

AGENDA

A meeting of the Council of Governors
to be held on Wednesday, 15 April 2026 at 14:00 to 17:00 hours
in the Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe,
DN16 1BU

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 Alan Downey, Group Chair	Verbal	Information	14:00
1.2	Declarations of Interest Alan Downey, Group Chair	Verbal	Information	
1.3	Minutes of the previous meetings held on: <ul style="list-style-type: none"> • 8 January 2026 - Business Meeting • 25 February 2026 - Annual Review Meeting • 31 March 2026 – Extraordinary Meeting Alan Downey, Group Chair	CoG(26)033 CoG(26)034 CoG(26)035 Attached	Approval	
1.4	Urgent Matters Arising Alan Downey, Group Chair	Verbal	Information	
1.5	Action Tracker – Public Alan Downey, Group Chair	CoG(26)036 Attached	Approval	
1.6	Questions submitted from the Public Alan Downey, Group Chair	Verbal	Information	
2. REPORTS AND UPDATES				
2.1	Group Chair's Update Alan Downey, Group Chair	Verbal	Information	14:15
2.2	Interim Group Chief Executive's Update Lyn Simpson, Interim Group Chief Executive	CoG(26)037 Attached	Information	14:30
2.3	Lead Governor's Update Ian Reekie, Lead Governor To include:	CoG(26)038 Attached	Information / Assurance	14:45
2.3.1	• Membership and Public Engagement & Assurance Group (MPEAG) Highlight Report			
2.3.2	• Appointments and Remuneration Committee (ARC) Highlight Report			
2.3.3	• Overview of NHS Providers – Future of Council of Governors webinar			
3. BOARD COMMITTEES-IN-COMMON HIGHLIGHT / ESCALATION REPORTS				
3.1	Audit, Risk & Governance Committees-in-Common (CiC) Highlight / Escalation Report Murray Macdonald, Non-Executive Director Vice Chair	No meeting since last CoG	Assurance	
3.2	Performance, Estates & Finance CiC Highlight / Escalation Report Murray Macdonald, Non-Executive Director Vice Chair	CoG(26)039 Attached	Assurance	15:00

3.3	Quality & Safety CiC Highlight Report / Escalation Report Murray Macdonald, Non-Executive Director Vice Chair	CoG(26)040 Attached	Assurance	15:10
3.4	Workforce, Education & Culture CiC Highlight / Escalation Report Julie Beilby, Non-Executive Director CiC Chair	CoG(26)041 Attached	Assurance	15:20
BREAK - 15:30 – 15:40				
4. COG BUSINESS ITEMS				
4.1	The Group's Plan for Stabilisation, including: <ul style="list-style-type: none"> • ValueCircle work • National Operating Framework and Segment 5 • Enforcement Undertakings • Clinically Led Improvement Plan • Role of National Provider Improvement Programme (NPIP) / NHS England (NHSE) Lyn Simpson, Interim Group Chief Executive	CoG(26)042 Attached	Information	15:40
4.2	Operational & Financial Plan (including Trust Priorities) Emma Sayner, Group Chief Financial Officer and Sam Peate, Group Chief Delivery Officer	CoG(26)043 Attached	Information	16:00
4.3	Putting Patients First – Ward Accreditation Programme Michelle Drinkell, Lead Nurse – Quality Assurance and Accreditation	CoG(26)044 Attached	Information	16:20
5. ITEM FOR APPROVAL				
5.1	Council of Governors Annual Work Plan Alison Hurley, Deputy Director of Assurance	CoG(26)045 Attached	Approval	16:40
6. OTHER				
6.1	Questions from Governors Alan Downey, Group Chair	Verbal	Information	16:45
6.2	Items for Information / To Note (as per Appendix A) Alan Downey, Group Chair	Verbal	Information	
6.3	Any Other Urgent Business Alan Downey, Group Chair	Verbal	Information	
6.4	Matters to be escalated to the Trust Board Alan Downey, Group Chair	Verbal	Information	
6.5	Council Performance and Meeting Reflection Alan Downey, Group Chair	Verbal	Information	
7. DATE OF THE NEXT MEETING				
7.1	The next meetings of the Council of Governors will be held on: Thursday, 16 July 2026 from 14:00 – 17:00 hours Venue - Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe, DN16 1BU			

KEY

HUTH - Hull University Teaching Hospitals NHS Trust

NLaG – Northern Lincolnshire & Goole NHS Foundation Trust

APPENDIX A

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

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

6.2.	<u>Items for Information</u>		
6.2.1	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests	David Sharif, Group Director of Assurance	CoG(26)046 Attached
6.2.2	Finance Report	Emma Sayner, Group Chief Financial Officer	CoG(26)047 Attached
6.2.3	Board Assurance Framework (BAF)	David Sharif, Group Director of Assurance	CoG(26)048 Attached
6.2.4	Acronyms & Glossary of Terms	Alison Hurley, Deputy Director of Assurance	CoG(26)049 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.

PROTOCOL FOR QUESTION(S) SUBMITTED FROM TRUST MEMBERS AND THE PUBLIC

Please note - Trust members and the public are encouraged to submit any questions requiring information or clarification at least 7 days before the meeting. This ensures sufficient time to gather the necessary details and provide an appropriate response.

Questions received within 7 days of the meeting will be addressed at the next Council of Governors business meeting.

Staff charter

COMPASSION

Put the safety and care of patients and colleagues at the heart of everything you do

Listen to your colleagues and patients, understand, empathise and take action to help

Treat everyone with kindness and support those who need assistance or guidance

Do the right thing, even if this is more difficult to do

HONESTY

Take responsibility for your actions, decisions and behaviours

Report concerns about safety, quality and negative behaviours as quickly as possible

Communicate constantly and clearly at all times ; create and respond to a constant loop of honest feedback

Be open about mistakes, apologise, learn and improve

RESPECT

Trust and appreciate your colleagues - say thank you and well done

Talk to everyone in a respectful and polite manner and listen when others want to speak

Understand and appreciate the perspectives, choices and beliefs of others and never discriminate against anyone

Respect and use each others' strengths; act respectfully by giving, receiving and acting on constructive feedback

TEAMWORK

Meet regularly as a whole team , discuss goals, actions and ideas for improvement. Commit to being good team members

Include all colleagues in key discussions about the team or service

Tackle poor behaviours as they arise

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, 8 January 2026
at 14:00 to 17:00 hours held via MS Teams
For the purpose of transacting the business set out below:

Present:

Core Members:

Murray Macdonald	Interim Group Chair
Ahmed Aftab	Staff Governor
Kevin Allen	Public Governor
Mike Bateson	Public Governor
Marian Davison	Public Governor
Cheryl George	Public Governor
Brent Huntington	Public Governor
David James	Public Governor
Wendy Lawtey	Public Governor
Ian Reekie	Lead Governor
Dr Sandeep Saxena	Staff Governor
Caroline Ridgway	Public Governor
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Andy Haywood	Group Chief Strategy, Partnerships and Digital Officer
Alison Hurley	Deputy Director of Assurance
Sue Liburd	Non-Executive Director
Heather McNair	Group Chief Nurse
Gill Ponder	Non-Executive Director
Emma Sayner	Group Chief Finance Officer
Lyn Simpson	Interim Group Chief Executive
Dr Kate Wood	Group Chief Medical Officer

Suzanne MacLennan Corporate Governance Officer (minutes)

Public Members and other attendees:

Amanda Callow (ValueCircle), John Palmer (public member), and staff members Dr Wishva Ratnayake and Dr Kapila Singhapathapa

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 Interim Group Chair, Murray Macdonald, welcomed those present to the virtual Council of Governors (CoG) Business Meeting. Murray Macdonald wished everyone a happy and successful New Year and noted that it would be inevitably challenging. It was then reported that face masks were required in clinical areas due to the increase in flu cases sweeping the nation.

Alison Hurley provided details of apologies for absence for Governors, Paula Ashcroft, Cllr Linda Bayram, Dietmar Harteveld, Corrin Manaley, Emma Munday and Caroline Ridgway. Apologies were also received from Hilda Gwilliams (Improvement Director), Simon Nearney (Group Chief People Officer), Matt Powls (Interim Group Chief Delivery Officer), David Sharif (Group Director of Assurance, represented by Alison Hurley). It was also noted that Dr Kate Wood would be leaving the meeting at 15:00 hours. Alison Hurley then highlighted the public attendees as noted above.

1.2 Declarations of Interest

Murray Macdonald requested any declarations of interests in respect of any of the agenda items. None were received. Murray Macdonald advised that agenda item 2.3.2 was a personal conflict of interest and he would therefore leave the meeting at that point and return once the item was completed.

1.3 Minutes of the Previous Council of Governors Business Meeting 5 November 2025:

The minutes of the Business Meeting held on the 5 November 2025 were reviewed and accepted as a true and accurate record.

1.4 Urgent Matters Arising

Murray Macdonald 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 six completed actions could be moved to the closed section following the meeting. There were no outstanding actions.

1.6 Questions submitted from the Public

Murray Macdonald advised that there had been no questions submitted by the public.

2. REPORTS AND UPDATES

2.1 Interim Group Chair's Update

Murray Macdonald provided an overview of the report and emphasised the degree of scrutiny faced by the Trust due to current challenges whereby the focus would be on the key elements of the Improvement Plan and the Operational Plan. Governors were reminded that significant safety breaches must take precedence over other less critical issues.

Murray Macdonald expressed gratitude to all staff, particularly those who had worked through the Christmas and New Year period. The Council were reminded that Simon Parkes, Non-Executive Director (NED) would be leaving the Trust on 31 January 2026 as previously notified and additionally NED, Sue Liburd, would also be leaving the on the same date. It was noted that Sue Liburd was a highly valuable and influential member of the Board who would be deeply missed and was wished every success in the new upcoming role.

Kev Allen notified those present that the link corridor at Scunthorpe General Hospital (SGH) remained closed despite the previous update suggesting it should have opened. The Foundation Trust Office had been emailed immediately before the meeting and a reply would be provided following the agreed Governor Contact Protocol.

Mike Bateson queried whether having spent a few months in the role Murray Macdonald felt the challenges were better or worse than initially expected. In response Murray Macdonald highlighted that there was more work required than first anticipated and been evident from his previous Vice Chair position. The Group was very challenged with regards to the number and depth of safety incidents along with outstanding complaints and falls.

Clare Woodard utilised the Teams chat to commend how fantastic it was to see Goole & District Hospital (GDH) recognised nationally for improving productivity and reducing waiting times. This was noted as a real credit to the teams who had worked tirelessly to deliver these results and who used the Getting it Right First Time (GIRFT) approach for practical and clinically led improvement. Clare Woodard added that GDHs success shows that when recommendations are acted on quickly, patients benefit through shorter waits and better outcomes.

Action: Foundation Trust Office to request update on the link corridor at SGH

2.2 Interim Group Chief Executive's Update

Lyn Simpson wished those present a Happy New Year and echoed Murray Macdonald's sentiments in thanking all the staff who worked over the Christmas period.

Lyn Simpson provided a summary of the report. It was highlighted that there had been little feedback from the Integrated Care Board (ICB) on the clinically led Improvement Plan to date, although good feedback was received from the NEDs. The resident doctors strike was immediately before Christmas and work from senior clinicians enabled bed occupancy to be in a positive position before the holiday period, at around 85%. A normal pattern of patients was identified over this time with numbers increasing after the holidays and a build-up of delayed

discharges and no criteria to reside patients. Lyn Simpson reported a submission to NHS England (NHSE) was required on 9 January 2026 in relation to 10 patients who had waited longer than 65 weeks. The expectation was that they would be cleared by the end of January 2026, and there was confidence this requirement would be met. The first submission of the Operational Plan had been submitted with the second return required by the end of February 2026.

Murray Macdonald referred to the letter received from consultants on the South Bank, the support for consultant colleagues, the response provided and requested an overview of the work involved. Lyn Simpson reported that the letter had been reflected upon and each item had been carefully worked through. An initial facilitated meeting had been suggested to meet with the wider consultant group and gain a common understanding, which was considered by the consultants and later rejected as it was deemed not helpful at the time. It was confirmed the issues were being taken very seriously and a second offer of a meeting with a smaller group of South Bank consultants had now been suggested.

Brent Huntington joined the meeting at 14:29 hours

Wendy Lawtey raised concerns regarding the availability of the capacity required to deliver the actions within the Improvement Plan. Lyn Simpson confirmed discussion had taken place earlier in the week with Chiefs of Service and it had been agreed to proceed with the plan, delivering quick deliverables initially. These early outcomes would help determine the appropriate pace and scale for delivering the remaining actions. Monthly monitoring and a strong project management approach would be used to track progress, while allowing flexibility so staff were not overwhelmed alongside their day-to-day roles.

Cheryl George was heartened to hear that staff had coped very well during the resident doctors strike and over the Christmas period and noted the importance of having good managers and good leadership. Feeling valued and supported could often be more beneficial to staff than remuneration. Lyn Simpson fully agreed with this comment and highlighted the importance of the engagement plan and staff recognition along with the fairness and equity across the Group.

Feedback from NLaG staff who felt unseen particularly by senior management was provided by Jackie Weavill, who added that it was felt the many thank you messages were repetitive and should instead be personalised where possible. Lyn Simpson acknowledged that a greater site presence was required, coupled with a strong engagement plan which would begin to see staff feeling differently. Assurance was provided of the commitment to deliver this.

Mike Bateson raised concern regarding the letter from the South Bank consultants in relation to the safety aspects noted although not evidenced and queried how quickly this would be addressed. Lyn Simpson confirmed that this would be managed with urgency, confirmed the initial response was provided within 48 hours and the second within a further 24 hours. An understanding of the specific issues raised was the key factor along with an agreed pathway forward to be actioned immediately. It was re-iterated that patient safety must not be compromised. Ahmed Aftab highlighted that it was difficult to gather the views of around 120 clinicians to provide a response to the letter although the seriousness of the issues raised was something that they had all agreed collectively. Murray Macdonald echoed the thoughts shared by Lyn Simpson that the sooner discussions took place the sooner the solutions could be outlined and actioned.

2.3 Lead Governor's Update

It was agreed to address agenda item 2.3.2 for the Appointments and Remuneration Committee (ARC) Highlight Report first, and Murray Macdonald recused himself from the meeting at 14:46 hours for this item

Ian Reekie provided an overview of the Lead Governor's Update report. In relation to the appointment of the Group Chair it was noted that GatenbySanderson had advised that discussions were ongoing with three potential candidates at present. It was confirmed that NHSE had agreed Gill Ponder, the Senior Independent Director (SID) for NLaG would join the interview panel.

The Council were asked to approve:

- that the requirement contained in the NLaG Trust Constitution for the interview panel in respect of the appointment of a Chair to contain the SID and at least three governors be waived subject to the Senior Independent Director and the Lead Governor being included as members of the interview panel
- that Dietmar Hartevelde be granted leave of absence from his role as a member of ARC for a period of three months ending 31 March 2026 and that Dr Gorajala Vijay be appointed as an interim ARC member to cover the period January – March 2026 to ensure quoracy

The Council approved the two items noted.

Ian Reekie reminded Governors to abide by the provisions set out in the Governor Contact Protocol which would ensure full and timely responses were provided to any queries raised with the Foundation Trust Office.

Murray Macdonald rejoined the meeting at 14:50 hours and the agenda returned and resumed with item 2.3.1

The Council noted with concern the Government's proposal to remove the requirement of Foundation Trusts to have Governors and along with the proposed abolishment of HealthWatch which would silence the patient and public voice. It was reported that Governors planned to campaign with local Members of Parliament (MPs) and stakeholders to ensure that views were heard and the role of Governors was noted as worthy of retention. Murray Macdonald noted his understanding of the concerns raised by Governors.

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

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

Murray Macdonald provided a summary of the report in the absence of Simon Parkes. Questions were then welcomed, none were raised.

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

Gill Ponder advised that the Capital and Major Projects CiC had been stood down and replaced by the Strategic Programmes and Partnerships CiC.

Dr Kate Wood left the meeting at 15:00 hours

3.3 **Strategic Programmes and Partnerships Committees-in-Common Highlight Report**

Gill Ponder outlined that the Strategic Programmes and Partnerships CiC had been created over a period of time in recognition of the Trust's strategic objective which related to partnerships. The report was taken as read and a summary provided.

Murray Macdonald reported that partnerships was an aspect of work that had been underdeveloped in the Trust's governance over the past couple of years, which could offer the key to some of the solutions of flow within the healthcare journey.

3.4 **Performance, Estates and Finance (PEF) Committees-in-Common Highlight Report**

An overview of the report was delivered by Gill Ponder who advised that the Group was required to reforecast the year end outturn position as it was likely the planned end of year position would not be achieved. Some improvements within particular areas of cancer performance were noted.

Ian Reekie requested Gill Ponder's view on the implications of the decision taken by the committee to increase the forecast outturn considerably above the original forecast planned deficit. It was confirmed that the situation was not one the Trust wished to be in although across the system there were many Trusts in similar positions due to various contributory factors. Gill Ponder outlined that the grip and ownership amongst some Care Groups had not reduced the spend as required and it remained to be seen what the implications would be. Emma Sayner confirmed that NHSE had commended the work around grip and control, checklists and financial recovery and the financial responsibilities had been taken exceptionally seriously by the Group.

Andy Haywood joined the meeting at 15:08 hours

Mike Bateson highlighted concern regarding the requirement to reduce spend whilst maintaining safe and high quality services and queried what should be communicated to the local communities. Gill Ponder provided assurance that there were many plans including a detailed Improvement Plan to address this and reminded those present that the answer to quality and safety issues does not lie in spending more money. It was reported that there had been a correlation to high quality and lower costs and the answer was to address the inefficiencies and processes. Lyn Simpson concurred and added that a cultural change was required and that the NEDs need to be assured of the work the Executive team were conducting to address this. The key was to reduce the cost base and carefully consider investments and what the return on these might be. Mike Bateson recounted a conversation with a senior member of staff who had implied more work could be completed if more staff were appointed. Lyn Simpson suggested a briefing session to review comparative data on model hospitals as an indicator which outlined whether resources were being used effectively and efficiently. Ahmed Aftab reported that a little investment had improved productivity notably in ophthalmology following the visit from Professor Tim Briggs.

Action: Consider briefing session to review comparative data for the model hospital

A break took place at 15:18 hours and the meeting resumed at 15:30 hours.

3.5 Quality and Safety (Q&S) Committees-in-Common Highlight Report

Sue Liburd provided a comprehensive summary of the report which was taken as read.

Heather McNair joined the meeting at 15:37 hours

Kev Allen expressed enjoyment in participation of the A Commitment to Excellence (ACE) ward reviews which provided Governors an opportunity to talk to staff, patients and the public and queried when they were expected to recommence. Sue Liburd advised the revised programme would be the best of the previous 15 Steps and the ACE accreditation ward reviews and it was expected to commence in the next couple of months with the ongoing inclusion of NEDs and Governors.

Wendy Lawtey queried whether learning had been embedded in relation to Never Events or were they continuing despite the interventions being introduced. Sue Liburd confirmed there was a very detailed process to be followed and close continuous monitoring. It was confirmed no clear patterns had been identified.

Wendy Lawtey requested further information on the immediate safety issues connected to the point prevalence study. Heather McNair confirmed that one of the studies was in theatres due to a Never Event involving a retained swab. A full review of processes was conducted including completion of checklists, huddles and environment. It was reported that a standardised practice was not present in all theatres and learning would be shared across the Group along with the introduction of an audit programme.

Brent Huntington echoed the sentiments of Kev Allen with regards to enjoying the ACE ward reviews. Brent Huntington reported that during an Ace visit it was queried who participated in place of the Governors on the north bank and it was confirmed that the NEDs filled the available places. Brent Huntington then referred to an upcoming ACE visit at GDH.

Jackie Weavill raised concern regarding the Never Events which had been discussed at length for a considerable time and requested assurance the actions in place would address the issues. Sue Liburd confirmed that Never Events was now a standing agenda at all Quality and Safety CiC meetings with escalation to the Boards-in-Common, and this concern was shared by NEDs. It was reported that incidents were predominantly surgically related and the work taking place was to encourage staff to be more conscious of their work and not follow habitual practices. Additionally, staff were being encouraged to speak up if practices and procedures were not being followed correctly.

Murray Macdonald reminded Governors of their role to hold the NEDs to account and not to seek assurance for service delivery which was the role of the Non-Executives.

Mike Bateson expressed how much Sue Liburd would be missed following the earlier announcement of leaving the Trust at the end of the month, which was echoed by other Governors and attendees.

Mike Bateson raised concern about seeking Health Tree Foundation funding for IT equipment shortfalls for a promising End of Life (EoL) pilot in relation to comfort observations and clinical evaluation. Andy Haywood advised he would review the details of this request and the required equipment with a view to revisiting the decision to approach Health Tree Foundation. Murray Macdonald noted this as an example of the ongoing balancing act regarding safety, quality and money. It was confirmed that trust must be placed in the clinical and Care Group leads to ensure the outcomes were correct and for debate to take place in the correct forums for escalation to the Boards-in-Common.

Cheryl George suggested via the Teams chat that the EoL pilot should be used to inform a future viable model if it was deemed effective.

Following a suggestion from Dr Sandeep Saxena it was proposed by Murray MacDonald that a flowchart to outline where and how the clinically led decisions were made. Noting the importance of resource allocations supporting the strategies. The difficult balance between safety, quality, finances and operational productivity which the Group faced was noted.

Action: Consider a flowchart to outline where and how clinical decisions are determined.

Post Meeting Note: On investigation it was confirmed that the ACE e-mail received by Brent Huntington was a cancellation notification.

3.6 **Workforce, Education and Culture (WEC) Committees-in-Common Highlight Report**

The report was taken as read and Julie Beilby provided a summary noting some topics had already been discussed within the meeting.

Ian Reekie requested an explanation of the CiCs concerns along with Julie Beilby's personal concerns about the understandable priority to protect frontline service delivery whilst not recruiting to office roles, which was now in danger of going too far. Julie Beilby agreed it was a concern having previous experience of leading an organisation which made too many reductions in office staff resulting in re-investment. It was noted that planned reductions of corporate services and back-office services at some point, would impact on frontline resources and the frontline ability to deliver services. It was noted that considerable efficiencies were still possible in relation to the Digital Strategy. Julie Beilby provided assurance this would be monitored and discussed at every WEC meeting.

Wendy Lawtey asked when an improvement in mandatory training compliance was expected as it had been noted as limited assurance for a considerable period of time. Julie Beilby shared the frustration and confirmed that fundamental challenge had been injected to consider reasons which prevented completion and possible consequences for individuals who are persistently uncompliant. Current mandatory training compliance was noted at over 85% with a small number of staff who had not completed it.

4. COG UPDATES

4.1 Goole & District Hospital Update

Murray Macdonald referred to the Interim Group Chair's report which detailed an update for GDH and confirmed that the follow-up meeting with members of the Save Goole Hospital Action Group (SGHAG) was scheduled to take place on 20 January 2026. Murray Macdonald advised that the first meeting had highlighted the level of misunderstanding between both parties. Lyn Simpson concurred and agreed it had been a productive meeting.

John Palmer thanked both Murray Macdonald and Lyn Simpson for the meeting and noted that Christmas trees had been donated and carol services took place on Ward 3 at GDH.

4.2 Digital Update

Andy Haywood delivered the Digital update presentation which included:

- Digital Strategy objectives
- Electronic Patient Record (EPR)
- Patient-led booking
- Patient self check-in
- Digital Foundations.

Ian Reekie sought assurance from Andy Haywood in relation to Humber Health Partnership being only the second Trusts/Group to roll out OrbisU, and queried if there were any compatibility concerns as neighbouring trusts were using other EPR systems. Andy Haywood suggested allowing at least two years for new systems to be fully tested before complete assurance could be provided, and confirmed the system met the requirements requested by clinicians. It was reported that there was interoperability requirements for all EPR systems and although OrbisU was predominantly used in France and Germany it was the second deployment in England.

Cheryl George raised concern for elderly and vulnerable patients using the patient self check-ins and patient led booking if frontline staff were removed and unable to support them. Andy Haywood confirmed that this was not a replacement system for frontline staff it was to assist the processes already in place.

Emma Sayner left the meeting at 16:29 hours

Kev Allen requested information regarding the systems in place for patients who did not have the skills or ability to use smart phones and computers. A recent patient story was shared which referenced to a letter received from a GP which the patient was not aware of on the NHS app as an example of this. Andy Haywood confirmed that the Group did not manage IT services in relation to GP letters and a collective approach was required between the primary and secondary care services. Andy Haywood offered to discuss the details with colleagues in the relevant Place Partnership upon receipt of further more details.

Mike Bateson very much looked forward to the new EPR system and requested that the public were involved in the roll out of new systems, perhaps with a small

service user group. Andy Haywood confirmed this would form part of the implementation plan of the EPR to ensure the improvement the Group required was delivered. It was reported that the new EPR allowed links to community services which included the new method of direct prescribing to community services.

Key Allen left the meeting at 16:34 hours

Post Meeting Note: The Digital Update slides delivered during the meeting were shared via e-mail after the meeting.

4.3 Safety & Quality Priorities

Heather McNair provided an update on the Quality Priorities and progress which had been made during the year. This included four areas which would continue into next year as follows:

- Sepsis
- Care of the deteriorating patient
- End of Life (EoL)
- Medication safety – particularly insulin and diabetic ketoacidosis.

Heather McNair suggested that deconditioning, also known as nurse sensitive indicators, should be added which included falls, pressure ulcers and nutrition. Due to high compliance with the Mental Capacity Act, it was thought this could be removed from the priorities.

Murray Macdonald highlighted there was a scheduled Q&S CiC time out session on 23 January 2026 where discussions regarding the Quality Priorities would take place.

5. OTHER

5.1 Questions from Governors

Murray Macdonald welcomed any questions from Governors and noted that four had been submitted by Brent Huntington in advance of the meeting. The responses were reported as follows:

- Guttering at GDH – Work was ongoing at this time and James Lewis, Associate Director of Engineering & Estates had offered to provide a site visit.
- Information Totem – Had initially been positioned incorrectly and work was scheduled to move the totem at the end of January 2026
- Referral of patients to Diana, Princess of Wales Hospital (DPoW) instead of GDH – update provided under agenda item 4.1 earlier in the meeting
- Request for liver screening at GDH – Communications being prepared for the launch of the new service at GDH

No further questions were raised.

5.2 Items for Information / To Note

Murray Macdonald drew the Council's attention to the items for information noted in Appendix A.

5.3 Any other Urgent Business

No items were raised.

5.4 Matters to be escalated to the Trust Board

Murray MacDonald noted that many of the discussions which had taken place during the meeting would be escalated to the Trust Board with a particular link to safety through various lenses. No further items were raised.

5.5 Council Performance, Meeting Reflection & Timings Review

Murray Macdonald welcomed any reflections on the meeting. No items were raised. Any feedback should be forwarded to Murray Macdonald or through the Foundation Trust office.

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 would be held as follows:

Annual Review Meeting (ARM) on Wednesday, 25 February 2026 at 14:30 – 17:00 hours to be held virtually via MS Teams

Murray Macdonald thanked the Foundation Trust Office staff for the administration support before and during the meeting, and thanked those present for their attendance and contributions.

The meeting closed at 16:45 hours.

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

Governors					
Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	6	4	Brent Huntington	6	6
Kevin Allen	6	6	David James	6	5
Paula Ashcroft	6	1	Wendy Lawtey	6	5
Diana Barnes	5	4	Corrin Manaley	6	5
Jeremy Baskett	5	4	Emma Munday	6	3
Mike Bateson	6	6	Rob Pickersgill	5	4
Linda Bayram	5	2	Ian Reekie	6	6
Marian Davison	1	1	Caroline Ridgway	6	3
Cheryl George	1	1	Dr Sandeep Saxena	6	4
Dietmar Harteveld	1	0	Dr Gorajala Vijay	6	4
Paul Henderson	5	2	Jackie Weavill	6	5
David Howard	1	0	Clare Woodard	6	4

Executives					
Name	Possible	Actual	Name	Possible	Actual
Andy Haywood	3	2	Emma Sayner	5	4
Jonathan Lofthouse	1	0	David Sharif	6	5
Ivan McConnell	2	2	Lyn Simpson	4	4
Heather McNair	2	1	Amanda Stanford	4	1
Simon Nearney	5	4	Sarah Tedford	3	0
Matt Powls	2	0	Dr Kate Wood	5	4

Non-Executive Directors					
Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	6	6	Murray Macdonald	6	5
Linda Jackson	3	2	Simon Parkes	6	2
Sue Liburd	6	6	Gill Ponder	6	6
Sean Lyons	3	3			

COUNCIL OF GOVERNORS ANNUAL REVIEW MEETING
Minutes of the meeting held on Wednesday, 25 February 2026 at 14:30 – 16:30 hours
via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Murray Macdonald	Interim Group Chair
Kevin Allen	Public Governor
Mike Bateson	Deputy Lead Governor
Marian Davison	Public Governor
Cheryl George	Public Governor
Brent Huntington	Public Governor
Emma Munday	Stakeholder Governor
Ian Reekie	Lead Governor
Caroline Ridgway	Public Governor
Dr Sandeep Saxena	Staff Governor
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor

In Attendance:

Julie Beilby	Non-Executive Director
Simon Elliott	Deputy Improvement Director (NHS England)
Alison Hurley	Deputy Director of Assurance
Gill Ponder	Non-Executive Director
David Sharif	Group Director of Assurance

Suzanne MacLennan Corporate Governance Officer (minutes)

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

Murray Macdonald, Interim Group Chair, welcomed those present to the Council of Governors (CoG) Annual Review Meeting (ARM). A particular welcome was extended to Simon Elliott from the NHS England Improvement team who would be observing the meeting.

Alison Hurley provided details of apologies for absence for:
Public Governors – Dietmar Hartevelde and David James
Staff Governor - Corrin Manaley
Stakeholder Governor – Cllr Linda Bayram

Kev Allen advised that due to another commitment he was required to leave the meeting at 16:00 hours.

1.2 Declarations of Interest

No declarations of interests were received in respect of any of the agenda items.

1.3 To receive the approved minutes of the previous Council of Governors Annual Review Meeting held on 22 August 2024

The approved minutes of the previous Annual Review Meeting held on the 22 August 2024 were received.

1.4 Urgent Matters Arising

Murray Macdonald invited attendees to raise any matters requiring discussion not captured on the agenda. None were raised.

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

2.1 Strategic Partnerships & Programmes Committees-in-Common Highlight Report

Murray Macdonald advised there had been no Strategic Partnerships & Programmes Committees-in-Common meeting since the previous update was provided at the 8 January CoG meeting and so no further update was available.

2.2 Performance, Estates and Finance (PEF) Committees-in-Common (CiC) Highlight Report

Gill Ponder provided a comprehensive summary of the report.

Marian Davison queried whether the financial reports were specific to each of the Trusts and whether it was known what the outcome and impact of those were. Gill Ponder confirmed that financial reports were separate for NLaG and HUTH along with a consolidated report for the Group position. The pressures for each Trust were highlighted as under-delivery of the cost improvement programme (CIP) and continued overspending. It was reported that some care groups were more financially challenged such as the Emergency Department (ED), due to high demands on the services and temporary staffing to ensure patient safety was maintained. Gill Ponder highlighted that the grip and control measures were beginning to have an impact and early indications for month 10 were showing improvements.

Ian Reekie enquired about the Trust's adherence to the NHSE target of paying 95% of invoices within 30 days, particularly for local suppliers. Gill Ponder confirmed that external invoices remained a priority and that any delays would affect internal NHS invoices rather than those from small businesses.

Cheryl George queried what plans were in place to address the high spend on agency staff and staff retention. Gill Ponder confirmed there was ongoing work to convert temporary staff to permanent positions whilst noting that some staff preferred the flexibility available through temporary positions. It was reported that

the Recruitment team continued to fill vacancies where possible to maintain patient safety. Julie Beilby detailed the implementation of grip and control measures on agency spend, noting initial delays in enforcement but eventual success in reducing costs for a period. The need for continued strict controls from the start of the new financial year was emphasised and the cultural shift required for sustained change highlighted. It was reported there had been a spike in agency spend during December 2025 due to industrial action. Cheryl George suggested that progression should be available for staff which would aid staff retention.

Murray Macdonald reported that the financial performance issues were predominantly linked to NLaG particularly in relation to medical workforce.

In response to a query about the timeframe for repayments of Public Dividend Capital (PDC) from Brent Huntington, Gill Ponder confirmed there was no imposed timetable for repayments other than to recover the financial position as soon as possible. Brent Huntington queried if the interest rate for PDC was 3.9%. David Sharif confirmed within MS Teams chat that the Secretary of State required that providers pay a PDC dividend based on a charge of 3.5% on actual average relevant net assets, including subsidiaries (but not consolidated NHS charities), during the financial year as determined in the draft and/or unaudited accounts submitted to NHSE. It was noted that the Trusts annual accounts make reference to this.

Brent Huntington noted the limited assurance on transformation and queried attendance expectations of the Group Director of Transformation at the PEF CiC. Gill Ponder confirmed that Ivan McConnell, the Group Director of Transformation was a regular attendee at the CiC meetings and an administrative error may have omitted this on the attendance log which would be addressed. Gill Ponder highlighted the small size of the Programme Management Office (PMO) team and the need for more specialised skills to drive transformational and cultural change, with plans to audit transformation capacity in the coming year.

