NHS
Humber Teaching
NHS Foundation Trust

Council of Governors
Public Meeting – Thursday 16 July 2026

For a meeting to be held at 9.30am – 11.30am via MS Teams

Quorum for business to be transacted – one third of those Governors occupying governor seats

Key duties of the Council of Governors are outlined in the terms of reference and include:

- Hold the Non-Executive Directors individually and collectively to account for the performance of the Board
- Represent the views of the Trust members and the interests of the public
- Approve the appointments and remuneration of the Chair and Non-Executive Directors
- Approve the appointment of the Chief Executive and Trust Auditor
- Approve changes to the Trust Constitution, significant transactions and any proposed application for a merger, dissolution or separation
- Receive the Annual Report

		Lead	Action	Report Format
	Standing Items			
1.	Apologies for Absence	CF	Note	verbal
2.	Declarations of Interest	CF	Note	√
3.	Minutes of the Meeting held on 16 April 2026	CF	Approve	√
4.	Actions Log, Workplan and Matters Arising	CF	Discuss	√
5.	Spotlight on a Service – Focus on North Yorkshire Community services	Matthew Handley	Discuss	√
	Board Reports			
6.	Chair's Report	CF	Discuss	
7.	Chief Executive's Report and Governors Questions to the Chief Executive	MM	Discuss	
8.	Compliance with the Provider License – Annual Review	PB/SJ	Discuss	√
9.	Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback	NEDs	Discuss	√

10.	Trust Compliance with the Fit and Proper Person Test Framework 2025/26	SJ	Note	√
	Governor Items			
11.	Annual Effectiveness Review of the Council of Governors including Terms of reference	CF/SJ	Discuss	√
12.	Annual Effectiveness Review for Appointment Terms & Conditions Committee including Terms of Reference	MF	Discuss	√
13.	Council of Governor Sub-Groups Feedback inc Membership Engagement Activities • Appointment Terms & Conditions 21 May 2026 report	MF	Note	√
	Performance & Delivery			
14.	Patient Led Assessment of Care Environment Report (PLACE)	PB	Discuss	
15.	Performance Report available in the latest set of Board papers via this link: https://www.humber.nhs.uk/media/rzvf2ngo/public-board-papers-27-may-2026.pdf	PB	Discuss	
16.	Finance Report	PB	Discuss	√
	Corporate			
17.	Any Other Business	CF	Note	verbal
18.	Review of Meeting: • Has the Council of Governors focused on the right areas? • Did the quality of the papers enable Council of Governors members to perform their role effectively – did they enable the right level of discussion to occur? • Was debate allowed to flow and were all Council of Governors members encouraged to contribute? • Has the meeting been conducted in accordance with the Trust's cultural and	CF	Note	verbal

	behavioural standards framework (Being Humber)			
19.	**Date, Time and Venue of Next Meeting** Thursday 16 July 2026, 1.15pm – 3.15pm via Microsoft Teams Thursday 15 October 2026, 1.15pm – 3.45pm Lecture Theatre Willerby Hill			

Humber Teaching NHS Foundation Trust

Agenda Item 02

<table>
<tr><td>Title & Date of Meeting:</td><td>Council of Governors Public Meeting – 16 July 2026</td></tr>
<tr><td>Title of Report:</td><td>Declarations of Interest</td></tr>
<tr><td>Author/s:</td><td>Caroline Flint
Trust Chair</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>To provide the Council of Governors with an updated list of declarations. Declarations made by Governors are included on the publicly available register.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td>Positive Assurances to Provide:
• Governor declarations updated</td><td>Key Actions Commissioned/Work Underway:
• N/A</td></tr>
<tr><td>Key Risks/Areas of Focus:
• No matters to escalate</td><td>Decisions Made:
• N/A</td></tr>
<tr><td>Governance:</td><td>
<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr>
<tr><td>Trust Board</td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr>
</table>
</td></tr>
</table>

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
✓	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Governors' Declaration of Interests

Constituency	Governor	Interests Declared
Elected – Hull Public	Julian Barnard	• None
	Isabel Carrick	• Son is leading a project on use of AI in adult social care employed by Hull University and Connexin
	Brian Swallow	• Member of Hull and East Yorkshire Mind • Member of Campus Health Centre Patient Participation Group.
	Vacant	
Elected – East Riding Public	Ted Burnside	• Volunteer at the Market Weighton GP Practice and a committee member of the surgery's patient group
	John Arthur	•
	Anthony Douglas	• Member of the Labour party • Trustee and treasurer for Fuse Youth services, a children's charity based in Bridlington • Director of Douglas Management Consultancy Ltd
	Kimberley Harmer	• Co/Founder & Chairman of Fuse Youth Services (Children and Young Peoples Charity that supports young people's mental health and wellbeing) • Member of Bridlington Health Forum • VCSE Youth Voice attendee at The Bridlington Strategy Steering Group of the HNY ICB. • VCSE Collaborative Member of HeySmile Humber & ERY • Governor Headlands Secondary School • Force IAG • Member Humberside Police • Clear Hold Build Strategy Member for Bridlington (VCSE Youth Voice) • Bridlington Youth Partnership Senior Member • Conservative Policy Forum Humber & Yorkshire Regional Ambassador

		• My brother in law also works as a manager in the maintenance team at Bridlington hospital. • I currently work as a Senior Caseworker, for the Member of Parliament for the Bridlington and The Wolds Charlie Dewhirst
	John Morton	• None
	Dr Francis Odukwe	• I work for City Healthcare Partnership(CHCP) as a GP
Elected – Rest of England	Tim Durkin	• Member of Hull and East Yorkshire Mind • Member of (National) Mind • Associate Hospital Manager (AHM) for the Trust
Elected Whitby, Scarborough & Ryedale	Vacant	• None
Service User and Carer	Anthony Houfe	• Wife is the founder & Chair of Hidden Disabilities Charity
	Marilyn Foster	• Patient Engagement Network • Good Experience Steering group • Pace & QI working group • Chair- Market Weighton PPG
Elected - Staff	Sara Bennett (clinical)	• Son works in the crisis team for Humber
	Sian Johnson (clinical)	• Married to the Clinical Director (Paul Johnson)
	Jon Duncan (non clinical)	• My partner Marie Dawson is employed by the Trust as Programme Manager
	Simon Mills (non clinical)	• Unison Steward • member of a political party, the Green party.
	Dan Laughton (non clinical or Clinical)	• None
Appointed	Cllr Chambers (Hull City Council)	• None
	Councillor Jonathan Owen, East Riding of Yorkshire Council	• Cabinet Member of East Riding of Yorkshire Council • Partner Member of Humber & North Yorkshire ICB

		• Vice Chair of Humber & North Yorkshire ICB • Chair of East Riding Health & Wellbeing Board
	Professor Jacquie White Hull University	• I am employed by the University of Hull and a member of the Faculty of Health Sciences Leadership Team, leading all nursing, midwifery and allied health activity within my role as Head of the School of Health Care • I am a Trustee of the Warren Youth Project Hull • I am a member of the Labour Party
	Emma Dallimore, Voluntary Sector	• Employee of Hull and East Yorkshire Mind which supplies various services to the Trust including Support Line, Crisis pad, Children's Safe Space, peer support workers, children's psychological wellbeing and counsellors. I also sit on the CMHT transformation partnership board and attend various other Trust meetings
	Vacant, Humberside Fire & Rescue	•
	Simon Vickers, Humberside Police	•

Agenda Item 03

Minutes of the Council of Governors Public Meeting held on Thursday 16 April 2026 at 1:45pm – 3:45 pm in the Lecture Theatre, Trust Headquarters, Willerby

Present:

Rt Hon Caroline Flint, Trust Chair
Tim Durkin, Rest of England Public Governor
Tony Douglas, East Riding Public Governor
Isabel Carrick, Hull Public Governor
Jacquie White, Appointed Governor, University of Hull
Dr Francis Odukwe, East Riding Public Governor
Marilyn Foster, Service User and Carer Governor
John Duncan, Staff Governor - Non-Clinical
John Arthur, East Riding Public Governor
Cllr Jonathan Owen, Appointed Governor, East Riding of Yorkshire Council
Cllr Linda Chambers, Appointed Governor, Hull City Council
Simon Vickers, Appointed Governor, Humberside Police
Dan Laughton, Staff Governor, Non-Clinical or Clinical
Ted Burnside, East Riding Public Governor

In Attendance:

Peter Beckwith, Executive Director of Finance
Stella Jackson, Head of Corporate Affairs
Phillip Earnshaw, Non-Executive Director
Keith Nurcombe, Non-Executive Director
Kathryn Smart, Non-Executive Director
Paul Johnson, Clinical Director (on behalf of Lynn Parkinson)
Laura Roberts, PA to Chair & Chief Executive (minutes)
Katie Colrein, Membership Officer
Katy Morley, Service Manager (for item 24/26)
Laura Langley, Clinical Lead (for item 24/26)

Apologies:

Michele Moran, Chief Executive
Lynn Parkinson, Chief Operating Officer
Stephanie Poole, Non-Executive Director
Carrie Wollerton, Non-Executive Director
Simon Mills, Staff Governor, Non-Clinical
Sian Johnson, Staff Governor – Clinical
Sara Bennett, Staff Governor – Clinical
Kimberley Harmer, East Riding Public Governor
John Morton, East Riding Public Governor
Brian Swallow, Hull Public Governor
Julian Barnard, Hull Public Governor
Anthony Houfe, Service User and Carer Governor
Emma Dallimore, Appointed Governor, Voluntary Sector

21/26	**Declarations of Interest** The Declarations of Interest report was noted.	

	Governors are required to notify the Head of Corporate Affairs regarding any changes to their declarations of interest. If any items on the agenda present a potential conflict of interest, the Governor(s) should declare the interest and remove themselves from the meeting for that item. There were no further declarations made at the meeting.	
22/26	**Minutes of the Meeting held on 15 January 2026 and 9 February 2026** The minutes of the meetings held on 15 January 2026, and 9 February 2026 were approved as accurate records of the meetings.	
23/26	**Actions Log, Workplan and Matters Arising** The action log and workplan were noted. **Matters Arising** <u>January minutes</u> Tim Durkan reported that he had spoken with Paul Johnson regarding item 07/26 Chief Executive Report, specifically in relation to learning disabilities waiting lists for paediatrics and the involvement of the Integrated Care Board (ICB). Lynn Parkinson had previously confirmed that discussions were ongoing in relation to this and updates would be included in the CEO report. Tim sought clarification on the current position with the ICB. Paul Johnson advised that there were ongoing concerns and that the Trust was working with partners to resolve these issues. He stated that proposals and business cases had been developed, including detail on how funding would be utilised and associated trajectories. The Trust Chair requested further detail regarding the business case requirements and asked for clarification on timescales. Peter Beckwith confirmed that the Trust had completed all requested actions, including submission of business cases and supporting information in February 2026, but that there had been no further progression from the ICB. He added that the ICB was now exploring an alternative model. Tony Douglas raised a query in relation to the Performance Report, specifically the 52-week waits for adult Attention Deficit Hyperactivity Disorder (ADHD). Paul Johnson explained that ADHD services were not currently commissioned for the Trust and therefore could not be delivered. Philip Earnshaw advised that there was a national review of ADHD underway, with a focus on support within schools extending to 2030. He added that performance in other areas was improving, with 52-week waits largely eliminated outside of ADHD. It was noted that the ICB had limited funding and was awaiting national direction. Patients on waiting lists were being kept in touch with, whilst waiting for an appointment. **<u>Resolved:</u>** **The information was noted.**	

24/26	**Spotlight on a Service – Perinatal and Maternal Mental Health** Katy Morley, Service Manager, and Laura Langley, Clinical Lead, delivered a presentation providing a comprehensive overview of perinatal and maternal mental health services. The presentation outlined the service history, current provision, multidisciplinary team structure, patient pathways, key challenges, and work undertaken to engage marginalised groups. Jaquie White commented on the new service, noting that referral numbers were currently low but were anticipated to increase. Jacquie asked what plans were in place to establish a referral threshold. Laura outlined the referral criteria and confirmed that a review of the service, including the criteria, would be undertaken after six months. Tim Durkin noted that there were no current plans to include a Mother and Baby Unit within the service and sought clarification on the number of women being referred to Leeds. It was reported that the prevalence of women experiencing a psychotic episode was estimated at 1–2 per 1,000 births, equating to at least 30 women per year being managed out of area. Paul Johnson advised that significant engagement had taken place with commissioners in relation to the service; however, the Trust had not been selected as a site. Without additional funding and a commissioning decision, this position was unlikely to change. Philip Earnshaw commented on the perinatal mental health matrix. Katy reported that the commissioned birth rate was 8%, with current performance at 7.7%, and confirmed that the overall birth rate had reduced by 17%. It was noted that the service was experiencing challenges relating to sickness absence and vacancies. Katy advised that further work was required in relation to promotion of the service, as well as addressing health inequalities and equality priorities. The Trust Chair raised concerns regarding evidence indicating poorer outcomes for women from minority groups and adverse birth experiences. A question was raised as to whether the Integrated Care Board was supporting broader maternity and mental health discussions. Katy advised that, while she had some contacts within the Integrated Care Board, she was not consistently included in these discussions. Katy Morley and Laura Langley were thanked for attending and for delivering their presentation. **Resolved:** **The information was noted.**	
25/26	**Chair Report** The Trust Chair presented her report and highlighted several key points contained within it.	

	Tony Douglas reported that, following discussions, arrangements for Council of Governors meetings would change, with pre-meetings to be held on the day prior to the main meeting. Dan Laughton commented on the Trust's positive position, noting that it was ranked seventh nationally, classified as Segment 1, and recognised as a top-performing Trust. **Resolved** **The Chair's Report was noted**	
26/26	**Chief Executive's Report and Governors Questions to the Chief Executive** Peter Beckwith introduced the report on behalf of the Chief Executive and referred to the following items in her report: • Provider segmentation scores. • Provider capability – this was reported as green, with performance placing the Trust within the top 20%. • Planning – the plan had been submitted on 14 February, and correspondence received in the previous week had confirmed it was compliant. • Excellence Awards – the Trust had submitted 14 entries. Tim Durkin commented on the section of the report relating to the Psychiatric Intensive Care Unit and requested further information regarding the planned provision of male and female beds. Dan Laughton provided an update, advising that work had commenced that week at Townend Court and would continue until the summer period, after which a six-bed female ward would open at Townend Court. He further advised that subsequent work would take place to increase capacity by an additional two beds at Miranda House, with all works expected to be completed by September 2026. Paul Johnson advised that, alongside the construction programme, work was progressing on the development of the clinical model for the High Dependency Unit, including consideration of the differences between male and female provision. Marilyn Foster asked about the Trust's processes in relation to Multi-Agency Public Protection Arrangements (MAPPA) and the impact on the Trust following tragic incidents such as the Southport event. Paul Johnson responded that robust processes were in place, including designated leads within each division, regular audits, and integration with local and national MAPPA Boards. He advised that recent audits had resulted in improvements to data quality and enhanced readiness for national reporting. The Trust Chair asked about findings from recent national inquiries that influenced adversely decisions on appropriate care, risk management, and public safety. Paul Johnson advised that a national review of MAPPA was anticipated following recent events and confirmed that the Trust was	

	committed to participating in the review and implementing any resulting recommendations. Isabel Carrick commented on visits and, following discussion, it was agreed that PLACE visits would be included on the agenda for consideration at the next Council of Governors meeting. **Resolved:** **The Chief Executive's Report was noted.** **PLACE visits to be included on the agenda for the next Council of Governors meeting.**	**PB**
27/26	**Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback** The respective Committee Chairs introduced the following reports and reiterated key points from within them. • People and Organisational Development Committee • Audit Committee • Mental Health Legislation Committee • Collaborative Committee There were no questions raised. **Resolved:** **The Committee Assurance reports were noted.**	
27/26	**Constitution Review 2026** Stella Jackson introduced the Constitution Review 2026 report and advised that the Trust Constitution had undergone a significant review in 2023, followed by a further update in 2025 relating to the affixing of the Trust Seal. She confirmed that no additional changes were proposed for the current year and noted that any future amendments would require approval from both the Council of Governors and the Board. Ted Burnside commented on the abolishment of NHS England and sought clarification on the potential impact on the Constitution. Stella Jackson responded that the Constitution would be updated as required to reflect any relevant changes. **Resolved:** **The Constitution review and information were noted**.	
28/26	**Council of Governor Sub-Groups Feedback inc Membership Engagement Activities** **Engaging with Members 14.01.2026 & 18.02.2026 reports** Tony Douglas introduced the Council of Governors Sub-Groups Feedback report for the Engaging with Members Subgroup and reiterated the key	

	points contained within the report. He highlighted the need to improve member engagement and noted concerns regarding Governors' attendance at meetings. The Hull & East Riding PLACE workshop was noted, and it was reported that Isabel Carrick had attended. It was highlighted that attendance at the workshop had been low. A review of patient engagement was also noted. **Resolved:** **The report was noted.**	
29/26	**Performance Report** Peter Beckwith presented the Performance Report and highlighted that overall performance had remained strong. He reported that workforce metrics were positive, whilst noting that sickness absence, waiting times, and training compliance remained areas of focus. He further advised that there were plans in place to eradicate out of area placements. Marilyn Foster raised concerns regarding sickness absence rates and the process of supporting staff to return to work. An in-depth discussion followed, during which trends and the impact on service delivery were considered. The Trust Chair advised that these matters were also being discussed at Board meetings, including staff wellbeing, analysis of engagement with health and wellbeing initiatives, and the effectiveness of support provided to staff during periods of sickness and upon their return to work. Peter Beckwith added that targeted interventions had been implemented. It was further noted that the Trust benchmarked its sickness absence rates against national targets and utilised multiple indicators to monitor performance. Keith Nurcombe reported a significant reduction in the use of agency and bank staff, which had been achieved through coordinated efforts between finance, digital, and workforce teams. He noted that, whilst this had reduced costs, it had also increased pressure on existing staff. Kath Smart advised that internal audit had been reviewing sickness management policies and compliance, with findings and recommendations to be reported to the Audit Committee and the Council of Governors. **Resolved:** **The Performance report and update were noted.**	
30/26	**Finance Report** Peter Beckwith introduced the Finance Report and advised that the Trust had reported a strong financial position as at the end of February 2026, with a positive cash balance and variance. He pointed out that the system financial position remained challenging. Tim Durkin congratulated the team on delivering against expectations and achieving the reported position. He raised concerns in relation to savings associated with the Psychosis Service for People in Hull and East Riding	

	(PSYPHER) and sought clarification on the current position. Paul Johnson advised that he would obtain further information, noting that the service had experienced challenges relating to staff turnover and vacancies. He reported that improvements were being seen, with more staff now coming into post. Tim Durkin asked whether the service was meeting intervention requirements. Paul Johnson advised that improvements had been made, with the service achieving 100% compliance for the 14-day standard, although performance against other interventions was less consistent but improving. Jacquie White commented on the review of Band 5 nurses and asked about the associated cost implications and contingency plans. Peter Beckwith responded that guidance was currently awaited, however it was anticipated that any related costs would be nationally funded. Questions were raised regarding the impact of national funding changes and potential additional costs relating to disability and pay. National funding would be made available for certain changes and staff were being kept informed. The Trust Chair added that this matter had also been discussed at the previous Strategic Board meeting. **<u>Resolved:</u>** **The Finance Report was noted.** **Intervention requirements to be discussed further outside of the meeting.**	**TD/PJ**
31/26	**Any other Business** There was a discussion regarding the functionality of the microphones during the meeting, including consideration of potential improvements. No other business was raised or discussed.	
32/26	**Review of Meeting** The Chair invited comments regarding the meeting. Governors agreed the meeting had been effective. Tony Douglas raised the matter of meeting papers, advising that additional time would be beneficial to review the Performance Report in more detail and expressing a preference for access to a paper copy. It was noted that any questions could be raised within the meeting and that links to the report were provided. It was acknowledged that there had been some issues with links, and members were advised to contact the Board Support Unit should any further issues arise. The meeting closed at 3:45pm.	
33/26	**Date, Time and Venue of Next Meeting** Thursday 16 July 2026, 9.30am – 11.30am via Microsoft Teams Thursday 15 October 2026, 9.30am – 12.15pm Lecture Theatre Willerby Hill	

Signed…… Date

Chair

Humber Teaching NHS Foundation Trust

Agenda Item 04

Action Log: Actions Arising from Public Council of Governor Meetings

Summary of actions from April 2026 meeting and update report on earlier actions due for delivery in July 2026 *Rows greyed out indicate action closed and update provided here*						
Date of Meeting	**Minute No**	**Agenda Item**	**Action**	**Lead**	**Timescale**	**Update Report**
15/01/26	05/26	Spotlight on a Service – Child and Adolescent Mental Health Pathway and the Thrive approach	Governors and service leads to consider how they might engage voluntary groups and schools more effectively.	CAHMS Team / L Parkinson	April 2026	Date to be confirmed for 2027 due to existing bookings for the Spotlight on Services item.
16/04/26	26/26	Finance Report	Intervention requirements to be discussed further outside of the meeting.	T Durkin & Paul Johnson	May 2026	Completed.
16/04/26	26/26	Chief Executive's Report and Governors Questions to the Chief Executive	PLACE visits to be included on the agenda for the next Council of Governors meeting.	P Beckwith	July 2026	On agenda for July 2026 meeting.
Outstanding Actions arising from previous Council meetings for feedback to a later meeting						
A copy of the full action log recording actions reported back to the Council and confirmed as completed/closed is available from the Membership Officer						

Caring, Learning & Growing Together

Council of Governors Work Plan 2026/27

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
Standing Items							
Minutes of the Last Meeting	Every Mtg	CF	✓	✓	✓	✓	✓
Actions Log	Every Mtg	CF	✓	✓	✓	✓	✓
Chair's Report	Every Mtg	CF	✓	✓	✓	✓	✓
Chief Executives Report inc updates from Directors	Every Mtg	MM	✓	✓	✓	✓	✓
Spotlight on a Service	Every Mtg	KF/KP	✓	✓	✓	✓	✓
NEDs Chairs of Sub Committees Assurance Reports & Feedback	Every Mtg	NEDs	✓	✓	✓	✓	✓
Patient Led Assessment of Care Environment Report (PLACE)	Annually	PB	✓		✓		✓
Feedback from Governor Groups/Governor Activity	Every Mtg	All	✓	✓	✓	✓	✓
Governors Questions	Every Mtg	All	✓	✓	✓	✓	✓
Review of Council of Governors Workplan	Every Mtg	CF	✓	✓	✓	✓	✓
Appointed Governor Focus	Every Mtg	??	✓	✓	✓	✓	✓
Performance & Delivery							
Finance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Performance Report	Every Mtg	PB	✓	✓	✓	✓	✓
Annual Items							
Annual Effectiveness Review of the Council of Governors including Terms of reference	Annually	CF	✓	✓			✓
Annual Effectiveness Review for Appointments, Terms and Conditions Committee including terms of reference	Annually	MF		✓			

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
Annual Effectiveness Review for Engaging with members group including Terms of Reference for approval	Annually	TDo		✓			
Formal Presentation of Accounts	Annually	PB	✓			✓	✓
Annual Report (AMM)	Annually	SJ			✓	✓	
Annual Accounts– Audit findings and conclusions	Annually	PB	✓				✓
Review of Constitution	Annually	SJ		✓			
Outcome of the FPPT for Non-Executive Director Board members (including the Chair) will be presented to the Council of Governors for information	Annually	CF		✓			
Receive Feedback on the Trust Chair and Non-Executive Directors Appraisals	Annually	CF		✓	✓		
Declarations for the Provider License (inc under Declarations item)	Annually	SJ		✓			
AMM Minutes for approval	Annually	SJ				✓	
Meeting the Fit and Proper Person Framework Requirements	Annually	SJ			✓		
Compliance against the Provider License	Annually	PB & SJ			✓		
Council of Governors: Other Statutory Duties							
Remuneration of the Chair and other Non-executive Directors (to ratify) Links to Appointments Terms and Conditions (ATC) Committee	As req	KP					
Approve the appointment of the Chief Executive (to approve – support)	As req						
Appointment of the external auditor (to ratify)	As req						

