

**MEETING OF THE COUNCIL OF GOVERNORS IN PUBLIC**  
**21 JULY 2022**

A meeting of the Council of Governors in public will take place at 10am on 21 July 2022 in the Boardroom and/or via MS Teams – details at [www.nnuh.nhs.uk](http://www.nnuh.nhs.uk)

**Non-Executive Directors scheduled to attend:**

- **Tom Spink** – Interim Chair and Chair of Finance, Investments & Performance Committee
- **Julian Foster** - Chair of Audit Committee and member of Finance, Investments & Performance Committee

**AGENDA**

	<b>Item</b>	<b>Timing</b>	<b>Lead</b>	<b>Purpose</b>
1	Apologies and Declarations of Interest	10.00-10.05	Chair	Information
2	Minutes of the meeting held in public on 21.04.22		Chair	Approval
3	Update on actions and matters arising		Chair	Discussion
4	Chairman's Introduction	10.05-10.10	Chair	Information
5	Chief Executive's Report (Chris Cobb Acting CEO)	10.10-10.20	CEO	Information
6	NNUH Annual Report and Accounts 2021/22	10.20-10.30	JB	Information
7	People & Culture Strategy	10.30-10.50	PJ	Information
8	Membership Report	10.50 -11.00	JB	Information
9	Finance update	11.00-11.10	RC	Information

**Date and Time of next meeting in public:** The next Council of Governors meeting in public will be at 10am on 6 October 2022 in the Boardroom of the Norfolk and Norwich University Hospital (TBC)

**Governors are reminded that copies of the Trust Board papers including minutes, integrated performance report and committee reports can be accessed on the Trust website at:**

<http://www.nnuh.nhs.uk/?s=board+papers&searchSiteSubmit=Search+site>

**Distribution:** Council of Governors, Board of Directors and Trust website

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**MINUTES OF COUNCIL OF GOVERNORS MEETING (in public)**

**HELD ON 21 APRIL 2022**

<b>Present:</b>	Dr P Chrispin	- Non-Executive Director & Chair of Meeting
	Mr B Baby	- Nursing & Midwifery (staff)
	Mrs E Bailey	- North Norfolk (public)
	Mrs E Betts	- Breckland (public)
	Mrs J Bevington	- Norwich (public)
	Mrs N Duddleston	- Breckland (public)
	Mrs C Edwards	- North Norfolk (public)
	Mrs I Grote	- Great Yarmouth/Waveney (public)
	Dr P Harrison	- South Norfolk (public)
	Mrs G Lynch	- Admin & Clerical (staff)
	Mrs S Ricketts	- Broadland (public)
	Mr R Smith	- Medical (staff)
	Mrs J Stanley	- Breckland (public)
	Mrs J Tuttle	- Broadland (public)
<b>In attendance:</b>	Mrs J Bradfield	- Senior Communications & Membership Manager
	Mr C Cobb	- Chief Operating Officer
	Prof E Denton	- Medical Director
	Ms S Dinneen	- Non-Executive Director
	Mr B Everitt	- Associate Director of Digital Health
	Mr J P Garside	- Board Secretary
	Mrs S Glenn	- Ops Director – Transformation & Integration
	Mr S Hackwell	- Director of Strategy and Major Projects
	Mr S Higginson	- Chief Executive
	Mr A Lundrigan	- Chief Information Officer
	Ms V Rant	- Assistant to Board Secretary

22/010 **APOLOGIES AND DECLARATIONS OF INTEREST**

Apologies were received from Mr Bush, Mr Davies, Prof DeBell, Mrs Hammond, Mr Hind, Mr How, Ms Haider, Ms Miller, Cllr Thomas and Ms Williams. No conflicts of interest were declared in relation to matters for consideration by the Council.

22/011 **MINUTES OF PREVIOUS MEETING HELD ON 3 FEBRUARY 2022**

The minutes of the meeting held on 3 February 2022 were agreed as a true record and approved for signing.

22/012 **MATTERS ARISING**

The Council reviewed the Action Points arising from its last meeting as follows:

22/001 – a link to the website profile for new governors has been circulated. Action closed.

22/006 – Personalised Outpatient Programme – At item 22/016, the Council received a report on the Personalised Outpatient Programme to provide Governors with a better understanding of the new system. Action closed.

22/007 – Green Plan - Mr Hackwell's slides have been circulated. Action closed.