Mike Bateson requested assurance on the confidence of financial recovery without jeopardising services for patients. Gill Ponder stressed that while detailed plans exist for financial recovery the Trust's historical weakness had been in execution and timely response to issues. It was noted that support from the Improvement Team and NHSE was helping to instil a focus on execution, but acknowledged that cultural change would take time.

Gill Ponder confirmed there were very detailed cancer plans in place for each cancer modality level which were just beginning to show improvements although must be sustained, in response to a query from Mike Bateson.

Mike Bateson queried whether the Grimsby Community Diagnostic Centre (CDC) was fully on stream and utilised following a number of initial issues. Gill Ponder reported that much lower levels of work through the CDC were seen than expected although some areas and equipment were not currently available due to a water leak which had been addressed with the landlord. Recent improvements had been reported and further discussed at the CiC querying why extra capacity had not been produced given the level of investment. Murray Macdonald suggested that the CiC had a review of the CDCs as the underutilisation was a shared frustration.

In the MS Team chat Gill Ponder highlighted that the next meeting of the PEF CiC was on Tuesday, 3 March 2026 where a deep dive into diagnostics was on the agenda for that meeting. This would include all aspects of diagnostics and CDC's.

2.3 Quality & Safety (Q&S) Committees-in-Common Highlight Report

Murray Macdonald advised there had been no Q&S CiC meeting since the previous update was provided at the 8 January CoG meeting and therefore no update was required at this time.

2.4 Workforce, Education & Culture (WEC) Committees-in-Common Highlight Report

Julie Beilby provided a summary of the themes which had emerged at the two recent WEC CiC meetings. It was reported that the WEC CiC shared the concern regarding staffing capacity and Governors were asked to note that within the audit work plan there was a specific block of time allocated for a review of capacity and transformation.

Julie Beilby highlighted that NLaG remained a national outlier in the General Medical Council (GMC) National Training Survey for resident doctors. Ongoing engagement was highlighted with the GMC and NHSE, the implementation of a 10-point plan, and the expectation of challenging written feedback, emphasising the importance of retaining resident doctors.

Detailed recent investments in Safer Nursing Staffing, including external validation that confirmed the Trust's correct application of the staffing tool. Phased investments aligned with the operational plan and specific focus on paediatric nursing and mental health challenges was noted.

Workforce plans were being updated to align with the financial and improvement plans, with ongoing work to ensure full triangulation. It was reported that 68.4% of the People Strategy action plan had been delivered, but assurance on outcomes would depend on the forthcoming staff survey results which would be available at the end of March.

Ian Reekie requested further information about the new policy for moving Care Quality Commission (CQC) actions to business as usual. Julie Beilby clarified that the process involved determining when actions were sufficiently embedded to be managed as routine, with ongoing work to finalise the approach and ensure CQC agreement.

2.4 Audit, Risk & Governance Committees-in-Common Highlight Report

Murray Macdonald provided a summary of the report which was taken as read.

Kev Allen requested an update on the new ward accreditation programme which was due to replace the A Commitment to Excellence (ACE) programme. David Sharif confirmed this had been a focus area of work for Heather McNair, the Interim Group Chief Nurse and a report was due at the next Q&S CiC meeting. It was noted that the update would then be included in the Q&S Highlight Report for the April 2026 CoG meeting. Murray Macdonald advised that the lack of the Ward to Board dashboard and Ward accreditation scheme was also a concern at the Boards-in-Common. Alison Hurley reported that the new ward accreditation

scheme would be called Putting Patients First and was expected to commence in March whereby spaces would be offered for Governors to participate.

Ian Reekie raised concerns about the timing and process for appointing external auditors, given past difficulties in attracting market interest. David Sharif and Gill Ponder both explained that the current plan was to extend the existing external auditor contract for 2026–27, using the time to conduct a Group tender for a single external auditor for 2027–28 for both HUTH & NLaG, aiming to make the opportunity more attractive to the market.

Murray Macdonald recused himself from the meeting at 15:26 hours in advance of the next agenda item

3. ITEM FOR APPROVAL

3.1 Group Chair Appointment Update

Gill Ponder provided a summary of the confidential report outlining the robust recruitment process for the Group Chair, including national advertisement, external recruitment support, stakeholder presentations, and interviews with a panel comprising NHSE, Integrated Care Board (ICB), Governors, and independent members. Gill Ponder emphasised that the appointment would remain confidential until both the CoG and NHSE had approved it. The process resulted in the recommendation of Alan Downey as the preferred candidate due to his national experience and the Group's current requirements.

David Sharif confirmed that Murray Macdonald would return to the role of Vice Chair for HUTH once the new Group Chair was in place.

Ian Reekie queried whether there was a proposed start date taking into consideration the noted approvals required. Gill Ponder confirmed that the proposed start date was 1 April 2026 and advised that Alan Downey did not have a notice period to fulfil elsewhere.

The CoG approved the two following recommendations:

- approve the appointment of the successful candidate to the Group Chair role, as determined by the outcome of the above detailed recruitment process; and
- keep confidential all information regarding the successful applicant until both NHSE and the CoG have concluded their approvals.

Jackie Weavill raised concern regarding the candidate's previous tenure, which Gill Ponder addressed by explaining his recent focus on family and the panel's thorough consideration of his experience.

**Murray Macdonald rejoined the meeting at 15:38 hours
Dr Sandeep Saxena left the meeting at 15:40 hours**

4. REVIEW OF OPERATION AND PERFORMANCE

4.1 Role of the Governors

Alison Hurley provided a brief overview of the process undertaken for the review of the CoG and thanked the ten Governors who had completed the framework questionnaire for their support. Governors were advised that any actions which arose from the meeting would be captured on either the CoG or Membership and Public Engagement & Assurance Group (MPEAG) Action Trackers for monitoring and management.

Alison Hurley highlighted some overarching themes from the Governor feedback which would be discussed in more detail later in the meeting, these were:

- The new accreditation scheme replacing ACE review and the high level of commitment and passion and input from Governors was noted
- A strong understanding of the Governor role and statutory powers
- Positive working relationships and effective engagement with NEDs and Executive Directors which allowed Governors to constructively and robustly hold NED CiC Chairs to account
- Strong support from the Foundation Trust Office was highlighted
- Clear and timely responses to Governor concerns and challenges
- Suitable engagement structures in place as managed through the MPEAG

Areas for improvement were noted as follows:

- Public and member engagement – further embed the Member and Public Engagement strategy and address the low uptake of local Governor engagement opportunities
- Some confusion with the Governor role versus the NED role
- Greater understating of the Integrated Care System (ICS) required for some Governors
- Perception of selective information sharing with the CoG
- Concerns noted regarding the remaining Governor powers within the Trust model due to the NHS 10 year plan and changes to be implemented
- Reminder to not raise or champion individual complaints and instead signpost to the appropriate teams as per the Governor Information Sheet.

Alison Hurley then provided an overview of key details and feedback for each question in the questionnaire as detailed below.

4.1 (a) Do you fully understand the role of the Governor and CoG as a whole, and is the operation of the CoG influenced by the needs of the local community in the context of the wider health and care system?

Key comments confirmed the role was fully understood by Governors, whilst improved local community engagement required improvement in line with the Member and Public Engagement Strategy via the MPEAG to better inform the operation of the CoG.

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

Alison Hurley reported that 70% of Governors were satisfied with the level of attendance and engagement with the Trust Board. Whilst a couple of responses appeared to indicate that Governors hold Executive Directors to account, rather than Governors holding NEDs to account and NEDs holding Executive Directors to account.

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

Alison Hurley reported that the majority of Governors (80%) felt the Group Chair and Vice Chair kept CoG members informed about the key activities and risks concerning the Board of Directors. Comments provided queried the level of detail shared and it was noted that the feedback captured the perception of selective information-sharing.

4.1 (d) Do the Lead/Deputy Lead Governors keep you informed of developments of interest to Governors between meetings and effectively represent the interests of Governors in discussions with the Group Chair/Vice Chair and Group Director of Corporate Assurance/ Deputy Director of Corporate Assurance?

A largely positive response was received from 80% of Governors who felt that the Lead and Deputy Lead Governors kept fellow Governors informed of developments of interest to Governors between meetings, whilst also effectively representing their interests. Alison Hurley commended the work of Ian Reekie, Mike Bateson and former Deputy Lead Governor, Rob Pickersgill.

4.2 Engagement with Members and Stakeholders

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

A mixed response to this question was highlighted by Alison Hurley, with 60% of Governors confirming that they felt opinions were canvassed and represented on the interests of Trust staff and public members and the general public, and are effectively feedback to the Board of Directors for inclusion in the governance of the Trust. Key comments noted that planned Governor engagement sessions, arranged on behalf of Governors, were very poorly attended. Whilst the development of the Governor engagement protocol, Engagement sessions and feedback reports were noted as positive progress in implementing the Member and Public Engagement Strategy, further work was still required. Engagement session locations were also now more flexible as requested by Governors to support greater attendance of Governors.

Ian Reekie confirmed that Governors would like to address this requirement in more detail with the suggestion of a case study regarding Governor concerns about the lack of focus in individual patients needs within the patient administration process. Examples of such were being brought to the attention of Governors on a regular basis and patient administration failures continue to occur. Ian Reekie queried whether the Governors had been effective in relaying these concerns to the Boards-in-Common and challenged the mechanisms in place if they had not, and had sufficient notice of feedback from Governors been taken. Murray Macdonald confirmed that the CoG could review the broader aspects of patient experience and administration to draw lessons and establish the key issues.

Governors were reminded that it was not appropriate to become involved in individual patient specific cases which should be addressed through the Patients Experience and/or Patient Advise & Liaison Service (PALS). It was agreed that the CoG should embark on a project to address this systemic issue. In the MS Team chat David Sharif reminded Governors that if patients wished to remain anonymous in talking to PALS then their privacy would be respected. Julie Beilby reported that the Patient Experience Report would be discussed at Q&S CiC on Thursday 26 February and noted that complaints was also an area of personal interest.

Murray Macdonald suggested a scoping meeting was arranged to discuss the project and attendees should include David Sharif, Alison Hurley, Ian Reekie and Mike Bateson along with himself.

Action: Arrange a meeting with Murray Macdonald, David Sharif, Alison Hurley, Ian Reekie and Mike Bateson to plan and commence the CoG Patient Administration and Patient Experience Project

Key Allen left the meeting at 16:00 hours

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

The majority of Governors (70%) felt they communicate about the Trust, its vision and performance to members, the public and stakeholder organisations who elected/appointed them. Governor comments provided note that further work was required, and the use of the Members' Newsletter could support this in line with the Member and Public Engagement Strategy which was noted as not yet effectively implemented.

Governors were reminded to raise any general concerns or queries with the Foundation Trust team who would seek responses as usual, or to signpost individuals as per the Governor Information sheet.

4.3 Accountability

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

Alison Hurley reported the majority of Governors had provided a positive response to this question and no concerns were raised.

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

There was a mixed response from Governors in relation to the effectiveness of the ARG CiC criteria for appointing, re-appointing and removing external auditors. It was noted that three Governors who rated this R2 either had limited knowledge or also referred to the shortage of companies tendering for the contract rather than whether the criteria was effective. Alison Hurley suggested any concerns on this question could be addressed in the CoG private meeting which followed the CoG ARM.

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

Alison Hurley reported that Governor comments noted sufficient and relevant information was received by the CoG to enable it to discharge its duties. This was via meeting papers, responses to questions posed at CoG meetings as well as informal Governor briefings.

Alison Hurley highlighted there was a concern raised around the transparency of private versus public Boards-in-Common papers and discussions and Mike Bateson requested clarification on what made a topic private or public. Murray Macdonald confirmed this related to a legal definition which would be shared with Governors after the meeting.

Action: Foundation Trust Office to share the legal definition of private versus public topics and/or documents

4.3 (d) Do you feel appropriately briefed on values and all policies and procedures adopted by the Trust?

A positive response was given by 80% of Governors and Alison Hurley highlighted from the comments that Governors were involved in the development of the Group Values and new Staff Charter.

4.4 Conduct of Meetings

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

A mixed response was given for this question with key comments to note including a reference to the Trust's current context placing additional pressures on the Council, and a request for consideration of additional constituencies to reflect the 'rurality and expanse' of the Trust's geography.

Concern was also noted by one Governor in relation to the number of public Governor vacancies (being three vacancies of 16 public Governor seats).

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

The majority of Governors agreed that there were sufficient meetings to address the workload of the CoG. Alison Hurley highlighted comments which noted the effectiveness of the CoG and MPEAG meetings together with ad-hoc briefings, although a couple of comments noted the lengthy CoG agendas and time to address them. Holding CoG meetings immediately after the Boards-in-Common meetings was also noted as enabling more effective and timely holding of NEDs to account.

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

The majority (80%) of Governors rated this R3 or R4 and reference was made to the timely and effective service provided by the Foundation Trust Office team. In relation to a comment about little notice for a meeting, Alison Hurley confirmed this would only relate to an extra-ordinary CoG or Appointments and Remuneration Committee (ARC) meetings in order to address urgent and/or unplanned business, as all CoG and MPEAG meetings were planned, shared and diary invites sent well in advance of the year they relate to.

Governors were also reminded that the agenda for the Boards-in-Common meetings were always shared a week in advance of the meetings, together with a link to the papers on the website.

4.4 (d) Does the Group Chair ensure the Trust Board and CoG work together effectively?

Alison Hurley reported that a majority (60%) of Governors confirmed the Group Chair ensured the Trust Board and CoG worked together effectively although two Governors did not provide a response.

4.4 (e) Are you provided with information on Integrated Care System (ICS) plans, decisions and delivery that directly affect the organisation and its patients?

Alison Hurley reported that the majority of Governors rated this requirement with a negative response of either R1 or R2 and just three Governors provided a response of R3. From the responses received, it was noted that information on Integrated Care Board (ICB) plans, decisions and delivery that directly affected the organisation and its patients had been shared with Governors, although it would be welcomed in simpler terms. The responses appeared to relate to the uncertainty of the future ICBs in relation to the national position, and a further comment referred to the greater need for collaboration between local authorities in the ICS rather than a local of information shared.

Governors were reminded to refer to the acronyms and glossary of terms document in the items for information at CoG meetings and in the Governor Handbook or ask the Foundation Trust Office staff if needed for support with understanding acronyms.

Governors were also reminded of the Governor briefings sessions held on Neighbourhood Health on 22 October 2025 and on Neighbourhood Health & Clinical Strategy delivered on 17 November 2025.

Ian Reekie suggested a Governor briefing session be held with Jason Stamp, Chair of the ICB to provide an update on the new ICB structure, working practices and priorities similar to the one delivered at the Patient Engagement Network on 25 February 2026.

Action: Foundation Trust Office to arrange a Governor Briefing session with Jason Stamp, Chair of the ICB.

4.5 Personal Development

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

80% of Governors confirmed their satisfaction with the mechanisms in place to identify and meet Governor training needs.

Alison Hurley reminded Governors of the opportunity to take part in annual Governor Development Reviews with the Group Chair or Group Director of Assurance (or their Deputy), the resultant annual Governor Development Programme overseen by the MPEAG, and the planned and ad-hoc Governor briefings (usually arranged in response to a request for additional information/support) etc. It was highlighted that any Governor learning undertaken with NHS Providers was also shared amongst all Governors via feedback sessions in order to maximise the learning.

As part of the induction process Governors were required to complete their mandatory training on the E-Learning for Healthcare website (provided by NHSE), as per all Trust/Group volunteers.

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

The majority of Governors felt that they had received sufficient induction and training to fulfil their role. This was especially positive following feedback from new Governors who attended the in-house bespoke Governor Induction who felt that it was very effective and helpful (having been developed and delivered by the Corporate Assurance team following the last two elections).

4.6 Shaping the Future

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

A mixed response was reported for this question, with 50% of Governors feeling they make a useful contribution with the opportunity to be sufficiently involved in activities within the Trust that influence the future of either clinical services or the Foundation Trust as a whole. Executive Director support in providing ad-hoc Governor briefings was noted particularly in support of key service developments, which supported Governor knowledge and contribution.

The Governors contribution and passion was noted in the comments, although some comments also questioned the level of Governor influence.

Other key comments included the possibility of engaging Governors earlier in the development of new services.

4.6 (b) Is there sufficient dialogue on the Trust's forward plan?

A mixed response was given for this question, with the 50% of Governors confirming there was sufficient dialogue on the Trust's forward plan, noting that this was addressed via the informal Governor briefings and formal CoG agenda items.

It was noted that Governor involvement/engagement would be welcomed earlier in the planning process for the Forward Plan by two Governors. The Group Strategy and Alignment with Associated Strategies briefing was delivered on 5 November 2025 as part of the usual Governor engagement in the planning process, and as part of the CoG meeting.

Murray Macdonald drew the CoG's attention to a piece of work being undertaken by David Sharif to address the timing of involvement of the Trust Board in the Operational Plan process which could also include Governors.

Mike Bateson requested that Governors were involved in sanitary checks for any new proposals.

4.7 Standards of Conduct

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

A positive response was given by 80% of Governors who confirmed they were satisfied with the process to remove a Governor from the Council if

required. The comments confirmed the process was appropriate and referred to a need for a robust process if it was to be required.

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

Nine out of ten Governors confirmed their awareness of the CoG's ability to exercise its power to remove the Trust Chair or any NEDs after exhausting all means of engagement with the Board of Directors. Governor comments referred to the involvement of NHSE in relation to NLaG being in a Group model with Hull University Teaching Hospitals NHS Trust (HUTH), and the reality of the CoG's remaining 'power'.

Following a discussion it was agreed to repeat the Governor briefing session on the holding to account role for Governors and Alison Hurley agreed to support this.

Mike Bateson requested some flexibility with the questions used at the Governor Engagement session particularly in relation to some site specific questions. Alison Hurley agreed with the suggestions and confirmed that the current questions were formed with input from the Patient Experience team and their requested feedback.

Alison Hurley welcomed any further items for consideration or actions.

Following a question from Marian Davison it was confirmed by Alison Hurley that the completion of the CoG ARM framework questionnaire was an annual process.

Brent Huntington requested that draft CoG minutes were shared within seven to nine days of the meeting and that Boards-in-Common minutes were available on the website.

Action: Foundation Trust Office to arrange a Governor Briefing session on the Governor holding to account role.

Murray Macdonald thanked the Foundation Trust Office for conducting and compiling the CoG ARM Framework responses which had proved helpful and insightful. Gratitude to those Governors who took the time to complete the framework was noted and further encouragement was expressed to those who did not complete it this time.

5. OTHER

5.1 Reflection of Format for Future Meetings

No items were raised.

5.2 Any Other Urgent Business

No items were raised.

5.3 Items for Information / To Note (as per Appendix A)

Murray Macdonald drew the Council's attention to the items for information noted in Appendix A.

6. DATE AND TIME OF THE NEXT MEETING

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

Private Meeting – Wednesday, 25 February 2026 from 16:30 – 16:45 hours via MS Teams

Business Meeting - Wednesday, 15 April 2026 from 14:00 - 17:00 hours in the Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe, DN16 1BU

The Interim Group Chair closed the meeting at 16:22 hours.

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

Governors					
Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	7	4	Brent Huntington	7	7
Kevin Allen	7	7	David James	7	5
Paula Ashcroft	7	1	Wendy Lawtey	7	5
Diana Barnes	5	4	Corrin Manaley	7	5
Jeremy Baskett	5	4	Emma Munday	7	4
Mike Bateson	7	7	Rob Pickersgill	5	4
Linda Bayram	6	2	Ian Reekie	7	7
Marian Davison	2	2	Caroline Ridgway	7	4
Cheryl George	2	2	Dr Sandeep Saxena	7	5
Dietmar Hartevelde	2	0	Dr Gorajala Vijay	7	5
Paul Henderson	5	2	Jackie Weavill	7	6
David Howard	1	0	Clare Woodard	7	5

Executives					
Name	Possible	Actual	Name	Possible	Actual
Andy Haywood	3	2	Emma Sayner	5	4
Jonathan Lofthouse	1	0	David Sharif	7	6
Ivan McConnell	2	2	Lyn Simpson	4	4
Heather McNair	2	1	Amanda Stanford	4	1
Simon Nearney	5	4	Sarah Tedford	3	0
Matt Powls	2	0	Dr Kate Wood	5	4

Non-Executive Directors					
Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	7	7	Murray Macdonald	7	6
Linda Jackson	3	2	Simon Parkes	6	2
Sue Liburd	6	6	Gill Ponder	7	7
Sean Lyons	3	3			

EXTRAORDINARY COUNCIL OF GOVERNORS MEETING
Minutes of the meeting held on Tuesday, 31 March 2026
at 17:00 to 18:00 hours via MS Teams

For the purpose of transacting the business set out below:

Present:

Core Members:

Murray Macdonald	Interim Group Chair
Ahmed Aftab	Staff Governor
Mike Bateson	Public Governor
Marian Davison	Public Governor
Cheryl George	Public Governor
Cllr Anne Handley	Stakeholder Governor
Dietmar Hartevelde	Public Governor
Brent Huntington	Public Governor
David James	Public Governor
Wendy Lawtey	Public Governor
Ian Reekie	Lead Governor
Dr Sandeep Saxena	Staff Governor
Dr Gorajala Vijay	Public Governor
Jackie Weavill	Staff Governor
Clare Woodard	Public Governor

In Attendance:

Alan Downey	Group Chair Designate
Alison Hurley	Deputy Director of Assurance
David Sharif	Group Director of Assurance

Not Present:

Suzanne MacLennan	Corporate Governance Officer (minutes)
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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 Interim Group Chair, Murray Macdonald, welcomed those present to the Council of Governors (CoG) Extraordinary Meeting. Alan Downey was welcomed and introduced to the CoG members present.

Alison Hurley provided details of apologies for absence from Public Governors, Kev Allen, Staff Governor Corrin Manaley along with Stakeholder Governor Emma Munday.

1.2 **Declarations of Interest**

Murray Macdonald requested any declarations of interests in respect of the agenda item. It was noted that Murray Macdonald would recuse himself from the meeting for agenda item 2.1 and rejoin the meeting following the conclusion of the item. Julie Beilby would act as Chair of the meeting for this agenda item.

It was also noted that this was the first meeting of the new stakeholder Governor for East Riding of Yorkshire Council, Anne Handley and she was welcomed by those present.

Murray Macdonald was recused from the meeting ahead of the next agenda item.

2. **ITEM FOR APPROVAL**

2.1 **Appointment of NLaG Non-Executive Director – Murray Macdonald**

Julie Beilby opened this item and invited David Sharif to provide an overview of the report noting that this recommendation would not set a precedent for appointing Non-Executive Directors (NEDs) in the future, and the urgency of this item was to ensure Board quoracy and functionality. David Sharif provided a summary of the details and clarified that the planned appointment start date would be 1 April 2026.

Ian Reekie noted it had been common practice for the CoG to approve an elevation of an Associate NED to a full NED role without a recruitment process. It was confirmed that the Appointments and Remuneration Committee (ARC) members had agreed that Murray Macdonald's appointment should last until the end of his current term or until a decision was made regarding the adoption of Group NEDs versus separate NEDs for each Trust. It was highlighted that it would be inappropriate to serve as a NED for both Trusts unless the Group NED governance structure was introduced.

Ian Reekie clarified that the recommendation erroneously mentioned appointing Murray Macdonald as Vice Chair and confirmed along with David Sharif that the appointment was solely for the NED role, not Vice Chair. David Sharif agreed to amend the wording as noted.

Taking into account the amendments noted above the ARC recommended the appointment of Murray Macdonald to the NLaG NED role to the CoG for approval.

The CoG approved the ARC recommendation.

Murray Macdonald rejoined the meeting at this point.

2.2 **Appointment of the Group Chief Executive – Lynn Simpson**

Murray Macdonald introduced the proposal to appoint Lynn Simpson as the substantive Group Chief Executive and Alan Downey elaborated on the rationale for confirming this substantive role (in addition to the details in a letter sent to all Governors the week before). The need for stability, Lynn's track record, and the support she had from NHS leadership and NEDs were all cited.

Alan Downey valued the support of the Governors and very much looked forward to working with the CoG as the Group Chair noting the importance of the tasks ahead.

Ian Reekie presented a motion, supported by a consensus of Governors, declining to approve the appointment of a substantive Humber Health Partnership Group Chief Executive without a competitive recruitment process, referencing a previous commitment to such a process, concerns about transparency, and the importance of following due process for senior NHS appointments. The motion suggested the appointment should be delayed for six weeks to undertake a rapid competitive recruitment exercise.

Ahmed Aftab and Cheryl George left the meeting at 17:30 hours.

Murray Macdonald, Alan Downey and multiple Governors engaged in an extensive debate regarding the substantive Group Chief Executive appointment. During the discussion Alan Downey and Julie Beilby highlighted the pragmatic benefits of confirming Lyn Simpson to ensure stability and maintain a positive relationship with NHS England (NHSE), while several Governors expressed concerns about bypassing due process, the potential resultant reputational damage, and the expected staff dissatisfaction with the proposed process.

Murray Macdonald and Alan Downey acknowledged that the Secretary of State and NHSE could override the Governors' decision, and discussed the potential consequences for the Trust's influence, and the future relationship and 'goodwill' of NHSE colleagues if the Governors' stance was overturned. Governors were also advised that even with a competitive recruitment process the outcome may still be the same.

After a thorough debate, Murray Macdonald suggested a vote on the Governors' resolution. Alison Hurley confirmed that twelve Governors had voted in favour of the motion, resulting in a unanimous decision to decline the approval of the appointment without a competitive process. Murray Macdonald agreed to inform the NHSE Regional Director of the decision reached.

3. OTHER

3.1 Any Other Urgent Business

No items were raised.

4. DATE OF THE NEXT MEETING

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

The next Council of Governors Meetings will be held as follows:

Council of Governors Business meeting on Wednesday, 15 April 2026 at 14:00 – 17:00 in the Chamber, University Campus North Lincolnshire (UCNL), Ashby Road, Scunthorpe, DN16 1BU

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

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

Governors					
Name	Possible	Actual	Name	Possible	Actual
Ahmed Aftab	8	5	Brent Huntington	8	8
Kevin Allen	8	7	David James	8	6
Paula Ashcroft	8	1	Wendy Lawtey	8	6
Diana Barnes	5	4	Corrin Manaley	8	5
Jeremy Baskett	5	4	Emma Munday	8	4
Mike Bateson	8	8	Rob Pickersgill	5	4
Cllr Linda Bayram	6	2	Ian Reekie	8	8
Marian Davison	3	3	Caroline Ridgway	8	4
Cheryl George	3	3	Dr Sandeep Saxena	8	6
Cllr Anne Handley	1	1	Dr Gorajala Vijay	8	6
Dietmar Harteveld	3	1	Jackie Weavill	8	7
Paul Henderson	5	2	Clare Woodard	8	6
David Howard	1	0			

Executives					
Name	Possible	Actual	Name	Possible	Actual
Andy Haywood	3	2	Emma Sayner	5	4
Jonathan Lofthouse	1	0	David Sharif	8	7
Ivan McConnell	2	2	Lyn Simpson	4	4
Heather McNair	2	1	Amanda Stanford	4	1
Simon Nearney	5	4	Sarah Tedford	3	0
Matt Powls	2	0	Dr Kate Wood	5	4

Non-Executive Directors					
Name	Possible	Actual	Name	Possible	Actual
Julie Beilby	8	8	Sean Lyons	8	7
Alan Downey	1	1	Murray Macdonald	8	7
Linda Jackson	3	2	Simon Parkes	6	2
Sue Liburd	6	6	Gill Ponder	7	7



**Hull University
Teaching Hospitals**
NHS Trust



**Northern Lincolnshire
and Goole**
NHS Foundation Trust

COUNCIL OF GOVERNORS ACTION TRACKER

2026/27

ACTION TRACKER - CURRENT ACTIONS - 15 April 2026

COUNCIL OF GOVERNORS

Minute Ref	Date / Month of Meeting	Subject	Action Ref (if different)	Action Point	Lead Officer	Target Date	Progress	Status	Evidence
COG(26)006	25/02/26	CoG ARM - Summary	4.7	Arrange a Governor briefing session the the Holding to Account role	Foundation Trust Office	May-26	Planning in place for the session to be held in May 2026.		Emails
COG(26)006	25/02/26	CoG ARM - Conduct of Meetings	4.4	Arrange a Governor briefing with Jason Stamp, Integrated Care Board (ICB) Chair	Foundation Trust Office	May-26	Governor Briefing session scheduled for 27 May 2026.		Emails
COG(26)005	25/02/26	CoG ARM - Accountability	4.3	Share the legal definition of private versus public topics and/or documents	Foundation Trust Office	Feb-26	Legal definition of of private versus public shared via email after the CoG ARM on 25 February 2026.	Complete	Emails
COG(26)004	25/02/26	CoG ARM - Engagement wih Members & Stakeholders	4.2	Plan & progress CoG Patient Administration and Patient Experience project	Foundation Trust Office		This action has been transferred to the Membership and Public Engagement & Assurance Group (MPEAG) for monitoring and management.	Complete	MPEAG Action Tracker & Emails
COG(26)003	08/01/26	Quality & Safety Committees-in-Common Highlight Report	3.5	Consider a flowchart to outline where and how clinical decisions are determined	Murray Macdonald	Apr-26	To be addressed at the 15 April CoG meeting - agenda item 4.1		CoG paper: CoG(26)040
COG(26)002	08/01/26	Performance, Estates and Finance Committees-in-Common Highlight Report	3.4	Consider briefing session to review comparative data for the model hospital	Lyn Simpson	Apr-26	Requested from Adam Creeggan and Chris Fry and awaiting a response.		Emails
COG(26)001	08/01/26	Interim Group Chair's Update	2.1	Request an update for the link corridor at SGH which should have opened	Foundation Trust Office	Jan-26	Response provided by Senior Project Manager and shared via email to Governors/NEDs on 14 January 2026.	Complete	Emails

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

Key:

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

Agenda Item No: CoG(26)037

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Lyn Simpson, Interim Group Chief Executive
Contact Officer/Author	Lyn Simpson, Interim Group Chief Executive
Title of the Report	Interim Group Chief Executive's Update
Executive Summary	This report provides an update to the Council of Governors on key developments across the Humber Health Partnership since the last meeting
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	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

1. Improving Patient Flow – ‘Perfect Weeks’

As part of the Humber Health Partnership’s clinically led improvement plan, a series of focused operational improvement initiatives known as ‘Perfect Weeks’ took place earlier this year across the Group’s hospitals, including Scunthorpe General Hospital (SGH) and Diana Princess of Wales Hospital (DPoW).

These seven-day initiatives were designed to test and embed new ways of working that support our internal professional standards and red lines, with a particular focus on improving patient flow through our hospitals. This recognises that pressures in emergency departments (ED) are often driven by challenges in moving patients efficiently through hospital services and safely back into community care.

At SGH and DPoW, teams focused on improving discharge planning, ensuring patients moved more quickly from EDs into the right specialty areas, and reducing reliance on escalation spaces and corridor care.

Across the programme, improvements included:

- More timely discharge of patients, reducing unnecessary time spent in hospital beds
- Improved movement of patients from EDs into appropriate wards and specialty areas
- Reduced reliance on temporary escalation spaces
- Reductions in operational pressures escalation levels (OPEL) across sites, including periods where SGH reached OPEL 2 (OPEL 4 being the highest level of escalation).

Practical improvements emerging from the work included preparing discharge arrangements the day before patients leave hospital, ensuring discharge documentation and medications are ready in advance, improving patient transport coordination and increasing the use of patient lounges to support earlier discharges.

The Perfect Weeks also involved closer working with local authority partners and community services to reduce the number of patients remaining in hospital while waiting for social care packages or community support.

The improvements being achieved across the Partnership were highlighted in March 2026 during evidence to the House of Commons Health and Social Care Select Committee, where Professor Tim Briggs, National Director for Clinical Improvement and Elective Recovery, referenced the progress being made as an example of how clinically led operational standards can improve patient flow.

The focus now is on embedding and sustaining these improvements at the Partnership’s hospitals, including SGH and DPoW, as part of the wider delivery of the clinically led improvement plan.

2. Humber Acute Services Review

On 19 February, I met at SGH with local MPs and council leaders to discuss progress following the Secretary of State’s decision on the Humber Acute Services Review (HASR).

HASR began in 2018 as a system-wide review of acute hospital services across Hull and Northern Lincolnshire. The review was initiated in response to a number of long-standing structural pressures across the health system, including difficulties sustaining safe medical rotas in some specialties, workforce shortages, increasing demand for urgent and emergency care, estate constraints and wider financial sustainability challenges.

The programme was led by NHS Humber and North Yorkshire Integrated Care Board (ICB) and followed a formal service reconfiguration process including public consultation and engagement. The Decision-Making Business Case was subject to review by the Clinical Senate and advice from the Independent Reconfiguration Panel.

The Secretary of State subsequently confirmed the decision not to call in the proposals, noting both the clinical review undertaken and the importance of strengthened system oversight.

The programme has now moved formally into the mobilisation of implementation governance. The Humber Health Partnership Implementation Group has met for the first time and Board assurance arrangements are being established in parallel, alongside agreement with the ICB regarding external oversight and assurance mechanisms. These arrangements will ensure that implementation is sequenced, monitored and transparently reported.