Council of Governors Meeting Dates: Reports:	Frequency	LEAD	15 Jan 26	16 April 26	16 July 26	16 Oct 26	14 Jan 27
Approval of an application for a merger with or acquisition of another FT or NHS Trust	As req						
Approval of an application for the dissolution of the FT	As req						
Council of Governors Non-Statutory Duties							
Non-Executive Director and Governor Visits	As req						
Receive the Membership Plan	As req	SJ					
Agree with the Audit Committee the process for appointment /removal of the external auditor	As req						
Be consulted on the appointment of the Senior Independent Director	As req	CF					
Agree the process for the appointment of the Chair of the Trust and the other NEDs (link to AT&C)	As req						
Added items							
Patient and Carer Experience Annual Report	Annual	KF/MD			✓	✓	
Operating Plan	As req	PB		✓			
ICB – explanation regarding the ICB and Humber's Relationship with it – April 2025	Sue Symington		✓				
Trust response to the Nottingham Report		SS			✓		
Humber Primary Care Ltd		PB		✓			
Spotlight Items:							
ED Streaming							
Adult Mental Health Crisis Team							
Primary Care Update							
Removed Items							

Humber Teaching NHS Foundation Trust

Agenda Item 05

<table>
<tr><td>Title & Date of Meeting:</td><td colspan="4">Council of Governors Public Meeting – 16 July 2026</td></tr>
<tr><td>Title of Report:</td><td colspan="4">North Yorkshire Community Services: Delivering Care Closer to Home</td></tr>
<tr><td>Author/s:</td><td colspan="4">Matthew Handley, General Manager</td></tr>
<tr><td>Recommendation:</td><td colspan="4"><table>
<tr><td>To approve</td><td></td><td>To receive & note</td><td>√</td></tr>
<tr><td>For information</td><td></td><td>To ratify</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>Purpose of Paper:
Please make any decisions required of Board clear in this section:</td><td colspan="4">The presentation provides the Council of Governors with an update on North Yorkshire Community Services since November 2025, highlighting progress in integrated care, admission avoidance, urgent community response, workforce development, digital transformation and quality improvement. It also provides assurance on service quality, performance and sustainability, including the Trust being ranked 1st nationally out of 38 providers for UCR 2-hour performance and maintaining zero patients waiting over 52 weeks, supporting the ambition to deliver more care closer to home whilst maintaining high-quality patient care.</td></tr>
<tr><td colspan="5">Key Issues within the report:</td></tr>
<tr><td colspan="3">Matters of Concern or Key Risks to Escalate:
Demand across community services continues to rise, driven by an ageing population, increasing frailty and growing clinical complexity; however, service redesign and new models of care are helping to mitigate pressures.
Recruitment and retention challenges remain in some professional groups and rural localities, with targeted workforce plans in place to support sustainability.
Maintaining capacity for admission avoidance, discharge pathways and urgent care remains challenging during periods of system pressure, though risks continue to be actively managed.
Financial pressures and productivity requirements necessitate ongoing service redesign and efficiency improvements, with continued delivery of savings, productivity gains and skill-mix optimisation.
Further development of integrated neighbourhood working and community-based alternatives to hospital care remains</td><td colspan="2">Key Actions Commissioned/Work Underway:
Continued delivery and refinement of the One Community model across North Yorkshire.
Further development of integrated neighbourhood and place-based care models.
Expansion and optimisation of admission avoidance services, including Virtual Ward, Intermediate Care and Urgent Community Response pathways.
Roll-out of digital transformation initiatives, including mobile working solutions and optimisation of clinical systems.
Expansion of patient and carer engagement, co-production and Friends and Family Test improvement initiatives.
Strengthening partnership working with Primary Care, North Yorkshire Council, Humber and North Yorkshire ICB, acute providers and VCSE organisations to improve outcomes for local people.</td></tr>
</table>

a priority, with established neighbourhood arrangements providing a strong foundation for continued progress.	
Positive Assurances to Provide: • North Yorkshire Community Services continues to deliver safe, effective and responsive care through an integrated community care model. • The Trust is ranked 1st out of 38 providers nationally for Urgent Community Response performance, demonstrating leading performance in delivering urgent care closer to home. • The Trust currently has no patients waiting over 52 weeks for community services, supporting improved access and reduced delays to care. • The North Yorkshire Overnight Nursing Service remains fully operational on a 24/7 basis, improving access, continuity and admission avoidance across Scarborough, Ryedale and Whitby. • Quality Improvement continues to be embedded throughout Community Services, with 476 improvement ideas identified and 188 training opportunities delivered. • Patient and carer involvement continues to shape service design, improvement and evaluation through co-production approaches and engagement programmes.	**Decisions Made:** • Continued commitment to delivering integrated community services through the One Community model. • Ongoing investment in workforce development, professional leadership and recruitment initiatives. • Continued support for digital transformation programmes that improve productivity, safety and patient experience. • Expansion of collaborative approaches to support frailty management, intermediate care and admission avoidance. • Strengthening of patient, carer and community involvement in service improvement and future service design. • Alignment of community service development with Place, ICB and NHS Long Term Plan priorities.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goals this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety *North Yorkshire Community Services continues to embed innovation, digital transformation and quality improvement methodologies to improve outcomes and patient safety.*
√	Enhancing prevention, wellbeing and recovery *Services support independent living, admission avoidance and recovery through responsive community-based care.*
√	Fostering integration, partnership and alliances *Partnership working remains central to service delivery across Primary Care, Local Authority, acute providers, the voluntary sector and wider system partners.*
√	Developing an effective and empowered workforce *Investment continues in leadership development, recruitment, retention and workforce modernisation.*
√	Maximising an efficient and sustainable organisation *Ongoing service transformation, digital innovation and pathway redesign continue to improve efficiency and sustainability.*
√	Promoting people, communities, and social values *Patients, carers and communities continue to influence and shape services through co-production and engagement activity.*

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			

Humber Teaching NHS Foundation Trust

Agenda Item 06

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2026
Title of Report:	Trust Chair's report
Author/s:	Rt Hon Caroline Flint
Recommendation:	

To approve		To discuss	√
To note	√	To ratify	
For assurance	√		

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	To provide updates on the Chair, Non-Executive Directors (NED) and Governor activities since the last Council of Governors' Meeting

Key Issues within the report:

Positive Assurances to Provide:

- Two new Non-executive Directors started at Humber Carrie Wollerton and Andy Brown.
- Completion of 2025/26 Chair and NED Appraisal round
- Well attended Council of Governors meeting and development events
- External engagement with key players at ICB and Regional level as well as local MPs

Key Actions Commissioned/Work Underway:

- Board Preparations for A CQC inspection and Well Led Review
- Recruitment Campaign to recruit an Associate Non- Executive Director (ANED)
- Strategic Roadmap
- Future Statutory Role of Governors

Key Risks/Areas of Focus:

- CQC Preparation and System Engagement

Decisions Made:

Governance: *Please indicate which committee or group this paper has previously been presented to:*

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
√	Innovating Quality and Patient Safety			
√	Enhancing prevention, wellbeing and recovery			
√	Fostering integration, partnership and alliances			
√	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
√	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Trust Chair's Council of Governor's Report 16 July 2026

It is with sadness we heard that Staff Governor Simon Mills recently died. A card has been sent to his family.

ICB Chair and Chief Executive visited Humber on 6 July to meet members of the Board and hear from a range of our community-based services in a marketplace arrangement in the Lecture Theatre**. On the 9 July** representatives from the NHS Alliance (merged NHS Providers and Confederation) received the same programme. Both organisations were impressed with what they saw and heard.

Appraisal 2025-26 Round

The Appraisal took place for the Chair on 2 June conducted by the senior Independent Director (SID) Steph Poole and the Appointments, Terms and Conditions Committee (ATC) Chair Governor Marilyn Foster. The Non-Executive Director (NED) appraisals for Stephanie Poole, Phil Earnshaw, Keith Nurcombe and Kath Smart were undertaken on the 16 June with the Chair and Governor Marilyn Foster.

It was agreed by appraisers that the Chair and NEDs had completed positive appraisals. Appraisals included 360 feedback for the first time for NEDs which included Board, Governors and appropriate others. All four NEDs and Chair received positive governor, Board and other stakeholder feedback and provided evidence of carrying out their engagement and governance duties.

Separate reports from the Chair and SID have been provided to the Appointments, Terms and Conditions Committee on 15 July. The required Chair/NED Appraisal proformas to NHS England will be completed and sent by Steph and myself.

Trust Board Strategic Development Meeting 29 April 2026

We spent the day discussing the changing operating context for Humber to build a shared Board understanding of our opportunities and challenges to enable the Board to agree strategically what we want Humber to be in the future.

Through a series of plenary, slido and small group exercises we agreed an outline direction of travel to inform the development of a 10-year business strategy.

As usual we invite some staff to join us over a sandwich lunch and this time we met a few colleagues from each of our Perinatal, Health Visitor/School Nurse, Human Resources, Estates and Hotel Services and Finance Teams.

Trust Board Strategic Development Meeting 1 July 2026

We took business items on the Annual Report and Accounts 25-26 and Quality Accounts. Discussed follow up from the April meeting and our 5-year Strategic Roadmap. Audit Yorkshire presented on findings and themes from their Board Assurance Framework (BAF) and risk management benchmarking audit.

Governors Isabel Carrick and Tim Durkin joined us for a discussion on the future statutory role of governors.

Board received Well-Led Bitesize Briefings on Workforce, Equality Diversity and Inclusion and Sexual Safety

Clinical and non-clinical apprentices from across the Trust and the HR staff that support them joined us over a sandwich lunch.

1. Chair's Activities Round Up

Catch Up with Humber MPs 17 April 2026 – over two sessions to brief MPs and their staff I was supported by Pete Beckwith and Kwame Fofie as Michele Moran was on leave. We covered a range of issues, and the feedback was welcome.

Northeast and Yorkshire Roadshow Newcastle 22 April 2026 – great to meet with colleagues across our NHS region. Pete Beckwith Director of Finance and I attended for Humber. The presentations demonstrated outcomes, nationally, regionally and by the Integrated Care Board (ICB) showing us where more progress was needed along with case studies from our region of innovation and evidence-based outcomes.

Humber and East Yorkshire (HEY) MIND Golden Gala 24 April 2026 – it was a pleasure to get dressed up and celebrate with friends and partners fifty years of HEY MIND. Governor Tim Durkin is a founding member, and it was lovely to hear Tim speak about establishing the organisation. We also heard from HEY MIND Chief Executive Officer, CEO Emma Dallimore, also one of our governors.

NHS Alliance Expo 2026 10-11 June 2026 – attended sessions on ICBs, Purposeful Curiosity, Unlocking Productivity, heard from Jim Mackey and Dr Penny Dash and I chaired a panel on Neighbour Health.

Internal meetings also included:
Complaints Catch Up with David Napier 6 May 2026
Virtual Long Service Awards 19 May 2026
Quality Committee 4 June 2026
People and Organisational Committee 18 June 2026
Ask the Board 16 July 2026

External meetings also included:
NHS Alliance Mental Health Chairs Network 13 May, 8 Jul 2026
Informal Catch up with ICB Chair Jason Stamp 14 May 2026
ICS Chairs and ICB Chair Jason Stamp – 19 May 2026
Catch up with Marie Burnham Chair Tees, Esk and Wear Valleys NHS FT 19 May 2026

Non-Executive Director (NED) Visits

Caroline Flint	28.04.26	Pine View – Forensic Services
Caroline Flint	02.06.26	Townend Court Community Services with Tim Durkin
Caroline Flint	08.07.26	Complaints Team
Kath Smart	20.05.26	Communications Team & Health stars

Kath Smart	03.06.26	Goole Health Trainers
Kath Smart	06.06.26	Volunteers
Phil Earnshaw	30.06.26	0-19 Hull Integrated Public Health Nursing Service

Unannounced (with Executive Director)

Carrie Wollerton & Kwame Fofie	29.04.26	Humber Centre
Caroline Flint & Kwame Fofie	02.06.26	Mill View Lodge
Caroline Flint & Kwame Fofie	07.07.26	PICU & Avondale

Governor Activities Round Up

Appointments, Terms and Conditions Committee (ATC) 21 May to discuss the ATC Effectiveness Review feedback and ATC content for the Annual Report.

Appointments, Terms and Conditions Committee (ATC) 15 July met and received reports on the Chair and NEDs appraisals; Compliance with the Fit and Proper Person Test (FPPT) Framework, Review of Time Commitment for NEDs and Chair and Recruitment Campaign for Associate NED which the Council of Governors has already approved in principle.

Governor Development and Information:

Governor Briefings

30 Apr 2026	Being Humber and CoG Effectiveness Review Feedback
28 May 2026	Current Patient Safety Initiatives and Outcome
25 Jun 2026	Quality and Patient Safety Priorities

The next Governor Briefing 30 July is on **'Our Community Services in North Yorkshire'**

Governor Development Session – 2 July 2026 - covered:

- Integrated Care System (ICS) and Humber's Role (How the Trust fits into the Humber and North Yorkshire ICS, what collaboration means in practice, How system pressures influence Board decisions).

- CQC Inspection Update

Humber Teaching NHS Foundation Trust

Agenda Item 07

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2026
Title of Report:	Chief Executive's Report
Author/s:	Michele Moran Chief Executive

Recommendation:				
	To approve		To discuss	✓
	To note		To ratify	✓
	For assurance			

Purpose of Paper:	To provide the Council of Governors with an update on local, regional and national issues.

Key Issues within the report:

Positive Assurances to Provide: • Work contained within the report	**Key Actions Commissioned/Work Underway:** • Contained within the paper
Key Risks/Areas of Focus: • Nothing to escalate	**Decisions Made:** • None for this meeting

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Monthly report to Board	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Chief Executive's Report

1. Leadership Visibility

This month I have spent time in Malton, with our Homeless team and several mental health hubs.

As usual I meet with all our PROUD cohorts and the start and end of their journey, the course receives excellent feedback.

As always, really useful conversations with staff who continue to develop services and look towards innovative approaches.

1.1 Around the Trust

East Riding Infant Feeding

The infant feeding team (Health Visitors) have maintained their Gold accreditation status from UNICEF, this is the seventh year in succession, which is an amazing achievement and one that makes so much difference to our communities.

1.2 Malton Fire

Staff and partners operated our business continuity plans well during the recent fire at Malton Hospital. 14 patients were successful evacuated to Bridlington Hospital. No casualties suffered. Cause of the fire is not yet unknown. A verbal update will be given at the meeting

2. Around the System

Humber and North Yorkshire ICB Appointments:

Place/Partnership Directors

Hull/ER	Simon Cox
NY/Y	Lisa Pope
NL/NEL	Helen Phillips

Director of Performance and Contract Delivery (Neighbourhoods and Primary Care) - Alex Seale

Director of Performance and Contract Delivery (MH and Acute) - Shaun Jones

There is still no confirmation on two outstanding exec director roles.

Non- Executive Appointments:

Dean Royles – Renumeration
Beverley Reilly – Quality
Sue Holden – Finance
Katrina Magee – Audit and Governance:
Jo Pick – Insight and Experience:
Rob Walsh – Communities

Humber Health Partnerships
Following a competitive recruitment process, Lyn Simpson has been appointed as substantive Group Chief Executive. Lyn's appointment has been agreed with NHS England and is supported by Jim Mackey, Chief Executive of NHS England.

New Ambulance Station for Hull
Yorkshire Ambulance Service NHS Trust (YAS) has announced its new ambulance station for Hull. The Trust is investing £6m over a number of years to provide a new ambulance station off Clough Road in Hull, due to open in Summer 2026. YAS are investing in the new station to improve the efficiency of services, support staff and to ultimately enhance the quality of care delivered to patients across the city and wider region.

Local Elections 2026:
The following have been elected:

Rhiannon Margaret Beeson	Liberal Democrat, Avenue
Lucy Alice Lennon	Liberal Democrat, Beverley and Newland
Maria Coward	Liberal Democrat, Boothferry
Sharon Hofman	Labour, Bricknell
Motokin Ali	Liberal Democrat, Central
Martin Baker	Reform UK, Derringham
Linda Chambers	Liberal Democrat, Drypool
Jackie Dad	Liberal Democrat, Holderness
Aaron Paul Pickering	Reform UK, Longhill & Bilton Grange
Duncan Graham	Reform UK, Marfeet
Lisa Alexandra Graham	Reform UK, Newington & Gipsyville
Deborah Louise Carnall	Reform UK, North Carr
Neil Fletcher	Reform UK, Orchard Park
Tracey Irene Henry	Liberal Democrat, Pickering
Richard Christopher Kelly	Reform UK, Southcoates
Salman Anwar	Reform UK, St Andrew's & Docklands
Simon Taylor	Reform UK, Sutton
Laura Juskey	Liberal Democrat, University
Ben Padwick	Reform UK, West Carr

3. National Update

New Secretary of State for Health
James Murray has been a minister in the Treasury since the 2024 general election, and chief secretary to the Treasury since September last year.

Before being elected Ealing North MP in 2019, he served as a deputy to the Mayor of London Sadiq Khan, advising him on housing, from 2016-19; and before that as a councillor and council cabinet member in Islington.

NHS Professionals (NHSP) - New Chair Appointed
Professor Sir Stephen Powis has been appointed as Chair of NHSP. Sir Stephen was previously National Medical Director for NHS England from 2018 to 2025.

NHSP is the largest provider of flexible workforce services to the NHS, working in partnership with 66% of NHS Trusts to support safe staffing across a wide range of clinical and non-clinical roles.

Regional Chair Appointments:
East – Nick Carver
London – Ian Peters
Midlands – Russell Hardy
North West – Kathy Cowell
North East and Yorkshire – Bill McCarthy
South East – Jonathan Montgomery
South West – Dame Gill Morgan

Modern Service Framework (MSF) for Severe Mental Illness (SMI) – A Short Briefing
NHS England is developing a 10-year Modern Service Framework for Severe Mental Illness, aligning with the national 10-Year Health Plan.

The MSF will set long-term outcomes ("moonshot"), system-wide standards, and implementation expectations for mental health services.

The proposed ambition is that by 2035, people with SMI will live longer, healthier, and more fulfilling lives through integrated and equitable care.

The framework represents a shift from guidance (e.g. NICE) to system delivery expectations at scale, including measurable outcomes and assurance.

Key implications:
This is likely to become the defining national framework for mental health service design, performance expectations, and transformation over the next decade, with direct consequences for HTFT strategy, operating model, and partnerships.

Strategic Context
Policy Alignment
The MSF is explicitly aligned to three national shifts:

- Prevention over treatment
- Community over hospital
- Digital over analogue

It will:

- Define evidence-based interventions
- Set delivery and quality standards
- Drive equity and value in service provision [Background...on SMI MSF | PDF]

Scope
The MSF applies to adults and older adults with severe and complex mental health needs, including:

- Psychosis, bipolar disorder
- Complex trauma and personality disorder diagnoses
- Severe eating disorders
- Co-morbid substance use, neurodevelopmental conditions and frailty

Implication
The scope closely mirrors HTFT core service lines, meaning near-total organisational impact.

Emerging Framework Structure
Outcome “Moonshot”
Reduce mortality and morbidity gap
Improve quality of life and recovery
Ensure equitable outcomes across populations [Background...on SMI MSF | PDF]

Three Core Pillars
- Health & Wellbeing
- Reduce premature mortality
- Improve physical and mental health outcomes and Stabilise symptoms and prevent crisis

High-Quality Care
- Timely access and continuity
- Reduced harm, compulsion and restrictive practice
- Integrated, person-centred care

Opportunities & Inclusion
- Employment, housing, and social participation
- Autonomy and independence [Background...on SMI MSF | PDF]

Delivery Model and Development Timeline
A national call for interventions (May 2026) to identify scalable, high-impact approaches – we are submitting

Workstreams across:
- Neighbourhood/community
- Crisis pathways
- Inpatient care
- Digital and innovation
- The MSF is moving rapidly from concept to operational standards within 12–18 months.

Key Strategic Implications for HTFT
- Service Model Transformation - Increased expectation of community-based, neighbourhood models of care
- Pressure to reduce reliance on inpatient and crisis services
- Greater need for end-to-end pathway integration

Opportunities for HTFT;
- Shape the MSF through submission of interventions (deadline 28 May 2026)
- Position as a lead provider in community SMI care models
- Drive innovation and research partnerships
- Strengthen ICS leadership role
- Improve long-term patient outcomes and population health
- Map HTFT strategy against MSF pillars and “moonshot”

- Identify gaps and priority areas
- Reduction in restrictive practice
- Physical health for SMI patients
- Inequalities reduction

Mental Health Strategy
New Mental Health strategy will transform care in England and drive shift from crisis intervention to preventative care:

1. Call for Evidence launched during Mental Health Awareness Week to seek evidence of best practice in communities
2. Part of 10 Year Health Plan commitment to give mental health the attention it deserves

Frontline workers, clinicians and mental health experts being invited to share their views on how to transform mental health care for children and adults in England, as the government launches a Call for Evidence to shape its once-in-a-generation cross-government Mental Health Strategy.

The strategy will drive a fundamental shift towards prevention – treating people earlier and faster and supporting those with mental health conditions to live a full life and stay active in education, work, family life and their communities.

NHS Modernisation Bill
This was referred to in the recent Kings Speech – Headlines include:
- Reshape system control, accountability and data use
- Focus on leaner national centre, stronger local delivery, empowered patients
- Sets legal foundations for delivery of the 10 Year Health Plan

Major Structural Changes
NHS England to be abolished → powers move to DHSC and systems
Push for a more centralised, ministerially accountable NHS

Integrated Care Systems (ICS) Reset
ICBs gain expanded commissioning powers (incl. primary care, dentistry, pharmacy)
Integrated Care Partnerships abolished
New requirement for mayoral representation on ICB boards

Foundation Trust (FT) Overhaul
Governors and membership structures removed
Secretary of State gains stronger powers (appointments, spending limits, deauthorisation)
Single Patient Record (SPR)
Initial rollout: maternity and frailty pathways by 2028

Patient Voice & Safety Changes
Healthwatch (national & local) abolished
Patient safety body folded into CQC

Increased Ministerial Powers
Expanded powers of direction over trusts, FTs and ICBs

Includes ability to cap both capital and revenue spending

Primary Care Gap
No major legislative reform for primary care integration

4. Director Updates

4.1 Chief Operating Officer Update

4.1.2 Leadership Visibility
The Chief Operating Officer continues to undertake a series of visits to in patient units and community teams, unannounced and out of hours. Current operational challenges are discussed; areas of transformational change work are considered and any barriers to making progress are picked up and addressed. Overall staff are motivated and committed to service improvement. The Chief Operating Officer continues to deputise for the Chief Executive when required and has attended the Humber and North Yorkshire System Leaders Forum and the North Yorkshire Health Collaborative Joint Committee

4.1.3 Service updates

4.1.3i Community Services

Nationally Leading Urgent Community Response Performance
North Yorkshire Community Services has been ranked 1st out of 38 providers nationally for Urgent Community Response performance. This reflects the strength of integrated community teams and effective partnership working, helping people receive rapid assessment and treatment at home where appropriate. Community services also continue to perform strongly against RTT standards, achieving 91.8% and maintaining no patients waiting more than 52 weeks. This demonstrates timely access to care while supporting admission avoidance and reducing pressure on acute services.

HSJ Patient Safety Award Shortlist – Bleed Support and Care Box
The Trust has been shortlisted for an HSJ Patient Safety Award in the Palliative and End of Life Safety Initiative of the Year category for its Bleed Support and Care Box. Developed by the Palliative and End of Life Care team, the initiative was created in response to learning from a patient safety incident and provides practical support for patients and families at risk of catastrophic bleeding. National shortlisting recognises both the quality of the initiative and the impact it is having on patient safety and care at the end of life.

Completion of Community Nursing Safer Staffing Review
The Community Nursing Staffing Tool (CNSST) review has now concluded across North Yorkshire Community Services. The review assessed staffing levels against patient demand and care needs, providing assurance that current establishments have been independently tested using a recognised national methodology. The findings will help inform future workforce planning and ensure services remain aligned to patient need as demand continues to change.

