore asked to formally extend this acting appointment until 31 January 2022. Linda will then revert to her substantive Vice Chair role in respect of which her term of office is due to expire on 31 March 2022. Although ARC gave some initial consideration to the recruitment of a new Vice Chair it was agreed that any decisions should be deferred until the next ARC meeting on 16 March to enable Sean Lyons to participate in deliberations.
- **Review of NED Term of Office** – ARC reviewed the NED performance of Michael Whitworth whose contract was due to expire on 8 January 2022. It was noted that over the past year, in his capacity as Chair of the Workforce Committee, Michael has developed a strong relationship with Christine Brereton, the new Director of People, and that under their joint leadership the Workforce Committee is going from strength to strength. It was agreed to recommend that Michael's contract be extended until 7 January 2023.
- **Review of ARC Terms of Reference** – Governors will recall that to enable the 1 December meeting to proceed CoG had to be asked virtually to agree to maintain the existing membership while the committee's terms of reference were updated and new member(s) were recruited. ARC therefore agreed to recommend adoption of revised terms of reference based on those recently adopted for the Governor Assurance Group. The principal amendment is the inclusion of the Lead Governor and Deputy Lead Governor as ex-officio committee members. CoG is now asked to approve the revised terms of reference appended to this report following which expressions of interest will be invited for the one membership vacancy.

**GOVERNOR ASSURANCE GROUP (GAG) HIGHLIGHTS**

Since the last CoG meeting the GAG has met once on 24 November 2021 when as usual the committee was grateful for the attendance of the NED chairs of the four Board assurance committees who presented their highlight reports. Items considered included the following:

- **Ophthalmology Follow-ups** – Mike Proctor provided assurance that the Quality & Safety Committee is closely monitoring efforts to reduce the long ophthalmology follow-up backlog including through the identification of diagnostic codes and subsequent risk stratification.
- **Financial Performance** – Gill Ponder gave an update on financial performance issues covering including the failure of the Humber Coast and Vale system to achieve the levels of elective throughput necessary to access the Elective Recovery Fund, continuing concerns regarding high levels of agency staff spending and the prospects of the trust exiting financial special measures. Governors will have the opportunity to further explore these and other finance issues with Lee Bond, the Chief Financial Officer, who will be giving a presentation at the CoG meeting.
- **Urgent Care** – Gill Ponder gave an update on a range of clinical performance issues but concentrated on the ongoing urgent care pressures. She was able to highlight one piece of good news regarding the launch of the new Urgent Care Service at Scunthorpe General Hospital which aims to assess patients at the front door of A&E and divert minor cases for GP led treatment thus reducing waiting times and overcrowding.

**Ian Reekie**  
**Lead Governor**

# **Council of Governors Business Meeting 18.01.22**

**Timeline for NLaG getting out of  
Financial Special Measures**

## Timeline for getting out of Financial Special Measures

### November 2020

No	Requirement	Progress
1	Delivery of 20/21 financial plan	✓
2	Agreement of credible plan for 2021/22 (H1 & H2)	✓
3	Understand investments required to meet quality and safety plan	✓
4	Resolution to Director of Finance post and stable leadership for the next 12 months	✓
5	Trust and ICS system to sustain approach to financial governance during elective restart and future waves of covid pressure	✓
6	Capital plan delivery and grip/control measures robust and embedded	✓

***6-12 monthly timescale indicated***

**Timeline: 2 December 2020**

“We will be able to confirm NLaG as meeting the legacy FSM criteria subject to the review of the evidence against the criteria providing the necessary assurance to do this”

***Effectively, NLAG will still remain in ‘special measures’ but only for Quality.***

***Note - Recovery Support Program (RSP) replaced Special Measures***

## Timeline: 23 December 2020

- Further assurance required that the underlying position has not materially deteriorated in both absolute terms and in relation to the pandemic.
- Need to review 22/23 operational plans (due in Q4)
- Evidence of recurrent cost improvement programme
- Assurance that there is unified Board ownership and accountability for the financial recovery at NLAG

**Don't be  
the  
Choluteca  
Bridge**



**Kindness · Courage · Respect**

## CoG(01/22 ) Item 4.1

<b>DATE OF MEETING</b>	18 <sup>th</sup> January 2022
<b>REPORT FOR</b>	Council of Governors Meeting
<b>REPORT FROM</b>	Helen Harris, Director of Corporate Governance
<b>CONTACT OFFICER</b>	Alison Hurley, Assistant Director of Corporate Governance
<b>SUBJECT</b>	Updated Register of Governors' Interests
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	The report provides the updated Register of Governors' Interests as at December 2021

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

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

## REGISTER OF GOVERNORS' INTERESTS

December 2021 (v3)

GOVERNOR NAME	INTERESTS	DATE
<b>PUBLIC GOVERNORS - EAST &amp; WEST LINDSEY</b>		
Jeremy Baskett	<ul style="list-style-type: none"> <li>➤ Working for NHS Hull CCG (on behalf of Humber CCGs) on HR projects</li> <li>➤ Working for NHS Harrogate and Rural District CCG (on behalf of the North Yorkshire CCGs) on HR projects</li> <li>➤ Mayor Elect and Deputy Leader for Louth Town Council</li> </ul>	21.12.2021
Gorajala Vijay	➤ None	20.11.2021
<b>PUBLIC GOVERNORS - GOOLE &amp; HOWDENSHERE</b>		
Tony Burndred	➤ Chair of Men in Sheds (Goole)	07.12.2021
Rob Pickersgill	<ul style="list-style-type: none"> <li>➤ Fellow, Chartered Institute of Public Finance and Accountancy (CIPFA)</li> <li>➤ Chair – Asselby Parish Council, Howden, East Yorkshire</li> <li>➤ Member of Howden Medical Practice PPG</li> <li>➤ Managing Director and 50% shareholder at W Hallam Castings Ltd, Thorne, Doncaster (private company)</li> <li>➤ Member of the Yorkshire and Humberside Regional Advisory Board, MAKE UK (UK Manufacturers Organisation)</li> </ul>	17.11.2021
Stephen Price	➤ None	15.12.2021
<b>PUBLIC GOVERNORS - NORTH LINCOLNSHIRE</b>		
Kevin Allen	<ul style="list-style-type: none"> <li>➤ Volunteer worker at SGH</li> <li>➤ Local Authority Governor at Scunthorpe C E Primary School</li> <li>➤ Co-opted Governor at Enderby Road Infants School</li> </ul>	24.11.2021
David Cuckson	➤ None	18.11.2021
Maureen Dobson	➤ None	23.11.2021
Shiv Nand	➤ Father and brother are CURRENT employees of NLAG being Dr Sanjiv Nand (Orthopaedics) and Dr Raghav Nand (FY2) respectively	16.12.2021
Vacancy	➤	

<b>PUBLIC GOVERNORS - NORTH EAST LINCOLNSHIRE</b>		
Diana Barnes	➤ None	09.11.2021
Brian Page	➤ Sole Trader trading as BP Training ➤ Currently contracted to deliver Health & Wellbeing training for Care Plus	20.11.2021
Ian Reekie	➤ Member of the National Institute of Health & Care Excellence (NICE) Quality Standards Advisory Committee	17.11.2021
Liz Stones	➤ Chairman of Cleethorpes Golf Club (1894) Ltd	17.11.2021
Vacancy		

<b>STAKEHOLDER GOVERNORS</b>		
Vacancy- East Riding of Yorkshire Council	➤	
Eddie McCabe - North East Lincolnshire Clinical Commissioning Group	➤ None	06.12.2021
Alex Seale - North Lincolnshire Clinical Commissioning Group	➤ Chief Operating Officer at North Lincolnshire CCG	10.12.2021
Stan Shreeve - North East Lincolnshire Council	➤ Elected member and portfolio holder for Finance and Resources NEL council. ➤ NEL Stakeholder Trustee of NEL Citizens Advice Bureau. ➤ Stakeholder Director of Humber Bridge Board. ➤ Trustee of Harbour Place ➤ Stakeholder representative of NEL on EY Pension Committee	18.11.2021
Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

<b>STAFF GOVERNORS</b>		
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

## CoG(01/22 ) Item 4.1

<b>DATE OF MEETING</b>	18 <sup>th</sup> January 2022
<b>REPORT FOR</b>	Council of Governors Meeting
<b>REPORT FROM</b>	Helen Harris, Director of Corporate Governance
<b>CONTACT OFFICER</b>	Alison Hurley, Assistant Director of Corporate Governance
<b>SUBJECT</b>	Updated Register of Governors' Interests
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	The report provides the updated Register of Governors' Interests as at December 2021

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

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

**REGISTER OF GOVERNORS' INTERESTS**  
December 2021 (v3)

GOVERNOR NAME	INTERESTS	DATE
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Gorajala Vijay	➤ None	20.11.2021
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Vacancy	➤	

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Liz Stones	➤ Chairman of Cleethorpes Golf Club (1894) Ltd	17.11.2021
Vacancy		

<b>STAKEHOLDER GOVERNORS</b>		
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Vacancy - North Lincolnshire Council		
Vacancy - Lincolnshire Council		

<b>STAFF GOVERNORS</b>		
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

## CoG (01/22) Item 6.1

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Lee Bond, Chief Financial Officer
<b>CONTACT OFFICER</b>	Brian Shipley, Deputy Director of Finance
<b>SUBJECT</b>	<b>Finance Update – M08</b>
<b>BACKGROUND DOCUMENT (if any)</b>	-
<b>PURPOSE OF THE REPORT</b>	For Information
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	Finance & Performance Committee – 22 December 2021
<b>EXECUTIVE SUMMARY</b>	The attached report outlines the reported financial position at M08 of the 2021/22 reporting period.

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

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

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

# Finance Report Month 8

November – 2021/22

# Executive Summary Month 8 2021/22

The Trust reported a £0.30m surplus for the month of November, which was £0.79m worse than plan. The year-to-date position is now a £0.20m deficit, which is £0.18m worse than plan.

Income was £0.93m worse than plan in month.

- ERF income was £0.50m below plan (see paragraph below). Covid block income was £0.12m below plan because of a reduction to expected H2 block funding. Covid outside envelope income was £0.10m below plan due to a pause on vaccinations in November as a result of low uptake and low vaccination stock. Donated income, excluded from NHSE&I financial targets, was £0.51m below plan because of a reduction in donated asset expenditure.
- Elective Recovery Funding (ERF) – the Trust achieved no ERF income in month, £0.51m below November’s plan. The Trust would have earned £0.38m ERF income if it had been assessed on its own performance, but Trust achievement of ERF income is also dependant on the overall ICS position. Overall the ICS did not achieve its ERF target, so the Trust gets no ERF income either.

Pay was £0.25m overspent in month.

- Medical staff was £0.65m overspent primarily due to Anaesthetic Middle Grade rota delays, agency premiums for covering vacancies in Urology, T&O and Paediatrics, additional waiting list expenditure in Cellular Pathology, and an estimate for unfunded Middle Grade pay reforms.
- Nursing was £0.01m underspent in month. There were underspends due to Midwifery vacancies, but these were offset by Trust-wide overspends due to use of escalation and surge beds, increased staff absence and implementation of Chief Nurse safety recommendations.
- Other Pay variances include admin and support staff underspends partly offset by £0.03m Flowers costs, for which the Trust has not been reimbursed (£0.23m year-to-date).

Non Pay was £0.27m overspent in month mostly due to additional ERF activity in General Theatres, Orthopaedics and Urology, additional ITU activity, and high cost drugs overspends relating to additional outpatient ERF activity across Gastroenterology and Rheumatology.

Post EBITDA items were £0.11m underspent in month on depreciation and dividends due to capital programme delays.

## COVID-19 Specific Expenditure

- The Trust has incurred £8.8m expenditure as a direct consequence of the pandemic, marginally within its covid expenditure funding of £9.46m (£9.94m total covid funding less £0.48m funding for loss of car parking income and loss of other income).

# Income & Expenditure to 30<sup>th</sup> November 2021

Income & Expenditure	Annual Plan to 31st March 2022 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	349,593	29,623	29,678	55	230,865	234,964	4,099
ERF Income	11,266	502	0	(502)	10,263	3,834	(6,429)
TIF	5,905	1,968	1,968	0	1,968	1,968	0
Block Top Up	60,160	5,042	5,193	151	39,992	40,666	674
Covid Inside Envelope Block	13,019	1,023	904	(119)	8,927	8,924	(3)
Covid Outside the Envelope	1,839	237	133	(104)	1,155	1,019	(136)
Other Income	40,317	3,028	3,123	95	25,292	25,119	(173)
Donated Income	54,448	1,109	599	(510)	43,671	6,826	(36,845)
<b>Total Operating Income</b>	<b>536,547</b>	<b>42,532</b>	<b>41,599</b>	<b>(933)</b>	<b>362,133</b>	<b>323,320</b>	<b>(38,813)</b>
Clinical Pay	(255,013)	(21,268)	(21,591)	(323)	(168,188)	(171,308)	(3,121)
Other Pay	(66,075)	(5,886)	(5,808)	78	(45,149)	(46,199)	(1,050)
<b>Total Pay</b>	<b>(321,088)</b>	<b>(27,154)</b>	<b>(27,399)</b>	<b>(245)</b>	<b>(213,337)</b>	<b>(217,507)</b>	<b>(4,170)</b>
Clinical Non Pay	(70,449)	(5,864)	(6,139)	(275)	(47,104)	(45,629)	1,476
Other Non Pay	(72,928)	(5,881)	(5,878)	3	(47,105)	(43,746)	3,359
ERF Expenditure			0	0		0	0
<b>Total Non Pay</b>	<b>(143,377)</b>	<b>(11,745)</b>	<b>(12,017)</b>	<b>(271)</b>	<b>(94,210)</b>	<b>(89,375)</b>	<b>4,834</b>
<b>Operating Expenditure</b>	<b>(464,465)</b>	<b>(38,899)</b>	<b>(39,416)</b>	<b>(516)</b>	<b>(307,547)</b>	<b>(306,883)</b>	<b>664</b>
<b>EBITDA</b>	<b>72,081</b>	<b>3,633</b>	<b>2,184</b>	<b>(1,449)</b>	<b>54,587</b>	<b>16,438</b>	<b>(38,149)</b>
Depreciation	(12,538)	(1,030)	(926)	104	(7,737)	(7,339)	398
Interest Expenses & Other Costs	(182)	(15)	(18)	(2)	(124)	(282)	(158)
Dividend	(5,192)	(412)	(409)	3	(3,240)	(2,830)	410
<b>Total Post EBITDA Items</b>	<b>(17,911)</b>	<b>(1,457)</b>	<b>(1,352)</b>	<b>105</b>	<b>(11,101)</b>	<b>(10,451)</b>	<b>650</b>
Remove Capital Donated I&E Impact	(54,182)	(1,087)	(533)	554	(43,497)	(6,327)	37,171
<b>I&amp;E Surplus / (Deficit)</b>	<b>(12)</b>	<b>1,088</b>	<b>299</b>	<b>(790)</b>	<b>(11)</b>	<b>(195)</b>	<b>(184)</b>

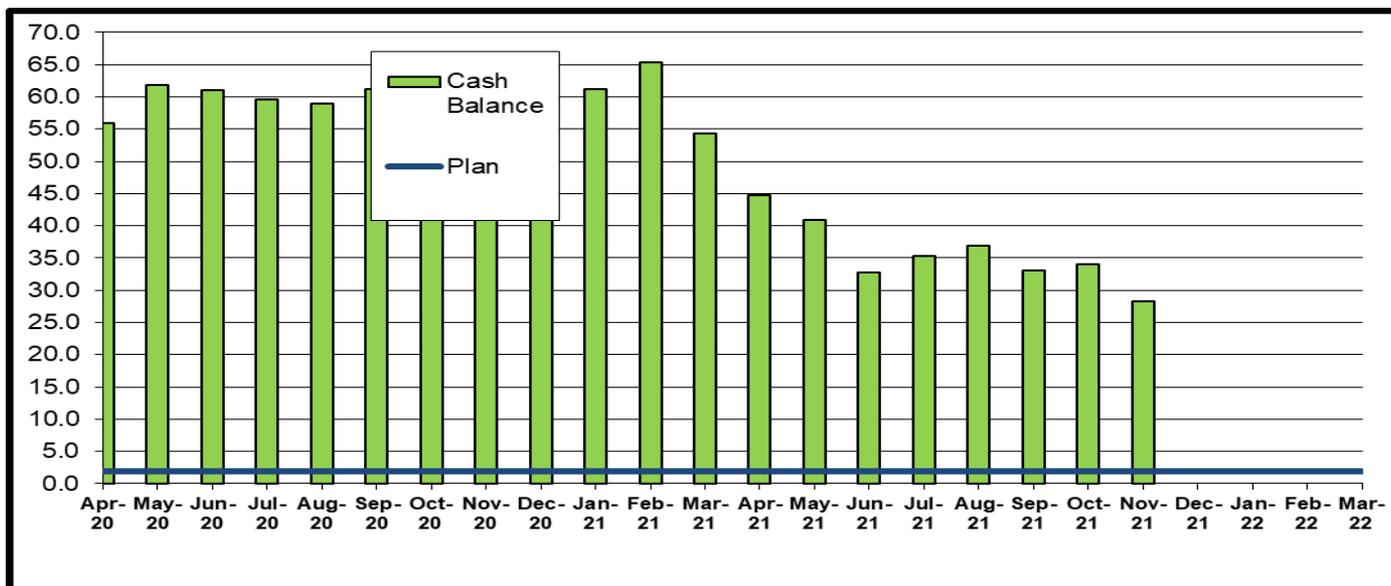
# COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	1,929	0	1,929
Existing workforce additional shifts to meet increased demand	3,748	0	3,748
Backfill for higher sickness absence	1,460	0	1,460
Total Testing - In Envelope	327	66	393
PPE associated costs	0	7	7
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	5	5
Remote management of patients	6	0	6
Segregation of patient pathways	0	42	42
Decontamination	0	165	165
Additional PTS costs	0	7	7
After care and support costs (community, mental health, primary care)	0	40	40
Outside Envelope COVID-19 - Vaccination Programme - Provider/ Hospital hubs	116	7	124
Outside Envelope COVID-19 - Deployment of final year student nurses	141	0	141
Outside Envelope COVID-19 - International quarantine costs	0	6	6
Outside Envelope COVID-19 virus testing - rt-PCR virus testing	5	30	34
Outside Envelope COVID-19 virus testing - Rapid / point of care testing - locally procured reagents costs	0	662	662
Outside Envelope COVID-19 virus testing - Rapid / point of care testing (for DHSC provided Samba2, DNA Nudge, Primer Design, LumiraDx and Abbott ID NOW)	10	0	10
Outside Envelope NIHR SIREN testing - research staff costs	17	0	17
Outside Envelope Antibody Assays	0	25	25
<b>Total COVID-19 Expenditure</b>	<b>7,758</b>	<b>1,063</b>	<b>8,821</b>
<b>Total Trust Operating Expenditure (including COVID-19 expenditure and all other operating expenditure)</b>	<b>217,507</b>	<b>89,375</b>	<b>306,883</b>
COVID-19 % of Total Trust Operating Expenditure	3.6%	1.2%	2.9%

# Cash

The cash balance at 30<sup>th</sup> November was £28.3m, an in-month decrease of £5.7m.