Alongside these governance arrangements, the Group continues to work with consultant colleagues and clinical teams as the implementation plans develop. Given the length of time the review process has taken, this engagement is focused on working through the practical implementation of the agreed HASR proposals, ensuring that changes are implemented safely and sustainably for both patients and colleagues.

A small number of highly specialised services (ear, nose and throat, urology and ophthalmology) were previously consolidated on patient safety grounds due to rota sustainability. These were separate from the HASR decision and were not implementation of the approved proposals.

The agreed direction of travel remains, with implementation proceeding in line with safety, readiness and system assurance.

3. Goole and District Hospital

At the end of January 2026, the Chair and I met with community representatives at Goole and District Hospital. The meeting provided a constructive opportunity to discuss services at the hospital and the priorities of the local community.

The discussion was open and positive, and we were grateful for the time and honesty shown by members of the community group.

An updated directory of services for Goole and District Hospital has now been published on the Trust website, reflecting input from clinical teams and partner organisations. Community representatives have been invited to review the information.

We also discussed appointment booking arrangements across hospital sites, and the introduction of a single contact centre and DrDoctor system, which will support more flexible and patient-led booking in the future.

The meeting also highlighted some positive developments at the hospital, including the introduction of Fibroscan liver clinics, ongoing work on neuro-rehabilitation capacity, and recent estate investment. We have agreed to meet again in April to review progress.

4. Care quality regulation and education oversight

Colleagues from the General Medical Council (GMC) and NHS England (Deanery) recently visited Hull University Hospitals NHS Trust (HUTH) (virtually) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) (on site) to review medical education and training arrangements.

Feedback regarding education at HUTH was positive, with clear improvements recognised compared to previous years.

The visit to NLaG followed last summer's GMC national training survey results, which echoed a long-standing trend on annual findings. Initial verbal feedback indicates that further work is required to strengthen trainee experience and supervision.

A revised action plan has been shared with NHS England and will be monitored through the Trust's Workforce Committee.

Separately, the Care Quality Commission undertook an inspection of end of life and outpatient services at NLaG. Initial feedback confirmed that no urgent concerns requiring immediate escalation were identified.

Council of Governors Business Meeting

Agenda Item No: CoG(26)038

Name of the Meeting	Council of Governors		
Date of the Meeting	15 April 2026		
Director Lead			
Contact Officer/Author	Ian Reekie, Lead Governor		
Title of the Report	Lead Governor's Update		
Executive Summary	<p>The purpose of this report is to update governors on highlights from Appointments & Remuneration Committee (ARC) meetings held on 19 February and 31 March 2026 and the Membership and Public Engagement & Assurance Group (MPEAG) meeting held on 3 March 2026. The report also summarises the latest briefings available from NHS Providers and the National Lead Governors Association regarding the Government's intention to remove the requirement for Foundation Trusts to have a Council of Governors.</p> <p>It is recommended to Council of Governors:</p> <ul style="list-style-type: none"> • that highlights from the MPEAG meeting held on 3 March 2025 be noted. • that governors make their views known regarding the proposed abolition of Councils of Governors to the seven Members of Parliament whose constituencies incorporate all or parts of NLaG constituencies. 		
Background Information and/or Supporting Document(s) (if applicable)	None		
Prior Approval Process	None		
Financial implication(s) (if applicable)	None		
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	None		
Recommended action(s) required	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below: </td> </tr> </table>	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:
<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:		

COUNCIL OF GOVERNORS

15 April 2026

Lead Governor's Update

APPOINTMENTS & REMUNERATION COMMITTEE (ARC)

Two extraordinary ARC meetings have been held to make recommendations which were subsequently approved by the Council of Governors. The 19 February meeting recommended endorsement of Alan Downey as Group Chair and the 31 March meeting recommended the appointment of Murray Macdonald as a full NLaG Non-Executive Director.

MEMBERSHIP AND PUBLIC ENGAGEMENT & ASSURANCE GROUP (MPEAG) HIGHLIGHTS

An MPEAG meeting was held on Tuesday 3 March when issues discussed included:

- Quality Priorities – An update was provided on the development of quality priorities for 2025/26 which had included a process of consultation in which governors had the opportunity to participate. The reasoning for the inclusion of the eight shortlisted priorities was explained. Governors reiterated disappointment that poor patient/carer communication was not explicitly recognised as a major cause of poor quality outcomes. Julie Beilby made the views of governors known in this regard at the Quality & Safety Committees-in-Common meeting on 26 March when it was decided to recommend the following quality priorities for Board approval:
 - Responding to patient deterioration/sepsis
 - Infection control alert organism rate reduction
 - Safe care for patients prescribed insulin
 - Ensuring safer surgery
 - Preventing deconditioning.
- Member and Public Engagement Strategy – An update was provided on progress with implementation of the strategy which is being overseen by a MPEAG working group. It was decided to work with the Communications and Information Governance teams to explore options for the creation of a dedicated member social media channel. The need to prioritise the recruitment and involvement of young people as foundation trust members was also agreed.

FUTURE OF COUNCIL OF GOVERNORS

The 8 January Council of Governors meeting was updated on the proposed removal of the requirement for foundation trusts to have Councils of Governors which was noted with concern. An NHS Providers webinar has since been held on the subject and there has been continued involvement in a working group of the National Lead Governors Association which is lobbying against the Government's policy which is likely to be included in the Health Bill to be introduced in the King's Speech on 13 May.

At the webinar on 3 March organised by NHS Providers (now amalgamated with the NHS Confederation to form the NHS Alliance) there was a clear expression of frustration by participants in attempting to understand the rationale for what the Government is attempting to achieve by removing the requirement to have Councils of Governors without any thought through alternatives. Many of those attending agreed that the proposal contradicts national ambitions for localism and community involvement by losing the democratic legitimacy and independence currently provided by elected governors.

The National Lead Governors Association is continuing to undertake a lobbying campaign aimed at securing defeat of the relevant clause of the Health Bill once it is introduced into Parliament. This is most likely to happen in the House of Lords and a number of Peers have been identified who have expressed willingness to take up the cause. Although the House of Commons is much more likely to divide on party lines when considering this issue it is still felt to be important for governors to lobby their local MPs and a sample letter has been produced for this purpose. It is therefore recommended that approaches be made by governors to all seven MPs whose constituencies incorporate all or parts of the four NLaG constituencies as soon as the precise wording of the Health Bill is published. Discussions have also taken place with the Director of Communications regarding how to make foundation trust members aware of the views of governors regarding this issue without compromising the Trust's required neutrality.

Council of Governors Business

Meeting Agenda Item No: CoG(26)039

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Murray Macdonald, Non-Executive Director Vice Chair
Contact Officer/Author	Murray Macdonald, Non-Executive Director Vice Chair
Title of the Report	Performance, Estates & Finance Committees-in-Common Highlight Report
Executive Summary	<p>This report sets out the items of business considered by the Performance, Estates & Finance Committees-in-Common at their meeting held on 3 March 2026 including those matters which the committees specifically wished to escalate to either or both the Trust Boards.</p> <p>The Council of Governors are asked to note the issues highlighted.</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	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

CiC ESCALATION REPORT

PERFORMANCE, ESTATES AND FINANCE COMMITTEES-IN-COMMON – 3 March 2026



Humber Health Partnership

1. Matters for Reporting

Board Assurance Framework – the Public Purse risk has been increased to 20 due to the current financial position and delivery risks to the 2026/27 plan, notably £50m unidentified CIP.

Month 10 – Month 10 position had not shown the expected improvements. There was confidence in delivering the revised plan, however there remains a risk to delivery of circa £6m and if system support was required to mitigate further slippage there could be an impact on 2026/27. Work was ongoing to hit the plan with recurrent savings. Cash support had not yet been approved for 2025/26 and cash support was being applied for in the plans for 2026/27 due to deficit plan position. There was also a risk to Capital spending in Month 12 due to the scale of delivery required in month and delays in the approval of funding. **Limited** assurance was agreed by the CIC due to the grip and control measures not working effectively to reduce run rate.

Transformation Update –A revised plan was presented with limited improvement expected for the rest of 2025/26. The Financial Planning Improvement Boards are being held on a weekly basis to ensure 2026/27 opportunities are transformed into deliverable plans by the 31-3-26.

Performance – The Perfect Weeks were providing much improved UEC performance but the CIC required further assurance on how improvements would be sustained following completion. The CiC were not assured that the 78% target would be delivered by 31-3-26.

RTT 65-week waits were still a challenge, but outperforming recovery trajectory, as were 52-week waits. There had been a 78 Week breach, which had been submitted to NHSE and the Planned Care Board were carrying out a Root Cause Analysis investigation.

A **theatre performance** update was received. The CiC were assured by the detailed plans in place but requested an update in 3 months on whether planned actions and anticipated improvements had been delivered. **Limited** Assurance given until evidence of improvement.

Cancer Performance - Some improvement evident, but **Limited** assurance given due to current performance outcomes. The CIC were assured that robust improvement plans were in place.

Diagnostics – An improved position was forecast for the end of March 2026, with HUTH at 22.4% and NLAG at 17.6%. The CIC gave **Limited** assurance regarding current performance but recognised that plans were in place for all modalities. The CIC highlighted the significant risk to continued improvement from a transformational change specialist's secondment ending.

Estates - A year end risk was highlighted on Capital expenditure due to late increases in funding allocated. This was being managed with orders for kit and equipment being placed .

2. Positive Assurances

A Tower Block update was received, and a fire risk assessment had been carried out. The Humber Fire and Rescue Service were satisfied with the plans and actions undertaken by the Trust so far and a further meeting was planned to discuss the improvement notice deadline.

3. Decisions made by the CIC

HRI Surgical SDEC Level 3 - Following last month's delegation of authority, retrospective approval was given by the CIC, but the quality evaluation carried out was to be added to the paper.

Theatres 5 and 6 Refurb CHH – The Contractor has been chosen and external assessment had taken place, including quality evaluation. The CIC noted the paper, as below CiC approval limit.

Midlands and East Pathology Managed Services –The CIC endorsed the proposals for Board approval.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework including risks	N/a	N/a	Information	N/a
2	Group Finance Report – Month 10	6	20	Assurance	● Limited
3	Update on Transformation Programme	6	20	Assurance	● Limited
4	Group Performance Report – Urgent and Elective Care	2	20	Assurance	● Limited
5	Theatre Performance Update	2	20	Assurance	● Limited
6	Cancer Performance Update	2	20	Assurance	● Limited
7	Deep Dive - Diagnostics	2	20	Assurance	● Limited
8	Estates – including Tower Block update	2	20	Assurance	● Significant
9	Contracts: HRI Surgical SDEC Level 3 Theatres 5 & 6 Refurb CHH Midlands and East Pathology managed service	6	20	Approval Approval Review and endorse for BIC approval	Approved Received Endorsed

6. Comments on the effectiveness of the meetings

Awaiting outcome from various Group reviews and observations taking place currently.

7. Escalation to CiCs

8. Attendance record

Members / Attendees		A	M	J	J	A	S	S	N	D	J	F	M
Gill Ponder	NED (Chair)	✓	✓	✓	x	✓	✓	✓	✓	✓	✓	✓	✓
Helen Wright	NED (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	-
David Sharif	Group Director of Assurance	✓	✓	RT	✓	✓	✓	✓	✓	✓	x	✓	✓
Emma Sayner	Group Chief Finance Officer	✓	✓	✓	✓	✓	PR	✓	✓	✓	✓	✓	x
Matt Powls	Interim Group Chief Delivery Officer	-	-	-	-	-	-	-	✓	✓	✓	✓	✓
Philippa Russell	Deputy Chief Finance Officer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Andy Haywood	Chief of Strategy, Partnerships and Digital	-	-	-	✓	x	x	x	x	x	x	x	x
Tom Myers	Group Chief of Estates and Facilities	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simon Parkes	Non Executive Director	✓	✓	✓	✓	✓	x	✓	x	✓	x	-	-
Jane Hawkard	Non Executive Director	✓	✓	✓	✓	✓	✓	✓	x	✓	✓	✓	✓
Kate Wood	Group Chief Medical Officer	✓	✓	✓	✓	✓	✓	PS	✓	✓	✓	✓	✓
Sam Peate	Group Chief Delivery Officer	-	-	-	-	-	-	-	-	-	-	-	✓

Council of Governors Business

Meeting Agenda Item No: CoG(26)040

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Murray Macdonald, NED Vice-Chair
Contact Officer/Author	Murray Macdonald, NED Vice-Chair
Title of the Report	Quality and Safety CiC Highlight/Escalation Report
Executive Summary	<p>This report sets out the items of business considered by the Quality and Safety CiC at their meetings held 26th February 2026 and 26th March 2026 including those matters which the committees specifically wish to escalate either or both the 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	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

CiC ESCALATION REPORT

QUALITY AND SAFETY COMMITTEES-IN-COMMON – 26 February 2026

1. Matters for Reporting

A review of the **BAF and Risk Register** was taking place to incorporate the Value Circle and National Oversight actions and recommendations. A number of strategic risks will be added to the BAF.

An **Integrated Improvement Plan** was being developed and would be shared with the CICs and the Board for assurance.

Quality Accounts – **Limited assurance** was given by the CIC due to the current status of the outputs.

Never Events – Further assurance was required regarding the work ongoing and timescales for action completion.

Limited assurance was given for the **Clinical Effectiveness** report as further assurance relating to clinical engagement and NICE guidance compliance was required.

Mental Health Annual Report – Heather McNair was identified as the executive lead as this had been missing in 2024/25. A quarterly report was requested by the CIC and **limited assurance** was given.

Elective waiting list harm review – The Ulysses incident system will be used for clinical harm reviews following treatment of patients waiting for more than 104 days for cancer and 78 weeks for RTT, This is being tested currently and in place by the end of March for cancer with RTT to follow.

2. Positive assurances

The Group was reporting Opel 3 across all three sites.

Both Trust's SHMI was within expected levels.

The Learning from Deaths report was given **reasonable** assurance by the CIC due to the work ongoing and the SHIMI performance.

The Research, Innovation and Development Report was given **reasonable** assurance due to the continued work, in particular the Nursing research champions now in place.

3. Matters on which the committees have requested additional assurance

The **IPC** position was challenged and there was much work to do, particularly regarding culture. Escalation and consequences of non-compliance are to be agreed. The CIC were not assured.

Complaints and PALs – a review of processes to be carried out and benchmarking of an 'outstanding organisation' would take place. The CIC were not assured due to the backlog in complaints responses and the time taken to address the issues.



Humber Health Partnership

4. Decisions made

The CIC approved the application to remove the CQC section 31 condition on Maternity Services. The Group would be re-assessed by the CQC following the removal of the condition.

5. Escalation to Trust Boards

As part of the Risk and Compliance Group escalation, the CIC were alerted to a risk relating to the backlog of patient letters.

#	Agenda item	BAF mapping		Purpose	
		#	Score		
1	Board Assurance Framework	N/A	N/A	Information	N/A
2	Risk Register report	N/A	N/A	Information	N/A
3	Quality Priorities Q3 update	3	20	Approval	● Limited
4	IPC – Overview including BAF Q3	3	20	Assurance	Not assured
5	Never Events/Emerging Concerns	3	20	Information/ Assurance	● Minimal
6	Integrated Performance Report	3	20	Information/ Discussion	N/A
6	Maternity and Neonatal Assurance Report (Section 31 condition included)	3	20	Assurance	● Significant
7	Patient Experience Report Q2	3	20	Assurance	Not assured
8	Clinical Effectiveness Report Q3	3	20	Assurance	● Limited
9	Learning from Deaths Q3	3	20	Assurance	● Reasonable
10	Elective Waiting List Harm Review	3	20	Information	N/A
11	Research, Innovation and Development Quarterly Update Q2	3	20	Assurance	● Reasonable
12	Group Mental Health Annual Report 2024/25	3	20	Assurance	● Limited

CiC ESCALATION REPORT

QUALITY AND SAFETY COMMITTEES-IN-COMMON – 26 March 2026

1. Matters for Reporting

CQC improvement plan – there are ongoing improvement actions being undertaken. The long-standing training issues were being addressed and the plan to close the actions would be presented to the next meeting. The CIC agreed **reasonable** assurance due to the systems and processes in place.

IPC – The CPE outbreak was now under control and had been stepped down at NLAG. External feedback had been positive. Outbreak management was being reviewed and training was taking place. Work was ongoing with Estates to manage ventilation issues. The CIC expressed concern due to the basic hand hygiene compliance rates. The CIC agreed **limited** assurance due to the current outcomes and the amount of work yet to do.

Putting Patients First – A presentation was given which highlighted the self-assessment process. The process would be supported by a multi-disciplinary group and would run side by side with the Leadership, Improvement, Safety Academy.

Corridor Care – This is now a National patient safety priority. A trajectory has been set to achieve the zero target by July 2026. The CIC agreed **reasonable** assurance due to the reductions and progress to date.

Maternity and Neonatal Assurance – The **Section 31** had been triggered to remove the section 31 condition. **MIS** – HUTH is now compliant. NLAG had one issue relating to a doctor's training. An appeal to be raised as it was out of the Trust's control. **Reasonable** assurance was given by the CIC.

2. Positive assurances

Never Event rolling numbers are reducing. The CIC commended the improvement plan but gave **limited** assurance due to the current outcomes.

3. Matters on which the committees have requested additional assurance

Patient restraint issues had been referred from WECC. New models are being reviewed and a paper to be presented to the next meeting.

Complaints and PALS – An external review of systems and processes to be undertaken. A report would be presented in June 2026.

EQIA – Any high risk EQIAs to be reviewed and the role of the CIC to be determined.

Health Inequalities – Resource and ownership is required to drive the agenda and meet the priorities. A six-month update to be received.

4. Decisions made

Quality Priorities – IPC, Safer Surgery, Sepsis, prescribing Insulin, preventing deconditioning were outlined as the 2026/27 priorities. The CIC approved the priorities.

The CIC received the **Group End of Life Annual Report 2024/25**.



Humber Health Partnership

5. Escalation to Trust Boards

Children and Young People – A NED Champion to be considered at the NED meeting. The CIC gave **limited** assurance due to the training issues currently faced.

#	Agenda item	BAF mapping		Purpose	Assurance rating given	Assurance Trend
		#	Score			
1	CQC Actions Update	N/A	N/A	Assurance Assurance Information Information	● Reasonable ● Reasonable N/A N/A	↔ ↑
	External Agency Process	3	20			
	Breast and cervical screening	3	20			
	IPR	3	20			
2	Quality Priorities 2026/27	3	20	Approval	Approved	
3	IPC – Current Overview	3	20	Assurance	● Limited	↑
4	Update on NHSE and UKHSA findings	3	20	Information	N/A	
5	Learning from harm including Never Events	3	20	Information/ Assurance	● Limited	↑
6	Putting patients first – Quality and Safety accreditation	3	20	Information Assurance Information	N/A ● Reasonable N/A	N/A
	Corridor care	3	20			
	Review of the perfect week	N/A	N/A			
6	Maternity and Neonatal Assurance Report (Section 31 submission included)	3	20	Assurance	● Reasonable	↓
7	Deep Dive – Maternity Red Flags	3	20	Assurance	● Reasonable	↔
8	Children and Young People	3	20	Assurance Information	● Limited NA	↔
	Children and Young People Board TOR	3	20			
9	EQIA – CIP schemes	3	20	Information	N/A	
10	Safeguarding including MCA and DOLs	3	20	Assurance	● Reasonable	↔
11	Health Inequalities self-assessment update	3	20	Information	N/A	
12	Group End of Life Annual Report 2024/25	3	20	Assurance	● Limited	

6. Comments on the effectiveness of the meeting

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

7. Escalation to CiCs

8. Attendance record

Members / Attendees		A	M	J	J	A	S	O	N	D	J	F	M
Sue Liburd	Non-Executive Director (NLAG) Chair	✓	✓	✓	✓	-	✓	✓	-	✓	✓	-	-
David Sulch	Non-Executive Director (HUTH) Chair	✓	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓
Tony Curry	Non-Executive Director (HUTH)	x	✓	✓	✓	-	✓	✓	-	✓	✓	✓	✓
Julie Beilby	Non-Executive Director (NLAG)	x	✓	✓	✓	-	✓	✓	-	✓	x	✓	✓
Kate Wood	Group Chief Medical Officer	✓	PS	✓	✓	-	PS	✓	-	✓	PS	PS	PS
Sarah Tedford	Group Chief Delivery Officer	CW	CW	CW	✓	-	x	MP	-	MP	MP	MP	SP
Amanda Stanford	Group Chief Nurse	✓	HMc	HMc	HMc	-	✓	✓	-	HMc	-	HMc	JL
David Sharif	Group Director of Assurance	✓	✓	✓	✓	-	RC	✓	-	✓	✓	✓	✓
Richard Dickinson	Associate Director of Governance (NLAG)	✓	✓	✓	✓	-	✓	✓	-	✓	x	✓	✓
Michela Littlewood	Associate Director of Governance (HUTH)	✓	✓	✓	✓	-	x	✓	-	✓	✓	✓	✓

Council of Governors Business

Meeting Agenda Item No: CoG(26)041

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Julie Beilby, Non-Executive Director CiC Chair
Contact Officer/Author	Julie Beilby, Non-Executive Director CiC Chair
Title of the Report	Workforce, Education and Culture CiC Highlight/Escalation Report
Executive Summary	<p>This report sets out the items of business considered by the Workforce, Education and Culture CiC at their meeting held 25th March 2026 including those matters which the committees specifically wish to escalate either or both the 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	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

CiC ESCALATION REPORT

WORKFORCE, EDUCATION AND CULTURE COMMITTEES-IN-COMMON – 25 March 2026



Humber Health
Partnership

1. Matters for Reporting

Board Assurance Framework – The Board had reviewed the BAF considering the operational pressures and a Leadership risk to be added.

Risk Report – There had been an upturn in the number of high-level risks reported. Further risk management training to be undertaken as part of LISA. The risk relating to disabled access was referred to PEF.

CQC Actions – Processes were in place to ensure that actions were sustainable before removing from the action plan. Maternity, mandatory training and restraint training were highlighted. **Reasonable** assurance was agreed.

IPR – Unidentified CIP and Care Group configuration is currently being reviewed.

National Staff Survey Results – Slight improvements had been seen across both organisations. Despite this staff feel unhappy about the safety of the services they provide, and they are not comfortable raising clinical care concerns. An action plan is in place for 2026/27 to address the concerns raised. Due to the results, **limited** assurance was given, but the CIC recognised the actions in place to address the issues.

Learning, Improvement and Safety Academy (LISA) - The CIC received a presentation detailing the initial stages of the programme.

Health and Well-Being Y1 Delivery – The ‘burn-out’ score was highlighted as an ongoing issue, despite the programmes in place. The CIC gave **limited** assurance due to the outcomes, although the CIC recognised the work that has been carried out.

2. Positive assurances

Sickness – HUTH in the top 5 Trusts for the lowest amount of sickness reported.

Job Planning – The Care Groups were currently at 93.8% of plan and were on plan to achieve the 95% target. The CIC noted the need to plan the next schedule carefully and focus on capacity and demand. The CIC agreed **significant** assurance.

3. Matters on which the committees have requested additional assurance

The CIC requested further information regarding restraint training across the Group.

Guardian of Safe Working – The CIC asked for the financial implications of backfilling unfilled rotas in the next report and the impact of the 90% Resident Doctor fill rates. **Reasonable** assurance was given.

4. Decisions made

Gender Pay Gap Report – The CIC approved the report and commended the work ongoing.

5. Escalation to Trust Boards

GMC Training Survey – Improvements have been made by appointing 2 experienced doctors to manage the issues around medical education. Rota work is ongoing relating to the Resident Doctors and changes to working practices are being undertaken. **Limited** assurance was given.

#	Agenda item	BAF mapping		Purpose	Assurance given
		#	Score		
1	Board Assurance Framework/Risk Report	N/a	N/a	Approval	● Limited
2	CQC Actions Group Progress Report	N/a	N/a	Assurance	● Reasonable
3	Workforce Integrated performance Report	1	20	Information	N/a
4	Group Gender Pay Gap Report	1	20	Endorse for the BIC to approve	Approved
5	National Staff Survey Annual Results	1	20	Assurance	● Limited
6	Guardian of Safe Working Hours Q3 HUTH/NLAG	1	20	Assurance	● Reasonable
7	Learning Improvement and Safety Academy (LISA)	1	20	Information	N/a
8	Medical and Dental Job Planning	1	20	Assurance	● Significant
9	GMC National Training Survey External Visit update	1	20	Assurance	● Limited
10	Health and Well-Being Y1 Delivery Report	1	20	Assurance	● Limited

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 high risk relating to disabled access to be referred to PEF.

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	PB
Amanda Stanford	Group Chief Nurse	✓	HMc	HMc	HMc	JL	✓	JL	HMc	HMc	HMc	-	Hmc
Kate Wood	Group Chief Medical Officer	✓	PS	✓	✓	✓	PS	✓	AG	✓	✓	-	PS
David Sulch	Non-Executive Director (HUTH)	x	✓	✓	✓	✓	✓	✓	x	✓	x	-	✓
Sue Liburd	Non-Executive Director (NLAG)	x	✓	✓	✓	✓	x	✓	✓	✓	✓	-	-
Laura Treadgold	Non-Executive Director (HUTH)	✓	✓	✓	✓	x	x	✓	✓	✓	x	-	-
David Sharif	Group Director of Assurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	-	✓

Council of Governors Business Meeting

Agenda Item No: CoG(26)042

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Lyn Simpson, Interim Group Chief Executive
Contact Officer/Author	Lyn Simpson, Interim Group Chief Executive
Title of the Report	Organisational Improvement and Delivery Framework Update
Executive Summary	<p>Since summer 2025, the Humber Health Partnership has taken a clinically led, transparent approach to identifying and addressing longstanding, systemic challenges across its organisations. This has resulted in a single, coordinated improvement plan aligned with national oversight, including placement in the NHS National Operating Framework and participation in the Intensive Recovery Programme.</p> <p>The focus is now on delivering sustained improvements in patient safety, service stability, and reliability of care, supported by strengthened governance, external assurance, and targeted national support.</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	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:

1. Introduction

Since summer 2025, the Humber Health Partnership (HHP) has taken a deliberate and transparent approach to understanding the challenges facing the organisation, supported by the development of its first clinically led improvement plan.

This plan, shaped by frontline clinicians and teams across Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), sets out clear actions to:

- strengthen patient safety
- stabilise services
- improve the reliability of care for patients

For the first time, it brings together a clear and shared understanding of the longstanding workforce, operational, financial and service challenges described by colleagues across both organisations.

2. Understanding the scale of the challenge

This comprehensive picture has now been reflected in the organisation's current position within the NHS National Operating Framework (NOF), demonstrating how the national regulatory framework has aligned with the issues identified through the improvement plan process.

The development of the clinically led improvement plan has been supported by a range of analytical work, including a governance review, bringing together multiple sources of data and insight into a single, coherent view.

This work has identified that the challenges facing the organisation are:

- longstanding and embedded, having developed and, in some cases, become normalised over time
- interconnected, spanning workforce, operational flow, quality and financial sustainability
- systemic, rather than isolated to individual services or sites

External review through the NHS England (NHS) National Provider Improvement Programme (NPIP) mobilisation process has reinforced these findings, highlighting that the Group model has developed over time in a way that has increased organisational complexity and, at times, reduced clarity in accountabilities and decision-making. This has contributed to the challenges in operational grip and oversight identified through the improvement plan and governance review.

The governance review identified evidence that long-standing risks, including patient safety risks, had become normalised over time, reinforcing the need for a coordinated and sustained improvement response.

Importantly, these findings are consistent with the experiences and concerns raised by clinical teams and colleagues over several years through the annual NHS Staff Survey.

The process of deliberately surfacing these issues has enabled a comprehensive and shared understanding across the organisation and with system partners. This has, in turn, informed both the clinically led improvement plan and the alignment of the organisation's regulatory position within the NOF.

While this increased transparency has led to greater external visibility, including media interest, it represents a necessary step in establishing a clear baseline for improvement and moving into a focused delivery phase.

3. National Operating Framework

The organisation is currently placed in the lowest level of the NHS NOF, reflecting the scale and complexity of the challenges identified.

This position should be seen in the context of the work undertaken since summer 2025 to surface and understand long-standing issues. The current regulatory framework and level of oversight are therefore aligned with the findings of the clinically led improvement plan, rather than representing a change in underlying position. The NOF placement provides strengthened national oversight and support.

4. Enforcement undertakings

In line with this position, enforcement undertakings have been agreed with NHSE. They are directly aligned to the issues identified through the improvement plan. They provide a structured mechanism for assurance and progress monitoring, ensuring that delivery remains focused on the areas of greatest impact.

5. Clinically led improvement plan

The clinically led improvement plan is the central mechanism through which the organisation addresses its long-standing challenges.

The plan represents, for the first time, a single, coordinated view of the organisation's challenges and the actions required to address them, aligned to both clinical insight and system-level analysis.

In parallel, there is strengthened external oversight and assurance through NHSE, including regular review through an Integrated Quality Improvement Group (IQIG). This provides:

- external challenge and support
- assurance on progress against improvement priorities
- alignment with national expectations and regulatory requirements

6. Intensive Recovery Programme (IRP)

As described above, the development of the Partnership's first clinically led improvement plan has enabled the identification of a number of longstanding and interconnected challenges across the organisation that have been present for several years.

The organisation has now been included in NHSE's new IRP. The Partnership has also been working with NPIP.

The IRP focuses on a smaller number of organisations facing significant and longstanding structural challenges. It represents a shift in national approach, moving away from a single model of intervention to a more tailored, organisation-specific programme of support and delivery.

The programme will be developed jointly with local leadership and national partners, with a focus on addressing deep-rooted issues that cannot be resolved by organisations alone, including structural issues and funding imbalances.

7. Conclusion

Since summer 2025, the Humber Health Partnership has taken a deliberate step to surface and understand long-standing challenges, informed directly by its experienced clinicians and teams.

The clinically led improvement plan has provided, for the first time, a clear and shared understanding of these challenges. This has now been reflected in the organisation's regulatory position and oversight arrangements, demonstrating alignment between the issues identified and the national framework within which improvement is being delivered.

The focus now is on sustaining and accelerating this progress, ensuring that the alignment between identified challenges, improvement action, integrated organisational priorities and national support translates into safer, more reliable care for patients.

Council of Governors Business Meeting

Agenda Item No: CoG(26)043

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Emma Sayner, Group Chief Financial Officer and Sam Peate, Group Chief Delivery Officer
Contact Officer/Author	Chris Fry, Associate Director of Performance & Insight Scott Fitzgerald-Becker, Director of Operational Transformation North Jenn Orton, Interim Director of Operational Transformation South
Title of the Report	Operational & Financial Plan (including Trust Priorities)
Executive Summary	The attached pack provides the Council of Governors with the planning submission that has been made in accordance with NHSE National Guidelines
Background Information and/or Supporting Document(s) (if applicable)	<p>The Operational Plan is based upon National Planning Guidance issued by NHSE.</p> <p>HHP Operational Priorities 2026/27 – Summary</p> <p>The 2026/27 operational plan sets out a clear recovery trajectory across RTT, Cancer and Diagnostics for Humber Health Partnership (HUTH and NLAG). The plan shows improvement across all key constitutional standards, but delivery remains dependent on capacity, workforce and operational flow.</p> <p>Key priorities are:</p> <ul style="list-style-type: none"> • RTT Recovery – Improve performance to c.65–66% by year-end, reduce long waits and increase first outpatient access (HUTH 71%, NLAG 82%). • Cancer – Deliver Faster Diagnosis to ~80% and improve 62-day performance, with stronger delivery at NLAG and continued risk at HUTH. • Diagnostics – Increase activity and reduce 6-week waits (HUTH 27%, NLAG 31%), noting diagnostics remain a key constraint. • Productivity – Maximise outpatient and theatre utilisation through standardised templates, pathway redesign and workforce models. • Flow – Improve discharge, reduce length of stay and manage urgent care pressures to protect elective capacity. <p>Key risks:</p> <ul style="list-style-type: none"> • Higher delivery risk at HUTH, particularly RTT and cancer pathways. • Diagnostics capacity remains a limiting factor. • High bed occupancy and urgent care demand may displace elective activity. • Delivery dependent on workforce and implementation of specialty schemes.

	<p>The Plan has been subject to multiple reviews by the Humber and North Yorkshire ICB, and NHSE both nationally and regionally during its preparation. The Plan has also been discussed at Committees and a Board Development Session.</p> <p>The Council of Governors is asked to note the Operational Plan.</p>
Prior Approval Process	
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:



Humber Health
Partnership

Operational & Financial Plan 2026/7-2028/29

NLAG FT Council of Governors

15 April 2026

PLANNING JOURNEY TO DATE

- HHP entered the 2026/27 planning round in line with national guidance, initially developing a conventional Medium-Term Plan (activity, workforce and finance).
- In parallel, the Group developed its first clinically led Improvement Plan which found:
 - Long-standing and cumulative safety risks rather than isolated issues.
 - Weak specialty-level demand and capacity planning.
 - Financial delivery approaches that have transferred rather than reduced risk.
 - Workforce fragility and daily experience of safety risk at the frontline.
 - Recurrent harm with limited embedded learning at Group level.