4.1.3i Forensic Division

Efficiency and Productivity
The Forensic Division are supporting a pilot project on organisational capacity and demand. The project is led by Carl Arnold (Efficiency and Productivity Manager) and Laura Minnikin (Project Manager). Data from forensic community services is being inputted into the newly developed capacity and demand tool. Based on job planning/supervision, the expected number of weekly Direct Patient Contacts per band/roles within a band are being added to the tool. This will establish a clear baseline of how multidisciplinary team capacity is utilised across services. The findings will support workforce and service planning, contribute to the quality of data submitted through the National Cost Collection, and help inform future resource allocation and service improvement initiatives. This work demonstrates the Forensic Division's commitment to using robust operational data to support evidence-based decision-making and the delivery of high-quality, sustainable services. Beyond this work consideration is being given to how productivity can be better measured within forensic inpatient services. This is to ensure resources are used efficiently while delivering safe, high-quality care that promotes patient recovery, reduces risk, and supports timely progression through secure care pathways.

Forensic CAMHS (FCAMHS) Funding Increase
FCAMHS have had an increase in funding approved to increase input for our neuro diverse patients. As a result of this increase in funding, we will be recruiting to a speech and language therapist post. This will support the offer to young people who are in contact with the criminal justice system, vulnerable to offending or being offended against.

Forensic Adult Community Teams
The Specialist Community Forensic Team (SCFT) and Learning Disability Forensic Outreach Liaison Service (LDFOLS) are working collaboratively with service users on discharge pathways from forensic services. This has included working together with Community Mental health Teams (CMHT's) to ensure smooth transitions. The Forensic teams have successfully and supportively discharged a small number of patients who have been supported by/ working with forensic services for a number of years. Service users can now have a confidence in the support they receive after forensic services and our CMHT colleagues can ensure that they are supported to receive service users confidently. Despite a high number of referrals, demand data currently demonstrates that we will be able to ensure the capacity is optimised.

4.1.3 iii Children's and LD

Anti racist practice:
At Townend Court there has been a focus on anti-racism and have notably seen a reduction in incidents relating to racism. The equality and diversity chair Rhidi has kindly supported with Ward based learning days including interactive activities on top of mandatory reflective practice sessions which have had a positive impact on supporting staff and patients. The team recently attended the culture of care event phase 2 to share their work and look to support other teams in embed this practice.

New build:
Work is being undertaken to move the unit to a new area. Patient engagement and the discharge co-ordinator are supporting patients to identify what they would like on

the new wards and what colours they would like and are involved in choosing artwork and themes for the wards. As this is an ongoing process they will continue to support the patients to ensure their views are included. To support staff involvement the is a development of a progression board to ensure staff are kept in the loop and can be involved in the process to.

Heatwave support
During the heatwave staff have supported vulnerable patients and have ensured that no one has had sun damage or dehydration. The staff continue to work with patients to maintain their quality of life.

4.1.3iv Adult Mental Health

Work is continuing on the development of the new Psychiatric Intensive Care Unit (PICU) and female high dependency unit, with co-production of clinical model and recruitment of staff.

The division are continuing to develop the mental health neighbourhood offer and are working with partners to take this work forward.

4.2 Executive Director of Nursing, Quality and Professions / Caldicott Guardian

4.2.1 Leadership Visibility
On 11 March 2026, the Executive Director of Nursing, Quality and Professions visited the Driffield Community Mental Health Team (CMHT), which provides mental health services for adults in the Driffield area. The service operates as part of the wider Adult Community Mental Health Service for Bridlington and Driffield and works in partnership with East Riding of Yorkshire Council.

The team delivers a recovery-focused community mental health service for adults with enduring mental health needs across Driffield and Bridlington, working closely with service users and carers, families, primary care, and local statutory and non-statutory agencies. The CMHT is a multidisciplinary service, comprising a wide range of health and social care professionals supported by administrative staff.

Services provided include comprehensive mental health assessments, individualised care planning, evidence-based interventions, support delivered in line with the Care Programme Approach, and recovery-focused care tailored to individual strengths and needs. The service places strong emphasis on diversity, inclusion, and respect, ensuring care is responsive to individuals from all backgrounds.

During the visit, the Executive Director was particularly impressed by the team's strong collaboration with Primary Care Networks and the proactive approach to workforce development, including diversification of roles and skill mix to support high-quality, integrated care delivery.

4.2.2 International Nurses Day 12th May
On International Nurses Day, 12 May 2026, the Executive Director of Nursing, Quality and Professions and the Chief Executive shared a personal message of thanks to nurses across the Trust.

They expressed their sincere appreciation to every nurse working in inpatient wards, community services and specialist teams, recognising that their dedication, compassion and professionalism make a difference every single day.

Reflecting on this year's theme, *"Our Nurses. Our Future. Empowered Nurses Save Lives,"* they highlighted the significant impact nurses have in delivering safe, high-quality care in complex and challenging environments. They acknowledged the skill, integrity and humanity shown in supporting patients, families and colleagues.

They recognised the leadership demonstrated by nurses at every level, noting how staff innovate, advocate and consistently go the extra mile for those in their care. They also acknowledged the pressures many nurses face and reaffirmed the Trust's commitment to supporting staff wellbeing, listening to their voices, and creating environments where nurses feel valued, empowered and able to thrive in their careers.

The Executive Director of Nursing and Chief Executive also recognised how nurses embody the Trust's values of caring, learning and growing:

- **Caring:** Demonstrated through compassion, dignity and respect shown to patients, families and colleagues every day, delivering safe, person-centred care in both moments of crisis and recovery
- **Learning:** Evident in reflective practice, the sharing of knowledge, embracing innovation and striving to continuously improve outcomes for patients
- **Growing:** Seen in the way nurses develop as professionals, leaders and teams, supporting one another, overcoming challenges and shaping the future of nursing within the Trust

They thanked nurses for the pride they bring to the profession, for the way they support one another, and for the essential role they play in saving lives and shaping the future of healthcare.

They concluded by emphasising that nurses are valued and celebrated not only on International Nurses Day, but every day.

4.2.3 Nursing and Midwifery Council (NMC) consultation

On the 8th May 2026, the NMC launched a 12-week public consultation until 23 July on the nursing and midwifery education standards, with a focus on practice learning.

This review, alongside the modernisation of the Code and revalidation process, and the advanced practice review, is part of a series of strategic measures the NMC are taking to support nursing and midwifery practice and protect the public through modernised standards.

Proposed reduction in nursing hours

For nursing programmes, the proposal is to reduce the minimum number of programme hours from 4,600 to 3,600, to place a greater emphasis on the quality of practice learning experiences rather than the achievement of a set number of practice learning hours.

Globally, there is significant variation in the number of learning hours required to become a registered nurse. The current requirement of 4,600 hours stems back to EU legislation which no longer applies to the UK.

Outside of the EU, there is significant variation in the number of nursing programme hours and within this, the number of practice hours. They are generally lower than the hours mandated by the EU directive – 4,600 in total, of which 2,300 are practice learning.

For example, in the USA, students are required to complete around 700 hours of practice learning, 800 hours in Australia and 1,100 hours in New Zealand.

Reducing the minimum requirement for practice learning hours would give approved education institutions (AEIs) the opportunity to design more innovative and creative programmes, with a lower minimum to meet, the emphasis could shift more clearly towards the quality of learning rather than the quantity of hours.

Other areas for consultation
Other areas for consultation include:

- Strengthening anti-racism, bias awareness and cultural curiosity, safety and respect in nursing and midwifery education and training
- If pre-registration nursing programme hours are reduced, how would this impact on the pre-registration nursing associate programme.
- Ensuring that all nursing students have at least one community practice learning experience in health or social care.

This review and consultation sits alongside the wider EDI work, including the upcoming anti-racism principles which set out the expectations across education and practice for nursing and midwifery professionals, with the aim of helping to tackle the Black maternal health crisis and wider health inequalities experienced by service users across the UK.

4.2.4 Allied Health Professional (AHP) Update
The Allied Health Professional (AHP) workforce continues to provide assurance of its sustained commitment to delivering high quality, safe and patient centred care across all services. AHP practice and service delivery are being driven by the 2026–2027 AHP key objectives, ensuring clear alignment with the Trust's strategic priorities. This work is underpinned by evidence and research informed approaches, with a strong focus on aligning the workforce to current and future service demand through effective workforce planning, service evaluation and transformation.

Workforce recruitment, retention and staff development remain central to the delivery of high-quality care. Progress continues against the AHP Grow Your Own workforce strategy, with six AHP Support Workers successfully onboarded onto Level 6 Apprenticeships in March 2026. In addition, NHSE funding for Level 3 and Level 5 apprenticeships has enabled a further five support workers to access development opportunities, while generating approximately £15,000 of external funding for the Trust. This approach supports workforce sustainability, career progression and long-term service resilience.

4.2.5 Chief Social Worker visit - April

Social Workers and Approved Mental Health Professional's joined colleagues at Hull Council to welcome the Chief Social Worker, Sarah McClinton to Hull. Colleagues from across the mental health division came together for a valuable session focused on national developments in adult social work and local innovation. The chief Social Worker, shared insights into the current national picture, including the continued emphasis on strengths-based practice, prevention, and supporting people to live well in their communities. Her update highlighted how these approaches are being reinforced across the country, alongside a growing focus on workforce wellbeing, professional development, and integrated working between health and social care.

The visit also included a lively marketplace event, creating space for open conversation and shared learning. Colleagues had the opportunity to talk directly with her about their work, reflect on challenges, and showcase examples of innovation happening across our services.

4.2.6 Care Quality Commission (CQC) - update

The CQC want to improve how they assess and rate health and social care providers by moving to a sector-based approach to regulation.

Feedback from the consultation at the end of last year showed overwhelming support for the proposal to move away from a single assessment framework to separate frameworks that are more specific and relevant to the health and care sectors that they can regulate.

CQC have therefore developed an initial 4 draft assessment frameworks for:

- Adult social care
- Mental health care
- Primary care and community services
- Hospitals (secondary and specialist care)

These draft frameworks give clearer, more transparent and consistent judgements about quality across sectors. The CQC are now inviting feedback from colleagues, providers, people who use services, and other partners through the online survey by 12 June. These will be discussed the Trust Quality Standards Group and the Executive Management Team.

Give your views on draft sector-specific assessment frameworks - Care Quality Commission

4.2.7 Anti-Racist Network update

A one-hour pilot anti-racist practice training session was delivered by the network at Avondale and received positive feedback. Training materials will be shared with interested staff, with content continuing to evolve. The importance of co-production with the staff network and Trust-level support for wider rollout was emphasised.

Recruitment to the occupational health psychologist role has progressed, with interviews completed and an offer made, although the appointment is not yet confirmed. The role was identified as key to strengthening support for network members.
Work is underway to increase network visibility and membership through printed and digital approaches, including QR codes, a Teams channel, and refreshed intranet content.

A face-to-face network meeting is planned for 7 October 2026, alongside encouragement for members to share anonymised lived experiences to support training and engagement activities.

4.3 Executive Director of People & Organisational Development (OD) Updates

4.3.1 Leadership Visibility

Wednesday 24th June – Pocklington, Malton and Ryedale

Karen Phillips (Executive Director of People & OD) and Sarah Smyth (Executive Director of Nursing, Quality & Professions) undertook a highly positive visit to community teams across Pocklington, Malton and Ryedale on 24 June 2026.

They observed strong, cohesive teams delivering high-quality care with pride and resilience despite the challenges of rural geography, with clear evidence of effective leadership, multidisciplinary working and a strong commitment to development and continuous improvement.

Staff reported good morale and feeling connected to the Trust, supported by visible leadership and learning opportunities. Noted themes for awareness included the impact of geography and travel on service delivery, access to some face-to-face training, and the challenges with the local estate being managed by another Trust at Malton. The visit highlighted committed staff delivering excellent care in challenging contexts, with a strong culture and clear focus on improvement.

4.3.2 Band 5 Job evaluation update

EMT approved the proposed approach to the nationally mandated Band 5 Nursing Role Reviews. NHS England has required organisations to submit a local delivery plan outlining how the review will be undertaken, governed and assured. The Trust's delivery plan is in development and will be aligned to the national submission requirements when released. The programme is now moving into the mobilisation phase including development of standardised documentation and templates,

communications and engagement planning, and preparation for phased implementation across the 291 Band 5 nursing roles within scope.

4.3.3 Future Workforce Solution

The transformation project to transition from the current Electronic Staff Record (ESR) to the Future Workforce Solution continues to move forward, with the NHSBSA and Infosys preparing and planning for the upcoming implementation phases and working closely with early adopters. We anticipate more information being shared in the coming months relating to what this means for the Trust, including what the solution will do and what it will mean for colleagues.

Locally, readiness activities are underway to prepare for our own implementation, including work on reviewing data quality and maximising our use of existing systems to provide a robust technical and cultural foundation to support the eventual transition. This includes expanding the use of ESR during this year's appraisal window and an upcoming project to implement full Manager Self Service in ESR, delivering streamlined processes for assignment changes and leavers.

Further information relating to specific timeframes for implementing the future solution are anticipated being received later in the year and will be shared wider once available.

4.3.4 Manager Self Service

A proposed implementation timeline has been developed for the rollout of ESR Manager Self Service across the Trust, supporting readiness for the Future Workforce Solution.

The approach outlines a phased delivery over approximately 18 months (from July 2026 to early 2028), beginning with planning and pilot areas before progressing across all divisions. The model incorporates lessons learned from previous programmes, alongside coordination with other organisational priorities to minimise operational impact. This paper has not yet been considered by EMT and is presented to Board for early visibility of the proposed approach, which aims to strengthen managerial capability, improve processes, and support future system transition.

4.3.5 Wellbeing Service Shortlisted for HPMA award for Physical Health MOTs

We are pleased to report that Humber Teaching NHS Foundation Trust has been shortlisted for the Health and Wellbeing category in the HPMA Excellence in People Awards 2026.

This recognises our innovative work on early detection and proactive screening to improve staff health and wellbeing. The shortlisting is a strong external endorsement of the impact of our approach and reflects the commitment of our teams in delivering a comprehensive and preventative wellbeing offer for colleagues across the Trust.

4.3.6 Flu Plan Summary 2026

The 2025/26 flu vaccination campaign delivered strong improvement, achieving 66% uptake among frontline staff and reaching the second highest national uptake in November 2025, alongside a continued reduction in flu related sickness absence. This reflects a successful, data driven approach and improved access through the peer vaccinator model.

Planning for 2026/27 builds on this success, with a clear focus on increasing uptake, reducing variation across teams, and embedding vaccination as a routine part of workforce practice through enhanced data insight, targeted interventions and strengthened local delivery models.

Key next steps for the 2026/27 flu campaign:

- Strengthen data driven delivery through real time, team level dashboards to identify low uptake areas and target interventions
- Recruit, train and deploy peer vaccinators across all services, with a focus on low performing teams
- Increase accessibility through local clinics, pop up sessions and simplified booking and processes
- Deliver targeted engagement and communications to address vaccine hesitancy and improve uptake in specific cohorts
- Align vaccination data with sickness absence to prioritise higher risk areas and maximise impact on workforce resilience
- Maintain strong governance and divisional accountability, with weekly reporting and targeted follow up actions

4.3.7 Ethnicity Pay Gap Report

The Trust's 2026 Ethnicity Pay Gap report confirms there is no evidence of systemic unequal pay for equal work, with median pay broadly aligned across ethnic groups. However, deeper analysis highlights structural differences in workforce distribution, with underrepresentation of some groups, particularly Black staff, in higher pay quartiles, indicating that the core challenge relates to equitable access to progression rather than pay disparity. The Trust compares favourably to national benchmarks but recognises the need to strengthen progression equity, particularly into senior roles.

Key next steps include a targeted review of recruitment and promotion pathways, improved data quality through increased declaration of ethnicity, and the expansion of talent and leadership development initiatives to support underrepresented groups. These actions will be supported by strengthened governance and monitoring to ensure progress in reducing inequalities and continuing to build a diverse, inclusive and representative workforce.

4.3.8 Mann Review Recommendations

The Lord Mann Review highlights that racism and discrimination remain systemic challenges across the NHS, requiring strengthened leadership, accountability and sustained action. The Trust is broadly well positioned, with strong Workforce Race Equality Standard performance and improving metrics providing assurance of good progress, though risks remain in relation to staff experience, including harassment and perceptions of fairness.

National expectations require all organisations to adopt anti-racism principles, strengthen workforce training, improve data and transparency, and enhance governance oversight. In response, the Trust is progressing a delivery plan focused on adopting required definitions, embedding the Violence Prevention and Reduction Standard, improving data quality, achieving high compliance with equality training, and strengthening Board-level oversight and engagement with staff networks. This

will ensure continued progress in tackling inequalities and supporting an inclusive, safe working environment for all staff.

4.3.9 Adoption of the UK Government's non-statutory definition of anti-Muslim hostility

Following the Lord Mann Review, which reinforces the need for stronger national action to tackle racism and discrimination in the NHS, the Trust has approved the adoption of the UK Government's non-statutory definition of anti-Muslim hostility. This aligns with national expectations and supports a consistent approach to identifying, reporting and addressing discrimination affecting both staff and patients.

Adoption of the definition will be embedded through policy, training and reporting frameworks, strengthening the Trust's ability to address inequalities, support staff wellbeing, and ensure equitable access to care. This forms part of the Trust's wider response to the Mann Review and commitment to fostering an inclusive, safe and respectful organisational culture

4.3.10 Sexual Violence and Misconduct Regular reporting Requirement

The Trust has implemented the new NHS England requirements for monthly sexual safety reporting, with clear governance, executive oversight and robust review processes now in place. For June 2026, a nil return was submitted, confirming no cases of staff-on-staff sexual misconduct meeting the threshold for escalation. This provides assurance of effective organisational grip and controls, while ongoing focus remains on strengthening a culture of speaking up, maintaining compliance with national standards, and mitigating risks of under-reporting to ensure a safe environment for staff and patients.

4.4 Executive Medical Director Updates

4.4.1 Leadership Viability

The Executive Medical Director continues to prioritise regular visits across the Trust to engage directly with frontline teams, gaining valuable insight into effective practice, operational challenges, and service transformation, and ensuring that staff voices inform leadership decisions.

During an unannounced visit to the Humber Centre on Wednesday 29 April 2026, accompanied by Non-Executive Director Caroline Wollerton, the team was observed to be highly motivated, experienced, and proud of the service they provide. Staff spoke confidently about their processes, achievements, and challenges, demonstrating a strong sense of commitment, and feeling well supported in their roles. We also received positive feedback from patients on the units visited, highlighting the quality of care and staff engagement.

4.4.2 Research

The National Institute for Health and Care Research (NIHR) have invested £157 million over 5 years in 10 NIHR Applied Research Collaborations (ARCs) starting April 2026. Bradford Teaching Hospitals NHS Foundation Trust is hosting the Yorkshire & Humber ARC (Y&H ARC). These new ARCs support the transformation set out in the NHS 10 Year Plan by tackling some of the UK's most pressing health and social care challenges through high-quality applied research and driving effective interventions and models of care into practice. We're delighted to announce

that our Trust is a funded partner in the new Y&H ARC and that Dr Hannah Armitt, Senior Clinical Research Psychologist in our Research Team, is a key researcher for the 'Prevention and early intervention for children and families' theme.

4.4.3 Patient and Carer Experience (PACE)

- The first Forum meetings of 2026 for Hull and East Riding, Whitby and District, and Scarborough and Ryedale were replaced with a series of "Your Voice Matters: Patient and Carer Experience Forum Marketplace and Events". The events were well attended by members of our local communities. The sessions generated some excellent discussions about the future of our forums, and we received valuable feedback that will help shape how patients and carers are involved at Humber Teaching NHS Foundation Trust going forward.

- The Trust's Panel Volunteer Framework has recently been revised to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. The review of the Framework has been fully coproduced with current Panel Volunteers and staff who have utilised the initiative. The Panel Volunteer Framework was approved at QPaS, in March 2026 and launched through Global Communications in April 2026. Alongside the review of the Panel Volunteer Framework, as of 1 April 2026 the management of the Panel Volunteer initiative has transferred to the Voluntary Services Team. To further promote the launch of the new Framework and the transition of the initiative to the Voluntary Services Team, some lunch and learn sessions are being developed to take place during National Volunteer Week (1 – 5 June 2026).

- The Recovery & Wellbeing College has recorded a new Podcast to add to the multiple podcasts available. The new Podcast was recorded with the Cyber Prevent & Protect Officer from Humberside Police regarding 'How to be more cyber secure', it covers all things cyber-crime, including how to spot potential scams and how to safeguard yourself against them. More podcasts are in the planning in collaboration with other local organisations.

- Over the past year (April 2025 to March 2026), more than 5,600 volunteer hours were recorded, demonstrating a significant contribution from volunteers across our services. A Volunteer Awards Afternoon is being planned for the first week of June to coincide with Volunteers' Week, providing an opportunity to recognise and celebrate the contribution of our Volunteers. In addition, the new Volunteer to Career project has commenced, with the first five recruits starting in Volunteer Healthcare Assistant roles at Maister Lodge and Maister Court, where they will begin learning the HCA role and progressing towards their Care Certificate.

4.4.4 Psychological Professions

Anne, Clinical Psychologist in the Humber Traumatic Stress Service has delivered some **Trauma Informed Care training for GPs in the Modality Partnership**, and we have subsequently had a request for further support for their non-clinical but patient-facing staff, to support them with becoming more trauma aware: Sarah, AD of Psychological Professions will be delivering this session. Once again, this cements us as a regional centre of expertise in trauma-informed practice.

Clare Hilton, Lead Psychologist for Older People's Mental Health will be leaving the Trust after 23 years of service. The following excerpts from her resignation letter outline her positive experiences as a member of our Trust:

> *'I would like to take this opportunity to sincerely thank you and the wider Trust for the support, encouragement and professional development I have received during my 23 years with Humber. It has been a privilege to work in OPMHS. And I do truly mean that.*
>
> *This has been a very difficult decision for me to make, as I have genuinely loved working in my various roles in the Trust. I have greatly valued my current position and hold the colleagues I work with in the highest regard. The people I have worked alongside have made my time here feel both rewarding and meaningful – and the majority of them are also absolutely hilarious – so it's also been a lot of fun – even when the work has been hard.'*

Virtual Bouquets: a number of great pieces of work by our psychological professionals have been recognised in recent weeks:
Higher Assistant Psychologists Lydia and Leona, and Principal Clinical and Forensic Psychologist Kay received bouquets for their "effort, perseverance and hard work in getting a trauma psychoeducation group up and running within a prison environment."

Tracy, Principal Forensic Psychologist, was sent a bouquet by her colleagues in the community forensic team, who said: "Thank you Tracy for consistently looking out for your colleagues, the team really value your thoughtful contributions, both clinically and from a well-being perspective!"

In **Adult Mental Health**, we continue to see various brilliant examples of different professions coming together to deliver innovative care:

- Clinical Psychologist Lolly, Clinical Associate Psychologist (CAP) Caz and Occupational Therapist Pat have delivered another round of training for the Coping with Emotions/SCMi workbook to 11 members of staff from community and inpatient services. Caz continues to offer the monthly drop-in session to support staff with embedding the workbook into their practice and Lolly runs a supervision group for staff facilitating the groups for clients in Hull and Goole.
- Caz (CAP) and Kate Reynolds (Mental Health and Well-Being Practitioner) have been working hard to continue to deliver the Coping with Emotions group for clients in Hull CMHT and PCMHN- they've done amazing to keep the group going during times of stretched staffing, providing high quality care.
- Pat (OT), Kelly and Rachel (Specialist Mental Health Nurses) have been running the Coping with Emotions group for clients in Goole CMHT and PCMHN following training and support from the psychologists that were previously in post - they have done really well with this, as their service has not had a Psychologist in post for a long time now but they've kept this going.

4.5 Executive Director of Finance Updates

4.5.1 Leadership Visibility

A series of site visit continue to be arranged with the senior Finance Directorate team to learn more about the work of the directorate and for any questions on our portfolio to be raised.

4.5.2 Cyber Security Updates

NHS Cyber Security Operations Centre (CSOC) release several alerts each month, these were referred to as CareCERT advisories but are now known as Cyber Alerts, the Trust must ensure that action is taken to deploy the remediation for each.