22/013 **CHAIRMAN'S INTRODUCTION**

Dr Chrispin expressed gratitude to staff for all their work and commitment to maintain care for patients during periods of significant operational pressure. We recognise that our patients are experiencing long waits in the Emergency Department and for elective treatment.

22/014 **CEO REPORT**

The Council received a report from Mr Higginson concerning the performance of the Trust and strategic developments.

Mr Higginson reported that there are over 90 in-patients with Covid. The number of patients in hospital without a 'criteria to reside' is also high, putting additional pressure on bed capacity. We are grateful to our staff for their work to maintain care for patients in these challenging circumstances.

We are on track to ensure that no elective elective patients are waiting over 104 weeks by the end of June 2022. Focus will then turn to include cancer waits and the 78-week elective standard.

Dr Chrispin added that the Quality & Safety Committee is closely monitoring performance for all national maternity indicators and implementation of recommendations from the Ockenden reports. As an Obstetrician, Mr Smith assured the Council that Board oversight and support is very evident following publication of the national reports.

The Council was informed that NIHR funding has been secured to support the Clinical Research Facility over the next 5 years.

Governors requested an update on development of the hospitals group. Mr Higginson explained that the Committees in Common continue to explore opportunities for joint projects including the Electronic Patient Record and a single procurement system. Discussion around integration of governance to establish a single Chair and Executive are ongoing but focus has been towards more immediate priorities concerning services for patients.

Mr Higginson confirmed that we are increasing partnership working with our partners on the Norwich Research Park. During Covid, we worked closely with partners at the Earlham Institute on genome sequencing and Lamp testing support. We are working with Quadram Institute partners to link research and clinical practice on the gut and diet. Professor French-Constant is now on our Board and we are looking to enhance opportunities for clinicians to undertake research activity.

Mr Higginson noted that reduced staffing levels or feelings of lack of engagement can impact on staff morale. A series of initiatives are underway with the aim of enhancing staff experience and improving recruitment and retention.

22/015 **TRUST STRATEGY 2022-2027**

The Council received a report from Mr Hackwell concerning the 'Caring with Pride' Strategy for 2022-2027.

The document was informed by feedback gathered in an 18-month engagement campaign with patients, staff, governors, partners and stakeholders, on our vision, goals and priorities for the next five years. Mr Hackwell confirmed that there had been extensive staff engagement and input into the development of the Strategy, with changes made as a consequence.

Governors indicated that the style of the document was appealing and engaging. It was confirmed that we will be issuing an 'easy to read' printed version and a digital link to access

the document electronically will also be made available. Mr Higginson explained that our Strategy will be key in communicating our strategic commitments and future aims as establishment of the ICS progresses.

We will be aiming to introduce links to the Strategy in the annual appraisal process, in order that staff objectives align with our Strategic Commitments.

#### 22/016 **PERSONALISED OUTPATIENT PROGRAMME**

Mrs Sheila Glenn (Operations Director for Transformation and Integration) reminded Governors that the Trust is taking part in the Personalised Outpatient Programme national pilot.

The new service model allows patients to initiate their own follow-up and is expected to release time for doctors to undertake other clinical work by achieving a 25% reduction in unnecessary follow-up appointments.

Moulding the service to the needs of patients will bring improvement in patient care and experience. A reduction in activity will also relieve pressure on frontline staff and services. Clinicians are reviewing existing appointments to clinically validate which patients will move to Patient Initiated Follow-ups (PIFU).

We are working with two providers to introduce the digital platform that will enable two-way dialogue between clinicians and patients. Patients will receive contact via phone, email or letter to provide guidance on how to request appointments or to speak to a clinician.

The system will also enable patients to be monitored remotely by clinicians and for clinicians to book appointments according to information obtained through test results, questionnaires or PROMs forms adapted for each specialty.

We are anticipating that the platform will be ready to launch during May and the Trust will monitor patient experience via primary care and PALS to identify any areas needing attention or improvement.

#### 22/017 **DIGITAL UPDATE**

The Council received a report from Mr Lundrigan and Mrs Dhillon-Smith (Head of Digital Hospital) concerning the draft Digital and Data Strategy.

The Council was informed that the Trust is supported by a digital health team with 78 members. During the pandemic the team supported the organisation in implementing rapid digital changes to enable services to continue with remote working. There are around 130 digital systems in use across the Trust and the Help Desk receives on average 6,400 calls per month. Around 340 digital developments have been implemented, largely concerned with improving the care for patients. The Virtual Ward has received very positive feedback from patients and the project has received national recognition.