2026/27 MTP PLANNING REQUIREMENTS



Humber Health
Partnership

- **In summary, NHS England expects the Group to:**
 - Stabilise safety in 2026/27.
 - Achieve agreed end of year deficit position (2026/27).
 - Recognise that activity performance will not be met initially and agree those areas that will achieve recovery over a longer period within the three-year MTP cycle.
- **Alongside this, NHSE expects:**
 - Resubmission of the Group's MTP at end Q2 2026/27, with a clear path by 2028/29 (the end of the MTP period) to:
 - ✓ Financial balance
 - ✓ Achievement of performance targets
 - ✓ Maintenance of safety

REQUIRED OUTCOME AGREED WITH NHSE



**Humber Health
Partnership**

12 FEBRUARY

This planning submission reflects a two-step approach agreed with NHS England.

The Group will submit a 2026/27 plan for Board approval on 12 February, setting out a stabilisation-first position for the first year of the Medium-Term Plan, alongside indicative trajectories for the full three-year period to 2028/29.

This recognises the need to prioritise safety and deliver the agreed financial position in 2026/27, while being explicit about the phasing of recovery where required.

END OF Q2, 2026/27

NHS England has asked the Group to return with a revised plan for 2027/28 and 2028/29 by the end of Q2 2026/27.

This revised submission will set out a credible path to financial balance, achievement of performance standards and maintenance of safety by the end of the MTP period.

NHS England has agreed to enable the Group to secure a Financial Improvement Director to support the development of this recovery plan, recognising the scale and complexity of the task and the need for additional specialist capacity to underpin a robust and deliverable plan.

WHY 2026/27 IS A STABILISATION YEAR



Humber Health
Partnership

- **What stabilisation means:**
 - Minimum safe staffing and supervision.
 - Clear safety boundaries and escalation.
 - Reduced harm during operational pressure.
 - Stronger governance and grip.
- **What it does not mean:**
 - Structural financial recovery in one year.
 - Over-ambitious performance recovery at the expense of safety.

BOARD-IDENTIFIED PERFORMANCE PRIORITIES FOR 2026/27



Humber Health
Partnership

1. Urgent and Emergency Care: 12-Hour Waits

- Focus on reducing harm associated with long waits.
- Emphasis on flow, escalation, and safety boundaries.

2. Cancer Standards

- Prioritisation of safe delivery of cancer pathways.
- Focus on relevant diagnostics as a critical enabler of cancer performance.

SUMMARY OPERATIONAL & FINANCIAL PLAN

Year 1 (2026/27)

Planning requirement	Plan detail	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST
Financial break-even (£m)	18 Mar 2026 plan	(30,665)
	12 Feb 2026 plan	(30,665)
	DSF included in plan if breakeven (plan limit)	(3,970)
	Variance to plan limit	(26,695)
Indicative total % efficiency (excluding technical / balance sheet adjustments)	18 Mar 2026 plan	6.0%
	12 Feb 2026 plan	6.0%
	Target	4.5%
	Variance to Target	1.5%
UEC 4 hour performance	18 Mar 2026 plan	78.41%
	12 Feb 2026 plan	78.14%
	Target	82.00%
	Variance to Target	-3.59%
Elective RTT 18 weeks performance	18 Mar 2026 plan	66.03%
	12 Feb 2026 plan	66.03%
	Target	72.28%
	Variance to Target	-6.26%
Cancer 62 day performance	18 Mar 2026 plan	80.20%
	12 Feb 2026 plan	80.20%
	Target	80.00%
	Variance to Target	0.20%
28-day cancer Faster Diagnosis Standard	18 Mar 2026 plan	73.20%
	12 Feb 2026 plan	72.28%
	Target	80.00%
	Variance to Target	-6.80%
Total workforce change	18 Mar 2026 plan	-1.64%
	12 Feb 2026 plan	-1.21%
	Target	N/A
	Variance to Target	N/A

Year 2 (2027/28)

Planning requirement	Plan detail	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST
Financial break-even (£m)	18 Mar 2026 plan	(27,508)
	12 Feb 2026 plan	(27,508)
	DSF included in plan if breakeven (plan limit)	0
	Variance to plan limit	(27,508)
Indicative total % efficiency (excluding technical / balance sheet adjustments)	18 Mar 2026 plan	4.1%
	12 Feb 2026 plan	4.1%
	Target	4.5%
	Variance to Target	-0.4%
UEC 4 hour performance	18 Mar 2026 plan	82.55%
	12 Feb 2026 plan	82.27%
	Target	83.00%
	Variance to Target	-0.45%
Elective RTT 18 weeks performance	18 Mar 2026 plan	74.94%
	12 Feb 2026 plan	74.94%
	Target	82.14%
	Variance to Target	-7.20%
Cancer 62 day performance	18 Mar 2026 plan	82.11%
	12 Feb 2026 plan	82.11%
	Target	82.50%
	Variance to Target	-0.39%
28-day cancer Faster Diagnosis Standard	18 Mar 2026 plan	80.00%
	12 Feb 2026 plan	80.00%
	Target	80.00%
	Variance to Target	0.00%
Total workforce change	18 Mar 2026 plan	-1.15%
	12 Feb 2026 plan	-0.98%
	Target	N/A
	Variance to Target	N/A

Year 3 (2028/29)

Planning requirement	Plan detail	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST
Financial break-even (£m)	18 Mar 2026 plan	(14,648)
	12 Feb 2026 plan	(14,648)
	DSF included in plan if breakeven (plan limit)	0
	Variance to plan limit	(14,648)
Indicative total % efficiency (excluding technical / balance sheet adjustments)	18 Mar 2026 plan	4.1%
	12 Feb 2026 plan	4.1%
	Target	4.5%
	Variance to Target	-0.4%
UEC 4 hour performance	18 Mar 2026 plan	85.54%
	12 Feb 2026 plan	85.26%
	Target	85.00%
	Variance to Target	0.54%
Elective RTT 18 weeks performance	18 Mar 2026 plan	80.35%
	12 Feb 2026 plan	80.35%
	Target	92.00%
	Variance to Target	-11.65%
Cancer 62 day performance	18 Mar 2026 plan	84.95%
	12 Feb 2026 plan	84.95%
	Target	85.00%
	Variance to Target	-0.05%
28-day cancer Faster Diagnosis Standard	18 Mar 2026 plan	80.00%
	12 Feb 2026 plan	80.00%
	Target	80.00%
	Variance to Target	0.00%
Total workforce change	18 Mar 2026 plan	-2.28%
	12 Feb 2026 plan	-2.33%
	Target	N/A
	Variance to Target	N/A

Council of Governors Business

Meeting Agenda Item No: **CoG(26)044**

Name of the Meeting	Council of Governors
Date of the Meeting	15 April 2026
Director Lead	Heather McNair, Interim Group Chief Nurse
Contact Officer/Author	Tracy Campbell - Group Director of Patient Safety and Quality Governance
Title of the Report	Putting Patients First – Ward and Clinical Area accreditation
Executive Summary	<p>The NHS Humber Health Partnership’s <i>Putting Patients First</i> (PPF) Accreditation Programme is a cornerstone of the Group’s work on patient safety and quality standards. The purpose of the programme is to continuously improve and provide the highest standards of care.</p> <p>The framework comprises of key quality standards set out across the Care Quality Commission (CQC) 5 Key Lines of Enquiry (KLOE). Data is collected from a variety of sources and metrics to form part of a self-assessment spreadsheet, Improvement plan and accreditation application. This is then followed by a formal accreditation visit and recognition rating based on compliance across key quality standards and metrics.</p> <p>25% of wards have been selected across the 5 NHS Humber Health Partnership sites to form the pilot areas, known as cohort 1. This cohort includes an Emergency Department, Critical Care Units and Children’s Services. The following 3 cohorts have been planned through the steering group and include Theatres, Outpatients, Maternity and Community Services. Each cohort will commence roughly 3 Months after the previous with a plan for all areas to be working towards accreditation within the next 12 Months. The launch date for the Putting Patients First – Ward and Clinical Accreditation Programme will be the 23rd of March 2026.</p> <p>Subject matter expert audits and point prevalence audits have recommended to offer a peer review of quality standards alongside the self-assessment stage for those included in the pilot phase of the programme. These audits will also role out across all other areas to ensure a level of assurance across the group for those not yet included in the programme.</p> <p>Each Care Group will be asked to ensure Putting Patients First is part of each specialty governance and is a standing agenda item at Care Group Governance Boards – Putting Patients First will be our gold standard, business as usual clinical delivery standards, which we all work towards. This will be built into the six-weekly Performance and Accountability review meetings between the Care Group triumvirate/quads and the Executive team with site</p>

	<p>triumvirate team support. A Monthly Care Group progress tracker will be shared with each care group and at the steering group to support these conversations.</p> <p>A quarterly report will be presented at Quality and Safety Committee in Common as part of the Board Assurance Framework providing oversight and assurance to the trust board in support of the provision of safe, effective and high-quality patient care and experience and to escalate any risks and or themes for improvement. Putting Patients First will also be a standing item at the Nursing, Midwifery and AHP Quality and Safety Surveillance Group, as well as the Care Group Performance and Accountability meetings.</p>
Background Information and/or Supporting Document(s) (if applicable)	The two organisations pre-group had a ward accreditation programme: 15 steps on the south bank and Fundamental Standards on the north bank. This was replaced by the ACE framework last calendar year. With the input and advice of the improvement team, the organisation has adopted this new accreditation approach, which will apply across our clinical areas and also provide a richer source of assurance and the ability for all of our teams to reach high standards and gain recognition for what this means to patients.
Prior Approval Process	N/A
Financial implication(s) (if applicable)	Evaluation of data sets will support prioritisation within a costed improvement plan. There will be consideration of certificates and small recognition for teams achieving accreditation (i.e. pens or lanyards and certificates and materials for display boards) as well as the chance to attend the Golden Stars awards for the highest-achieving areas.
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	These standards are designed to deliver gold-standard care to all patients, taking account of patient's individual care needs and working on a patient-centered basis.
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:



Putting Patients First – Ward and Clinical Accreditation

1. Accreditation Programme

The NHS Humber Health Partnership's *Putting Patients First* Accreditation Programme is a cornerstone of the Group's work on patient safety and quality standards. The purpose of the programme is to continuously improve and provide the highest standards of care.

The programme will support:

- **Professional Growth:** By being actively involved in the programme, staff will have the opportunity to develop new skills and enhance their professional growth. This will benefit staff as professionals and improve the quality of care we provide.
- **Improved Work Environment:** As we implement and foster a culture of continuous improvement, we will progress towards a more efficient and supportive work environment.
- **Recognition and Reward:** The Putting Patients First (PPF) programme will highlight the care being delivered across our services. Hard work and dedication to achieve examples of excellence happening every day will be recognised and celebrated.

The programme will start in our ward areas, and all ward areas will join the programme in the next 12 months. We will also bring our theatres and outpatient areas into the programme within the next 12 months. Within the Theatre and outpatient methodologies, we will include other clinical areas that have historically been left out of accreditation programmes, such as Therapies Centres, Pharmacies, Interventional Radiology, Catheter Labs etc.

2. Accreditation Process

2.1 Methodology

The framework comprises of key quality standards set out across the Care Quality Commission (CQC) 5 Key Lines of Enquiry (KLOE). Data is collected from a variety of sources and metrics to form part of a PPF Self-Assessment spreadsheet, these sources include:

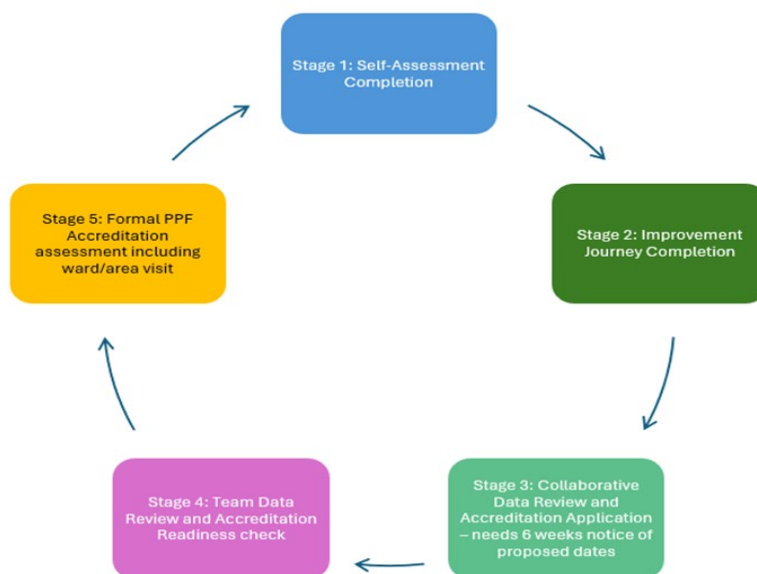
- Data from audits, incidents, complaints, workforce and learning reviews
- Patient engagement
- Staff engagement, knowledge and understanding
- Manager and service lead engagement
- Reviews of patient records, digital and written
- Observations within the care environment
- Review of patient journey, flow and discharge

Each data collection set covers several quality standards which are individually scored and in turn provide a score for Safe, Effective, Responsive, Caring and Well-



led – this then populates an overall score for the area. The programme covers 34 sets of standards in total, which include as an example, Medications Management, Infection, Prevention and Control, Shared Direction and Culture, Kindness Compassion and Dignity and Supporting People to Live Healthier Lives.

There are 5 stages within the PPF programme, which are outlined below, followed by brief detail of each stage.



Stage 1 – Self-Assessment

The Self-Assessment spreadsheet will be available to wards and departments on the H drive and involves the team identifying and collating information and evidence to provide a baseline measure of how they currently meet each standard within the tool. This will be a multi-disciplinary approach and include all staff involved with providing a service to patients within that area.

Teams will have a maximum of 3 months to complete their Self-Assessment and establish their baseline. Subject Matter Experts (SME), for example, Infection Control, Medicines Management, etc are available to support with providing any relevant audits and data forming part of the Self-Assessment and the areas supporting evidence. The Point Prevalence Annual Audit Programme will also form part of the data collected through Self-Assessment.

Stage 2 – Improvement Journey

Once the team have completed their Self-Assessment, the Putting Patients First document will provide a report filtered by no scoring questions and this will contain a blank action plan. The team will be expected to review the Self-Assessment outcome, add specific, measurable, achievable, relevant and timely (SMART)



actions and provide updates on areas identified as requiring improvement. This is known as the 'Improvement Journey'.

It is expected that the Deputy Nurse Directors and Matrons will keep an oversight of progress with actions during the improvement journey and ensure issues are flagged up to medical, AHP and operational colleagues as appropriate; this should be part of 'business as usual' with the monitoring and progress regularly discussed at governance meetings within the care group. The Care Group triumvirate/quad are asked to include the compliance dashboard for each of their areas in PPF within their six-weekly Performance and Accountability meeting packs with the Executive team.

The Learning, Improvement and Safety Academy (LISA) will provide an integrated programme of leadership development, team effectiveness, safety training and improvement support across the Humber Health Partnership which will provide front door support for those areas in stage 2 of the PPF Accreditation Programme. Bringing together clinical education, medical education and organisational development, the Academy becomes the central place where teams access the skills, tools and support needed to deliver safe, high-quality, reliable care.

Teams will have a maximum of 6 months to put in place any necessary improvements. The Self-Assessment and Improvement Journey stages will be shared through individual care group reports to provide assurance on progress towards clinical accreditation.

Stage 3 – Accreditation Preparation

Once a team has completed the self-assessment, addressed any issues highlighted in the Improvement Journey, and the team feels ready for formal accreditation, a PPF Application form is completed, which can be found on the Putting Patients First Bridget page. All applications for PPF accreditation must be supported by the Care Group Triumvirate/quad and the Specialty Triumvirate (Clinical Lead, Deputy Nurse Director and Senior General Manager). Teams must ensure that their PPF self-assessment and action plan has been given appropriate scrutiny prior to submitting.

Stage 4 – Data Review

On receipt of a PPF application form, the area's data will be reviewed and presented at the PPF Steering Group by the Lead Nurse - Accreditation for purposes of triangulation, familiarisation and identification of any challenges/anomalies with the Self-Assessment submission.

As a minimum, the following evidence must be available in the area's PPF file, if this information is not available to review, the accreditation application will not progress.

KLOE	Standard
SAFE	Mandatory Training – Above 85% compliance
SAFE	Appraisals – Above 95% compliance
WELL-LED	Review of department meetings, huddle notes, governance minutes – to establish golden thread



WELL-LED	Evidence of Quality Improvement project within the area - completed or ongoing
WELL-LED	Evidence of Team Engagement and Development through LISA
KLOE	AUDIT/Point Prevalence AMAT (evidence of actions below 90%)
SAFE	IV to Oral switch Audit (Point Prevalence)
SAFE	Pain Audit (Point Prevalence)
SAFE	Infection Prevention and Control Audit (SME)
SAFE	Medication Management Safe and Secure Audit (SME)
SAFE	Controlled Drug Audit (SME)
SAFE	Falls Audit (SME)
SAFE	Tissue Viability Audit (SME)
RESPONSIVE	End of Life and ReSPECT (Point Prevalence)
EFFECTIVE	Nutrition and Hydration Audit (SME)

Following a review of all data, a judgement will be made that will either support the application to progress to the onsite accreditation assessment or will be referred back to the team, noting the concerns raised at the data review, with the recommendation that the team address these.

Where a Self-Assessment is referred back to the team to address concerns, the team will have up to 6 weeks to address the issues, beyond this, the Self-Assessment process will need to be recommenced and will not be able to be re-submitted for 12 weeks.

Stage 5 – Formal PPF Accreditation Assessment Process

A date will be agreed in conjunction with the ward / team manager, this can be up to 6 weeks following receipt of the accreditation application form. The identified date will only be finalised when the multi-disciplinary assessment team has been established and availability considered. When a date is identified for formal on-site assessment, the following staff groups will be contacted by the PPF Project Support Officer to request availability to attend or advise:

- Clinical lead (Heads of Nursing, Senior Clinical Management team, Matrons)
- Clinical colleague (for review of patient records) - at least one representative
- Compliance and PPF Team
- Non-Executive Directors
- Governors (South Bank)
- Pharmacy
- Subject Matter Experts as required
- Freedom to Speak Up Guardians

Assessment outcomes against each quality standard will be recorded on the PPF Accreditation Assessment spreadsheet, which will generate outcome scorings and reports. All information will then be triangulated, scored and professional judgement of the outcomes will be undertaken involving the onsite assessment team and where necessary, input from Subject Matter Expert colleagues.



2.2 Accreditation Outcomes

The formal onsite assessment outcome feedback to the ward / service area will be given within 2 weeks of the on-site assessment and any formal accreditation outcome will be presented by an Executive Director to the ward / service area within two months of the assessment.

The scoring criteria within the PPF accreditation framework is built on the 5 CQC Key Lines of Enquiry (KLOE) – Safe, Effective, Caring, Responsive and Well-Led.

- To achieve a Gold Accreditation, an overall score of 90% must be achieved. This must include individual scores of 90% in both the Safe and Well-Led domains.
- To achieve a Diamond Accreditation, an overall score of 95% must be achieved. This must include individual scores of 95% in both the Safe and Well-Led domains.

If a minimum of 90% is not achieved, an accreditation will not be awarded, and the team will be classed as “in-development” stage of PPF. This means that the team will need to revisit the areas requiring improvement to continue the improvement journey to accreditation readiness, completing a new accreditation application when appropriate and submission agreed by the care group senior team.



Where an area has achieved Gold or Diamond the following will be invited to attend led by the Lead Nurse - Accreditation:

- Executive



- Non-Executive Director
- Governors (South Bank)
- Care Group triumvirate
- Ward/area leadership team
- Members of the MDT assessment team
- Communications Team
- Members of the PPF core team

Winners will receive a certificate, a shield pin badge and pen. The clinical area will receive a team certificate to display alongside their updated scorecard. Gold and Diamond team winners will be invited to send team representatives to the annual staff awards ceremony, the Golden Stars awards, to receive formal recognition and celebration of their success. Diamond team winners will receive a recognition certificate on the stage during the event. This will be organised by the Communications team in liaison with the PPF Core Accreditation Team.

2.3 Sustainability

To maintain a focus on the Diamond and Gold accreditation outcome and sustainability of quality improvement, teams will need to present any improvement actions identified at accreditation through their specialty governance arrangements. Highlights and escalations will be shared with at the PPF Steering Group on a Bi-monthly basis. This update is for the team to provide assurance that the ward/area is still meeting the standards required to maintain their accreditation, using data that is available within the Trust systems/data dashboards.

The cycle for re-assessments is anticipated to be:

Q-Care Accreditation Outcome	Target Review Period
Diamond	2-3 years from assessment
Gold	1-2 years from assessment
In-development	6-12 months

Where a deterioration of standards is identified via the 6 monthly assurance checks, these timescales may be amended. All areas will be monitored by the PPF Core Accreditation Team through use of the tracker (GANTT chart) which will be shared at the PPF Steering Group to ensure all areas remain on track working to or maintaining high standards across the NHS Humber Health Partnership.

3. Programme progress to date

A steering group has been set up, meeting fortnightly to monitor and manage the accreditation programme and project delivery. The steering group will also support each team in their self-assessment, improvement journey and accessing tailored support through LISA and the specialist teams to meet their improvement journey action plan requirements.



A full and detailed review of the Self-Assessment spreadsheet has been completed after review by our specialist teams to ensure national guidance, local measures and best practice are fully covered within the standards measured. A logistical test of the spreadsheet has also been completed with the support of the Chief Nursing Information Officer.

25% of wards have been selected across the 5 NHS Humber Health Partnership sites to form the pilot areas, known as cohort 1, and includes an Emergency Department, Critical Care Units and Children’s Services. The 3 cohorts thereafter have been planned through the steering group and include Theatres, Outpatients, Maternity and Community Services. Each cohort will commence roughly 3 months after the previous with a plan for all areas to be working towards accreditation within the next 12 months.

The launch date for the Putting Patients First – Clinical Accreditation Programme was 23rd March 2026.

Pilot Areas- Cohort 1

Goole and District Hospital	Ward 3	Medical step-down and discharge ward
Castle Hill Hospital	C1	Specialist Rehab
	C14	Upper GI surgery
	C16	Breast and ENT
	C28	Cardiology inc CMU
	C30	Oncology
	C32	Oncology
	ICU2	Adult critical care
Hull Royal Infirmary	H7	Vascular surgery
	H8	Medical Elderly
	H60	Acute GI surgery
	H100	Gastroenterology
	H120	Trauma and orthopaedics
	ED	Emergency medicine
	AAU	Acute medical assessment
	FAB	Frailty assessment
	H20 Woodlands + PAU and PHDU	Paediatric medical assessment and inpatients
Scunthorpe General Hospital	23	Medical
	27	Surgical
	28	Surgical
	Stroke	Stroke
	ICU	Adult critical care
Diana, Princess of Wales Hospital, Grimsby	Amethyst	Acute medicine
	B2	Gastroenterology
	B6	Surgical
	C3	Medical
	C5	Medical
	Rainforest	Paediatric inpatients



Engagement sessions have been completed across the group and site-based learning sets are currently planned for training with the pilot areas, including bespoke sessions with paediatrics, critical care, emergency services and theatres to ensure standards specific to their speciality are accommodated within the programme.

Subject matter expert audits and point prevalence audits have recommenced to offer a peer review of quality standards alongside the Self-Assessment stage for those included in the pilot phase. These audits will also role out across all other areas to ensure a level of assurance across the group for those not yet included in the programme.

The Putting Patients First Standing Operating Procedure (SOP) has gone to Nursing, Midwifery and Allied Health Professional Board for approval and a Putting Patients First Clinical Accreditation Programme update has been presented at Quality and Safety Committee in Common for information. All the Standards included within the programme have been linked to the relevant Key Line of Enquiry (KLOE) and made available to all staff groups via the Safety-First Bridget page.

4. Governance

Each Care Group will be asked to ensure PPF is part of each specialty governance and is a standing agenda item at Care Group Governance Boards. PPF will be our gold standard, business as usual, clinical delivery standard, which we all work towards. This will be built into the six-weekly Performance and Accountability review meetings between the Care Group triumvirate/quads and the Executive team with site triumvirate team support. A Monthly Care Group progress tracker (Appendix A) will be shared with each Care group and at the steering group to support these conversations.

A Quarterly, Putting Patients First - Clinical Accreditation Report will be presented at the Quality and Safety Committees in Common as part of the Board Assurance Framework providing oversight and assurance to the trust board in support of the provision of safe, effective and high-quality patient care and experience and to escalate any risks and or themes for improvement. From an operational and tactical point of view, this will be a standing item at the Nursing, Midwifery and AHP Quality and Safety Surveillance Group, as well as the Care Group Performance and Accountability meetings.



Appendix A



Progress Tracker



Digestive Diseases											Apr 2026	
Assessment							Improvement Journey					
Cohort:	Ward:	Safe:	Effective:	Caring:	Responsive:	Well-Led:	Overall %	No: Actions:	No: Completed:	No: Outstanding:	Progress %	Progress
23 Mar 20...	H60											Awaiting -
23 Mar 20...	H100											Awaiting -
23 Mar 20...	C14											Awaiting -
23 Mar 20...	B2											Awaiting -
23 Mar 20...	28											Awaiting -
☐	H6											Awaiting -
☐	C10											Awaiting -
☐	B3											Awaiting -
☐	C11											Awaiting -
☐	B7											Awaiting -
☐	29											Awaiting -

Council of Governors Business Meeting

Agenda Item No: CoG(26)045

Name of the Meeting	Council of Governors Business Meeting	
Date of the Meeting	15 April 2026	
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer/Author	Alison Hurley, Deputy Director of Assurance	
Title of the Report	Council of Governors Annual Work Plan	
Executive Summary	The Council of Governors Annual Work Plan has been updated for 2026/27.	
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	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:	

CYCLE OF BUSINESS

Council of Governors (CoG) Annual Cycle of Business

"The Council of Governors should receive a report at least annually of non-audit services that have been approved for the auditors to provide under the policy (on the basis of services approved, regardless of whether they have started or finished) and the expected fee for each service".

Annual CoG Schedule							
	April	July	August	October	November	January	February
Events	• Public CoG Business meeting	• Public CoG Business Meeting	• Public CoG Business Meeting (short format)	• Public Joint NLaG CoG AMM and HUTH AGM	• Public CoG Business meeting	• Public CoG Business meeting	• CoG Annual Review Meeting in 2026
Standing Items	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture • Integrated Care System (ICS) Working updates (as required) - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture • Integrated Care System (ICS) Working updates (as required) - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture 	<ul style="list-style-type: none"> • Declarations of Interest • Overview of Last Year including Annual Report & Accounts for 2025/26 & Trust Priorities for the Future • Annual External Audit Reports for 2025/26 • Service Developments - Patient Story, Case Study/Project or Good News Story 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture • Integrated Care System (ICS) Working updates (as required) - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Declarations of Interest • Action Tracker • Group Chair's report • Group Chief Executive's Report • Governor Highlight / Escalation Reports: <ul style="list-style-type: none"> - Membership and Public Engagement & Assurance Group - Appointments & Remuneration Committee • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture • Integrated Care System (ICS) Working updates (as required) - to include Place, Acute Collaborative and Integrated Care Board (ICB) 	<ul style="list-style-type: none"> • Committees-in-Common Highlight / Escalation Reports: <ul style="list-style-type: none"> - Audit, Risk & Governance - Performance, Estates & Finance - Quality & Safety - Strategic Programmes & Partnerships - Workforce, Education & Culture • Review of CoG Operation and Performance <ul style="list-style-type: none"> - Role of Governors - Engagement with Members and Stakeholders - Accountability - Conduct of Meetings - Personal Development - Shaping the Future - Standards of Conduct
Items for Information	Finance Report, IPR, BAF, Register of Interests for Governors & Boards-in-Common, Acronyms & Glossary of Terms	Finance Report, IPR, BAF, Register of Interests for Governors & Boards-in-Common, Acronyms & Glossary of Terms	Acronyms & Glossary of Terms	Acronyms & Glossary of Terms	Finance Report, IPR, BAF, Register of Interests for Governors & Boards-in-Common, Acronyms & Glossary of Terms	Finance Report, IPR, BAF, Register of Interests for Governors & Boards-in-Common, Acronyms & Glossary of Terms	Acronyms & Glossary of Terms
Annual Reporting & / or Approval	<ul style="list-style-type: none"> • Receive Trust Priorities update • Annual Work Plan 	<ul style="list-style-type: none"> • Receipt of Draft Quality Account including Quality Priorities (available May 2025) • Receive the Operational & Financial Plan (Forward Plan) • Receive Audit, Risk & Governance Committee Annual Report (Usually July or August) • Receive Quality Account including Quality Priorities (available after 30.06.26 TBC) • Receive Trust Priorities • Receive and note the Group Chair's Appraisal summary report (ARC Highlight Report) • Receive and note the NEDs Appraisal summary report (ARC Highlight Report) 	<ul style="list-style-type: none"> • Receive Audit, Risk & Governance Committee Annual Report (Usually July or August) 	<ul style="list-style-type: none"> • Receive Annual Reports and Annual Accounts • External Auditors Reports (NLaG & HUTH) 			

NB - Approval of appointment of External Auditors as per contractual requirements

Council of Governors Business Meeting

Agenda Item No: CoG(26)046

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	David Sharif, Group Director of Assurance
Contact Officer/Author	David Sharif, Group Director of Assurance
Title of the Report	Governors, Executive Directors, Non-Executive Directors and Other Directors Register of Interests
Executive Summary	The report provides the current Register of Interests for Governors, Executive Directors, Non-Executive Directors and Other Directors as of April 2026.
Background Information and/or Supporting Document(s) (if applicable)	Standards of Business Conduct Policy (DCP120) and Conflicts of Interest Policy for Governors (DCP228)
Prior Approval Process	Register of Interest (ROI) system
Financial implication(s) (if applicable)	
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

REGISTER OF GOVERNORS' INTERESTS
April 2026 (v1.2)

GOVERNOR NAME	INTERESTS	DATE
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PUBLIC GOVERNORS – EAST & WEST LINDSEY		
Dr Gorajala Vijay	➤ None	08.12.2025
Vacancy		
Vacancy		

PUBLIC GOVERNORS – GOOLE & HOWDENSHERE		
Dietmar Hartevelde	➤ None	16.12.2025
Brent Huntington	➤ Trustee Friends of Oakhill, Goole ➤ Member of Montague Practice PPG ➤ Board member Goole & Airmyn IDB	08.12.2025
Clare Woodard	➤ Deputy Chief Executive Officer for HEY Smile Foundation	12.01.2026

PUBLIC GOVERNORS – NORTH LINCOLNSHIRE		
Kevin Allen	➤ Volunteer worker at SGH ➤ Local Authority Governor at Scunthorpe C E Primary School ➤ Local Authority Governor at Enderby Road Infants School	15.12.2025
Paula Ashcroft	➤ Persons Voice Co-ordinator for North Lincolnshire Council	15.12.2025
Marian Davison	➤ None	16.12.2025
Wendy Lawtey	➤ Care Quality Commission (CQC) Inspector Adult Social Care (from 12 January 2026)	31.12.2025
Caroline Ridgway	➤ Employed by City Health Care Partnership (CHCP) as a Podiatrist	03.12.2025

PUBLIC GOVERNORS – NORTH EAST LINCOLNSHIRE		
Michael Bateson	➤ Board member/Trustee of local charity Friendship at Home and Niece employed as a Midwife by NLaG	03.11.2025
Cheryl George	➤ None	16.12.2025
David James	➤ Military Care Navigator for Lincolnshire Maternity and Neonatal Programme (Better Births Team)	15.12.2025
Ian Reekie	➤ Director of Lincs Inspire Venues & Enterprises and Member of the Board of Trustees at Lincs Inspire	23.04.2025
Vacancy		

STAKEHOLDER GOVERNORS		
Cllr Anne Handley – East Riding of Yorkshire Council	<ul style="list-style-type: none"> ➤ Leader of East Riding of Yorkshire Council (Conservative Group) ➤ Trustee of Two Rivers Community Pantry, Goole 	02.04.2026
Vacancy – North East Lincolnshire Place		
Emma Munday – North Lincolnshire Place	<ul style="list-style-type: none"> ➤ Assistant Director of Transformation & Integration within N Lincs for Humber & North Yorkshire Integrated Care Board 	16.12.2025
Vacancy – North East Lincolnshire Council		
Vacancy – North Lincolnshire Council		
Vacancy – Lincolnshire Council		

STAFF GOVERNORS		
Ahmed Aftab	<ul style="list-style-type: none"> ➤ Director of Sazin Eyecare Limited and Director of Sazin Estates Limited ➤ Consultant Ophthalmologist - St Hugh's Hospital, Grimsby: Spamedica, Bolton: Lindsey Suite and Inspire Health, Scunthorpe ➤ Member of British Medical Association (BMA) with different local, regional and national roles ➤ Staff Governor 	24.04.2025 09.12.2025
Corrin Manaley	<ul style="list-style-type: none"> ➤ Staff Governor 	08.12.2025
Dr Sandeep Saxena	<ul style="list-style-type: none"> ➤ Staff Governor ➤ Member of Local Negotiating Committee (LNC) for NLaG 	08.12.2025 01.04.2025 (Annual review requested)
Jackie Weavill	<ul style="list-style-type: none"> ➤ Staff Governor 	27.11.2025

Register of Interests

Name and position	Interests
Executive and Other Directors	
Alastair Pickering, Group Chief Digital Officer	TBC
Amanda Stanford, Group Chief Nurse	None.
David Sharif, Group Director of Assurance	Trustee of WISHH Charity (HUTH).
Emma Sayner, Group Chief Finance Officer	Director of Hull Citycare Ltd (Representing the NHS shareholding interest), Partner in Burton Lodge Guest House (no link to NHS), Board member on Care 2 Independence (Social Enterprise).
Ivan McConnell, Group Transformation Director	None.
Dr Kate Wood, Group Chief Medical Officer	Family member is Trust employee – Theatres Manager at Diana, Princess of Wales Hospital Grimsby (DPOWH). Associate for AQUA. Trustee of WISHH Charity (HUTH). Trustee of Health Tree Foundation (NLaG).
Lyn Simpson, Interim Group Chief Executive Officer	Trustee for Tyneside and Newcastle MIND. Justice of the Peace at Teesside Magistrates.
Myles Howell, Group Director of Communications	Wife works as Divisional General Manager in the UEC Care Group.
Sam Peate, Group Chief Delivery Officer	TBC
Simon Nearney, Group Chief People Officer	Director at Cleethorpes Town FC / The Linden Club. Family members working at NLaG and HUTH. Family member working at Hull City Council.
Tom Myers, Group Director of Estates	None.
Tracy Campbell, Group Director of Patient Safety and Governance	Temple Spa Consultant and providing skin care including experiences and personal website.

