

AGENDA

A meeting of the Council of Governors
to be held on 21 August 2025 at 16:00 – 17:30 hours
To be held via MS Teams - [Join the meeting now](#)

For the purpose of transacting the business set out below:

No.	Agenda item	Format	Purpose	Time
1. CORE BUSINESS ITEMS				
1.1	Welcome and Apologies for absence Sean Lyons, Group Chair	Verbal	Information	16:00
1.2	Declarations of Interest Sean Lyons, Group Chair	Verbal	Information	
1.3	Minutes of the previous meeting held on 17 July 2025 Sean Lyons, Group Chair	CoG(25)068 Attached	Approval	
1.4	Urgent Matters Arising Sean Lyons, Group Chair	Verbal	Information	
1.5	Action Tracker – Public Sean Lyons, Group Chair	CoG(25)069 Attached	Approval	
2. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
2.1	Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report Simon Parkes, Non-Executive Director CiC Chair	CoG(25)070 Attached	Assurance	16:15
2.2	Capital & Major Projects CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	CoG(25)071 Attached	Assurance	16:25
2.3	Performance, Estates and Finance CiC Highlight / Escalation Report Gill Ponder, Non-Executive Director CiC Chair	CoG(25)072 Attached	Assurance	16:35
2.4	Quality & Safety CiC Highlight Report / Escalation Report Sue Liburd, Non-Executive Director CiC Chair	CoG(25)073 Attached	Assurance	16:45
2.5	Workforce, Education & Culture CiC Highlight / Escalation Report Julie Beilby, Non-Executive Director CiC Chair	CoG(25)074 Attached	Assurance	16:55
3. OTHER				
3.1	Items for Information / To Note (as per Appendix A) Sean Lyons, Group Chair	Verbal	Information	17:05
3.2	Any Other Urgent Business Sean Lyons, Group Chair	Verbal	Information	
4. DATE OF THE NEXT MEETING				
4.1	The next meetings of the Council of Governors will be held on: Joint NLaG Council of Governors Annual Members Meeting and HUTH Annual General Meeting Wednesday 22 October 2025 from 14:30 - 17:00 hours Virtual meeting via MS Teams Live			

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.

3.1.	<u>Items for Information</u>		
3.1.1	Audit Risk & Governance Committees-in-Common Annual Report 2024/2025	Simon Parkes, Non-Executive Director Chair	CoG(25)075 Attached
3.1.2	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(25)076 Attached

PROTOCOL FOR CONDUCT OF COUNCIL OF GOVERNOR BUSINESS

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



Humber Health Partnership

Staff charter

COMPASSION	HONESTY	RESPECT	TEAMWORK
Put the safety and care of patients and colleagues at the heart of everything you do	Take responsibility for your actions, decisions and behaviours	Trust and appreciate your colleagues - say thank you and well done	Meet regularly as a whole team , discuss goals, actions and ideas for improvement. Commit to being good team members
Listen to your colleagues and patients, understand, empathise and take action to help	Report concerns about safety, quality and negative behaviours as quickly as possible	Talk to everyone in a respectful and polite manner and listen when others want to speak	Include all colleagues in key discussions about the team or service
Treat everyone with kindness and support those who need assistance or guidance	Communicate constantly and clearly at all times ; create and respond to a constant loop of honest feedback	Understand and appreciate the perspectives, choices and beliefs of others and never discriminate against anyone	Tackle poor behaviours as they arise
Do the right thing, even if this is more difficult to do	Be open about mistakes, apologise, learn and improve	Respect and use each others' strengths; act respectfully by giving, receiving and acting on constructive feedback	Agree high professional standards as a team; give yourselves time to reflect on how to constantly improve

COUNCIL OF GOVERNORS BUSINESS MEETING
Minutes of the meeting held on Thursday, 17 July 2025
at 14:00 to 16:50 hours held at Diana, Princess of Wales Hospital, Grimsby
and via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Sean Lyons	Group Chair
Ahmed Aftab	Staff Governor (Virtual)
Kevin Allen	Public Governor
Diana Barnes	Public Governor (Virtual)
Mike Bateson	Public Governor
Cllr Linda Bayram	Stakeholder Governor
Brent Huntington	Public Governor
David James	Public Governor
Wendy Lawtey	Public Governor
Corrin Manaley	Staff Governor
Rob Pickersgill	Deputy Lead Governor (Virtual)
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor
Dr Sandeep Saxena	Staff Governor (Virtual)
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor (Virtual)

In Attendance:

Julie Beilby	Non-Executive Director
Linsay Cunningham	Deputy Director of Strategy and Partnerships
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Michela Littlewood	Associate Director of Quality
Murray Macdonald	Associate Non-Executive Director
Ivan McConnell	Group Director of Transformation
Simon Nearney	Group Chief People Officer
Simon Parkes	Non-Executive Director (Virtual)
Gill Ponder	Non-Executive Director
Emma Sayner	Group Chief Financial Officer
David Sharif	Group Director of Assurance
Amanda Stanford	Acting Group Chief Executive
Dr Kate Wood	Group Chief Medical Officer

Suzanne MacLennan	Corporate Governance Officer (minutes)
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Public Members:

Michela Kenning, John Palmer & Cllr Kevin Woollass
 Marian Davison (Virtual)

KEY

HUTH - Hull University Teaching Hospitals NHS Trust
NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

1. CORE BUSINESS ITEMS

1.1 Welcome and Apologies for Absence

The Group Chair, Sean Lyons, welcomed those present both in the room and virtually to the Council of Governors (CoG) Business Meeting.

Alison Hurley provided details of apologies for absence for Governors, Jeremy Baskett, Cllr Paul Henderson, Emma Munday and Paula Ashcroft. Apologies were also received from Linda Jackson (Trust Vice Chair).

1.2 Declarations of Interest

Sean Lyons requested any declarations of interests in respect of any of the agenda items. None were received.

Sean Lyons reminded those present of the Staff Charter which was made visible to all attendees. It was emphasised that the meeting would be conducted with the four Charter values of Honesty, Compassion, Respect and Teamwork at the forefront of all business and discussions during the meeting.

1.3 Minutes of the Previous Council of Governors Business Meeting 16 April 2025:

The minutes of the Business Meeting held on the 16 April 2025 were reviewed. Emma Sayner requested her job role was amended to reflect the deputising role on behalf of Amanda Stanford as the Acting Chief Executive. Taking this amendment into account the minutes were received and accepted as a true and accurate record.

POST MEETING NOTE: The minutes addressed at the following private CoG meeting were noted as a true and accurate record.

Action: Emma Sayner's job role to be amended in the 16 April 2025 minutes.

1.4 Urgent Matters Arising

Sean Lyons invited members to raise any matters requiring discussion not captured on the agenda. None were received.

1.5 Action Tracker

The Council reviewed the Action Tracker and agreed the completed actions could be moved to the closed section following the meeting. The outstanding actions were discussed and the following was noted:

- COG(25)039 - Cancer patients - Investigate what support mechanisms were in place - Simon Nearney reported a discussion with Dr James Bailey and it was confirmed: 'Our clinicians referring patients for oncology treatments such as radiotherapy, are clear with patients regarding the waits

before treatment, so expectations are managed. The clinical managers have informed me that there is no adverse feedback from the majority of patients regarding treatment times and patients do have contact details to ring the team should they have any questions or concerns which are responded to immediately'.

Dr Sandeep Saxena joined the meeting at 14:08 hours.

Mike Bateson confirmed this from personal experience that whilst the Cancer team do respond quickly, there could still be a wait of 24 hours for a clinical response. Following a discussion, it was agreed that responses were dealt with in a timely manner and should not necessarily be described as immediate.

COG(25)038 - Digital letters - investigate missing information – particularly location of appointments – Dr Kate Wood confirmed that a number of queries had been submitted and responded to and any further responses would be provided in the briefing session on 12 August 2025.

COG(25)029 - Council Performance, Meeting Reflection & Timings Review - Conduct 6 month review of CoG timings and format 2025 – Alison Hurley confirmed this would be covered by agenda item 4.3 where the results of the follow up survey would be reviewed and discussed.

2. REPORTS AND UPDATES

2.1 Group Chair's Update

Sean Lyons provided an overview of the report which was taken as read. Governors were reminded to show appreciation to staff if the opportunity arose and encouraged to nominate staff for a 'Shining Light' award where appropriate.

Following a request for further information Sean Lyons reported that the Integrated Care Board (ICB) had been challenged to provide a service using a capitated budget of £20 per head. Additionally, the ICB had been requested to suggest strategic proposals regarding what they should provide and what should be available from other providers. Amanda Stanford confirmed that the ICB were responsible for the statutory functions such as infection prevention & control, safeguarding and continuing healthcare and they were currently deciding where these functions would be best placed. It was reported that as a cancer centre the Group were in discussions with the ICB regarding Cancer Alliance and it was paramount that the Group could provide the functions without impacting on the current services.

Ian Reekie queried whether NHS England (NHSE) were reviewing performance in relation the NHS Oversight Framework for the Humber Health Partnership or as two individual Trusts being NLaG and HUTH. Sean Lyons confirmed this was being reviewed as two individual Trusts.

2.1.1 Group Chief Executive – secondment to Humber Health Partnership (HHP)

Sean Lyons paid tribute to Amanda Stanford for the work undertaken since April 2025 for the role of Acting Group Chief Executive.

A summary of the report was provided with additional information provided regarding Lyn Simpson's previous work and experience which included nursing, midwifery, a Master's degree in Business and Administration, international training and numerous NHS leadership positions held.

Sean Lyons commended the appointment of Lyn Simpson as Interim Group Chief Executive and requested the endorsement of Council for the appointment from 28 July 2025 for an initial six month period.

Ian Reekie reported that approval of the appointment of the Chief Executive was the responsibility of Governors as noted in the Trust Constitution, Annexe 6, section 3.9.2 although no formal role in the process was required. This responsibility was normally performed with the benefit of assurance that the best available candidate had been selected which had not been the case on this occasion. Ian Reekie proposed an amendment to the resolution which was noted as:

That the Council of Governors approves the appointment of Lyn Simpson to the post of Interim Group Chief Executive on condition that a competitive recruitment process is promptly undertaken should the substantive Group Chief Executive post fall vacant. The secondment will commence on Monday 28 July for an initial six month period and thereafter the arrangement may be extended by agreement of all parties.

Sean Lyons noted and agreed to the amendment and thanked the Governors for their endorsement of the interim appointment.

Concern was raised by several Governors regarding Lyn Simpson's relatively short amount of experience specifically as a Chief Executive within a Foundation Trust. Sean Lyons assured Governors that Lyn Simpson would provide great honesty, endeavours and set very high standards. It was confirmed that expectations had been discussed at length and agreed. Murray Macdonald concurred and added that Lyn Simpson's appointment also came with a strong endorsement from NHSE.

Jackie Weavill was delighted to learn that Amanda Stanford would be returning to the role of Group Chief Nurse to continue to lead the focus on quality of care for patients and voiced concerns over another interim appointment being made.

Sean Lyons shared personal optimism and requested those present to support the appointment.

Marian Davison joined the meeting at 14:36 hours

2.2 Acting Group Chief Executive's Update

Amanda Stanford provided a comprehensive overview of the report.

Ahmed Aftab joined the meeting at 14:38 hours and Cllr Linda Bayram joined at 14:40 hours

Amanda Stanford reported that NLaG ranked 119 and HUTH 121 out of 122 hospitals with regards to cancer performance, with a particular focus on the tumour site for breast service.

Amanda Stanford confirmed the work with Staff Networks would continue once she returned to her substantive role of Group Chief Nurse.

Brent Huntington thanked Amanda Stanford for the work undertaken whilst in the Acting Group Chief Executive role which had adhered to the Staff Charter and been conducted very compassionately.

Brent Huntington queried why the Urgent Treatment Centre (UTC) at Goole and District Hospital (GDH) was included in the Trust's performance figures as it was managed by City Health Care Partnership (CHCP). Amanda Stanford confirmed the importance of the Trust having an overview of the data as it would predominantly be NLaG patients on Trust pathways attending the UTC. Emma Sayner reported that CHCP had been commissioned by NHSE to deliver UTC services at GDH.

In response to a query regarding cancer performance, Amanda Stanford confirmed that the 62 day target for specific tumour sites had not been performing as well as the breast service which appeared to have deteriorated the overall performance data. It was reported there had been an increase from 600 to 700 referrals to breast services, although the capacity for the service had not been increased yet and this was a step due to take place.

Kevin Allen raised the historical issue of out of date signage around hospital sites which had a huge impact on patient experience and requested the issue was addressed. It was reported that a wish had been submitted to the Health Tree Foundation (HTF) Charity for the sum of £250,000 which had been declined due to signage being a mandatory requirement of hospitals. Amanda Stanford agreed that wayfinding was paramount to the patient experience and had also noted that signage was not clear for the patients. Alternative funding and updates for this was being investigated.

Caroline Ridgway queried how many of the specialist cancer areas were short on consultants having shared a story whereby a Leukaemia patient was receiving no treatment. Amanda Stanford confirmed that nationally haematology was a challenged service. Dr Kate Wood suggested a conversation outside of the meeting to discuss this further as alternative pathways to other organisations should have been offered.

Mike Bateson was concerned by the never events at both NLaG and HUTH and queried whether there had been any early learning from these. Dr Kate Wood reported that a high level review had been conducted for all never events and they would be subject to a Patient Safety Incident Investigation (PSII). It was confirmed there were no common themes and covered a multitude of specialties and a Safer Surgeries and Interventions Group had been created. The majority of the never events had taken place outside of operating theatres where all appropriate checks had taken place. It was highlighted as a cultural issue around how teams were working together and there was no link to low staffing.

Linsay Cunningham joined the meeting at 15:00 hours

2.3 Lead Governor's Update

Ian Reekie provided an overview of the report which was taken as read and the following was requested:

- Note the highlights from the Membership & Public Engagement and Assurance Group (MPEAG) meeting held on 3 June 2025
- Note the highlights from the Appointments and Remuneration Committee (ARC) meeting held on 18 June 2025
- Note the extension of the term of office of Sue Liburd as a Non-Executive Director (NED) for three years ending 2 October 2028
- Approve the minor amendments to the ARC Terms of Reference

The Council approved the amendments to the ARC Terms of Reference.

Sean Lyons thanked Sue Liburd for the continued support having agreed a further three year term of office.

Action: Approved ARC Terms of Reference to be submitted to Document Control for processing.

3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS

3.1 Audit, Risk and Governance (ARG) Committees-in-Common (CiC) Highlight Report

Simon Parkes provided a summary of the report. It was confirmed that since the report was written the Committee had subsequently met and signed off the final Annual Accounts 2024/25 with no substantial amendments.

Mike Bateson requested further clarification of the management consultants expenditure for PA Consulting and whether it was considered value for money. Simon Parkes suggested that perhaps the executive team should decide whether the recommendations from PA Consulting had been effective and therefore value for money. Simon Parkes felt it had been a useful exercise from the evidence seen and the Trust could achieve some of financial targets by utilising some of the efficiencies suggested by PA Consulting. Amanda Stanford confirmed that the executive team decided to end the contract with PA Consulting although it had been appropriate action to use them at the time. The focus now remained on building transformation within the organisation following the publication of the NHS 10 year plan and for 2025/26 there was an internal Transformation and Programme Management team in place. A discussion took place regarding partnership working across the NHS and Simon Parkes confirmed that the internal audit companies added value to this and shared learning from other organisations.

Sean Lyons highlighted the need to live within the means of the Trust, noting that the opportunity for last minute financial adjustments had ceased and deficit funding could not be relied upon. Governors were requested to highlight any areas of inefficiency and waste and their suggestions to assist were welcomed.