The Digital and Data Strategy is a 10-year strategy focused on delivery of a number of key projects. Digitisation of paper systems is continuing. The Electronic Patient Record Outline Business Case is being developed for a shared EPR across the three Acute Trusts. The Trusts will be applying for national funding support to enable this development to progress.

The Electronic Document Management System has been introduced across 29 specialties and there are now over 100,000 patient records available to view electronically.

The E-Observations system was launched in April 2022 and is now live on 40 wards. E-Obs compliance is 95% and we are looking to improve this further.

Mrs Dhillon-Smith highlighted that there are many benefits to be gained from digital projects - clinical, staff, patient, quality and financial benefits. Much change is clinically-led and user

owned. Our Patient Panel is also involved in projects to provide additional perspective and challenge.

Governors reflected on the frustration of staff who have to log-in to multiple systems and asked if investment in single sign-on software should be prioritised. Mr Lundrigan explained that the cost is estimated at around £6m, and this is not affordable within our existing capital budget for digital health. We have therefore needed to target resources on the EPR, cyber security and infrastructure in order to maintain the services that we have.

22/018 **REGULAR FINANCE UPDATE**

The Council received the Finance Report for information.

22/019 **MEMBERSHIP REPORT**

The Council received for information a report from Mrs Bradfield outlining governor, member and public activities across many areas of the Trust. The report detailed Governors' briefings and activities since the last meeting.

Ms Bradfield outlined forthcoming events that have been organised in association with celebrating the N&N's 250<sup>th</sup> Anniversary. It is hoped that the Covid situation will allow these events to go ahead and governors were thanked for their input.

Mrs Edwards asked when the Charity café in Cromer will be opening. Mr Garside explained that we are awaiting completion of the building but the Trust's estates team is working on this. We hope that the facility will be released to the Charity in May.

22/020 **DATE AND TIME OF NEXT MEETING**

The next meeting of the Council of Governors will be at 10am on 21 July 2022 in the Boardroom of the Norfolk and Norwich University Hospital

Signed by the Interim Chairman: ..... Date: .....

**Decisions Taken:**

22/011 - Minutes of previous meeting.	The minutes of the meeting held on 3 February 2022 were agreed as a true record and approved for signing.
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**Action Points Arising:**

There were no formal actions arising.

REPORT TO THE COUNCIL OF GOVERNORS	
Date	21 July 2022
Title	Governors to receive the annual report and accounts
Author(s) & Exec Lead	Janice Bradfield, Head of External Affairs
Purpose	Receive the annual report and accounts
<p><b>1. <u>Background/Context</u></b></p> <ul style="list-style-type: none"> <li>• All NHS organisations are required to produce an Annual Report and Accounts in line with national guidance.</li> <li>• The 2021-22 Annual Report and Accounts has been sent to Governors via email.</li> </ul> <p><b>2. <u>Further actions</u></b></p> <ul style="list-style-type: none"> <li>• Meeting all the national guidance results in a long document which is not ideal for the public.</li> <li>• For the AGM, we will be preparing a summary version which will be easier to read.</li> </ul>	
<p><b>Recommendations:</b> The Council is recommended to:</p> <ul style="list-style-type: none"> <li>• Receive the annual report and accounts</li> <li>• Note that there will be a summary version for the public.</li> </ul>	

<b>REPORT TO THE COUNCIL OF GOVERNORS</b>	
<b>Date</b>	<b>21 July 2022</b>
<b>Title</b>	<b>Membership Activities and Analysis</b>
<b>Author(s) &amp; Exec Lead</b>	<b>Janice Bradfield, Head of External Affairs</b>
<b>Purpose</b>	<b>For Discussion</b>
<p>A summary of the Governor and member activities, plus an analysis of the Trust's Membership.</p>	
<p><b>Recommendations:</b> The Council is recommended to:</p> <ul style="list-style-type: none"> <li>• note the activities taking place for both Governors and members:</li> <li>• comment on the Membership analysis.</li> </ul>	

## **1. Membership and Governor Activities**

**Here is a summary of the meetings and activities with governors:**

### **1.1 Patient Panel**

The governors are developing links with the Patient Panel and governors are attending the monthly sessions.

### **1.2 Committees in Common**

A number of governors are involved in the communications and engagement elements of the work being undertaken by the three Norfolk acute Trusts to work more closely together and join up services.

### **1.3 Staff Awards**

Five governors are helping us to judge the staff awards and are invited to the special ceremony in November.

### **1.4 250<sup>th</sup> Anniversary**

The governors have been involved in a programme of events we have put together and they have agreed to volunteer at each one with a view to recruiting new members.