Non-Executive Directors at HUTH and NLaG

Alan Downey, Group Chair

TBC

Murray Macdonald, Non-Executive Director

Trustee Manby Scout Group – 2009.
Trustee with Lincolnshire Refugee Doctors Project**Non-Executive Directors at NLaG**

Julie Beilby, Non-Executive Director

South Cockerington Parish Councillor.

Non-Executive Directors at HUTH

Dr David Sulch, Non-Executive Director

Medicolegal reports on patients in the fields of stroke, geriatric or general medicine (split roughly 80:20 between defendant and claimant work). I have reported on the care of patients treated at HUTH and NLaG previously but do not do so now.
Consultant Stroke Physician at Dartford and Gravesham NHS Trust.
Medical Examiner at Medway NHS Foundation Trust.

Jane Hawcard, Non-Executive Director

Director of JJJ+L Holdings Ltd (July 2020).

Council of Governors Business Meeting

Agenda Item No: CoG(26)047

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
Director Lead	Emma Sayner, Group Chief Financial Officer
Contact Officer/Author	Brian Shipley, Operational Director of Finance
Title of the Report	Finance Report – Month 11
Executive Summary	The report highlights the reported financial position as at Month 11 of the 2025/26 reporting period
Background Information and/or Supporting Document(s) (if applicable)	
Prior Approval Process	
Financial implication(s) (if applicable)	Contained within the report
Implications for equality, diversity and inclusion, including health inequalities (if applicable)	
Recommended action(s) required	<input type="checkbox"/> Approval <input type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Information <input type="checkbox"/> Review <input type="checkbox"/> Other – please detail below:



Humber Health
Partnership

Finance Report Month 11 February – 2025/26

Finance Overview

In-month I&E Performance – page 3

(£6.7m) The Group reported an in-month deficit for month 11 of (£3.8m), (£6.7m) adverse to plan.

Year to Date I&E Performance – page 3

(£36.3m) The Group reported a year to date deficit of (£40.5m), (£36.3m) adverse to plan. This also includes £19.9m of non-recurrent balance sheet support.

Key Risks

- Continued high value of unidentified CIP and high-risk CIP opportunities.
- ERF under-performance claw back.
- Unfunded costs associated with delivery of Constitutional Standards improvement plan and Operational pressures.
- £6.8m Unidentified stretch income target
- Slippage on Capital Expenditure profile
- Requirement for Revenue Cash Support.

I&E Forecast Outturn – page 4

(£36.6m) The Group is forecasting a deficit of (£44.2m) based on an adjusted straight-line projection. Mitigating actions are forecast to reduce the deficit leaving an unidentified gap of (£36.6m).

YTD Cost Improvement Plan – page 5 to 6

(£30.4m) The Group has delivered £84.1m in CIP against a YTD target of £114.5m, (£30.4m) behind target. The Group are forecasting CIP delivery of £92.7m, (£37.3m) adverse to plan.

Underlying I&E – page 7

(£125.9m) The Group's underlying position is estimated at a deficit of circa (£125.9m).

System Performance – page 8

(£71.9m) The ICS reported a YTD deficit of (£77.5m), (£71.9m) adverse to plan at month 11. The ICS is forecasting a (£93.3m) deficit for the year.

Key Actions

- Reducing cost pressures: reliance on premium bank and agency; minimising escalation beds; and greater control of non-pay expenditure.
- Maximising planned care activity within core capacity, reducing reliance on Independent Sector (IS) and Waiting List Initiative (WLI) premium costs.
- Delivering a challenging CIP programme – conversion of non-recurrent savings into recurrent delivery schemes and identifying additional schemes to close the gap to target.
- Delivery of Care Group Recovery Action Plans.

Capital Expenditure – page 9

(£42.9m) The Group has spent £53.9m on capital expenditure against a plan of £96.8m, (£42.9m) behind plan.

Balance Sheet & Cash – pages 10 to 11

£66.7m The Group's cash balance at the end of month 11 was £66.7m. The Groups request of £12.2m in additional external cash support for March 2026 has been approved by NHSE.

Elective Recovery Performance – page 12

(£5.6m) The Group is currently under-performing against ERF baselines by (£5.6m). No additional income or penalties have been assumed year-to-date. This is currently under review by the ICB.

Temporary Staffing – pages 13 to 16

(£1.0m) The Group has spent £61.6m on agency and bank pay YTD. This is (£1.0m) more than the same period in 2024/25.

Financial Performance Summary

The Group ended February with a year-to-date (YTD) deficit at month 11 of (£40.5m), (£36.3m) adverse to plan.

£million	HUTH £m						NLAG £m						HHP £m					
	CM			YTD			CM			YTD			CM			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																		
Clinical Income	81.0	79.9	(1.1)	836.9	836.7	(0.2)	50.2	47.5	(2.7)	518.7	512.3	(6.3)	131.3	127.4	(3.9)	1,355.5	1,349.0	(6.5)
Other Income	5.9	5.8	(0.1)	81.3	84.3	2.9	6.3	5.8	(0.5)	68.8	63.6	(5.3)	12.2	11.5	(0.7)	150.1	147.8	(2.3)
Total Operating Income	86.9	85.7	(1.3)	918.2	920.9	2.8	56.5	53.3	(3.3)	587.5	575.9	(11.6)	143.5	138.9	(4.5)	1,505.7	1,496.8	(8.8)
Pay Costs																		
Clinical Pay	(43.4)	(41.4)	1.9	(435.8)	(450.3)	(14.4)	(29.8)	(28.2)	1.5	(308.5)	(314.2)	(5.6)	(73.1)	(69.7)	3.5	(744.4)	(764.4)	(20.0)
Other Pay	(8.4)	(8.3)	0.2	(92.2)	(91.8)	0.3	(7.3)	(7.0)	0.4	(80.7)	(79.0)	1.7	(15.8)	(15.2)	0.5	(172.9)	(170.8)	2.0
Total Pay Costs	(51.8)	(49.7)	2.1	(528.0)	(542.1)	(14.1)	(37.1)	(35.2)	1.9	(389.3)	(393.2)	(3.9)	(88.9)	(84.9)	4.0	(917.2)	(935.2)	(18.0)
Clinical Non Pay	(17.9)	(22.3)	(4.4)	(200.5)	(215.3)	(14.8)	(6.0)	(7.4)	(1.4)	(76.9)	(85.3)	(8.4)	(23.9)	(29.7)	(5.8)	(277.4)	(300.6)	(23.2)
Other Non Pay	(12.2)	(13.9)	(1.7)	(134.0)	(133.8)	0.2	(7.0)	(7.0)	0.1	(76.4)	(73.0)	3.4	(19.2)	(20.9)	(1.7)	(210.4)	(206.8)	3.5
Total Non Pay Costs	(30.1)	(36.3)	(6.1)	(334.5)	(349.1)	(14.7)	(13.0)	(14.3)	(1.3)	(153.3)	(158.3)	(5.1)	(43.1)	(50.6)	(7.5)	(487.7)	(507.5)	(19.7)
Total Operating Expenditure	(81.9)	(86.0)	(4.1)	(862.4)	(891.2)	(28.8)	(50.1)	(49.5)	0.6	(542.5)	(551.5)	(9.0)	(132.0)	(135.5)	(3.5)	(1,405.0)	(1,442.7)	(37.7)
EBITDA	5.0	(0.3)	(5.3)	55.8	29.7	(26.0)	6.4	3.8	(2.7)	44.9	24.4	(20.5)	11.5	3.4	(8.0)	100.7	54.1	(46.5)
Depreciation	(2.5)	(2.3)	0.1	(27.3)	(26.9)	0.4	(2.2)	(1.9)	0.3	(23.4)	(20.7)	2.7	(4.7)	(4.2)	0.5	(50.7)	(47.6)	3.1
Non Operating Items	(1.4)	(1.4)	0.0	(15.4)	(15.1)	0.3	(0.7)	(0.6)	0.1	(7.4)	(6.5)	0.9	(2.1)	(2.0)	0.1	(22.8)	(21.6)	1.1
Surplus/(Deficit)	1.1	(4.0)	(5.2)	13.1	(12.3)	(25.4)	3.6	1.3	(2.3)	14.1	(2.8)	(16.9)	4.7	(2.8)	(7.5)	27.2	(15.1)	(42.3)
NHSE Allowable Adjustments	(0.3)	(0.0)	0.3	(15.0)	(14.6)	0.4	(1.5)	(1.0)	0.5	(16.4)	(10.8)	5.6	(1.7)	(1.0)	0.7	(31.4)	(25.4)	6.0
Adjusted Surplus / (Deficit)	0.9	(4.0)	(4.9)	(1.9)	(26.9)	(25.0)	2.1	0.3	(1.8)	(2.3)	(13.6)	(11.3)	3.0	(3.8)	(6.7)	(4.2)	(40.5)	(36.3)

- The Group reported a (£3.8m) deficit in month, (£6.7m) adverse to plan with a year to date deficit of (£40.5m), (£36.3m) adverse to plan. £19.9m of balance sheet has been released year-to-date to support the Groups financial position.
- The Group is behind on its CIP programme by (£30.4m).
- The Group cash balance increased by £31.2m in month to £66.7m (£41.3m HUTH / £25.4m NLAG) driven by increased PDC drawdowns relating to the Capital programme. The Group's £12.2m additional external cash support application for March 2026 has been approved by NHSE.
- The Group has formally enacted the forecast outturn change protocol and is forecasting a year-end deficit of £36.6m.

Financial Performance – Forecast Outturn (FOT)

The Group is forecasting a deficit of (£44.2m) based on an adjusted straight-line projection. Seasonal variation and other mitigating actions are expected to reduce the deficit leaving an unidentified gap of (£36.6m) across the Group.

A straight-line forecast based on the M1-11 deficit position would leave the group with a (£44.2m) deficit by year end. When adjusted for seasonality, expenditure that has not yet started and non recurrent benefits in the year-to-date position, this deficit increases to (£47.5m).

Mitigations have now been identified that will secure the agreed forecast position of a £36.6m deficit, but recurrent financial recovery has been lower than expected increasing the reliance on non recurrent mitigations and system support that will increase the financial risk versus the submitted plan going into 2026/27.

Focus on cost control, efficiency delivery and recovery plans must be maintained to ensure the best possible exit run-rate and minimise the impact on next year.

Forecast Bridge (Group)	HUTH £'m	NLAG £'m	HHP £'m	M10 £'m	Movement £'m
YTD deficit (M11)	(26.9)	(13.6)	(40.5)	(36.8)	(3.8)
Straight line forecast	(29.4)	(14.8)	(44.2)	(44.1)	(0.1)
Seasonality	(0.5)	(0.3)	(0.8)	(1.4)	0.6
Industrial Action	0.2	0.1	0.3	0.7	(0.4)
Industrial Action Support	-	-	-	6.2	(6.2)
CDC	-	-	-	(0.5)	0.5
Daycase Unit	-	-	-	-	-
Expected changes to run-rate	(1.1)	0.6	(0.5)	(1.3)	0.8
Non Recurrent Flexibility in YTD position	(1.2)	(0.5)	(1.8)	(3.9)	2.2
Depreciation, Interest Received & PDC	-	(0.7)	(0.7)	(0.4)	(0.3)
Adjusted Run Rate	(31.9)	(15.6)	(47.5)	(44.7)	(2.8)

Forecast CIP delivery (improvement in run-rate)	1.7	(0.5)	1.2	1.0	0.2
Non recurrent mitigation	3.5	-	3.5	3.5	-
Care Group Recovery Plans	0.6	-	0.6	1.3	(0.7)
Income target	2.4	0.8	3.2	6.8	(3.6)
Non Recurrent Support	2.6	2.0	4.6	-	4.6
Forecast deficit	(21.1)	(13.3)	(34.4)	(32.1)	(2.3)
Loss of Deficit Support Funding (Q4)	(0.9)	(1.2)	(2.1)	(4.5)	2.3
Forecast deficit including DSF	(22.0)	(14.5)	(36.6)	(36.6)	(0.0)

Plan	-	-	-	-	-
Variance	(22.0)	(14.5)	(36.6)	(36.6)	(0.0)

Financial Performance – Forecast Outturn (FOT) - RISKS

The forecast position reflects a deficit of (£36.6m). Mitigations have been identified that will secure the forecast position and potential residual risks that remain in the final month of the year.

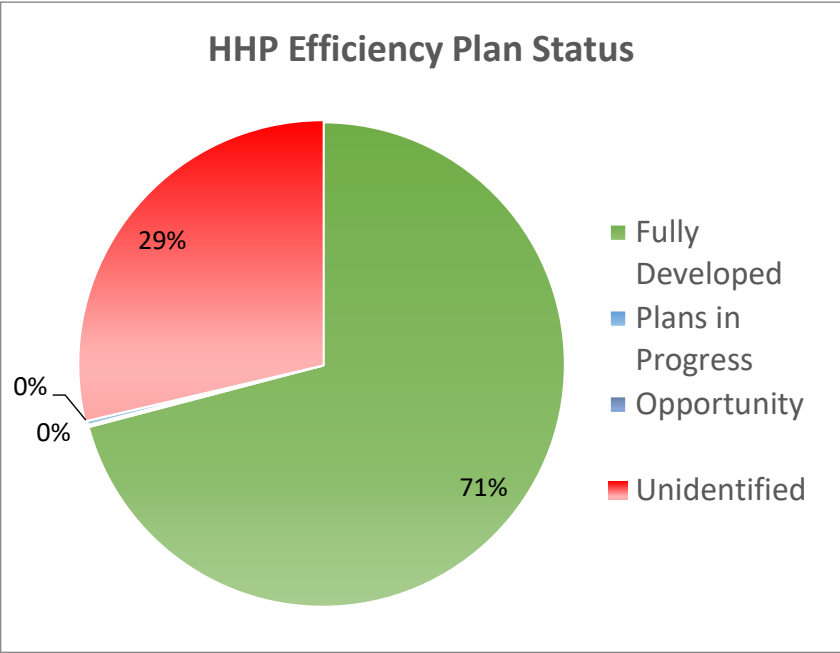
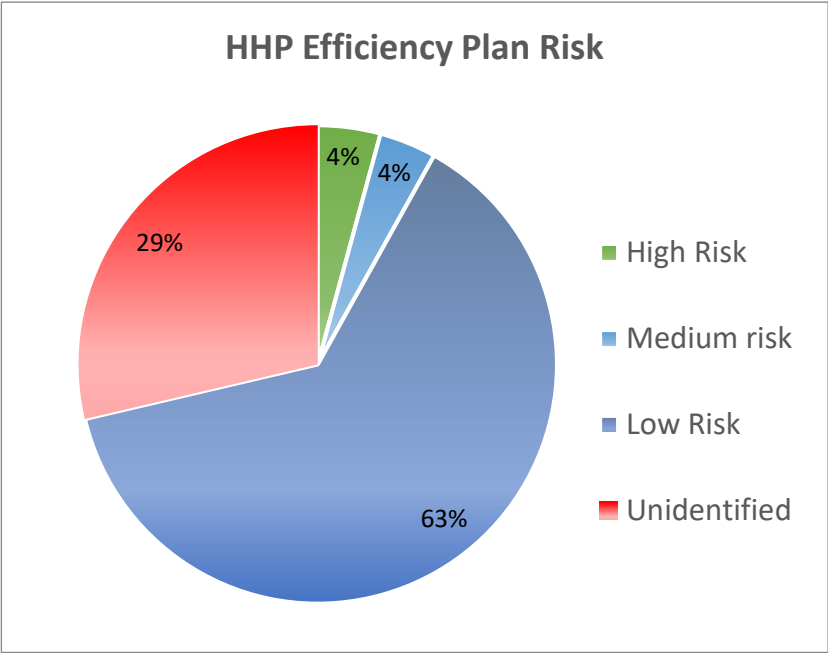
Updated Risk Position	Plan 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Forecast 31/03/2026 Year Ending £'000	Comments	Current risk status	Risk adjusted £'000	Risk adjusted £'000	Risk adjusted £'000
	Group	HUTH	NLAG	Group		RAG	Group	HUTH	NLAG
Forecast deficit	0	(22,030)	(14,534)	(36,564)			(36,564)	(22,030)	(14,534)
(Risks)/(Offsets to benefits):									
Additional cost risk - HCD growth (ICS block funded)	(5,000)	(1,000)	(400)	(1,400)	ICS Risk Share: Growth		(650)	(400)	(250)
Additional cost risk - CDC 15% cost reduction	(3,000)		0	0	ICS Risk Share: CDC		0	0	0
Additional Cost risk - emerging		(250)	(100)	(350)	CPE outbreak, Escalation beds, RTT and Cancer recovery		(225)	(125)	(100)
Additional Cost risk - Industrial Action		0	0	0	Assumes any further strike action is funded		0	0	0
Additional cost risk (NP inflation)	(3,500)	(500)	0	(500)	Inflationary pressures above CUF		(150)	(150)	0
Efficiency risk	(47,072)			0	Unidentified CIP included in forecast		0	0	0
Efficiency risk		(595)		(595)	Opportunity / Plans in Progress - Highest risk already included in forecast		(298)	(298)	0
Care Group Recovery		(600)		(600)	Care Group Recovery actions		(480)	(480)	0
Income risk	(13,950)			0	Support from system partners - could impact on future years / other income opportunities		0	0	0
Deficit Support Funding					Q4 included in forecast		0		
Income risk - IPT claw-back		(1,100)	0	(1,100)	IS spend with ICS relating to 24/25 IPT referrals - partially included in forecast		(880)	(880)	0
Mitigations/benefits:									
Additional cost control	7,050	1,000		1,000	Vacancy Control / Double Lock including potential slippage on IS spend. Bed pressures mitigated		950	600	350
Transformational / Pathway changes	8,000	0	0	0	Utilisation of additional capacity to facilitate repatriation of Independent Sector activity (subject to agreement of funding mechanism)		0	0	0
Non-recurrent mitigation (Flexibility)	10,400	3,045	0				1,733	1,733	0
Non-recurrent mitigation (other)		0	0	0	Potential support from system partners - would impact on future years / other income opportunities. Included in forecast.		0		0
Total Provider Net Risk	(47,072)	(22,030)	(15,034)	(37,064)			(36,564)	(22,030)	(14,534)

Financial Performance – CIP Delivery

The Group has delivered £84.1m CIP year-to-date against a target of £114.5m, (£30.4m) adverse. The Group is forecasting CIP delivery of £92.7m (£37.3m) adverse to plan.

£000		HUTH						NLAG						HHP					
		Year to Date			Forecast Year-end			Year to Date			Forecast Year-end			Year to Date			Forecast Year-end		
		Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance	Target	Actual	Variance
Operations	Acute And Emergency Medicine	1,638	762	(876)	1,800	843	(956)	4,664	3,974	(690)	5,086	4,319	(767)	6,302	4,736	(1,566)	6,886	5,163	(1,723)
	Cancer Network	179	106	(73)	196	116	(80)	185	150	(36)	202	163	(39)	364	255	(109)	398	279	(119)
	Cardiovascular	1,367	2,260	893	1,491	2,410	919	466	654	188	490	683	193	1,833	2,915	1,081	1,981	3,093	1,113
	Chief Delivery Officer	35	31	(4)	38	38	(0)	34	134	101	37	139	102	68	166	97	75	177	102
	Community, Frailty & Therapy	1,217	855	(362)	1,324	975	(349)	2,436	2,352	(84)	2,620	2,562	(57)	3,652	3,206	(446)	3,944	3,537	(407)
	Digestive Diseases	776	201	(575)	848	221	(628)	2,554	2,811	257	2,750	3,004	254	3,330	3,012	(318)	3,598	3,224	(374)
	Family Services	2,881	2,071	(810)	3,066	2,273	(793)	2,920	2,747	(173)	3,132	3,058	(73)	5,801	4,819	(983)	6,197	5,331	(866)
	Head & Neck	1,636	1,993	358	1,765	2,094	330	1,027	1,153	126	1,098	1,220	122	2,663	3,147	483	2,863	3,314	451
	Major Trauma Network	102	85	(17)	100	90	(9)	5	0	(5)	5	0	(5)	107	85	(22)	105	90	(15)
	Neuroscience	1,602	1,066	(536)	1,710	1,185	(525)	425	391	(34)	460	428	(33)	2,027	1,457	(570)	2,170	1,613	(557)
	Pathology Network Group	545	382	(163)	588	422	(166)	2,170	2,123	(47)	2,347	2,290	(58)	2,716	2,505	(210)	2,936	2,711	(224)
	Patient Services	875	654	(221)	955	770	(184)	761	1,048	288	830	1,219	389	1,636	1,703	67	1,785	1,990	205
	Site Management & Discharge Teams	96	80	(15)	104	87	(17)	239	167	(73)	257	176	(81)	335	247	(88)	361	263	(98)
	Specialist Cancer And Support Services	6,976	6,333	(644)	7,626	6,897	(728)	2,262	2,548	286	2,481	2,809	328	9,238	8,881	(358)	10,107	9,707	(400)
	Specialist Medicine	1,840	1,179	(661)	1,985	1,273	(712)	966	1,127	162	1,041	1,198	158	2,806	2,306	(500)	3,026	2,472	(554)
	Specialist Surgery	1,567	1,543	(24)	1,694	1,672	(21)	1,069	1,010	(59)	1,140	1,116	(24)	2,636	2,553	(83)	2,834	2,788	(45)
Theatres, Anaesthetics And Critical Care	2,851	3,152	301	3,071	3,462	391	1,680	1,339	(341)	1,845	1,483	(362)	4,531	4,491	(40)	4,915	4,945	30	
Total Operations	26,183	22,754	(3,429)	28,358	24,828	(3,530)	23,863	23,729	(134)	25,820	25,868	48	50,046	46,483	(3,563)	54,178	50,696	(3,482)	
Corporate	Chief Executive	48	54	5	52	56	4	42	30	(12)	46	34	(12)	90	83	(7)	98	90	(8)
	Chief Medical Officer	409	361	(48)	447	370	(76)	160	122	(38)	174	127	(47)	569	483	(86)	621	498	(123)
	Chief Nurse	405	581	176	442	621	180	355	632	277	388	674	287	760	1,213	453	829	1,296	466
	Director Of Assurance	10	0	(10)	11	0	(11)	42	8	(34)	46	10	(36)	52	8	(44)	57	10	(47)
	Director Of People	607	759	152	662	817	154	537	1,014	477	586	1,100	514	1,145	1,773	628	1,249	1,917	668
	Finance - E&F	3,255	4,139	885	3,555	4,517	962	2,225	1,486	(739)	2,428	1,647	(781)	5,479	5,625	146	5,983	6,163	181
	Finance - Finance	262	567	305	286	602	317	185	321	136	202	335	134	447	888	441	488	938	450
	Finance - Procurement	106	22	(84)	115	34	(82)	72	0	(72)	79	0	(79)	178	22	(156)	194	34	(160)
	Finance - S & P	340	475	134	371	512	141	217	475	258	237	516	279	558	950	392	609	1,029	420
Strategy, Partnerships and Digital	466	507	42	510	536	26	556	834	278	607	905	298	1,022	1,341	319	1,117	1,440	324	
Total Corporate	5,908	7,464	1,556	6,451	8,065	1,614	4,392	4,922	530	4,792	5,349	557	10,300	12,385	2,086	11,243	13,414	2,171	
Total Allocated CIP Core Programme	32,091	30,218	(1,873)	34,809	32,893	(1,916)	28,255	28,651	396	30,612	31,217	605	60,345	58,868	(1,477)	65,421	64,110	(1,311)	
Trustwide	Reserves	9,503	9,417	(86)	12,053	11,269	(784)	14,343	13,159	(1,185)	15,647	13,943	(1,704)	23,846	22,575	(1,271)	27,700	25,212	(2,488)
	Technical	578	619	41	630	671	41	427	427	0	466	466	0	1,004	1,045	41	1,096	1,137	41
	Unallocated	18,005	1,808	(16,198)	20,828	2,471	(18,358)	11,304	(178)	(11,483)	14,955	(195)	(15,150)	29,309	1,629	(27,680)	35,784	2,276	(33,508)
Total Technical & Unallocated	28,085	11,843	(16,242)	33,511	14,411	(19,100)	26,074	13,407	(12,668)	31,068	14,214	(16,854)	54,160	25,250	(28,910)	64,579	28,625	(35,955)	
TOTAL	60,176	42,061	(18,115)	68,320	47,304	(21,016)	54,329	42,057	(12,272)	61,680	45,431	(16,249)	114,505	84,118	(30,387)	130,000	92,734	(37,266)	

Financial Performance – CIP Planning Progress



Efficiency Plan Risk	HUTH	NLAG	HHP
High Risk	5,438	64	5,502
Medium risk	3,724	1,291	5,015
Low Risk	38,141	44,076	82,217
Unidentified	21,016	16,249	37,266
TOTAL	68,320	61,680	130,000

Efficiency Plan Status	HUTH	NLAG	HHP
Fully Developed	46,764	45,423	92,187
Plans in Progress	540	7	547
Opportunity	-	-	-
Unidentified	21,016	16,249	37,266
TOTAL	68,320	61,680	130,000

Underlying Position

The Group's underlying financial position is estimated at a deficit of (£125.9m)

Bridging from the forecast outturn deficit position for 2025-26 the below are the main drivers to the Groups underlying position:

1. The Group is in receipt of specific Non-Recurrent Income support totalling (£31.3m).
2. Non-Recurrent Deficit funding received in 2025/26 of (£21.8m).
3. The Group has historically relied on Non-Recurrent savings delivery to achieve its financial targets. This is forecast to be (£26.3m) within the current year's savings plan. The Group must look to convert non-recurrent savings schemes into recurrent schemes where possible.
4. Non-recurrent industrial action income support net of costs of (£2.9m)
5. The in year CIP schemes have a potential FYE of £11.8m if delivered in full in year.
6. The Groups has been heavily reliant on Non-recurrent technical support in year of (£18.8m)

£million	NLAG	HUTH	HHP
2025/26 - Surplus/(Deficit)	(14.5)	(22.0)	(36.6)
Non-recurrent Adjustments			
NR Additional Income Support	(5.7)	(25.6)	(31.3)
NR 25/26 Deficit Funding	(11.1)	(10.7)	(21.8)
NR Industrial Action	(1.3)	(1.6)	(2.9)
NR CIP (Forecast)	(14.3)	(12.1)	(26.3)
FYE 25/26 CIP	2.7	9.1	11.8
NR Flexibility	(5.8)	(13.0)	(18.8)
Underlying Deficit	(50.1)	(75.8)	(125.9)

System Financial Performance – Month 11, February 2026

The ICS reported a YTD deficit of (£77.5m), (£71.9m) adverse to plan. The ICS is forecasting a £93.3m deficit at the year end.

M9 Position

- ICB £66k overspend YTD, FOT £7.1m deficit relating entirely to non receipt of Q4 DSF funding.
- Providers £71.9m overspend YTD, FOT £86.2m deficit.
- Providers have enacted FOT protocols to submit deficit FOT position to NHSE.

System Revenue								
Organisation	Surplus / (Deficit) - Adjusted Financial Position							
	Plan	Actual	Variance		Plan	Forecast	Variance	
	YTD	YTD	YTD		Year	Year	Year	
	£000	£000	£000	%	Ending	Ending	£000	%
Humber And North Yorkshire ICB	-	(66)	(66)	(0.0%)	-	(7,094)	(7,094)	(0.1%)
Harrogate And District NHS Foundation Trust	(725)	(22,630)	(21,905)	(6.2%)	-	(20,000)	(20,000)	(5.2%)
Hull University Teaching Hospitals NHS Trust	(1,868)	(26,919)	(25,051)	(2.8%)	-	(22,030)	(22,030)	(2.3%)
Humber Teaching NHS Foundation Trust	(231)	2,769	3,000	1.2%	-	3,000	3,000	1.1%
Northern Lincolnshire And Goole NHS Foundation Trust	(2,294)	(13,600)	(11,306)	(2.0%)	-	(14,534)	(14,534)	(2.3%)
York And Scarborough Teaching Hospitals NHS Foundation Trust	(491)	(17,094)	(16,603)	(2.1%)	-	(32,652)	(32,652)	(3.7%)
ICS Total	(5,609)	(77,540)	(71,931)	(1.6%)	-	(93,310)	(93,310)	(1.9%)

Capital Expenditure

The Group has spent £53.9m year to date on capital expenditure against a plan of £96.8m plan, (£42.9m) behind plan as we enter the final month of the year.

£million	NLAG			HUTH			HHP		
	Year to Date			Year to Date			Year to Date		
	Plan	Actual	Var.	Plan	Actual	Var.	Plan	Actual	Var.
Estates Major Schemes									
Ward/Department Refurbishment/Development	5.7	1.8	(3.8)	2.9	1.5	(1.4)	8.6	3.4	(5.2)
Day Surgery CHH	0.0	0.0	0.0	4.8	1.7	(3.1)	4.8	1.7	(3.1)
Theatres & IRT	0.0	0.0	0.0	3.7	0.9	(2.8)	3.7	0.9	(2.8)
Community Diagnostic Centres	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Estates Safety Funding	3.5	0.8	(2.7)	3.9	0.4	(3.5)	7.4	1.2	(6.2)
NEEF 4	2.0	0.1	(1.9)	6.1	0.8	(5.3)	8.1	0.9	(7.1)
Decarbonisation Funding	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Estates Major Schemes	11.2	2.8	(8.4)	21.4	5.3	(16.1)	32.6	8.1	(24.5)
Other Estates Schemes	0.1	0.0	(0.0)	0.0	0.0	0.0	0.1	0.0	(0.0)
IM&T Programme	1.9	1.5	(0.4)	1.3	1.5	0.2	3.2	3.0	(0.2)
EPR	4.5	0.8	(3.6)	0.0	1.3	1.3	4.5	2.1	(2.3)
Equipment Renewal	3.0	1.5	(1.4)	1.4	4.8	3.4	4.4	6.4	2.0
Facilities Maintenance	4.8	1.5	(3.3)	1.7	2.4	0.6	6.5	3.9	(2.7)
Other Capital Expenditure	19.3	12.2	(7.1)	26.3	18.2	(8.2)	45.6	30.4	(15.2)
Total Capital Programme	44.7	20.4	(24.3)	52.2	33.5	(18.7)	96.8	53.9	(42.9)
Funded By:									
Internally Generated	15.6	6.1	(9.5)	18.8	14.4	(4.5)	34.4	20.4	(14.0)
PDC Funded	9.9	2.3	(7.7)	18.5	3.2	(15.3)	28.4	5.5	(23.0)
Donated	18.2	11.6	(6.7)	0.9	2.8	1.9	19.1	14.4	(4.7)
IFRS16	1.0	0.5	(0.4)	14.0	13.1	(0.8)	14.9	13.7	(1.3)
Disposals - Net Book Value	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Funding	44.7	20.4	(24.3)	52.2	33.5	(18.7)	96.8	53.9	(42.9)

Balance Sheet

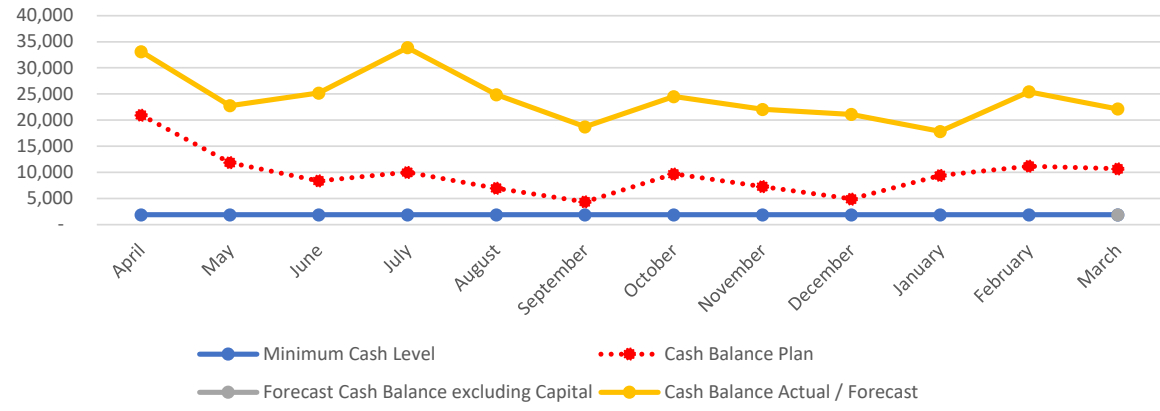
£ million	NLAG			HUTH			HHP		
	Actual	Actual	In month	Actual	Actual	In month	Actual	Actual	In month
	31-Jan-26	28-Feb-26	movement	31-Jan-26	28-Feb-26	movement	31-Jan-26	28-Feb-26	movement
Fixed Assets	299.0	300.4	1.4	486.9	492.5	5.6	785.9	792.8	6.9
Other Investments	0.0	0.0	0.0	0.6	0.6	0.0	0.6	0.6	0.0
Current Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Inventories	5.1	5.1	0.0	18.4	20.3	2.0	23.4	25.4	2.0
Trade and Other Debtors	21.0	17.4	(3.6)	35.3	33.8	(1.6)	56.4	51.1	(5.2)
Cash	17.8	25.4	7.6	17.6	41.3	23.7	35.4	66.7	31.2
Total Current Assets	43.9	47.9	3.9	71.3	95.3	24.1	115.2	143.2	28.0
Current Liabilities									
Trade and Other Creditors	(48.4)	(47.3)	1.1	(60.2)	(72.8)	(12.6)	(108.6)	(120.1)	(11.6)
Accruals	(17.7)	(18.1)	(0.5)	(37.9)	(36.9)	1.0	(55.5)	(55.0)	0.5
Other Current Liabilities	(5.1)	(7.0)	(2.0)	(18.8)	(23.4)	(4.6)	(23.9)	(30.4)	(6.5)
Total Current Liabilities	(71.1)	(72.5)	(1.4)	(116.9)	(133.1)	(16.2)	(188.0)	(205.6)	(17.6)
Net Current Liabilities	(27.2)	(24.6)	2.6	(45.6)	(37.8)	7.9	(72.8)	(62.4)	10.4
Debtors Due > 1 Year	0.8	0.8	0.0	2.3	2.3	0.0	3.0	3.0	0.0
Creditors Due > 1 Year	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Loans > 1 Year	(2.9)	(2.9)	0.0	(3.8)	(3.8)	0.0	(6.7)	(6.7)	0.0
Finance Lease Obligations > 1 Year	(7.0)	(7.0)	0.0	(71.2)	(70.9)	0.3	(78.2)	(77.9)	0.3
Provisions - Non Current	(7.2)	(7.2)	0.0	(2.3)	(2.3)	0.0	(9.5)	(9.5)	0.0
Total Assets/(Liabilities)	255.5	259.4	3.9	366.9	380.6	13.7	622.4	640.0	17.6
TOTAL CAPITAL & RESERVES	255.5	259.4	3.9	366.9	380.6	13.7	622.4	640.0	17.6

Cash Flow

The Group's cash balance at the end of month 11 was £66.7m. The Groups request of £12.2m in additional external cash support for March 2026 has been approved by NHSE.