Alerts fall into two types of notification:

Cyber Alerts - The trust must ensure that action is taken to deploy the remediation for each Cyber Alert as soon as possible but within 10 working days.

High priority Cyber Alerts - any remediation patches must be deployed as soon as possible, and we must provide a response to CSOC within 48 hours to confirm that any remediation has been deployed.

The Trust are using software to track that status of its digital estate which provides the data included in this section of the report.

Activity updated since the last board report:

- Cyber Alerts issued during 2026: 69 (Including 14 in June)
- High Priority Cyber Alerts Issued during 2026: 15 (Including 2 in June)
- June Cyber Alerts with patch(s) NOT approved for deployment: 0
- June Cyber Alerts with patch(s) fully deployed to all devices (or not applicable): 2
- June Cyber Alerts not 100% deployed (due to devices still to check in): 0

There were no Distributed Denial of Service (DDoS) attacks against the Trusts internet connections during September or October 2025.

Servers:
There are 53 servers, 45 on-premise and 8 in Azure cloud running Windows Server 2022 (the latest version). All servers are fully patched to June 2026.

4.5.3 Digital updates

Requesting and Results (R&) now in Early Life Support. The **requesting and results workflow** supporting pathology integration into SystmOne is live and in ELS, reducing reliance on Lorenzo and GP workarounds while improving access to results. This provides faster availability of diagnostic results, improved clinical decision-making, and reduced administrative burden for staff.

Do IT Profiler now in Early Life Support - The **Do IT Profiler** solution is live and progressing through ELS, supporting structured clinical profiling and improved data capture. Do It Profiler will provider improved patient stratification and insight, enabling more personalised care planning and stronger population-level analytics.

Planned bed closure functionality (SystmOne) - New capability enables services to record and manage bed availability accurately in real time, improving operational visibility and strengthening dataset integrity for BI reporting. This aims to improve bed utilisation and capacity management, with more reliable data underpinning operational decisions.

Standardised activity recording and data capture enhancements – The Introduction of consistent SystmOne templates and coding standards is delivering improved data completeness and consistency across services. This provides higher quality data enabling more accurate reporting, benchmarking, and performance management.

Enhanced clinical data capture (presenting complaints) - Improved data capture processes are now supporting compliance monitoring and richer BI dashboards providing stronger clinical insight and improved service planning through more granular and reliable data.

Trust-wide data quality improvement showing measurable impact with continued progress in the data quality programme is delivering improvements in priority datasets and enabling stronger assurance for operational and regulatory reporting.

Enhanced cost and productivity reporting (Power BI) - Updated Power BI reporting provides improved visibility of cost, activity, and productivity, supporting more informed financial and operational decision-making. This is strongly linked to the Trust's productivity work

Increasing maturity of digital and BI capability – the continued improvement in data governance, reporting standardisation, and dashboard utilisation is enabling more consistent, data-driven decision-making across clinical and operational teams.

4.5.4 Facilities Management Updates

- The National Healthcare Estates and Facilities Day took place on 17 June 2026

Hard FM - Operational Estates

- Matrons walk rounds recommenced with engagement form site, Infection Planning and Control, hard and soft Facilities Management.
- Asbestos awareness training has been arranged this year face to face to allow individuals to ask questions and interact with their learning.

Hard FM - Development and Sustainability

- Works have commenced at Townend Court (Phase 1 - Beech Ward Refurb) as part of the scheme to provide a female HDU.
- Procurement exercise has commenced for PSCP with site visits undertaken from P23 contractors. PCBC presented to the ICB, setting out the programme for the consultation process.
- Supporting Comms Team on Social Values Report by linking in with design partners to provide interviews.
- Task Force on Climate-related Financial Disclosure (TCFD) update provided to Comms for inclusion in annual report, along with a information and highlights from estates projects (Maples and Sustainability and Infrastructure Updates).
- Support bids / business cases for Neighbourhood Mental Health Centres (Hull & ER) and Mental Health ED Front Door schemes.

Safety

- New risk assessment pro formas have been developed in line with new fire related guidance (HTM 05-01). As a result, the pro formas for H&S and Security have also been revised.
- H&S report for June 2026 has a section describing the Responsible Person concept for Fire, H&S and the new Martyn's Law (Terrorism Act).

Soft FM - Hotel Services

- Environmental Health Food Safety Inspections are underway, and we anticipate a number of visits across the Estate.
- External audit of compliance against national cleaning standards requirements completed in Q1, positive outcome, considering introduction of a policy as opposed to the SOP that we currently have.

4.5.5 PARTNERSHIPS AND STRATEGY

Capital

The Trust will receive over £1.2 million additional capital investment in Mental Health, Community and Addiction Services over the next three years (with over £780K of that in 26/27). The funding has been earmarked for additional equipment and software to improve the services that we deliver to our patients. Included within the funding is £590K for a software platform and digital Mental Health crisis care pathway that supports the secure completion and communication of Mental Health Act statutory forms as well as £230K for two FibroScan Transient Elastography Scanners.

The Trust has also submitted bids for a capital estates money to deliver two Mental Health Neighbourhood Centres and a Mental health ED. The current position is:

- Neighbourhood Mental Health Centre ER - £1.4m to be delivered 28/29
- Neighbourhood Mental Health Centre Hull - £1.35m to be delivered 26/27
- Mental Health ED - £5m – funding over 5 years

The capital estates money has been approved in principle pending some further information for the Hull Neighbourhood Mental Health Centre and the Mental Health ED. All schemes will require a full business case before funding is released.

0-19s

Papers have now been submitted to both Hull and East Riding Local Authorities outlining the Trust's health response to the SEND White Paper through the Experts at Hand model. Hull has formally approved the proposal, and East Riding has indicated agreement in principle.

This will position the Trust as a key delivery partner within the local SEND transformation, embedding a preventative, multidisciplinary expert health offer within mainstream education.

The Trust proposals set out a phased investment, delivering system-wide impact through earlier intervention, reduced reliance on EHCP pathways, and strengthened inclusion for children and young people with SEND.

The Trust's offer incorporates Speech and Language Therapy, Occupational Therapy, Sensory, Neurodiversity and School Nursing Services.

Primary Care
The King Street Medical Centre in Cottingham successfully transferred to the Greengates Medical Group on 31st March. The project has been formally closed.

The Humber Primary Care Practice in Bridlington transferred to Drs Reddy & Nunn on 22nd April. The legal documentation to underpin the transfer is yet to be formally signed, as such the project remains open. Hill Dickinson, providing legal representation for the Trust, are working with their counterparts from Drs Reddy & Nunn to bring this to a conclusion.

The Trust is working with a partner organisation on the safe transfer of the Market Weighton Practice. Heads of Terms (including an exclusivity clause) and a Confidentiality Agreement to underpin the partnership have been signed, due diligence information has been shared, and the Trust is continuing to make good progress.

Health Inequalities

Citizens Advice Hull and East Riding have agreed to pilot supporting the MADE group for one year using their Health Inequalities funding, to help reduce delayed discharges.

The QI pilot on Avondale with Citizens Advice Hull and East Riding to improve patient access to finance and debt advice is progressing well, with steady referrals and work underway to develop a data-sharing agreement.

5. Communications Update

See Appendix 1 & 2

6. Health Stars Update

See Appendix 3.

Media & Communications Dashboard – Q4

NHS Humber Teaching NHS Foundation Trust

Media Coverage – YTD

142 positive stories published in local/national media

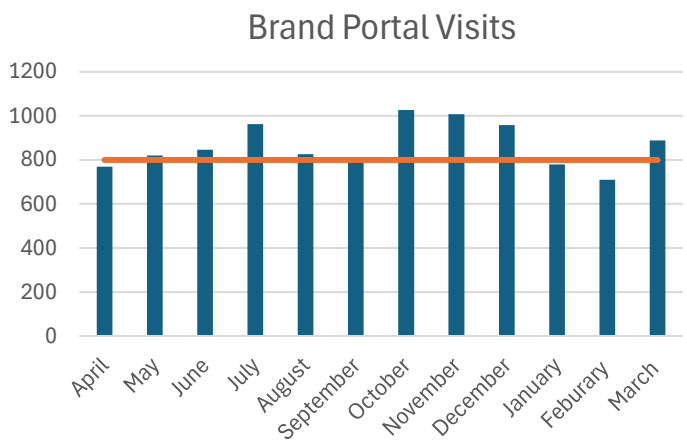
5 Negative stories published

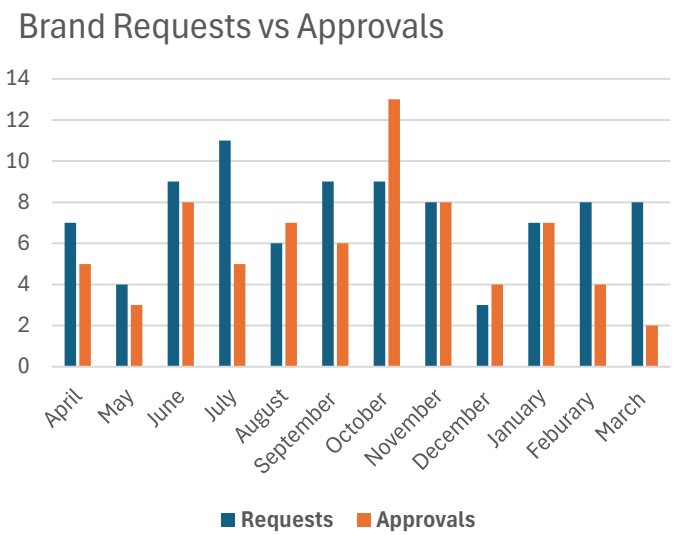
Monthly target of 5 positive stories:
1 negative story

Q4

Funnel Stages	Number of Items
Published with key messages	19
Published with high reach	12
Published	39
Picked up by journalists	19
Press releases issued	12

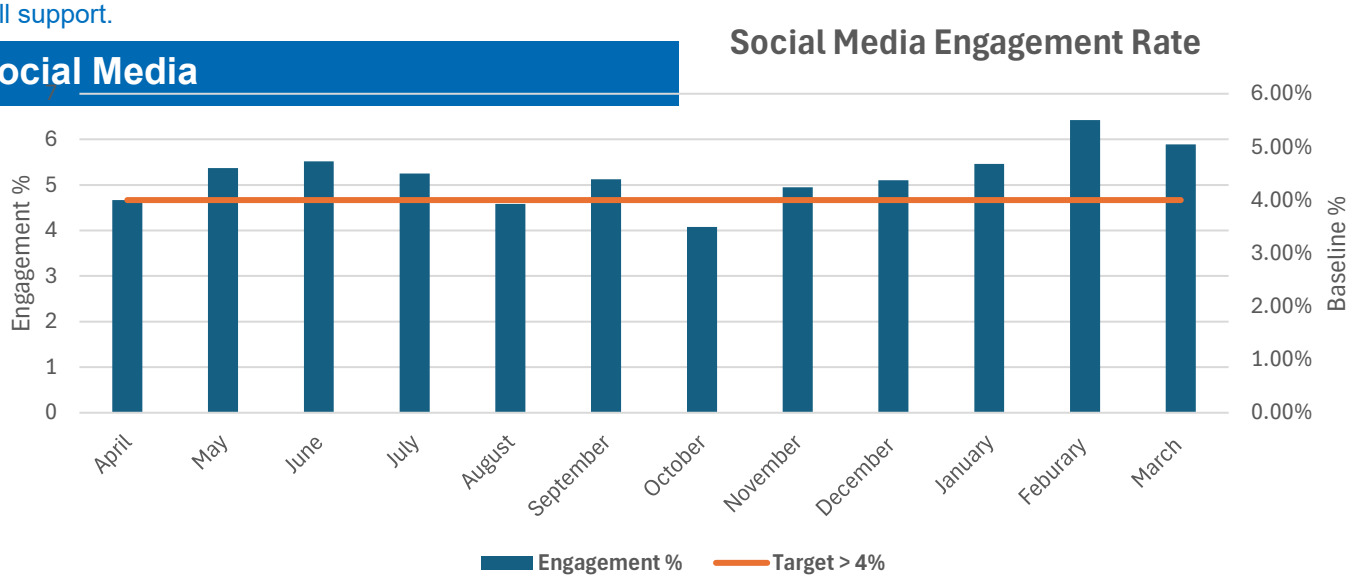
Brand Management





The requests v approvals graph shows steady demand for brand support across the year, with predictable seasonal dips and a clear peak in July. Approvals generally keep pace with requests, indicating the process is working well. The pattern suggests teams are engaging with brand governance, but there is further opportunity for them to use the self-serve tools and templates available, coming to the Communications Team primarily for final approvals rather than full support.

Social Media



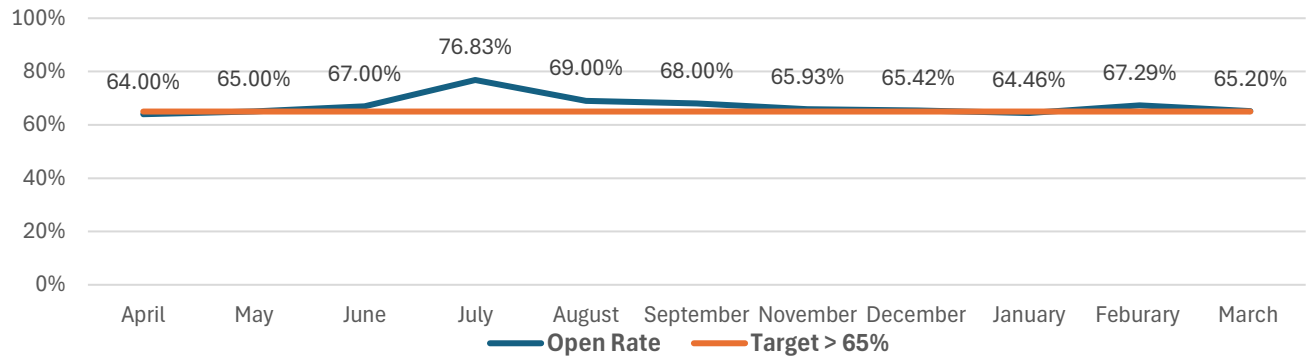
Social media engagement rate shows how actively people are interacting with our posts. It helps us understand whether our content is connecting with our audience.

Media & Communications Dashboard

NHS Humber Teaching NHS Foundation Trust

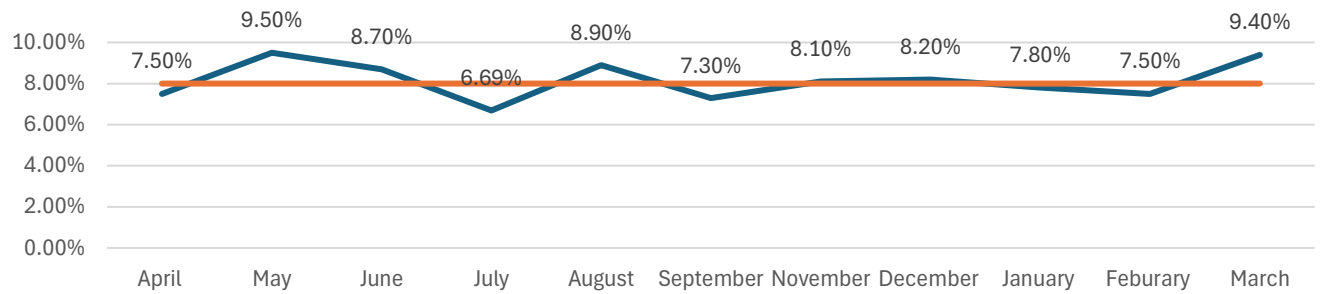
Internal Communications

Global Open Rate

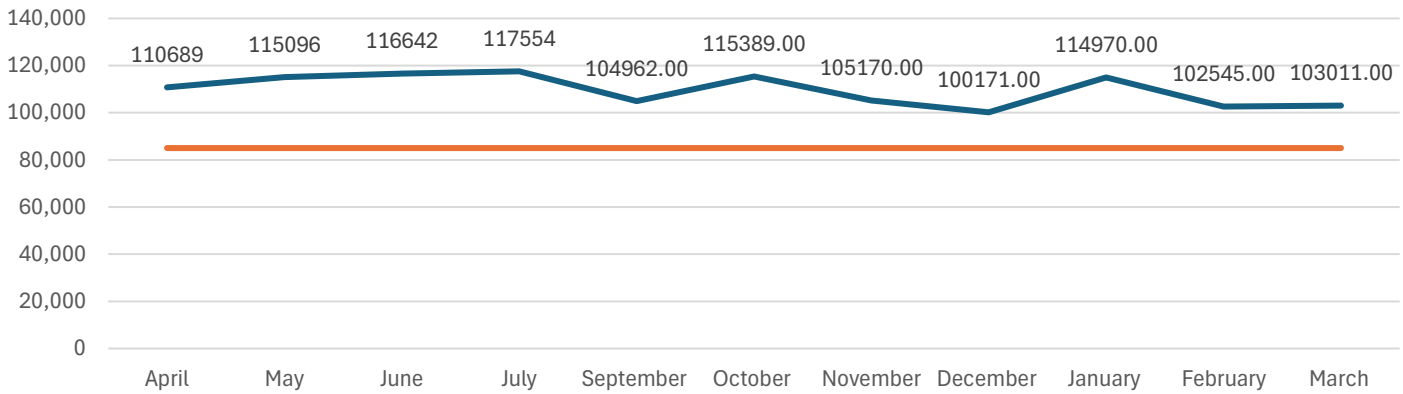


Global staff newsletter performance shows how many colleagues are opening and engaging with our regular updates. The click-through rate (CTR) shows how many go on to interact further by clicking on links, stories, or calls to action. Slight drop expected in February due to half term.

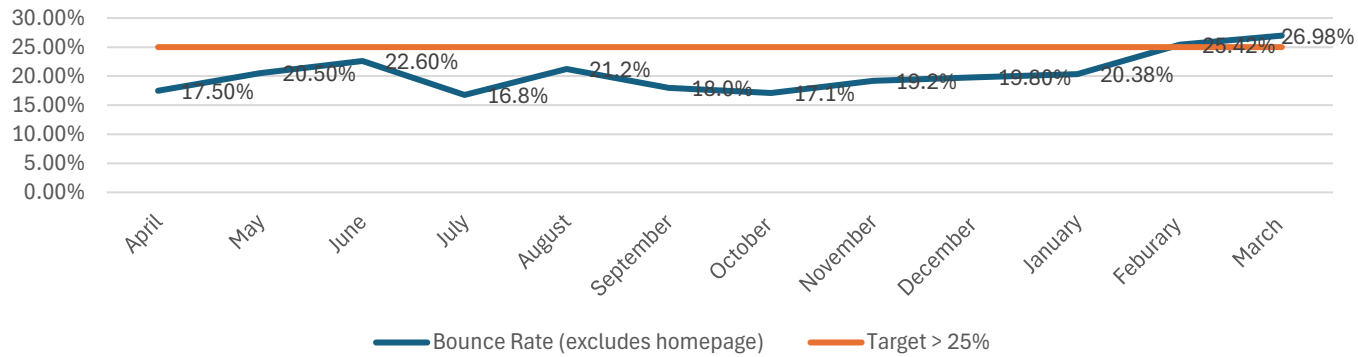
Global Click Through



Intranet Sessions



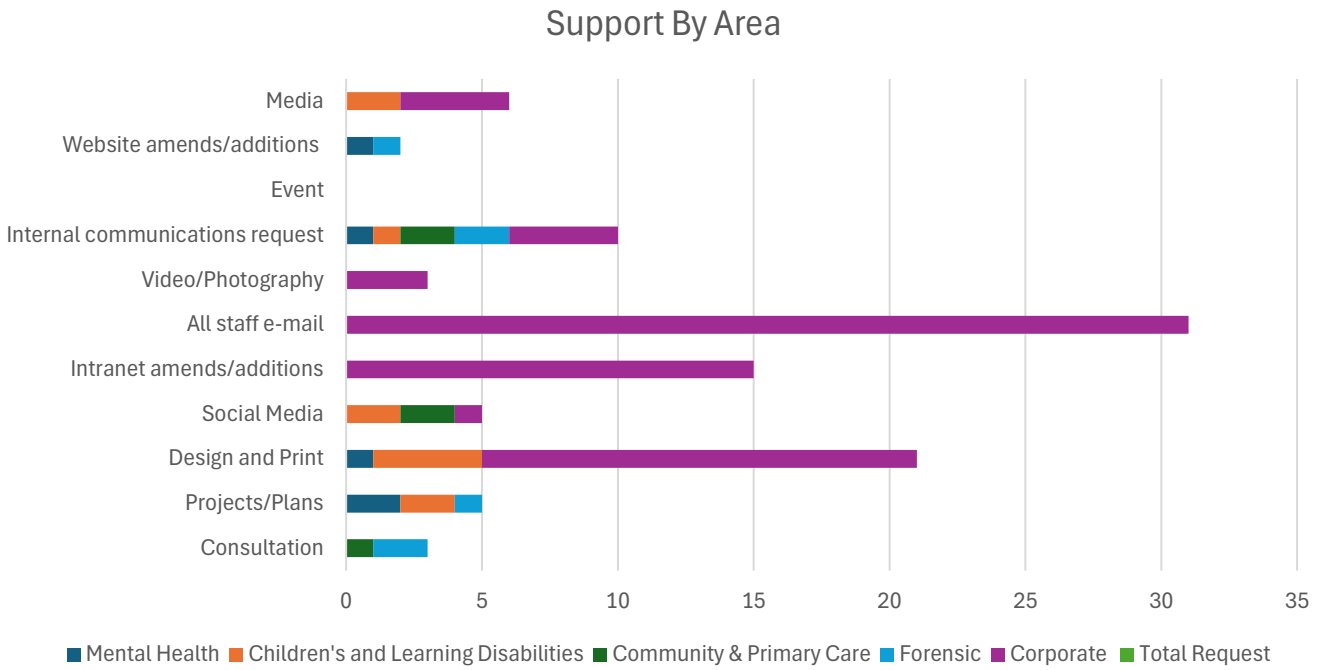
Intranet Bounce Rate (Excluding homepage)



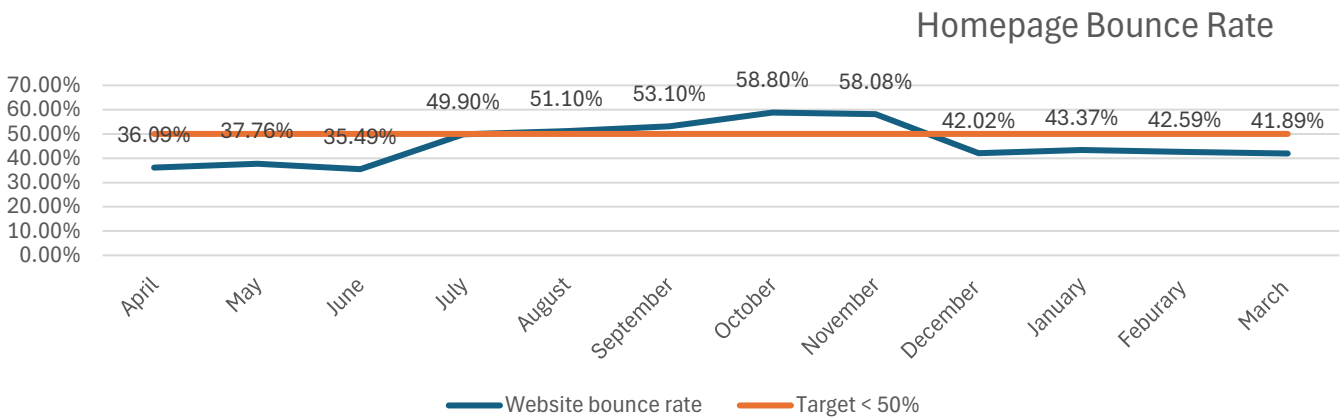
Media & Communications Dashboard

NHS Humber Teaching NHS Foundation Trust

Communications Service



Website

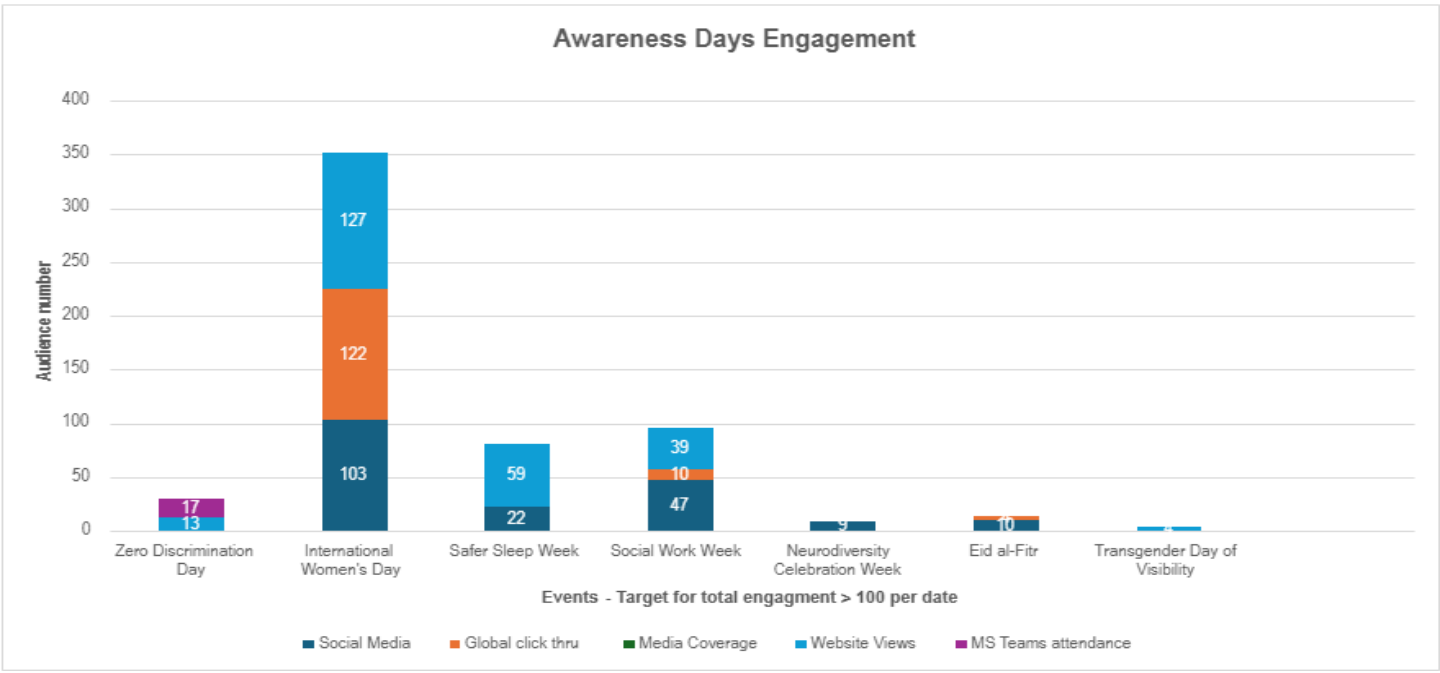


Bounce rate has reduced following the introduction of the new search function, enabling users to find precise information more quickly. As users increasingly reach the content they need via the shortest possible route, some fluctuation in overall page views is expected.