Wendy Lawtey was concerned by the low financial risk score of 16, particularly as plans were not in place to achieve the deficit and the first quarter of the financial year was complete. Emma Sayner shared the concern and confirmed weekly meetings were taking place with difficult choices set to be made imminently which would model instant impact. The risk score of 16 was based on financial sustainability and there were many inefficiencies that must be addressed to achieve better value for money. Simon Parkes reported that the Trust would survive although Executive and Non-Executive Directors (NEDs) could potentially lose their jobs if the Trust finances did not vastly improve. This risk score, whilst

critical, must not be compared to that of patient safety where there could be significant failure in service.

David Sharif highlighted that the ARG CiC signed off the Annual Accounts with delegated authority from the Trust Boards-in-Common.

3.2 Capital and Major Projects Committees-in-Common Highlight Report

Gill Ponder provided a summary of the report with a particular focus on the Digital Strategy element.

Jackie Weavill shared the concern raised regarding the systems outside of the Digital Directorate whereby there was no technical support, particularly during evening and weekends.

3.3 Performance, Estates and Finance Committees-in-Common Highlight Report

Gill Ponder provided a summary of the report which was taken as read.

In response to a query from Jackie Weavill regarding the Bed Management System it was confirmed this would be a Groupwide system. Amanda Stanford hoped the system would be in place before Christmas 2025 and it would provide a live data feed of any empty beds.

Jackie Weavill queried whether there were any plans in place for a green generation car park at Diana, Princess of Wales Hospital (DPoW), Grimsby similar to one at Scunthorpe General Hospital (SGH). Gill Ponder confirmed there was no plans or funding in place at present.

Wendy Lawtey voiced concern regarding the continuous outstanding red Care Quality Commission (CQC) actions which had been outstanding for three years. Gill Ponder reported the Committee shared the concern and confirmed an internal audit would be taking place for the outstanding actions, some of which had since been superseded. This was part of a requirement for a report to be submitted back to CQC. Dr Kate Wood outlined a data cleanse of the stubborn red actions which had been discussed with Heather McNair, Interim Group Chief Nurse along with guidance from Amanda Stanford. It was confirmed that specific actions had been designated to individuals to be accountable for the delivery of the action and improvement should be seen within two months.

Dr Vijay queried whether GP's were effectively referring patients to the Community Diagnostic Centres (CDC). It was agreed to cover this query in item 4.2 on the agenda which was the CDC update to be delivered by Ivan McConnell.

Following a query Amanda Stanford confirmed that bed occupancy was around 95% although there were patients in temporary escalation spaces and it was common to have more patients than beds at present. It was highlighted that the Trust were working proactively with all community partners, ambulance providers and the Care Plus Group to support addressing this issue. Emma Sayner suggested the biggest opportunity was simple discharge and possibly not admitting patients in the first place where appropriate. This would improve flow, efficiency and bed availability. Mike Bateson queried whether more beds could be added to the system. Dr Kate Wood advised that there were always enough beds within a system, more often than not they happen to be within patients homes and

better care in a different place must be facilitated. Mike Bateson felt that it was sometimes difficult for patient health to improve in the community setting due to a lack of staff.

A break took place at 15:47 hours and the meeting resumed at 15:59 hours.

3.4 Quality and Safety Committees-in-Common Highlight Report

Sue Liburd provided a summary of the report and welcomed any questions.

Cllr Linda Bayram requested a timeline for the Trust to be 'outstanding' as opposed to the 'requires improvement' rating. Dr Kate Wood advised of an aspirational rating of outstanding by 2030 to be supported by the Quality Strategy which was currently under development. Jackie Weavill wondered how Governors would be assured that from a Quality Governance capacity the 2030 target was achievable when there were so many limitations, particularly in relation to the challenging Cost Improvement Plan (CIP) savings. Amanda Stanford confirmed that the correct structures must be in place to be able to deliver the outcomes. One of the main factors was staff behaviour and ensuring that staff follow processes, protocols and standards. Access to the correct levels of data and the need for a professionally curious workforce were also noted. It was noted that interviews for the secondment to the role of Director of Patient Safety & Quality would be taking place soon.

Wendy Lawtey queried whether any of the NLaG Never Events were connected to the outstanding red CQC actions, and Dr Kate Wood confirmed there was definitely no link.

Brent Huntington highlighted the need for wider education on infection control for staff and also the public and Trust members with a tough stance to be taken. It was highlighted that a request had been submitted to the Membership and Public Engagement & Assurance Group for consideration of wider Governor engagement with local communities. Alison Hurley highlighted the Members' Newsletter which was sent direct to members which could include education on infection control.

3.5 Workforce, Education and Culture Committees-in-Common Highlight Report

Julie Beilby provided a brief summary of the report and welcomed any questions.

Wendy Lawtey voiced concern regarding the red CQC action in relation to staff completing mandatory training. Julie Beilby highlighted a piece of work to review mandatory training requirements for specific job roles which was being undertaken. Dr Kate Wood reported membership on the National Programme Board who were reviewing statutory and mandatory training. The national legislation was currently under review to ensure appropriateness of statutory training and mandatory training must be beneficial to the staff role. It was reported that the People Directorate were also reviewing the Electronic Staff Register (ESR) to ensure training was relevant. Julie Beilby reported the Committees received reasonable assurance following in depth discussions on this topic. David James queried the consequences for non-compliant staff and Amanda Stanford highlighted the need for balance to encourage staff to complete the training against whether there was persistent non-compliance, and the need for enhanced scrutiny.

Mike Bateson queried when the outcome would be available for the Guardian of Safe Working Reports, and it was confirmed the update would be available at the August CoG meeting.

Simon Nearney informed the Council that resident doctors would be on strike from 25 July 2025.

4. COG UPDATES

4.1 Patient Experience Annual Report 2024/25

Michela Littlewood provided a brief summary of the report and noted a number of new projects which were underway. It was confirmed that telephony for Patient Advice and Liaison (PALS) would shortly be moving to a Group model.

Kevin Allen highlighted the changes for the over 70 year olds' driving licence renewal process which could impact the ability of patients to attend appointments if they had their driving licence revoked. It was requested these patients were looked on favourably to assist them where possible. Michela Littlewood confirmed the team were proactive when challenges were flagged. It was also noted that many patients with visual difficulties were able to drive during the light summer months but were unable to drive during the darker winter months.

4.2 Community Diagnostic Centres (CDC) Update

Ivan McConnell delivered the presentation and welcomed any questions.

In response to a query from Dr Vijay, Ivan McConnell confirmed there were some reporting radiographers within the ultrasound team and the Trust delivered the service for radiology.

Ian Reekie queried what marketing was in place to promote the CDC's. Ivan McConnell highlighted the CDC's were an Integrated Care Board (ICB) service and referrals were in the hand of GP's which required reinforcing. Usage was increasing although this was slower than expected.

In response to a query Ivan McConnell highlighted the difference in tariffs for each CDC depending on the diagnostic facilities available.

Brent Huntington queried why there were no projection figures for 2026/27. It was confirmed that no tariff had been set for 2026/27, and whilst the future plan was for multi-year planning the current status was an annual cycle. Ivan McConnell advised of a national challenge to the revised tariffs.

Brent Huntington requested clarification why a CDC had been situated within East Riding Community Hospital when there was a major trauma unit six miles away. Ivan McConnell confirmed that the CDCs were a nationally driven programme within a specific timescale which meant funding and allocation was only available during a set time and there was no longer a national team responsible for them. It was confirmed that the Freshney Place CDC in Grimsby was noted as the best option for the area with good access and transport available.

4.3 **Council of Governor Meetings – Format and Timings Review**

Alison Hurley provided a summary of the report noting that when this had been conducted previously with no decision formally made at the time. Additionally, a possible venue in Scunthorpe had been identified and a positive outcome was expected shortly for future CoG meetings.

Brent Huntington queried whether there were any rooms in Butterwick House at SGH and agreed a central Scunthorpe venue would be preferable.

Wendy Lawtey raised a concern on behalf of Governors who were employed which made meeting attendance during a working day difficult. Alison Hurley assured the Council that diary invites for 2026 would be circulated as soon as possible to provide plenty of notice with venues identified.

The majority of Governors agreed to continue to hold afternoon CoG meetings.

4.4 **Governor Elections Overview**

Alison Hurley provided assurance that following the NHS 10 year plan the Trust would continue with business as usual in relation to the upcoming Governor Elections.

Alison Hurley provided an overview of the Governor seats available in the upcoming elections. Those present were requested to consider any suitable potential Governor candidates, and to seek their permission to pass on their contact details to the Corporate Assurance team to enable them to follow up.

5. **OTHER**

5.1 **Questions from Governors**

Sean Lyons welcomed any questions from Governors. None were received.

5.2 **Questions from the Public**

Sean Lyons noted receipt of several questions from the public and reported there was no intention to close GDH and instead provide the best service for the local residents. It was noted that there had been a poor initial engagement period which began in December 2024 which had been regrettable.

Corrin Manaley left the meeting at 17:11 hours

David Sharif provided a summary of the presentation which would be shared after the meeting which outlined the statutory duties of Governors and elements which made an effective Council.

Ivan McConnell and Linsay Cunningham delivered the presentation which covered the GDH review and the work which had been conducted so far.

Sean Lyons reported a very good discussion had taken place with Sir David Davis on Friday 11 July 2025 in relation to GDH.

A discussion ensued whereby members of the Save Goole Hospital Action Group (SGHAG) raised concerns which included, low levels of GP referrals to GDH (including the telephone service and flow and control), dissatisfaction with the Governor role, payments for a newspaper article to advise local residents of the services available at GDH, accountability of the leadership, waste gases, staff morale and a request to hold some CoG meetings at GDH. It was agreed the current position was an opportunity to look forward, regain public confidence and provide Goole and the surrounding area with a thriving hospital with the necessary services. Awareness was noted in respect of communications to patients and the unintended consequence of poor communication.

5.3 Items for Information / To Note

Sean Lyons drew the Council's attention to the items for information noted in Appendix A.

5.4 Any other Urgent Business

No items were raised.

5.5 Matters to be escalated to the Trust Board

No items were raised.

5.6 Council Performance, Meeting Reflection & Timings Review

No items were raised.

6. DATE AND TIME OF THE NEXT MEETING

6.1 Date and Time of the next Council of Governors meeting:

The next Council of Governors Meetings will be held as follows:
Business meeting on Thursday, 21 August 2025 at 16:00 – 17:30 hours to be held virtually via MS Teams

The Group Chair thanked those present for their attendance and contributions and closed the meeting at 17:40 hours.

Cumulative Record of Governor / Executive and NED Attendance 2025/2026 - Public

Governors					
Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	2	1	Wendy Lawtey	2	2
Kevin Allen	2	2	Corrin Manaley	2	2
Paula Ashcroft	2	0	Emma Munday	2	1
Diana Barnes	2	2	Rob Pickersgill	2	2
Jeremy Baskett	2	1	Ian Reekie	2	2
Mike Bateson	2	2	Caroline Ridgway	2	2
Linda Bayram	1	1	Dr Sandeep Saxena	2	2
Paul Henderson	2	1	Dr Gorajala Vijay	2	2
David Howard	1	0	Jackie Weavill	2	2
Brent Huntington	2	2	Clare Woodard	2	2
David James	2	2			

Executives					
Name	Possible	Actual	Name	Possible	Actual
Jonathan Lofthouse	0	0	David Sharif	2	2
Ivan McConnell	2	2	Amanda Stanford	2	1
Simon Nearney	2	2	Sarah Tedford	2	0
Emma Sayner	2	2	Dr Kate Wood	2	2

Non-Executive Directors					
Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	2	2	Murray Macdonald	2	1
Linda Jackson	2	1	Simon Parkes	2	1
Sue Liburd	2	2	Gill Ponder	2	2
Sean Lyons	2	2			



**Hull University
Teaching Hospitals**
NHS Trust



**Northern Lincolnshire
and Goole**
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION TRACKER

2025/26

ACTION TRACKER - CURRENT ACTIONS - 21 August 2025

COUNCIL OF GOVERNORS



Hull University
Teaching Hospitals
NHS Trust



Northern Lincolnshire
and Goole
NHS Foundation Trust

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)044	17/07/2025	Lead Governor's Update	2.3	Submit approved ARC Terms of Reference to Document Control for processing.	Corporate Governance Officer	Jul-25	ARC Terms of Reference sent to Document Control for processing on 21 July 2025	Complete	Emails
COG(25)043	17/07/2025	Minutes of the Previous Council of Governors Business Meeting 16 April 2025	1.3	Amend Emma Sayner's job role in the 16 April 2025 minutes.	Corporate Governance Officer	Jul-25	16 April 2025 Minutes updated 29 July 25	Complete	Minutes
COG(25)039	16/04/25	Performance, Estates & Finance Highlight Report	3.3	Cancer patients - Investigate what support mechanisms are in place	Simon Nearney	Jul-25	Simon Nearney to discuss with Dr James Bailey. Simon Nearney provided a written update and shared during the July CoG meeting.	Complete	Emails
COG(25)038	16/04/25	Performance, Estates & Finance Highlight Report	3.3	Digital letters - investigate missing information - location of appointments	Dr Kate Wood	Jul-25	Report provided by Dr Kate Wood and emailed to Governors and NEDs on 15 May 25 & 17 June 25 * Briefing session scheduled 12 August 25 for Patient Communication with Jackie France & Andy Haywood	Complete	Emails
COG(25)029	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Conduct 6 month review of CoG timings and format 2025	Corporate Governance Officer	Jun-25	MS Forms survey circulated, response requested and report to be presented at 17 July CoG (agenda item 4.3)	Complete	MS Forms & CoG report

Key:

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

ACTION TRACKER - CLOSED ACTIONS

Council of Governors

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(25)042	16/04/25	Member & Public Engagement Strategy	5.2	Seek expressions of interest for the Member and Public Engagement Working Group	Corporate Governance Officer	May-25	Expressions of interest sought via email on 23.04.25 - No expressions of interest received in addition to those already on the Editorial Board	Complete	Emails
COG(25)041	16/04/25	Trust Priorities 2025-26	4.3	Arrange briefing session for the deferred Trust Priorities 2025-26	Corporate Governance Officer	May-25	Briefing session scheduled on 22 May	Complete	Emails & Diary invite
COG(25)040	16/04/25	National Staff Survey Summary	4.2	Share the People Strategy with Governors	Simon Nearney	May-25	The NHS HHP People Strategy 2025-2028 emailed to Governors on 06.05.25	Complete	Email
COG(25)037	16/04/25	Lead Governor's Update	2.3	Arrange Governor briefings for the Operational & Financial Plan 2025-26 and NHS Finance and Business Skills	Corporate Governance Officer	Jun-25	Briefings scheduled as: *22 May - Operational & Financial Plan 2025-26 *9 July - NHS Finance & Business Skills	Complete	Emails, diary invites & presentations
COG(25)036	16/04/25	Group Chair's Update	2.1	Theatre Utilisation at Goole and District Hospital	Ivan McConnell	May-25	Ivan McConnell provided a written update on the recent theatre utilisation which was emailed to Governors on 17.04.25	Complete	Emails
COG(25)035	16/04/25	Group Chair's Update	2.1	Request further details of Ward 24 closure at Scunthorpe General Hospital	Emma Sayner	May-25	Response provided by Simon Tighe and emailed to Governors on 13.05.25	Complete	Emails
COG(25)034	25/02/25	Workforce, Education & Culture CiC Highlight Report	2.5	Add Staff Survey update to the April CoG agenda	Corporate Governance Officer	Apr-25	Staff Survey added to the April CoG agenda - Item 4.2	Complete	April CoG agenda
COG(25)033	25/02/25	Quality & Safety CiC Highlight Report	2.4	Circulate the Patient Experience Annual Report 2023/24	Corporate Governance Officer	Mar-25	Patient Experience Annual Report 2023/24 distributed to Governors via email on 13.03.25	Complete	Emails
COG(25)032	25/02/25	Performance, Estates & Finance CiC Highlight Report	2.3	Add the following to the April CoG Agenda: -Provide details of savings since introduction of one Executive -PA Consulting update by Ivan McConnell	Corporate Governance Officer	Apr-25	* Update requested from Emma Sayner on 01.04.25 for sharing at the April CoG meeting. * PA Consulting added to the April CoG agenda - Item 4.1 - Transformation and Sustainability Update.	Complete	April CoG agenda
COG(25)031	25/02/25	Audit, Risk & Governance CiC Highlight Report	2.1	Risk Register data request from Dr Saxena - Could we ask the Group Chief Nurse to identify the top 20% risks at the earliest?	Corporate Governance Officer	Apr-25	David Sharif provided the Open High Risk and Risk Register Summary Report - Emailed to Dr Saxena 14.04.25	Complete	Emails