NLAG

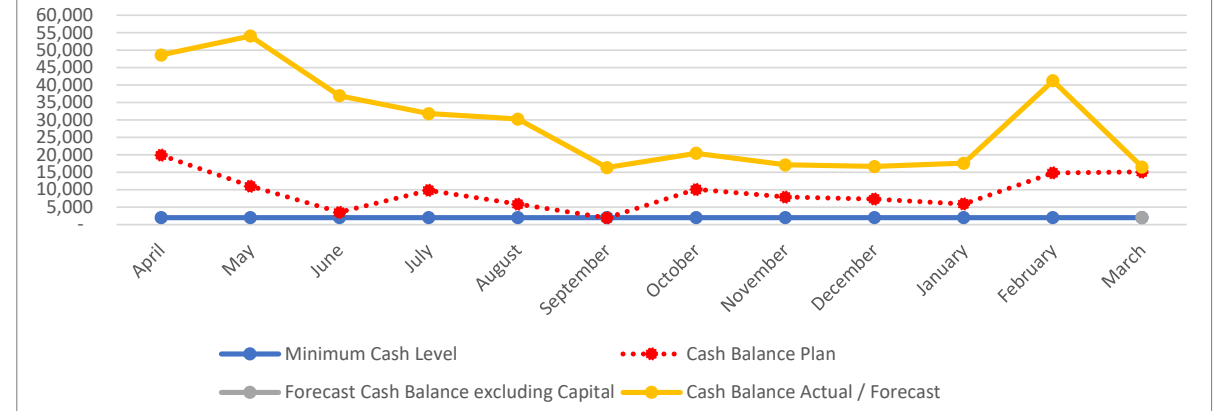
Cash Flow



£000's	October	November	December	January	February	March
Minimum Cash Level	1,900	1,900	1,900	1,900	1,900	1,900
Cash Balance Plan	9,726	7,297	4,931	9,421	11,214	10,699
Forecast Cash Balance excluding Capital						1,900
Cash Balance Actual / Forecast	24,518	22,057	21,111	17,844	25,419	22,135

HUTH

Cash Flow



£000's	October	November	December	January	February	March
Minimum Cash Level	2,000	2,000	2,000	2,000	2,000	2,000
Cash Balance Plan	10,089	7,921	7,321	5,904	14,845	15,110
Forecast Cash Balance excluding Capital						2,011
Cash Balance Actual / Forecast	20,461	17,125	16,656	17,595	41,259	16,492

Elective Recovery

The Group is currently under-performing against ERF baselines by (£5.6m). No additional income or penalties have been assumed year-to-date.

£000's	YTD											
	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	144,566	138,590	(5,976)	96%	66,473	68,180	1,707	103%	211,039	206,770	(4,269)	98%
External Contracts	2,596	2,325	(271)	90%	9,064	10,056	992	111%	11,660	12,381	721	106%
Specialist	41,380	38,822	(2,558)	94%	1,641	2,189	548	133%	43,021	41,011	(2,010)	95%
Sub Total ERF	188,542	179,737	(8,805)	95.3%	77,177	80,425	3,248	104.2%	265,720	260,162	(5,557)	97.9%
A&G	3,466	3,466	0	N/A	839	838	(1)	N/A	4,304	4,304	(1)	N/A
Total	192,008	183,203	(8,805)	95.3%	78,016	81,263	3,247	104.2%	270,024	264,466	(5,558)	97.9%

£000's	Forecast											
	HUTH				NLAG				HHP Total			
	Target	Actual	Variance	%	Target	Actual	Variance	%	Target	Actual	Variance	%
H&NY Contracts	158,334	152,388	(5,946)	96%	72,803	74,672	1,869	103%	231,137	227,060	(4,077)	98%
External Contracts	2,832	2,551	(281)	90%	9,888	11,005	1,117	111%	12,720	13,556	836	107%
Specialist	45,142	42,672	(2,470)	95%	1,790	2,399	609	134%	46,932	45,071	(1,861)	96%
Sub Total ERF	206,308	197,611	(8,697)	95.8%	84,481	88,076	3,595	104.3%	290,789	285,687	(5,102)	98.2%
A&G	3,796	3,796	0	N/A	918	917	(1)	N/A	4,714	4,713	(1)	N/A
Total	210,104	201,407	(8,697)	95.8%	85,400	88,993	3,594	104.3%	295,504	290,400	(5,103)	98.2%

Temporary Staffing Summary

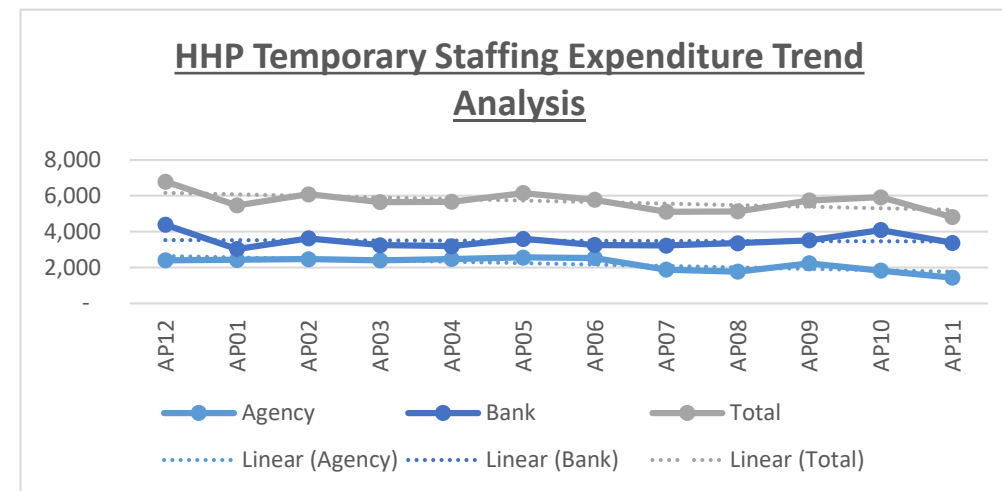
The Group has spent £61.6m on agency and bank YTD. This is (£1.0m) more than the same period in 2024/25 but remains below the NHSE Target of 3.2% of total pay expenditure at 2.6%.

Type	Subjective Sub category	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Agency	Medical Staff	8,782	6,903	1,880	10,632	11,537	(904)	19,415	18,439	975
	Nursing Staff	299	1,441	(1,141)	2,853	2,416	437	3,152	3,857	(704)
	Scientific, Therapeutic & Technical Staff	374	173	201	1,257	1,453	(196)	1,631	1,627	5
	Admin & Clerical Staff	386	7	380	247	48	199	634	55	579
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	0	0	0	0	0	0	0	0	0
	Other Staff	(13)	38	(51)	3	3	0	(10)	41	(51)
Agency Total		9,829	8,561	1,268	14,993	15,457	(464)	24,822	24,018	804
Bank	Medical Staff	3,817	4,154	(337)	10,283	10,334	(52)	14,099	14,488	(389)
	Nursing Staff	4,977	4,115	862	10,944	11,683	(739)	15,921	15,798	123
	Scientific, Therapeutic & Technical Staff	502	626	(124)	1,225	1,281	(56)	1,727	1,907	(180)
	Admin & Clerical Staff	3	713	(711)	1,927	1,729	198	1,930	2,442	(512)
	Maintenance Staff	0	0	0	0	0	0	0	0	0
	Support Staff	52	136	(85)	2,002	2,769	(767)	2,054	2,906	(851)
	Other Staff	0	0	0	0	0	0	0	0	0
Bank Total		9,350	9,745	(394)	26,380	27,796	(1,415)	35,731	37,541	(1,810)
Grand Total		19,179	18,306	874	41,373	43,253	(1,880)	60,553	61,558	(1,006)
Agency Spend as % Total Pay (3.2% is the NHSE Target)		1.6%			3.9%			2.6%		

Temporary Staffing Summary – Directorate / Care Group

The Group has spent £50.8m on all agency and bank pay YTD. This is (£0.3m) more than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	4,120	4,080	40	12,506	13,843	(1,337)	16,626	17,924	(1,298)
	Cancer Network	0	38	(38)	41	63	(23)	41	101	(60)
	Cardiovascular	606	624	(18)	483	493	(10)	1,089	1,117	(27)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	2,305	2,574	(269)	3,230	3,349	(119)	5,535	5,922	(388)
	Digestive Diseases	1,031	719	312	1,978	2,696	(718)	3,009	3,415	(406)
	Family Services	1,758	1,215	543	4,592	4,720	(128)	6,350	5,935	415
	Head & Neck	994	1,137	(143)	1,939	1,859	80	2,933	2,995	(62)
	Major Trauma Network	50	71	(21)	0	0	0	50	71	(21)
	Neuroscience	1,124	610	514	1,252	1,326	(74)	2,376	1,936	440
	Pathology Network Group	25	6	19	1,035	865	170	1,060	870	189
	Patient Services	74	580	(505)	1,214	948	267	1,289	1,527	(239)
	Site Management & Discharge teams	144	399	(255)	319	289	30	462	688	(226)
	Specialist Cancer and Support Services	2,680	2,269	411	2,220	2,505	(285)	4,900	4,774	126
	Specialist Medicine	991	569	422	2,636	2,970	(333)	3,628	3,539	89
	Specialist Surgery	1,123	976	147	2,351	1,844	507	3,474	2,821	654
	Theatres, Anaesthetics and Critical Care	2,508	2,019	489	3,227	2,630	596	5,735	4,649	1,086
Total Operations		19,533	17,885	1,649	39,024	40,399	(1,376)	58,557	58,284	273
Corporate	Corporate Directorates	410	326	83	2,687	3,136	(449)	3,096	3,462	(366)
Total Corporate		410	326	83	2,687	3,136	(449)	3,096	3,462	(366)
Central Reserves & Technical	Central Technical Reserves	(764)	95	(858)	(337)	(320)	(17)	(1,101)	(225)	(876)
		0	(0)	0	(0)	37	(37)	(0)	37	(37)
Total Central Income, Reserves & Technical		(764)	95	(858)	(337)	(283)	(54)	(1,101)	(188)	(913)
Surplus / (Deficit)		19,179	18,306	874	41,373	43,253	(1,880)	60,553	61,558	(1,006)

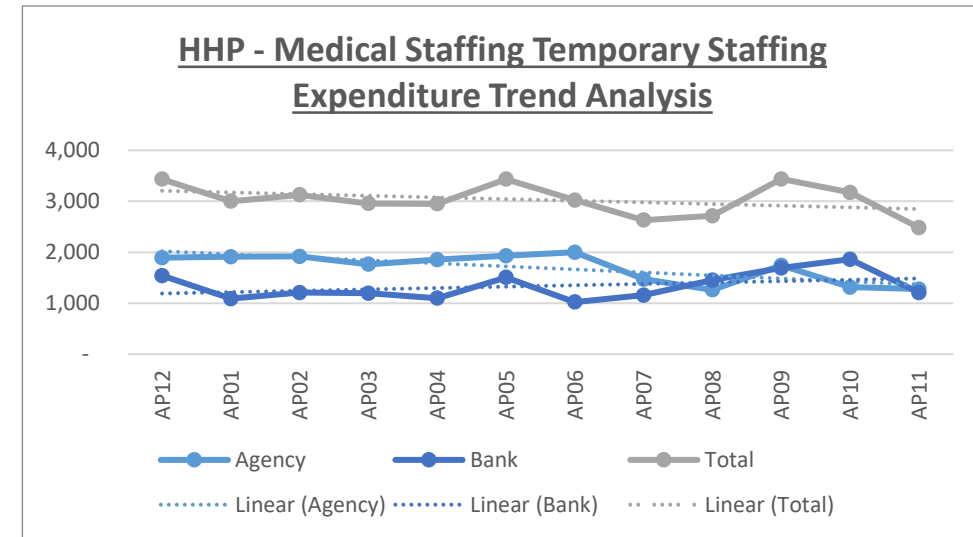


Type	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10	AP11
Agency	2,403	2,433	2,465	2,405	2,478	2,558	2,527	1,884	1,771	2,231	1,827	1,440
Bank	4,391	3,035	3,627	3,249	3,195	3,598	3,259	3,232	3,363	3,513	4,093	3,377
Total	6,794	5,468	6,092	5,654	5,673	6,156	5,786	5,116	5,134	5,744	5,920	4,817

Temporary Staffing Summary – Medical Staffing

The Group has spent £32.9m on Medical Staffing agency and bank pay YTD. This is £0.6m less than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			HHP Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	3,413	2,712	701	7,981	9,045	(1,063)	11,394	11,757	(363)
	Cancer Network	0	0	0	0	0	0	0	0	0
	Cardiovascular	277	348	(71)	59	84	(25)	336	432	(96)
	Chief Delivery Officer	0	0	0	0	0	0	0	0	0
	Community, Frailty & Therapy	988	1,175	(187)	1,254	1,391	(137)	2,243	2,567	(324)
	Digestive Diseases	415	210	204	853	1,535	(682)	1,268	1,746	(478)
	Family Services	1,291	753	538	1,795	2,062	(267)	3,085	2,815	271
	Head & Neck	937	1,054	(117)	1,588	1,394	194	2,525	2,447	78
	Major Trauma Network	28	23	5	0	0	0	28	23	5
	Neuroscience	745	379	365	560	640	(79)	1,305	1,019	286
	Pathology Network Group	1	0	1	517	360	156	517	360	157
	Patient Services	0	0	0	0	0	0	0	0	0
	Site Management & Discharge teams	33	28	5	0	0	0	33	28	5
	Specialist Cancer and Support Services	1,358	1,305	52	904	678	226	2,262	1,984	278
	Specialist Medicine	427	241	186	1,476	1,761	(285)	1,903	2,002	(99)
	Specialist Surgery	642	738	(96)	1,858	1,399	459	2,500	2,137	363
	Theatres, Anaesthetics and Critical Care	2,441	1,954	487	2,107	1,959	148	4,548	3,913	635
	Total Operations		12,995	10,922	2,073	20,953	22,308	(1,355)	33,948	33,230
Corporate	Corporate Directorates	5	19	(15)	0	0	0	5	19	(15)
Total Corporate		5	19	(15)	0	0	0	5	19	(15)
Central Reserves & Technical	Central Technical Reserves	(400)	116	(516)	(38)	(437)	399	(438)	(321)	(117)
		0	(0)	0	0	0	0	0	(0)	0
Total Central Income, Reserves & Technical		(400)	116	(516)	(38)	(437)	399	(438)	(321)	(117)
Surplus / (Deficit)		12,599	11,057	1,542	20,915	21,871	(956)	33,514	32,928	586

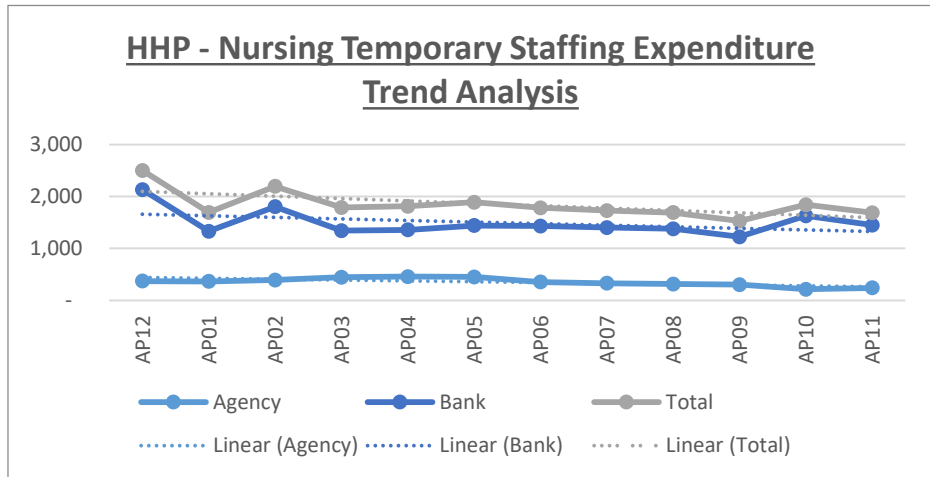


Type	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10	AP11
Agency	1,892	1,911	1,917	1,763	1,854	1,930	1,998	1,472	1,260	1,743	1,313	1,276
Bank	1,540	1,089	1,208	1,194	1,097	1,505	1,024	1,158	1,454	1,692	1,861	1,207
Total	3,432	3,000	3,125	2,957	2,951	3,435	3,022	2,631	2,714	3,435	3,174	2,483

Temporary Staffing Summary - Nursing

The Group has spent £19.7m on Nursing agency and bank pay YTD. This is (£0.6m) more than the same period in 2024/25.

Directorate	Care Group	HUTH (£000s)			NLAG (£000's)			Group Total (£000's)		
		2024/25	2025/26	Variance	2024/25	2025/26	Variance	2024/25	2025/26	Variance
Operations	Acute and Emergency Medicine	704	1,368	(664)	4,322	4,624	(302)	5,026	5,992	(966)
	Cancer Network	0	0	0	8		8	8	0	8
	Cardiovascular	211	257	(46)	278	365	(88)	489	622	(133)
	Chief Delivery Officer	0	0	0		0	0	0	0	0
	Community, Frailty & Therapy	1,033	1,194	(161)	1,473	1,578	(105)	2,506	2,772	(267)
	Digestive Diseases	616	508	108	1,116	1,160	(44)	1,732	1,668	64
	Family Services	467	460	7	2,721	2,649	72	3,188	3,109	79
	Head & Neck	57	48	9	70	34	36	127	82	45
	Major Trauma Network	23	48	(26)			0	23	48	(26)
	Neuroscience	379	229	150	651	618	33	1,030	848	183
	Pathology Network Group	1		1	0	0	0	1	0	1
	Patient Services	11	5	6	233	60	173	244	65	179
	Site Management & Discharge teams	111	359	(248)	313	280	33	424	639	(216)
	Specialist Cancer and Support Services	766	457	309	187	212	(25)	953	669	284
	Specialist Medicine	564	327	237	1,128	1,189	(61)	1,692	1,516	176
	Specialist Surgery	481	231	251	470	445	25	952	676	276
	Theatres, Anaesthetics and Critical Care	67	64	2	989	594	395	1,056	658	398
Total Operations		5,490	5,556	(66)	13,959	13,809	150	19,449	19,365	84
Corporate	Corporate Directorates	12	33	(21)	85	102	(17)	97	134	(38)
Total Corporate		12	33	(21)	85	102	(17)	97	134	(38)
Central Reserves & Technical	Central Technical Reserves	(225)	(32)	(193)	(248)	150	(398)	(473)	118	(591)
	Reserves	0	0	0	0	37	(37)	0	37	(37)
Total Central Income, Reserves & Technical		(225)	(32)	(193)	(248)	187	(435)	(473)	155	(628)
Surplus / (Deficit)		5,276	5,556	(279)	13,796	14,098	(302)	19,073	19,654	(581)



Type	AP12	AP01	AP02	AP03	AP04	AP05	AP06	AP07	AP08	AP09	AP10	AP11
Agency	372	366	391	444	456	450	352	328	313	303	213	240
Bank	2,134	1,330	1,806	1,345	1,358	1,442	1,433	1,402	1,378	1,225	1,630	1,450
Total	2,505	1,696	2,196	1,789	1,814	1,892	1,785	1,730	1,691	1,528	1,843	1,690

WTE Growth & Variable Pay Movements

The Group has seen an increase of 2,339 WTE worked in month between 2019/20 and the current month 11 in 2025/26. The Group has spent £92.3m on variable pay YTD. A straight-line projection would be £100.6m, in line with 2024/25 spend.

Directorate	Care Group	WTE	WTE	WTE	% Change	Unfilled WTE	2025/26 YTD	2025/26 YTD	2025/26 YTD ECP	2025/26 YTD	2024/25	2024/25 Bank	2024/25 ECP	2024/25	2023/24	2023/24 Bank	2023/24 ECP	2023/24
		Actual 2019/20	Actual 25/26	Actual Change			Agency £000	Bank £000	£000	£000	Agency £000	£000	£000	£000	Agency £000	£000	£000	Agency £000
Operations	Acute and Emergency Medicine	1,012.58	1,431.82	419.24	41%	-537.14	6,795.1	6,704.5	6,770.6	1,038.6	7,294.6	10,011.0	2,979.8	1,060.1	12,961.7	9,968.7	2,213.2	859.9
	Cancer Network	44.51	162.57	118.06	265%	-98.23	37.6	63.4	0.0	85.2	(33.7)	48.8	90.6	272.0	0.0	72.6	18.5	125.3
	Cardiovascular	453.33	534.01	80.67	18%	-416.63	219.8	857.6	1,144.0	528.5	502.0	590.1	1,124.5	512.7	865.7	522.1	1,016.7	550.0
	Chief Delivery Officer	190.47	13.74	(176.74)	(93%)	-5.94	0.0	0.0	12.4	0.0	0.0	(0.2)	2.0	6.2	3.0	39.5	0.0	42.9
	Community, Frailty & Therapy	1,245.05	1,576.50	331.44	27%	-729.48	2,090.7	3,689.9	701.1	652.9	2,121.9	3,946.2	605.5	666.8	2,694.8	3,504.9	831.5	831.9
	Digestive Diseases	791.68	862.11	70.44	9%	-446.45	955.7	2,025.8	2,073.0	620.5	736.0	1,601.0	2,345.1	449.1	2,016.7	2,413.0	1,931.2	379.7
	Family Services	1,207.57	1,402.00	194.43	16%	-741.86	2,085.7	2,848.3	3,427.8	1,469.2	2,706.3	2,853.4	3,708.3	1,777.6	4,369.1	3,543.0	2,891.4	1,707.8
	Head & Neck	465.70	538.65	72.95	16%	-391.62	1,855.6	827.2	2,785.5	193.7	1,674.3	1,074.4	2,652.1	248.9	1,968.7	1,134.8	2,449.7	278.9
	Major Trauma Network	8.18	61.67	53.48	653%	-59.52	1.2	69.9	61.0	82.3	3.7	54.6	23.4	15.5	0.0	0.2	53.9	3.2
	Neuroscience	421.41	470.72	49.31	12%	-313.51	714.0	1,175.4	629.3	377.5	1,076.4	1,205.9	1,013.8	363.6	1,400.5	931.2	1,049.3	315.9
	Pathology Network Group	640.36	471.98	(168.38)	(26%)	-36.12	138.3	510.3	427.9	255.0	302.7	881.3	257.3	340.1	562.2	474.7	363.5	304.6
	Patient Services	1,161.73	1,265.11	103.38	9%	-685.10	104.2	1,527.3	(0.0)	492.4	34.5	1,689.6	0.0	1,246.6	84.5	1,444.6	0.0	1,114.4
	Site Management & Discharge teams	105.17	119.30	14.13	13%	-62.31	32.0	551.9	0.3	153.3	42.1	237.8	275.0	77.2	91.3	561.5	0.0	79.0
	Specialist Cancer and Support Services	1,397.88	1,867.88	469.99	34%	-1285.17	3,097.1	1,627.0	1,566.2	2,410.4	3,345.7	1,555.6	2,206.5	2,292.0	3,113.4	1,312.2	2,515.8	2,326.6
	Specialist Medicine	513.37	664.03	150.66	29%	-361.46	1,638.3	1,797.0	544.7	229.1	1,610.0	1,945.8	977.2	272.2	1,833.6	1,791.6	992.4	274.3
	Specialist Surgery	508.10	604.07	95.97	19%	-422.63	1,280.7	1,136.9	2,060.3	258.4	1,654.2	1,323.0	2,940.8	327.5	1,925.6	1,916.4	2,865.3	251.3
Theatres, Anaesthetics and Critical Care	1,365.10	1,612.04	246.94	18%	-1085.28	2,888.3	793.7	4,379.5	2,000.9	4,002.6	1,154.9	5,039.9	2,248.4	5,353.7	1,790.7	4,411.9	2,368.5	
Total Operations		11,532.19	13,658.18	2,125.99	18%	-7678.43	23,934.1	26,206.1	26,583.7	10,848.1	27,073.3	30,173.2	26,241.7	12,176.5	39,244.5	31,421.6	23,604.2	11,814.2
Corporate	Chief Executive	13.63	19.12	5.49	40%	-7.12	0.0	0.0	(4.5)	8.2	9.1	0.0	3.6	109.2	0.0	0.0	0.0	
	Chief Medical Officer	257.74	340.86	83.13	32%	-238.59	0.0	0.0	45.1	26.4	3.4	(0.9)	(122.7)	25.1	(5.4)	3.7	56.5	38.3
	Chief Nurse Office	193.13	299.77	106.64	55%	-119.13	3.2	177.5	0.3	33.7	3.5	147.4	6.1	43.4	(4.7)	120.6	0.0	55.3
	Director of Assurance	18.51	15.84	(2.67)	(14%)	-4.75	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	5.2
	Director of People	329.15	327.54	(1.61)	(0%)	-165.87	0.0	209.9	1.0	97.4	0.0	128.5	2.7	196.5	(100.0)	185.5	0.9	205.1
	Director of Finance, Estates & Facilities	1,340.13	1,441.64	101.51	8%	-699.00	44.1	2,925.4	0.0	943.1	509.3	2,469.8	0.0	1,030.9	635.1	2,356.9	0.0	1,266.5
	Strategy and Partnerships	161.66	170.91	9.24	6%	-67.98	0.3	102.0	0.0	105.2	108.4	142.3	0.0	70.5	178.1	197.3	0.0	138.0
Technical & Reserves	103.27	14.31	(88.96)	(86%)	-14.31	0.0	0.0	0.0	0.0	(545.7)	(28.6)	134.0	603.6	388.2	(955.5)	0.0	156.9	
Total Corporate		2,417.22	2,629.98	212.76	9%	-1302.43	47.5	3,414.9	41.8	1,214.0	87.9	2,858.4	23.7	1,972.9	1,200.6	1,908.5	57.4	1,865.4
Total		13,949.41	16,288.16	2,338.75	17%	-8980.86	23,981.7	29,621.0	26,625.5	12,062.1	27,161.2	33,031.6	26,265.4	14,149.4	40,445.1	33,330.1	23,661.6	13,679.5

Directorate	Staff Type	WTE	WTE	WTE	% Change	Unfilled WTE	2025/26 YTD	2025/26 YTD	2025/26 YTD ECP	2025/26 YTD	2024/25	2024/25 Bank	2024/25 ECP	2024/25	2023/24	2023/24 Bank	2023/24 ECP	2023/24	
		Actual 2019/20	Actual 25/26	Actual Change			Agency £000	Bank £000	£000	£000	Agency £000	£000	£000	£000	Agency £000	£000	£000	Agency £000	£000
Group Totals	Medical Staff	1,893.86	2,467.74	573.88	30%	-1579.07	18,359.4	6,746.0	26,533.6	20.6	21,306.6	8,228.7	26,265.4	0.0	23,140.7	9,755.9	23,661.6	151.3	
	Nursing Staff	4,668.91	5,732.88	1,063.97	23%	-2692.22	3,877.0	15,622.3	57.8	5,860.8	3,507.6	14,585.8	0.0	6,389.8	13,552.9	14,949.8	0.0	6,098.4	
	Scientific, Therapeutic & Technical Staff	2,103.93	2,399.35	295.42	14%	-1076.99	1,645.1	1,904.8	26.2	2,827.5	1,658.5	1,930.1	0.0	3,102.7	2,494.8	1,577.0	0.0	2,719.9	
	Admin & Clerical Staff	3,287.79	3,631.15	343.36	10%	-2182.60	59.5	2,442.1	7.9	1,676.4	661.7	2,630.5	0.0	2,678.3	967.1	1,842.7	0.0	2,698.3	
	Admin & Clerical Staff - Non Execs	13.90	10.51	(3.39)	(24%)	-3.01	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Maintenance Staff	127.97	125.50	(2.47)	(2%)	-67.57	0.0	0.0	0.0	235.3	(1.3)	0.0	0.0	256.3	0.0	0.0	0.0	0.0	349.9
	Support Staff	1,749.68	1,916.28	166.60	10%	-1392.06	0.0	2,905.7	0.0	1,441.4	7.8	5,655.7	0.0	1,722.3	240.6	5,204.8	0.0	1,661.6	
Other Staff	103.38	4.76	(98.62)	(95%)	-1.66	40.8	0.0	0.0	0.0	20.3	0.0	0.0	0.0	48.9	0.0	0.0	0.0	0.1	
Total Corporate		13,949.41	16,288.16	2,338.75	17%	-8995.17	23,981.7	29,621.0	26,625.5	12,062.1	27,161.2	33,030.8	26,265.4	14,149.4	40,445.1	33,330.1	23,661.6	13,679.5	