Media & Communications Dashboard

NHS Humber Teaching NHS Foundation Trust

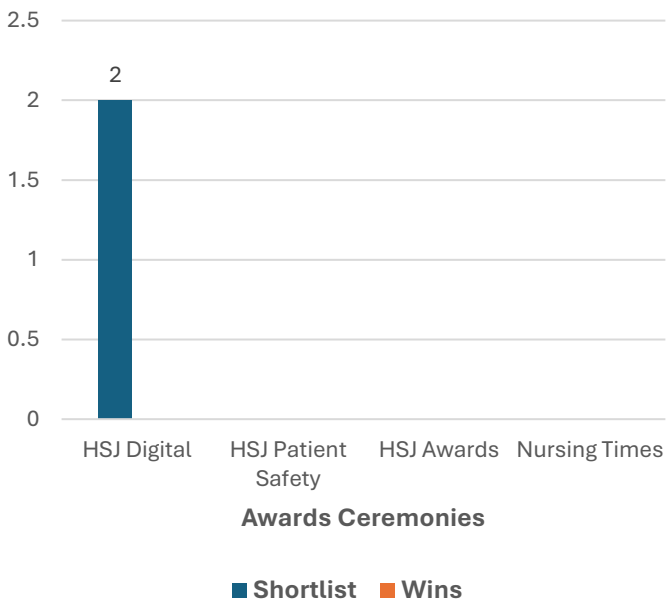
Events



February and March saw a marked uplift in awareness-day performance, with multiple red-rated dates significantly exceeding engagement targets — including 689 engagements for Mental Health Nurses Day, 233 for Time to Talk Day, 206 for Children's Mental Health Week, and 352 for International Women's Day in March. Non-red dates also performed strongly, with Social Work Week and Safer Sleep Week both surpassing their 50-engagement target. This sustained improvement reflects the impact of weekly content-planning meetings and the refreshed, proactive approach to contacting awareness-day leads, resulting in better-planned, multi-channel content that aligns with staff interests and Trust priorities.

Awards nominations and wins

The awards season has now begun. The new NHS Excellence Awards closed for nominations in March – we supported 19 nominations. We are supporting teams who are entering the HSJ Patient Safety Awards, HSJ Awards and The Nursing Times Awards.



Communications Board Report – January – March 2026

This is the final report to the Board on the delivery of the first year of the 2025–2027 Communications Plan.

Progress against the strategy is reported in two ways. Operational performance of core communications channels is monitored quarterly and shared with the Executive Management Team through a dashboard (appendix 1). This report will come to the board quarterly and focuses on the second strand: progress made against the strategic priorities identified to support delivery of the seven objectives.

Strategy theme: Promoting people, communities, and social values

Project title	**Strategic intent**	**Key activity during the reporting period**	**Progress and impact**	**Target outcomes by 2027**
Shared Content Strategy	To improve the consistency, accessibility, and impact of content by coordinating how stories and messages are planned, created, and shared across channels.	Content planning meetings embedded as standard practice. Yearly review has taken place with a focus on content that is best engaged with, strategy to adapt accordingly.	Average social media engagement rate of 5.18% percent, with a peak of 30 percent. Reduction in single use content, limited to one off announcements. 20 people focused stories suitable for press or social media published since April 2025. 222 social media posts published across the period, averaging three posts per day. This brings the yearly total to 1,122.	Sustained average social media engagement rate of 8%. No single use content outside exceptional announcements. Fully embedded content planning and logging process. A minimum of ten people focused press or social media stories published each year. Consistent weekday posting of three to twelve posts, excluding event days.
Health Inequalities	To reduce barriers to accessing information by improving the availability,	Patient information library initial build is complete.	Patient information library is currently being tested ahead of launch. This will provide a single source of accessible information to patients.	Measurable increase in access to patient information, with usage KPIs set six months after launch.

Project title	Strategic intent	Key activity during the reporting period	Progress and impact	Target outcomes by 2027
	accessibility, and inclusivity of patient communications.	The Trust website is ready for re-auditing to achieve WCAG 2.2 rating New guidance on online documents has been produced and new templates added to the brand centre.	All accessibility issues within the Humber website that would be unseen to those who do not use screen readers have now been fixed. This will ensure that we are compliant with WCAG 2.2, which is the 'gold standard' for website accessibility. Accessibility checklist is continuing to be well used by members of staff, the number of documents that need multiple amends has decreased significantly. All documents on Trust external-facing websites are now in formats that can are accessible.	Accessibility checklist applied to all documents submitted through the Brand inbox. Month on month increase in the number of documents available in multiple accessible formats.

Strategy Theme: Developing and Effective and Empowered Workforce

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultural communications	To support a positive and inclusive culture through clear, compassionate internal communication, strengthen leadership visibility, improve message cascades, and increase two way communication.	Updated intranet AI search function being well used, with further improvements currently being carried out to further enhance the functionality so that the search looks for words within policy documents, instead of just the title of the document.	Improved access to information through a more usable intranet. There has been an increase in visits to the news section of the intranet which has	New staff newsletter design, name, and editorial focus agreed by Executive Management Team. Sustained improvement in staff engagement with internal communications.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		This will be completed by end May. The new Weekly Global has been running for two months. With a cleaner, design it is easier to navigate. The open rate remains consistent whilst engagement has increased meaning more staff clicking links and for information within the articles. New fortnightly managers operational update developed to be sent from Deputy COO has received positive feedback. Support given to our IT team set up a new M365 network. Encouraging communication between staff, who will share tips and advice on how to perform tasks within Microsoft 365 tools. 44 staff members have signed up, with continued efforts to	been visited by 1,376 different users, making it an increasingly important news channel. More direct and timely operational direction for managers, supporting improved cascade of actions alongside existing staff and executive communications. The M365 network will support collaborative working to find solutions to everyday Microsoft issues, leading to a more digitally confident workforce.	Continued year on year improvement in Staff Survey participation and feedback on communication and leadership visibility.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		further increase this number being made.		
Communications training hub	To build confidence and capability across the organisation by sharing communications skills and expertise through accessible online and in person training.	Communications training booklet created and designed for online use. Media training has now been accessed by 73 staff across the Trust Working with EPRR Team to create bespoke Director on Call media training Media Training is now accessible on ESR and shows against staff's training records, legitimising the sessions and adding greater impact.	Increased access to consistent communications and media training materials. Improved visibility and sustainability of training through ESR, reducing reliance on ad hoc sessions. Strengthened protection for potential times of crisis.	Fully launched communications training hub combining digital and in person offer. Measurable increase in uptake of communications and media training. Improved staff confidence in local communication activity, reflected in feedback and reduced reactive demand on the communications team.
Humbelievable recruitment campaign	To support recruitment and retention through a strong, consistent employer brand and an award winning, data led recruitment marketing campaign.	New Year, New Job and Spring recruitment campaigns are now complete.	Recruitment campaign performance maintained in line with previous year with 150,000 visits to the Join Humber website. Engagement rate on website has grown to 50% from 30%.	Sustained or improved recruitment campaign performance year on year. Nursing vacancy rate reduced to around 6% or below. Continued growth in jobs bulletin subscribers and engagement,

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
			Join Humber jobs bulletin subscriber base consistently sits at 2700, with an open rate consistently above 40%	supporting a strong recruitment pipeline.

Strategy Theme: Enhancing prevention, wellbeing and recovery.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Trauma-informed communications	To support the Trust's aspiration to embed a trauma-informed culture by recognising the impact of trauma, fostering safe and trusting communication, and adapting practices to support recovery and prevent re-traumatisation.	Two podcasts recorded sharing the work of the Care Culture and equity group under the 'See the Story' campaign umbrella. Intranet hub and podcast to launch in May during Mental Health Awareness Month. Co-produced Trauma Informed Language Guide complete - to be launched following Care Culture and Equity Group approval in June.	KPI of 'See the Story' campaign is the increase in Trauma Informed self-assessments and the number of Trauma informed training sessions booked via ESR. Early foundations in place to support consistent application of trauma-informed standards across services.	80% of materials submitted to the Brand inbox meet agreed trauma-informed communication standards by Q3 2027. Improved staff self-assessment of trauma-informed practice and community awareness by Q3 2027. Increased use of accessibility tools including ReachDeck and AccessAble to more than 60% by 2027.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Digital accessibility	To maintain a fully inclusive and accessible digital environment by implementing website accessibility audits and acting on recommendations, removing barriers to accessing digital communications.	Audit actions that required web development approved by Digital Delivery group. This will be completed by the end of March 2026. Internal audit actions complete. Accreditation process to begin in Mary 2026. Microsoft Sway newsletter templates rolled out on Brand Centre. Plain text templates and accessibility guidance added to Brand Centre.	Improved consistency and quality of accessible digital content. Clear delivery plan in place to address audit findings and reduce non-compliance risk. Increased staff awareness of digital accessibility standards and responsibilities.	AbilityNet accreditation achieved and maintained. Trust website named in the Top 30 NHS websites for accessibility. All Recommendations from accessibility audits implemented to meet web accessibility standards. Measurable increase in the percentage of digital content and platforms meeting accessibility requirements. Expanded accessibility resources available through the Brand Centre.

Communications Partner Projects

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Community and primary care	To support integrated community and primary care pathways by providing clear, targeted communications that improve understanding, referral quality, and partnership working.	Completed – member of staff on maternity leave.	Positive feedback from the Virtual Wards Service Manager and Matron on support to communicate service priorities.	Sustained improvement in referral quality and bed occupancy for virtual ward services. Positive partner feedback on the effectiveness of

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
			Improved shared understanding of pathway focus areas across partner organisations. Early indications of improved appropriateness of referrals and sustained bed occupancy.	communication across integrated pathways. Consistent access to communications support for community services during periods of staff absence.
Mental health, Recovery and Wellbeing College	To increase awareness and engagement with the Humber Recovery and Wellbeing College by reaching wider audiences through targeted, interest-based communications.	Ongoing promotional activity focused primarily on staff audiences, with secondary emphasis on social media has continued beyond initial campaign period. Minimum of two social media posts per week. Recovery-focused content published weekly on Trust social media channels.	30% increase in social media followers since the campaign began. Sustained session attendance growth of 25% supported by positive feedback from new attendees.	Doubling of social media following for the Recovery and Wellbeing College. Sustained increase in session attendance of at least twenty five percent. Clear evidence of improved reach and engagement following analysis after the winter campaigning period.
Forensic	Raising the profile of the Forensic Division by sharing its news, achievements, and stories more widely across both internal Trust channels and external platforms.	South West Lodge video was produced for use at stakeholder event Forensic stories are now shared regularly in the Global for increased awareness Trust-wide	Forensic division now has the lowest vacancy rate across the Trust.	Increase in stories shared in both Global and Trust website news, raising the profile of the division.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		External stories have been shared on Trust channels – EDI award, Conference presentation		
Children's and learning disabilities	To strengthen communications across children's and learning disabilities services through a Communications Champions Forum, supporting consistent messaging and shared responses to local health priorities.	Campaigns around potty training and immunisations have been developed ready for launch.	4 external facing stories have been produced and growing reactive and proactive communications channels continue.	Identify external facing stories and share through channels – aim for 3 external facing per year

Strategy Theme: Fostering Integration Partnerships and Alliances

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Cultivating collaboration and managing internal efficiencies	To strengthen collaboration, improve internal culture, and embed more sustainable ways of working within the communications function, supporting a resilient and future-ready service aligned to organisational priorities.	Actions taken to address internal culture themes identified through staff survey feedback – focus on education and knowledge sharing in Q4. Q4 surveys shared – results being analysed this month to set benchmark for this time next year. Including feedback on Communications Partner role.	Increased focus on priority areas through clearer planning. Strategic approach to service-level communications and relation building. Positive feedback on communications involvement in Trust-wide projects.	At least 80% overall team satisfaction. More than seventy percent of team members report satisfaction working in the communications team. More than 60% of senior managers report feeling

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		Key priority areas for 2026-27 selected in Q1.	Higher levels of efficiency and collaboration due to introduction of shared digital tools across the team.	well supported by the communications team. 80% or more of team members report confidence in new processes and tools by year end.

Strategy theme: Optimising an efficient and sustainable organisation

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
Digital empowerment, innovation and quality	To empower staff and communities to understand and confidently use digital tools, promote innovation and quality, and support the shift from analogue to digital in line with the national 10 Year Plan.	Interweave communications support ongoing, including for the Summit 3.5 event in Birmingham in March. Communications support provided to Trust-wide BeDigital programmes, including the new BeDigital Glossary and Resulting Go Live. BeDigital Week 2026 complete.	Improved visibility and understanding of Trust-wide digital programmes and their benefits. Stronger narrative around the value of digital investment and innovation. Increased confidence among senior leaders through clearer reporting of digital communications impact	See BeDigital Strategic Communications Plan 2026-28, which is in line with the Trust's Enabling Digital Strategy. See Interweave Communications Strategy 2025-27.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		Positive case studies from digital investment captured and shared. Digital Literacy Framework begins in Q1. Regular EMT and Board updates provided using meaningful digital communications data and outputs.	aligned to organisational goals and the 10 Year Plan. Early strengthening of media relationships to support future digital innovation coverage.	

Strategy Theme: innovating for Quality & Patient Safety

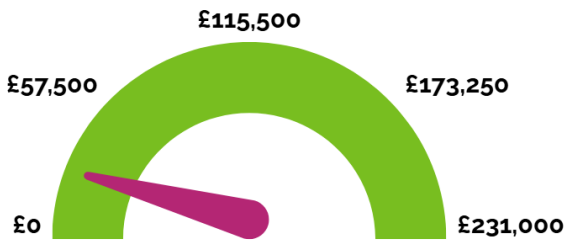
Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
CQC communications support	To support quality improvement and regulatory readiness by providing clear, timely communications aligned to CQC requirements and internal quality priorities.	Q4 self-assessments completed. Attendance at Quality Standards Group to report on progress and	Improved clarity and shared understanding of CQC position and progress. Stronger alignment between quality activity and communications support. Increased confidence in the Trust's approach to CQC	Sustained improvement across CQC self-assessment domains. Clear and consistent communications support embedded within quality governance structures. Improved organisational readiness and assurance ahead of inspection activity.

Project title	Strategic intent	Progress during the reporting period	Impact	Target outcomes by 2027
		support priority areas. Supported recent inspections and part of new inspection response plan.	readiness, reflected in positive senior feedback and improved self-assessment outcomes. Improved process to manage inspection outcomes	
Freedom to Speak Up	To increase awareness, confidence, and appropriate use of the Freedom to Speak Up process, supporting a culture of openness, learning, and patient safety.	Plan for 2026/2027 by using staff survey results to help with planning for the next year. Book in to attending 2026 FTSU Meetings New posters on staff sites	Data from the staff survey will help inform relevant plans and decisions. Ensure consistent support and relationship building with the communications team. More visibility of FTSU and reporting procedure in staff facing areas.	Increase in the percentage of staff who report awareness of Freedom to Speak Up and understanding of the process through Staff Survey results. Increase in low-level Freedom to Speak Up reporting, indicating greater confidence to raise concerns early.

Health Stars: Performance Dashboard

May 2026

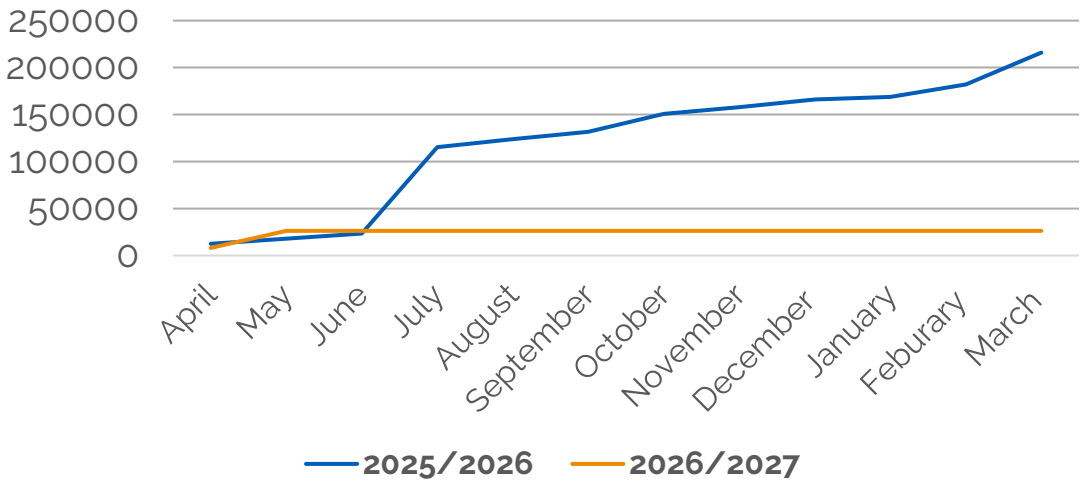
Funds raised to date



£26,243

Target: £231,000

Income by month



Fundraiser of the month

Golf Day raised £7700

Cost = £3600. Profit = £4100

HIGHLIGHTS

- ★ Golf Day took Better Days Appeal to over £36,000
- ★ Grant received for £11,742 for Omi Mobii projector as part of Better Days Appeal
- ★ Fantastic feedback from Pulmonary Rehab team re: wish process

CHALLENGES

- ★ Patient Activity Fund launched but so far only received 4 applications

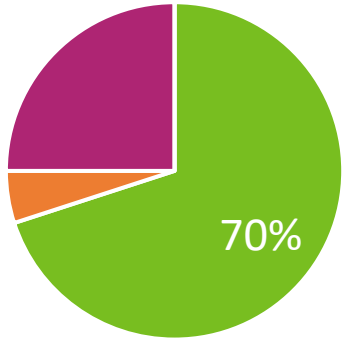
Wishes

Total wishes received to date:

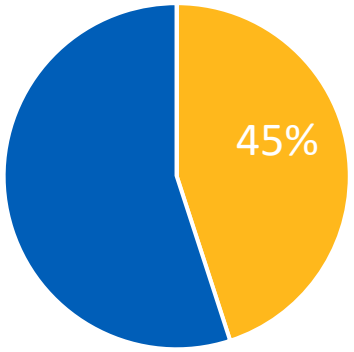
20

(2025/26 = 18)

Wishes approvals



Wish Benefit



Humber Teaching NHS Foundation Trust

Agenda Item 08

Title & Date of Meeting:	Council of Governors Meeting – 16 July 2026
Title of Report:	Compliance with the Provider License – Annual Review
Author/s:	Pete Beckwith, Director of Finance Stella Jackson, Head of Corporate Affairs
Recommendation:	To approve: ; To discuss: x To note: ; To ratify: For assurance:
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This report provides evidence of how the Trust continues to meet the terms of its Provider Licence, elements of the NHS Act and its Constitution. This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution. The Council of Governors is asked to: • Note the Council of Governors is required to have an understanding of the Provider Licence in order to assure itself that the Board acts so that the Trust does not breach the conditions of its licence. • Familiarise itself with the content of the Provider Licence by reviewing the information in Appendix A which provides evidence that the Trust is meeting its licence conditions (updates to the evidence since 2024/25 are highlighted in red or via strike through in appendices A and B). • Note the Trust Board undertook a review of the evidence at a meeting held on 27 May 2026.
Key Issues within the report: This report provides evidence of how the Trust continues to meet the terms of its Licence, elements of the NHS Act and its Constitution.	
Positive Assurances to Provide: • High level of assurance provided in June 2022 by Audit Yorkshire regarding the annual declarations process.	**Key Actions Commissioned/Work Underway:** • The evidence which outlines how the Trust continues to meet the terms of the Provider Licence is reviewed on an annual basis and was last approved by the Board in May 2025.

Matters of Concern or Key Risks:	**Decisions Made:**
• None	• N/A

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Trust Board	27.5.26	Other (please detail) Quarterly report to Council	EMT 28.4.26

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Compliance with the Provider Licence
Annual Review

1 Introduction

Up until the financial year 2023/24, NHS Providers were required to publish a declaration of compliance against the NHS provider licence. This requirement was removed from the Provider Licence which came into force on 1 April 2023.

The new licence does not require licence holders to publish a declaration of compliance but they are expected to self-assess their compliance against the conditions.

NHS England will not be monitoring compliance with the Licence and Integrated Care Boards will decide if and how they want to monitor compliance.

However, NHS England will use the licencing framework to take action against an NHS provider should a breach occur.

The Code of Governance for Provider Trusts provides that when holding to account, the governors should `ensure the board of directors acts so that the trust does not breach the conditions of its licence'. The report will be shared with governors at the July Council of Governors meeting in order to appraise them of how the Trust is meeting its licence conditions.

2 Declarations

In previous years the Trust has made the following declarations:

Declaration	Details
G6 (3)	Providers must certify that their Board has taken all necessary precautions to comply with the licence, NHS Act and NHS Constitution.
FT4 (8)	Providers must certify compliance with required governance standards and objectives
CoS7 (3)	Providers providing Commissioner Requested Services (CRS) have to certify that they have a reasonable expectation that required resources will be available to deliver designated services.

Evidence to support the above declarations is attached at Appendix A and B and updates to the evidence are highlighted in yellow for ease of reference.