Three governors supported us at the Open Day and Fete on 11 June where we had a range of attractions including interactive activities from our healthcare teams, tours of departments, vintage cars, live music, plus fete stalls and games.

Here are the events for the rest of the year:

- **Bishop's Garden Open Day – 31 July 1pm to 4pm**
  - Join us for an afternoon at the Bishop's Garden in Norwich. Come and bring a picnic or pick up homemade snacks and cakes at the event all in support of the [N&N Hospital's Charity](#).
- **Heritage event at Forum – evening event on Thursday 8 September**
  - We are working with The Forum to showcase our history and demonstrate how modern healthcare benefits the local population. This special exhibition will take you through time from when the hospital first saw its first patients in 1772 to present day.
- **Cathedral event - Sunday 25 September 3pm to 5pm**
  - A special service to celebrate the 250th anniversary and remember those who have served our community.



- **Abseil for charity – Saturday 1 October**
  - We are on the lookout for thrill seekers who would like to take on an abseil challenge while supporting the N&N Hospitals Charity. The challenge on Saturday October 1, starts 40ft up on the fourth floor of the East Atrium.
- **Special AGM – Wednesday 5 October 2pm to 5pm**
  - This year’s AGM will give the public a chance to meet our staff in a marketplace-style event, with a focus on patient experience. There will also be the Charity Champion Awards, presentations from clinical teams and a review of our performance through the year.

### **1.5 Future meeting dates for Council of Governors**

- 6 October 1000-1200
- Dates for 2023 are being organised

### **1.6 Dates for informal meetings with Governors**

- 11 August 1000-1200
- 1 December 1000-1200

### **1.7 Trust Board meetings (start at 9.30am)**

- 3 August 0930- 1100
- 2 November 0930- 1100

The Governors are welcome to join these meetings on Microsoft Teams.

### **1.8 Updates sent to governors**

- A number of communications are sent to governors regularly, including the daily staff updates, press releases and media statements.

### **2.1 Membership analysis**

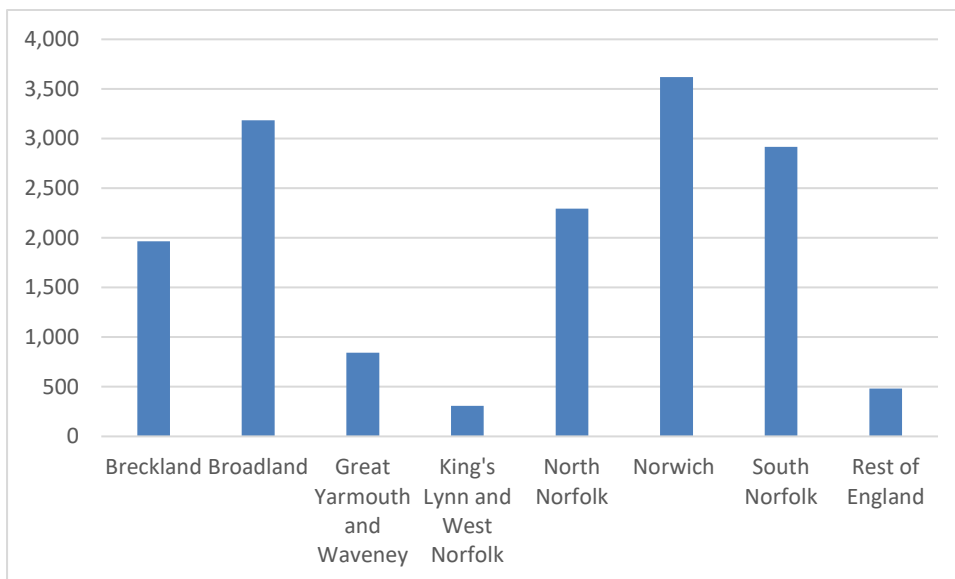
The Trust has an obligation to ensure that its Membership is representative of the population served by the Trust.

## 2.2 Breakdown by geography

The Trust's Membership is divided into constituencies which are consistent with local authority boundaries. Our current Public Membership numbers are as follows:

Constituency	Number of members
Breckland	1,966
Broadland	3,184
Great Yarmouth and Waveney	844
King's Lynn and West Norfolk	308
North Norfolk	2,295
Norwich	3,620
South Norfolk	2,918
Rest of England	481
<b>Total</b>	<b>15,616</b>

As previously discussed, and as may be expected, our membership is proportionately low in the constituencies to the east and west of the County, where there is an alternative local foundation trust membership available.