	£m	£m
<b>Cash Balance as at 30th November</b>		<b>28.32</b>
<b>Commitments:</b>		
Income received in advance	4.13	
Capital creditors	5.18	
Grant funding due	-3.29	
Capital loan repayments	0.06	
November PAYE/NI/Pension	10.76	
Public Dividend Capital	1.00	
Annual leave income	4.49	
Invoices due for payment not yet authorised	3.87	
To support other creditors due	<u>0.23</u>	
		<b>(26.42)</b>
<b>NHSi minimum balance</b>		<b><u>1.90</u></b>



# Balance Sheet as at 30<sup>th</sup> November 2021

	Last Month	This Month
	£mil	£mil
Total Fixed Assets	207.76	209.08
Stocks & WIP	3.69	3.69
Debtors	10.48	14.56
Prepayments	6.75	6.68
Cash	33.98	28.32
Total Current Assets	54.90	53.25
Creditors : Revenue	38.31	40.00
Creditors : Capital	6.62	5.18
Accruals	15.40	15.22
Deferred Income	5.13	4.13
Finance Lease Obligations	0.01	0.00
Loans < 1 year	0.77	0.01
Provisions	1.37	1.93
Total Current Liabilities	67.61	66.47
Net Current Assets/(Liabilities)	(12.72)	(13.21)
Debtors Due > 1 Year	0.89	0.89
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	9.54	9.54
Finance Lease Obligations > 1 Year	0.02	0.02
Provisions - Non Current	5.43	5.43
TOTAL ASSETS/(LIABILITIES)	180.93	181.77
TOTAL CAPITAL & RESERVES	180.93	181.77

- Stock has again remained stable in month.
- Debtors have increased in month, £3.3m of Salix funding is now due, together with £1.968m of central funding relating to target investment fund.
- The Trust has seen a reduction in deferred income, as Education income is released. £2.3m relates to Health Education income for December to January 2022.
- Revenue creditors and accruals have increased in month relating to trade creditors. Capital creditors have also reduced following payment in month of the invoices for the Emergency departments. The BPPC figures for the Trust are continuing to be above 90% for non-NHS invoices, the in month value paid within 30 days was 95.8%, an improvement in month and the number of invoices paid 91.91%, a slight deterioration in month of 1.3%. NHS invoices increased in month to 94.13% relating to the value paid within 30 days and 78.67% for the number paid. All invoices need to be authorised promptly in order to comply with this target. NHSE/I are now monitoring Trusts on their performance, the target is 90%.

## CoG (01/22) Item 6.1

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Lee Bond, Chief Financial Officer
<b>CONTACT OFFICER</b>	Brian Shipley, Deputy Director of Finance
<b>SUBJECT</b>	<b>Finance Update – M08</b>
<b>BACKGROUND DOCUMENT (if any)</b>	-
<b>PURPOSE OF THE REPORT</b>	For Information
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	Finance & Performance Committee – 22 December 2021
<b>EXECUTIVE SUMMARY</b>	The attached report outlines the reported financial position at M08 of the 2021/22 reporting period.

### LINK TO STRATEGIC OBJECTIVES - which does this link to? (please tick ✓)

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

### TRUST PRIORITIES - which Trust Priority does this link to? (please tick ✓)

Leadership and Culture	Workforce	Quality and Safety	Access and Flow	Finance	Service and Capital Investment Strategy
				✓	

<b>BOARD ASSURANCE FRAMEWORK (explain which risks this relates to within the BAF or state not application (N/A))</b>	Strategic Risk 3 – 3.1
--	------------------------

<b>COUNCIL OF GOVERNOR ACTION REQUIRED (please tick ✓)</b>	<b>Approval</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Review</b>
		✓			

# Finance Report Month 8

November – 2021/22

# Executive Summary Month 8 2021/22

The Trust reported a £0.30m surplus for the month of November, which was £0.79m worse than plan. The year-to-date position is now a £0.20m deficit, which is £0.18m worse than plan.

Income was £0.93m worse than plan in month.

- ERF income was £0.50m below plan (see paragraph below). Covid block income was £0.12m below plan because of a reduction to expected H2 block funding. Covid outside envelope income was £0.10m below plan due to a pause on vaccinations in November as a result of low uptake and low vaccination stock. Donated income, excluded from NHSE&I financial targets, was £0.51m below plan because of a reduction in donated asset expenditure.
- Elective Recovery Funding (ERF) – the Trust achieved no ERF income in month, £0.51m below November’s plan. The Trust would have earned £0.38m ERF income if it had been assessed on its own performance, but Trust achievement of ERF income is also dependant on the overall ICS position. Overall the ICS did not achieve its ERF target, so the Trust gets no ERF income either.

Pay was £0.25m overspent in month.

- Medical staff was £0.65m overspent primarily due to Anaesthetic Middle Grade rota delays, agency premiums for covering vacancies in Urology, T&O and Paediatrics, additional waiting list expenditure in Cellular Pathology, and an estimate for unfunded Middle Grade pay reforms.
- Nursing was £0.01m underspent in month. There were underspends due to Midwifery vacancies, but these were offset by Trust-wide overspends due to use of escalation and surge beds, increased staff absence and implementation of Chief Nurse safety recommendations.
- Other Pay variances include admin and support staff underspends partly offset by £0.03m Flowers costs, for which the Trust has not been reimbursed (£0.23m year-to-date).

Non Pay was £0.27m overspent in month mostly due to additional ERF activity in General Theatres, Orthopaedics and Urology, additional ITU activity, and high cost drugs overspends relating to additional outpatient ERF activity across Gastroenterology and Rheumatology.

Post EBITDA items were £0.11m underspent in month on depreciation and dividends due to capital programme delays.

COVID-19 Specific Expenditure

- The Trust has incurred £8.8m expenditure as a direct consequence of the pandemic, marginally within its covid expenditure funding of £9.46m (£9.94m total covid funding less £0.48m funding for loss of car parking income and loss of other income).

# Income & Expenditure to 30<sup>th</sup> November 2021

Income & Expenditure	Annual Plan to 31st March 2022 £'000	Current Month			Year to Date		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
Clinical Income	349,593	29,623	29,678	55	230,865	234,964	4,099
ERF Income	11,266	502	0	(502)	10,263	3,834	(6,429)
TIF	5,905	1,968	1,968	0	1,968	1,968	0
Block Top Up	60,160	5,042	5,193	151	39,992	40,666	674
Covid Inside Envelope Block	13,019	1,023	904	(119)	8,927	8,924	(3)
Covid Outside the Envelope	1,839	237	133	(104)	1,155	1,019	(136)
Other Income	40,317	3,028	3,123	95	25,292	25,119	(173)
Donated Income	54,448	1,109	599	(510)	43,671	6,826	(36,845)
<b>Total Operating Income</b>	<b>536,547</b>	<b>42,532</b>	<b>41,599</b>	<b>(933)</b>	<b>362,133</b>	<b>323,320</b>	<b>(38,813)</b>
Clinical Pay	(255,013)	(21,268)	(21,591)	(323)	(168,188)	(171,308)	(3,121)
Other Pay	(66,075)	(5,886)	(5,808)	78	(45,149)	(46,199)	(1,050)
<b>Total Pay</b>	<b>(321,088)</b>	<b>(27,154)</b>	<b>(27,399)</b>	<b>(245)</b>	<b>(213,337)</b>	<b>(217,507)</b>	<b>(4,170)</b>
Clinical Non Pay	(70,449)	(5,864)	(6,139)	(275)	(47,104)	(45,629)	1,476
Other Non Pay	(72,928)	(5,881)	(5,878)	3	(47,105)	(43,746)	3,359
ERF Expenditure			0	0		0	0
<b>Total Non Pay</b>	<b>(143,377)</b>	<b>(11,745)</b>	<b>(12,017)</b>	<b>(271)</b>	<b>(94,210)</b>	<b>(89,375)</b>	<b>4,834</b>
<b>Operating Expenditure</b>	<b>(464,465)</b>	<b>(38,899)</b>	<b>(39,416)</b>	<b>(516)</b>	<b>(307,547)</b>	<b>(306,883)</b>	<b>664</b>
<b>EBITDA</b>	<b>72,081</b>	<b>3,633</b>	<b>2,184</b>	<b>(1,449)</b>	<b>54,587</b>	<b>16,438</b>	<b>(38,149)</b>
Depreciation	(12,538)	(1,030)	(926)	104	(7,737)	(7,339)	398
Interest Expenses & Other Costs	(182)	(15)	(18)	(2)	(124)	(282)	(158)
Dividend	(5,192)	(412)	(409)	3	(3,240)	(2,830)	410
<b>Total Post EBITDA Items</b>	<b>(17,911)</b>	<b>(1,457)</b>	<b>(1,352)</b>	<b>105</b>	<b>(11,101)</b>	<b>(10,451)</b>	<b>650</b>
Remove Capital Donated I&E Impact	(54,182)	(1,087)	(533)	554	(43,497)	(6,327)	37,171
<b>I&amp;E Surplus / (Deficit)</b>	<b>(12)</b>	<b>1,088</b>	<b>299</b>	<b>(790)</b>	<b>(11)</b>	<b>(195)</b>	<b>(184)</b>

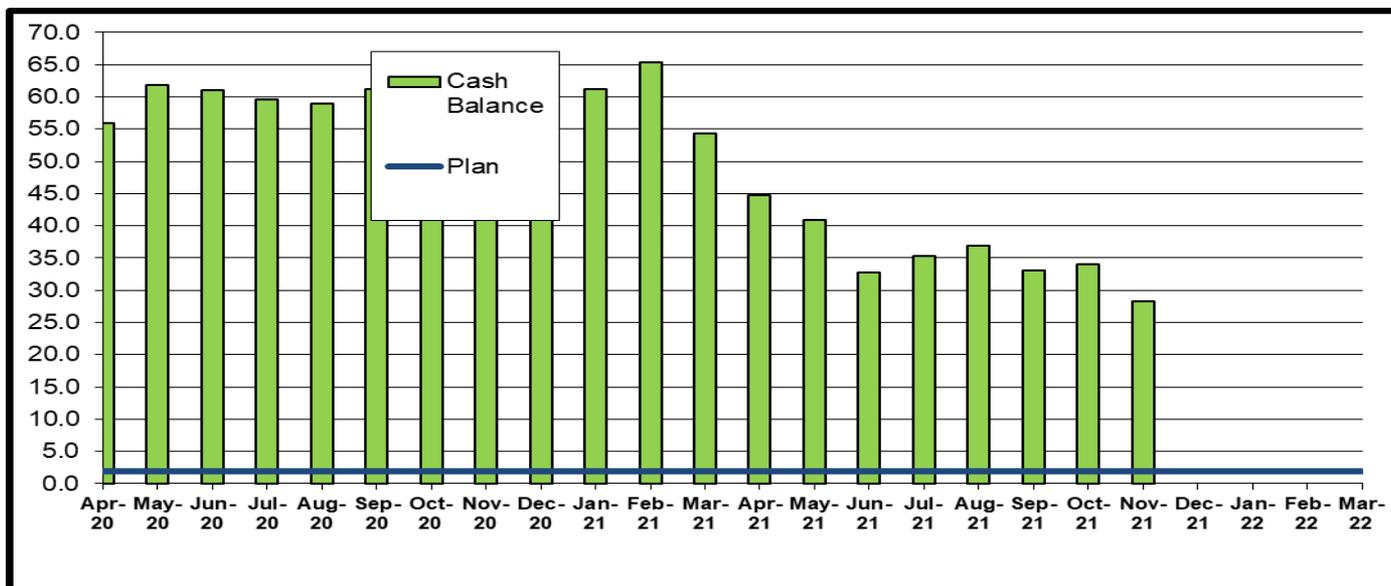
# COVID-19 Expenditure

Expenditure Category	Year-to-date 21-22		
	Pay (£k)	Non-pay (£k)	Total (£k)
Expand NHS Workforce - Medical / Nursing / AHPs / Healthcare Scientists / Other	1,929	0	1,929
Existing workforce additional shifts to meet increased demand	3,748	0	3,748
Backfill for higher sickness absence	1,460	0	1,460
Total Testing - In Envelope	327	66	393
PPE associated costs	0	7	7
Increase ITU capacity (incl Increase hospital assisted respiratory support capacity, particularly mechanical ventilation)	0	5	5
Remote management of patients	6	0	6
Segregation of patient pathways	0	42	42
Decontamination	0	165	165
Additional PTS costs	0	7	7
After care and support costs (community, mental health, primary care)	0	40	40
Outside Envelope COVID-19 - Vaccination Programme - Provider/ Hospital hubs	116	7	124
Outside Envelope COVID-19 - Deployment of final year student nurses	141	0	141
Outside Envelope COVID-19 - International quarantine costs	0	6	6
Outside Envelope COVID-19 virus testing - rt-PCR virus testing	5	30	34
Outside Envelope COVID-19 virus testing - Rapid / point of care testing - locally procured reagents costs	0	662	662
Outside Envelope COVID-19 virus testing - Rapid / point of care testing (for DHSC provided Samba2, DNA Nudge, Primer Design, LumiraDx and Abbott ID NOW)	10	0	10
Outside Envelope NIHR SIREN testing - research staff costs	17	0	17
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Loans < 1 year	0.77	0.01
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Debtors Due > 1 Year	0.89	0.89
Creditors Due > 1 Year	0.00	0.00
Loans > 1 Year	9.54	9.54
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TOTAL CAPITAL & RESERVES	180.93	181.77

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## Board Assurance Framework - 2021 / 22

Strategic Objective	Strategic Objective Description
1. To give great care	<ul style="list-style-type: none"> <li>● To provide care which is as safe, effective, accessible and timely as possible</li> <li>● To focus always on what matters to our patients</li> <li>● To engage actively with patients and patient groups in shaping services and service strategies</li> <li>● To learn and change practice so we are continuously improving in line with best practice and local health population needs</li> <li>● To ensure the services and care we provide are sustainable for the future and meet the needs of our local community</li> <li>● To offer care in estate and with equipment which meets the highest modern standards</li> <li>● To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.</li> </ul>
2. To be a good employer	<ul style="list-style-type: none"> <li>● 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"> <li>- inclusive values and behaviours</li> <li>- health and wellbeing</li> <li>- training, development, continuous learning and improvement</li> <li>- attractive career opportunities</li> <li>- engagement, listening to concerns and speaking up</li> <li>- attractive remuneration and rewards</li> <li>- compassionate and effective leadership</li> <li>- excellent employee relations.</li> </ul> </li> </ul>
3. To live within our means	<ul style="list-style-type: none"> <li>● 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</li> <li>● To keep expenditure within the budget associated with that income and also ensuring value for money</li> <li>● To achieve these within the context of also achieving the same for the Humber Coast and Vale Health Care Partnership</li> <li>● To secure adequate capital investment for the needs of the Trust and its patients.</li> </ul>
4. To work more collaboratively	<ul style="list-style-type: none"> <li>● 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</li> <li>● To make best use of the combined resources available for health care</li> <li>● 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</li> <li>● To work with partners to secure major capital and other investment in health and care locally</li> <li>● To have strong relationships with the public and stakeholders</li> <li>● 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"> <li>- make best use of the human capabilities and capacities locally;</li> <li>- offer excellent local career development opportunities;</li> <li>- contribute to reduction in inequalities;</li> <li>- contribute to local economic and social development.</li> </ul> </li> </ul>
5. To provide good leadership	<ul style="list-style-type: none"> <li>● 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.</li> </ul>

# Risk Scoring Approach

## Strategic Risk Assessment

Strategic Objective		Strategic Risk	Risk Appetite
1 To Give Great Care	SO1 - 1.1	The risk that the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.	Low (4 to 6)
	SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.	Low (4 to 6)
	SO1 - 1.3	The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber acute services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.	Low (4 to 6)
	SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.	Low (4 to 6)
	SO1 - 1.5	The risk that the Trust's digital infrastructure (or the inadequacy of it, including data quality) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.	Low (4 to 6)
	SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).	Low (4 to 6)
2 To Be A Great Employer	SO2	The risk that the Trust does not have a workforce which is adequate (in terms of numbers, skills, skill mix, training, motivation, flexibility, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.	Low (4 to 6)
3 To Live Within Our Means	SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.	Moderate (8 to 12)
	SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.	Moderate (8 to 12)
4 To Work More Collaboratively	SO4	The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.	Moderate (8 to 12)
5 To Provide Good Leadership	SO5	The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.	Moderate (8 to 12)

# Risk Appetite Statement - 2021 / 22

## Context

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

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

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

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

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

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

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

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

## Risk Appetite Assessment

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

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

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

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

KEY	
	Initial risk score
	Current risk score
	Target risk score

## Strategic Objective 1 - To give great care

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

	Initial	Current	Target	Initial Date of Assessment: 1 May 2019
Consequence	5	5	5	Last Reviewed: 19 November 2021
Likelihood	3	3	2	Target Date: 31 March 2024
Risk Rating	15	15	10	