Appendix A
Licence Conditions:

Condition	Explanation	Comments
Trust Working in Systems (WS)		
WS1. Cooperation	Requirement for NHS providers to carry out their legal duties to co-operate with NHS bodies and with local authorities, having regard to any guidance produced regarding cooperation.	The Trust CEO is a member of the ICB Board The Trust has active participation across the ICB in various groups The Trust is well represented on Health and Wellbeing Boards Good representation at local level across service areas National work
WS2. The Triple Aim	Obliged, when making decisions, to comply with the Triple Aim duty and any guidance published by NHS England regarding this.	• The Trust consider all aspects of the Triple aim when making decisions (Improving Patient Experience, Improving Value for Money, Improving Population Health). • The Trust will comply with any guidance issued by NHS England
WS3. Digital Transformation	Requirement to comply with required levels of digital maturity as set out in guidance published by NHS England	• The Trusts Data Quality Maturity Index (DQMI) score at 91% (Dec 2025) • The Trust digital governance has been updated to reflect what good looks like framework. • ~~The Trust are identified as having a level 2 Electronic Patient Record and have procured a second-generation Electronic Patient Record as part of the Front Line Digitisation Programme~~. The Trust achieved an overall digital maturity score of 3.03 out of 5 for 2025. The Trust has performed well, scoring the 3rd out 53 for Mental health and 10th out of 100 for Community services.
General licence conditions (G)		
G1. Provision of information	Obligation to provide NHS England with any information it requires for its licensing functions.	• The Trust complies with any NHS England requests for information. ~~and complies with the reporting requirements as set out in the Single Oversight Framework.~~ • The Trust has robust data collection and validation processes. • Accurate, complete and timely information is produced and submitted to third parties to meet specific requirements. • The Trust makes monthly submissions to NHS England

Condition	Explanation	Comments
G2. Publication of information	Obligation to publish such information as NHS England may require regarding the health care services it provides for the purposes of the NHS.	• The Trust Board of Directors continues to meet in public with digital access available to view meetings. • Agendas, minutes and papers are published on the Trust's website. • Public Board meetings include updates on operational performance, quality and finance. • The Trust's website contains a variety of information and referral point information should the public require further information. • The Trust Publishes Quality Accounts and an Annual Report. • The Trust responds to Freedom of Information requests • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly. • The Council of Governors receives regular communication about the work of the Trust. • The Trust complies with its obligations under Duty of Candour.
G3. Fit and proper persons as Governors and Directors	Prevents licensees from allowing unfit persons to become or continue as governors or directors.	• Governors and Members of the Board of Directors are required to make an annual declaration to ensure that they continue to meet the Fit and Proper Persons Test. • The Trust complies with NHS England Fit and Proper Person Test framework requirements.
G4. NHS England guidance	Requires licensees to have regard to NHS England guidance.	• The Trust responds to guidance issued by NHS England. • Submissions and information provided to NHS England are approved through relevant and appropriate authorisation processes. • The Trust has regard to NHS England guidance with reports to Board and Council of Governors providing assurance.
G5. Systems for compliance with licence conditions and related obligations	Requires providers to take reasonable precautions against risk of failure to comply with the licence.	• The Trust's Internal Auditors (Audit Yorkshire) considered the Board Assurance Framework and Risk Management as part of the 2025/26 audit work programme; the outcome provided 'Significant' assurance. • Previously governance arrangements (Board & Committee Effectiveness) were reviewed as part of the 2018/19 internal audit programme, providing 'good' assurance. Governance arrangements in relation to Board & Committee Effectiveness remain in place and follow the process which was audited in 2018/19. • The Board Assurance Framework and Trust Wide Risk Register are reported to the Board quarterly as well as relevant parts to the sub-committees of the Board and Executive Management Team. • Annual Governance Statement • The 2024/25 Annual Head of Internal Audit Opinion is expected to provide 'Significant' Assurance

Condition	Explanation	Comments
G6. Registration with the Care Quality Commission (CQC)	Requires providers to be registered with the CQC and to notify NHS England if their registration is cancelled.	• The Trust is registered with the Care Quality Commission (CQC). • The Trust's last full CQC inspection was in 2019 and assessed the Trust as 'Good'
G7. Patient eligibility and selection criteria	Requires licence holders to set transparent eligibility and selection criteria for patients and apply these in a transparent manner.	• Details of Services the Trust provides are published on the Trust's website • Patients referred to the Trust are not selected on any eligibility grounds. • Eligibility is defined through commissioner contracts and patient choice • Treatment decisions are made on clinical grounds and treatment options (risks and benefit) are discussed with the patient through the consent to treatment process.
G8. Application of section 6 (Continuity of Services)	Sets out the conditions under which a service will be designated as a CRS	• CRS are defined in the Trusts contracts with the Integrated Care Board
Costing conditions (P)		
C1. Obtaining, recording and maintaining sufficient information about expended costs	Obligation of licensees to record information, particularly about costs consistent with the guidance in NHS England's Approved Costing Guidance.	• The Trust has well established systems for coding, collection, retention and analysis of activity and cost information. • The 2024/25 Internal Audit Programme undertook an audit of the National Cost Collection which provided 'High' assurance
C2. Provision of information	Obligation to submit the above to NHS England.	• The Trust responds to guidance and requests from NHS England.
C3. Assurance regarding the accuracy of pricing and costing information.	Obliges Providers to have processes in place to ensure itself of the accuracy and completeness of costing and other relevant information collected and submitted to NHS England.	• The Trust Board has signed off the process in relation to National Cost Collection (September 2025).
Pricing Condition (P)		

Condition	Explanation	Comments
P1. Compliance with the NHS payment scheme	Obligation to comply with the rules, and apply the methods, concerning charging for the provision of health care services for the purposes of the NHS contained in the NHS Payment Scheme published by NHS England	• All Trust contracts are agreed annually and are in line with the NHS payment scheme where applicable.
Integrated care condition (IC)		
IC1. Provision of integrated care	Requires Licensee to act in the interests of people who use healthcare services by ensuring service provision is integrated with the provision of such services by others and enables co-operation with other providers.	• The Trust actively works with its partners, through formal and informal mechanisms to foster and enable integrated care, including lead provider arrangements where appropriate. • A number of services provided are done so through partnership working with other local stakeholders. • The Trust has become the lead provider in the Humber Coast and Vale Geography for the following specialised Mental Health Services o Adult Secure inpatient care (Low/Medium Secure) o Children's and Adolescent Mental Health Inpatient Services o Adult Eating Disorders Inpatient Services
IC2. Personalised Care and Patient Choice	Obligation to: Support the implementation and delivery of personalised care by complying with legislation and having due regard to guidance. Offer service users information, choice and control to manage their own health and wellbeing to meet their own needs, working in partnership with other services as required. Ensure service users are informed, as applicable, when they have a choice of provider and that the information assists them in making well informed choices. Not offering gifts, benefits or pecuniary or other advantages to clinicians, other health professionals, commissioners or their staff as inducements to refer patients or commission services.	• The Trust has in place a service directory setting out the services available. • Commissioners monitor the Trust's compliance with the legal right of choice as part of contract monitoring in line with NHS Standard Contract requirements.
Continuity of service (CoS)		

Condition	Explanation	Comments
CoS1. Continuing provision of Commissioner Requested Services (CRS)	Prevents licensees from ceasing to provide CRS or from changing the way in which they provide CRS without the agreement of relevant commissioners.	• The Current Contracts with commissioners require agreement with commissioners on the ways CRS services are provided.
CoS2. Restriction on the disposal of assets	Licensees must keep an up-to-date register of relevant assets used in commissioner requested services (CRS) and to seek NHS England's consent before disposing of these assets **if** NHS England has concerns about the licensee continuing as a going concern.	• The Trust maintains a full capital asset register. • Any disposals are reported to and approved by the Trust Board
CoS3. Standards of corporate governance, financial management and quality governance	Licensees are required to adopt and apply systems and standards of corporate governance, quality governance and financial management, which would be regarded as appropriate for a provider of NHS services, enable the Trust to continue as a going concern and provide reasonable safeguards against the licensee being unable to deliver services due to quality stress.	• The Trust has Standing Orders, Standing Financial Instructions and a Scheme of Delegation in place, and these are reviewed on an annual basis. • The Board of Directors/Executive Management Team receive regular performance reports aligned to the Trust Strategic Goals. • The Trust has a Board Assurance Framework and Risk Register which are reviewed at Board meetings and each Committee meeting • The Trust's Internal Auditors review risk management processes as part of the strategic audit plan. • The Trust has a current CQC rating of 'Good' for Well Led • The Trust received a green rating in relation to its provider capability rating • The Trust was placed in the Highest Segment (Segment 1) as part of the Q3 National Oversight Framework ratings.
CoS4. Undertaking from the ultimate controller	Requires licensees to put a legally enforceable agreement in place to stop the ultimate controller from taking action that would cause the licensee to breach its licensing conditions.	• The Trust does not operate and is not governed by an Ultimate Controller arrangement, so this Licence Condition does not apply.
CoS5. Risk pool levy	Obliges licensees to contribute to the funding of the 'risk pool' (insurance mechanism to pay for vital services if a provider fails).	• The Trust currently contributes to the NHS Litigation Authority (NHS Resolution) risk pool for clinical negligence and public liability schemes.
CoS6. Co-operation in the event of financial or quality stress	Applies when a licensee receives notice from NHS England regarding the ability of the licensee to continue to provide commissioner requested services due to a quality stress or carry on as a going concern.	• The Trust has not received any such notices from regulators • The Trust would full comply with this condition if required.

Condition	Explanation	Comments
CoS7. Availability of resources*	Requires licenses to act in a way that secures resources to operate commissioner requested services (CRS).	• The Trust has maintained a bank balance of circa £20m • The Trust has an approved budget. • The Trust continues to complete its accounts on a going concern basis and there are no indications this will change • The Trust has submitted a compliant (breakeven) financial plan for 2026/27
Foundation Trust conditions (FT)		
NHS1. Information to update the register of NHS foundation trusts	Obliges foundation trusts to provide information to NHS England.	• The Trust has provided NHS England with a copy of its NHS Foundation Trust Constitution • The Trust has provided NHS England with a copy of its Board approved Annual Report and Accounts.
NHS2.NHS Foundation Trust governance arrangements	Obliges the Licensee to apply principles, systems and standards of good corporate governance.	• The Trust reports, via its Annual Report, on its compliance against the NHS Foundation Trust Code of Governance. • Succession planning on the Board is considered on an annual basis. • The Board has an Annual workplan which ensures decisions are made in a timely way • Evidence regarding the Trust's compliance with its Licence conditions is considered on an annual basis. **** Evidence against this submission is detailed in* appendix B.**

Appendix B –
Condition FT4 (8): the provider has complied with required governance arrangements

	Statement	Sources of Evidence and Assurance
1	The Board is satisfied that the Licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS.	Scheme of Delegation, Reservation of Powers and Standing Financial Instructions are updated and refreshed as applicable on an annual basis. Constitution is reviewed and, if appropriate, updated on an annual basis
2	The Board has regard to such guidance on good corporate governance as may be issued by NHS Improvement from time to time	Trust Wide Risk Register Board Assurance Framework Board Performance Reports Finance Report
3	The Board is satisfied that the Licensee has established and implements: (a) Effective board and committee structures; (b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; and (c) Clear reporting lines and accountabilities throughout its organisation.	Committee Structures well established Committee Effectiveness reviews are reported to Trust Board Annually Clear Accountability through EMT and Executive Directors Portfolios. Level 3 performance reports and 'ward to board' reporting. Well Led Review has taken place and all recommendations have been implemented.
4	The Board is satisfied that the Licensee has established and effectively implements systems and/or processes: (a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; (b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; (c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the	*External Audit Opinion on VFM (ISA260)* *Going Concern review to Trust Board in May* *Annual Governance Statement* All Statutory requirements met The Trust exceeded its Financial Targets in 2025/26 Breakeven plan submitted for 2026/27 Regular Performance report to Trust Board and EMT Quality Reports to Quality Committee which meet the insightful board standards Monthly returns to NHS Improvement via ICB

	Statement	Sources of Evidence and Assurance
	Care Quality Commission, the NHS Commissioning Board and statutory regulators of health care professions; (d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); (e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; (f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; (g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and (h) To ensure compliance with all applicable legal requirements.	Risk Register and Board Assurance Framework Annual Report on non-clinical safety presented to Trust Board *Annual Report and Accounts* *Annual Quality Report*
5	The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure: (a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided; (b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations; (c) The collection of accurate, comprehensive, timely and up to date information on quality of care; (d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care; (e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and (f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.	Board Skill Mix CQC well led rating of Good Board Development Programme Standing Items to Board • Performance Report • Finance • Chief Executive Update including o Nursing, Quality and Professions Update o Operations Update o Medical Update o HR Update Refreshed Trust Strategic Objectives Patient and Staff Stories reported to Board Programme of Exec Visits (Virtual and Physical) Friends and Family Test Quality Standards Group Work plan Midday Mail/Midweek Global EMT New Headlines Board Talk Meet with Michele

	Statement	Sources of Evidence and Assurance
6	The Board is satisfied that there are systems to ensure that the Licensee has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.	Trust Board undertake Fit and Proper Persons Test Board Secretary maintains declarations of interest register Staffing Figures reported to the Board regularly. Trust Workforce Strategy Workforce included in Service Plans The Trust has an established People and Organisational Development Committee

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 09

<table>
<tr><td>Title & Date of Meeting:</td><td>Council of Governors Public Meeting – 16 July 2026</td></tr>
<tr><td>Title of Report:</td><td>Non-Executive Director Chairs of Sub Committees Assurance Reports & Feedback</td></tr>
<tr><td>Author/s:</td><td>Keith Nurcombe, Chair of Finance Committee
Carrie Wollerton, Chair of People OD Committee
Phil Earnshaw, Chair of Quality Committee
Kath Smart, Chair of Audit Committee
Steph Poole, Chair of Mental Health Legislation Committee</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>To provide the Council of Governors with the Sub Committee Assurance reports that have been submitted to the last Board meeting.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td colspan="2">
<table>
<tr><td>Positive Assurances to Provide:
Details included in the reports from
• Quality Committee
• Mental Health Legislation Committee
• Audit Committee
• People OD Committee</td><td>Key Actions Commissioned/Work Underway:
• N/A</td></tr>
<tr><td>Key Risks/Areas of Focus:
• No matters to escalate</td><td>Decisions Made:
• N/A</td></tr>
</table>
</td></tr>
<tr><td>Governance:</td><td>
<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Appointments, Terms & Conditions Committee</td><td></td><td>Engaging with Members Group</td><td></td></tr>
<tr><td>Trust Board</td><td>March 2026</td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr>
</table>
</td></tr>
</table>

Caring, Learning
& Growing Together

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 09a

Title & Date of Meeting:	Trust Board Public Meeting – 27 May 2026
Title of Report:	Finance Committee Assurance Report - Chair's Log
Author/s:	Keith Nurcombe, Chair (Non-Executive Director)
Recommendation:	

To approve		To receive & discuss	
For information/To note		To ratify	
Assurance	√		

Purpose of Paper:	The aim of this paper is to provide assurance to the Trust board on the financial and digital performance of the Trust.

Key Issues within the report:

Matters of Concern or Key Risks to Escalate:

- Month 10 and potential financial year end is very challenging for the wider ICB system and will potentially create challenges for year-end close and 2026/2027.
- Potential risk to trust from greater financial support ask to support system and further potential savings that could be required for the trust as current year progresses.

Key Actions Commissioned/Work Underway:

- Request for agency plan for 2026/2027 and 2027/2028 to be presented to committee in July given increasing requirement to lower spend. Request especially for detail around consultant and medic plan which has highest spend levels.
- Request for additional trajectory information to be added to front sheet where we have it for Model Hospital so we can see improvement or worsening conditions.
- Presentation on Interweave following progress and NHS England ask around integration at July F&D Committee Meeting.

Positive Assurance to Provide:

- Trust ledger closed for 2025/2026, and the trust has delivered an on performance plan with small surplus to plan of £8k. Excellent result for the trust given wider system position.
- Cash position remains very strong with cash position remining consistent over the last 5 years.
- Recognition for the excellent performance of achieving Segment 1 overall performance for the trust.

Decisions Made:

- To address section 3 of the committee meetings to reflect larger digital discussion and to move out some other elements around estates and partnerships to other executive areas.

Governance: *Please indicate which committee or group*				
		Date		Date
	Audit Committee		Remuneration & Nominations Committee	
	Quality Committee		People & Organisational Development Committee	
	Finance Committee		Executive Management Team	
	Mental Health Legislation Committee		Operational Delivery Group	
	Collaborative Committee		Other (please detail) Report produced for the Trust Board	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Overall the committee has received strong assurance in key areas for the board:

Section 1 on grip and control and financial performance of the trust the committee is very assured.
Section 2 on productivity and efficiency the trust is mainly assured with some further areas and work around workforce and sickness and absence.
Section 3 on digital, BAF and other matters the committee is very assured.

Section 1
Agency spend progress has continues to deliver significant savings and agency spend is well below spend three years ago reducing by over 50% but further requirements in the next two years require another 30% to be removed from agency spend, this will be a continued focus area and challenge for the trust.

Significant BRS challenges for the wider system with a number of trusts declaring that they will under achieve savings targets. The trust has delivered its BRS over the last three years and continues to focus on delivery now in 2026/2027. The committee was very clear on the excellent progress that has been made by the trust along with the continued need to focus for the current year.

Section 2
Good progress on measuring and demonstrating efficiency and productivity across the organisation:
Model hospital report demonstrating continued strong performance for the organisation with read areas demonstrating concern around sickness and absence rates which the committee has asked from more information on at the next meeting. Provides good assurance.

NOF data revealing again some areas of good performance (Segment 1) as well as continued areas for focus. Provides good assurance.

Section 3
Corporate Benchmarking report on digital – very good results – 7/50 for digital maturity and 17/90 overall for digital benchmarking across relevant trusts. Both these results are very strong but with an overall rating of 2.9/5 there are still some areas of improvement etc. Plan in place to take the trust to 4 out of 5.

BAF – asking EMT to review BAFs 3 and 4 around current score as the committee feels that on agency and wider financial risk while the risks remain there they have fallen a little form their respective scores of 12 and 16.

Received updates from Partnerships and strategy and also around estates plan for the next year.

Humber Teaching NHS Foundation Trust

Agenda Item 09b

<table>
<tr><td>Title & Date of Meeting:</td><td>Trust Board Public Meeting – 27 May 2026</td></tr>
<tr><td>Title of Report:</td><td>People & Organisational Development Committee Assurance Report from meeting held on 06 May 2026</td></tr>
<tr><td>Author/s:</td><td>Carrie Wollerton – Non-Executive Director</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td>✓</td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>This paper provides an executive summary of the key discussions and outcomes from the People and Organisational Development Committee meeting held on 06 May 2026. The Committee operates as a formal sub-committee of the Trust Board and is responsible for providing assurance on matters relating to workforce, organisational development, and equality, diversity and inclusion (EDI).

The report highlights key points for the Board’s attention and consideration.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td>Positive Assurances to Provide:

• The Committee received strong assurance that the Trust continues to maintain stable workforce performance, including low vacancy and turnover rates, high appraisal completion, and sustained compliance with statutory and mandatory training requirements.
• The Trust continues to demonstrate a strong and inclusive culture, with the 2025 National Staff Survey confirming performance above national and benchmark averages across all People Promise themes, and high levels of staff engagement, advocacy and pride.
• Health and wellbeing provision remains well established, with good engagement across services and targeted interventions in place for areas</td><td>Key Actions Commissioned/Work Underway (to include comments/ discussion at Committee/Executive Management Team (EMT):

• A Trust-wide staff listening exercise has been undertaken, with findings currently being analysed to inform targeted workforce and organisational development actions.
• Continued targeted support to divisions with higher sickness absence, including structured insight meetings and intervention programmes.
• Implementation of a phased readiness plan for the Employment Rights Act 2025, including policy updates, management training and system changes.</td></tr>
</table>

experiencing higher sickness absence, supported by robust governance and insight processes. • The Trust is maintaining effective financial and workforce control, delivering a year-end surplus and reducing bank and agency usage, demonstrating improved productivity and workforce planning. • Continued assurance was provided that the Trust is meeting professional education and registration requirements, supported by strong learning environments, preceptorship, and workforce pipeline development. • The Trust continues to perform strongly within national frameworks, including Model Hospital metrics and the National Oversight Framework (Segment 1), demonstrating high-quality, efficient and sustainable service delivery. • Workforce risks are appropriately identified and managed through the Risk Register and Board Assurance Framework, with no additional risks requiring escalation	• Ongoing delivery of the Medical Workforce Plan, improving recruitment pipelines, reducing agency dependency, and strengthening workforce sustainability. • Progression of the Transforming People Services programme, with Humber positioned as an early adopter and preparatory work underway for implementation. • Delivery of a comprehensive Annual Training Plan for 2026/27, strengthening workforce capability, compliance and inspection readiness. • Implementation of an action plan following the Job Evaluation audit to address identified development areas.
Key Risks/Areas of Focus: • Areas identified from the Staff Survey require focused improvement, including declining appraisal quality, reduced feelings of being valued, increasing musculoskeletal issues and burnout, and reduced confidence to speak up. • Sickness absence remains a pressure in some areas, requiring continued targeted intervention and monitoring to ensure sustained improvement. • Whilst consultant vacancies are reducing overall, there remain ongoing challenges in recruiting to hard-to-fill specialties, which may impact service resilience. • Job Evaluation processes, while compliant overall, require strengthening in panel representativeness and assurance capacity to meet future national requirements.	**Decisions Made:** • Approval of the People and Organisational Development Committee effectiveness review for 2025/26. • Approval of the revised Terms of Reference for 2026/27. • Endorsement of the Medical Workforce Plan and workforce strategy approach, including continued focus on recruitment, retention and workforce sustainability. • Support for ongoing delivery of key strategic programmes, including Transforming People Services, Employment Rights Act readiness, and workforce and training plans.

• There is an ongoing requirement to ensure visible delivery of actions arising from staff feedback to maintain confidence, engagement and trust.	

Governance:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Trust Board	27/05/26

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Assurance Report 06 May 2026

Health & Wellbeing Insight Report:
The Committee received a comprehensive update on health and wellbeing and noted: staff engagement with wellbeing services remains steady, with strong uptake of physical health MOTs, including significant engagement from staff who had not previously accessed the service. Targeted divisional support continues for areas with sickness absence above 8%, with interventions offered across all tiers. The impact of these interventions is routinely reviewed through structured divisional Insights meetings, providing ongoing assurance of effectiveness and governance.

Equality, Diversity and Inclusion Insight Report:
Equality, Diversity and Inclusion remains' a core organisational priority, underpinned by clear governance, strong leadership and robust data analysis. The 2025 NHS Staff Survey demonstrates a well-embedded culture of inclusion, with staff reporting high levels of respect and psychological safety.

The Trust continues to strengthen staff safety and support through proactive communication and targeted initiatives in response to external events. Staff Networks are being further empowered through a structured leadership induction programme, enhancing engagement and escalation within EDI governance.

Progress against external frameworks, including WRES, WDES and Patient and Carer Race Equality Framework, alongside evidence submitted to the CQC, provides assurance that inequalities are being systematically identified and addressed. The formal adoption of the IHRA definition of antisemitism further reinforces the Trust's commitment to tackling discrimination and promoting an inclusive and respectful workplace.

Professional Education Insight Report – Nurse/AHP/Registered Professionals:
The Committee was given assurance that the Trust is meeting national professional education and registration requirements across nursing, AHP and social work workforces. A safe and supportive learning environment is in place, supported by strong governance arrangements, high engagement in continuing professional development, and an established multi-professional preceptorship offer. The Trust continues to demonstrate commitment to patient safety, workforce capability and future sustainability through high-quality placements, strong links with higher education institutions, and innovative approaches to professional development and workforce pipelines.

People Insight Report:
The committee noted that the Trust continues to make strong progress against its workforce and people strategy. statutory and mandatory training compliance remains high and above target, leadership and talent programmes are delivering positive outcomes, and apprenticeship provision is well-utilised. Workforce indicators remain stable, with low vacancy and turnover rates, high appraisal completion, and early signs of improvement in in-month sickness absence.