* Adjusted Bank spend into ECP pay for correct re-classification

Appendices



Appendix A – Trust I&E & Divisional Budgetary Performance

£million	HUTH £m						NLAG £m						HHP £m					
	CM			YTD			CM			YTD			CM			YTD		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income																		
Clinical Income	81.0	79.9	(1.1)	836.9	836.7	(0.2)	50.2	47.5	(2.7)	518.7	512.3	(6.3)	131.3	127.4	(3.9)	1,355.5	1,349.0	(6.5)
Other Income	5.9	5.8	(0.1)	81.3	84.3	2.9	6.3	5.8	(0.5)	68.8	63.6	(5.3)	12.2	11.5	(0.7)	150.1	147.8	(2.3)
Total Operating Income	86.9	85.7	(1.3)	918.2	920.9	2.8	56.5	53.3	(3.3)	587.5	575.9	(11.6)	143.5	138.9	(4.5)	1,505.7	1,496.8	(8.8)
Pay Costs																		
Medical Staff	(21.5)	(18.1)	3.4	(196.0)	(199.9)	(3.9)	(11.9)	(10.2)	1.7	(111.6)	(115.3)	(3.7)	(33.4)	(28.3)	5.0	(307.6)	(315.2)	(7.6)
Nursing Staff	(15.0)	(16.3)	(1.2)	(164.4)	(172.9)	(8.5)	(12.9)	(12.9)	(0.0)	(141.6)	(141.4)	0.2	(27.9)	(29.2)	(1.3)	(306.0)	(314.3)	(8.4)
Scientific Therapeutic & Technical Staff	(6.8)	(7.1)	(0.2)	(75.4)	(77.5)	(2.0)	(5.0)	(5.1)	(0.1)	(55.3)	(57.4)	(2.1)	(11.9)	(12.2)	(0.3)	(130.8)	(134.9)	(4.1)
Total Clinical Pay	(43.4)	(41.4)	1.9	(435.8)	(450.3)	(14.4)	(29.8)	(28.2)	1.5	(308.5)	(314.2)	(5.6)	(73.1)	(69.7)	3.5	(744.4)	(764.4)	(20.0)
Admin & Clerical Staff	(6.2)	(6.2)	0.1	(68.3)	(68.6)	(0.3)	(5.4)	(5.0)	0.4	(58.9)	(57.3)	1.6	(11.6)	(11.1)	0.5	(127.2)	(125.9)	1.3
Maintenance Staff	(0.3)	(0.3)	0.0	(3.6)	(3.3)	0.3	(0.2)	(0.2)	0.0	(1.9)	(1.9)	0.1	(0.5)	(0.5)	0.0	(5.6)	(5.2)	0.4
Support Staff	(1.7)	(1.6)	0.1	(18.2)	(17.7)	0.5	(1.6)	(1.7)	(0.0)	(18.1)	(18.1)	(0.0)	(3.3)	(3.3)	0.0	(36.3)	(35.8)	0.5
Other Staff	(0.0)	(0.0)	0.0	(0.1)	(0.1)	0.0	(0.0)	(0.0)	0.0	(0.2)	(0.2)	0.0	(0.0)	(0.0)	0.0	(0.3)	(0.3)	0.0
Apprentice Levy	(0.2)	(0.2)	(0.0)	(1.9)	(2.1)	(0.2)	(0.1)	(0.1)	0.0	(1.6)	(1.6)	0.0	(0.3)	(0.3)	(0.0)	(3.5)	(3.7)	(0.2)
Total Other Pay	(8.4)	(8.3)	0.2	(92.2)	(91.8)	0.3	(7.3)	(7.0)	0.4	(80.7)	(79.0)	1.7	(15.8)	(15.2)	0.5	(172.9)	(170.8)	2.0
Total Pay Costs	(51.8)	(49.7)	2.1	(528.0)	(542.1)	(14.1)	(37.1)	(35.2)	1.9	(389.3)	(393.2)	(3.9)	(88.9)	(84.9)	4.0	(917.2)	(935.2)	(18.0)
Drugs	(10.7)	(13.6)	(2.9)	(119.4)	(127.9)	(8.5)	(2.5)	(3.0)	(0.5)	(33.8)	(37.7)	(3.9)	(13.2)	(16.6)	(3.4)	(153.2)	(165.6)	(12.4)
Clinical Supplies & Services	(7.2)	(8.8)	(1.5)	(81.1)	(87.4)	(6.3)	(3.4)	(4.3)	(0.9)	(43.1)	(47.6)	(4.6)	(10.7)	(13.1)	(2.4)	(124.2)	(135.0)	(10.9)
Total Clinical Non Pay	(17.9)	(22.3)	(4.4)	(200.5)	(215.3)	(14.8)	(6.0)	(7.4)	(1.4)	(76.9)	(85.3)	(8.4)	(23.9)	(29.7)	(5.8)	(277.4)	(300.6)	(23.2)
General Supplies & Services	(2.0)	(2.2)	(0.1)	(21.2)	(21.1)	0.0	(0.5)	(0.6)	(0.1)	(5.7)	(7.7)	(2.0)	(2.5)	(2.7)	(0.2)	(26.9)	(28.9)	(2.0)
Establishment Expenses	(0.5)	(0.5)	(0.0)	(5.8)	(5.8)	(0.1)	(0.8)	(0.5)	0.3	(7.6)	(6.6)	1.0	(1.3)	(1.0)	0.3	(13.4)	(12.5)	0.9
Other Establishment Costs	(2.4)	(2.4)	(0.0)	(26.6)	(26.6)	(0.0)	(1.5)	(1.5)	(0.0)	(16.4)	(16.4)	0.1	(3.9)	(3.9)	(0.0)	(43.0)	(43.0)	0.1
Premises and Fixed Plant	(3.3)	(3.4)	(0.1)	(33.8)	(32.4)	1.4	(2.2)	(2.2)	(0.0)	(23.8)	(22.2)	1.6	(5.5)	(5.7)	(0.2)	(57.6)	(54.6)	3.0
Purchase of Healthcare Services	(3.3)	(4.6)	(1.3)	(39.7)	(40.3)	(0.7)	(1.6)	(1.7)	(0.1)	(18.5)	(15.7)	2.7	(5.0)	(6.3)	(1.3)	(58.1)	(56.0)	2.1
Miscellaneous Expenditure	(0.0)	(0.1)	(0.1)	(0.1)	(0.7)	(0.5)	(0.1)	(0.1)	(0.0)	(1.1)	(1.3)	(0.2)	(0.1)	(0.2)	(0.1)	(1.3)	(2.0)	(0.8)
Education Expenditure	(0.6)	(0.6)	(0.0)	(6.8)	(6.7)	0.1	(0.2)	(0.2)	(0.0)	(2.9)	(2.6)	0.2	(0.8)	(0.9)	(0.1)	(9.7)	(9.3)	0.3
Consultancy Expenditure	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.4)	(0.4)	(0.0)	(0.0)	(0.1)	(0.0)	(0.4)	(0.6)	(0.2)
Total Other Non Pay	(12.2)	(13.9)	(1.7)	(134.0)	(133.8)	0.2	(7.0)	(7.0)	0.1	(76.4)	(73.0)	3.4	(19.2)	(20.9)	(1.7)	(210.4)	(206.8)	3.5
Total Non Pay Costs	(30.1)	(36.3)	(6.1)	(334.5)	(349.1)	(14.7)	(13.0)	(14.3)	(1.3)	(153.3)	(158.3)	(5.1)	(43.1)	(50.6)	(7.5)	(487.7)	(507.5)	(19.7)
Total Operating Expenditure	(81.9)	(86.0)	(4.1)	(862.4)	(891.2)	(28.8)	(50.1)	(49.5)	0.6	(542.5)	(551.5)	(9.0)	(132.0)	(135.5)	(3.5)	(1,405.0)	(1,442.7)	(37.7)
EBITDA	5.0	(0.3)	(5.3)	55.8	29.7	(26.0)	6.4	3.8	(2.7)	44.9	24.4	(20.5)	11.5	3.4	(8.0)	100.7	54.1	(46.5)
Depreciation	(2.5)	(2.3)	0.1	(27.3)	(26.9)	0.4	(2.2)	(1.9)	0.3	(23.4)	(20.7)	2.7	(4.7)	(4.2)	0.5	(50.7)	(47.6)	3.1
Non Operating Items	(1.4)	(1.4)	0.0	(15.4)	(15.1)	0.3	(0.7)	(0.6)	0.1	(7.4)	(6.5)	0.9	(2.1)	(2.0)	0.1	(22.8)	(21.6)	1.1
Surplus/(Deficit)	1.1	(4.0)	(5.2)	13.1	(12.3)	(25.4)	3.6	1.3	(2.3)	14.1	(2.8)	(16.9)	4.7	(2.8)	(7.5)	27.2	(15.1)	(42.3)
NHSE Allowable Adjustments	(0.3)	(0.0)	0.3	(15.0)	(14.6)	0.4	(1.5)	(1.0)	0.5	(16.4)	(10.8)	5.6	(1.7)	(1.0)	0.7	(31.4)	(25.4)	6.0
Adjusted Surplus / (Deficit)	0.9	(4.0)	(4.9)	(1.9)	(26.9)	(25.0)	2.1	0.3	(1.8)	(2.3)	(13.6)	(11.3)	3.0	(3.8)	(6.7)	(4.2)	(40.5)	(36.3)

Appendix A – Trust I&E & Divisional Budgetary Performance

		HUTH (£m)						NLAG (£m)						HHP (£m)					
		CM			YTD			CM			YTD			CM			YTD		
Directorate	Care Group	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Operations	Acute and Emergency Medicine	(4.0)	(3.8)	0.2	(37.5)	(40.8)	(3.4)	(5.9)	(5.6)	0.3	(62.9)	(64.3)	(1.4)	(9.9)	(9.4)	0.5	(100.4)	(105.1)	(4.7)
	Cancer Network	(0.4)	(0.4)	(0.0)	(4.8)	(4.9)	(0.0)	(0.3)	(0.3)	0.0	(3.0)	(2.8)	0.2	(0.7)	(0.7)	0.0	(7.8)	(7.7)	0.2
	Cardiovascular	(3.6)	(3.5)	0.1	(38.9)	(39.0)	(0.0)	(1.0)	(0.9)	0.0	(10.3)	(9.9)	0.3	(4.6)	(4.5)	0.1	(49.2)	(48.9)	0.3
	Chief Delivery Officer	(0.2)	(0.1)	0.1	(0.9)	(1.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.9)	(0.7)	0.2	(0.3)	(0.2)	0.1	(1.8)	(1.6)	0.2
	Community, Frailty & Therapy	(3.8)	(3.8)	0.0	(39.3)	(41.0)	(1.8)	(4.1)	(4.1)	0.0	(44.4)	(44.7)	(0.3)	(7.9)	(7.8)	0.0	(83.7)	(85.8)	(2.1)
	Digestive Diseases	(3.1)	(3.3)	(0.2)	(32.1)	(35.7)	(3.6)	(2.8)	(2.6)	0.2	(28.2)	(28.0)	0.2	(5.9)	(5.9)	(0.0)	(60.3)	(63.7)	(3.4)
	Family Services	(5.4)	(4.8)	0.6	(52.5)	(55.7)	(3.1)	(4.8)	(4.4)	0.4	(48.9)	(50.6)	(1.7)	(10.1)	(9.2)	0.9	(101.5)	(106.3)	(4.9)
	Head & Neck	(3.6)	(3.5)	0.1	(38.8)	(39.1)	(0.3)	(1.4)	(1.3)	0.1	(15.0)	(15.3)	(0.3)	(5.0)	(4.8)	0.2	(53.8)	(54.4)	(0.6)
	Major Trauma Network	(0.3)	(0.3)	(0.0)	(3.2)	(3.2)	(0.0)	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.1)	(0.3)	(0.3)	(0.0)	(3.4)	(3.4)	(0.1)
	Neuroscience	(2.4)	(2.7)	(0.3)	(25.4)	(27.4)	(2.0)	(0.8)	(0.9)	(0.1)	(9.2)	(9.8)	(0.6)	(3.2)	(3.6)	(0.4)	(34.6)	(37.2)	(2.6)
	Pathology Network Group	(2.0)	(2.8)	(0.7)	(21.8)	(23.4)	(1.6)	(2.1)	(1.9)	0.3	(23.4)	(22.8)	0.6	(4.2)	(4.7)	(0.5)	(45.2)	(46.1)	(1.0)
	Patient Services	(2.2)	(2.2)	0.0	(24.3)	(24.1)	0.2	(1.7)	(1.6)	0.1	(18.6)	(18.1)	0.5	(3.9)	(3.8)	0.1	(42.9)	(42.2)	0.6
	Site Management & Discharge teams	(0.3)	(0.3)	(0.0)	(3.0)	(3.5)	(0.5)	(0.5)	(0.5)	(0.0)	(3.9)	(4.0)	(0.1)	(0.7)	(0.8)	(0.0)	(6.9)	(7.5)	(0.6)
	Specialist Cancer and Support Services	(18.2)	(19.5)	(1.2)	(198.5)	(201.1)	(2.6)	(6.3)	(5.7)	0.6	(67.4)	(66.2)	1.1	(24.6)	(25.2)	(0.6)	(265.9)	(267.3)	(1.5)
	Specialist Medicine	(4.4)	(4.2)	0.2	(42.7)	(44.2)	(1.5)	(2.2)	(2.1)	0.1	(21.8)	(22.1)	(0.3)	(6.6)	(6.3)	0.3	(64.5)	(66.2)	(1.8)
	Specialist Surgery	(3.7)	(3.8)	(0.2)	(39.3)	(40.8)	(1.5)	(1.8)	(1.8)	0.0	(19.8)	(20.2)	(0.4)	(5.5)	(5.6)	(0.1)	(59.2)	(61.0)	(1.9)
Theatres, Anaesthetics and Critical Care	(7.7)	(7.2)	0.5	(81.4)	(82.4)	(1.0)	(4.2)	(4.0)	0.2	(46.3)	(46.9)	(0.6)	(11.8)	(11.2)	0.7	(127.7)	(129.3)	(1.6)	
Total Operations		(65.2)	(66.2)	(0.9)	(684.5)	(707.3)	(22.8)	(39.9)	(37.7)	2.2	(424.1)	(426.7)	(2.6)	(105.1)	(103.9)	1.2	(1,108.6)	(1,133.9)	(25.3)
Corporate	Chief Executive	(0.1)	(0.1)	(0.0)	(1.3)	(1.8)	(0.4)	(0.1)	(0.2)	(0.1)	(1.2)	(1.7)	(0.5)	(0.2)	(0.3)	(0.1)	(2.5)	(3.4)	(0.9)
	Chief Medical Officer	(0.5)	(0.5)	(0.0)	(5.0)	(4.7)	0.3	(0.6)	(0.6)	0.0	(7.3)	(7.2)	0.1	(1.1)	(1.1)	0.0	(12.2)	(11.8)	0.4
	Chief Nurse Office	(3.0)	(3.1)	(0.1)	(32.8)	(33.8)	(0.9)	(2.2)	(2.1)	0.1	(24.7)	(24.1)	0.5	(5.2)	(5.2)	0.0	(57.5)	(57.9)	(0.4)
	Director of Assurance	(0.0)	(0.0)	(0.0)	(0.2)	(0.2)	(0.1)	(0.1)	(0.1)	0.0	(0.8)	(0.8)	0.0	(0.1)	(0.1)	0.0	(0.9)	(1.0)	(0.0)
	Director of People	(0.9)	(0.5)	0.4	(9.8)	(9.1)	0.6	(0.8)	(0.7)	0.1	(9.0)	(8.6)	0.4	(1.7)	(1.2)	0.5	(18.7)	(17.7)	1.0
	Director of Finance, Estates & Facilities	(7.0)	(6.0)	1.0	(70.7)	(67.0)	3.7	(4.2)	(4.6)	(0.4)	(46.2)	(48.0)	(1.8)	(11.2)	(10.6)	0.7	(116.9)	(115.0)	1.9
Strategy and Partnerships	(0.9)	(0.9)	0.0	(9.8)	(9.6)	0.2	(0.7)	(0.6)	0.2	(8.1)	(7.5)	0.6	(1.6)	(1.4)	0.2	(17.9)	(17.1)	0.8	
Total Corporate		(12.4)	(11.1)	1.3	(129.5)	(126.1)	3.4	(8.8)	(8.9)	(0.0)	(97.2)	(97.9)	(0.7)	(21.2)	(19.9)	1.2	(226.7)	(224.0)	2.7
Central Income, Reserves & Technical	Central Income	81.8	77.5	(4.3)	862.9	852.8	(10.1)	52.0	49.1	(2.9)	537.3	529.9	(7.4)	133.8	126.6	(7.3)	1,400.2	1,382.7	(17.5)
	Central Technical	(3.5)	(4.3)	(0.8)	(41.2)	(31.7)	9.5	(1.2)	(1.2)	0.0	(12.4)	(7.7)	4.7	(4.7)	(5.5)	(0.8)	(53.6)	(39.4)	14.2
	Reserves	0.4	(0.0)	(0.4)	5.4	(0.1)	(5.5)	1.5	(0.0)	(1.5)	10.5	(0.4)	(10.9)	1.9	(0.0)	(1.9)	15.9	(0.5)	(16.4)
Total Central Income, Reserves & Technical		78.7	73.2	(5.5)	827.1	821.1	(6.0)	52.3	47.9	(4.4)	535.4	521.8	(13.6)	131.0	121.1	(9.9)	1,362.5	1,342.8	(19.7)
Surplus / (Deficit)		1.1	(4.0)	(5.2)	13.1	(12.3)	(25.4)	3.6	1.3	(2.3)	14.1	(2.8)	(16.9)	4.7	(2.8)	(7.5)	27.2	(15.1)	(42.3)
Adjustments to adjusted financial performance		(0.3)	(0.0)	0.3	(15.0)	(14.6)	0.4	(1.5)	(1.0)	0.5	(16.4)	(10.8)	5.6	(1.7)	(1.0)	0.7	(31.4)	(25.4)	6.0
Adjusted financial performance Surplus / (Deficit)		0.9	(4.0)	(4.9)	(1.9)	(26.9)	(25.0)	2.1	0.3	(1.8)	(2.3)	(13.6)	(11.3)	3.0	(3.8)	(6.7)	(4.2)	(40.5)	(36.3)

Front Sheet Council of Governors

Meeting name	Council of Governors CoG(26)048	A narrative for the Population risk has been developed and its controls, assurances and actions will be developed through the same process:
Meeting date	15 April 2026	<i>We aim to help those with the greatest needs and help everyone to live well. However, if we fail to work with partners to tackle inequity in care delivery, listen to the patient’s voice and choice, and embed new models of care, we will not address growing demand and improve the life chances of those living in the most deprived communities.</i>
Director Lead	David Sharif, Group Director of Assurance	
Contact Officer / Author	Rebecca Crashley, Deputy Director of Assurance	
Title of the Report	Board Assurance Framework (BAF)	For all Group risks, both individually and in combination more generally for all strategic risks, robust management and oversight is required to preserve and nurture the Group’s reputation and credibility for patients and broader stakeholders.
Executive Summary	<p>The following report highlights the Q3 current risks and scores:</p> <ol style="list-style-type: none"> 1. People – 20 (8 points from its tolerable score) 2. Performance, Patients Access – 20 (11 points from the tolerable score) 3. Patients, Safety – 20 (11 points from the tolerable score) 4. Pioneer – 12 (matching tolerable score) 5. Partnerships – 12 (matching tolerable score) 6. Public Purse – 20 (8 points from the tolerable score) – this was previously a score of 16 and reflects the ongoing run-rate and potential impact on the year-end position of the Group. 7. Population – TBC <p>BAF Risk Patients Access was reviewed at Performance, Estates and Finance CIC and it was agreed that the risk description and the tolerable risk score should be updated.</p>	<p>This edition introduces the use of a green flag to indicate where controls or assurances have been added. The number of controls and assurances without an indication of their strength continues to reduce with each review.</p> <p>There are actions underway addressing all the listed BAF risks and a further separate paper contains a number of proposals for the BAF. Members are invited to consider the current risk score factors and</p> <p>Recommendations:</p> <p>The Council of Governors is asked to:</p> <ul style="list-style-type: none"> • Note the BAF risks

Background information and/or Supporting Document(s) (if applicable)	All BAF risks are updated following discussion between the Executive Team and the Group Director of Assurance.
Prior Approval Process	The BAF is considered at the Group Cabinet Risk and Assurance Committee and quarterly each Committees-in-Common, with final receipt and approval agreed at the Board.
Implications for equality, diversity and inclusion, including health inequalities	No immediate EDI Concerns
Financial implication(s)	The actions being taken to mitigate the risks should produce more efficient systems and processes across the Group
Recommended action(s) required	<input checked="" type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other

Board Assurance Framework

Purpose of the report

The purpose of the report is to update the Committee regarding the Group's strategic culture and leadership risk. The Board assurance framework is designed to help drive the Boards' agenda, achieve its strategic objectives and ensure that the Group's reputation and credibility for patients and broader stakeholders is preserved and nurtured.

Structure of the report

Overleaf, a table summarises the current assessment for the finance risk:

- The risk description;
- The risk owner/s;
- The current risk score (and whether a change from the previous report);
- The target score (the maximum acceptable);
- The optimum score; and
- The risk appetite category.

The subsequent pages additionally set out, by each risk (over three pages each):

#1

- The strategic risk description;
- The last review date;
- The current risk score in a 5 by 5 matrix applicable to the risk appetite for this risk category; and
- The risk appetite statement relevant to the matrix (for information) with a circle indicated for each of the risk scores; current, tolerable and target.

#2

- The controls and assurances and their respective gaps

#3

- The actions being taken to mitigate the current gaps;
- An estimated completion date; and
- The lead officers involved.

Summary

The following table summarises the 5 strategic risks facing the Group and the key aspects including their current score with current mitigations towards the target score. There are 4 risks scoring 15 or over. The risks coloured red indicate those risks scoring above the maximum score set by the appetite score.

ID	Heading	CIC	Strategic risk	Risk owner/s	Latest score	Score change	Scored date	Appetite	Max target score	Optimal risk	Last reviewed
1	People	WEC	We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.	Simon Nearney, Group Chief People Officer	20		23/09/2025	Balanced	12	8	21/01/2026
2	Patients - Access	PEF	We aim to achieve all of our constitutional standards. If we fail to develop the necessary skills and capabilities of our teams and have access to drive change to meet these standards, we fail to give patients access to care they need, when they need it.	Matt Powls, Interim Group Chief Delivery Officer	20	0	24/01/2025	Cautious	9	4	03/02/2026
3	Patients - Safety	QS	We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.	Kate Wood, Group Chief Medical Officer, Matt Powls, Interim Group Chief Delivery Officer	20		26/01/2026	Cautious	9	4	19/02/2026
4	Pioneers	QS	We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit of our patients and our population.	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, Kate Wood, Group Chief Medical Officer	12		05/09/2025	Open	12	4	03/02/2026
8	Public Purse	PEF	We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.	Emma Sayner, Group Chief Financial Officer	20	4	27/01/2026	Open	12	9	27/01/2026

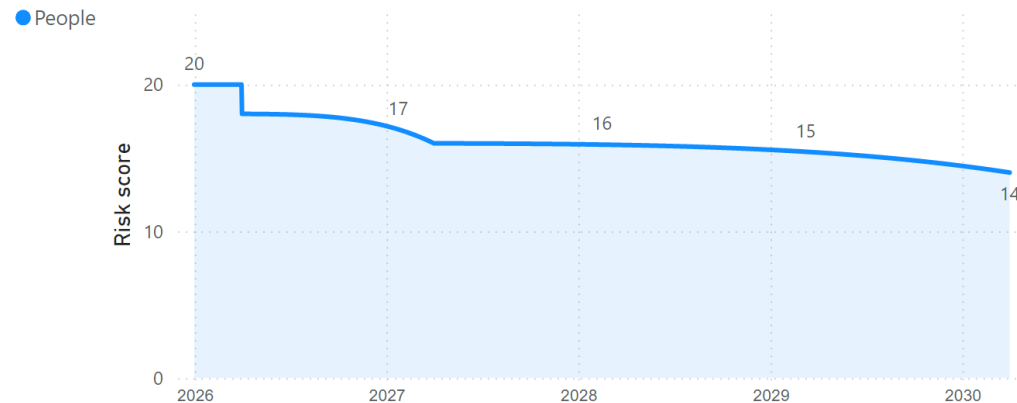
1. People

The strategic risk affecting our objective, 'People' is led by Simon Nearney, Group Chief People Officer and reported to the Workforce, Education and Culture Committees-in-Common. Under the risk category of People, the risk's current score is 20 and its score last changed on 23/09/2025. The actions were last reviewed on 21 January 2026. In full, the risk is:

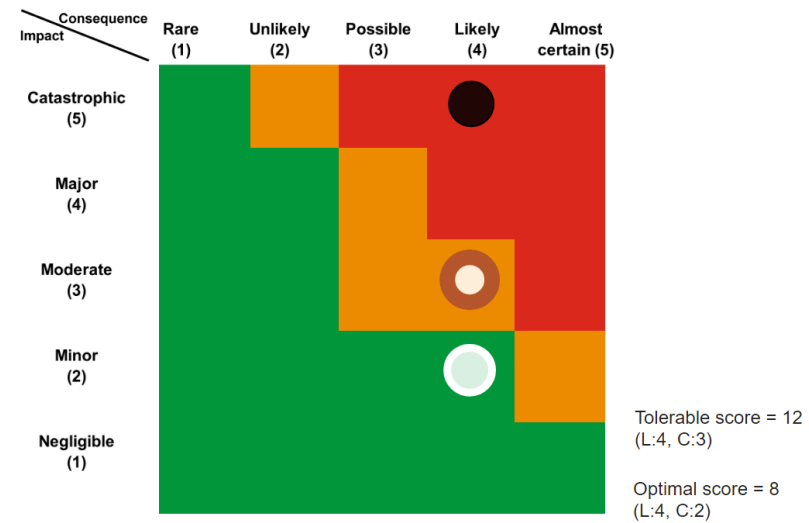
We aim to support our staff. However, if we fail to embed compassionate and inspirational leadership and fail to address our working environments, then staff engagement scores (from staff surveys) will not improve and our staff retention and attendance rates will decline.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Balanced). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



Risk appetite statement (Balanced)

Our staff are the most important ingredient to deliver safe and effective care to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making, improved productivity, innovation and better ways of working.

1. People

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details). The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Annual Care Group Workforce plans	Limited
Care Group Performance and Accountability	Limited
CESR Programme	Significant
Clinical Policy Group (CPG)	Limited
Cultural transformation programme	Limited
EDI Steering Group	Reasonable
E-Rostering for clinical staff	Reasonable
Executive Team	Limited
Freedom to Speak Up Guardian	Reasonable
FTSU Group Strategy 2025-28	Reasonable
Group Leadership Strategy	Limited
Group People Strategy 2025-28	Reasonable
International recruitment drives	Reasonable
Medical Workforce Strategy 2025-28	Limited
Required Learning Steering Group	Reasonable
Resident Doctor 10 Point Plan Oversight Delivery Group	Reasonable
Senior Leadership Team (SLT)	Limited
Talent management team for international recruitment	Limited
Vacancy Control Panel	Reasonable
Workforce Transformation Group	Reasonable

Gaps in control (and Action ID)	6	7	8	69	Total	
Hard to recruit roles in medical specialities		✓	✓		2	
Instability among Board-level leadership				█	1	
Low clinical engagement across specialities and Group	█				1	
Management and Leadership consistency in delivering the People Promise to staff				✓	1	
Sufficient attraction, to recruit and retain staff to work in the area		✓	✓	✓	3	
Total	1	2	2	2	1	8

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details). The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
Internal	Bi-annual Safer Staffing Report	Limited
Internal	Certificate of Eligibility for Specialist Registration metrics to Group Workforce Transformation Committee	Reasonable
Internal	Educational Governance for Undergraduate Medical Education and Physician Associate Education	Reasonable
External	External Safer Staffing report on application of model	Reasonable
External	GMC and NHSE (deanery) visits	Limited
External	GMC National Training Survey	Limited
Internal	Guardian of Safe Working Hours Report (HUTH)	Reasonable
Internal	Guardian of Safe Working Hours Report (NLAG)	Limited
Internal	Integrated Performance Report	Reasonable
Internal	Job Planning compliance rate	Reasonable
Internal	Mandatory training levels	Limited
Internal	Never events	Limited
Internal	Organisational Development Updates	Reasonable
External	Staff survey and quarterly pulse surveys	Limited
External	Workforce Report to Pay and Agency meetings	Reasonable
External	WRES / WDES reports	Limited
Internal	XXX - Apprenticeship Levy Annual Report	Reasonable

Assurance gaps (and Action ID)	7	Total	
Frequency of culture and staff experience measures	✓	1	
Lack of assurance re short term additional hours / overtime from Care Groups	✓	1	
Manual triangulation of KPIs across Care Groups, Corporate and locations	✓	1	
Plans to address ageing workforce profile	✓	1	
Poor levels of mandatory training compliance	█	1	
Total	4	1	5

A green flag or arrow indicates a recent addition / change to the report.

1. People

The table below details the 4 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
6	Recruitment drives using the Group values to attract high calibre candidates - focussed on medical staff and other key areas	31/03/26	01/04/26	Focus currently on medical staff.	21/01/26	Simon Nearney, Group Chief People Officer	Significant
7	Cultural Transformation action plan development	31/03/26	01/04/30	People First programme to evolve and support Safety agenda	21/01/26	Simon Nearney, Group Chief People Officer	Reasonable
8	Group Leadership network and training programme	30/12/25	01/04/27	New leadership programme for the Group ongoing (bitesize programme). Putting People First in Q2 phase. Focus required on strengthening performance management and transformation whilst balancing support to staff where required.	21/01/26	Simon Nearney, Group Chief People Officer	Reasonable
69	Development of Executive Team programme of development	31/03/27	31/03/27	Draft plan agreed	21/01/26	Simon Nearney, Group Chief People Officer	Limited

2. Patients - Access

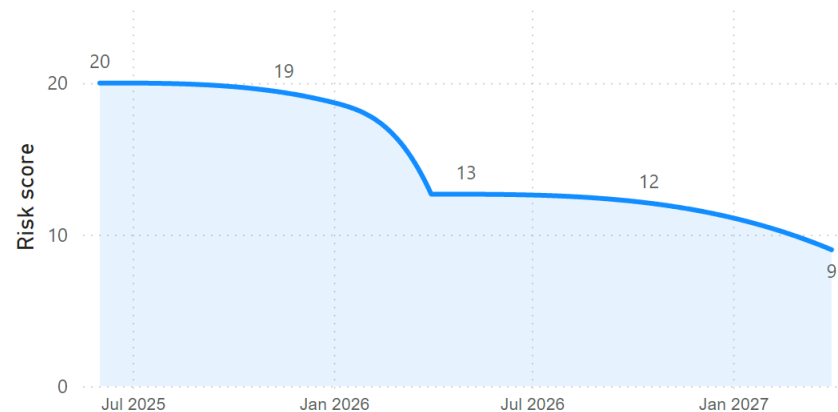
The strategic risk affecting our objective, 'Patients - Access' is led by Matt Powls, Interim Group Chief Delivery Officer and reported to the Performance, Estates and Finance Committees-in-Common. Under the risk category of Patients - Access, the risk's current score is 20 and its score last changed on 24/01/2025. The actions were last reviewed on 03 February 2026. In full, the risk is:

We aim to achieve all of our constitutional standards. If we fail to develop the necessary skills and capabilities of our teams and have access to drive change to meet these standards, we fail to give patients access to care they need, when they need it.

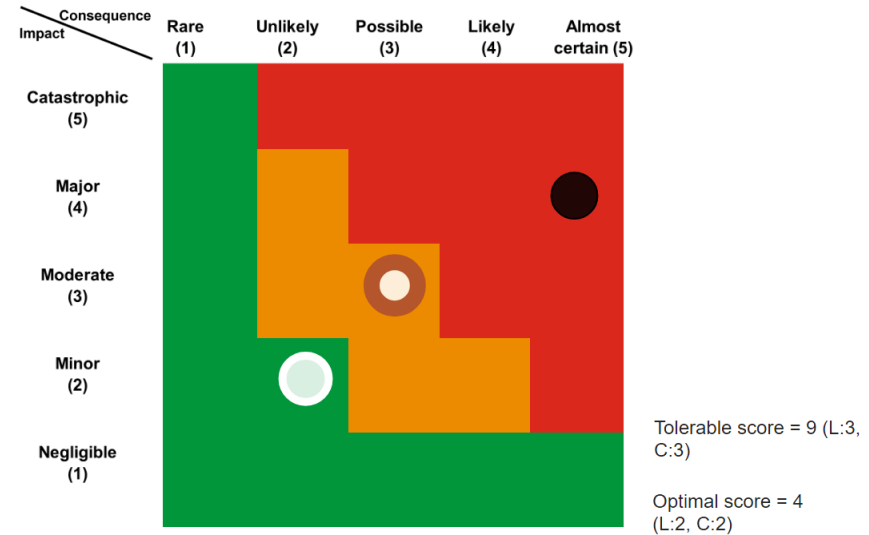
The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Cautious). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.

● Patients - Access



Current score and risk appetite



Risk appetite statement

(Cautious)

Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.