**Lead Committees:**  
Quality and Safety Committee

**Risk Owners:**  
Medical Director and Chief Nurse

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Quality and Safety Committee (Q&amp;SC)</li> <li>Operational Plan (approved Trust Board 1/6/2021)</li> <li>Clinical policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>Risk Register Confirm and Challenge Meeting</li> <li>Trust Management Board</li> <li>Ethics Committee</li> <li>PPE Audits</li> <li>Quality Board, NHSE/I</li> <li>Quality Review Meetings with CCGs</li> <li>SI Collaborative Meeting with CCGs</li> <li>Health Scrutiny Committees (Local Authority)</li> <li>Healthwatch</li> <li>Chief Medical Information Officer (CMIO)</li> <li>Council of Governors</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Committees and Groups.</li> <li>Integrated Performance Report</li> <li>15 Steps Challenge.</li> <li>Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board</li> <li>Nursing and Midwifery dashboards</li> <li>Ward Assurance Tool</li> <li>Nursing Metric Panels</li> <li>IPC - Board Assurance Framework</li> <li>Inpatient survey</li> <li>Friends and Family Test (FFT) platform</li> <li>Nursing Midwifery and AHP Strategy</li> <li>Risk Stratification Report</li> <li>Board Development Sessions - Monitoring CQC Progress</li> <li>Risk Stratification Report to Q&amp;SC</li> <li>Patient Safety Specialist and Patient Safety Champions Group.</li> </ul> <p><b>External (positive):</b></p> <ul style="list-style-type: none"> <li>Internal Audit - Serious Incident Management, N2019/16, Significant Assurance</li> <li>Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Preparation for trust requirements in DOLs by 31 April 2022.</li> <li>Continue to establish a vulnerabilities team, Aug 2021.</li> <li>Annual establishment reviews across nursing, midwifery and community settings continue</li> <li>Continue to add metrics as data quality allows by 31 March 2022.</li> <li>Implement supportive observation by 31 March 2022</li> <li>Update IPC BAF as national changes and requirements (ongoing)</li> <li>Continued management of COVID19 19 outbreaks (ongoing).</li> <li>Ophthalmology Action Plan 2021-22 to be developed by Division of Surgery and Critical Care by August 2021. Chief Operating Officer to provide update to the next Quality and Safety Committee meeting in December 2021.</li> <li>Implementation of End of Life Strategy by March 2022.</li> <li>Risk stratification report with trajectories and continued oversight through Operational Management Group, by March 2022.</li> <li>CMIO to review clinical engagement of results acknowledgement, through Digital Strategy Board, by Q3 2021/22.</li> <li>Develop a NLAG Patient Safety Incident Response Plan by Spring 2022</li> <li>Workforce Committee undertaking Workforce Planning linked to Business Planning.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on patient experience</li> <li>National policy changes to access and targets</li> <li>Reputation as a consequence of recovery.</li> <li>Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19.</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce.</li> <li>Many services single staff/small teams that lack capacity and agility.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Changes to Liberty Protection Safeguards.</li> <li>Skill mix of staff.</li> <li>Student and International placements and capacity to facilitate/supervise/train</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>Mortality performance (2418) - Risk Rating 10 (previous risk rating 15).</li> <li>Ceilings of care and advance care planning (2653) - Risk Rating 9 (previous risk rating 12)</li> <li>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)</li> <li>Management of formal complaints (2659) - Risk Rating 12 (previous risk rating 12, before that 15)</li> <li>Risk to overall cancer performance - Clinical Support Services (2244) - Risk Rating 16 (previous risk rating 16)</li> <li>Inequitable division of LD Nurses (2531) - Risk Rating 12 (Previous risk rating 20)</li> <li>Inability to segregate patients in ED due to lack of isolation facilities (2794) - Risk Rating 20</li> <li>Child Protection Information System (2914) - Risk Rating 6, (previous risk rating 15)</li> <li>(27 Moderate Risks and 10 Low Risks linked to quality and safety; previously 28 Moderate and 5 Low).</li> </ul>	<p><b>Strategic Threats</b></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>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Estate and compliance with IPC requirements - see BAF SO1 - 1.4</li> <li>Ward equipment and replacement programme see BAF SO1 - 1.4</li> <li>Fully funded Learning Disabilities team across both sites</li> <li>Attracting sufficiently qualified staff - see BAF SO2.</li> <li>Progress with the End of Life Strategy</li> <li>Ophthalmology Waiting List</li> <li>Delays with results acknowledgement</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Mandatory training</li> <li>Sepsis Web-V Tool</li> <li>Risk stratification</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Closer Integrated Care System working</li> <li>Humber Acute Services Review and programme</li> <li>Provider collaboration</li> <li>International recruitment</li> <li>Shared clinical development opportunities</li> <li>Development of Integrated Care Provider with Local Authority.</li> </ul>

## Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.2:</b> To provide treatment, care and support which is as safe, clinically effective, and timely as possible.	<b>Risk to Strategic Objective 1 - 1.2:</b> 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.
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	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019 <b>Last Reviewed:</b> 24 November 2021	<b>Lead Committees:</b> Finance and Performance Committee
<b>Consequence</b>	5	5	5		
<b>Likelihood</b>	4	4	1		
<b>Risk Rating</b>	20	20	5	<b>Target Date:</b> 31 March 2026	<b>Risk Owners:</b> Chief Operating Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● Operational Plan 2021-22 (Trust Board approved 1/6/2021)</li> <li>● Operational Management Group (OMG)</li> <li>● Performance Review Improvement Meetings (PRIMs)</li> <li>● Trust Management Board (TMB)</li> <li>● Waiting List Assurance Meetings</li> <li>● Cancer Board Meeting</li> <li>● Winter Planning Group</li> <li>● Strategic Planning Group</li> <li>● A&amp;E Delivery Board</li> <li>● Policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>● Cancer Improvement Plan</li> <li>● MDT Business Meetings</li> <li>● Risk stratification</li> <li>● Capacity and Demand Plans</li> <li>● Emergency Care Quality &amp; Safety Group</li> <li>● Emergency Department (ED) Performance and Ambulance Handover Group</li> <li>● Planned Care Board</li> <li>● Primary and Secondary Care Collaborative Outpatient Transformation Programme</li> <li>● Divisional Executive Review Meetings</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes of Finance and Performance Committee, OMG, PRIMs, TMB, Waiting List Assurance Meetings, Cancer Board Meeting, Winter Planning Group, Strategic Planning Group, A&amp;E Delivery Board, MDT Business Meetings, Planned Care Board.</li> <li>● Integrated Performance Report to Trust Board and Committees.</li> <li>● 7 Day Services Assurance Framework, action plan.</li> <li>● Executive and Non Executive Director Report (bi-monthly) to Trust Board.</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> <li>● 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.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● NHSI Intensive Support Team</li> <li>● Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> </ul>	<ul style="list-style-type: none"> <li>● Diagnostic and cancer pathways reviewed and implemented by Q4 2022-23.</li> <li>● Public Health England guidance (cancer diagnosis) reviewed and implemented by Q3 2021-22.</li> <li>● Further development of the ICP with HUTH by Q3 2021-22</li> <li>● Workforce and resources to Humber Cancer Board by Q3 2021-22.</li> <li>● Diagnostic breach tracker tool by Q1 2022-23.</li> <li>● Outpatient transformation plan by 2022.</li> <li>● Development of Phase 2 three year HASR Plan by 2022.</li> <li>● Consultant job plans to be updated by Q3 2021-22.</li> <li>● Review of clinical pathways linked to HASR programme 1 ICP, 7 specialties by Q4 2021-22.</li> <li>● Continued development and implementation of risk stratification for RTT incomplete and completed pathways by Q3 2021-22.</li> <li>● Develop divisional dashboards Q3 2021-22.</li> <li>● Consultant led ward rounds, further development and implementation (ECIST) by Q4 2021-22.</li> <li>● Development of an independent sector activity plan by Q2 2021-22.</li> <li>● Community 2 Hour Urgent Crisis Response (UCR) service and performance reporting to be implemented by March 2022</li> <li>● Continued development and usage of independent sector through H2</li> </ul> <p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>● Cancer 62 Day Target (2592)</li> <li>● Risks of non-delivery of constitutional cancer performance (2160)</li> <li>● COVID-19 performance and RTT (2791)</li> <li>● Constitutional A&amp;E targets (2562)</li> <li>● Instability of ENT Service (2048)</li> <li>● Overdue Follow-ups (2347)</li> <li>● Shortfall in capacity with Ophthalmology service (1851)</li> <li>● Accuracy of data of business decision making for RTT (2515)</li> <li>● Delayed or missing internal referrals (2826)</li> <li>● Shortage of radiologists (1800)</li> <li>● MRI Equipment (1631)</li> <li>● Replacement of X-Ray Room (2646)</li> <li>● SGH Main MRI Scanner capacity and waiting lists (2499)</li> <li>● Failure to meet 6 week target for CT/MRI (2210)</li> <li>● Failure to review ophthalmology patients in specified timescales (2347)</li> <li>● JAG Accreditation in housing enema room within clinical area (2694)</li> <li>● Impact on Medicine Divisional business plan / service delivery (2700)</li> </ul>	<ul style="list-style-type: none"> <li>● COVID-19 third surge and impact on patient experience.</li> <li>● National policy changes to emergency access and waiting time targets.</li> <li>● Funding and fines changes.</li> <li>● Reputation as a consequence of recovery.</li> <li>● Additional patients with longer waiting times over 18 weeks, 52 weeks, 62 days and 104 days breaches, due to COVID-19.</li> <li>● Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to COVID-19.</li> <li>● Generational workforce analysis shows significant risk of retirement in workforce.</li> <li>● Many services single staff / small teams that lack capacity and agility.</li> <li>● Staff taking statutory leave unallocated due to COVID-19 risk.</li> </ul> <p><b>Strategic Threats</b></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 style="color: red;">Unexpected Business changes from the revised EU transition</p> <p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>● Closer Integrated Care System working</li> <li>● Humber Acute Services Review and programme</li> <li>● Provider collaboration</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>● Evidence of compliance with 7 Day Standards.</li> <li>● Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Diagnostics Constitutional Standards.</li> <li>● 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.</li> <li>● Cancer Board and MDT Meetings not quorate.</li> <li>● Limited single isolation facilities.</li> <li>● Urgent Treatment Centre gaps in North and North East Lincolnshire GP rotas</li> <li>● Lack of effective discharge planning.</li> <li>● Diagnostic capacity and capital funding to be confirmed.</li> <li>● 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.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>● QSiS Standards improvement plans.</li> <li>● Demand and Capacity planning for Diagnostics.</li> <li>● RTT and DM01 not meeting national targets.</li> <li>● Increase in Serious Incidents due to not meeting waiting times.</li> <li>● Patient safety risks increased due to longer waiting times.</li> </ul>		

## 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.

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance / Strategic Development Committee
<b>Consequence</b>	4	4	4	Last Reviewed: 24 November 2021	
<b>Likelihood</b>	3	3	2	<b>Target Date:</b> 31 March 2025	<b>Risk Owners:</b> Director of Strategic Development
<b>Risk Rating</b>	12	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● NLaG Clinical Strategy 2021/25.</li> <li>● Strategic Plan 2019/24.</li> <li>● Trust Priorities 2021/22.</li> <li>● Humber Coast and Vale Health Care Partnership (HCV HCP).</li> <li>● Integrated Care System (ICS) Leadership Group.</li> <li>● NHS Long Term Plan (LTP).</li> <li>● Quality and Safety Committee.</li> <li>● Acute Care Collaborative (ACC).</li> <li>● Humber Cancer Board.</li> <li>● Humber Acute Services - Executive Oversight Group (HASR).</li> <li>● Health Overview and Scrutinee Committees (OSC).</li> <li>● Council of Members.</li> <li>● Council of Governors.</li> <li>● Primary Care Networks (PCNs).</li> <li>● Clinical and Professional Leaders Board.</li> <li>● Hospital Consultants Committee (HCC) / MAC</li> <li>● Humber Acute Services Development Committee (HASDeC)</li> <li>● Committees in Common (CIC)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes from Programme Board and Executive Oversight Group for HASR.</li> <li>● Minutes of HAS Executive Oversight Group.</li> <li>● Humber Coast and Vale Health Care Partnership.</li> <li>● ICS Leadership Group.</li> <li>● OSC Feedback.</li> <li>● Outcome of patient and staff engagement exercises.</li> <li>● Executive Director Report to Trust Board.</li> <li>● Non-Executive Director Highlight Report to Trust Board</li> <li>● Minutes from HASDEC</li> <li>● Minutes from CIC</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● NHSE/I Assurance and Gateway Reviews.</li> <li>● OSC Engagement.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>● Clinical Senate Reviews.</li> <li>● Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>● Citizens Panel.</li> </ul>	<ul style="list-style-type: none"> <li>● To formulate a vision narrative for Humber Acute Services review that is understood by partners, staff and patients by December 2021</li> <li>● To undertake continuous process of stocktake and assurance reviews NHSE/I</li> <li>● OSC - Quarterly Reviews.</li> <li>● NED / Governor Reviews Monthly and Quarterly</li> <li>● Citizens Panel held Quarterly.</li> <li>● To undertake continuous engagement process with public and staff</li> <li>● Citizens Panel held Quarterly.</li> <li>● Strategic Development Committee</li> </ul>	<ul style="list-style-type: none"> <li>● Change in national policy.</li> <li>● Further covid-19 waves affecting opportunity to engage.</li> <li>● Uncertainty / apathy from staff.</li> <li>● Lack of staff engagement if not the option they are in favour of.</li> </ul>
		<b>Links to High Level Risk Register</b>	<b>Strategic Threats</b>
		<ul style="list-style-type: none"> <li>● Clinical Strategy (RR no 2924).</li> <li>● HASR political and public response to service change (RR no. TBC).</li> </ul>	<ul style="list-style-type: none"> <li>● Government legislative and regulatory changes.</li> <li>● Change in local leadership meaning priority changes.</li> <li>● Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.</li> </ul>
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>		<b>Future Opportunities</b>
<ul style="list-style-type: none"> <li>● A shared vision for the HASR programme is not understood across all staff/patients and partners</li> </ul>	<ul style="list-style-type: none"> <li>● Feedback from patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes.</li> <li>● Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time.</li> </ul>		<ul style="list-style-type: none"> <li>● Clinical pathways to support patient care, driven by digital solutions.</li> <li>● Closer ICS working.</li> <li>● Provider collaboration.</li> <li>● System wide collaboration to meet control total.</li> <li>● HASR.</li> <li>● Joint workforce solutions inc. training and development Humber wide</li> </ul>

## Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.4:</b> To offer care in estate and with engineering equipment which meets the highest modern standards.				<b>Risk to Strategic Objective 1 - 1.4:</b> 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.			
	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	5	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	4	4	2	<b>Target Date:</b> January 2026		<b>Risk Owners:</b> Director of Estates and Facilities	
<b>Risk Rating</b>	20	20	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Audit Risk &amp; Governance Committee</li> <li>• Finance and Performance Committee</li> <li>• Capital Investment Board</li> <li>• Six Facet Survey - 5 years.</li> <li>• Annual AE Audits.</li> <li>• Annual Insurance and External Verification Testing.</li> <li>• Trust Management Board (TMB).</li> <li>• Project Boards for Decarbonisation Funds.</li> <li>• BLM Capital Group Meeting</li> <li>• PAM (Premises Assurance Model)</li> <li>• Specialist Technical Groups</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Finance and Performance Committee, Audit Risk &amp; Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation.</li> <li>• PAM</li> <li>• Non Executive Director Highlight Report (bi-monthly) to Trust Board</li> <li>• Executive Director Report (6 monthly) to Trust Board</li> <li>• Specialist Technical Groups</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts.</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)</li> <li>• PAM</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts.</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark).</li> <li>• PAM</li> <li>• ERIC (Estates Return Information Collection)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to produce and revise our 3 year business plans on an annual basis in line with Clinical &amp; Estates &amp; Facilities Strategy. Prioritisation is reviewed and updated as part of the business planning cycle - Action date; ongoing</li> <li>• Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date; ongoing</li> <li>• Allocation of Core Capital Funding assigned to infrastructure and engineering and equipment risks through the monthly E&amp;F governance process - Action date; ongoing</li> <li>• Estates and Facilities equipment plan produced and implemented as part of the 21/22 core capital annual funding (this may be reprioritised as no current contingency) - Action date; end of financial year 21/22</li> <li>• To specifically deliver: - the Decarbonisation Funding (£40.3M) project across all three sites by 31 March 2022, - Core Capital Programme, - Transformational Capital Schemes, - BLM Schemes</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 future surge and impact on the infrastructure.</li> <li>• National policy changes (HTM / HBN / BS); Ventilation, Building Regulation &amp; Fire Safety Order.</li> <li>• Regulatory action and adverse effect on reputation.</li> <li>• Long term sustainability of the Trust's sites.</li> <li>• Clinical Plan.</li> <li>• Adverse publicity; local/national.</li> <li>• Workforce - sufficient number &amp; adequately trained staff</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR.</li> <li>• Insufficient Capital funding.</li> <li>• Timeline to deliver the decarbonisation projects.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report - Estates and Facilities.</li> </ul>	<p><b>Links to High Level Risk Register</b></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><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• Integrated Care System (ICS) Future Funding.</li> <li>• 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.</li> <li>• Prevents changes being made which are aligned to organisational and system priorities.</li> <li>• Government legislative and regulatory changes.</li> <li>• 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.</li> <li>• 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'.</li> <li>• 19% DPoW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'.</li> <li>• 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'.</li> </ul>
			<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Closer ICS working.</li> <li>• Humber Acute Services Review and programme.</li> <li>• Provider and stakeholder collaboration to explore funding opportunities.</li> <li>• Expression of Interest Submitted for New Hospital Programme (NHP)</li> </ul>