COG(25)030	25/02/25	Action Tracker	1.5	Governor expressions of interest for patient feedback project	Cllr Paul Henderson	Apr-25	Cllr Paul Henderson requested expressions of interest from fellow Governors to work on the patient feedback project. Cllr Paul Henderson canvassed the views of fellow Governors and no tangible feedback was received. NLaG staff were very happy to support but there didn't seem to be any demand.	Complete	Minutes and emails
COG(24)015	22/08/24	CoG ARM - Engagement with Members and Stakeholders	2.1	Electronic surveys for feedback	Corporate Governance Officer	Sep-24	Feedback was being captured during the Governor drop-in sessions and the implementation of Member and Public Engagement Strategy would continue this work.	Complete	Emails and CoG minutes
COG(24)028	09/01/25	Council Performance, Meeting Reflection & Timings Review	5.6	Reschedule the February CoG meeting to an evening time	Corporate Governance Officer	Jan-25	25 February 2025 CoG meeting rescheduled to 17:15 - 18:15 hours	Complete	Diary invites
COG(24)027	09/01/25	Matters to be escalated to the Trust Board	5.5	Provide the notes from the Goole staff Engagement session with Governors	David Sharif	Jan-25	The briefing notes along with questions and answers raised on 6 & 23 December emailed to Governors 13.01.25	Complete	Emails
COG(24)026	09/01/25	Group Chief Executive's Update	2.2	Share Group Chief Executive's presentation and GIRFT report with Governors	Corporate Governance Officer	Feb-25	Presentation and report emailed to Governors on 29.01.25	Complete	Emails

Key:

Grey	Completed - can be closed/archived following meeting
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Council of Governors Business Meeting

Agenda Item No: CoG(25)070

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	21 August 2025	
Director Lead	Simon Parkes and Jane Hawkard, Non-Executive Directors / Chairs of Audit, Risk and Governance Committees-in-Common	
Contact Officer/Author	Simon Parkes / Jane Hawkard	
Title of the Report	Audit, Risk and Governance Committees-in-Common Highlight / Escalation Reports – June and July 2025	
Executive Summary	The attached highlight / escalation report to the August 2025 Trust Boards-in-Common summarises the key matters presented to, and discussed by the meeting of the Audit, Risk and Governance Committees-in-Common on 20 June and 31 July 2025.	
Background Information and/or Supporting Document(s) (if applicable)	Audit, Risk and Governance Committees-in-Common Agenda Papers – 20 June and 31 July 2025	
Prior Approval Process	Simon Parkes and Jane Hawkard, Non-Executive Directors / Chairs of Audit, Risk and Governance Committees-in-Common	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

Committees-in-Common Highlight / Escalation Report to the Trust Boards

Report for meeting of the Trust Boards to be held on:	14 August 2025 – Public
Report from:	Audit, Risk and Governance Committees-in-Common
Report from meeting(s) held on:	20 June 2025
Quoracy requirements met:	Yes

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 20 June 2025 including those matters which the Committees specifically wish to escalate / highlight to either or both Trust Boards.
- 1.2 The June 2025 Trust Boards-in-Common gave formal delegated authority to the ARG CiC to review and approve the year end financial statements and reports on their behalf at the meeting on 20 June 2025.
- 1.3 The Group Chair and the Acting Group Chief Executive Officer had been invited to the ARG CiC meeting and were in attendance (Group Chair for initial part of meeting).

2.0 Matters considered by the committees

- 2.1 The ARG CiC considered the following items of business:
 - Group Internal Audit Progress Report 2024/25
 - NLAG Audited Annual Accounts 2024/25
 - NLAG Audit Completion Report / Management Letter of Representation 2024/25
 - NLAG Draft Audit Opinion & Certificate 2024/25
 - NLAG Draft Consistency Opinion 2024/25
 - NLAG Draft Annual Auditors Report 2024/25
 - NLAG Draft Annual Governance Statement 2024/25
 - HUTH Audited Annual Accounts 2024/25
 - HUTH Audit Completion Report inc. Letter of Representation & Consistency Opinion 2024/25
 - HUTH Draft Annual Auditors Report 2024/25
 - HUTH Draft Annual Governance Statement 2024/25
 - HUTH Draft Annual Internal Audit Report & Head of Internal Audit Opinion 2024/25
 - HUTH Draft Trust Annual Report 2024/25
 - Draft Group Internal Audit Plan 2025/26

- NLAG Annual Internal Audit Report & Head of Internal Audit Opinion 2024/25
- NLAG Draft Trust Annual Report 2024/25
- ARG CiC Annual Report to the Trust-Boards-in-Common 2024/25*

*[*Items marked with an asterisk are on the boards' agenda as a standalone item in accordance with the board reporting framework – as applicable]*

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The ARG CiC agreed the following matters for reporting / escalation to the Trust Boards:

- Group Internal Audit Progress Report 2024/25** – The ARG CiC received three of the final four reports from the 2024/25 plan, noting that the fourth report (HUTH DSPT) was in draft and currently going through the sign-off process. The Care Group Governance Report had received limited / partial assurance and the ARG CiC discussed the issues identified (inconsistent processes across the Care Groups; no overarching governance framework document, and difficulties encountered in obtaining information from individual Care Groups) and plans to make improvements with the Group Director of Assurance and the Acting Group CEO. The ARG CiC were concerned that the governance framework was due for imminent completion (1 July 2025), stating that it was vital that the Care Groups were given clear guidance on how to function well and perform effectively. The Group Director of Assurance stated that the governance framework would initially be considered by the Executive Team then shared at the new Senior Management Team (SMT) meeting in July, and also at the monthly Executive Strategy session at which the Site triumvirates attend (scheduled for 15 July 2025). The Group were also in the process of appointing to the Director of Patient Safety and Quality Governance post, who would be the lead in terms of embedding the framework into the Care Groups (although noting the Executive lead would be the Group Chief Nurse working closely with the Group Director of Assurance). It was also highlighted that there were issues with access to data, in that it was being done by Care Group staff without the requisite Power BI skills. The ARG CiC discussed the need for consistency and improvement and the Acting CEO stated that there was a need to reset the new governance framework alongside a clear data set. The Group Integrated Performance Framework audit received significant / substantial assurance, however it was commented by the ARG CiC that there was a lot of performance being measured but without significant improvements being made. Internal Audit responded to advise that this was not dissimilar to what it was seeing at other Trusts, in terms of moving the improvement dial slowly. The third report was the NLAG Data Security and Protection Toolkit (DSPT) audit, and this will be discussed in more detail at the July 2025 ARG CiC meeting when the HUTH report is also available and relevant Trust officers are in attendance.
- NLAG Audited Annual Accounts 2024/25** – The draft accounts were previously reviewed in detail by the Committee at its April 2025 meeting. The Assistant Director of Finance – Planning and Control provided a written list of the limited number of changes made to the NLAG draft accounts, noting that the overall financial position had not changed. Following discussion, the NLAG ARG Committee approved the NLAG Annual Accounts for 2024/25 for

submission to NHS England on 30 June 2025 on behalf of the NLAG Trust Board under formal delegated authority, subject to any final adjustments identified by the External Auditor's internal quality review currently taking place.

- c) **NLAG Audit Completion Report, Opinion, Letter of Representation & Draft Auditors Annual Report 2024/25** – the NLAG External Auditor gave an unmodified opinion on the 2024/25 annual accounts. The ARG CiC were advised of two adjusted misstatements and the reasons for these. There were no significant control weaknesses identified, however a limited number of recommendations were made with a view to improving processes and controls and these shall be monitored by the ARG CiC at future meetings to ensure that agreed actions are implemented. The NLAG External Auditor did not raise any significant weaknesses in respect of the Trust's value for money (VFM) arrangements, having had national conversations around Trusts financial positions and what constituted a significant weakness in their judgement. In response to a question from the Committee, Sumer provided details of what criteria was considered in this regard (e.g. size of deficit, reliance on deficit funding, CIP achievements and reporting and visibility). They had no other matters to bring to the Committee's attention. It was noted however that although they were in a position to give their opinion, they could not issue the Audit Certificate until the National Audit Office (NAO) completed their work. This was a national issue and therefore also applied to the HUTH Audit Certificate. The NLAG ARG Committee endorsed the signing of the Management Letter of Representation 2024/25.
- d) **NLAG Annual Governance Statement (AGS) 2024/25** – The NLAG ARG Committee received and approved the draft AGS, under delegated authority from the Trust Board, subject to some agreed minor adjustments.
- e) **NLAG Annual Internal Audit Report including Head of Internal Audit Opinion (HoIAO) 2024/25** – The NLAG ARG Committee received the final Annual Internal Audit Report and HoIAO, with the opinion remaining unchanged from the draft version received at the April 2025 meeting, namely a positive opinion *'Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.'*
- f) **NLAG Trust Annual Report 2024/25** – Approved, under delegated authority from the Trust Board, subject to final considerations before the required deadline (i.e. insertion of audited accounts, AGS, etc.).
- g) **HUTH Audited Annual Accounts 2024/25** – The HUTH draft accounts were previously reviewed in detail by the Committee at its April 2025 meeting. The Assistant Director of Finance – Planning and Control provided a written list of the limited number of changes made to the HUTH draft accounts, noting that the overall financial position had not changed. Following discussion, the Committee approved the HUTH Annual Accounts for 2024/25 for submission to NHS England on 30 June 2025 on behalf of the HUTH Trust Board under formal delegated authority, subject to any further minor changes prior to the issuing of the signed opinion by the External Auditor.

- h) **HUTH Audit Completion Report, Opinion, Letter of Representation & Draft Auditors Annual Report 2024/25** – the HUTH External Auditor gave an unqualified opinion, without modification, on the 2024/25 annual accounts. The HUTH ARG Committee was advised of two unadjusted and two adjusted misstatements (none material) and the reasons for these. There was one significant control deficiency identified, with a recommendation duly made and accepted by management, and this shall be monitored by the ARG CiC at future meetings to ensure that the agreed action is implemented. The HUTH External Auditor also raised two significant weaknesses in respect of the Trust's value for money (VFM) arrangements, with the first being the historical item relating to the outcome of the Care Quality Commission (CQC) Report in 2022. Their latest review concluded that whilst the Trust had made progress in implementing the CQC recommendations some actions remained in progress, and until the CQC returned to HUTH to perform a re-inspection they were unable to remove the item from their report. The new significant weakness related to the matter of financial sustainability and the issues that had led them to arrive at this conclusion (specifically HUTH's break even position which was reliant on non-recurrent funding, CIP delivery not being in line with plan and a greater reliance on non-recurrent savings) were discussed by the ARG CiC, noting that this conclusion had been agreed as a reporting matter by the Forvis Mazars internal consistency panel. The ARG CiC discussed why the same weakness had not been raised in the NLAG External Auditors report, and the Group Chief Financial Officer explained the rationale behind this with the aid of a powerpoint slide showing the Summary Financial Plan demonstrating the materially bigger numbers for HUTH than at NLAG. The ARG CiC confirmed that they were able to see how the two independent External Auditors had arrived at their judgements for each Trust. It was commented however that it was a Group issue, not just a HUTH issue, and it was important to keep a focus on both Trusts during the year. The HUTH ARG Committee endorsed the signing of the Management Letter of Representation 2024/25.
- i) **HUTH Annual Governance Statement (AGS) 2024/25** – The HUTH ARG Committee received and approved the draft AGS, under delegated authority from the Trust Board, subject to some agreed minor adjustments.
- j) **HUTH Annual Internal Audit Report including Head of Internal Audit Opinion (HoIAO) 2024/25** – The HUTH ARG Committee received the draft Annual Internal Audit Report (pending the finalisation of the HUTH DSPT report) and HoIAO, with the opinion remaining unchanged from the draft version received at the April 2025 meeting, namely an above the line opinion *'The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.'* It was noted that where the opinion was below the line for individual audits, it had been positive to see improvements being made to address those areas. As a result, these improvements had informed the decision on the overall opinion given by the Head of Internal Audit. The ARG CiC recognised that there was more to do to ensure that internal audit actions were implemented to further improve governance, etc. as a priority matter.

- k) **HUTH Trust Annual Report 2024/25** – Approved, under delegated authority from the Trust Board, subject to some proposed amendments received prior to, and during, the meeting.
- l) **Draft Group Internal Audit Plan 2025/26** – KPMG presented the final draft Group Internal Plan, advising that the items in it had been discussed with Executives at meetings of the Group Executive Risk and Assurance Committee (GERAC), having also been received as an early draft at the April 2025 ARG CiC meeting. The ARG CiC approved the plan.
- m) **Audit, Risk and Governance Committees-in-Common Annual Report to the Trust Boards-in-Common 2024/25** - The ARG CiC reviewed and approved its annual report, which outlines its oversight activities in the previous twelve months for note to the Trust Boards-in-Common and the NLAG Council of Governors. This is submitted to the Boards-in-Common as a separate item for information.
- n) **Thanks to Finance Teams and External Auditors** – The ARG CiC placed on record its thanks to the Finance teams for their hard work in producing the 2024/25 accounts, which were echoed by the External Auditors at both Trusts. The ARG CiC also thanked Sumer and Forvis Mazars for their work on the Trusts financial statements and associated year end documents, ensuring that the Trusts were on track to submit by the national deadline of 30 June 2025.
- o) **Thanks to Internal Auditors** – It was noted that this would be the last meeting for both Audit Yorkshire (NLAG) and RSM (HUTH) following the end of their contracts with the Group organisations, and they were formally thanked for their service by the ARG CiC.

4.0 Matters on which the committees have requested additional assurance:

- 4.1 There were no specific matters discussed during this meeting that required additional assurance. Recommendations made by both Trust's External Auditors as part of their year-end work will however be followed up by the ARG CiC at future meetings.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

- 5.1.1 The Board Assurance Framework (BAF) was not scheduled for this meeting, which was primarily for dealing with the Trusts annual accounts and associated year end reports.

6.0 Trust Board Action Required

- 6.1 The Trust Boards are asked to:

- Note the highlight report from the ARG CiC.

Jane Hawcard
HUTH ARG CiC Chair / NED
20 June 2025

Simon Parkes
NLAG ARG CiC Chair / NED

Committees-in-Common Highlight / Escalation Report to the Trust Boards

Report for meeting of the Trust Boards to be held on:	14 August 2025 – Public
Report from:	Audit, Risk and Governance Committees-in-Common
Report from meeting(s) held on:	31 July 2025
Quoracy requirements met:	Yes

1.0 Purpose of the report

- 1.1 This report sets out the items of business considered by the Audit, Risk and Governance Committees-in-Common (ARG CiC) at their meeting held on 31 July 2025 including those matters which the Committees specifically wish to escalate to either or both Trust Boards.