### **2.3 Breakdown by demography**

The table below shows a breakdown of our public membership is under-represented compared to the local population is in the younger age groups and amongst ethnic minority groups.

<b>Age</b>	<b>Total 15,616</b>	<b>% membership</b>	<b>% of population</b>
17-21	292	1.8%	5.46%
22+	10,787	69%	76.6%
Unknown	4,537		

<b>Age bands</b>	
22-29	316
30-39	797
40-49	1,102
50-59	1,813
60-74	3,002
75+	3,747

<b>Gender</b>	<b>Total 15,616</b>	<b>% membership</b>	<b>% of population</b>
Male	7,178	45.96%	49.1%
Female	8,390	53.72%	50.9%
other	48	0.32%	

<b>Ethnicity</b>	<b>Numbers</b>	<b>membership</b>	<b>Norfolk population</b>
Asian	111	0.7%	1.5%
Black	55	0.3%	0.5%
Mixed	84	0.5%	1.2%
Other ethnic group	241	1.5%	0.3%
White	7,615	49%	96.5%
Not specified	8,010		
<b>Monitor classifications for socio-economic group</b>			
AB	4,244	27.0%	18.06%
C1	4,392	28.1%	29.28%
C2	3,392	21.7%	25.21%
DE	3,401	21.7%	27.46%

## REPORT TO THE GOVERNORS

Date	21 July 2022		
Title	Month 2 IPR - Finance		
Author & Exec lead	Roy Clarke (Chief Finance Officer)		
Purpose	For Information		
Relevant Strategic Objective	5. To deliver our financial plan and recovery programme, supporting the Trust's return to financial sustainability		
Are there any quality, operational, workforce or financial implications of the decision requested by this report?	Quality	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	These are discussed throughout the document.
	Operational	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Workforce	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Financial	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Context:** This paper outlines the Trust's financial performance for May 2022 within the context of the current financial regime the NHS is operating under.

The Trust operational plan for FY22/23 (as submitted on 1st April 2022) is a deficit of £9.0m.

**For the month of May 2022, the position on a control total basis is £0.1m favourable to plan.** This is a £0.3m surplus. The position includes a further provision for income claw-back of £0.7m due to the Trust's activity performance falling below the required baseline offset by reduced expenditure.

**Activity:** Month 2 activity forecast was significantly behind plan, with estimated activity at c.86% of elective plan (YTD 84%). This suggests a maximum variable payment risk of c.£2.5m in month 2 (YTD £5.3m). However this needs to be offset by both the 'floor' (applied at System level), as well as the recognising the profiling for quarter 1. The resulting exposure for month 1 & 2 has been reduced to £1.6m and provided as such in the financial position.

**110% of 2019/20 Baseline:** The Activity Metrics show the proportion of delivery against the 2022/23 plan, which is an activity baseline of 110% of 2019/20 delivery, which equates to 104% of weighted value in financial terms.

**Cash: Cash held at 31 May 2022 is £91.5m.** The closing balance is £15.5m above the FY22/23 submitted forecast as result of the continued delay to the capital programme and other working capital movements. Cash balances are forecast to reduce by c.£35.9m however remain positive in March 2023 thus no revenue support would be required.

**Forecast outturn is a £9.0m deficit, unchanged from the planned FY22/23 deficit of £9.0m.** There is identified delivery risk to the £9.0m deficit plan of £39.6m which would result in a downside deficit of £48.6m. This is offset by mitigations totalling £39.6m resulting in the FOT £9.0m Deficit. A further round of national planning has been undertaken with additional inflationary funding resulting in a potential breakeven plan.

**Capital: Year to date as at May 2022, the Trust has underspent against plan by £6.2m.** This significant underspend is caused by a number of schemes missing planned milestones. The current forecast outturn is to deliver £25.9m, which is in line with plan.