## 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.

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Finance and Performance Committee
<b>Consequence</b>	4	4	3	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	4	3	2	<b>Target Date:</b> March 2024	<b>Risk Owners:</b> Chief Information Officer
<b>Risk Rating</b>	16	12	6		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Digital Strategy</li> <li>Upto date Digital / IT policies, procedures and guidelines.</li> <li>Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation.</li> <li>Audit Risk &amp; Governance Committee (including external Auditor reports)</li> <li>Trust Management Board (TMB)</li> <li>Finance and Performance Committee</li> <li>Digital Strategy Board</li> <li>Digital Solutions Delivery Group</li> <li>Annual Penetration Tests</li> <li>Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Highlight reports to Trust Board from Audit Risk and Governance Committee, Finance and Performance Committee, Digital Strategy Board, TMB.</li> <li>Digital / IT Policies all current.</li> <li>IT Security Manager in Post</li> <li>CIO/Executive Director Report (6 monthly) to Trust Board.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021.</li> <li>Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019.</li> </ul> <p><b>Positive Assurance:</b></p>	<ul style="list-style-type: none"> <li>Recruit Digital Leadership to drive change &amp; engage with frontline (3rd &amp; 4th Qtr 20/21)</li> <li>Establish Digital Reporting schedule/Work plan for Board Committees (4th Qtr 20/21)</li> <li>Apply for Digital Aspirant Funds to Support funding Digital Programs (20/21).</li> <li>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.</li> <li>Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022).</li> <li>Secure resources to deliver Digital Strategy and annual Priorities (PAS; EPR; Data Warehouse; RPA; Doc Mgmt; Infrastructure upgrades).</li> <li>Patient Admin System Options Appraisal, Board approval for Trust Board by November 2021. PAS project to commence in November 2021.</li> <li>Data Warehouse options appraisal to be approved through governance structures by February 2022.</li> <li>IPR - further development of Digital, Finance and Estates KPIs to be reported, by September 2022.</li> <li>£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.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 surge and impact on adoption of digital transformation.</li> <li>National policy changes.</li> <li>Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards.</li> <li>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.</li> <li>Ongoing financial pressures across the organisation.</li> <li>The Trust may be issued with an Information Notice to require them to provide information or an Enforcement Notice requesting them to take specified steps as required under the NIS regulation (Network and Information Systems regulations 2018). There are eight assertions on the Improvement plan with the end date of the 31st December 2021.</li> </ul>
		Links to High Level Risk Register	Strategic Threats
		<ul style="list-style-type: none"> <li>Accuracy of Data of Business Decision Making. Finalizing spec to procure new data warehouse. High Risk (2515)</li> <li>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. Moderate Risk (2676)</li> <li>Data &amp; Cyber Security: (2) Cyber Infrastructure (2408) - Risk High (20) - No Change</li> <li>Updated Business Continuity &amp; Disaster Recovery Procedure (#).</li> </ul>	<ul style="list-style-type: none"> <li>Capital funding to deliver IT solutions.</li> <li>Government legislative and regulatory changes shifting priorities as the ICS continues to evolve.</li> </ul>
Gaps in Controls	Gaps in Assurance		Future Opportunities
<ul style="list-style-type: none"> <li>Address the assertions without evidence in the DSPT</li> <li>Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020.</li> <li>Achieve DSP Toolkit and mandatory training compliance. - in progress (target 4th qtr 21/22)</li> <li>Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions.</li> </ul>	<ul style="list-style-type: none"> <li>Data Warehouse solution to support outcomes from BI review.</li> <li>Integrated Performance Report - Digital.</li> </ul>		<ul style="list-style-type: none"> <li>Humber Coast and Vale ICS, system wide collaborative working.</li> <li>Clinical pathways to support patient care, driven by digital solutions.</li> <li>Collaborative working with HASR and Acute Care Collaborative.</li> </ul>

## 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).

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance Committee
<b>Consequence</b>	4	4	4	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	2	4	2		<b>Risk Owners:</b> Chief Operating Officer
<b>Risk Rating</b>	8	16	8	<b>Target Date:</b> 31 March 2022	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Winter Planning Group.</li> <li>Strategic Planning Group.</li> <li>A&amp;E Delivery Board.</li> <li>Director of People - Senior Responsible Owner for Vaccinations.</li> <li>Ethics Committee.</li> <li>Clinical Reference Group</li> <li>Influenza vaccination programme.</li> <li>Public communications re: norovirus and infectious diseases.</li> <li>Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group.</li> <li>Ward visiting arrangements changed and implemented, Red and Green Zones, expansion of critical care facilities.</li> <li>COVID-19 Executive Incident Control (Gold Command).</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Business continuity plans.</li> <li>Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&amp;E Delivery Board, Clinical Reference Group.</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Half yearly tests of the Major incident response.</li> <li>Annual review of business continuity plans.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Emergency Planning self-assessment tool.</li> <li>NHSE review of emergency planning self-assessment 2019/20.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul>	<ul style="list-style-type: none"> <li>Lateral flow testing staff is ongoing.</li> <li>Annual table top exercise by October 2021.</li> <li>Half yearly telephone exercise completed by March 2022.</li> <li>Business Intelligence monitoring re: pandemic.</li> <li>Capacity to meet demand (workforce) by September 2021.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge.</li> <li>Availability of dressing, equipment and some medications post Brexit.</li> <li>Costs and timeliness of deliveries due to EU Exit.</li> <li>Additional patients with longer waiting times RTT, Cancer and Diagnostics due to COVID-19.</li> </ul>
		Links to High Level Risk Register	Strategic Threats
		<ul style="list-style-type: none"> <li>Cancer 62 Day Target (2592)</li> <li>Risks of non-delivery of constitutional cancer performance (2160)</li> <li>COVID-19 performance and RTT (2791)</li> <li>Constitutional A&amp;E targets (2562)</li> <li>Instability of ENT Service (2048)</li> <li>Overdue Follow-ups (2347)</li> <li>Accuracy of data of business decision making for RTT (2515)</li> <li>COVID-19 isolation (2794)</li> <li>C-19 Equipment (2793)</li> <li>C-19 Patient Safety (2792)</li> <li>COVID -19 pandemic - surgery &amp; critical care (2706)</li> <li>COVID -19 pandemic - community and therapies (2708)</li> <li>COVID -19 pandemic - risk to IT Operations (2710)</li> <li>Impact on Medicine Divisional business plan / service delivery (2700)</li> <li>Risk arising as a result of COVID-19 - clinical support services (2704)</li> </ul>	<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	Future Opportunities
<ul style="list-style-type: none"> <li>Capacity to meet demand (workforce).</li> <li>Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into January 2022</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Not undertaking internal audit review of the standards.</li> </ul>		<ul style="list-style-type: none"> <li>Closer Integrated Care System working.</li> <li>Provider collaboration.</li> </ul>

## 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.

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Workforce Committee
<b>Consequence</b>	5	5	4	<b>Last Reviewed:</b> 30 November 2021	
<b>Likelihood</b>	3	4	2	<b>Target Date:</b> March 2024	<b>Risk Owners:</b> Director of People
<b>Risk Rating</b>	15	20	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee</li> <li>NHS People Plan</li> <li>NLAG People Strategy approved by the Board June 2020</li> <li>NHS Staff Survey - annual</li> <li>Collaborative engagement with CCG, forum established to support closer working and transformational changes.</li> <li>Holistic requirements of Humber Coast and Vale workforce led by People Lead for Humber Coast and Vale (HCV) Integrated Care System (ICS).</li> <li>People Directorate Delivery Implementation Plan 2021-22 (Workforce Committee approved 27/4/2021)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee.</li> <li>Workforce Integrated Performance Report.</li> <li>Annual staff survey results</li> <li>Medical engagement survey 2019</li> <li>Non Executive Director Highlight Report to Trust Board</li> <li>Executive Director Report to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of People Strategy by 31 March 2024.</li> <li>Delivery against NHS People Plan - ongoing.</li> <li>Investment in the People Directorate to develop plans for delivery against the NHS People Plan and NLAG People Strategy</li> <li>Continue collaboration between NLAG and HUTH and the HCV wider network.</li> <li>Implementation of new directorate structure and recruitment to vacant positions. Outputs from the currently live Staff Survey and quarterly Pulse Survey</li> <li>Continued review of the Health and Wellbeing offer to staff</li> <li>Review of the Educational /Leadership Development offer and future roll out of programmes</li> <li>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</li> <li>We held a Board session in July 2021 focused on the role of the FTSU Guardian, the role of unconscious bias in discrimination, and plan a follow up session November 2021 covering the wider Equality Diversity and Inclusion agenda, further awareness of the role and value of FTSU, and the proposed approach to the Culture and Engagement Transformation programme</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on staff health and wellbeing.</li> <li>National policy changes.</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Provide safe services to the local population.</li> <li>Succession planning and future talent identification.</li> <li>Visa changes / EU Exit.</li> <li>Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda</li> </ul>
		<p><b>Links to High Level Risk Register</b></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><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Workforce.</li> <li>Integrating Care: Next Steps.</li> <li>Future staffing needs / talent management</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Slower international recruitment of clinical staff due to visa backlogs</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Closer ICS working.</li> <li>Provider collaboration.</li> <li>International recruitment.</li> </ul>

### Strategic Objective 3 - To live within our means

<b>Description of Strategic Objective 3 - 3.1:</b> 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.				<b>Risk to Strategic Objective 3 - 3.1:</b> 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.			
<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	4	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	2	3	2	<b>Target Date:</b> 31 March 2024			
<b>Risk Rating</b>	10	12	10				<b>Risk Owners:</b> Chief Financial Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital.</li> <li>• National benchmarking and productivity data constantly reviewed to identify CIP schemes.</li> <li>• Engagement with Integrated Care System on system wide planning.</li> <li>• Humber Acute Services Review (HASR) engagement to redesign fragile and vulnerable service pathways at system and sub system level.</li> <li>• Monthly ICS Finance Meetings</li> <li>• Finance Meeting - HASR</li> <li>• Operational and Finance Plan 2021-22 (approved at Trust Board June 2021)</li> <li>• Financial Special Measures Meeting with NHSE/I.</li> <li>• Counter Fraud and Internal Audit Plans.</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Audit Risk &amp; Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs.</li> <li>• Non-Executive Director Highlight Report (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• Letter from NHSE/I related to financial special measures and achievement of action plan. On track to deliver the requirements set out by NHSEI.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• Financial Special Measures Meeting - Letter from NHSE/I related to financial special measures and achievement of action plan.</li> <li>• ICS delivery of H1 financial plan.</li> <li>• HASR Programme Assurance Group</li> </ul>	<ul style="list-style-type: none"> <li>• Agree H2 plan, November 21</li> <li>• Agree Finance metrics for inclusion in the Trustwide IPR, Q3 2021/22.</li> <li>• Develop financial (incl comprehensive CIP plan) and service plan for 22/23 - target by end of Feb 2022</li> <li>• Develop costed metrics to support HASR P2/P3 work by end December 21.</li> <li>• Agree financial implications of P1 completed specialties for transacting in qtr 4 21/22.</li> <li>• Complete FSM actions in line with FSM timetable and agree exist from FSM process - December 2021.</li> <li>• Secure approval for AAU FBC January 2022</li> </ul>	<ul style="list-style-type: none"> <li>• COVID-19 third surge and impact on finance and CIP achievement.</li> <li>• National policy changes.</li> <li>• Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>• Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme</li> <li>• Impact of external factors such as problems with residential care, causing hospitals to operate at less than optimum efficiency and cause financial problems</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>• Risk of not achieving 2020-21 CIP target - family services (2733).</li> <li>• Unable to meet CIP delivery - surgery (2599).</li> <li>• COVID-19 Expenditure (ref: Financial Plan 2021-22)</li> <li>• Savings Programme (ref: Financial Plan 2021-22)</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• ICS Future Funding.</li> <li>• Integrating Care: Next Steps.</li> <li>• System wide control total.</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Systems plans may not address individual organisational sustainability</li> <li>• Challenges with HASR, CIP Delivery</li> <li>• Uncertainty on H2 &amp; long term financial framework.</li> <li>• Clinical strategy required to inform Finance Strategy</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report - Finance.</li> <li>• Delivery of Cost Improvement Programme Plan.</li> <li>• Management of finance risks arising from the cost of the pandemic.</li> <li>• Individual organisational sustainability plans may not deliver system wide control total.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Closer ICS working.</li> <li>• Provider collaboration.</li> <li>• System wide collaboration to meet control total.</li> </ul>

## Strategic Objective 3 - To live within our means

<b>Description of Strategic Objective 3 - 3.2:</b> To secure adequate capital investment for the needs of the Trust and its patients.				<b>Risk to Strategic Objective 3 - 3.2:</b> 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.			
<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	4	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	2	3	2	<b>Target Date:</b> 31 March 2024		<b>Risk Owners:</b> Chief Financial Officer	
<b>Risk Rating</b>	10	12	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Capital Investment Board</li> <li>Agreed Capital programme and allocated budget 2021/22</li> <li>Financial Special Measure Meeting with NHSE/I</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Trust Management Board, Finance and Performance Committee, Capital Investment Board.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>NHSE/I attendance at AAU / ED Programme Board</li> <li>Financial Special Measure Meeting with NHSE/I</li> </ul>	<ul style="list-style-type: none"> <li>Agree forecast spend for current year as part of wider ICS capital planning exercise.</li> <li>Find a solution to address BEIXS/Salix funding issues with regards to year end cut off.</li> <li>Secure approval for AAU FBC - Qtr 4 21/22</li> <li>Develop 22/23 capital plan as part of comprehensive service planning exercise - to be completed by end Feb 2022</li> <li>Develop HASR P3 proposition to PCBC stage - qtr 4 21/22</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on finance due to the lack of supplies or inflation</li> <li>National policy changes.</li> <li>Challenges with estate major capital.</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>AAU / ED Business Case approval not yet received</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Funding.</li> <li>Government funding allocations</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Systems plans may not address individual organisational sustainability.</li> <li>Challenges with Estate.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Delivery of Cost Improvement Programme Plan.</li> <li>Individual organisational sustainability plans may not deliver system wide control total.</li> <li>Committees in Common</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Provider collaboration</li> <li>System wide collaboration to major capital development needs.</li> <li>Announcement of multi year, multi billion pound capital budgets for NHS</li> </ul>

## Strategic Objective 4 - To work more collaboratively

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

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

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Finance and Performance / Strategic Development Committee
<b>Consequence</b>	5	4	4	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	3	3	2	<b>Target Date:</b> March 2025	<b>Risk Owners:</b> Director of Strategic Development
<b>Risk Rating</b>	15	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Audit Risk &amp; Governance Committee.</li> <li>Trust Management Board (TMB).</li> <li>Finance and Performance Committee.</li> <li>Capital Investment Board.</li> <li>HAS Executive Oversight Group.</li> <li>Humber Coast and Vale (HCV) Health Care Partnership (HCP).</li> <li>Integrated Care System (ICS) Leadership Group.</li> <li>Wave 4 ICS Capital Committee.</li> <li>Executive Director of HASR and HASR Programme Director appointed.</li> <li>NHS Long Term Plan (LTP).</li> <li>ICS LTP.</li> <li>NLaG Clinical Strategy.</li> <li>NLaG Membership of ICP Board NE Lincs.</li> <li>Committees in Common (Trust Board approved 1/6/2021)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of HAS Executive Oversight Group, HCV HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, Audit Risk &amp; Governance Committee, Finance &amp; Performance Committee, TMB, Capital Investment Board.</li> <li>Non Executive Director Highlight Report to Trust Board</li> <li>Executive Director Report to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>HAS Governance Framework.</li> <li>HAS Programme Management Office established.</li> <li>HAS Programme Plan Established (12 months rolling).</li> <li>NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>Clinical Senate Reviews.</li> <li>Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>Continuous HAS communication and engagement</li> <li>HAS two year programme (current to March 2022) - 12 month rolling.</li> <li>Options appraisal for HAS Capital Investment to be approved by Q4 2021/22.</li> <li>Identification and approval for management time within existing consultant management Pas (Clinical Leads), approach to be agreed with Chief Operating Officer / Divisional Clinical Directors by December 2021.</li> <li>Recruit to Strategic Development - Associate Medical Director to support the ICS collaboration - Dec 21</li> </ul>	<ul style="list-style-type: none"> <li>National policy changes.</li> <li>Long term sustainability of the Trust's sites.</li> <li>Change to Royal College Clinical Standards.</li> <li>Capital Funding.</li> <li>ICS / Integrated Care Partnership (ICP) Structural Change.</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>Clinical Strategy (RR no.2924).</li> <li>HASR political and public response to service change (RR no. TBC).</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Funding.</li> <li>Failure to develop aligned system wide strategies and plans which support long term sustainability and improved patient outcomes.</li> <li>Government legislative and regulatory changes.</li> <li>Integrated Care: Next Steps and Legislative Changes.</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities.</li> <li>Interim Clinical Plan with Humber to be progressed.</li> <li>Governance arrangements for HAS, clinical leadership, clinical engagement and approval of plans.</li> <li>Strategic capital investment options appraisal in progress for HAS for N Lincs and NE Lincs.</li> <li>Engagement with the wider system in the clinical strategy, capital and service developments, including attendance at programme boards / clinical sign off of proposed plans.</li> <li>Local Authority, primary care, community service, NED and Governor engagement / feedback.</li> <li>ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement.</li> <li>Hosting of HAS clinical services to support planning.</li> <li>Lack of integrated plan and governance structure.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>HCV ICS, system wide collaborative working.</li> <li>Clinical pathways to support patient care, driven by digital solutions.</li> <li>Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc.</li> <li>Acute Collaborative.</li> </ul>