2. Patients - Access

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Bed modelling project	Limited
Care Group Performance and Accountability	Limited
Daily / weekly PTL meetings (cancer and elective)	Reasonable
Executive Team	Limited
Flow programme	Limited
Fortnightly checkin with NHSE / ICB	Reasonable
National oversight framework (for support and scrutiny)	Reasonable
Operating plan 2026-27 (draft)	Limited
Operations Director meetings (weekly)	Reasonable
Planned Care Board	Limited
Quality Improvement Group (NHSE led)	Reasonable
Senior Leadership Team (SLT)	Limited
Site Tri meetings	Reasonable
Tier 1 review processes - UEC, Cancer, Elective and Diagnostics	Reasonable
Unplanned Care Board	Limited

Gaps in control (and Action ID)	37	68	75	76	78	79	Total
Challenge in resolving numerous national expectations / targets with available finance, space and resources, degrading or overriding control		✓		✓			2
Embryonic culture of improvement/change management and siloed working		✓	✓				2
Full adherence to planned actions agreed at QIG							2
Inert behaviour towards addressing system solutions by ICB	✓						1
Lack of clarity arising from the Care Group structure within the partnership	✓						1
Lack of positive medical engagement in delivery	✓						1
Lack of sufficient capacity to identify and implement service improvement gains from exemplar sites or best practice	✓						1
Weak pockets of team working within the Group partnership							1
Total	4	2	1	1	1	1	11

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
Internal	2026-28 Operational Plan with Assurance Statements	Limited
External	GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients	Reasonable
Internal	Global daily emails on UEC performance	Limited
Internal	Integrated Performance Report	Reasonable
External	National Operating Framework segment	Limited
External	NHS tiering arrangements and support or freedoms	Reasonable
External	NHSE Provider Board Capability assessment	Minimal
Internal	Planned Care Board reporting to Performance, Estates & Finance CiC	Limited
External	Provider licence compliance	Minimal
Internal	Unplanned Care Board reporting to Performance, Estates & Finance CiC	Limited

Assurance gaps (and Action ID)	53	74	78	79	Total
Absence of a sophisticated demand and capacity (bed) model that supports scenario analysis and planning	✓	✓			2
Capability Rating of Red					2
Non compliance with provider licence condition NHS2.2, NHS2.5 (a to g), NHS2.6 (a to f)					2
Total	1	1	2	2	6

2. Patients - Access

The table below details the 8 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
37	Developing skills and capability of Care Group leadership to support D&C planning and associated operational tasks	31/03/26	01/04/27	B7 to 8b ops courses made available but yet to identify recurrent resources to support	18/12/25	Simon Nearney, Group Chief People Officer, Matt Powls, Interim Group Chief Delivery Officer	Limited
53	Develop and embed Care Group integrated plans aligning expenditure, activity and workforce	31/05/25	31/03/26	Set clear and individual objectives across domains of finance, activity and workforce	18/12/25	Emma Sayner, Group Chief Financial Officer, Matt Powls, Interim Group Chief Delivery Officer	Reasonable
68	Separation and clarification of north and south operations where structural change is not required e.g. bed meetings	31/12/25	31/03/26	Weekly PTL meetings in place and reinvigorated	18/12/25	Matt Powls, Interim Group Chief Delivery Officer	Reasonable
74	Produce an internal bed modelling tool to achieve appropriate bed balance (site, elective / non-elective). To also interface with wider system bed modelling.	30/09/26	31/03/27	Initial bed modelling work presented to SLT (24/2/26). Noted some limitations in the model (north more advanced than south). Further 'what-if' work to follow with clinical and inclusion of positive factors; frailty SDEC, admission avoidance, Teletracking.	24/02/26	Matt Powls, Interim Group Chief Delivery Officer	Reasonable
75	Execution of RTT recovery actions (65 and 52-week waiters to zero, for elective, diagnostics and cancer pathways)	31/03/27	31/03/27		03/02/26	Matt Powls, Interim Group Chief Delivery Officer	Limited
76	Execution of UEC recovery plan	31/12/26	31/03/27	Latest actions: Red lines and Professional standards being agreed	24/02/26	Kate Wood, Group Chief Medical Officer	Limited
78	Improvement Plan and Operating Plan submission and delivery	31/03/26	31/03/27	Work underway to produce an Integrated Improvement Plan	25/02/26	Hilda Gwilliams, Group Chief Patient Safety Governance Officer, Mark Graham, Improvement Director - Chief Policy Advisor	Reasonable
79	Enforcement actions	31/03/27	31/03/28	In response to Feb-26 letter an action plan is being produced that will also incorporate the recommendations of the	25/02/26	Lyn Simpson, Interim Group Chief Executive Officer, David Sharif, Group Director of Assurance	Limited

3. Patients - Safety

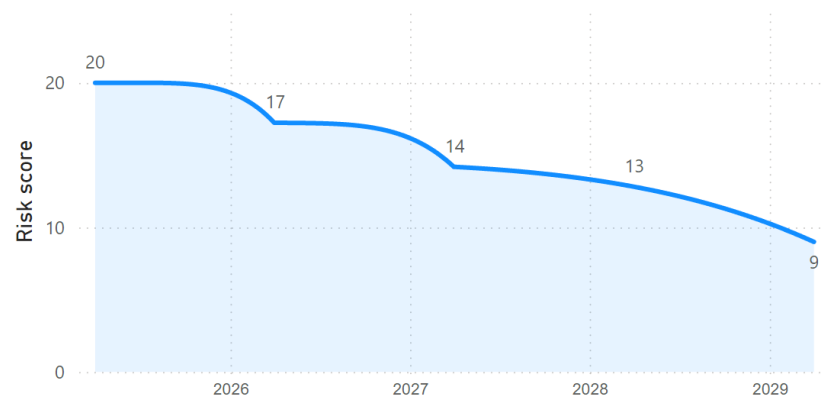
The strategic risk affecting our objective, 'Patients - Safety' is led by Kate Wood, Group Chief Medical Officer; Matt Powls, Interim Group Chief Delivery Officer and reported to the Quality and Safety Committees-in-Common. Under the risk category of Patients - Safety, the risk's current score is 20 and its score last changed on 26/01/2026. The actions were last reviewed on 19 February 2026. In full, the risk is:

We aim to make sure our patients get the safe, quality care they need and have a good experience. However, if we do not transform our clinical services and keep our patients safe, we will fail to become a CQC outstanding organisation, delivering safe, sustainable and inclusive healthcare services.

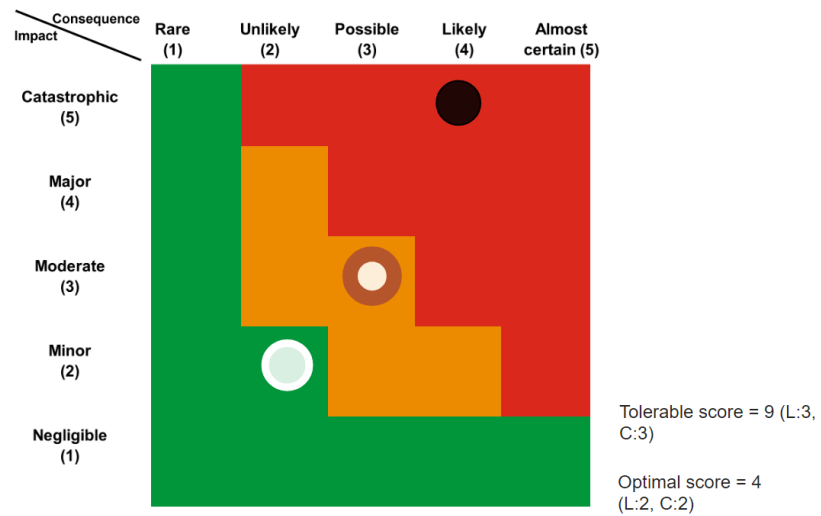
The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Cautious). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.

● Patients - Safety



Current score and risk appetite



Risk appetite statement

(Cautious)

Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.

3. Patients - Safety

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details). The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details). The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Accreditation Frameworks	Limited
Care Group Performance and Accountability	Limited
Clinical Policy Group (CPG)	Limited
Continuous Professional Development for all health professionals	
Freedom to Speak Up Guardian	Reasonable
Incident Reporting culture	Limited
Infection Control Committee	
Martha's Rule Compliance	Limited
Maternity and Neonatal Assurance Group	Reasonable
Mortality Improvement Group	Reasonable
National Best Practice for Audits	Reasonable
National NICE Guidance	Reasonable
Patient Experience and Learning Group	
Patient Safety and Learning Group	
Patient Safety Partners involvement	
Peer Review Process	
Quality and Safety Strategy	Reasonable
Risk and Compliance Group	Limited
Safe Staffing Models	Reasonable
Statutory and Mandatory Training	Limited
Strategic Safeguarding Board	

Source	Assurance	Rating
Internal	Bi-annual Safer Staffing Report	Limited
Internal	Clinical audit outcomes	Reasonable
Internal	Complaint levels	Limited
Internal	CQC Action Plan	Significant
External	External agency visit and inspection reports	Limited
Internal	Friends and Family Test reporting	Reasonable
External	GIRFT reviews - identifying progress towards modernising services and improving experiences and outcomes for patients	Reasonable
Internal	Incident reporting	Limited
Internal	Integrated Performance Report	Reasonable
Internal	Mandatory training levels	Limited
Internal	Maternity Neonatal Dashboard	
External	National Patient Survey	
Internal	Never events	Limited
Internal	Ouputs from QI Programme	Limited
Internal	Risk Management metrics	
Internal	Statutory and mandatory compliance levels	Limited
Internal	Ward accreditation metrics	

Gaps in control (and Action ID)	12	13	15	52	54	Total	
Comprehensive safety culture	✓	✓	✓		✓	4	
Data quality issues in supporting metrics	✓					1	
Fully safe staffing levels (North)		✓				1	
Inconsistent evidence of embedded improved processes	✓					1	
Lack of consistent basic hygiene compliance			✓			1	
Lack of involvement in national quality audits				✓		1	
Lack of positive medical engagement in delivery					✓	1	
Martha's Rule compliance					✓	1	
Strong speak up and reporting culture			✓			1	
Total	1	2	2	3	1	3	12

Assurance gaps (and Action ID)	12	13	15	Total	
Absence of routine data quality monitoring and patient record validation	✓			1	
Manual triangulation of KPIs across Care Groups, Corporate and locations	✓			1	
Poor regulatory status		✓	✓	2	
PSIRF Processes not fully embedded	✓	✓	✓	2	
Total	2	2	1	1	6

A green flag or arrow indicates a recent addition / change to the report.

3. Patients - Safety

The table below details the 9 actions underway to reduce the current risk score of 20. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
12	Develop and publish Quality and Safety Strategy	01/06/25	31/03/26	Draft presented to 29 May Q&S with further draft planned for Sep copy following comments from CiC members	12/09/25	Heather McNair, Group Chief Nursing Officer	Reasonable
13	Develop and publish Nursing, Midwifery and AHP Strategy	01/06/25	31/03/29	1st Draft to NMB end of Jan	04/02/25	Heather McNair, Group Chief Nursing Officer	
15	Develop and embed the Patients First programme	31/03/25	01/04/29	Action complete. 250 people to trained to date. SOPs agreed. Peer reviews set for next six months. Next iteration of reporting based on new programme.	19/02/26	Heather McNair, Group Chief Nursing Officer	Significant
52	Developing and implementing a robust clinical audit programme	31/03/26	31/03/27	Programme developed, now in process of implementation	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
54	Implementing programme of Martha's Rule actions (for pilot phase)	31/03/26	01/04/27	Piloting six wards, using feedback to inform rollout for organisation. Phase 2 in operation (to Mar 26). Patient Well Being questionnaire already implemented across the group - reporting to Q&S - except for staff gaps to enable paediatric second opinion	12/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
55	***** QS ***** Patient decision-making						
67	Implementation of Staffing business cases for maternity services	31/12/27	31/12/27		02/12/25	Heather McNair, Group Chief Nursing Officer	Reasonable
73	***** QS ***** Risk Summit and Safety Summit actions						
77	Implementation of Nurse Safer Staffing level	31/12/26	31/03/27	Business case approved by Board in Feb-26. Implementation phase underway.	19/02/26	Heather McNair, Group Chief Nursing Officer	Reasonable

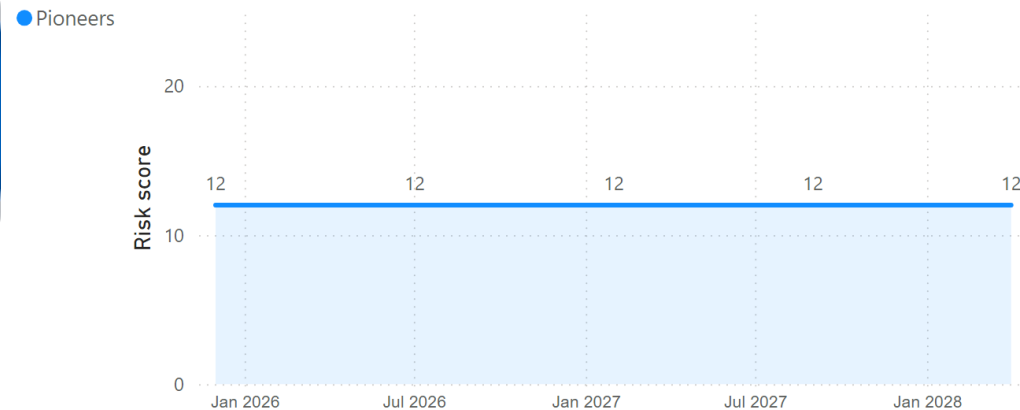
4. Pioneers

The strategic risk affecting our objective, 'Pioneers' is led by Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer; Kate Wood, Group Chief Medical Officer and reported to the Quality and Safety Committees-in-Common. Under the risk category of Pioneers, the risk's current score is 12 and its score last changed on 05/09/2025. The actions were last reviewed on 03 February 2026. In full, the risk is:

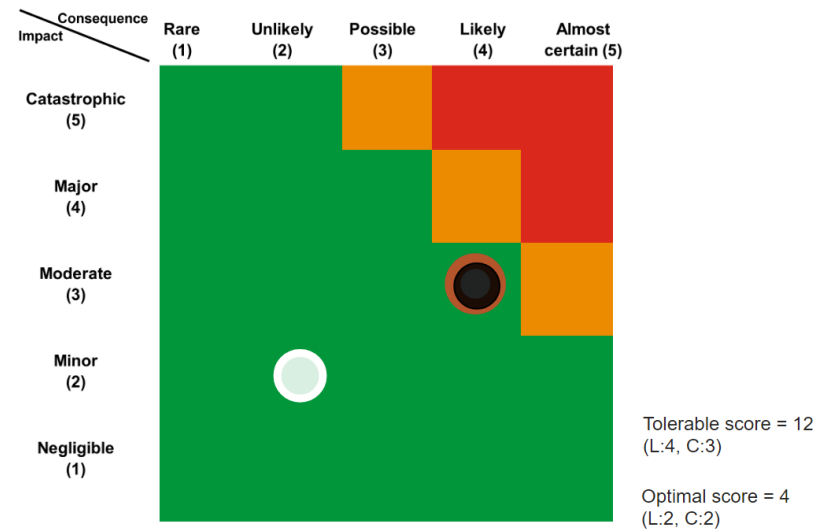
We aim to invest in robust digital foundations, a virtual hospital and research and innovation infrastructure. However, if we fail to embrace digital and tech, prioritise research and innovation and build skills for transformation, we will fail to adopt new technologies and ways of working for the benefit of our patients and our population.

The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Open). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.



Current score and risk appetite



Risk appetite statement (Open)

Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.

4. Pioneers

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Available research service capacity eg labs	Limited
Business cases for investment / disinvestment decisions	Limited
Digital governance group	Reasonable
Digital Strategy	Significant
EPR Programme Board	Reasonable
Financial clarity over existing research resources	Reasonable
Financial management education for directors and budget holders	Reasonable
Financial Strategy	Limited
Full EPR Business Case	Significant
ICB / CAP Digital Governance	Limited
LISA (in development)	Limited
Long term Financial Model	Limited
Protected time	Limited
Research and innovation strategy	Significant
Research Committee	Reasonable
Senior digital leadership team	Reasonable
Senior research team	Reasonable

Source	Assurance	Rating
External	DSPT IA led	Reasonable
External	External agency visit and inspection reports	Limited
External	External support to the EPR programme	Reasonable
External	North Yorkshire and Humber Research Delivery Network reports	Reasonable
External	Numerous research publications	Reasonable
Internal	Self-assessment of CAF	Reasonable

Gaps in control (and Action ID)	56	64	65	70	Total	
Embryonic culture of improvement/change management and siloed working	✓	✓		✓	3	
Insufficient capacity within research team for expansion	✓				1	
Lack of comprehensive digital asset register				✓	1	
Lack of comprehensive oversight of all digital investment and management			✓	✓	2	
Research resources being part of CIP	✓				1	
Weak commercial and contractual grip and control	✓				1	
Total	2	2	2	2	1	9

Assurance gaps (and Action ID)	56	Total	
Gaps in financial tracking and funding	✓	1	
Lack of available protected time for research	✓	1	
Lack of skilled resources to develop innovation	✓	1	
Weak understanding and resources from ICB and broader external relationships	✓	1	
Total	2	2	4

A green flag or arrow indicates a recent addition / change to the report.

4. Pioneers

The table below details the 4 actions underway to reduce the current risk score of 12. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
56	Launch and continuous support via Comms to Partnership over R&I strategy	31/03/26	31/03/28	Post Board approval, discussing with Comms launch support	05/09/25	Kate Wood, Group Chief Medical Officer	Reasonable
64	Digital Foundations Business case	30/11/25	30/09/26	Review of applicability / need underway. Financial profile included in 5 year plan	05/09/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
65	Centralisation of digital resource, governance and oversight, including a single group-wide asset register	31/03/26	31/03/27	Asset register due for completion in next few months. Management arrangements to be determined.	03/02/26	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Limited
70	Development of LISA	31/03/27	31/03/28	Part of the Improvement Plan, work well underway.	03/02/26	Simon Nearney, Group Chief People Officer	Significant

5. Partnerships

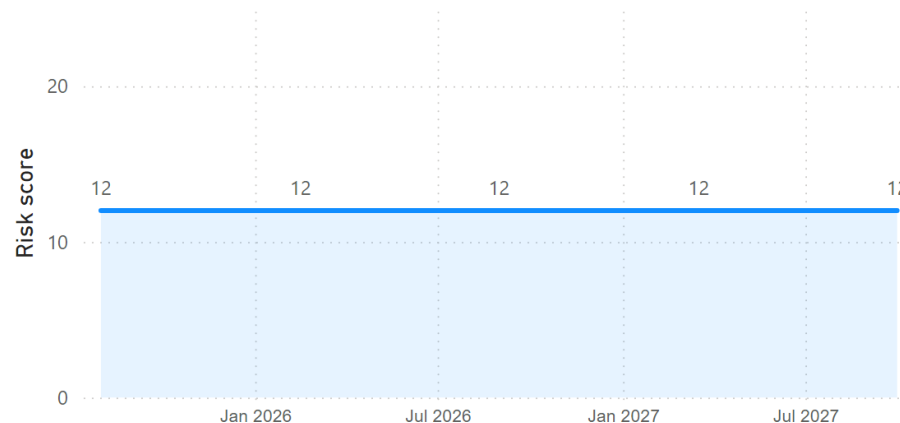
The strategic risk affecting our objective, 'Partners' is led by Lyn Simpson, Interim Group Chief Executive Officer; Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer and reported to the Strategic Programmes and Partnerships Committees-in-Common. Under the risk category of Partnerships, the risk's current score is 12 and its score last changed on 28/04/2025. The actions were last reviewed on 09 October 2025. In full, the risk is:

We aim to work well with others, build trust and develop ambitious partnerships for the future. However, if we lack credibility and fail to communicate our offer and where we need support, we will not become an outward-looking organisation that is genuinely collaborative in all that we do.

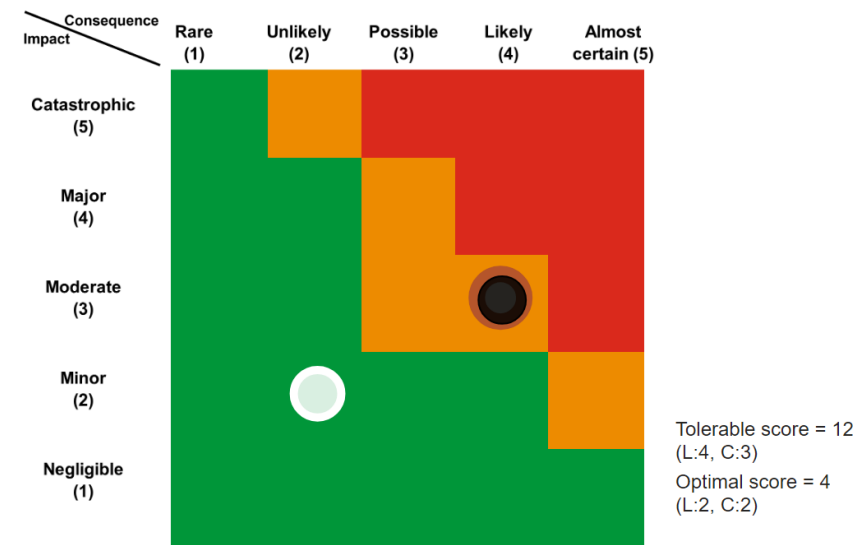
The graphic opposite shows the current risk score (the filled black marker), the tolerable score (the dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Balanced). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.

● Partnerships



Current score and risk appetite



Risk appetite statement (Balanced)

Our willingness to accept partnership risks is balanced and open in nature. We wish our engage with a range of partners to deliver our agenda, some of whom may by more innovative or experimental nature and have a limited track record as a result. We are prepared to accept a reasonable level of challenge and setback on the basis of our ability to monitor and manage the risks.

5. Partnerships

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Goole service review	Reasonable
Health and Overview Scrutiny Committees	Reasonable
Humber and North Yorkshire Collaboration of Acute Providers	Limited
Integrated Care Board	Limited
Place Boards	Limited

Gaps in control (and Action ID)	32	Total
Ad hoc and limited partnerships / relationships with local academic bodies and businesses	✓	1
Lack of continuous leadership plus inconsistent engagement across region	✓	1
Lack of ICB partnership strategy and identification of common opportunities and priorities	✓	1
Lack of integrated CAP strategy despite workplan (limited progress)	✓	1
Low system wide infrastructure to implement Goole plan	✓	1
Variable quality of engagement with Place Boards	✓	1
Total	4	6

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).
The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
External	Establishment of operational CDC (vs strategic build) and financial delivery through PFIB	Reasonable
External	Positive Task and finish participation from Place Boards	Reasonable

Assurance gaps (and Action ID)	32	Total
Lack of shared areas of work and priorities	✓	1
Weak partnership approach embedded in Group strategies	✓	1
Total	2	2

5. Partnerships

The table below details the 2 actions underway to reduce the current risk score of 12. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
32	Develop and publish partnership strategy	31/07/25	30/09/27	On course for completion, undergoing further review to ensure alignment with the Ten Year Plan	09/10/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer	Significant
59	Align partnership reporting to governance arrangements internally	30/09/25	31/03/26	Changes to Committees in Common, Capital and Major Projects to become Strategic Partnerships and Programmes - will ensure greater visibility of partnerships working going forward	09/10/25	Andy Haywood, Group Chief Strategy, Partnerships and Digital Officer, David Sharif, Group Director of Assurance	Reasonable

6. Public Purse

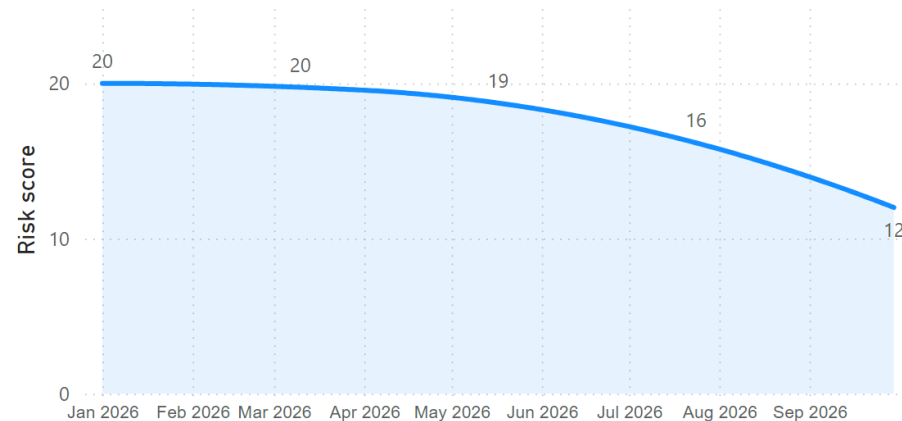
The strategic risk affecting our objective, 'Public purse' is led by Emma Sayner, Group Chief Financial Officer and reported to the Performance, Estates and Finance Committees-in-Common. Under the risk category of Public Purse, the risk's current score is 16 and its score last changed on 27/01/2026. The actions were last reviewed on 27 January 2026. In full, the risk is:

We aim to achieve financial sustainability through streamlining processes and removing duplication. However, if we fail to live within our means, address our estates utilisation, deliver value-based care and reduce our impact on the planet, we will become unsustainable and be subject to regulatory action.

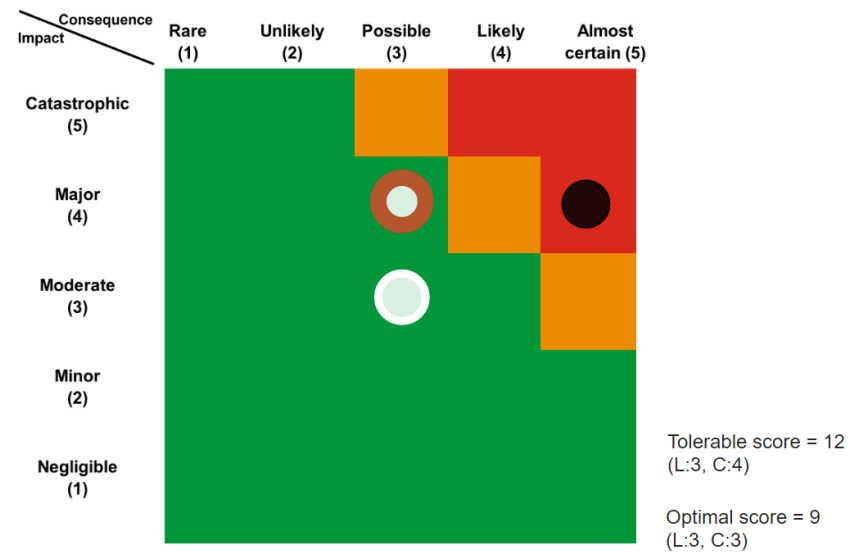
The graphic opposite shows the current risk score (the filled black marker), the tolerable score (dark amber circle) and the optimal risk score (the hollow white marker) against the matrix relevant to the risk's appetite (Open). The risk appetite statement is shown below the graphic.

The chart below shows the expected risk score trajectory towards the tolerable score given the actions being taken and detailed later in this report.

● Public Purse



Current score and risk appetite



Risk appetite statement

(Open)

Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.

6. Public Purse

The tables opposite detail the high-level Controls in operation (left) and the gaps in control that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Control	Rating
Agency Approval Panel	Reasonable
Board capability and education	Reasonable
Budgetary control system	Reasonable
Business case compliance group	Reasonable
Business case review group	Reasonable
Business cases for investment / disinvestment decisions	Limited
Care Group Performance and Accountability	Limited
Cash Committee	Reasonable
Cash management controls	Significant
Cost Improvement Programme	Limited
Financial management education for directors and budget holders	Reasonable
Financial Planning Improvement Board	Limited
Financial Strategy	Limited
High functioning Finance department advice and guidance	Reasonable
ICS finance model	Reasonable
Long term Financial Model	Limited

Gaps in control (and Action ID)	22	33	35	36	Total	
Absence of comprehensive Estates Strategy / 10-year plan	✓				1	
Absence of Group Clinical Strategy	✓				1	
Absence of Group Finance Strategy founded on clinical and estates strategies			✓		1	
Embryonic culture of improvement/change management and siloed working			✓	✓	2	
Fragmented systems and processes for financial control, planning and safety	⚠				1	
Inert behaviour towards addressing system solutions by ICB	✓				1	
Instability among Board-level leadership	⚠				1	
Lack of accountability and consequence for non-delivery	⚠				1	
Lack of ICB direction and supporting guidance (e.g. for trust income)	⚠				1	
Lack of understanding of current financial pressure and need to live within means			✓	✓	2	
Out of date Long Term Financial Model inc investments		✓			1	
Sustainable PMO / CIP Engine room capability to deliver transformation and financial savings	✓				1	
Total	8	1	1	2	2	14

The tables opposite detail the high-level Assurances (left) and the assurance gaps that currently exist (right) together with references to the actions being taken to address those gaps (see over for action details).

The figures in the total column indicate the number of actions addressing that gap. The figures in the total row indicate the number of gaps being addressed by that action.

Source	Assurance	Rating
Internal	2026-28 Operational Plan with Assurance Statements	Limited
Internal	Budget control reports	Reasonable
Internal	EQIA reports	Reasonable
Internal	Exception reporting on Standing Financial Instructions and Standing Orders compliance	Reasonable
Internal	FPIB and PMO reporting on transformation and run-rate	Limited
External	Internal audit review of key financial systems	Reasonable
Internal	In-year operational plan progress	Limited
External	NHSE external assurance reviews	Reasonable
Internal	Service Line Reporting	Limited
Internal	Vacancy control and Discretionary Spend Panel	Reasonable
Internal	Workforce planning updates	Reasonable

Assurance gaps (and Action ID)	Total
SLR not fully developed and embedded	1
Total	1

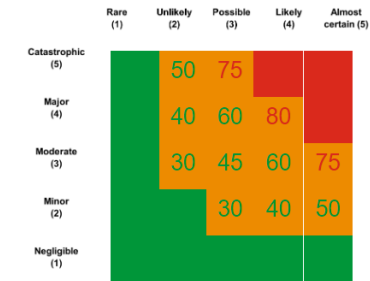
6. Public Purse

The table below details the 6 actions underway to reduce the current risk score of 16. The completion date is the estimated date for the action to be substantively ended or become a business as usual activity. The benefits date is the point at which there is no more risk reduction anticipated from the action. A closed action may continue to contribute to a risk score reduction, hence its inclusion here where appropriate. Where a primary action is true, it contributes to the risk reduction trajectory shown earlier.

ID	Action	Completion date	Benefits date	Update	Last updated	Action owner/s	Delivery assurance
22	Develop a five-year long term financial model and strategy	31/03/27	31/03/27	Linked to Operational Plan (three-year plan provides financial model) and Finance strategy development. Planning to form part of the Stabilisation / Transitional Plan development.	27/01/26	Emma Sayner, Group Chief Financial Officer	Reasonable
33	Business Case Compliance and Recommending Groups to engage and prioritise clinical and operational future developments	31/12/25	30/09/26	Both now fully operational. Review of progress to be undertaken in six months	27/01/26	Emma Sayner, Group Chief Financial Officer	Significant
35	Utilise the Care Group Performance and Accountability Groups to focus and deliver on transformation and accountability	31/03/26	31/03/27	Pending ValueCircle assessment, likely area to strengthen. Some changes instigated from w/c 16 February 2026.	03/02/26	Matt Powls, Interim Group Chief Delivery Officer	Limited
36	Develop a positive challenge culture within Finance e.g. to query why we do things and where we need add value	31/03/26	30/09/26	Directorate team meeting used to feedback issues and take group-wide actions	27/01/26	Emma Sayner, Group Chief Financial Officer	Reasonable
62	Workforce pay and agency control programme	31/03/26	31/03/26	Triple lock in place plus internal arrangements established to approve pay spend.	27/01/26	Emma Sayner, Group Chief Financial Officer, Simon Nearney, Group Chief People Officer	Limited
63	Corporate services efficiency programme	31/03/26	31/03/26	Progress becoming more complex and lengthy. People Services reducing staff (thereby giving leaders less capacity to transform)	21/01/26	Simon Nearney, Group Chief People Officer	Reasonable

Risk Appetite Statement

Risk category	Current risk appetite level	Risk appetite statement
Clinical Quality and Safety	Cautious	Safe and high-quality patient outcomes are vital. Our willingness to accept clinical quality and safety risks is balanced and cautious. Whilst we accept that safe, clinical practice is a priority, we will accept some clinical risks if we improve patient care and outcomes overall and our work does not result in any abnormal deviations from acceptable standards.
Financial / Value for Money	Open	Our willingness to accept financial or value for money risks is mainly open in nature. We are prepared to make less certain investments for a better future that may risk an adverse financial impact on the basis of our ability to assess and gain benefits and minimise risks.
Transformation delivery	Open	Our willingness to accept transformation delivery risks is open and entrepreneurial in nature. We wish our local leaders to make changes for the benefit of their patients without routine recourse to executive permission. We accept the potential consequences because we recognise the need to change and capability of our workforce to make the right decisions.
Workforce	Balanced	Our staff are the most important ingredient to deliver safe and effective care to our patients. Our willingness to accept workforce risks is balanced and open in nature. Whilst we have the highest levels of ambition for our workforce and their development, we will accept some level of likelihood or range of negative consequences to our workforce in the pursuit of better patient care, more local decision-making, improved productivity, innovation and better ways of working.



Board Assurance Framework

Next steps and recommendations

Next steps

Audit, Risk and Governance Committees-in-Common received a detailed presentation on 24 April 2025 on the status and actions being taken to strengthen the Group's risk management system. This included a proposed format for future risk reporting to the Board (in support of the BAF) and to CiCs. This will include the development of a commentary on the high-scoring Group-wide risks. The advent of the single group-wide risk register will support this development in future reporting.

The management of the high-level risks will continue to be assessed through the Care Groups, corporate Directorates and the Risk and Compliance Group and the escalation processes in place. The Risk and Compliance Group will inform group-wide risks to the Group Risk and Assurance Committee before their adoption by corporate leads.

The Executive Team will continue to review their strategic risks between CICs and the Group Cabinet Risk and Assurance Committee will recommend any changes to risk ratings or BAF risks to the CICs. Final decisions will be made at the Boards-in-Common.

Recommendations

The Council of Governors is asked to:

- Note the BAF risks

Council of Governors Business Meeting

Agenda Item No: CoG(26)049

Name of the Meeting	Council of Governors Business Meeting
Date of the Meeting	15 April 2026
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 March 2026. 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	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion <input type="checkbox"/> Review <input type="checkbox"/> Assurance <input type="checkbox"/> Other – please detail below:

ACRONYMS & GLOSSARY OF TERMS

Mar 2026 – v9.2

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. Replaced by Putting Patients First in March 2026

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

Boards-in-Common – The meeting of the Boards of Directors for both NLaG and HUTH

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

NCTR – No Criteria to Reside

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

NPIP – National Provider Improvement Programme

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

Putting Patients First – New ward accreditation programme rolled out on 23 March 2026. Previously known as A Commitment to Excellence (ACE) and 15 Step Reviews.

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