2.0 Matters considered by the committees

- 2.1 The ARG CiC considered the following items of business:

- NLAG & HUTH Final Auditors Annual Reports 2024/25
- NLAG and HUTH External Auditor Recommendations – Status Updates
- HUTH Additional Audit Fees 2024/25
- Group Internal Audit Progress Report 2025/26
- IA Report Recommendation Updates on HUTH Inventory Management / Care Group Governance / Risk Management and Board Assurance Framework (BAF)
- Group LCFS Update
- Group EPRR Highlight Report
- Group Board Assurance Framework
- Group Risk Register
- Annual Review of Risk Management Strategy
- Daisy Appeal Governance Arrangements
- Review of Legal Fees and External Consultancy Fees – Group
- Annual Claims Report 2024/25
- Well Led Assessment Plan
- Triangulation of Information between Committees and the Boards
- Group EPR Asset Accounting
- Group Document Control Policy
- NLAG Salary Overpayment and Underpayment Policies

*[*Items marked with an asterisk are on the boards' agenda as a standalone item in accordance with the board reporting framework – as applicable]*

3.0 Matters for reporting / escalation to the Trust Boards

3.1 The ARG CiC agreed the following matters for reporting / escalation to the Trust Boards:

- a) **HUTH Auditors Annual Report 2024/25 – Final Version** - The HUTH External Auditor raised two significant weaknesses in respect of the Trust's value for money (VFM) arrangements, with the first being the historical 2022 item relating to the outcome of the Care Quality Commission (CQC) Report. The new significant weakness related to the matter of financial sustainability. These items are referred to in more detail in the June 2025 Highlight Report to the Boards-in-Common.
- b) **Group Internal Audit Progress Report 2025/26** – a positive update was received from KPMG, noting their current position with agreed internal audits. All open legacy recommendations have been loaded into Jira (the electronic tracker system operated by KPMG) and training is to be given on the new system following which it will become fully operational. The Group will submit action items for closure but these will not be closed off until KPMG have confirmed their agreement to close based on information and evidence provided by the Group. The ARG CiC discussed cleansing legacy actions, particularly low priority actions and endorsed this course of action. In a similar vein, the Group Director of Assurance referred to the high number of actions (circa 60) resulting from external bodies (e.g. Network groups). The ARG CiC suggested that a similar approach should be adopted to these actions, on the basis of determining whether those circa 60 actions would help the Group achieve their priority strategic objectives and to focus only on the ones that would in this year, and 'park' the other issues for a time when performance on key metrics and issues had improvement. Such actions would need agreement of Executive Directors to be 'parked'.
- c) **HUTH Inventory Management IA Report – Status of Management Actions** – the ARG CiC received the update showing that seven of the nine actions had been implemented. The Group Chief Financial Officer reminded the ARG CiC that the audit had resulted in a bigger piece of work on stock management and scan4safety systems (and thereby expenditure management) and therefore the remaining action would be subsumed into that bigger piece of work (in line with the discussion at item b above).
- d) **Group Governance Arrangements IA Report and Recommendations** - Progress was received from the Group Director of Assurance that the Executive have signed off a set of clear governance processes for Care Groups to follow and implement to ensure consistency of approach and ultimately improved performance against agreed actions.
- e) **Getting the Basics Right** – the ARG CiC have received a considerable number of internal audit reports where the issues raised are considered 'basic' in terms of governance, controls, documentation, policy review dates and meeting agreed deadlines for action. It has been a constant theme of recommendations that staff need to focus on these basic issues and ensure that they are given attention to ensure basic and fundamental controls are in place. The ARG CiC would welcome Executive communications across the Group on 'getting the basis right' that are clear on what the 'basics' are.

- f) **Group Risk Register** – the ARG CiC noted that while progress has been made in terms of ensuring that risks are visible and being managed across the Group a number of ‘high’ level risks were still not always reviewed within agreed timescales. The Group Director of Assurance and Group Chief Nurse are working hard with Care Groups to resolve these issues. It was also noted that Corporate Services would also be meeting with Executives to ensure that risks within them were also being identified and managed as per the Risk Management Policy.
- g) **Well Led Assessment** – The ARG CiC queried the current capacity within the Group to give sufficient time to such an assessment given the priorities to improve performance and deliver the CIP programme was paramount for this year. The ARG CiC suggested that through delivery of the agreed internal and external audit recommendations that governance and internal controls should be improved and that by the delivery of the CQC recommendations and actions plans and performance improvement plans then the ‘well led’ criteria would be met/improved. The ARG CiC were concerned that an assessment as per the timetable presented to the ARG CiC would take focus and capacity from delivery of action plans that were already agreed.

4.0 Matters on which the committees have requested additional assurance:

- 4.1 The ARG CiC requested that, as the next scheduled meeting of the ARG CiC is not until November 2025, the draft Group Risk Management Strategy is circulated virtually by the Group Director of Assurance for review and comment by ARG CiC members before the final draft is produced for approval.

5.0 Confirm or challenge of the Board Assurance Frameworks (BAFs):

- 5.1 The ARG CiC received its routine item on the Board Assurance Framework (BAF) and the Group Director of Assurance informed the Committees of the next steps in aligning the BAF to the new Group strategic risks. It was highlighted that the Group Executives were fully signed up to the updates on risks, and control ratings had been updated. The Group Director of Assurance advised that a longer piece of work was around the alignment of the assurance ratings that all of the CiCs provide were to be fed into the BAF, noting that this required some further work in the background to support the CiC’s but advising that this was on track to be done this year. It was acknowledged that action to address internal audit recommendations regarding the BAF were progressing well.

6.0 Trust Board Action Required

- 6.1 The Trust Boards are asked to note the highlight report from the Audit, Risk and Governance Committees-in-Common

Jane Hawcard
HUTH ARG CiC Chair / NED
31 July 2025

Simon Parkes
NLAG ARG CiC Chair / NED

Council of Governors Business Meeting

Agenda Item No: CoG(25)071

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	21 August 2025	
Director Lead	Gill Ponder, Helen Wright, Chairs of CIC	
Contact Officer/Author	Gill Ponder, Helen Wright, Chairs of CIC	
Title of the Report	Capital and Major Projects CIC Highlight / Escalation Report	
Executive Summary	<p>This report sets out the items of business considered by the Capital and Major Projects Committees-in-Common at their meeting(s) held on Wednesday 18 June 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</p> <p>The Council of Governors are asked to note the issues highlighted in the report.</p>	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	Boards-in-Common	
Financial implication(s) (if applicable)	Any financial implications are included in the report	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

CiC ESCALATION REPORT



Humber Health Partnership

Capital and Major Projects Committees in Common – 18 June 2025

1. Matters for Reporting

CDC Update. The team was working through the 15% reduction in the budget. A lessons learned report was requested by the CIC and this would be presented at the October 2025 meeting. The CIC noted the change in use of the CDCs and recognised that it was important to maximise capacity and income rather than just relying on primary care referrals. The CIC noted the change to the statement of comprehensive income, which was behind plan due to referral volumes, workforce and equipment issues. **Reasonable** assurance was agreed.

From the **PMO update** provided, it was agreed that Transformation requires time on the Boards-in-Common agenda and that we need to lead by example with regards making changes to how we operate.

2. Positive assurances

The **Digital Strategy** and planned delivery received . The CIC gave **significant** assurance due to the grip and control being displayed.

3. Matters on which the committees have requested additional assurance

The CIC gave **limited** assurance and requested further work regarding risk mitigation to be included in the **Risk Register Report**.

4. Decisions made

5. Escalation to Trust Boards

As part of the BAF discussion, the CIC agreed that the strengthening of **Partnership working** was key and incorporating discussions at the Boards in Common would be welcome.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework	-	-	Assurance	n/a
2	Risk Register Report Q4	-	-	Assurance	● Limited
3	HASR Update	5	12	Assurance	● Reasonable
4	CDC Update	5	12	Assurance	● Reasonable
5	PMO Update	8	16	Assurance	● Reasonable
6	Post Capital Project Evaluation NHSE Process	8	16	Assurance	n/a
7	Post strategic programme completion benefit realisation review	8	16	Approval	n/a
8	Digital Strategy	4	12	Assurance	● Significant
9	Digital Plan Delivery	4	12	Approval	● Significant

6. Comments on the effectiveness of the meeting

Members welcomed the discussion held in accordance with the Group’s values.

7. Escalation to CiCs

No items identified

8. Attendance record – 2025/26

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Gill Ponder	Non-Executive Director (Chair)	Y		Y									
Helen Wright	Non-Executive Director (Chair)	Y		Y									
David Sharif	Group Director of Assurance	Y		Y									
Emma Sayner	Group Chief Finance Officer	Y		Y									
Sarah Tedford	Group Chief Delivery Officer	Y		Y									
Ivan McConnell	Group Chief of Strategy and Partnerships	Y		Y									
Andy Haywood	Group Chief Digital Officer	Y		Y									
Tom Myers	Group Chief of Estates and Facilities	Y		Y									
Simon Parkes	Non-Executive Director	Y		Y									
Jane Hawkard	Non-Executive Director	Y		Y									

Council of Governors Business Meeting

Agenda Item No: CoG(25)072

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	21 August 2025
Director Lead	Gill Ponder, Helen Wright, Chairs of CIC
Contact Officer/Author	Gill Ponder, Helen Wright, Chairs of CIC
Title of the Report	Performance, Estates and Finance CIC Highlight / Escalation Report
Executive Summary	<p>This report sets out the items of business considered by the Performance, Estates and Finance Committees-in-Common at their meeting(s) held on Tuesday 1 July 2025 and Tuesday 5 August 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</p> <p>The Council of Governors are asked to note the issues highlighted in the reports.</p>
Background Information and/or Supporting Document(s) (if applicable)	N/A
Prior Approval Process	Boards-in-Common
Financial implication(s) (if applicable)	Any financial implications are included in the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>

CiC ESCALATION REPORT



Humber Health Partnership

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 1 July 2025

1. Matters for Reporting

The **Group finance** report noted a month 2 deficit position of £5.2m was in line with plan. The underlying deficit was £8.7m and the Cost Improvement Plan delivery was £10.7m in month 2, which was £5.4m behind plan. The Group continued with a break-even forecast for year-end but there was £12m risk being reported with an end-of-year underlying deficit forecast of £125m.

The CIC agreed **limited** assurance due to the underlying run-rate, the deficit position and the removal of the independent sector work. The CIC did acknowledge the amount of work and actions in place to address the issues but progress is not happening at sufficient pace and there appears to be limited consequences for non-delivery of CIP.

The CIC challenged the Exec to be bold and make some tough decisions including changing ways of working.

On **Performance**, the CIC agreed **limited** assurance noting some improvements for Urgent and Emergency Care, but that current performance levels are unacceptable and require further intervention. The Short Stay ward was now operational and the Group was undertaking a review of NCTR patients so that the wards could be emptied and closed.

The CIC received a presentation relating to **diagnostic imaging** and the demand and capacity issues of the newly opened Community Diagnostic Centres. The CiC understood the benefits to the patients but that enhanced communication was required to ensure patients were assured that the CDC imaging was of the same standard as in an Acute setting. Trajectories for achievement of the standards were required but would be planned around the RTT and Cancer trajectories once they were in place. **Limited** assurance was agreed by the CIC.

2. Positive assurances

The CIC gave **significant** assurance to the **Estates and Facilities and Premises Assurance Model** update due to the grip and control being displayed.

3. Matters on which the committees have requested additional assurance

The **Premises Assurance Model** submission was presented to the CIC for the North and South Banks. The CIC requested further assurance regarding fire safety and anti-ligature compliance.

4. Decisions made

The CIC were informed about the Boiler House tender and approved the approach of the Estates team managing the process going forward and reporting the results of the tender to the next CIC.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework (including Risk Register Report)	-	-	Assurance	n/a
2	Group Finance Report – Month 2	8	16	Assurance	● Limited
3	National Cost Collection	8	16	Assurance	● Limited
4	Integrated Performance Report	1	16	Assurance	● Limited
5	Finance Strategy Update	8	16	Assurance	● Limited
6	Estates and Facilities – General Update including Risks	4	12	Assurance	● Significant
7	Operational Performance Metrics	2	20	Approval	n/a
8	Deep Dive - Diagnostics	2	20	Assurance	● Limited
9	Premises Assurance Model	8	16	Approval	● Significant
10	Bed management system	2	20	Approval	n/a

CiC ESCALATION REPORT

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 1 August 2025

1. Matters for Reporting

The **Group finance** report noted a month 3 position of £2.9m adverse to plan for both the month and year to date. The year to date actual deficit was £10.2m, £2.9m adverse. The underlying deficit was £44.9m but this assumes that all CIP will be delivered recurrently. The Cost Improvement Plan delivery was £6.4m behind plan in month 3 with a further £12m savings still to be identified and £60.3m of the plan was still assessed as high risk. The CIC agreed **limited** assurance due to the month 3 and year to date positions being adverse to plan, the lack of improvement in the underlying run-rate and the risks remaining with delivery of the CIP plan and recurrent savings. The CIC did acknowledge the issues and focused work with Care Groups underway, but requested clarity on the timing of strategic decisions needed to deliver the plan for the year.

On **Performance**, the CIC agreed **limited** assurance noting some improvements for Urgent and Emergency Care as a result of recent work to improve flow, but that current performance levels were unacceptable and required further intervention to achieve pace in delivering essential improvements. The CIC noted that there was a focus on improvement trajectories and what was expected of teams and by when and increased transparency. The CIC also noted that the Group was in Tier 1 status for Cancer, Diagnostics, RTT and UEC performance.

2. Positive assurances

The CIC gave **significant** assurance to **Estates and Facilities** business as usual items, noted the scale of capital and sustainability works underway and recognised the ongoing catering losses and actions planned to address those.

3. Matters on which the committees have requested additional assurance

A deep dive was presented relating to UEC and although the CIC gave **limited** assurance it was noted that there was sustained improvement in ambulance handover times at HUTH and this was being replicated at NLAG.

The CIC requested further assurance regarding the Care Groups that had been placed into 'intensive support' and the plans in place to address the issues and improvement trajectories.

4. Decisions made

The CIC reviewed and approved the following contracts:

- **Radiology reporting – Endorsed for Boards-in-Common approval**
- **Energy Centre SGH – Phase 1 – Approved**
- **HRI Solar Car Park - Approved**

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	CQC Actions Report	-	-	Assurance	
2	Group Finance Report – Month 3	8	16	Assurance	● Limited
3	Transformation Programme Update			Assurance	● Limited
4	Integrated Performance Report	1	16	Assurance	● Limited
5	Deep Dive – Urgent Care	2	20	Assurance	● Limited
6	Estates and Facilities – General Update including Risks	4	12	Assurance	● Significant
7	Operational Performance Metrics	2	20	Assurance	● Limited
8	Contract Approvals	-	-	Approval	n/a
9	Managed Theatre Services at Castle Hill Catheterisation Labs	2	20	Information	n/a

5. Escalation to Trust Boards

It is recommended that **CIP progress and run rates** be scrutinised at Board given lack of assurance provided by the CiC.

6. Comments on the effectiveness of the meeting

Members welcomed the discussion held in accordance with the Group's values.

7. Escalation to CiCs

The July CIC discussed annual leave and the impact on bank and agency requests, particularly in holiday periods. The CIC agreed to refer this item to the Workforce, Education and Culture Committees-in-Common for further scrutiny.

Continued.....Escalation to CiCs

The July CIC referred the Undergraduate income report back to the Workforce, Education and Culture Committees-in-Common for further discussion around where the funding is allocated.