## 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.

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Workforce Committee and Trust Board
<b>Consequence</b>	4	4	4	<b>Last Reviewed:</b> 30 November 2021	
<b>Likelihood</b>	4	3	2	<b>Target Date:</b> March 2022	<b>Risk Owners:</b> Chief Executive
<b>Risk Rating</b>	16	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● Trust Board, Trust Management Board, Workforce Committee, PRIMS.</li> <li>● CQC and NHSE/I Support Teams</li> <li>● Board development support programme with NHSE/I support.</li> <li>● Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments.</li> <li>● Development programmes for clinical leaders, ward leaders and more programmes in development.</li> <li>● Communication with the Trust's senior leaders via the monthly senior leadership community event.</li> <li>● NHSI Well Led Framework.</li> <li>● PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement.</li> <li>● Joint posts of Trust Chair and Chief Financial Officer, with HUTH</li> <li>● Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, HCV HCP and CCG.</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS</li> <li>● Trust Priorities report from Chief Executive (quarterly)</li> <li>● Integrated Performance Report to Trust Board and Committees.</li> <li>● Letter from NHSE/I related to financial special measures and achievement of action plan.</li> <li>● Chief Executive Briefing (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● Letter from NHSE/I related to financial special measures and achievement of action plan.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● CQC Report - 2020 (rated Trust as Requires Improvement).</li> <li>● Financial and Quality Special Measures.</li> <li>● NHS Staff Survey.</li> </ul>	<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>● Compliance and performance improvement to be monitored at PRIMS by 31 March 2022.</li> <li>● 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.</li> <li>● 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).</li> <li>● We are aiming to 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.</li> <li>● The refresh of our PADR process referred to in the Training &amp; 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.</li> <li>● We will be refreshing our 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.</li> <li>● 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.</li> <li>● Introducing a managerial core skills programme for newly appointed managers 2022 and beyond.</li> <li>● 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.</li> </ul>	<ul style="list-style-type: none"> <li>● COVID-19 third surge and impact on finance and CIP achievement.</li> <li>● National policy changes.</li> <li>● Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>● Current vacancy for the Head of Education which is currently being covered by temporary resource</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>● Non-delivery of the Trust's strategic objectives;</li> <li>● Continued quality/financial special measures status;</li> <li>● CQC well-led domain of 'inadequate'.</li> <li>● Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives;</li> <li>● Failure to obtain support for key changes needed to ensure improvement or sustainability;</li> <li>● Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.</li> </ul>
Gaps in Controls	Gaps in Assurance	Links to High Level Risk Register	Future Opportunities
<ul style="list-style-type: none"> <li>● 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.</li> </ul>	<ul style="list-style-type: none"> <li>● Financial Special Measures</li> <li>● Quality Special Measures</li> </ul>	None	<ul style="list-style-type: none"> <li>● Closer Integrated Care System working</li> <li>● Provider collaboration</li> <li>● System wide collaboration to meet control total</li> <li>● HASR</li> </ul>

## Board Assurance Framework - 2021 / 22

Strategic Objective	Strategic Objective Description
1. To give great care	<ul style="list-style-type: none"> <li>● To provide care which is as safe, effective, accessible and timely as possible</li> <li>● To focus always on what matters to our patients</li> <li>● To engage actively with patients and patient groups in shaping services and service strategies</li> <li>● To learn and change practice so we are continuously improving in line with best practice and local health population needs</li> <li>● To ensure the services and care we provide are sustainable for the future and meet the needs of our local community</li> <li>● To offer care in estate and with equipment which meets the highest modern standards</li> <li>● To take full advantage of digital opportunities to ensure care is delivered as safely, effectively and efficiently as possible.</li> </ul>
2. To be a good employer	<ul style="list-style-type: none"> <li>● 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"> <li>- inclusive values and behaviours</li> <li>- health and wellbeing</li> <li>- training, development, continuous learning and improvement</li> <li>- attractive career opportunities</li> <li>- engagement, listening to concerns and speaking up</li> <li>- attractive remuneration and rewards</li> <li>- compassionate and effective leadership</li> <li>- excellent employee relations.</li> </ul> </li> </ul>
3. To live within our means	<ul style="list-style-type: none"> <li>● 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</li> <li>● To keep expenditure within the budget associated with that income and also ensuring value for money</li> <li>● To achieve these within the context of also achieving the same for the Humber Coast and Vale Health Care Partnership</li> <li>● To secure adequate capital investment for the needs of the Trust and its patients.</li> </ul>
4. To work more collaboratively	<ul style="list-style-type: none"> <li>● 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</li> <li>● To make best use of the combined resources available for health care</li> <li>● 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</li> <li>● To work with partners to secure major capital and other investment in health and care locally</li> <li>● To have strong relationships with the public and stakeholders</li> <li>● 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"> <li>- make best use of the human capabilities and capacities locally;</li> <li>- offer excellent local career development opportunities;</li> <li>- contribute to reduction in inequalities;</li> <li>- contribute to local economic and social development.</li> </ul> </li> </ul>
5. To provide good leadership	<ul style="list-style-type: none"> <li>● 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.</li> </ul>

# Risk Scoring Approach

## Strategic Risk Assessment

Strategic Objective		Strategic Risk	Risk Appetite
1 To Give Great Care	SO1 - 1.1	The risk that the Trust fails to deliver treatment, care and support consistently at the highest standard (by national comparison) of safety, clinical effectiveness and patient experience.	Low (4 to 6)
	SO1 - 1.2	The risk that the Trust fails to deliver constitutional and other regulatory performance or waiting time targets which has an adverse impact on patients in terms of timeliness of access to care and/or risk of clinical harm because of delays in access to care.	Low (4 to 6)
	SO1 - 1.3	The risk that the Trust (with partners) will fail to develop, agree, achieve approval to, and implement an effective clinical strategy (relating both to Humber acute services and to Place), thereby failing in the medium and long term to deliver care which is high quality, safe and sustainable.	Low (4 to 6)
	SO1 - 1.4	The risk that the Trust's estate, infrastructure and equipment may be inadequate or at risk of becoming inadequate (through poor quality, safety, obsolescence, scarcity, backlog maintenance requirements or enforcement action) for the provision of high quality care and/or a safe and satisfactory environment for patients, staff and visitors.	Low (4 to 6)
	SO1 - 1.5	The risk that the Trust's digital infrastructure (or the inadequacy of it, including data quality) may adversely affect the quality, efficacy or efficiency of patient care and/or use of resources, and/or make the Trust vulnerable to data losses or data security breaches.	Low (4 to 6)
	SO1 - 1.6	The risk that the Trust's business continuity arrangements are not adequate to cope without damage to patient care with major external or unpredictable events (e.g. adverse weather, pandemic, data breaches, industrial action, major estate or equipment failure).	Low (4 to 6)
2 To Be A Great Employer	SO2	The risk that the Trust does not have a workforce which is adequate (in terms of numbers, skills, skill mix, training, motivation, flexibility, health or morale) to provide the levels and quality of care which the Trust needs to provide for its patients.	Low (4 to 6)
3 To Live Within Our Means	SO3 - 3.1	The risk that either the Trust or the Humber Coast and Vale HCP fail to achieve their financial objectives and responsibilities, thereby failing in their statutory duties and/or failing to deliver value for money for the public purse.	Moderate (8 to 12)
	SO3 - 3.2	The risk that the Trust fails to secure and deploy adequate major capital to redevelop its estate to make it fit for purpose for the coming decades.	Moderate (8 to 12)
4 To Work More Collaboratively	SO4	The risk that the Trust is not a good partner and collaborator, which consequently undermines the Trust's or the healthcare systems collective delivery of: care to patients; the transformation of care in line with the NHS Long Term Plan; the use of resources; the development of the workforce; opportunities for local talent; reduction in health and other inequalities; opportunities to reshape acute care; opportunities to attract investment.	Moderate (8 to 12)
5 To Provide Good Leadership	SO5	The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.	Moderate (8 to 12)

# Risk Appetite Statement - 2021 / 22

## Context

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

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

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

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

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

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

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

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

## Risk Appetite Assessment

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

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

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

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

KEY	
	Initial risk score
	Current risk score
	Target risk score

## Strategic Objective 1 - To give great care

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

	Initial	Current	Target	Initial Date of Assessment: 1 May 2019
Consequence	5	5	5	Last Reviewed: 19 November 2021
Likelihood	3	3	2	Target Date: 31 March 2024
Risk Rating	15	15	10	

**Lead Committees:**  
Quality and Safety Committee

**Risk Owners:**  
Medical Director and Chief Nurse

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Quality and Safety Committee (Q&amp;SC)</li> <li>Operational Plan (approved Trust Board 1/6/2021)</li> <li>Clinical policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>Risk Register Confirm and Challenge Meeting</li> <li>Trust Management Board</li> <li>Ethics Committee</li> <li>PPE Audits</li> <li>Quality Board, NHSE/I</li> <li>Quality Review Meetings with CCGs</li> <li>SI Collaborative Meeting with CCGs</li> <li>Health Scrutiny Committees (Local Authority)</li> <li>Healthwatch</li> <li>Chief Medical Information Officer (CMIO)</li> <li>Council of Governors</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Committees and Groups.</li> <li>Integrated Performance Report</li> <li>15 Steps Challenge.</li> <li>Non-Executive Director Highlight Report and Executive Director Report (monthly) to Trust Board</li> <li>Nursing and Midwifery dashboards</li> <li>Ward Assurance Tool</li> <li>Nursing Metric Panels</li> <li>IPC - Board Assurance Framework</li> <li>Inpatient survey</li> <li>Friends and Family Test (FFT) platform</li> <li>Nursing Midwifery and AHP Strategy</li> <li>Risk Stratification Report</li> <li>Board Development Sessions - Monitoring CQC Progress</li> <li>Risk Stratification Report to Q&amp;SC</li> <li>Patient Safety Specialist and Patient Safety Champions Group.</li> </ul> <p><b>External (positive):</b></p> <ul style="list-style-type: none"> <li>Internal Audit - Serious Incident Management, N2019/16, Significant Assurance</li> <li>Internal Audit - Register of External Agency Visits, N2020/15, Significant Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Preparation for trust requirements in DOLs by 31 April 2022.</li> <li>Continue to establish a vulnerabilities team, Aug 2021.</li> <li>Annual establishment reviews across nursing, midwifery and community settings continue</li> <li>Continue to add metrics as data quality allows by 31 March 2022.</li> <li>Implement supportive observation by 31 March 2022</li> <li>Update IPC BAF as national changes and requirements (ongoing)</li> <li>Continued management of COVID19 19 outbreaks (ongoing).</li> <li>Ophthalmology Action Plan 2021-22 to be developed by Division of Surgery and Critical Care by August 2021. Chief Operating Officer to provide update to the next Quality and Safety Committee meeting in December 2021.</li> <li>Implementation of End of Life Strategy by March 2022.</li> <li>Risk stratification report with trajectories and continued oversight through Operational Management Group, by March 2022.</li> <li>CMIO to review clinical engagement of results acknowledgement, through Digital Strategy Board, by Q3 2021/22.</li> <li>Develop a NLAG Patient Safety Incident Response Plan by Spring 2022</li> <li>Workforce Committee undertaking Workforce Planning linked to Business Planning.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on patient experience</li> <li>National policy changes to access and targets</li> <li>Reputation as a consequence of recovery.</li> <li>Additional patients with longer waiting times and additional 52 week breaches, due to COVID-19.</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce.</li> <li>Many services single staff/small teams that lack capacity and agility.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Changes to Liberty Protection Safeguards.</li> <li>Skill mix of staff.</li> <li>Student and International placements and capacity to facilitate/supervise/train</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>Mortality performance (2418) - Risk Rating 10 (previous risk rating 15).</li> <li>Ceilings of care and advance care planning (2653) - Risk Rating 9 (previous risk rating 12)</li> <li>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)</li> <li>Management of formal complaints (2659) - Risk Rating 12 (previous risk rating 12, before that 15)</li> <li>Risk to overall cancer performance - Clinical Support Services (2244) - Risk Rating 16 (previous risk rating 16)</li> <li>Inequitable division of LD Nurses (2531) - Risk Rating 12 (Previous risk rating 20)</li> <li>Inability to segregate patients in ED due to lack of isolation facilities (2794) - Risk Rating 20</li> <li>Child Protection Information System (2914) - Risk Rating 6, (previous risk rating 15)</li> <li>(27 Moderate Risks and 10 Low Risks linked to quality and safety; previously 28 Moderate and 5 Low).</li> </ul>	<p><b>Strategic Threats</b></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>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Estate and compliance with IPC requirements - see BAF SO1 - 1.4</li> <li>Ward equipment and replacement programme see BAF SO1 - 1.4</li> <li>Fully funded Learning Disabilities team across both sites</li> <li>Attracting sufficiently qualified staff - see BAF SO2.</li> <li>Progress with the End of Life Strategy</li> <li>Ophthalmology Waiting List</li> <li>Delays with results acknowledgement</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Mandatory training</li> <li>Sepsis Web-V Tool</li> <li>Risk stratification</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Closer Integrated Care System working</li> <li>Humber Acute Services Review and programme</li> <li>Provider collaboration</li> <li>International recruitment</li> <li>Shared clinical development opportunities</li> <li>Development of Integrated Care Provider with Local Authority.</li> </ul>

## Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.2:</b> To provide treatment, care and support which is as safe, clinically effective, and timely as possible.	<b>Risk to Strategic Objective 1 - 1.2:</b> 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.
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	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019 <b>Last Reviewed:</b> 24 November 2021	<b>Lead Committees:</b> Finance and Performance Committee
<b>Consequence</b>	5	5	5		
<b>Likelihood</b>	4	4	1		
<b>Risk Rating</b>	20	20	5	<b>Target Date:</b> 31 March 2026	<b>Risk Owners:</b> Chief Operating Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● Operational Plan 2021-22 (Trust Board approved 1/6/2021)</li> <li>● Operational Management Group (OMG)</li> <li>● Performance Review Improvement Meetings (PRIMs)</li> <li>● Trust Management Board (TMB)</li> <li>● Waiting List Assurance Meetings</li> <li>● Cancer Board Meeting</li> <li>● Winter Planning Group</li> <li>● Strategic Planning Group</li> <li>● A&amp;E Delivery Board</li> <li>● Policies, procedures, guidelines, pathways supporting documentation &amp; IT systems</li> <li>● Cancer Improvement Plan</li> <li>● MDT Business Meetings</li> <li>● Risk stratification</li> <li>● Capacity and Demand Plans</li> <li>● Emergency Care Quality &amp; Safety Group</li> <li>● Emergency Department (ED) Performance and Ambulance Handover Group</li> <li>● Planned Care Board</li> <li>● Primary and Secondary Care Collaborative Outpatient Transformation Programme</li> <li>● Divisional Executive Review Meetings</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes of Finance and Performance Committee, OMG, PRIMs, TMB, Waiting List Assurance Meetings, Cancer Board Meeting, Winter Planning Group, Strategic Planning Group, A&amp;E Delivery Board, MDT Business Meetings, Planned Care Board.</li> <li>● Integrated Performance Report to Trust Board and Committees.</li> <li>● 7 Day Services Assurance Framework, action plan.</li> <li>● Executive and Non Executive Director Report (bi-monthly) to Trust Board.</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> <li>● 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.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● NHSI Intensive Support Team</li> <li>● Audit Yorkshire internal audit: A&amp;E 4 Hour Wait (Breach to Non-Breach): Significant Assurance, Q2 2019.</li> </ul>	<ul style="list-style-type: none"> <li>● Diagnostic and cancer pathways reviewed and implemented by Q4 2022-23.</li> <li>● Public Health England guidance (cancer diagnosis) reviewed and implemented by Q3 2021-22.</li> <li>● Further development of the ICP with HUTH by Q3 2021-22</li> <li>● Workforce and resources to Humber Cancer Board by Q3 2021-22.</li> <li>● Diagnostic breach tracker tool by Q1 2022-23.</li> <li>● Outpatient transformation plan by 2022.</li> <li>● Development of Phase 2 three year HASR Plan by 2022.</li> <li>● Consultant job plans to be updated by Q3 2021-22.</li> <li>● Review of clinical pathways linked to HASR programme 1 ICP, 7 specialties by Q4 2021-22.</li> <li>● Continued development and implementation of risk stratification for RTT incomplete and completed pathways by Q3 2021-22.</li> <li>● Develop divisional dashboards Q3 2021-22.</li> <li>● Consultant led ward rounds, further development and implementation (ECIST) by Q4 2021-22.</li> <li>● Development of an independent sector activity plan by Q2 2021-22.</li> <li>● Community 2 Hour Urgent Crisis Response (UCR) service and performance reporting to be implemented by March 2022</li> <li>● Continued development and usage of independent sector through H2</li> </ul> <p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>● Cancer 62 Day Target (2592)</li> <li>● Risks of non-delivery of constitutional cancer performance (2160)</li> <li>● COVID-19 performance and RTT (2791)</li> <li>● Constitutional A&amp;E targets (2562)</li> <li>● Instability of ENT Service (2048)</li> <li>● Overdue Follow-ups (2347)</li> <li>● Shortfall in capacity with Ophthalmology service (1851)</li> <li>● Accuracy of data of business decision making for RTT (2515)</li> <li>● Delayed or missing internal referrals (2826)</li> <li>● Shortage of radiologists (1800)</li> <li>● MRI Equipment (1631)</li> <li>● Replacement of X-Ray Room (2646)</li> <li>● SGH Main MRI Scanner capacity and waiting lists (2499)</li> <li>● Failure to meet 6 week target for CT/MRI (2210)</li> <li>● Failure to review ophthalmology patients in specified timescales (2347)</li> <li>● JAG Accreditation in housing enema room within clinical area (2694)</li> <li>● Impact on Medicine Divisional business plan / service delivery (2700)</li> </ul>	<ul style="list-style-type: none"> <li>● COVID-19 third surge and impact on patient experience.</li> <li>● National policy changes to emergency access and waiting time targets.</li> <li>● Funding and fines changes.</li> <li>● Reputation as a consequence of recovery.</li> <li>● Additional patients with longer waiting times over 18 weeks, 52 weeks, 62 days and 104 days breaches, due to COVID-19.</li> <li>● Additional patients with longer waiting times across the modalities of the 6 week diagnostic target, due to COVID-19.</li> <li>● Generational workforce analysis shows significant risk of retirement in workforce.</li> <li>● Many services single staff / small teams that lack capacity and agility.</li> <li>● Staff taking statutory leave unallocated due to COVID-19 risk.</li> </ul> <p><b>Strategic Threats</b></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 style="color: red;">Unexpected Business changes from the revised EU transition</p> <p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>● Closer Integrated Care System working</li> <li>● Humber Acute Services Review and programme</li> <li>● Provider collaboration</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>● Evidence of compliance with 7 Day Standards.</li> <li>● Capacity to meet demand for Cancer, RTT/18 weeks, over 52 week waits and Diagnostics Constitutional Standards.</li> <li>● 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.</li> <li>● Cancer Board and MDT Meetings not quorate.</li> <li>● Limited single isolation facilities.</li> <li>● Urgent Treatment Centre gaps in North and North East Lincolnshire GP rotas</li> <li>● Lack of effective discharge planning.</li> <li>● Diagnostic capacity and capital funding to be confirmed.</li> <li>● 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.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>● QSiS Standards improvement plans.</li> <li>● Demand and Capacity planning for Diagnostics.</li> <li>● RTT and DM01 not meeting national targets.</li> <li>● Increase in Serious Incidents due to not meeting waiting times.</li> <li>● Patient safety risks increased due to longer waiting times.</li> </ul>		