**Cycle 5:** With effect from June reporting, performance will be measured against revised activity plan and breakeven position in line with the 20<sup>th</sup> June submission

## 1.1 Executive Dashboard

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	In Month			YTD			RAG
	Actual	Plan	Variance	Actual	Plan	Variance	
<b>SOCI</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>	
Clinical Income	56.6	57.0	(0.5)	113.0	114.1	(1.1)	Red
Other Income	7.5	7.3	0.2	15.2	14.5	0.7	Green
<b>TOTAL INCOME</b>	<b>64.1</b>	<b>64.3</b>	<b>(0.3)</b>	<b>128.2</b>	<b>128.6</b>	<b>(0.4)</b>	Red
Pay	(38.3)	(38.1)	(0.2)	(76.4)	(76.2)	(0.2)	Yellow
Non Pay	(16.3)	(16.6)	0.3	(34.6)	(35.0)	0.5	Green
Drugs (Net Expenditure)	(2.4)	(2.6)	0.2	(5.2)	(5.2)	0.0	Green
<b>TOTAL EXPENDITURE</b>	<b>(57.0)</b>	<b>(57.3)</b>	<b>0.4</b>	<b>(116.1)</b>	<b>(116.5)</b>	<b>0.4</b>	Green
Non Opex	(6.9)	(6.9)	(0.0)	(11.8)	(11.9)	0.1	Green
COVID (Out of System) Net Expenditure	0.0	0.0	0.0	(0.0)	0.0	(0.0)	Green
Reported Surplus / (Deficit)	0.3	0.1	0.1	0.3	0.2	0.1	Green

Other Financial Metrics							
	£m	£m	£m	£m	£m	£m	
Cash at Bank (before support funding)	91.5	76.0	15.5	91.5	76.0	15.5	Green
Capital Programme Expenditure	1.9	3.1	(1.2)	4.8	10.6	(5.8)	Yellow
CIP Delivery	0.9	1.4	(0.5)	1.7	2.8	(1.1)	Red

Activity Metrics*							
	%	%	%	%	%	%	
Day Case	88%		(12%)	89%		(11%)	Red
Elective Inpatient	83%		(17%)	78%		(22%)	Red
Outpatients - New & Procedures	86%		(14%)	83%		(17%)	Red
Outpatients - Follow Ups	110%		10%	105%		5%	Red
Value based Activity performance v baseline	84%		(16%)	81%		(19%)	Red

\* Activity count as a % of 22/23 Planned Delivery

## 1.2 Executive Dashboard

### Risk

The monthly risk register review has identified one additional risk, resulting in 14 key strategic and operational risks for FY22/23.

As part of FY22/23 annual planning 13 key strategic and operational risks with an initial score of  $\geq 12$ , as part of the monthly review process a 14<sup>th</sup> risk with a score  $\geq 12$  has been identified. The Finance Directorate continues to formally review the Financial Risk Register, on a monthly basis, reviewing the risks and adding new risks which have been identified across the finance portfolio.

There are ten risks rated as 'Extreme' on the risk register which have a potential risk assessed financial impact of £39.6m, of which £2.7m has crystallised YTD due to Risk F, Income Deductions as a result of failure to deliver weighted elective activity in line with plan (£1.6m) and Risk B, Failure to deliver the efficiency requirement (£1.1m).

Risk N, the risk the Trust does not proactively manage the relationship with the ICB and Provider Collaborative which may lead to disjointed commissioning and disruption to patient flow has been identified as a part of the Finance Directorates monthly review.

Income claw-back as a result of failure to deliver weighted elective activity in line with plan (Risk F) has a crystallised impact of £0.7m from May (YTD: £1.6m) as a result of activity being c. 86% of the elective plan (YTD 84%).

Year to date, CIP Delivery is £1.7m, £1.1m adverse to the budgeted plan of £2.8m. This is comprised of a planning variance of £1.0m and a performance variance of £0.1m.

Gateway 2 approved CIP is currently £16.3m, £6.8m adverse to the Trust efficiency target of £23.1m. The risk adjusted forecast outturn CIP deliver for £14.8m based on the latest forecast financial performance of gateway 2 scheme, progress against milestone delivery and performance against quality and performance indicators. The remaining balance needs to be identified to support the Trust in the delivery of its financial plan.

#### Management Actions:

- Identify remaining CIP's to meet Trust's efficiency target
- Deliver on existing CQIA approved CIP including YTD shortfall
- Deliver Trust activity plan including YTD shortfall

Risk Rating		Risks	Financial Impact FY22/23 £m	Risk Assessed Impact £m	YTD Crystallised Impact £m
Extreme	15+	B, C, D, E, F, G, I, K, L, N	76.4	39.6	2.7
High	9-14	A, H, J, M	6.0	0.0	0.0
Moderate	5-8	-	0.0	0.0	0.0
Low	1-4	-	0.0	0.0	0.0
Total			82.4	39.6	2.7
Risk mitigated through Non Recurrent YTD underspends & Release of Expenditure Reserves					(2.7)
Total			88.4	39.6	0.0