8. Attendance record

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Gill Ponder	NED (Chair)	✓	✓	✓	x	✓							
Helen Wright	NED (Chair)	✓	✓	✓	✓	✓							
David Sharif	Group Director of Assurance	✓	✓	RT	✓	✓							
Emma Sayner	Group Chief Finance Officer	✓	✓	✓	✓	✓							
Sarah Tedford	Group Chief Delivery Officer	✓	✓	AS	✓	✓							
Philippa Russell	Deputy Chief Finance Officer	✓	✓	✓	✓	✓							
Andy Haywood	Director of Performance	-	-	-	✓	x							
Tom Myers	Group Chief of Estates and Facilities	✓	✓	✓	✓	✓							
Simon Parkes	Non Executive Director	✓	✓	✓	✓	✓							
Jane Hawcard	Non Executive Director	✓	✓	✓	✓	✓							
Kate Wood	Group Chief Medical Officer	✓	✓	✓	✓	✓							

Council of Governors Business Meeting

Agenda Item No: CoG(25)073

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	21 August 2025	
Director Lead	Sue Liburd, Non-Executive Director and Chair of the Quality and Safety Committees-in-Common (CIC)	
Contact Officer/Author	Sue Liburd, Non-Executive Director and Chairs of the Quality and Safety Committees-in-Common (CIC)	
Title of the Report	Quality and Safety Committees-in-Common Highlight and Escalation Report	
Executive Summary	<p>The attached report for the Council of Governors, provides an update on the work of the Quality and Safety Committees-in-Common held on 26 June and 24 July 2025.</p> <p>The Council of Governors are asked to note the issues and items highlighted in item 3.</p>	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – Detail below: </div> </div>	

Committees-in-Common Highlight Report to the Council of Governors

Report for meeting of the Council of Governors:	21 August 2025
Report from:	Quality and Safety Committees in Common
Report from meeting(s) held on:	26 June and 24 July 2025
Quoracy requirements met:	Yes

1.0 Purpose of the report

- 1.1** This report sets out the items of business considered by the Quality and Safety Committees-in-Common (CIC) at their meeting(s) held on 26 June and 24 July 2025 and those matters which the committees specifically wish to highlight to the Council of Governors.

2.0 Matters considered by the Committees in Common

2.1 26 June 2025

The committees considered the following items of business:

- Operational pressures.
- Board Assurance Framework.
- Risk Register Report
- Maternity & Neonatal Assurance Report.
- Research, Innovation & Development
- Deep Dive: Cancer waiting times
- Learning from deaths.
- Never events – Emerging concerns.
- Integrated Performance Review (IPR)
- Patient Safety Incident Response Framework (PSIRF) Learning Response.
- Patient Representation.

2.2 24 July 2025

- Operational pressures.
- CPE update.
- Board Assurance Framework.
- Risk Register Report (Q1).
- CQC Action Plan
- Maternity & Neonatal Assurance Report.
- Establishment Review Safer Staffing.
- Integrated Performance Review (IPR).
- Deep Dive – Medicines Safety.
- Clinical strategy.
- Operational Flow – HUTH.
- Deep Dive – Elective Waiting Harm Reviews.
- Annual Reports Approval:
 - Medicines Optimisation Annual Report.
 - HUTH Controlled Drugs Annual Report 2024.
 - Organ Donation Annual Report.
 - Legal Service Annual Report.
 - Infection Control Annual Report & Workplan.
 - Annual PROMs Report.

3.0 Matters for reporting / escalation to the Council of Governors

The committees agreed the following matters for reporting to the Council of Governors:

26 June 2025:

3.1 The NLAG Consultant dispute

The dispute was ongoing, with Consultants, the LMC and NLaG working to resolve this. During the dispute, attention has been given to ensuring patient safety, and there have been no reports of issues related to emergency care delivery. However, cancer and planned elective care performance has been affected by the absence of waiting list initiatives. During the dispute, critical care in NLAG has been managed, with continuous access to a critical care consultant at HUTH being made available to provide support and advice as needed.

3.2 Infection Prevention and Control

The CIC raised concerns regarding infection prevention control performance and the future impact on patients. The active outbreak of Carbapenemase-Producing Enterobacterales (CPE) remains in DPoW and SGH and a Board briefing was suggested if CPE continues to escalate.

3.3 Never Events

The CIC received a report highlighting the Never Events occurring over the past year and the status of their management and the safety actions in place. The CIC noted there is no discernable pattern or trends. A Task and Finish group has been established, and the CIC will receive an update in three months.

3.4 Board Assurance Framework (BAF):

- The BAF report focused on an overview of the risks related to patient objectives. It was agreed that future reporting would focus on risks with a score of 20+ to be reviewed monthly and those rated 15 + to be reviewed quarterly. Risk mitigations are also to be better articulated.
- The adequacy of patient information and communications was examined. Governors identified this matter for further review, and a briefing was scheduled for 12 August 2025 with the NLaG Committee Chair to attend.

24 July 2025:

3.5 Resident Doctors Industrial Action

The CIC received an update on the preparation for the national resident doctors dispute 25 July – 30 July. Noting there would be delays in planned care that could potentially lead to harm.

3.6 Infection Prevention and Control

- The active outbreak of CPE remains in DPoW and SGH was showing a slightly improving position. The new cases that had been identified had been detected via a mix of: general admission screening, patient readmissions having previously been positive and some hospital transmission. Containment actions continue.
- MRSA and CDifficile rates were raised as a concern, and a deep dive has been requested.

3.7 Harms Review

The Group Chief Delivery Officer presented an overview of the Harm Review process and the governance around patients waiting more than 78 weeks for treatment. The policy is being standardised across the Group. The committee has requested regular progress reports. The group remains a negative national outlier for cancer.

3.8 Annual Reports

The CIC received and recommended for Board Approval:

- Organ Donation.
- Legal services.
- Patient Reported Outcome Measures (PROMs) – Measuring the quality of care delivered to patients undergoing elective inpatient hip and knee replacement from the patient's perspective.

4.0 Matters on which the committees have requested additional assurance:

4.1 The committees requested additional assurance on the following items of business:

- CQC Outstanding actions – progression against a number of actions have not demonstrated a satisfactory level of progression as would be expected.

5.0 Council of Governors Actions Required

5.1 The Council of Governors is asked to:

- Note the reporting in item 3.

**Sue Liburd
Non-Executive Director
14 August 2025**

Council of Governors Business Meeting

Agenda Item No: CoG(25)074

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	21 August 2025	
Director Lead	Tony Curry, Julie Beilby, Chairs of CiC	
Contact Officer/Author	Tony Curry, Julie Beilby, Chairs of CiC	
Title of the Report	Workforce, Education & Culture CiC Highlight / Escalation Report	
Executive Summary	<p>This report sets out the items of business considered by the Workforce, Education & Culture Committees-in-Common at their meeting(s) held on Wednesday 25 June 2025 and Wednesday 23 July 2025 including those matters which the committees specifically wish to escalate to either or both Trust Boards.</p> <p>The Council of Governors are asked to note the issues highlighted in the reports.</p>	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	Boards-in-Common	
Financial implication(s) (if applicable)	Any financial implications are included in the report	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance </div> <div> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </div> </div>	

CiC ESCALATION REPORT



WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 25 June 2025

1. Matters for Reporting

Undergraduate Medical Education NLAG. The majority (90%) of students were from HYMS and a survey had been carried out regarding whether students would recommend the education setting to their colleagues and the results were 99%. There was an issue around Teaching Fellow's capacity and a business case was in development to address this. The CIC raised the same issue relating to funding flows for NLAG as they had for HUTH. **Reasonable** assurance was agreed for the work being carried out with student visibility and experience.

2. Positive assurances

The CIC received the **People Strategy** quarterly update containing delivery under each of the five strategic themes. The CiC noted that the outcome measures from the quarterly pulse and annual staff surveys, as well as the workforce IPR, would evidence progress. Work ongoing included specialty workforce planning, reducing agency spend, the development of power apps to assist workforce systems, leadership programmes and cultural change.

In line with the strategy there is now a Health and Wellbeing manager in place across the group. The CIC discussed how the report could be improved to state what was to be delivered and what has been delivered. **Reasonable** assurance was agreed due to the activity regarding the amount and breadth of activity being carried out.

3. Matters on which the committees have requested additional assurance

A standard approach to strategy updates will be developed including risks and assurance as to whether the Group was achieving all its strategic actions.

4. Decisions made

The Modern Slavery Statement was presented to the CIC. The final version would be presented to the July WECC CIC for recommendation to the Boards-in-Common in August.

5. Escalation to Trust Boards

The Chief Medical Officer advised that following the very poor early results from the National Education and Training Survey for NLAG, work was ongoing with Dr Nick Cross to meet with resident doctors and registrars to review workloads, rota management and teamwork issues.

5. Escalation to Trust Boards cont

A 6-week improvement plan had been developed and the Medical Education team was leading its implementation. This plan included facilitated learning sessions, where doctors could share experiences and propose solutions to problems. Guidelines were being re-set to ensure all doctors understood what was expected of them. A similar piece of work was being carried out on the North Bank to harmonise working practices across the Group.

The Chief People Officer updated the CIC regarding the Band 2 and 3 Healthcare Support Workers and advised that an offer had been agreed relating to back pay and leavers and that staff would move to band 3, effective from 1.10.25. The number of Band 2 staff affected across the group was c1,500 plus bank staff. A review of Band 5 and 6 had commenced and work was ongoing with partner organisations to try and ensure that amended job descriptions were consistent and fair across the integrated care system.

The Chief Medical Officer reported that the NLAG pay dispute was now being supported by ACAS and a proposal had been presented to the consultants for review. A response to the proposal was expected in the next couple of weeks.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	People Strategy Q1 - Delivery	1	20	Assurance	● Reasonable
2	Modern Slavery Statement	1	20	Approval	n/a
3	Undergraduate Medical Education 6 monthly – HUTH	1	20	Assurance	● Reasonable
4	Undergraduate Medical Education 6 monthly - NLAG	1	20	Assurance	● Reasonable
5	Update on NLAG Resident Doctors satisfaction and safety issues raised	1	20	Assurance	n/a

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 23 July 2025

1. Matters for Reporting

Annual leave – the CIC noted the impact on performance and services. HUTH and NLaG had policies setting out the framework regarding annual leave, minimum standards and service provision. Site Medical Directors were working with Chiefs of Service and Clinical leads to ensure the policies were being adhered too.

Integrated Performance Report - the reduction required in Agency staffing was highlighted. The Workforce Transformation team were working with Site Teams and Care Groups to manage rotas, reduce rates and recruit to vacancies to achieve the 30% reduction in agency usage.

BAME - work is ongoing to manage any gaps in recruitment, promotion and reasons for leaving.

Medical Revalidation - Although HUTH was non-compliant with the number of appraisers available to perform medical appraisals there was a funded plan in place following business case approval.. HUTH was given **limited** assurance by the CIC and NLAG received **reasonable** assurance due to the performance shown in the report.

2. Positive assurances

The HUTH/NLAG Freedom to Speak Up reports were presented and the CIC were **significantly** assured regarding the processes and grip and control in place.

3. Matters on which the committees have requested additional assurance

There had been a number of issues regarding the administration and oversight of **Job Planning** and the split between North and South processes had impacted on progress. Monthly reports to the CIC should now start to show improvements and the target is to deliver 90% completion by 31 October 2025. The CIC expressed concern on the lack of progress but welcomed the opportunity to robustly scrutinise performance going forwards on a monthly basis. The CIC were informed that it may take up to 18 months to implement a harmonised job planning model and that the current efforts are focused on creating a baseline.

4. Decisions made

The **Modern Slavery statement** was endorsed by the CIC and would be presented to the August Boards-in-Common for approval.

5. Escalation to Trust Boards

Resident Doctor impending strike action - some elective activity would be stood down and this would impact on some patients waiting for planned care procedures, but priority for cover was for emergency and cancer work.

5. Escalation to Trust Boards cont

HUTH/NLAG **CQC outstanding actions** report - a number of task and finish groups had been established to address the outstanding issues including those relating to statutory and mandatory training. These meetings were being chaired by the North and South Medical Directors. The CIC expressed concern regarding the length of time it was taking to clear the red actions but commended the new task and finish groups. The CiC requested a further report regarding the locally mandated training as opposed to mandatory training. The CIC were not assured in terms of medical staff compliance until the detailed plans from the task and finish groups were seen.

The CIC received reports regarding the current **Nursing and Midwifery** establishment and one detailing further investment required to address safer staffing. The Nursing and Midwifery investment report would be presented to the Boards-in-Common in August 2025. The Midwifery investment was required to ensure CNST MIS year 7 compliance. The CIC expressed concern regarding the affordability of these reports given the fixed financial envelope and noted that this would be a substantial item for the Board to discuss within this context. The CIC also requested that a high-level Medical establishment report be developed in 2025.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	CQC Actions Progress	1	20	Assurance	Not Assured
2	Group Registered Nursing and Midwifery Staffing	1	20	Assurance	● Reasonable
3	Workforce Integrated Performance Report	1	20	Assurance	n/a
4	HUTH/NLAG Freedom to Speak Up Report	1	20	Assurance	● Significant
5	Modern Slavery Statement	1	20	Approval	n/a
6	Staff on Staff Assaults	1	20	Assurance	● Reasonable
7	HUTH/NLAG Revalidation / Responsible Officer Report	1	20	Approval	HUTH ● Limited NLAG ● Reasonable

6. Comments on the effectiveness of the meeting

Members welcomed the discussion held in accordance with the Group's values.

7. Escalation to CiCs

Undergraduate Medical Education HUTH - Work was ongoing to harmonise practices across the Group and students were developing multi-disciplinary teams to review each-others practices and to share opportunities. There were Tariff challenges due to understaffing and there were concerns raised that students were not getting funding where it was required. This matter was referred to the Performance, Estates and Finance CIC for further review. **Reasonable** assurance was agreed for the work being carried out with student visibility and experience.

8. Attendance record

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Julie Beilby	Non-Executive Director (NLAG) Chair	✓	✓	✓	✓								
Tony Curry	Non-Executive Director (HUTH) Chair	x	✓	MMc	✓								
Simon Nearney	Group Chief People Officer	✓	✓	✓	✓								
Amanda Stanford	Group Chief Nurse	✓	HMc	HMc	HMc								
Kate Wood	Group Chief Medical Officer	✓	PS	✓	✓								
David Sulch	Non-Executive Director (HUTH)	x	✓	✓	✓								
Sue Liburd	Non-Executive Director (NLAG)	x	✓	✓	✓								
Laura Treadgold	Non-Executive Director (HUTH)	✓	✓	✓	✓								
David Sharif	Group Director of Assurance	✓	✓	✓	✓								

Council of Governors Business Meeting

Agenda Item No: CoG(25)075

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	21 August 2025
Director Lead	Simon Parkes – Chair of Audit, Risk and Governance Committee / Non-Executive Director
Contact Officer/Author	Simon Parkes / Jane Hawkard – Chair of HUTH Audit , Risk and Governance Committee / Non-Executive Director
Title of the Report	Audit, Risk and Governance Committees-in-Common Annual Report to the Trust Boards-in-Common 2024/25
Executive Summary	<p>The attached report summarises the Audit, Risk and Governance Committees-in-Common (ARG CiC) key work during the past year, providing assurance as to how it has discharged its duties.</p> <p>The two Committees of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) commenced meeting simultaneously from January 2024 having developed aligned Membership and Terms of Reference (ToR) documents and an aligned annual work plan. Key points to note from 2024/25 are:</p> <ul style="list-style-type: none"> • The ARG CiC was quorate for all meetings during the year with excellent attendance by members and regular attendees. • The annual self-assessment exercise undertaken in January 2025, using the latest Healthcare Financial Management Association (HFMA) NHS Audit Committee Handbook (2024) did not identify any gaps in the ARG CiC's processes. The ARG CiC ToR were last approved by the Trust Boards-in-Common in February 2025. • The Committees actively reviewed all key year-end financial statements and associated reports (draft annual accounts, audited accounts, annual governance statement, head of internal audit opinion, external audit completion report and auditors annual report, etc.). • A positive Head of Internal Audit Opinion was received for both organisations. • Internal Audit recommendations are monitored by the ARG CiC with the receipt of an overdue recommendations report at each meeting of the Committee. An improved position was seen during the year – at the time of producing this report the number overdue stood at two for each Trust. The Committees will continue to closely monitor the position with implementing recommendations resulting from Internal Audit work. • A new Group Internal Audit service provider was appointed following a competitive tendering exercise. KPMG commenced on 1 April 2025. <p>The ARG CiC will continuously assess its effectiveness to operate as a committee-in-common over the coming year for the benefit of the group – NHS Humber Health Partnership.</p> <p>The Council of Governors is asked to note the contents of the 2024/25 ARG CiC Annual Report.</p>

Background Information and/or Supporting Document(s) (if applicable)	HFMA NHS Audit Committee Handbook 2024	
Prior Approval Process	ARG CiC meeting on 20 June 2025	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below: </div>	

AUDIT, RISK AND GOVERNANCE COMMITTEES-IN-COMMON (ARG CiC)

ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2025

Simon Parkes
Non-Executive Director
Chair of NLAG ARG CiC

Jane Hawcard
Non-Executive Director
Chair of HUTH ARG CiC

20 June 2025

**Audit, Risk and Governance Committees-in-Common Annual Report
for the year ended 31 March 2025**

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1. Introduction and Purpose of the Report

Following agreement by the Trust Boards of Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) and Hull University Teaching Hospitals NHS Trust (HUTH) to move to a group model and aligned governance and decision making through a committees-in-common approach, the NLAG Audit, Risk and Governance Committee commenced meeting simultaneously with the HUTH Audit Committee from January 2024, but remain separately constituted committees. The two committees are known as the Audit, Risk and Governance Committees-in-Common (ARG CiC).