## 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.

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance / Strategic Development Committee
<b>Consequence</b>	4	4	4	Last Reviewed: 24 November 2021	
<b>Likelihood</b>	3	3	2	<b>Target Date:</b> 31 March 2025	<b>Risk Owners:</b> Director of Strategic Development
<b>Risk Rating</b>	12	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● NLaG Clinical Strategy 2021/25.</li> <li>● Strategic Plan 2019/24.</li> <li>● Trust Priorities 2021/22.</li> <li>● Humber Coast and Vale Health Care Partnership (HCV HCP).</li> <li>● Integrated Care System (ICS) Leadership Group.</li> <li>● NHS Long Term Plan (LTP).</li> <li>● Quality and Safety Committee.</li> <li>● Acute Care Collaborative (ACC).</li> <li>● Humber Cancer Board.</li> <li>● Humber Acute Services - Executive Oversight Group (HASR).</li> <li>● Health Overview and Scrutinee Committees (OSC).</li> <li>● Council of Members.</li> <li>● Council of Governors.</li> <li>● Primary Care Networks (PCNs).</li> <li>● Clinical and Professional Leaders Board.</li> <li>● Hospital Consultants Committee (HCC) / MAC</li> <li>● Humber Acute Services Development Committee (HASDeC)</li> <li>● Committees in Common (CIC)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes from Programme Board and Executive Oversight Group for HASR.</li> <li>● Minutes of HAS Executive Oversight Group.</li> <li>● Humber Coast and Vale Health Care Partnership.</li> <li>● ICS Leadership Group.</li> <li>● OSC Feedback.</li> <li>● Outcome of patient and staff engagement exercises.</li> <li>● Executive Director Report to Trust Board.</li> <li>● Non-Executive Director Highlight Report to Trust Board</li> <li>● Minutes from HASDEC</li> <li>● Minutes from CIC</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● NHSE/I Assurance and Gateway Reviews.</li> <li>● OSC Engagement.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>● Clinical Senate Reviews.</li> <li>● Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>● Citizens Panel.</li> </ul>	<ul style="list-style-type: none"> <li>● To formulate a vision narrative for Humber Acute Services review that is understood by partners, staff and patients by December 2021</li> <li>● To undertake continuous process of stocktake and assurance reviews NHSE/I</li> <li>● OSC - Quarterly Reviews.</li> <li>● NED / Governor Reviews Monthly and Quarterly</li> <li>● Citizens Panel held Quarterly.</li> <li>● To undertake continuous engagement process with public and staff</li> <li>● Citizens Panel held Quarterly.</li> <li>● Strategic Development Committee</li> </ul>	<ul style="list-style-type: none"> <li>● Change in national policy.</li> <li>● Further covid-19 waves affecting opportunity to engage.</li> <li>● Uncertainty / apathy from staff.</li> <li>● Lack of staff engagement if not the option they are in favour of.</li> </ul>
		<b>Links to High Level Risk Register</b>	<b>Strategic Threats</b>
		<ul style="list-style-type: none"> <li>● Clinical Strategy (RR no 2924).</li> <li>● HASR political and public response to service change (RR no. TBC).</li> </ul>	<ul style="list-style-type: none"> <li>● Government legislative and regulatory changes.</li> <li>● Change in local leadership meaning priority changes.</li> <li>● Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.</li> </ul>
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>		<b>Future Opportunities</b>
<ul style="list-style-type: none"> <li>● A shared vision for the HASR programme is not understood across all staff/patients and partners</li> </ul>	<ul style="list-style-type: none"> <li>● Feedback from patients and staff to be wide spread and specific in cases, that is benchmarked against other programmes.</li> <li>● Partners to demonstrate full involvement and commitment, communications to be consistent and at the same time.</li> </ul>		<ul style="list-style-type: none"> <li>● Clinical pathways to support patient care, driven by digital solutions.</li> <li>● Closer ICS working.</li> <li>● Provider collaboration.</li> <li>● System wide collaboration to meet control total.</li> <li>● HASR.</li> <li>● Joint workforce solutions inc. training and development Humber wide</li> </ul>

## Strategic Objective 1 - To give great care

<b>Description of Strategic Objective 1 - 1.4:</b> To offer care in estate and with engineering equipment which meets the highest modern standards.				<b>Risk to Strategic Objective 1 - 1.4:</b> 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.			
	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	5	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	4	4	2	<b>Target Date:</b> January 2026		<b>Risk Owners:</b> Director of Estates and Facilities	
<b>Risk Rating</b>	20	20	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>• Audit Risk &amp; Governance Committee</li> <li>• Finance and Performance Committee</li> <li>• Capital Investment Board</li> <li>• Six Facet Survey - 5 years.</li> <li>• Annual AE Audits.</li> <li>• Annual Insurance and External Verification Testing.</li> <li>• Trust Management Board (TMB).</li> <li>• Project Boards for Decarbonisation Funds.</li> <li>• BLM Capital Group Meeting</li> <li>• PAM (Premises Assurance Model)</li> <li>• Specialist Technical Groups</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>• Minutes of Finance and Performance Committee, Audit Risk &amp; Governance Committee, Capital Investment Board, Estates and Facilities Governance Group, TMB, Project Board - Decarbonisation.</li> <li>• PAM</li> <li>• Non Executive Director Highlight Report (bi-monthly) to Trust Board</li> <li>• Executive Director Report (6 monthly) to Trust Board</li> <li>• Specialist Technical Groups</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Estates Infrastructure, Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts .</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark)</li> <li>• PAM</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>• External Audits on Water, Pressure Systems, Medical Gas, Heating and Ventilation, Electrical, Fire and Lifts.</li> <li>• Six Facet Survey, AE Audit, Insurance and External Verification Testing (Model Health Benchmark).</li> <li>• PAM</li> <li>• ERIC (Estates Return Information Collection)</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to produce and revise our 3 year business plans on an annual basis in line with Clinical &amp; Estates &amp; Facilities Strategy. Prioritisation is reviewed and updated as part of the business planning cycle - Action date; ongoing</li> <li>• Continue to explore funding bids to upgrade infrastructure and engineering equipment - Action date; ongoing</li> <li>• Allocation of Core Capital Funding assigned to infrastructure and engineering and equipment risks through the monthly E&amp;F governance process - Action date; ongoing</li> <li>• Estates and Facilities equipment plan produced and implemented as part of the 21/22 core capital annual funding (this may be reprioritised as no current contingency) - Action date; end of financial year 21/22</li> <li>• To specifically deliver: - the Decarbonisation Funding (£40.3M) project across all three sites by 31 March 2022, - Core Capital Programme, - Transformational Capital Schemes, - BLM Schemes</li> </ul> <p><b>Links to High Level Risk Register</b></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>	<ul style="list-style-type: none"> <li>• COVID-19 future surge and impact on the infrastructure.</li> <li>• National policy changes (HTM / HBN / BS); Ventilation, Building Regulation &amp; Fire Safety Order.</li> <li>• Regulatory action and adverse effect on reputation.</li> <li>• Long term sustainability of the Trust's sites.</li> <li>• Clinical Plan.</li> <li>• Adverse publicity; local/national.</li> <li>• Workforce - sufficient number &amp; adequately trained staff</li> </ul> <p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>• Integrated Care System (ICS) Future Funding.</li> <li>• 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.</li> <li>• Prevents changes being made which are aligned to organisational and system priorities.</li> <li>• Government legislative and regulatory changes.</li> <li>• 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.</li> <li>• 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'.</li> <li>• 19% DPoW total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'.</li> <li>• 29% GDH total BLM investment required to bring the estate up to satisfactory condition is classified as 'running at serious risk of breakdown'.</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>• Lack of ICS Funding aligned for key infrastructure needs/requirements i.e. equipment, BLM, CIR.</li> <li>• Insufficient Capital funding.</li> <li>• Timeline to deliver the decarbonisation projects.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>• Integrated Performance Report - Estates and Facilities.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>• Closer ICS working.</li> <li>• Humber Acute Services Review and programme.</li> <li>• Provider and stakeholder collaboration to explore funding opportunities.</li> <li>• Expression of Interest Submitted for New Hospital Programme (NHP)</li> </ul>

## 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.

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Finance and Performance Committee
<b>Consequence</b>	4	4	3	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	4	3	2	<b>Target Date:</b> March 2024	<b>Risk Owners:</b> Chief Information Officer
<b>Risk Rating</b>	16	12	6		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Digital Strategy</li> <li>Upto date Digital / IT policies, procedures and guidelines.</li> <li>Data Security and Protection Toolkit, Data Protection Officer and Information Governance Group to ensure compliance with Data Protection Legislation.</li> <li>Audit Risk &amp; Governance Committee (including external Auditor reports)</li> <li>Trust Management Board (TMB)</li> <li>Finance and Performance Committee</li> <li>Digital Strategy Board</li> <li>Digital Solutions Delivery Group</li> <li>Annual Penetration Tests</li> <li>Cyber Security Monitoring and Control Toolset - Antivirus / Ransomware / Firewalls / Encryption / SIEM Server / Two Factor Authentication</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Highlight reports to Trust Board from Audit Risk and Governance Committee, Finance and Performance Committee, Digital Strategy Board, TMB.</li> <li>Digital / IT Policies all current.</li> <li>IT Security Manager in Post</li> <li>CIO/Executive Director Report (6 monthly) to Trust Board.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Limited Assurance: Internal Audit Yorkshire IT Business Continuity April 2021.</li> <li>Limited Assurance: Audit Yorkshire internal audit: Data Security and Protection Toolkit: Limited Assurance, Q3 2019.</li> </ul> <p><b>Positive Assurance:</b></p>	<ul style="list-style-type: none"> <li>Recruit Digital Leadership to drive change &amp; engage with frontline (3rd &amp; 4th Qtr 20/21)</li> <li>Establish Digital Reporting schedule/Work plan for Board Committees (4th Qtr 20/21)</li> <li>Apply for Digital Aspirant Funds to Support funding Digital Programs (20/21).</li> <li>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.</li> <li>Meet the DSPT toolkit standards for Cyber Security with a goal to meet Cyber Essentials Plus Accreditation (2nd Qtr 22/23 -July 2022).</li> <li>Secure resources to deliver Digital Strategy and annual Priorities (PAS; EPR; Data Warehouse; RPA; Doc Mgmt; Infrastructure upgrades).</li> <li>Patient Admin System Options Appraisal, Board approval for Trust Board by November 2021. PAS project to commence in November 2021.</li> <li>Data Warehouse options appraisal to be approved through governance structures by February 2022.</li> <li>IPR - further development of Digital, Finance and Estates KPIs to be reported, by September 2022.</li> <li>£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.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 surge and impact on adoption of digital transformation.</li> <li>National policy changes.</li> <li>Regulatory action and adverse effect on reputation if there is a perception that NLaG is not meeting Cyber Security standards.</li> <li>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.</li> <li>Ongoing financial pressures across the organisation.</li> <li>The Trust may be issued with an Information Notice to require them to provide information or an Enforcement Notice requesting them to take specified steps as required under the NIS regulation (Network and Information Systems regulations 2018). There are eight assertions on the Improvement plan with the end date of the 31st December 2021.</li> </ul>
		Links to High Level Risk Register	Strategic Threats
		<ul style="list-style-type: none"> <li>Accuracy of Data of Business Decision Making. Finalizing spec to procure new data warehouse. High Risk (2515)</li> <li>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. Moderate Risk (2676)</li> <li>Data &amp; Cyber Security: (2) Cyber Infrastructure (2408) - Risk High (20) - No Change</li> <li>Updated Business Continuity &amp; Disaster Recovery Procedure (#).</li> </ul>	<ul style="list-style-type: none"> <li>Capital funding to deliver IT solutions.</li> <li>Government legislative and regulatory changes shifting priorities as the ICS continues to evolve.</li> </ul>
Gaps in Controls	Gaps in Assurance		Future Opportunities
<ul style="list-style-type: none"> <li>Address the assertions without evidence in the DSPT</li> <li>Develop policy and procedure to address the gaps noted in the IT Business Continuity audit in April 2020.</li> <li>Achieve DSP Toolkit and mandatory training compliance. - in progress (target 4th qtr 21/22)</li> <li>Modernize Data Warehouse to address data quality issues associated with Patient Administration System and ability to produce more real time dashboards for business decisions.</li> </ul>	<ul style="list-style-type: none"> <li>Data Warehouse solution to support outcomes from BI review.</li> <li>Integrated Performance Report - Digital.</li> </ul>		<ul style="list-style-type: none"> <li>Humber Coast and Vale ICS, system wide collaborative working.</li> <li>Clinical pathways to support patient care, driven by digital solutions.</li> <li>Collaborative working with HASR and Acute Care Collaborative.</li> </ul>

## 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).

	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committee:</b> Finance and Performance Committee
<b>Consequence</b>	4	4	4	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	2	4	2		<b>Risk Owners:</b> Chief Operating Officer
<b>Risk Rating</b>	8	16	8	<b>Target Date:</b> 31 March 2022	

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Winter Planning Group.</li> <li>Strategic Planning Group.</li> <li>A&amp;E Delivery Board.</li> <li>Director of People - Senior Responsible Owner for Vaccinations.</li> <li>Ethics Committee.</li> <li>Clinical Reference Group</li> <li>Influenza vaccination programme.</li> <li>Public communications re: norovirus and infectious diseases.</li> <li>Chief Operating Officer is the Senior Responsible Officer for Executive Incident Control Group.</li> <li>Ward visiting arrangements changed and implemented, Red and Green Zones, expansion of critical care facilities.</li> <li>COVID-19 Executive Incident Control (Gold Command).</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>Business continuity plans.</li> <li>Minutes of Winter Planning Group, Strategic Planning Group, Ethics Committee, Executive Incident Control Group, A&amp;E Delivery Board, Clinical Reference Group.</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Half yearly tests of the Major incident response.</li> <li>Annual review of business continuity plans.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Emergency Planning self-assessment tool.</li> <li>NHSE review of emergency planning self-assessment 2019/20.</li> <li>Internal audit of emergency planning compliance 2018/19 (due 2021/22).</li> </ul>	<ul style="list-style-type: none"> <li>Lateral flow testing staff is ongoing.</li> <li>Annual table top exercise by October 2021.</li> <li>Half yearly telephone exercise completed by March 2022.</li> <li>Business Intelligence monitoring re: pandemic.</li> <li>Capacity to meet demand (workforce) by September 2021.</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge.</li> <li>Availability of dressing, equipment and some medications post Brexit.</li> <li>Costs and timeliness of deliveries due to EU Exit.</li> <li>Additional patients with longer waiting times RTT, Cancer and Diagnostics due to COVID-19.</li> </ul>
		Links to High Level Risk Register	Strategic Threats
		<ul style="list-style-type: none"> <li>Cancer 62 Day Target (2592)</li> <li>Risks of non-delivery of constitutional cancer performance (2160)</li> <li>COVID-19 performance and RTT (2791)</li> <li>Constitutional A&amp;E targets (2562)</li> <li>Instability of ENT Service (2048)</li> <li>Overdue Follow-ups (2347)</li> <li>Accuracy of data of business decision making for RTT (2515)</li> <li>COVID-19 isolation (2794)</li> <li>C-19 Equipment (2793)</li> <li>C-19 Patient Safety (2792)</li> <li>COVID -19 pandemic - surgery &amp; critical care (2706)</li> <li>COVID -19 pandemic - community and therapies (2708)</li> <li>COVID -19 pandemic - risk to IT Operations (2710)</li> <li>Impact on Medicine Divisional business plan / service delivery (2700)</li> <li>Risk arising as a result of COVID-19 - clinical support services (2704)</li> </ul>	<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>
			Future Opportunities
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Capacity to meet demand (workforce).</li> <li>Bed Capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire due to ASC workforce challenges being seen and likely to continue into January 2022</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Not undertaking internal audit review of the standards.</li> </ul>		<ul style="list-style-type: none"> <li>Closer Integrated Care System working.</li> <li>Provider collaboration.</li> </ul>