Finance and Workforce Controls Assurance Report:
The committee noted assurance that the Trust remains in a strong financial and workforce position. A year-end surplus exceeding the agreed plan has been

delivered, alongside improved performance and productivity. Workforce controls remain effective, with vacancy rates below target and significant reductions in bank and agency usage and spend, demonstrating strengthened workforce planning and financial control.

Risk Register and Board Assurance Framework (BAF):
It was noted that workforce-related risks are appropriately identified, managed and monitored through the People and Organisational Development risk register and the BAF. An overall assurance rating has been applied against the relevant strategic goal, reflecting the level of assurance available to the Executive Lead at the time of review. No additional workforce risks require escalation beyond those already captured, and the People and Organisational Development section of the BAF continues to be reviewed and refined for 2026/27.

2025 Staff Survey Results:
The Trust continues to perform strongly in the National Staff Survey, exceeding national and benchmark averages across all People Promise themes. Staff report high levels of engagement, advocacy and pride in their work, with particularly strong scores in compassionate culture, inclusion and teamworking. The improved response rate provides confidence in the robustness of the findings, and clear organisational and divisional actions are in place to respond to identified priorities.

It was also noted that there are areas of focus include declining appraisal quality, reduced feelings of being valued, rising musculoskeletal issues and burnout, and a small reduction in confidence to speak up. An in-depth listening exercise with staff across the Trust has taken place and the result are currently being collated.

Medical Workforce Plan:
The Committee welcomed the update that Medical Workforce Plan continues to deliver positive impact, with strengthened recruitment pipelines, improved trainee fill rates and significantly reduced reliance on agency staffing. Consultant vacancies have reduced substantially, supported by robust financial oversight, skill-mix optimisation and strengthened medical leadership arrangements, providing confidence in workforce sustainability and continuity of safe, high-quality services.

It was also noted that while consultant vacancies are reducing work continues around recruiting to the hard to fill specialties.

Insightful Board Domains:
The committee noted that the Trust has effective governance arrangements in place against the Insightful Board framework. The Board and senior leaders are actively engaged with the guidance, responsibilities for the domains are embedded within committee structures, and identified gaps are supported by agreed action plans. Ongoing triangulation across committees, alongside targeted improvements in workforce, quality and people insight measures, provides continuing assurance of board effectiveness and oversight.

Training Plan:
The committee welcomed that the Trust has a comprehensive and deliverable Annual Training Plan in place for 2026/27. Statutory and mandatory training arrangements support regulatory compliance and patient safety, while accessible learning pathways, improved ESR recording, and embedded coaching and mentoring strengthen workforce capability, development and inspection readiness.

Employment Rights Bill:
The committee noted the Trust has a clear and robust approach in place to prepare for the Employment Rights Act 2025. A phased implementation plan, supported by strong governance, structured readiness activity, policy and system updates, and targeted management training, is underway. Early engagement with staff-side and clear arrangements for compliance, assurance and ongoing oversight provide confidence in organisational readiness as the new legislation is implemented.

Model Hospital – Workforce Metrics:
The Trust is performing strongly against key Model Hospital productivity and efficiency measures. Implied productivity growth is positive and above peer and national averages, temporary staffing costs remain within green thresholds, estates and facilities costs compare favourably, and employee engagement scores remain upper quartile. Operational and workforce productivity indicators demonstrate stable and efficient service delivery alongside maintained quality and safety.

National Oversight Framework Q3:
The Trust continues to perform strongly within the National Oversight Framework. Quarter 3 results place the Trust in Segment 1, with a high national ranking, demonstrating strong performance across access, quality, workforce and productivity domains. Key indicators show zero long waits, strong urgent response performance, reduced long lengths of stay, positive staff engagement and stable financial oversight, providing confidence in overall organisational performance and governance.

Transforming People Services:
The committee noted the National Transforming People Services update and were briefed on the readiness activity taking place at a local level , with assurance around the proactive work to align to the model. National approval and funding are in place, governance arrangements have been established, and Humber is positioned as an early adopter with a clear Shared Services roadmap. Preparatory work is underway, providing confidence in organisational readiness as the programme moves from planning into implementation.

Job Evaluation Audit Submission:
The committee noted the Trust has completed the nationally mandated Job Evaluation Practices Audit in line with national and partnership requirements. Core Job Evaluation governance and partnership arrangements are in place and functioning effectively, with no systemic failures identified. An agreed action plan is underway to address identified Amber areas, providing confidence in continued compliance and readiness for forthcoming national Job Evaluation developments.

It was also noted that there was an area of focus required to strengthening job evaluation panel representativeness, enhancing routine monitoring and assurance, and ensuring sufficient capacity and readiness for future national JE requirements.

People & Organisational Development Committee Effectiveness Review 2025/26:
The committee agreed and approved to committees' effectiveness review for 2025/26.

Annual Review of People & Organisational Development Committee Terms of Reference:

The committee agreed and approved to committees revised Terms of Reference for 2026.

Humber Teaching NHS Foundation Trust

Agenda Item 09c

Title & Date of Meeting:	Trust Board Public Meeting – 27 May 2026
Title of Report:	Quality Committee Board Assurance Report – May 2026
Author/s:	Dr Phillip Earnshaw, Non-Executive Director and Chair of Quality Committee

Recommendation:				
	To approve		To discuss	
	To note		To ratify	
	For assurance	√		

Purpose of Paper:	The Quality Committee is one of the sub committees of the Trust Board. The paper provides a summary of discussions held at the Quality Committee on 8th April 2026 with a summary of key issues for the Board to note.

Key Issues within the report:

Positive Assurances to Provide:
The Committee received positive assurances through the following reports.

- Effectiveness Review and Terms of Reference Review
- Quality Insight Briefing Report
- Quality Committee Risk Register Summary, and BAF
- Multi-Professional Strategy – enabling strategy
- Clinical Outcomes Report
- Waiting List Trajectory and Performance Update Q3
- Patient Safety Incident Response Framework (PSIRF) Plan update
- Briefing on enhanced therapeutic observations of care (ETOC)
- Annual Ligature Report
- National Confidential Enquiry on Suicide update
- Suicide Prevention Plan update
- Staffer staffing report

Key Actions Commissioned/Work Underway:

- To schedule the review of each of the BAF strategic goals as discussion items following the update of the template.
- To add the additional updates to actions around the mock inspections and update on the Townend Court published CQC report to the BAF as part of the ongoing review.
- The reporting schedule has been updated to allow the Safer Staffing report to be presented to Quality Committee prior to Trust Board at future meetings

Key Risks/Areas of Focus:

- Nil raised at this meeting

Decisions Made:

- The Committee approved the refreshed Patient Safety Incident Response Framework (PSIRF) Plan.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	

Caring, Learning & Growing Together

	Mental Health Legislation Committee		Operational Delivery Group		
	Collaborative Committee		Other (please detail)		

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			
Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

The key areas of note arising from this meeting held on 8th April 2026 are as follows:

The minutes of the meeting held on the 4th December 2025 were agreed as a true record and the action log approved noting the one closed item. The Quality Committee Assurance for December was noted as being presented to Board in January 2026. The Committee work plan for 2026/27 was reviewed and discussed, with an action to cross reference the workplan against the updated Terms of Reference to ensure all areas were included.

Quality Committee Effectiveness and Terms of Reference (ToR) Review - The Effectiveness Review paper was reviewed and approved noting the update to the ToR and the additional items to be added to the work plan ensuring all regulatory and strategic requirements were captured. It was agreed that once the final amendments were added to the ToR a 'clean copy would be sent to committee members for that final oversight before presenting to Board in May for approval.

Board Assurance Framework (BAR) Review - The committee discussed the ongoing updates to the BAF, with the changes to reflect the audit recommendations including a focus on a more collaborative approach among executive leads for underlying objectives. The revised template should be ready for planned review of the strategic goal at the next meeting. It was noted the CQC Inspection report for Townend Court had now been published and would be reflected within the BAF and the review should allow the mock inspection action to be closed as this is now underway. It was also noted the agenda has been updated so the meeting would reflect on items to be included within the BAF at the end of each meeting.

Quality and Safety Insight Briefing - The Quality Insight Report outlined key national updates, including the Patient Safety Incident Response Framework(PSIRF) maturity matrix and HSSIB recommendations on temporary staff in patient safety investigations. Incident reporting remains stable, with self-harm remaining most common, and improvements in areas such as falls and pressure ulcer prevention, with a planned deep dive of violence and aggression incidents on PICU. Safeguarding training compliance exceeded Trust threshold, and a review of complaints processes is underway. Ongoing learning and improvement work includes inspection findings, audit outcomes, and quality priorities, with actions to address VTE assessment challenges and strengthen engagement in quality initiatives. Organisational development at Whitby is focused on culture, staffing, and governance, while the internal PSIRF audit provided strong assurance, with all actions nearing completion

Quality Committee Risk Register Summary - The summary was presented reporting on the comprehensive review of the Quality Committee risk register, which led to an increase in recorded quality and safety risks from 3 to 29, reflecting improved identification and oversight. Risks are now monitored across multiple organisational levels with clear processes for escalation, closure, and a defined threshold for executive review. Discussions highlighted the need to strengthen narrative detail for high-scoring risks, particularly around areas such as neurodiversity waiting times, to better capture system challenges and mitigation actions.

Multi-professional Strategy - The draft multi-professional strategy, is an enabling strategy and aligns with the Trust and Workforce strategies and has been developed through extensive co-production with staff, patients, and service users. It encompasses all health professions and is underpinned by four key promises, with clear accountability through assigned leads. Committee discussions focused on the importance of role clarity, effective interprofessional working, and strong leadership to support productive, patient-centred care. Plans were agreed to circulate the final draft for virtual feedback ahead of Board approval, alongside additional sessions to support NEDs with non-clinical understanding. Emphasis was also placed on aligning outcome metrics with delivery, improving workforce efficiency, and using triangulated data to monitor impact.

Clinical Outcomes Report - PJ presented an update on the implementation of Patient Reported and Clinician Reported Outcome Measures (PROMS and CROMS), outlining a structured project framework with clear governance, risk management, and regular reporting to support delivery. Divisions have identified suitable measures, with a pragmatic, locally driven approach required due to limited national guidance, and a focus on embedding meaningful use in clinical practice. The work emphasises

triangulating clinician and patient perspectives to ensure outcomes are relevant and effective, supported by ongoing feedback. Regional alignment is being explored to encourage consistency, while maintaining local progress to avoid delays.

Waiting List Trajectory and Performance Update Q3 – The quarterly Waiting List and Performance update was presented to the committee, highlighting ongoing pressures on children's neurodiversity services, particularly ADHD and ASD pathways, alongside progress in reducing over 52-week waits, with a focus on prioritising those waiting longest. The Trust has improved operational performance and introduced new board metrics to better track trends, while continuing to support patients through 'waiting well' initiatives such as regular contact and accessible self-help resources. Work is also underway with system partners to improve diagnostic pathways and explore a lead provider model, although some challenges remain around data quality and access targets due to external reporting constraints.

Patient Safety Incident Response Framework (PSIRF) Plan – The refreshed Patient Safety Incident Response Framework (PSIRF) plan was presented , which reflects further development following consultation with staff and patient safety partners and aligns with national requirements. The update emphasises a continued cultural shift in safety governance away from blame towards a more systemic, restorative approach, aiming to strengthen psychological safety and encourage staff engagement in learning from incidents. The Committee reviewed and approved the plan.

Briefing on enhanced therapeutic observations of care (ETOC) – The briefing outlined efforts to align local policy with national guidance and incorporate learning from a recent patient safety incident through peer review, policy updates, and staff training. The discussion highlighted the complexity of applying national expectations within mental health settings and emphasised the importance of a clear, consistent approach. It was also recognised that staff must understand the distinction between physical and therapeutic observations to ensure appropriate use and minimise the risk of harm.

Annual Ligature report – The report highlighted continued progress in reducing fixed ligature anchor points across the Trust and addressing previous delays in the rollout of door alarms. A new Environmental Risk in Clinical Areas (ERICA) group has been established to oversee and coordinate environmental risk management, with ongoing monitoring and mitigation plans in place for any residual risks that cannot be fully eliminated, such as certain bathroom door structures where alarms are not feasible.

National Confidential Enquiry on Suicide update – The report gave an update on national and local suicide data, highlighting key risk factors including higher prevalence in rural and coastal areas, among older men, migrants, and individuals experiencing social adversity. The discussion emphasised critical risk periods such as care transitions and post-discharge, alongside the importance of personalised risk assessment.

Suicide Prevention Plan Update – The draft Suicide Prevention Plan was presented, which aligns with the National Suicide Prevention Strategy (2023–2028) and the Trust's strategic priorities, outlining a two-year approach focused on crisis care, post-discharge support, priority groups, social determinants, and responsible media reporting. The plan will be supported by a dynamic delivery framework with clear milestones and accountability, regular updates to committees, and strong multi-agency collaboration. Governance will be provided through the Suicide Prevention Group with reporting to QPAS and the Quality Committee, and success will be measured through engagement, timely access to support, and the delivery of compassionate, person-centred care rather than fixed reduction targets.

Safer Staffing Report – The Committee noted the Safer Staffing Report, which confirmed that current staffing establishments remain appropriate, with only minor adjustments to deployment being considered to better meet peak demand, and no need to change care hours per patient day. Future reports will be brought to the Quality Committee for review prior to Board submission, ensuring appropriate oversight and scrutiny.

The meeting was reviewed with agreement on good discussion. CW observed for her first meeting the complex and diverse organisation and felt the meeting was patient focused and sensitive to patients in all areas. The synergies between the various committees were recognised.

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 09d

Title & Date of Meeting:	Trust Board Public Meeting – 27 May 2026
Title of Report:	Assurance Report to Board from Audit Committee
Author/s:	Kath Smart, Non-Executive Director
Recommendation:	

To approve		To discuss	
To note		To ratify	
For assurance	√		

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	Report to the Board of the outcomes of the Audit Committee.

Key Issues within the report:

Positive Assurances to Provide:

- The Trusts strategic risks on the BAF are up to date and work is ongoing to address audit recommendations for the 26/27 BAF
- The deep dive into Community & Primary Care Division Risk Register demonstrated risks being managed within the Division, including GP Practice transfer, Service transfer and workforce challenges (sickness/ vacancies)
- The internal audit programme continues to deliver to plan with 2 audits left for this year to be delivered
- Positive Assurance audit outcomes for the following audits: BAF/Risk Management; Succession Planning; Lone Working; Clinical Stock Management & Efficiency; Medical Examiner
- There is a good compliance with implementing actions arising from audit tested by Audit Yorkshire. Overdue actions (12) are being monitored by management.
- The Draft HOIA Opinion is “significant assurance” which will be finalised in June
- The counterfraud programme was delivered for 25/26
- Procurement activity, including justifications for direct awards, is controlled & monitored

Key Actions Commissioned/Work Underway:

- Feedback on the Annual Governance Statement by the end of May.
- Accounts work with the Finance Team and Mazars is underway. Final ISA 260 report due back to June Committee

• Declarations of Interest Annual Report – Good compliance with decision makers, with a few outstanding which are being actively managed	
Key Risks/Areas of Focus: • No new risks were identified • Risks within the BAF/ Risk register & Division Risk register discussed	**Decisions Made:** • Endorse the external audit workplan for the year end process 25/26; • Approved the Counterfraud plan for 26/27 • Endorsed direct award justifications • Approved the refreshed Standing Orders, Scheme of Delegation and Standing Financial Instructions • Approved the Risk Management Annual Report • Approved the Terms of Reference for Audit Committee

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Trust Board	May 2026

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Assurance Report to Board from Audit Committee's 18th May meeting

The Committee was quorate, and considered the following:

Minutes/Actions: reviewed and approved

Board Assurance Framework: A review of the BAF confirmed Committee noted the management review and discussed key areas (GP Practice transfer/ No Right to Reside/ Sickness Absence) & whether they would impact on the scores. It was noted further improvements are being made to the BAF to implement recommendations from Audit Yorkshire's recent audit report (Significant Assurance). It was confirmed that Board Risk Appetite would be refreshed in July 2026.

Corporate Risk Register: The four risks scoring over 15+ were reviewed and noted as known significant risks with identified mitigating actions

Community & Primary Care Divisional Risk Register: A deep dive into this register presented by the divisional gave insight into how the division are managing workforce challenges (vacancies/ sickness) and service challenges. Some follow up work was requested on older risks and amalgamation of certain risks.

External Audit: Forvis Mazars presented their Annual Audit Plan for 25/26 covering audit scope, approach and timeline. Their presentation covered significant risks; materiality levels; fee and independence. It was confirmed that Mazars have undertaken no non-audit work. A separate meeting will be arranged with Audit Committee members to meet with Mazars once the ISA 260 report is available.

Internal Audit: The plan continues to be delivered and since the last Committee, five more reports have been issued, all with significant assurance - BAF/ Risk Management; Clinical Stock Management & Efficiency; Succession Planning; Medical Examiner & Lone Working. All five reports were viewed positively by the Committee and represent good outcome for Humber.

Internal Audit confirmed that the Trust is implementing recommendations as agreed (34/34 submitted for review).

Implementation of internal audit recommendations: We noted the position with 6 recommendations now overdue, and asked for progress updates on the PSIRF recommendations. A new SOP approved by ODG aims to clarify the process for closing audit recommendations.

Counter Fraud: We received a positive update on current counter fraud activity, training, a Local Proactive Exercise and approved the Counterfraud plan for 26/27. The annual fraud submission (CFFSR) was delegated to the DoF and Audit Chair to sign off before the end of May

Procurement Activity: Committee considered the latest direct award justifications showing 4 new direct awards; and the status of existing awards

Losses & Special Payments: Annual update on the amounts & reasons for losses/special payments were noted

Declarations / Conflict of Interests – Committee received an update in relation to declarations made by decision makers in the Trust, and received assurance on work in progress to chase up those decision makers yet to make a return.

Accounting Judgements - No major changes to disclose in this years accounts.

Draft Annual Accounts – The financial position and accounts were noted, with the Audit Chair having a session with the Finance Team on the accounts scheduled. The external audit work has commenced and will be presented to Junes Audit Committee.

Annual Governance Statement – The refreshed AGS was noted as having been reviewed via EMT. Comments from internal / external audit colleagues and Committee to be provided by 31 May. The final version will be scrutinised through the June Audit Committee.

Draft Head of Internal Audit opinion 25/26 – The draft opinion currently stands at “significant assurance”, which is unlikely to be affected by the last 2 Audit Reports. This is a positive outcome for Humber.

Standing Orders, Scheme of Delegation and Standing Financial Instructions – Some minor changes and refresh of these key documents were highlighted to the Committee and endorsed. Recommended to Board for approval.

Audit Committee Effectiveness & Terms of Reference – the Audit Committee effectiveness outcome was positive, having met its TOR and workplan for the year. Changes to align the TOR and Workplan were agreed by Committee, and recommended to Board.

Risk Management Strategy Annual Report & plan – This was a review 25/26 and highlighted progress against 3 main pillars of the Risk Management Strategy, alongside an improvement plan.

Review of Meeting: The meeting overran slightly, although agenda items will be allocated timing for next time. Comments were positive about discussion, quality of papers, and papers highlighting changes to lengthy documents were welcomed.

Humber Teaching NHS Foundation Trust

Agenda Item 09e

Title & Date of Meeting:	Trust Board Public Meeting – 27 May 2026
Title of Report:	Mental Health Legislation Committee Assurance Report following a meeting on 7 May 2026
Author/s:	Stephanie Poole Non-Executive Director and Chair of Mental Health Legislation Committee
Recommendation:	

To approve		To discuss	
To note		To ratify	
For assurance	√		

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Mental Health Legislation Committee (MHLC) is one of the sub-Committees of the Trust Board. This paper provides assurance to the Board with regard to the agenda issues covered in the committee held on 7 May 2026.

Key Issues within the report:

Positive Assurances to Provide:

- Activity report for Q4 to end March 2026.
- Reducing Restrictive Interventions (RRI) and Use of Force Act Q4 Report.
- Insight Report, including Mental Health Act (MHA) 2025 updates; Personalised Care Framework (PCF); CQC MHA visits; advocacy update.
- CQC Monitoring the Mental Health Act in 2024/25 report
- Associate Hospital Managers (AHM) annual report.
- Mental Health Insightful Board domains.
- Mental Health Inequalities and MHA report.
- Mental Capacity Act (MCA) assurance report.
- Risk assessment prior to patient leave (ad hoc report)
- S132 rights and appeals against detention under the MHA (ad hoc report)
- Annual committee effectiveness review, ToR review and workplan for 2026/27.

Key Actions Commissioned/Work Underway:

- Mental Health Act (MHA) 2025 implementation is monitored by this committee, an internal Trust project has been initiated and will progress at pace once a code of practice is available in early 2027.
- Continued focus on RRI training compliance.
- Continued work on missed seclusion reviews.
- Continued exploration of the introduction of trust-level MHA benchmarking and comparative data nationally and regionally.
- Work to implement the Personalised Care Framework (PCF).
- Measures aligned to the issues identified in the CQC Report Monitoring Mental Health Act in 2024/25, including inequalities.

• Review of Board Assurance Framework (BAF)/risk as it relates the MHLC.	
Key Risks/Areas of Focus: No new risk areas identified.	**Decisions Made:** Some minor changes to the committee Terms of Reference.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	
Mental Health Legislation Committee	7/5/26	Operational Delivery Group	
Collaborative Committee		Other (please detail)	

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
√	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Committee Assurance Report – Key Issues

Action list update

DoLs - In Q1, the Committee heard that occasionally, there are a very small number of patients where urgent Deprivation of Liberty Safeguards (DoLS) authorisation would expire prior to the standard DoLS being authorised by the Local Authority. An agreement is in place with Hull Council so that patients are prioritised and as at Q4 a similar agreement is now also in place with East Riding Council. These incidences are being closely scrutinised and the associated risk included on the Trust risk register.

Activity Report Q4 March 2026

The number of patients admitted was as expected and within control limits (80 in March 26, compared to 90 in March 25). Comparisons of detention by section, regrades, s136, tribunals and hearings are within control limits and do not show any significant trends. It was noted that there has been an increase in the use of Community Treatment orders (CTOs) to 42 and these have gradually been increasing from 21 a year ago. AWOL incidents were reviewed in detail with issues at one of the units being closely monitored by the Clinical Director. It was noted that no under 18s were admitted on a section to an adult ward.

MHA Benchmarking - in the absence of suitable national performance data, the Medical Director continues to explore options for capturing comparative benchmarking data between trusts and is seeking to influence the production of meaningful at both regional and national levels.

Reducing Restrictive Interventions Q4

The committee noted 2 good practice stories related to a young person admitted to Inspire and the Specialist Phlebotomy Clinic for Adults with Learning Disabilities.

De-escalation Management Intervention (DMI) training compliance has consistently remained above the 85% compliance rate and is currently at 91.79%. There has been an increase in compliance with CTR/disengagement training to 83.23%. However concerted efforts are being made to schedule training and it is expected that the compliance target will be reached in Q1.

There is some indicative benchmarking data available, which shows the Trust very much at the lower end of restrictive intervention use nationally.

Assurance is now in place for data quality and reporting from SystmOne regarding seclusion data, while work continues on restraint reporting. The use of seclusion has continued to reduce during Q4. The use of restraint has continued to reduce in Q4 and there have been no incidences of prone restraint. All incidences of use of restrictive interventions continue to be subject to clinical review via the daily safety huddle and weekly by the Clinical Risk Management Group (CRMG). Co-production and service user by experience involvement within the Culture of Care programme has continued to strengthen and the new lived experience lead is now in post within the mental health division. There is an improving picture around missed nursing and medic seclusion reviews, which are showing improved compliance since Q1.

Insight Report

Mental Health Act 2025 – A project has been initiated within the trust with allocated resources from the Project Management team to ensure effective planning and monitoring. A ‘kick off’ event was arranged between all the divisions at end April 2026 and preliminary work is planned around capacity and demand. A new Sharepoint site will be continually updated with every change moving forward. Some minor amendments have come into force in Q4 but no further dates are yet available for the implementation of the other changes. A Code of Practice is expected in early 2027, which will signal the start of a programme training and implementation of changes over a 10 year period. The Committee will seek

assurance through it's Insight Reports until a substantive project plan is in place with an indicative implementation timetable, at which point a standing agenda item will be introduced. Consideration of the risks and resource requirements will need to be included once they are identified.