The Audit, Risk and Governance Committees-in-Common are established under Trust Board delegation with approved terms of reference that are aligned with the latest NHS Audit Committee Handbook (2024), as published by the Healthcare Financial Management Association (HFMA).

The Audit, Risk and Governance Committees-in-Common independently reviews, monitors and reports to the Trust Boards-in-Common on the effectiveness of control systems and financial reporting processes.

This report sets out how the ARG CiC satisfied their terms of reference during 2024/25 and provides the Trust Boards-in-Common with assurance to underpin its responsibilities for the Annual Governance Statement (AGS) for each organisation. It is anticipated that this report will be submitted to the August 2025 Trust Boards-in-Common meeting.

2. Terms of Reference and Annual Work Plan

The Membership and Terms of Reference for the ARG CiC are subject to regular review and revision as necessary. As a result of the move to a committees-in-common approach, aligned Membership and Terms of Reference documents were designed, as well as an aligned annual workplan, and these were initially approved by the Trust Boards in December 2023. Minor revisions have been made to the ARG CiC Membership and Terms of Reference since that time, including amendments following the publication of the latest version of the NHS Audit Committee Handbook in March 2024. The latest amendments were approved by the Trust Boards-in-Common in February 2025.

As part of each Committee's regular review of its own governance arrangements, they once again undertook a self-assessment exercise in January 2025 using the 2024 HFMA NHS Audit Committee Handbook self-assessment checklist, which included eight new questions. The self-assessment was done as a combined ARG CiC exercise, and it did not identify any gaps in the ARG CiC processes or Terms of Reference. The results of this latest exercise were submitted to the Trust Boards-in-Common for information in February 2025.

3. Membership and Attendance

The ARG CiC consists of three Non-Executive Directors (NEDs) from each Trust, of which two from each Trust must be present at a meeting of the ARG CiC for it to be quorate. The NLAG Audit, Risk and Governance Committee has been chaired by Simon Parkes, NED, since October 2021. The HUTH Audit Committee has been chaired by Jane Hawkard, NED, since October 2023.

NLAG NED members throughout the year were Gill Ponder, Kate Truscott (to August 2024) and Julie Beilby (from January 2025). HUTH NED members were Mike Robson (to April 2024), Tony Curry and Helen Wright (from June 2024). There is also cross NED membership with other Trust Board sub-committees-in-common.

The ARG CiC operates a hybrid approach to meetings, with ARG CiC members and Trust officers in attendance in person in the meeting room whilst auditors and other ad-hoc attendees generally dial in to the meeting via MS Teams to ensure efficient use of their time.

The ARG CiC met simultaneously on four occasions during 2024/25 - plus an additional meeting in June 2024 for the HUTH ARG members only, for the HUTH 2023/24 audited accounts and reports to be received and signed off on behalf of the HUTH Trust Board under formal delegated authority, and in August 2024 for the NLAG ARG members only, for the NLAG 2023/24 audited accounts and reports to be received and recommend their adoption to the August 2024 NLAG Trust Board.

The ARG CiC discharged its responsibilities for scrutinising risks and controls that affect all aspects of the Group's business.

A record of attendance by ARG CiC members, regular and ad-hoc attendees is provided at **Appendix 1 (NLAG) and Appendix 2 (HUTH)**. The records continue to show excellent attendance from both core members and regular attendees, with a good cross section of other Group officers attending on an ad-hoc basis to provide assurance to the ARG CiC on various matters as and when necessary.

4. Principal Review Areas

4.1 Governance, Risk Management and Internal Control

During 2024/25 the ARG CiC reviewed relevant disclosure statements for both Trusts, in particular the Annual Governance Statement (AGS), the Head of Internal Audit Opinion (HoIAO) and External Audit opinions for 2023/24.

As previously reported, as a result of difficulties experienced in appointing an External Auditor at NLAG the 2023/24 annual accounts and report process was not completed until August 2024, following agreement of revised submission dates for NLAG with NHS England (NHSE) for 2022/23 (December 2023) and 2023/24 (August 2024). Normal national deadlines recommence however for submission of the NLAG 2024/25 audited accounts. Further details on this can be found in section 4.5 of this report.

In terms of the 2024/25 year end documents, the ARG CiC reviewed the NLAG and HUTH draft accounts, AGS and HoIAO at its April 2025 meeting, and the audited accounts and final versions of the AGS and HoIAO at its June 2025 meeting.

The ARG CiC received routine reports during the year (October 2024 and January 2025) on the Trust's Board Assurance Framework and Strategic Risk Register. The Committee also reviewed and commented on certain risks and their associated scores contained within it. At its July 2024 meeting, it also received items on the 'Annual Review of Adequacy & Effectiveness of System for Devising and Monitoring the Board Assurance Framework – Group', the 'Annual Review of Adequacy & Effectiveness of System for the Management and Monitoring of Risk – Group' and also the 'Annual Review of the Trust's Risk Management Strategy'.

4.2 Internal Audit – 2024/25

The NLAG internal audit service was provided during 2024/25 by Audit Yorkshire, who originally commenced in June 2018 and were reappointed in June 2022 following a further competitive procurement exercise. An agreed Internal Audit Charter has been in place with Audit Yorkshire.

Audit, Risk and Governance Committees-in-Common Annual Report for the year ended 31 March 2025

The HUTH Internal Audit service was provided during 2024/25 by RSM, who originally commenced in April 2019 and were successful in being awarded a new two year contract in April 2023.

The ARG CiC received the Annual Internal Audit Reports for 2023/24 from the HUTH Internal Auditors at its July 2024 meeting and from the NLAG Internal Auditors at its August 2024 meeting.

Following the formation of the Group, the two Internal Auditors were asked to formulate a Group Internal Audit plan as far as possible, using the allotted 400 days (200 for each organisation). Audit Yorkshire and RSM duly worked together to devise an appropriate Group Internal Audit Plan for 2024/25, with a number of audits to be undertaken jointly at both Trusts, working to one agreed scope and producing a single audit report where possible. Following working discussions around a draft plan with the Group Executive Cabinet, the Group plan was considered and approved at the April 2024 meeting of the ARG CiC.

As in previous years, the ARG CiC sought to work effectively with Internal Audit throughout the year to review, assess and develop internal control processes as necessary. The ARG CiC reviewed progress against the agreed Group Internal Audit plan for 2024/25 via routine combined written progress reports from its Internal Auditors at each meeting, at which an Internal Audit representative from Audit Yorkshire and RSM was always present. Written progress reports outline the status of the planned audit work for the year and the outcome of individual reviews performed, along with associated recommendations / managements actions where appropriate.

During 2024/25 Internal Audit completed 21 reviews. Assurance ratings, as to the adequacy and effectiveness of control arrangements in place were as follows:

- 0 reviews with **High / Substantial** Assurance rating;
- 8 reviews with **Significant / Reasonable** Assurance rating;
- 7 reviews with **Limited / Partial** Assurance rating;
- 1 with **Low / Minimal** Assurance rating.
- 5 without an assurance rating i.e. benchmarking reports or DSPT reports.

The two Internal Auditors operated assurance grading classifications using different terminology as follows:

Audit Yorkshire (NLAG)	Low	Limited	Significant	High
RSM (HUTH)	Minimal	Partial	Reasonable	Substantial

The ARG CiC asked for updates on resulting recommendations / management actions from Internal Audit reports receiving Limited / Partial or Low / Minimal assurance ratings as necessary, e.g. the status of recommendations from Group Cost Improvement Programme (CIP) / Waste Reduction was received at the January 2025 meeting, which provided assurance to the ARG CiC that they had been implemented and that the setting up of a new Programme Management Office (PMO) would provide greater assurance around accurately reporting against CIP targets, etc. The ARG CiC received regular updates on recommendations relating to the Trust's Data Security and Protections Toolkit (DSPT) submissions and the enormous amount of work that was necessary for preparing the new Cyber Assessment Framework (CAF) submissions for each Trust.

The 2024/25 Head of Internal Audit Opinion for each Trust was also received by the ARG CiC which were as follows:

NLAG: *Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.*

HUTH: *The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.*

The 2024/25 HoIAO for each Trust is included within the respective AGS, which forms part of the publicly available Annual Reports for both Trusts.

Both Audit Yorkshire and RSM operated an electronic follow-up process for all recommendations (Audit Yorkshire) / management actions (RSM) made, which involved the relevant officers receiving automated prompts to provide periodic updates and evidence, via the electronic system, on the implementation status of recommendations/management actions, including those considered to be closed. A routine joint report was prepared by Audit Yorkshire and RSM to show the status of recommendations / management actions made, and this was presented to each meeting of the ARG CiC throughout the year for assurance or the consideration of further action as appropriate.

An improved position has been seen in respect of overdue recommendations / management actions for both organisations through 2024/25. At the time of producing this report the number overdue stood at four (two for each Trust).

All open legacy recommendations / management actions will be transferred to the new KPMG action tracker in June 2025, and reports will continue to be produced for each meeting of the ARG CiC, in addition to reports submitted to the monthly Group Executive Risk and Assurance Committee (GERAC). The ARG CiC will continue to routinely monitor the implementation of audit recommendations / management actions over the coming year and address any concerns relating to lack of progress if the need arises.

4.3 Internal Audit – 2025/26

As both Trust's Internal Audit contracts reached the natural end of their contract terms at the end of 2024/25 (without taking up the extension options), it was considered an appropriate time to tender the service with a view to procuring a single Internal Audit provider for the Group. Following a competitive procurement exercise in October 2024 and the receipt of five bids, the ARG CiC evaluation panel recommended to the Trust Boards-in-Common, the award of a three year Group Internal Audit service contract with the option to extend for a further one year to KPMG. The February 2025 Trust Boards-in-Common approved this recommendation and KPMG commenced on 1 April 2025.

Following discussions with Executive officers, a prioritised list of audit areas was compiled by KPMG and discussed at the April 2025 Group Executive Risk and Assurance Committee before submission to the April 2025 ARG CiC meeting. Following discussion, the ARG CiC approved the items on the prioritised list for inclusion in the 2025/26 Group Internal Audit Plan.

The ARG CiC will work with KPMG to ensure that an effective Group Internal Audit service is in place throughout 2025/26.

4.4 Counter Fraud

The ARG CiC continued to receive regular written progress reports from the Trust's Local Counter Fraud Specialist (LCFS) throughout the year. Additionally, the Group Annual Counter Fraud Report for 2023/24 and the Group Annual Counter Fraud Operational Plan for 2024/25 were also submitted to the ARG CiC during the reporting year. Both Trusts Counter Fraud Functional Standard Return's (CFFSR) were also prepared and duly submitted to the NHS Counter Fraud Authority on 30 May 2024 in advance of the deadline. Both CFFSR's were assessed as Green ratings overall.

The LCFS continued working to raise awareness of NHS fraud and develop a strong anti-fraud culture, whilst at the same time investigating allegations of fraud to a criminal standard. The ARG CiC remained pleased by the level of counter fraud activities performed by the LCFS during 2024/25. The ARG CiC actively supported the work of the LCFS, including the move to introduce 'required learning' fraud awareness training at HUTH from September 2024, to align itself with NLAG in this regard and ensure a consistent Group approach. This is three yearly eLearning training with NLAG 95% compliant at 31 March 2025 and HUTH (three yearly renewal) already achieving 82% compliance at the same date.

NLAG continues to host and manage an in-house counter fraud collaborative, known as Counter Fraud Plus (CFP) between itself, HUTH, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH), United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS). This collaborative arrangement commenced in July 2013 (with LPFT and LCHS joining in September 2020 and HUTH in April 2023) under a formal SLA arrangement. It is designed to provide a more resilient counter fraud service between the organisations involved. The ARG CiC has received reports that the collaborative continues to work effectively and successfully across all six local organisations.

Nicki Foley, LCFS for both organisations (NLAG since 2011 and HUTH since 2023) retired from the Trust on 4 April 2025, having achieved 40 years of NHS service in February 2025. The ARG CiC acknowledged Nicki Foley's significant contribution at NLAG and more latterly HUTH, having achieved some notable achievements at NLAG throughout her 14 year LCFS career. A recruitment exercise is underway for a new LCFS, and at the time of preparing this report interviews have taken place and an offer made to the successful candidate which has been accepted subject to satisfactory pre-employment checks. Meanwhile Mark Bishop who took partial retirement from his Lead LCFS role at DBTH has moved over to support with Group counter fraud work now that a full time LCFS has been recruited into the DBTH role.

4.5 External Audit

The NLAG External Auditor is Sumer NI (formerly called ASM until 1 July 2024), appointed in June 2023 following a procurement process supported by NHS England (NHSE) due to emerging difficulties in the NHS audit market at that time. Representatives of the NLAG Audit, Risk and Governance Committee act as advisors to the Council of Governors in relation to the appointment of an External Auditor (given NLAG's Foundation Trust status). Sumer NI were awarded a contract for three years plus an option to extend for a further two years (one plus one). The NLAG ARG Committee considered the first extension option year (2025/26) at its January 2025 meeting and recommended this option to the Council of Governors who subsequently approved this at their meeting in April 2025.

As a result of the difficulties and resulting delay in appointing an External Auditor NHSE agreed to extended accounts submission deadlines, namely 31 December 2023 for the 2022/23 audit and 23 August 2024 for the 2023/24 audit with future years reverting to scheduled NHSE

submission deadlines. NLAG's 2024/25 audited accounts are therefore due for submission to NHSE in line with the national timetable (30 June 2025).

HUTH's External Auditor is Forvis Mazars, appointed in April 2020. The HUTH ARG Committee acts as the Trust's 'Auditor Panel' in relation to the selection and appointment of an External Auditor and make a recommendation to the Board for approval. Following a further competition exercise in December 2023, Mazars were successful in being awarded a further contract for two years plus an option to extend for a further two years (one plus one). This was approved by the HUTH Trust Board at its meeting in April 2024.

Written or oral progress reports are received from both Trust's External Auditor at ARG CiC meetings, including the audit opinions on the Trusts' annual financial statements.

During the year a private meeting with both the External and Internal Auditors for both organisations took place before the October 2024 ARG CiC meeting (once both Trust's year end audits were complete), and no matters of concern were raised. However, in line with its Terms of Reference, there is an open offer to all parties (the Trust, External and Internal Auditors) to request a private meeting at any time.

The ARG CiC also formally considered the performance of both Trust's External Auditor's at the October 2024 meeting, along with any additional fees. No issues of concern were identified as part of the evaluation.