## 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.

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Workforce Committee
<b>Consequence</b>	5	5	4	<b>Last Reviewed:</b> 30 November 2021	
<b>Likelihood</b>	3	4	2	<b>Target Date:</b> March 2024	<b>Risk Owners:</b> Director of People
<b>Risk Rating</b>	15	20	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee</li> <li>NHS People Plan</li> <li>NLAG People Strategy approved by the Board June 2020</li> <li>NHS Staff Survey - annual</li> <li>Collaborative engagement with CCG, forum established to support closer working and transformational changes.</li> <li>Holistic requirements of Humber Coast and Vale workforce led by People Lead for Humber Coast and Vale (HCV) Integrated Care System (ICS).</li> <li>People Directorate Delivery Implementation Plan 2021-22 (Workforce Committee approved 27/4/2021)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Workforce Committee, Audit Risk &amp; Governance Committee, Trust Management Board, Remuneration and Terms of Service Committee.</li> <li>Workforce Integrated Performance Report.</li> <li>Annual staff survey results</li> <li>Medical engagement survey 2019</li> <li>Non Executive Director Highlight Report to Trust Board</li> <li>Executive Director Report to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Audit Yorkshire internal audit. Establishment Control: Significant Assurance, April 2020.</li> <li>Audit Yorkshire internal audit: Sickness Absence Management N2020/13, Significant Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Implementation of People Strategy by 31 March 2024.</li> <li>Delivery against NHS People Plan - ongoing.</li> <li>Investment in the People Directorate to develop plans for delivery against the NHS People Plan and NLAG People Strategy</li> <li>Continue collaboration between NLAG and HUTH and the HCV wider network.</li> <li>Implementation of new directorate structure and recruitment to vacant positions. Outputs from the currently live Staff Survey and quarterly Pulse Survey</li> <li>Continued review of the Health and Wellbeing offer to staff</li> <li>Review of the Educational /Leadership Development offer and future roll out of programmes</li> <li>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</li> <li>We held a Board session in July 2021 focused on the role of the FTSU Guardian, the role of unconscious bias in discrimination, and plan a follow up session November 2021 covering the wider Equality Diversity and Inclusion agenda, further awareness of the role and value of FTSU, and the proposed approach to the Culture and Engagement Transformation programme</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on staff health and wellbeing.</li> <li>National policy changes.</li> <li>Generational workforce : analysis shows significant risk of retirement in workforce.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Provide safe services to the local population.</li> <li>Succession planning and future talent identification.</li> <li>Visa changes / EU Exit.</li> <li>Staff retention and ability to recruit and retain HR/OD staff to deliver people agenda</li> </ul>
		<p><b>Links to High Level Risk Register</b></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><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Workforce.</li> <li>Integrating Care: Next Steps.</li> <li>Future staffing needs / talent management</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Slower international recruitment of clinical staff due to visa backlogs</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Closer ICS working.</li> <li>Provider collaboration.</li> <li>International recruitment.</li> </ul>

### Strategic Objective 3 - To live within our means

<b>Description of Strategic Objective 3 - 3.1:</b> 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.				<b>Risk to Strategic Objective 3 - 3.1:</b> 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.			
<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	4	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	2	3	2	<b>Target Date:</b> 31 March 2024			
<b>Risk Rating</b>	10	12	10				<b>Risk Owners:</b> Chief Financial Officer

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>● Capital Investment Board, Trust Management Board (TMB), PRIMs, Model Hospital.</li> <li>● National benchmarking and productivity data constantly reviewed to identify CIP schemes.</li> <li>● Engagement with Integrated Care System on system wide planning.</li> <li>● Humber Acute Services Review (HASR) engagement to redesign fragile and vulnerable service pathways at system and sub system level.</li> <li>● Monthly ICS Finance Meetings</li> <li>● Finance Meeting - HASR</li> <li>● Operational and Finance Plan 2021-22 (approved at Trust Board June 2021)</li> <li>● Financial Special Measures Meeting with NHSE/I.</li> <li>● Counter Fraud and Internal Audit Plans.</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>● Minutes of Audit Risk &amp; Governance Committee, Trust Management Board, Finance and Performance Committee, Capital Investment Board, PRIMs.</li> <li>● Non-Executive Director Highlight Report (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>● Letter from NHSE/I related to financial special measures and achievement of action plan. On track to deliver the requirements set out by NHSEI.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>● Financial Special Measures Meeting - Letter from NHSE/I related to financial special measures and achievement of action plan.</li> <li>● ICS delivery of H1 financial plan.</li> <li>● HASR Programme Assurance Group</li> </ul>	<ul style="list-style-type: none"> <li>● Agree H2 plan, November 21</li> <li>● Agree Finance metrics for inclusion in the Trustwide IPR, Q3 2021/22.</li> <li>● Develop financial (incl comprehensive CIP plan) and service plan for 22/23 - target by end of Feb 2022</li> <li>● Develop costed metrics to support HASR P2/P3 work by end December 21.</li> <li>● Agree financial implications of P1 completed specialties for transacting in qtr 4 21/22.</li> <li>● Complete FSM actions in line with FSM timetable and agree exist from FSM process - December 2021.</li> <li>● Secure approval for AAU FBC January 2022</li> </ul>	<ul style="list-style-type: none"> <li>● COVID-19 third surge and impact on finance and CIP achievement.</li> <li>● National policy changes.</li> <li>● Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>● Savings Programme not sufficient and deteriorating underlying run rate which is exacerbated by the elective recovery programme</li> <li>● Impact of external factors such as problems with residential care, causing hospitals to operate at less than optimum efficiency and cause financial problems</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>● Systems plans may not address individual organisational sustainability</li> <li>● Challenges with HASR, CIP Delivery</li> <li>● Uncertainty on H2 &amp; long term financial framework.</li> <li>● Clinical strategy required to inform Finance Strategy</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>● Integrated Performance Report - Finance.</li> <li>● Delivery of Cost Improvement Programme Plan.</li> <li>● Management of finance risks arising from the cost of the pandemic.</li> <li>● Individual organisational sustainability plans may not deliver system wide control total.</li> </ul>	<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>● Risk of not achieving 2020-21 CIP target - family services (2733).</li> <li>● Unable to meet CIP delivery - surgery (2599).</li> <li>● COVID-19 Expenditure (ref: Financial Plan 2021-22)</li> <li>● Savings Programme (ref: Financial Plan 2021-22)</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>● ICS Future Funding.</li> <li>● Integrating Care: Next Steps.</li> <li>● System wide control total.</li> </ul>
			<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>● Closer ICS working.</li> <li>● Provider collaboration.</li> <li>● System wide collaboration to meet control total.</li> </ul>

## Strategic Objective 3 - To live within our means

<b>Description of Strategic Objective 3 - 3.2:</b> To secure adequate capital investment for the needs of the Trust and its patients.				<b>Risk to Strategic Objective 3 - 3.2:</b> 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.			
<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019		<b>Lead Committees:</b> Finance and Performance Committee	
<b>Consequence</b>	5	4	5	<b>Last Reviewed:</b> 24 November 2021			
<b>Likelihood</b>	2	3	2	<b>Target Date:</b> 31 March 2024		<b>Risk Owners:</b> Chief Financial Officer	
<b>Risk Rating</b>	10	12	10				

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Capital Investment Board</li> <li>Agreed Capital programme and allocated budget 2021/22</li> <li>Financial Special Measure Meeting with NHSE/I</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Trust Management Board, Finance and Performance Committee, Capital Investment Board.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>NHSE/I attendance at AAU / ED Programme Board</li> <li>Financial Special Measure Meeting with NHSE/I</li> </ul>	<ul style="list-style-type: none"> <li>Agree forecast spend for current year as part of wider ICS capital planning exercise.</li> <li>Find a solution to address BEIXS/Salix funding issues with regards to year end cut off.</li> <li>Secure approval for AAU FBC - Qtr 4 21/22</li> <li>Develop 22/23 capital plan as part of comprehensive service planning exercise - to be completed by end Feb 2022</li> <li>Develop HASR P3 proposition to PCBC stage - qtr 4 21/22</li> </ul>	<ul style="list-style-type: none"> <li>COVID-19 third surge and impact on finance due to the lack of supplies or inflation</li> <li>National policy changes.</li> <li>Challenges with estate major capital.</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>AAU / ED Business Case approval not yet received</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Funding.</li> <li>Government funding allocations</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Systems plans may not address individual organisational sustainability.</li> <li>Challenges with Estate.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Delivery of Cost Improvement Programme Plan.</li> <li>Individual organisational sustainability plans may not deliver system wide control total.</li> <li>Committees in Common</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>Provider collaboration</li> <li>System wide collaboration to major capital development needs.</li> <li>Announcement of multi year, multi billion pound capital budgets for NHS</li> </ul>

## Strategic Objective 4 - To work more collaboratively

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

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

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Finance and Performance / Strategic Development Committee
<b>Consequence</b>	5	4	4	<b>Last Reviewed:</b> 24 November 2021	
<b>Likelihood</b>	3	3	2	<b>Target Date:</b> March 2025	<b>Risk Owners:</b> Director of Strategic Development
<b>Risk Rating</b>	15	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Audit Risk &amp; Governance Committee.</li> <li>Trust Management Board (TMB).</li> <li>Finance and Performance Committee.</li> <li>Capital Investment Board.</li> <li>HAS Executive Oversight Group.</li> <li>Humber Coast and Vale (HCV) Health Care Partnership (HCP).</li> <li>Integrated Care System (ICS) Leadership Group.</li> <li>Wave 4 ICS Capital Committee.</li> <li>Executive Director of HASR and HASR Programme Director appointed.</li> <li>NHS Long Term Plan (LTP).</li> <li>ICS LTP.</li> <li>NLaG Clinical Strategy.</li> <li>NLaG Membership of ICP Board NE Lincs.</li> <li>Committees in Common (Trust Board approved 1/6/2021)</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of HAS Executive Oversight Group, HCV HCP, ICS Leadership Group, Wave 4 ICS Capital Committee, Audit Risk &amp; Governance Committee, Finance &amp; Performance Committee, TMB, Capital Investment Board.</li> <li>Non Executive Director Highlight Report to Trust Board</li> <li>Executive Director Report to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>HAS Governance Framework.</li> <li>HAS Programme Management Office established.</li> <li>HAS Programme Plan Established (12 months rolling).</li> <li>NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>Checkpoint and Assurance meetings in place with NHSE/I (3 weekly).</li> <li>Clinical Senate Reviews.</li> <li>Independent Peer Reviews re; service change (ie Royal Colleges).</li> <li>NHSE/I Rolling Assurance Programme - Regional and National including Gateway Reviews.</li> </ul>	<ul style="list-style-type: none"> <li>Continuous HAS communication and engagement</li> <li>HAS two year programme (current to March 2022) - 12 month rolling.</li> <li>Options appraisal for HAS Capital Investment to be approved by Q4 2021/22.</li> <li>Identification and approval for management time within existing consultant management Pas (Clinical Leads), approach to be agreed with Chief Operating Officer / Divisional Clinical Directors by December 2021.</li> <li>Recruit to Strategic Development - Associate Medical Director to support the ICS collaboration - Dec 21</li> </ul>	<ul style="list-style-type: none"> <li>National policy changes.</li> <li>Long term sustainability of the Trust's sites.</li> <li>Change to Royal College Clinical Standards.</li> <li>Capital Funding.</li> <li>ICS / Integrated Care Partnership (ICP) Structural Change.</li> </ul>
		<p><b>Links to High Level Risk Register</b></p> <ul style="list-style-type: none"> <li>Clinical Strategy (RR no.2924).</li> <li>HASR political and public response to service change (RR no. TBC).</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>ICS Future Funding.</li> <li>Failure to develop aligned system wide strategies and plans which support long term sustainability and improved patient outcomes.</li> <li>Government legislative and regulatory changes.</li> <li>Integrated Care: Next Steps and Legislative Changes.</li> </ul>
<p><b>Gaps in Controls</b></p> <ul style="list-style-type: none"> <li>Clinical staff availability to design and develop plans to support delivery of the ICS Humber and Trust Priorities.</li> <li>Interim Clinical Plan with Humber to be progressed.</li> <li>Governance arrangements for HAS, clinical leadership, clinical engagement and approval of plans.</li> <li>Strategic capital investment options appraisal in progress for HAS for N Lincs and NE Lincs.</li> <li>Engagement with the wider system in the clinical strategy, capital and service developments, including attendance at programme boards / clinical sign off of proposed plans.</li> <li>Local Authority, primary care, community service, NED and Governor engagement / feedback.</li> <li>ICS, Humber and Trust priorities and planning assumptions, dependency map for workforce, ICT, finance and estates to be agreed.</li> </ul>	<p><b>Gaps in Assurance</b></p> <ul style="list-style-type: none"> <li>Project enabling groups, finance, estate, capital, workforce, IT attendance and engagement.</li> <li>Hosting of HAS clinical services to support planning.</li> <li>Lack of integrated plan and governance structure.</li> </ul>		<p><b>Future Opportunities</b></p> <ul style="list-style-type: none"> <li>HCV ICS, system wide collaborative working.</li> <li>Clinical pathways to support patient care, driven by digital solutions.</li> <li>Strategic workforce planning system wide and collaborative training and development with Health Education England / Universities etc.</li> <li>Acute Collaborative.</li> </ul>

## 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.

<b>Risk Rating</b>	<b>Initial</b>	<b>Current</b>	<b>Target</b>	<b>Initial Date of Assessment:</b> 1 May 2019	<b>Lead Committees:</b> Workforce Committee and Trust Board
<b>Consequence</b>	4	4	4	<b>Last Reviewed:</b> 30 November 2021	
<b>Likelihood</b>	4	3	2	<b>Target Date:</b> March 2022	<b>Risk Owners:</b> Chief Executive
<b>Risk Rating</b>	16	12	8		

Current Controls	Assurance (internal & external)	Planned Actions	Future Risks
<ul style="list-style-type: none"> <li>Trust Board, Trust Management Board, Workforce Committee, PRIMS.</li> <li>CQC and NHSE/I Support Teams</li> <li>Board development support programme with NHSE/I support.</li> <li>Significant investment in strengthened structures, specifically (a) Organisational structure, (b) Board structure, (c) a number of new senior leadership appointments.</li> <li>Development programmes for clinical leaders, ward leaders and more programmes in development.</li> <li>Communication with the Trust's senior leaders via the monthly senior leadership community event.</li> <li>NHSI Well Led Framework.</li> <li>PADR compliance levels via PRIM as part of the Trust's focus on Performance improvement.</li> <li>Joint posts of Trust Chair and Chief Financial Officer, with HUTH</li> <li>Collaborative working relationships with MPs, National Leaders within the NHS, CQC, GPs, PCNs, Patient, Voluntary Groups, HCV HCP and CCG.</li> </ul>	<p><b>Internal:</b></p> <ul style="list-style-type: none"> <li>Minutes of Trust Board, Trust Management Board, Workforce Committee and PRIMS</li> <li>Trust Priorities report from Chief Executive (quarterly)</li> <li>Integrated Performance Report to Trust Board and Committees.</li> <li>Letter from NHSE/I related to financial special measures and achievement of action plan.</li> <li>Chief Executive Briefing (bi-monthly) to Trust Board</li> </ul> <p><b>Positive:</b></p> <ul style="list-style-type: none"> <li>Letter from NHSE/I related to financial special measures and achievement of action plan.</li> </ul> <p><b>External:</b></p> <ul style="list-style-type: none"> <li>CQC Report - 2020 (rated Trust as Requires Improvement).</li> <li>Financial and Quality Special Measures.</li> <li>NHS Staff Survey.</li> </ul>	<p><b>Planned Actions:</b></p> <ul style="list-style-type: none"> <li>Compliance and performance improvement to be monitored at PRIMS by 31 March 2022.</li> <li>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.</li> <li>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).</li> <li>We are aiming to 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.</li> <li>The refresh of our PADR process referred to in the Training &amp; 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.</li> <li>We will be refreshing our 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.</li> <li>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.</li> <li>Introducing a managerial core skills programme for newly appointed managers 2022 and beyond.</li> <li>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.</li> </ul>	<p><b>Strategic Threats</b></p> <ul style="list-style-type: none"> <li>COVID-19 third surge and impact on finance and CIP achievement.</li> <li>National policy changes.</li> <li>Impact of HASR plans on NLaG clinical and non clinical strategies.</li> <li>Current vacancy for the Head of Education which is currently being covered by temporary resource</li> </ul> <ul style="list-style-type: none"> <li>Non-delivery of the Trust's strategic objectives;</li> <li>Continued quality/financial special measures status;</li> <li>CQC well-led domain of 'inadequate'.</li> <li>Inability to work effectively with stakeholders as a system leading to a lack of progress against objectives;</li> <li>Failure to obtain support for key changes needed to ensure improvement or sustainability;</li> <li>Damage to the organisation's reputation, leading to reactive stakeholder management, impacts on the Trust's ability to attract staff and reassure service users.</li> </ul>
<b>Gaps in Controls</b>	<b>Gaps in Assurance</b>	<b>Links to High Level Risk Register</b>	<b>Future Opportunities</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Financial Special Measures</li> <li>Quality Special Measures</li> </ul>	None	<ul style="list-style-type: none"> <li>Closer Integrated Care System working</li> <li>Provider collaboration</li> <li>System wide collaboration to meet control total</li> <li>HASR</li> </ul>

## CoG( 01 / 22 ) Item 6.2

<b>DATE OF MEETING</b>	18 January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Helen Harris, Director of Corporate Governance
<b>CONTACT OFFICER</b>	As above
<b>SUBJECT</b>	Board Assurance Framework (BAF) – 2021 – 2022 – Quarter 2
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	Quality & Safety Committee – 19 November 2021 Finance & Performance Committee – 24 November 2021 Workforce Committee – 30 November 2021 Trust Management Board – 6 December 2021 Trust Board – 7 December 2021
<b>EXECUTIVE SUMMARY</b>	<p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> <li>a) receive for assurance the Board Assurance Framework (Appendix A) which details the progress against the delivery of the Trust’s strategic objectives,</li> <li>b) note the above Committees have considered the Board Assurance Framework at their meetings,</li> <li>c) note the detailed report below and note the controls, assurances, planned actions and the underpinning high level risks associated with each strategic risk.</li> </ul>

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

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

## **Board Assurance Framework (BAF) – Quarter 2 Review (1 July – 30 September 2021)**

### **1. Purpose of the Report**

- 1.1 To present the BAF to the Trust Board. The BAF brings together all of the relevant information on the risks to the delivery of the board's strategic objectives, highlighting risks, controls and assurances. It is an essential tool for the Board seeking assurance against delivery of key organisational objectives. It is envisaged that through appropriate utilisation of the BAF the Trust Board can have confidence that they are providing thorough oversight of strategic risk. It is used 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 and this allows for the BAF to include reference to relevant risks from the High Level Register where they may impact on the achievement of the Trust's strategic goals.