In line with Regulator guidance, both Trusts have a '*Policy for Engagement of External Auditors for Non-Audit Work*' to avoid any potential conflicts of interest, either real or perceived, in terms of the objectivity of their opinion on the financial statements of the Trust. Both Trust policies, were subject to annual review in January 2025 and, given the Group operating model, the two existing policies were combined into one Group policy. No fundamental changes were needed to the overall Group policy and it was approved by the ARG CiC at its January 2025 meeting. The value of non-audit services by either External Auditor is routinely disclosed in the relevant Trust's accounts, however there was no such work performed by either External Auditor during 2024/25.

5. Financial Reporting

The ARG CiC reviewed the draft accounts 2023/24 (April 2024 – both Trusts) and audited annual financial statements for 2023/24 (June 2024 – HUTH / August 2024 – NLAG) before submission to the respective External Auditor and NHS England (draft and audited accounts), and we understand these were in agreement with our accounting records and the current Regulatory requirements.

At the April 2025 ARG CiC meeting the issue of 'Going Concern' status was discussed for both Trust's. As a result, the ARG CiC endorsed the view that each Trust was a going concern for the purposes of the annual accounting exercise. This was agreed by the External Auditors. The ARG CiC reviewed and agreed the detailed accounting principles for the 2024/25 accounts for each Trust at its April 2025 meeting. The ARG CiC also reviewed the draft annual accounts for 2024/25 for both organisations.

It is anticipated that the ARG CiC shall also approve the 2024/25 financial statements at its meeting on 20 June 2025, on behalf of the Trust Boards-in Common (subject to a request for formal delegated authority to be granted by the Trust Boards-in-Common at its meeting on 13 June 2025), which are due for submission to NHSE by the national deadline of noon on 30 June 2025. The Group Chair and Acting Group Chief Executive are expected to be in attendance at the June 2025 meeting of the ARG CiC.

6. Management Reports

The Committee has requested and reviewed various management assurance reports from a range of Directors and managers within the organisation in relation to relevant areas of enquiry during the financial year 2024/25 in line with the ARG CiC's annual work plan and on an ad-hoc basis. We thank all those who assisted the ARG CiC in these matters.

7. Other Matters Worthy of Note / Highlight Reports to the Trust Boards-in-Common

The ARG CiC followed its agreed annual work plan throughout the year and received regular reports including Waiving of Standing Orders; Losses and Compensations; Standards of Business Conduct Policy Declarations; Salary Overpayments; Document Control, Information Governance Highlight Reports including DSPT updates and Cyber Security updates (private items). Additional information is called for as appropriate.

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

Minutes of the ARG CiC meetings and a Chair's Highlight Report of matters to be escalated are submitted to the Trust Boards-in-Common for information, assurance or decision as necessary. During the year such matters highlighted to the Trust Boards-in-Common *included*:

- The receipt and monitoring of an action plan to address the four internal control deficiencies raised as part of the HUTH External Auditors audit of the HUTH annual accounts for 2023/24.
- An update from the Director of People Services on the status of eRostering rollout, following which this matter was referred on to the Workforce, Education and Culture Committees-in-Common.
- A position statement on expired supplier contracts from the Director of Procurement in July with a further update showing an improving position in October 2024.
- Details at the July 2024 meeting of the reduced compliance rates for 2023/24 against the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR) as a result of a change in the process. A further update was received from the Interim Group Chief Delivery Officer and the Group Operations Director (EPRR) in October 2024 showing substantial progress for the 2024/25 annual assurance process at that time.
- Updates during the year from the Group Director of Assurance on the development of a Group Board Assurance Framework and Strategic Risk Register.
- In addition, the ARG CiC received a presentation in April 2025 from the Group Director of Assurance and Group Chief nurse on improvements being made in the Group's risk management processes, and the Committees were pleased to see progress being made. The ARG CiC also approved the new Group Risk Management Policy.
- Private updates on Group Cyber Security arrangements on the continuing programme of work to mitigate cyber security threats to the Group.

The ARG CiC members would like to place on record their thanks to the Group's External Auditors (Sumer NI – NLAG / Forvis Mazars - HUTH), Internal Auditors (Audit Yorkshire – NLAG / RSM - HUTH), and our in-house counter-fraud service. All have provided a professional and effective service during 2024/25.

8. Conclusion and Plans for 2025/26

The Audit, Risk and Governance Committees-in-Common aligned annual work plan for 2025/26 is attached at **Appendix 3**.

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

The Audit, Risk and Governance Committees-in-Common will continuously assess its effectiveness to operate as committees-in-common for the benefit of the Group - NHS Humber Health Partnership.

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

**Audit, Risk and Governance Committees-in-Common Annual Report
for the year ended 31 March 2025**

**Appendix 1 – NLAG Schedule of Attendance at Audit, Risk and Governance
Committee meetings during 2024/25**

<u>Member / Attendee</u>	<u>Apr-24</u>	<u>Jul-24</u>	<u>Aug24</u>	<u>Oct24</u>	<u>Jan-25</u>
<u>NLAG Members:</u>					
Simon Parkes – NLAG NED / NLAG ARG CiC Chair	Y	Y	Y	Y	Y
Gill Ponder – NLAG NED	Y	N ¹	N ¹	Y	Y
Kate Truscott – NLAG NED (to Aug 24)	Y	N ¹	N ¹	-	-
Julie Beilby – NLAG NED (from Jan 25)	-	-	-	-	Y
<u>Regular Attendees:</u>					
Jane Hawkard – HUTH NED / HUTH ARG CiC Chair	Y	Y	N ²	Y	Y
Mike Robson – HUTH NED (to Apr 24)	Y	-	-	-	-
Tony Curry – HUTH NED	Y	Y	N ²	Y	Y
Helen Wright – HUTH NED (from Jun 24)	-	-	N ²	Y	Y
Lee Bond – Group Chief Financial Officer (to Aug 24)	Y	Y	Y	-	-
Mark Brearley – Interim Group Chief Financial Officer	-	-	-	Y	-
Emma Sayner – Group Chief Financial Officer (from Jan 25)	-	-	-	-	Y
David Sharif – Group Director of Assurance	Y	Y	N ³	Y	Y
Rebecca Thompson – Deputy Director of Assurance - HUTH	Y	Y	Y	N	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	Y	Y	Y	Y	N
Nicki Foley – Group Local Counter Fraud Specialist	Y	Y	N ⁴	Y	N
External Audit - NLAG (Sumer NI)	Y	Y	Y	Y	Y
External Audit – HUTH (Forvis Mazars)	Y	Y	N ²	N	Y
Internal Audit - NLAG (Audit Yorkshire)	Y	Y	Y	Y	Y
Internal Audit – HUTH – (RSM)	Y	Y	N ²	Y	Y
Group Data Protection Officer / IG Lead (SM)	Y	Y	N ⁴	Y	Y
NLAG Governor Observer (Various)	Y	Y	N	Y	Y

**Audit, Risk and Governance Committees-in-Common Annual Report
for the year ended 31 March 2025**

Member / Attendee	<u>Apr-24</u>	<u>Jul-24</u>	<u>Aug24</u>	<u>Oct24</u>	<u>Jan-25</u>
<u>Ad-hoc Attendees:</u>					
Asst. DoF – Planning & Control (NP)	Y	-	Y	-	-
Director of People Services (HK)	Y	-	-	-	-
Group Chief Technology Officer (TD)	Y	-	-	-	-
Group Chief Digital Officer (AH)	Y	-	-	Y	Y
Group Chair (SL)	-	-	Y	-	-
Group Chief Executive (JL)	-	-	Y	-	-
HUTH Vice Chair / NED (SH)	-	-	-	-	-
Non-Executive Director (SL)	-	Y ¹	-	-	-
NLAG Vice Chair / NED (LJ)	-	Y ¹	Y ¹	-	-
Group Interim Director of Quality Governance (RC)	-	Y	-	-	-
Group Chief Delivery Officer (PB)	-	Y	-	Y	-
Group Operations Director EPRR (MO)	-	Y	-	Y	Y
Director of Procurement (EJ)	-	Y	-	Y	Y
Group Director of IT Performance & Operations (SM)	-	Y	-	-	-
Deputy Director of Assurance – NLAG (AH)	-	-	Y	-	-
Group Deputy Director of Communications (AB)	-	-	Y	-	-
Deputy Group Chief Financial Officer (PR)	-	-	-	Y	-
Senior Head of Finance - Cost Improvement & Efficiency	-	-	-	-	Y
HUTH Freedom to Speak Up Guardian (FM)	-	-	-	-	Y
NLAG Freedom to Speak Up Guardian (LH)	-	-	-	-	Y

Notes:

¹ Sue Liburd and / or Linda Jackson in attendance to ensure quoracy

² NLAG audited accounts meeting only

³ Alison Hurley deputising

⁴ Not required to attend, audited accounts meeting only

**Audit, Risk and Governance Committees-in-Common Annual Report
for the year ended 31 March 2025**

**Appendix 2 – HUTH Schedule of Attendance at Audit, Risk and Governance
Committee meetings during 2024/25**

<u>Member / Attendee</u>	<u>Apr-24</u>	<u>Jun24</u>	<u>Jul-24</u>	<u>Oct24</u>	<u>Jan-25</u>
<u>HUTH Members:</u>					
Jane Hawcard – HUTH NED / HUTH ARG CiC Chair	Y	N	Y	Y	Y
Mike Robson – HUTH NED (to Apr 24)	Y	-	-	-	-
Tony Curry – HUTH NED	Y	Y ¹	Y	Y	Y
Helen Wright – HUTH NED (from Jun 24)	-	Y	-	Y	Y
<u>Regular Attendees:</u>					
Simon Parkes – NLAG NED / NLAG ARG CiC Chair	Y	N ²	Y	Y	Y
Gill Ponder – NLAG NED	Y	N ²	N ³	Y	Y
Kate Truscott – NLAG NED (to Aug 24)	Y	N ²	N ³	-	-
Julie Beilby – NLAG NED (from Jan 25)	-	-	-	-	Y
Lee Bond – Group Chief Financial Officer (to Aug 24)	Y	Y	Y	-	-
Mark Brearley – Interim Group Chief Financial Officer	-	-	-	Y	-
Emma Sayner – Group Chief Financial Officer (from Jan 25)	-	-	-	-	Y
David Sharif – Group Director of Assurance	Y	Y	Y	Y	Y
Rebecca Thompson – Deputy Director of Assurance - HUTH	Y	Y	Y	N	Y
Sally Stevenson - Asst. DoF – Compliance & Counter Fraud	Y	Y	Y	Y	N
Nicki Foley – Group Local Counter Fraud Specialist	Y	N ⁴	Y	Y	N
External Audit - NLAG (Sumer NI)	Y	N ²	Y	Y	Y
External Audit – HUTH (Forvis Mazars)	Y	Y	Y	N	Y
Internal Audit - NLAG (Audit Yorkshire)	Y	N ²	Y	Y	Y
Internal Audit – HUTH – (RSM)	Y	Y	Y	Y	Y
Group Data Protection Officer / IG Lead (SM)	Y	N ⁴	Y	Y	Y
NLAG Governor Observer (Various)	Y	N ²	Y	Y	Y

**Audit, Risk and Governance Committees-in-Common Annual Report
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Member / Attendee	<u>Apr-24</u>	<u>Jun24</u>	<u>Jul-24</u>	<u>Oct24</u>	<u>Jan-25</u>
<u>Ad-hoc Attendees:</u>					
Asst. DoF – Planning & Control (NP)	Y	Y	-	-	-
Deputy Director D2A Transformation (RK)	Y	-	-	-	-
Director of People Services (HK)	Y	-	-	-	-
Group Chief Technology Officer (TD)	Y	-	-	-	-
Group Chief Digital Officer (AH)	Y	-	-	Y	Y
Group Chair (SL)	-	Y	-	-	-
Group Chief Executive (JL)	-	Y	-	-	-
HUTH Vice Chair / NED (SH)	-	Y	-	-	-
Non-Executive Director (SL)	-	-	Y ³	-	-
NLAG Vice Chair / NED (LJ)	-	-	Y ³	-	-
Group Interim Director of Quality Governance (RC)	-	-	Y	-	-
Group Chief Delivery Officer (PB)	-	-	Y	Y	-
Group Operations Director EPRR (MO)	-	-	Y	Y	Y
Director of Procurement (EJ)	-	-	Y	Y	Y
Group Director of IT Performance & Operations (SM)	-	-	Y	-	-
Deputy Group Chief Financial Officer (PR)	-	-	-	Y	-
Senior Head of Finance - Cost Improvement & Efficiency	-	-	-	-	Y
HUTH Freedom to Speak Up Guardian (FM)	-	-	-	-	Y
NLAG Freedom to Speak Up Guardian (LH)	-	-	-	-	Y

Notes:

¹ Tony Curry as Chair

² HUTH audited accounts meeting only

³ Sue Liburd and / or Linda Jackson in attendance to ensure quoracy

⁴ Not required to attend, audited accounts meeting only

APPENDIX 3 - AUDIT, RISK AND GOVERNANCE COMMITTEES-IN-COMMON ALIGNED WORK PLAN 2025/26

				Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
Agenda Item	Method of Reporting	Report Lead	Frequency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
				24.4.25		20.6.25 Public Disclosure Documents	31.7.25				12.11.25		22.1.26		
Minutes of the Previous Meetings	Written	Committee Chairs	Quarterly	X			X				X		X		
Matters Arising & Action Tracker (management & monitoring of committee actions)	Written	Committee Chairs	Quarterly	X			X				X		X		
Review / Self Assessment of Committee Effectiveness	Written	Committee Chairs	Annually										X		
Review of Committee Terms of Reference & Work Plans	Written	Committee Chairs	Annually										X		
Annual Report to the Trust Board (& Council of Governors for NLAG)	Written	Committee Chairs	Annually			X									
Annual Meeting Cycle	Written	Committee Chairs	Annually								X				
Matters Referred to the Committee															
Matters referred by the Trust Boards or other Board Committees	Written	Committee Chairs	As required												
Matters referred to other Board Committees	Written	Committee Chairs	As required												
Committee Specific Business Items															
Governance, Risk Management and Internal Control (including financial reporting):															
Board Assurance Framework (BAF) and Risk Register (wef from Oct24)	Written	Group Director of Assurance	Quarterly	X			X				X		X		
Board Assurance Framework (BAF) - annual review of adequacy and effectiveness of system for devising and monitoring the BAF.	Written	Group Director of Assurance	Annually				X								
Risk Register - annual review of adequacy and effectiveness of system for the management and monitoring risk.	Written	Group Chief Nurse	Annually				X								
Annual Review of Risk Management Strategy / Development Plan Progress Report. To include system risk considerations.	Written	Group Chief Nurse	Annually				X								

Agenda Item	Method of Reporting	Report Lead	Frequency	Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
				24.4.25		20.6.25 Public Disclosure Documents	31.7.25				12.11.25		22.1.26		
Review of Board Committees Conduct Risk Oversight including Minutes, Highlight Reports & Action Logs from Board Committees (excluding Remuneration)	Written	Committee Chairs	Quarterly	X			X				X		X		
Annual Summary of Remuneration Committees Business	Written	Trust Chair	Annually	X											
Public Disclosure Statements:															
Going Concern Report and Review of Changes to Accounting Policies	Written	Group Chief Financial Officer	Annually	X											
Draft Annual Accounts & VFM Conclusion	Written	Group Chief Financial Officer	Annually	X											
Annual Governance Statement	Written	Group Director of Assurance	Annually	X Draft		X Final									
Audited Annual Accounts (under TB delegated authority if necessary)	Written	Group Chief Financial Officer	Annually			X									
Trust Annual Report (under TB delegated authority if necessary)	Written	Group Chief People Officer	Annually			X									
Management Reports for Assurance:															
Review of Waiving of Standing Orders	Written	Group Chief Financial Officer	Bi-annually	X							X				
Review of Losses & Compensation (inc. Special Payments & Write-Offs)	Written	Group Chief Financial Officer	Bi-annually	X							X				
Review of Standards of Business Conduct Declarations	Written	Group Director of Assurance	Bi-annually	X							X				
Review of Salary Overpayments and Underpayments	Written	Group Chief Financial Officer	Annually	X											
Review of Legal Fees and External Consultancy Fees	Written	Group Director of Assurance	Annually				X								
Review of Procurement KPI Data (including invoices without PO's and contracts update)	Written	Group Chief Financial Officer	Annually								X				
Annual Claims Report	Written	Group Chief Medical Officer	Annually				X								
Document Control Report	Written	Group Director of Assurance	Bi-annually	X							X				
Annual review of Charitable Funds governance arrangements.	Written	Group Chief Financial Officer / Group Director of Assurance	Annually								X				

Agenda Item	Method of Reporting	Report Lead	Frequency	Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
				24.4.25		20.6.25 Public Disclosure Documents	31.7.25				12.11.25		22.1.26		
Review of relevant external reports, recommendations & assurances, as appropriate e.g. CQC, NHS Resolution, Royal Colleges, accreditation bodies - Summary of who has been to the Trust and the outcome.	Written	Group Director of Assurance	As required												
Internal Audit:															
Private discussion with the auditors (Internal & External)	Verbal	Committee Chairs / Internal Auditor	Annually / As required				X								
Annual Internal Audit Plan	Written	Internal Auditor	Annually	X											
Internal Audit Routine Progress Report	Written	Internal Auditor	Quarterly	X			X				X		X		
Status Report on Implementation of Internal Audit Recommendations	Written	Internal Auditor	Quarterly	X			X				X		X		
Head of Internal Audit Opinion Statement	Written	Internal Auditor	Annually	X Draft		X Final									
Internal Audit Annual Report (including client feedback survey results and review of effectiveness KPIs)	Written	Internal Auditor	Annually			X									
Annual Review of Internal Auditor Performance	Written	Group Chief Financial Officer	Annually								X				
Changes to Internal Audit Service Provider	Written	Group Chief Financial Officer	As required												
External Audit:															
Private discussion with the auditors (Internal & External)	Verbal	Committee Chairs / External Auditors	Annually / As required				X								
Audit Strategy Memorandum (HUTH) / Audit Planning Report (NLAG) (Audit Plan / Timetable / Fees)	Written	External Auditor	Annually	X HUTH											
External Audit Routine Progress Report	Written or verbal as appropriate	External Auditor	Quarterly	X			X				x		X		
Audit Completion Report & Letter of Representation	Written	External Auditor	Annually			X									
Auditor's Annual Report	Written	External Auditor	Annually			X Draft	X Final								
Annual Review of External Auditor Performance	Written	Group Chief Financial Officer	Annually								X				

Agenda Item	Method of Reporting	Report Lead	Frequency	Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
				24.4.25		20.6.25 Public Disclosure Documents	31.7.25				12.11.25		22.1.26		
Changes to Service Provider (+ support to the Council of Governors - NLaG)	Written	Group Chief Financial Officer	As required												
Counter Fraud															
Annual Counter Fraud Operational Plan	Written	Local Counter Fraud Specialist	Annually	X											
Annual Counter Fraud Report	Written	Local Counter Fraud Specialist	Annually				X								
LCFS Progress Reports	Written	Local Counter Fraud Specialist	Quarterly	X			X				X		X		
Annual Review of Fraud & Corruption Policy	Written	Local Counter Fraud Specialist	Annually	X											
Results of Staff Fraud Awareness Survey	Written	Local Counter Fraud Specialist	Two Yearly				Last rec'd July 2024								
Emergency Preparedness, Resilience & Response (EPRR)															
EPRR Highlight Reports (wef from Jan25)	Written	Group Chief Delivery Officer	Bi-annually				X						X		
EPRR and Business Continuity Regulatory Report (including Medical Gas Testing Oversight)	Written	Group Chief Delivery Officer	Annually								X				
Information Governance (IG) & Cyber Security															
Annual review of the Trusts' IG & cyber security arrangements (<i>private agenda item</i>)	Written	Group Chief Digital Officer	Annually				X								
Annual IG Toolkit Return	Written	DPO / Information Governance Lead	Annually				X								
IG Steering Group Highlight Report	Written	DPO / Information Governance Lead	Quarterly	X			X				X		X		
Systems for Raising Concerns:															
Annual review of the Trusts' arrangements for Raising Concerns / Freedom to Speak Up (FTSU)	Written	FTSU Guardian	Annually										X		
Governance & Regulatory Compliance:															
Compliance with the NHS Provider Licence	Written	Group Director of Assurance	Annually			X									
Compliance with the NHS Code of Governance	Written	Group Director of Assurance	Annually			X									
Compliance with the Fit & Proper Persons Test	Written	Group Director of Assurance	Three Yearly	Last rec'd April 2024											

				Quarter 1 (25/26)			Quarter 2 (25/26)			Quarter 3 (25/26)			Quarter 4 (25/26)		
Agenda Item	Method of Reporting	Report Lead	Frequency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
				24.4.25		20.6.25 Public Disclosure Documents	31.7.25				12.11.25		22.1.26		
Policy Review															
Finance Related Policies (SFIs / Standing Orders / Scheme of Delegation / Recovery of Salary Overpayments Policy)	Written	Group Chief Financial Officer	Three Yearly / As Required												
Annual Review of Policy for Engagement of External Auditors for External Audit Work	Written	Group Chief Financial Officer	Annually										X		
Standards of Business Conduct Policy	Written	Group Director of Assurance	Three Yearly	X											
Notes:															
1. This work plan reflects the core business of the Audit, Risk & Governance Committees-in-Common. Topical / emerging issues will be added to the committees' agenda as required.															

Council of Governors Business Meeting

Agenda Item No: CoG(25)076

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	21 August 2025	
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance	
Title of the Report	Acronyms and Glossary of Terms	
Executive Summary	A reference guide for any words, phrases or acronyms used during the meeting – updated August 2025. Document for information only.	
Background Information and/or Supporting Document(s) (if applicable)	N/A	
Prior Approval Process	N/A	
Financial implication(s) (if applicable)	N/A	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	N/A	
Recommended action(s) required	<div> <input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information </div> <div> <input type="checkbox"/> Discussion <input type="checkbox"/> Review </div> <div> <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below: </div>	

ACRONYMS & GLOSSARY OF TERMS

Aug 2025 – v9.0

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

ACE – A Commitment to Excellence – Accreditation scheme previously known as 15 Step Reviews

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

AAU – Acute Assessment Unit

Accounting Officer - The NHS Act 2006 designates the chief executive of an NHS foundation trust as the accounting officer.

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

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

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

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

AGC – Audit & Governance Committee

AGM – Annual General Meeting

AHP – Allied Health Professional

ALoS – Average Length of Stay

AMM – Annual Members' Meeting

AO – Accounting Officer

AoMRC – Association of Medical Royal Colleges

AOP – Annual Operating Plan

ARC – the Governor Appointments & Remuneration Committee has delegated authority to consider the appointment and remuneration of the Group Chair, Vice Chair

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

ARM – Annual Review Meeting for CoG

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

ARGC – Audit Risk & Governance Committees-in-Committee

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

BAF - Board Assurance Framework

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

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

BLS – Basic Life Support

BMA – British Medical Association

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

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

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

CAP – Collaborative Acute Providers

CPE - Carbapenemase-Producing Enterobacterales

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

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

CDC – Community Diagnostic Centre

CFC – Charitable Funds Committee

CFO – Chief Financial Officer

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

CE/CEO – Chief Executive Officer

CF – Cash Flow

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

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

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

CMO – Chief Medical Officer

CMP or C&MP – Capital & Major Projects Committees-in-Common

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

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

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

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

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

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

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

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

CoP – Code of Practice

CPA – Care Programme Approach

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

CPIS - Child Protection Information Sharing

CPN – Community Psychiatric Nurse

CPO – Chief People Officer

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

CSPO – Chief Strategy and Partnerships Officer

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 (Replaced by Ulysses in 2023)

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

DD – Due Diligence

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

DGH – District General Hospitals

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

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

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

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

DNR - Do not resuscitate

DoF – Director of Finance

DOI - Declarations of Interest

DOLS - Deprivation of Liberty Safeguards

DOSA – Day of Surgery Admission

DPA - Data Protection Act

DPH - Director of Public Health

DPoW - Diana, Princess of Wales Hospital, Grimsby

DTOCs – Delayed Transfers of Care

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

ECC - Emergency Care Centre

ED – Executive Directors or Emergency Department

EDI – Equality, Diversity and Inclusion

EHR – Electronic Health Record

EIA - Equality Impact Assessment

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

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

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

EoL – End of Life

EPR - Electronic Patient Record

ERF – Elective Recovery Fund

ERoY – East Riding of Yorkshire

ESR - Electronic Staff Record

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

FD – Finance Director

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

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

FRC – Financial Risk Rating

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

FTE – Full Time Equivalent

FTGA – Foundation Trust Governors' Association

FTN – Foundation Trust Network

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

FY – Financial Year

GAG – the Governor Assurance Group has oversight of areas of Trust governance and assurance frameworks in order to provide added levels of assurance to the work of the Council of Governors (Replaced by Member and Public Engagement & Assurance Group (MPEAG) from April 2024)

GDH – Goole District Hospital

GDP – Gross Domestic Product

GDPR – General Data Protection Regulations

GIRFT – Getting It Right First Time

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

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

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

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

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

Group Model - Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) will still exist as separate legal entities but will operate within a singular Group model and one Group Executive Team

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

H1 - First Half (financial or calendar year)

H2 - Second Half (financial or calendar year)

HAS - Humber Acute Services

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

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

HCCP - Humber Clinical Collaboration Programme

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

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

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

HEE – Health Education England

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

HOBS - High Observations Beds

HOSC - Health Overview and Scrutiny Committee. Committee that looks at the work of the clinical commissioning groups, and National Health Service (NHS) trusts, and

the local area team of NHS England. It acts as a 'critical friend' by suggesting ways that health related services might be improve

HR – Human Resources

HSCA – Health & Social Care Act 2012

HSMR - Hospital Standardised Mortality Ratio

HTF - Health Tree Foundation (Trust charity)

HTFTC - Health Tree Foundation Trustees' Committee

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

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

HW – Healthwatch

HWB/HWBB – Health & Wellbeing Board

HWNL - Healthwatch North Lincolnshire

HWNEL - Healthwatch North East Lincolnshire

HWER - Healthwatch East Riding

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

HUTH – Hull University Teaching Hospitals NHS Trust

IAAU – Integrated Acute Assessment Unit

IAPT – Improved Access to Psychological Therapies

IBP – Integrated Business Plan

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

ICB – Integrated Care Board

ICP – Integrated Care Partnership

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

ICU – Intensive Care Unit

IG – Information Governance

Integrated Care - Joined up care across local councils, the NHS, and other partners. It is about giving people the support they need, joined up across local councils, the

NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

IP – Inpatient

IPC - Infection Prevention & Control

IPR – Integrated Performance Report

IT – Information Technology

ITU – Intensive Therapy Unit

JAG – Joint Advisory Group accreditation

JHOSH - Joint Health Overview and Scrutiny Committee

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

JSNA – Joint Strategic Needs Assessment

KLOE – Key Line of Enquiry

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

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

LA – NHS Leadership Academy

LATs – Local Area Teams

LD – Learning Difficulties

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

LETB – Local Education and Training Board

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

LHE – Local Health Economy

LHW – Local Healthwatch

LiA – Listening into Action

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

continue to oversee the way that NHS Foundation Trusts are governed. It replaces the Terms of Authorisation

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

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

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

LTC - Long Term Condition

M&A – Mergers & Acquisitions

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

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

MHA – Mental Health Act

MI – Major Incident

MIU – Major Incident Unit

MLU - Midwifery led unit

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

MPEAG – Membership and Public Engagement & Assurance Group is responsible for overseeing the development, implementation and regular review of the Trust's Member and Public Engagement Strategy. This incorporates oversight of member recruitment and communication, public engagement initiatives and mechanisms to feed back the views of members and the public to the CoG, and Trust Board.

MRI – Magnetic Resonance Imaging

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

MSA – Mixed Sex Accommodation

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

NED – Non-Executive Director

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

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

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

Neurology - Study and treatment of nerve systems.

NEWS - National Early Warning Score

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

NEL - North East Lincolnshire

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

NHS - National Health Service

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

NHS Confederation - is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.

NHS ICS Body - ICS NHS bodies will be established as new organisations that bind partner organisations together in a new way with common purpose. They will lead integration within the NHS, bringing together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population

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

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

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

NHSP - NHS Professionals

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

NHSTDA – NHS Trust Development Authority

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

NL - North Lincolnshire

NLaG - Northern Lincolnshire & Goole Hospitals NHS Foundation Trust

NMC - Nursing & Midwifery Council

NOF – National Oversight Framework

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

NQB - National Quality Board

NSFs – National Service Frameworks

OBC - Outline Business Case

OFT – Office of Fair Trading

OLU - Obstetric led unit

OOH - Out of Hours

OP – Outpatients

OPA – Outpatient Appointment

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

OSCs – Overview and Scrutiny Committees

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

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

PAU – Paediatric assessment unit

PbR - Payment by Results

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

practice nurse, clinical pharmacist or other clinical profession working in general practice.

PCT – Primary Care Trust

PDC – Public Dividend Capital

PEWS - Paediatric Early Warning Score

PEF – Performance, Estates & Finance Committees-in-Common

PFI – Private Finance Initiative

PIDMAS – Patient Initiated Digital Mutual Aid System

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

PMO – Programme Management Office

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

PPE - Personal Protective Equipment

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

PPI – Patient and Public Involvement

PRIM - Performance Review Improvement Meeting

PROMS – Patient Recorded Outcome Measures

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

PSF - Provider Sustainability Fund

PST – Patient Suitability for Transfer

PTL – Patient Transfer List

PTS – Patient Transport Services

QA – Quality Accounts. A QA is a written report that providers of NHS services are required to submit to the Secretary of State and publish on the NHS Choices website

each June summarising the quality of their services during the previous financial year **or** Quality Assurance

QGAF – Quality governance assurance framework

QI – Quality Improvement

QIA – Quality Impact Assessment

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

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

QRP – Quality & Risk Profile

Q&SC – Quality & Safety Committees-in-Common

QSIR – Quality & Service Improvement Report

R&D – Research & Development

RAG – Red, Amber, Green classifications

RCA – Root Cause Analysis

RCGP – Royal College of General Practitioners

RCN – Royal College of Nursing

RCP – Royal College of Physicians

RCPSYCH – Royal College of Psychiatrists

RCS – Royal College of Surgeons

RGN – Registered General Nurse

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

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

RoI – Register of Interests

RoI – Return on Investment

RTT – Referrals to Treatment

SaLT - Speech and Language Therapy

SDEC – Same day emergency care

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

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

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

SGH – Scunthorpe General Hospital

SHCA – Senior Health Care Assistant

SHMI - Summary Hospital-level Mortality Indicator

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

SIB - System Improvement Board

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

SJR - Structured Judgement Review

SLA – Service Level Agreement

SLM/R – Service Line Management/Reporting

SNCT - Safer Nursing Care Tool

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

SPA – Single Point of Access

SoS – Secretary of State

SSA – Same Sex Accommodation

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

Statutory Requirement - A requirement prescribed by legislation

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

T&C – Terms and Conditions

TCI – To Come In

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

TMB - Trust Management Board

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

ToR – Terms of Reference

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

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

TTO – To Take Out

ULHT – United Lincolnshire Hospital NHS Trust

ULYSSES - Risk Management System to report Incidents and Risk (Replaced DATIX in 2023)

UTC - Urgent Treatment Centre

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

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

VTE – Venous Thromboembolism

WEC – Workforce, Education & Culture Committee-in-Common

WRES - Workforce Race Equality Standards

WDES - Workforce Disability Equality Standards

WTE - Whole time equivalent

YTD - Year to date