### **2. Background**

- 2.1 The Trust's strategic objectives are:

**SO1:** To Give Great Care

**SO2:** To be a Good Employer

**SO3:** To Live within our Means

**SO4:** To Work more Collaboratively

**SO5:** To Provide Good Leadership

## 2.2 Summary of Current Risk Ratings by Strategic Objective Risk is:

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

KEY	
	Initial risk score
	Current risk score
	Target risk score

### 3. Quarter Two Review of all Strategic Objective Risks (1 July to 30 September 2021)

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

The Medical Director and Chief Nurse reviewed the strategic risk on 20 October 2021. The strategic risk score remains at 15. The following amendments have been made to SO1-1.1:

##### 3.1.1 Gaps in control:

- Risk stratification not complete (remove).
- Progress with End of Life Strategy (wording amended).

##### 3.1.2 Internal assurance:

- Patient Safety Specialist and Patient Safety Champions Group (new).
- Risk Stratification Report to Q&SC (new).

### 3.1.3 Planned Actions:

- Mandatory Training Report to Workforce Committee (by CQC Domain) by 31 July 2021. The Workforce IPR is presented on a bi-monthly basis to the Committee (action to be removed).
- Platform for FFT reporting at local and trust level developed by 31 August 2021 (complete, action to be removed).
- Workforce Committee overseeing recruitment (linked to BAF SO2). A deep dive was undertaken on 27 July 2021 on workforce recruitment and planning (complete, action to be removed).
- Ophthalmology Action Plan 2021-22 to be developed by Division of Surgery and Critical Care by August 2021. The Chief Operating Officer was requested by the Committee at its meeting on 19 November 2021, to provide an update to the Quality and Safety Committee as the action remains outstanding.
- Develop a NLAG Patient Safety Incident Response Plan by Spring 2022 (new).
- Workforce Committee undertaking Workforce Planning linked to Business Planning (new).

### 3.1.4 High level risks:

- Reduction in some of the high level risks.
- The risk register details 27 moderate and 10 low risks linked to quality and safety. These risk are monitored by Clinical Divisions and reported to the Risk Register Confirm and Challenge Meeting.

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

The Chief Operating Officer assessed the controls, assurances, planned actions and current scoring of the strategic risk on 2 November 2021. The risk remains at 20 due to a significant number of planned actions, gaps in controls and gaps in assurances. Amendments to the strategic risk are as follows:

### 3.2.1 Planned Actions

- a) New actions to support the achievement of the strategic objective are:
  - o Community 2 Hour Urgent Crisis Response reporting to be implemented by March 2022
  - o Continued development and usage of independent section through H2.
- b) Actions completed and to be removed:
  - o 40 Week RTT recovery plan to be costed and implemented by July 2021
  - o RTT / Cancer Recovery Plan costed and implemented by April 2021
  - o Develop a joint NLAG/HUTH cancer transformation plan by Q1 2021-22.

3.2.2 Current Controls now include Divisional Executive Review Meetings.

3.2.3 'The unexpected business changes from the revised EU transition' is to be removed as no longer perceived as a strategic threat.

3.2.4 The Finance and Performance Committee undertook a deep dive into Risk Stratification, at its meeting on 24 November 2021. In summary the deep dive identified: 67 Outpatient new pathways with no risk stratification, 39,865 Outpatient

follow ups with no risk stratification of which 11,227 are overdue with no booked appointment.

Monitoring reports have been developed on Power BI, to track and monitor risk stratification at every step of the patients pathway, these are closely monitored and Divisions report their position weekly at the PTL and Operational Management Group Meetings, they are also reported at PRIM. The Medical Directors office provides a monthly update to Quality Governance Group on risk stratification and clinical harm.

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

The Director of Strategic Development reviewed the strategic risk on 2 November. The current risk scoring remains at 12. Amendments to the strategic risk are as follows:

- 3.3.1 A Committees in Common (NLAG and HUTH) has been created (current control) with assurance being provided through the minutes of the meeting.
- 3.3.2 An additional planned action is the continuous engagement with public and staff.
- 3.3.3 Future opportunities is joint workforce solutions, including training and development.
- 3.3.4 The Trust Board at its meeting on 2 November approved the establishment of a Strategic Development Committee (SDC).

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

The Director of Estates and Facilities reviewed the strategic risk on 3 November and considers the current risk score at 20 to remain due to the significant high level risks pertaining to the physical infrastructure and engineering equipment being inadequate. Amendments to the strategic risk are as follows:

- 3.4.1 There is a significant strategic threat within the next three years of the proportion (60%) of the Trust-wide estate falling into major repair or replacement - 6 Facet Survey Categorisation.
- 3.4.2 Current Controls now include Specialist Technical Groups, with assurance being provided through the minutes from this group.
- 3.4.3 A future risk within Estates and Facilities is the sufficient number and adequately trained staff. This risk has been added to the directorates risk register as a high level risk.
- 3.4.4 An Expression of Interest has been submitted for the New Hospital Programme – Future Opportunity.

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

A thorough review has taken place by the Chief Information Officer. The current risk score remains at 12. Amendments to the strategic risk are as follows:

#### 3.5.1 Assurances

- a) All Digital and IT policies are current (classed as a new assurance).
- b) Internal assurances to be removed as not relevant:
  - Digital Strategy approved by Board January 2021
  - CIO in post November 2020
  - CMIO in post May 2021
  - CN&AHP IO in post August 2021
  - Reporting Schedule approved May 2021.
- c) External assurances: External audit of DSPT plan and action was submitted to NHSD and was completed by 31 July 2021, therefore marked for removal from the BAF).
- d) Positive Assurances: These positive assurances are not considered relevant due to them being undertaken in 2019:
  - Audit Yorkshire internal audit: Clinical Coding / Activity Recording: Significant Assurance, Q2 2019.
  - Audit Yorkshire internal audit: GDPR Compliance (cfwd 18/19): Significant Assurance, Q1 2019.

#### 3.5.2 The following planned actions are to take place:

- Patient Admin System Options Appraisal, Board approval for Trust Board by November 2021. PAS project to commence in November 2021.
- Data Warehouse options appraisal to be approved through governance structures by February 2022.
- IPR - further development of Digital, Finance and Estates KPIs to be reported, by September 2022.
- £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. The team are currently working through the procurement process.

#### 3.5.3 The review of the ToR / recruit wider representation to the Digital Strategy Board & Digital Solutions Delivery Group has been completed and can be removed from Gaps in Controls.

#### 3.5.4 The Posture Assessment (cyber) was presented to AR&G June 2021 and the Digital Strategy project plan have both been completed and are no longer gaps in assurances.

#### 3.5.5 The following high level risks are to be removed from the BAF strategic risk as they are no longer considered to be a high risk but will continue to be monitored by the directorate:

- The IT Operations Department require a comprehensive IT Service Management System (2675) - New ITSM System was purchased on 5 year contract, has been implemented. Risk has been closed.
- Unsupported software, hardware and applications (2369), Moderate (12).
- Cyber security risk (windows 10 implementation) (2463) upgrading Windows 7 to Windows 10 has been mainly completed with a handful of remaining Windows 7 under management plan. Scored as a Low Risk.

3.5.6 A future risk to the Trust is it that it may be issued with an Information Notice requesting specified steps to be undertaken as per the Network and Information Systems regulations 2018. There are eight assertions on the Improvement plan with the end date of the 31st December 2021. Six will be completed before the December deadline, however two still require further work. The two that will not be completed by December are:

Evidence number DSPT7.11 – Business Continuity/Disaster Recovery will require additional resource which is currently being scoped. This requirement also feeds into the additional detailed audit on Business Continuity/Disaster Recovery.

Evidence item DSPT9.6.10, links in to 3.5.2, - £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. The Team are currently working through the procurement process.

In January 2022 NHSD will review final improvement plan updates. Where a Trust has met the standard:

- It will be assigned ‘Standard Met’ status.
- Where a Trust has still not met the DSPT standard:
  - The Trust will have their DSP Toolkit status amended to ‘Standards Not Met’ status.
  - NHSD Regional Security Leads will direct the Trust to appropriate Data Security services and identify any exemplar organisations within the Region in order that best practice can be shared.

As all NHS Trusts and Foundation Trusts are classified as Operators of Essential Services under the Network and Information Systems (NIS) Regulations 2018. The Regulations require organisations identified as Operators of Essential Services to take appropriate and proportionate measures to:

- manage risks posed to the security of the network and information systems on which their essential services rely;
- prevent and minimise the impact of incidents on the delivery of essential services; and
- report serious network and information incidents that impact on provision of the essential service.

The DSPT is a requirement for Operators of Essential Services to demonstrate their fulfilment of the security duties of the NIS Regulations, and failure to engage with the improvement plan process may result in regulatory action being taken under the regulations. For example, a Trust may be issued with an Information Notice to

require them to provide information or an Enforcement Notice requesting them to take specified steps as required under the regulations

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

The Chief Operating Officer reviewed the current risk score, which remains at 16. Amendments to the strategic risk are as follows:

- 3.6.1 An annual table top exercise to be undertaken by October 2021 remains as an outstanding planned action.
- 3.6.2 A review of capacity to meet demand of workforce by September 2021 action remains as an outstanding planned action.
- 3.6.3 PODs for urgent and emergency care outside of the acute hospital unavailable (UTC gaps) were installed by January 2021, thereby the action to be removed from the BAF.
- 3.6.4 Bed capacity challenges in Northern Lincolnshire, East Riding and Lincolnshire are due to Acute Services Collaborative workforce challenges being seen and likely to continue into January 2022. This is currently a gap in control.

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

**3.7.1.** The current risk score remains at 20 due to, gaps in control, gaps in assurance and the number of planned actions as follows:

**a) Planned Actions:**

- Continue collaboration between NLAG and HUTH and the HCV wider network.
- Implementation of new directorate structure and recruitment to vacant positions.
- Continued review of the Health and Wellbeing offer to staff
- Review of the Educational /Leadership Development offer
- A Culture and Engagement deep dive was recently conducted, the findings presented at an Executive Team time out.
- Board sessions were held in July and November 2021 covering Freedom to Speak Up, the wider Equality Diversity and Inclusion agenda, and the proposed approach to the Culture and Engagement Transformation programme

**b) Gaps in Control:** Due to visa backlogs the Trust is seeing a slower international recruitment of clinical staff (new). The restructure of the People Directorate and internal recruitment of clinical staff due to visa restrictions are no longer a gap in control.

- c) **Gaps in Assurance:** Increase in nurse staff vacancies and conversion of the 50 overseas nursing recruits (new). Staff morale barometer, value and health & wellbeing are no longer gaps in assurance.

### **3.7.2. Actions Progressed and to be Undertaken:**

- The recruitment team have started 1724 staff in post during the 20/21 financial year, in comparison to 1438 in the previous financial year, an increase of 19.88%.
- The vacancy factor has remained steady due to significant investment in establishments which have seen increases across all staff groups.
- We want to continue to develop the capability of the Talent Acquisition team and develop enhanced methods for sourcing medical staff.
- We want to continue to refine our customer experience and develop effective metrics to measure this and apply actions to continuously improve.
- We want to continue to support the organisation through looking at new ways of working.
- We want to complete our QI project which is currently underway to review all processes and develop first class experiences for our customers.
- We want to support the organisation in our part in developing the organisation as an employer of choice.
- We want to continue to develop relationships with external partners including educational establishments and share best practice.

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

#### **3.8.1.** The Chief Financial Officer reviewed the strategic risk and of note:

- the clinical strategy is required to inform the finance strategy and this remains a gap in control.
- there are a number of planned actions to be undertaken during quarter three and four 2021/22 – metrics for the integrated performance report, H2 plan, financial special measure actions, HASR P2/P3 work and the AAU full business case.
- future risks are seeing the saving programme not being sufficient and the deteriorating underlying run rate exacerbated by the elective recovery programme; and the impact of external factors ie. Residential care causing hospitals to operate at less than optimum efficiency.

#### **3.8.2.** The current risk scoring remains at 12 due to gaps in control of the finance strategy, the number of planned actions required to deliver during quarter three and four and the future risks.

**3.8.3.** The Trust Board at its meeting on 2 November approved the establishment of a Strategic Development Committee (SDC), which will result in part of strategic risk 3.1 being reviewed at SDC.

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

**3.9.1.** The significant changes to the strategic risk are the number of planned actions to be undertaken during quarter three and four: the forecast spend for the current year, securing approval for the AAU full business case, the development of a capital plan for 2022/23 and the HASR P3 proposition.

**3.9.2.** A future opportunity is the announcement of multi-year, multi-billion pound capital budgets for the NHS.

**3.9.3.** The Chief Financial Officer proposes the current risk scoring remaining at 12 due to the number of planned actions to be undertaken before the 31 March 2022.

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

The Director of Strategic Development reviewed the strategic risk on 20 October 2021. There is no change to the risk score of 12. Amendments to the strategic risk are as follows:

**3.10.1** A recruitment process is underway for an Associate Medical Director to support the IC collaboration.

**3.10.2** The Trust Board at its meeting on 2 November approved the establishment of a Strategic Development Committee (SDC).

**3.11. SO5: The risk that the leadership of the Trust (from top to bottom, in part or as a whole) will not be adequate to the tasks set out in its strategic objectives, and therefore that the Trust fails to deliver one or more of these strategic objectives.**

The current risk score remains at 12 due to the number of planned actions being progressed and a future risk:

**a) Planned Actions:**

- Continued contribution to the Trust Priorities quarterly report 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.
- We are aiming to introduce a leadership and career development portfolio governance board in 2022 with representation from all stakeholder staff groups, to

align with our People Strategy aims of attracting, developing and retaining leaders as a preferred employer.

- The refresh of our PADR process referred to in the Training & Development submission.
  - We will be refreshing our coaching model with the move towards a Coaching and Mentoring Bureau, offering staff at all levels, opportunities for coaching and mentoring.
  - 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.
  - Introducing a managerial core skills programme for newly appointed managers 2022 and beyond.
  - Providing further knowledge and skills for all leaders and managers towards building a culture of compassion-centred, collective leadership.
- b) Future Risk:** Vacancy for the Head of Education is being covered by temporary resource.

#### **4. Recommendations**

The Trust Board is asked to:

- a) receive for assurance the Board Assurance Framework (Appendix A) which details the progress against the delivery of the Trust's strategic objectives,
- b) note the above Committees have considered the Board Assurance Framework at their meetings,
- c) note the detailed report, and note the controls, assurances, planned actions and the underpinning high-level risks associated with each strategic risk.

## CoG(01/22 ) Item 6.3

<b>DATE OF MEETING</b>	18 <sup>th</sup> January 2022
<b>REPORT FOR</b>	Council of Governors
<b>REPORT FROM</b>	Alison Hurley, Assistant Director of Corporate Governance
<b>CONTACT OFFICER</b>	Zoe Hinsley, Corporate Governance Officer
<b>SUBJECT</b>	Acronyms & Glossary Of Terms
<b>BACKGROUND DOCUMENT (if any)</b>	N/A
<b>PURPOSE OF THE REPORT</b>	Support / Information
<b>OTHER GROUPS WHO HAVE CONSIDERED PAPER (where applicable) AND OUTCOME</b>	N/A
<b>EXECUTIVE SUMMARY</b>	The Council of Governors is asked to note this document for Support / Information

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

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

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

November 2021 – v7

**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

**AHP** – Allied Health Professional

**AMM** – Annual Members' Meeting

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

**ARM** – Annual Review Meeting for CoG

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

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

**BAF** - Board Assurance Framework

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

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

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

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

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

**CQC** – Care Quality Commission

**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

**CPIS** - Child Protection Information Sharing

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

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

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

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

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

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

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

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

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

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

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

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

**COO** – Chief Operating Officer

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

**CQC** - Care Quality Commission - is the independent regulator of health and social care in England, aiming to make sure better care is provided for everyone in hospitals, care homes

and people's own homes. Their responsibilities include registration, review and inspection of services; their primary aim is to ensure that quality and safety are met on behalf of patients

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

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

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

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

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

**DGH** – District General Hospitals

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

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

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

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

**DNR** - Do not resuscitate

**DOI** - Declarations of Interest

**DOLS** - Deprivation of Liberty Safeguards

**DPA** - Data Protection Act

**DPH** - Director of Public Health

**DPoW** - Diana, Princess of Wales hospital

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

**ECC** - Emergency Care Centre

**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.

**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

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

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

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

**GDH** – Goole District Hospital

**GDPR** – General Data Protection Regulations

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

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

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

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

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

**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 are those acquired as a result of health care

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

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

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

**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

**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

**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.

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

**IG** – Information Governance

**IPC** - Infection Prevention & Control

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

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

**IPR** – Integrated Performance Report

**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.

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

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

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

**LiA** – Listening into Action

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

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

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

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

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

**LTC** - Long Term Condition

**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

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

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

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

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

**NED** – Non-Executive Director

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

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

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

**Neurology** - Study and treatment of nerve systems.

**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

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

**NL** - North Lincolnshire for Council and CCG etc

**NLaG** - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

**NMC** - Nursing & Midwifery Council

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

**NQB** - National Quality Board

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

**OBC** - Outline Business Case

**OOH** - Out of Hours

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

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

**PbR** - Payment by Results

**PCN** - 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.

**PEWS** - Paediatric Early Warning Score

**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

**PRIMM** - Performance Review Improvement Management Meeting

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

**PSF** - Provider Sustainability Fund

**PTL** – Patient Transfer List

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

**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\*

**Q&SC** – Quality & Safety Committee

**QSIR** – Quality & Service Improvement Report

**RCN** – Royal College of Nursing

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

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

**RTT** – Referrals to Treatment

**SaLT** - Speech and Language Therapy

**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

**SNCT** - Safer Nursing Care Tool

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

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

**Statutory Requirement** - A requirement prescribed by legislation

**STP** - Sustainability and Transformation Partnerships

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

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

**TMB** - Trust Management Board

**ToR** – Terms of Reference

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

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

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

**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

**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*