CQC MHA visits – 2 reports were received in Q4 regarding inspections as Maister Lodge and Swale. The findings and actions were noted. Outstanding themes and action from previous visits are progressed by the units and are proactively followed up by the MHL team.

Independent Mental health Advocacy – the committee received an update regarding the service provided by Cloverleaf and the monitoring arrangements via the MHL team and steering group. 30 clients were supported in Q3.

The Personalised Care Framework (PCF) – this is a modernised approach to the Care Programme Approach for adults and older adults with sever mental health problems. A trust policy is in draft and a multi agency implementation group is in place, but government sign off is awaited for the new framework.

Associate Hospital Managers (AHMs) Annual Report

It was noted that we have 13 AHMs in total with some diversity in gender, age and ethnicity. There are quarterly forum meetings and training / case law updates. Reviews, appraisals and appointments have been completed and arranged in in line with Board dates. The committee monitors via activity and Insight reports at each meeting. There is continued consideration of innovative ways to increase numbers of requests for AHM and a patient experience survey is offered after every hearing. Ongoing discussions regarding AMH honorary contracts and payments were noted. There is always focus on recruitment of new AHMs. At present 3 NEDs are AHM trained and attend occasional hearings.

CQC Monitoring the Mental Health Act in 2024/25 report

The committee considered the CQC's annual national findings and the Trust perspective on these. The key findings were in the following areas:

1. Demand, flow and bed capacity
2. Workforce pressures
3. Environment and infrastructure
4. Quality and safety of care (and reducing restrictive interventions)
5. Inequalities

Positive assurances were noted with regard to re-admission rates; statutory roles and patient rights; restrictive interventions; trauma informed practice and personalised care planning; strategic alignment on safety, dignity and equity. Work underway includes measures to strengthen community capacity (eg. Hull CMHT), safer wards model; capital programme and plans; delivery of mandatory autism/LD training. Key risks noted were high acuity and constrained community provision, which places pressure on inpatient services particularly in older adult and PICU pathways; the need for sustained focus on inpatient environments; workforce pressures and potential increased reliance on temporary staffing.

Mental Health Inequalities and MHA

The committee received an annual overview of health inequalities in the use of MHA drawing on local ethnicity, gender, age and deprivation data from Hull and East Riding. There has been some national concern regarding disproportionate detention of people from ethnic minority communities and that the CQC 2024/5 report (above) highlighted persistent inequalities in access, experience and outcomes for certain population groups.

There is no evidence within the Trust of disproportionate use of MHA detentions or Community Treatment Orders. It was noted that the numbers of patients within the Trust from ethnic minority groups are very small. Patterns associated with deprivation are expected and understood, reflecting wider structural determinants of mental health need. This remains an area of focus.

Mental Capacity Act (MCA) assurance

Positive assurance was received regarding level 1 MCA training compliance at 92% (85% target) and level 2 (clinicians) is at 80% (85% target). It was noted that quarterly data regarding deprivation of Liberty applications (DoLs) is now included in the Activity Report. An update was received in relation to national development including Liberty Protection Safeguards (LPS) consultation. A progress update was noted regarding last year's administrative audit.

Risk assessment prior to patient leave (ad hoc report)

Following previous discussion at committee regarding the number of absent without leave (AWOL) incidents, assurance was sought that proper risk assessment procedures were always followed prior to inpatients being allowed out on (section 17) leave. Regular compliance audits are completed and actions monitored. Data for the full year 2025 was analysed and generally showed very good compliance rates at 93.41%. However 3 units are slightly below expectations and will be closely monitored.

S132 rights and appeals against detention under the MHA (ad hoc report)

A sample of patients were examined in detail to explore whether the level of appeals to panels and tribunals was reasonable. This work supported positive assurance regarding patients being given their rights. This is an area that is regularly audited on a sample basis.

Annual committee effectiveness review, ToR review and workplan for 2026/27

The review was completed and areas of positive feedback were noted

- The committee provides strong, constructive challenge in a supportive environment.
- Participants engage very positively and fully in the meetings.
- There has been a welcome, increased focus on assurance re public protection (MAPPA) and MCA issues.
- The quality of RRI reports is excellent and the introduction of case studies is very positive.
- The thorough re-design and improvements in performance reports have been a great benefit.
- Ensures robust oversight of Mental Health Act responsibilities.
- Committee has matured further over the last 12 months, good debate takes place and a range of contributions is encouraged.

For future, there would be focus around implementation of the MHA 2025; an annual development session for members to consider emerging issues; further work on benchmarking. Some related minor changes to the ToR were agreed to remove policies and procedure build in benchmarking comparison; advocacy and oversight of changes to legislation.

Next meeting 6 August 2026

Humber Teaching NHS Foundation Trust

Agenda Item 10

Title & Date of Meeting:	Council of Governors Meeting – 16 July 2026
Title of Report:	Trust Compliance with the Fit and Proper Person Test Framework 2025/26
Author/s:	Caroline Flint, Trust Chair Stella Jackson, Head of Corporate Affairs
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Board is asked to note: • The Trust's compliance with the Fit and Proper Person Test Framework requirements. • All members of the Board (voting and non-voting) continue to be fit and proper. • The outcomes of the FPPT Framework assessments for Non-Executive Directors have been shared with the Appointments, Terms and Conditions Committee. • The annual declaration was forwarded to NHS England by 30 June 2026 in accordance with Framework requirements.

Key Issues within the report:

Positive Assurances to Provide: • The Trust continues to comply with the Fit and Proper Person Test requirements. • The Trust has a robust process in place to ensure those people undertaking Board level roles at the Trust are fit and proper.	**Key Actions Commissioned/Work Underway:** • Some learning/areas for improvement were identified regarding the completion of the 2023/24 annual checks, and these were addressed for the 2024/25 checks (mainly relating to logging in issues). No further issues have been identified since then.
Key Risks/Areas of Focus: No matters to escalate	**Decisions Made:** • N/A

Caring, Learning & Growing Together

Governance:			Date		Date
		Appointments, Terms & Conditions Committee	15/07/2026	Engaging with Members Group	
		Trust Board	27/05/2026	Other (please detail) CoG	16/07/2026

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Trust Compliance with the Fit and Proper Persons Test Framework 2024/25

1. Introduction

The Kark Review (2019) was commissioned by the Government in July 2018 to review the scope, operation and purpose of the Fit and Proper Person Test (FPPT) as it applied under Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The review highlighted areas that needed improvement to strengthen the existing regime and a Fit and Proper Person Test Framework was developed and launched by NHS England which NHS organisations are required to abide by.

The Framework is applicable to anyone undertaking Board level roles including Executive Directors, Non-Executive Directors, Associate Non-Executive Directors and Associate Directors. Organisations are able to extend the assessment to other key roles, for example, to those individuals who may regularly attend board meetings or otherwise have significant influence on board decisions. The assessment has, therefore, also been undertaken for the Head of Corporate Affairs but the annual submission requirement is limited to Board members only.

The regulations (Section 1, Paragraph 5, or 'Regulation 5' as CQC refers to them in its guidance) place a duty on trusts to ensure that their directors, as defined above, are compliant with the FPPT.

According to the regulations, trusts must not appoint a person to an executive or non-executive director level post unless they meet the following criteria:

- are of good character
- have the necessary qualifications, competence, skills and experience
- are able to perform the work that they are employed for after reasonable adjustments are made
- have not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity
- can supply information as set out in Schedule 3 of the Regulations

While it is the Trust's duty to ensure that it has fit and proper directors in post, the CQC has the power to take enforcement action against the Trust if it considers that the Trust has not complied with the requirements of the FPPT. This may come about if concerns are raised to CQC about an individual or during the annual well-led review of the appropriate procedures.

The Trust Chair is responsible for ensuring that the Trust conducts and keeps under review a FPPT to ensure board members are, and remain, suitable for their role.

2. Trust Position

The Trust has a robust system, managed by the Head of Corporate Affairs, to ensure FPPT's are undertaken for those people undertaking Board levels roles on appointment and on an annual basis. This includes ensuring any identified issues are escalated, that the Board and Council of Governors are informed of the outcome of the checks undertaken and that declarations are made in accordance with the framework requirements.

3. Compliance

Annual declarations were requested and provided by all Board members for 2025/26 (the checks undertaken for Kathryn Smart, Caroline Wollerton and Andrew Brown were undertaken at recruitment and not repeated as part of the annul checks due to the recency of the checks and appointment) and the Chair concluded all remained fit and proper and that a robust process had been followed. The Senior Independent Director (SID) concluded the Chair was fit and proper.

An external company was commissioned to undertake a number of the checks, but DBS checks continue to be undertaken in-house in accordance with company policy.

The outcome of the checks and supporting evidence were documented on a checklist for each Board member. The checklist template in Appendix 7 of the Fit and Proper Person Test Framework (below) was completed for each person that the FPPT was undertaken for.

Checks were undertaken for the following Board members:

- Caroline Flint (Chair)
- Stephanie Poole (Non-Executive Director)
- Phillip Earnshaw (Non-Executive Director)
- Keith Nurcombe (Non-Executive Director)
- Caroline Wollerton (Non-Executive Director)
- Andrew Brown (Non-Executive Director)
- Kathryn Smart (Non-Executive Director)
- Michele Moran (Chief Executive)
- Lynn Parkinson (Chief Operating Officer and Deputy Chief Executive)
- Peter Beckwith (Executive Director of Finance)
- Kwame Fofie (Executive Medical Director)
- Sarah Smyth (Executive Director of Nursing, Quality and Professions)
- Karen Phillips (Executive Director of People and Organisational Development)
- Stella Jackson (Head of Corporate Affairs and non-Board member)

4. Recommendation

The Board is asked to note:

- The Trust's compliance with the Fit and Proper Person Test Framework requirements.
- All members of the Board, including Non-Executive Directors, continue to be fit and proper.
- The outcomes of the FPPT Framework assessments have been shared with the Appointments, Terms and Conditions Committee.
- The annual declaration was forwarded to NHS England by 30 June 2026 in accordance with Framework requirements.

Appendix 7: FPPT checklist

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
First Name				x – unless change			Application and recruitment process.	Recruitment team to populate ESR. For NHS-to-NHS moves via ESR / InterAuthority Transfer/ NHS Jobs. For non-NHS – from application – whether recruited by NHS England, in-house or through a recruitment agency.
Second Name/Surname				x – unless change				
Organisation (ie current employer)		x		N/A				
Staff Group		x		x – unless change				
Job Title Current Job Description				x – unless change				
Occupation Code		x		x – unless change				
Position Title		x		x – unless change				
Employment History Including: • job titles • organisation/ departments • dates and role descriptions • gaps in employment		x		x			Application and recruitment process, CV, etc.	Any gaps that are because of any protected characteristics, as defined in the Equality Act 2010, do not need to be explained. The period for which information should be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that a career history of no less than six years and covering at least two roles would be the minimum. Where there have been gaps in employment, this period should be extended accordingly.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Training and Development						*	Relevant training and development from the application and recruitment process; that is, evidence of training (and development) to meet the requirements of the role as set out in the person specification. Annually updated records of training and development completed/ongoing progress.	* NED recruitment often refers to a particular skillset/experience preferred, eg clinical, financial, etc, but a general appointment letter for NEDs may not then reference the skills/experience requested. Some NEDs may be retired and do not have a current professional registration. At recruitment, organisations should assure themselves that the information provided by the applicant is correct and reasonable for the requirements of the role. For all board members: the period for which qualifications and training should look back and be recorded is for local determination, taking into account relevance to the person and the role. It is suggested that key qualifications required for the role and noted in the person specification (eg professional qualifications) and dates are recorded however far back that may be. Otherwise, it is suggested that a history of no less than six years should be the minimum. Where there have been gaps in employment, this period should be extended accordingly.
References Available references from previous employers				x			Recruitment process	Including references where the individual resigned or retired from a previous role

Last Appraisal and Date						*	Recruitment process and annual update following appraisal	* For NEDs, information about appraisals is only required from their appointment date forward. No information about appraisals in previous roles is required.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Disciplinary Findings That is, any upheld finding pursuant to any NHS organisation policies or procedures concerning employee behaviour, such as misconduct or mismanagement							Reference request (question on the new Board Member Reference). ESR record (high level)/ local case management system as appropriate.	The new BMR includes a request for information relating to investigations into disciplinary matters/ complaints/ grievances and speak-ups against the board member. This includes information in relation to open/ ongoing investigations, upheld findings and discontinued investigations that are relevant to FPPT. This question is applicable to board members recruited both from inside and outside the NHS.
Grievance against the board member								
Whistleblowing claim(s) against the board member								
Behaviour not in accordance with organisational values and behaviours or related local policies								

Type of DBS Disclosed							ESR and DBS response.	Frequency and level of DBS in accordance with local policy for board members. Check annually whether the DBS needs to be reapplied for. Maintain a confidential local file note on any matters applicable to FPPT where a finding from the DBS needed further discussion with the board member and the resulting conclusion and any actions taken/required.
Date DBS Received							ESR	
Date of Medical Clearance* (including confirmation of OHA)		X		x – unless change			Local arrangements	
Date of Professional Register Check (eg membership of professional bodies)		X				X	Eg NMC, GMC, accountancy bodies.	
Settlement Agreements							Board member reference at recruitment and any other information that comes to light on an ongoing basis.	Chair guidance describes this in more detail. It is acknowledged that details may not be known/disclosed where there are confidentiality clauses.

FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes
Insolvency Check							Bankruptcy and Insolvency register	Keep a screenshot of check as local evidence of check completed.
Disqualified Directors Register Check							Companies House	

Disqualification from being a Charity Trustee Check							Charities Commission	
Employment Tribunal Judgement Check							Employment Tribunal Decisions	
Social Media Check							Various – Google, Facebook, Instagram, etc.	
Self-Attestation Form Signed							Template self-attestation form	Appendix 3 in Framework
Sign-off by Chair/CEO		X					ESR	Includes free text to conclude in ESR fit and proper or not. Any mitigations should be evidence locally.
Other Templates to be Completed								
Board Member Reference			X	X			Template BMR	To be completed when any board member leaves for whatever reason and retained career-long or 75th birthday whichever latest. Appendix 2 in Framework.
Letter of Confirmation	X						Template	For joint appointments only - Appendix 4 in Framework.
Annual Submission Form	X						Template	Annual summary to Regional Director - Appendix 5 in Framework.
FPPT Area	Record in ESR	Local evidence folder	Recruitment Test	Annual Test	ED	NED	Source	Notes

Privacy Notice	X		X	X			Template	Board members should be made aware of the proposed use of their data for FPPT – Example in Appendix 6.

Humber Teaching NHS Foundation Trust

Agenda Item 11

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2026
Title of Report:	Council of Governors Effectiveness and Terms of Reference Review
Author/s:	Caroline Flint Chair
Recommendation:	

To approve	x	To discuss	
To note		To ratify	
For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The Council of Governos is asked to: • Note the outcome of the effectiveness review • Agree that no further changes are required to the Terms of Reference.

Key Issues within the report:

Positive Assurances to Provide: • Effectiveness reviews are undertaken on an annual basis. • Governors continue to receive briefings regarding their role/work of the Trust during Governor briefings/development sessions. • The Terms of Reference were reviewed during 2023 and changes were made to bring these in line with the 2022 Health and Social Care Act. No further changes are proposed.	**Key Actions Commissioned/Work Underway:**
Key Points/Areas of Focus to Highlight: • An effectiveness review questionnaire was sent to all Governors and other regular attendees at Council of Governor meetings. The questionnaire was completed by 19 Governors and 6 members of the Board/staff. The results were considered by Governors at a Governor briefing held on 30 April 2026. • One area of focus related to participation by Governors during meetings where it was felt a number of Governors did not	**Decisions Made:** • N/A

participate. The Chair will continue to observe this during meetings and will invite contributions from those people that haven't participated. Governors will also be offered support to formulate their questions at Council of Governor pre-briefings and they can also seek advice from the Head of Corporate Affairs.	

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail) Quarterly report to Council	CoG Briefing 30.04.2026
Trust Board			

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
√	Maximising an efficient and sustainable organisation
√	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Teaching NHS Foundation Trust

Agenda Item 11a

Council of Governors

Annual Review of Effectiveness and Terms of Reference
1st April 2025 to 31st March 2026

The role of the Council of Governors (CoG) is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and Health and Care Act 2022. This document should be read in conjunction with the Acts and in conjunction with the Trust's Constitution.

1. Executive Summary

Chair to provide a brief written overview of the Council of Governors' work during the year and whether he/she believes that the Committee has operated effectively and added value

The Council of Governors (CoG) has a forward-looking annual work plan which outlines mandatory and regular reports required for the meetings. The CoG meetings start with a service story as a way of informing the governors about the varied services provided by the Trust.

The minutes of CoG meetings clearly demonstrate debate and decision making.

The work of the CoG is supplemented with the work of the Engaging with Members group, the Appointments, Terms and Conditions Committee and governor briefings/development sessions. The development sessions provide dedicated time and focus to discuss more fully key areas of interest/work and to dedicate time to learning and development. An opportunity is also given at those meetings to influence strategies and forward plans. In addition, governors are given the opportunity to attend monthly briefings with the Chair supported by the Chief Executive and other staff as appropriate. The briefings are designed to provide Governors with further information regarding the services provided by the Trust or any other areas of work which the Governors have expressed an interest in.

The Council of Governors has a number of statutory responsibilities including approving the appointments and remuneration of Non-Executive Directors (including the Chair) and during the period of this report, the Governors approved the appointments of three new Non-Executive Directors (Kathryn Smart who commenced in January 2026 and Caroline Wollerton and Andrew Brown who commenced in April 2026). The Council of Governors also approved the recruitment of a new Associate Non-Executive Director. Additionally, the Council of Governors were invited to provide feedback regarding the performance of the Chair and other Non-Executive Directors and this feedback was used to inform the annual appraisal round.

2. Delivery of functions delegated by Board

Functions within ToR	**Evidence to support delivery** Sample taken from the minutes	**Any outstanding issues / action plans?**
Statutory duties of the CoG	• Appointments and Remuneration -	

	Appointments Terms and Conditions Committee • Engagement – Engaging with Members group. • Appointing Auditors • Receipt of the Annual Report and Accounts	
Contribution to Strategy & Plans	• Annual Operating Plan • Performance reports • Finance reports	
Representing Members and the Public	• Annual Members Meeting • Governor elections	

3. Attendance

The Council of Governors met on seven occasions between 1 April 2025 and 31 March 2026. Five meetings were held virtually (17 July 2025, 20 November 2025, 15 January 2026, February 2026 and 17 March 2026) and two meetings were held in person (17 April 2025 and 16 October 202).

The Annual Members' Meeting (AMM) was held in person on 25 September 2025.

To support attendance at virtual meetings, time was allowed for breaks during the meetings, hard copy papers were provided to those governors that requested these and IT support was also provided as required. Governors had the choice whether to be visible or not on screen during the virtual meetings and could submit questions/comments in advance for the Chair to raise should they so wish.

Overall, attendance by governors has ensured meetings were quorate in 2025/26 and has generally been good.

Where attendance by any individual governors fell below constitutional requirements, then contact was made with the relevant governors to determine whether there were extenuating circumstances for this, whether they would be able to start attending meetings again in the near future and whether any support was required from the Trust to enable them to attend meetings.

A forward annual Governors' calendar is provided, and we try to keep to the same date schedule each year for the quarterly Council of Governors' meetings, offering a mix of virtual and in person meetings which governors supported when arrangements were last reviewed.

The Council of Governors Terms of Reference state five meetings will be held a year and one of these will be an Annual Members' Meeting.

Members	
The composition of the membership is set out in Annex 7 of the constitution:	

Chair	
Caroline Flint	7/7
Public Governors	
Tim Durkin	7/7
Julian Barnard	7/7
Tony Douglas	6/7
Francis Odukwe	6/7
Brian Swallow	5/7
Isabel Carrick	6/7
John Arthur	3/7
John Morton	4/7
Ted Burnside	6/7
Kimberley Harmer	5/7
Anthony Houfe	6/7
Marilyn Foster	5/7
Ted Burnside	6/7
Simon Blackburn	4/4
Staff Governors:	
Sian Johnson	3/6
Will Taylor	1/1
John Duncan	5/7
Simon Mills	4/6
Dan Laughton	4/7

Sara Bennett	6/7
Appointed Governors:	
Jacquie White	4/7
Cllr Chambers	3/7
Cllr Owen	1/7
Emma Dallimore	5/7
Dan Meeke	0/1
Alex Weeks	0/2
Dominic Purchon	1/1
Appendix 1 contains a breakdown of attendance	

3.2 Chair (and Executive lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

There have been good contributions from those who attended throughout the year.

In addition, the Chief Executive has attended a number of meetings and there has been good representation from Non-Executive Directors and Executive Directors.

Both at the Council of Governors' meetings and at Development sessions, Non-Executive Directors (NEDs) were given dedicated time to provide assurance and present their work as Chairs of Board Committees. Should the Non-Executive Directors be unable to attend a Council of Governor meeting to introduce their Committee Chair Assurance report, then they provide the message through a video recording. Attendance by the Non-Executive Directors at Governor meetings has proved beneficial for NEDs and governors alike.

3.3 Include any recommendations for change to membership & reasons why

No recommendations for change.

4. Quoracy

The Constitution states that no business shall be transacted at a meeting unless at least one third of the voting Governors are present.

The CoG was quorate on all occasions.

5. Reporting / Groups or Committees

Which groups report to the Council of Governors? *(these should be clearly identified on the schematic on your ToR)*. Please list:

- Appointments, Terms and Conditions Committtee
- Engaging with Members Governor Group

Has the CoG approved the Terms of Reference for each of these groups?

Yes [x] No[ ]

- Appointments Terms and Conditions Committee - Considered in May 2026. Next review due May 2027.

- Engaging with Members Governor Group – To be considered in July 2026. Next review due July 2027 meeting.

Are terms of reference annual reviews for each reporting group on your Council of Governor's workplan to approve? Yes [/] No [ ]

Has the Council of Governors received sufficient assurance that its reporting groups or committees are operating effectively? Have the reports and minutes received from the reporting group provided the required level of assurance? Yes [/] No [ ]

Has the Council of Governors requested/received an annual assurance report or effectiveness review from each of the reporting groups for 2025/26 Yes [x /] No [ ]

- The July CoG will receive annual effectiveness and terms of reference review papers from the Appointments, Terms and Conditions Committee and the Engaging with Members Governor Group.

- For each CoG meeting there is a Governor Group update report where chairs of the groups provide an update for any meeting that has taken place since the last CoG. This can be a short paragraph or a fuller report.

6. Conduct of meetings

Chair to consider the following questions:

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

As outlined above, a CoG workplan has been developed with standing items and is maintained by the Membership Officer – items are added throughout the year as appropriate.

- *Are the reports and papers presented of a high quality and prepared in time for issue 5 working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

7. Review of Terms of Reference

Chair to summarise any recommended changes to the Council of Governors terms of reference in light of the annual evaluation.

A number of changes were proposed and agreed to the terms of reference in July 2023. These sought to reflect enhancements to the governor role as outlined in the Health and Care Act 2022. A change to the quoracy was also agreed.

No further changes are proposed.

8. Workplan for 2026/27

Has a CoG workplan for the year ahead, 2026/27 been prepared?

Yes [x] No [ ]

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [/]

Governors were invited to comment on the effectiveness of the Council of Governors through the completion and return of an effectiveness questionnaire. The results were then discussed with Governors at a Governor briefing held in April 2026 to enable consideration to be given to potential areas highlighted for development. At that meeting, Governors acknowledged the continuous action taken to improve the effectiveness of the Council of Governors and acknowledged that some Governors should be encouraged to contribute more at meetings with support provided at Council of Governor pre-briefings or via the Head of Corporate Affairs. Discussion also occurred regarding the different ways that Governors can raise queries or obtain assurance on matters which might require more time for consideration and debate than is possible at Council of Governor meetings.

Humber Teaching NHS Foundation Trust

Appendix 1

Summary of attendance at COG from 1 April 2025 - 31 March 2026

DATES	17 April 2025	17 July 2025	16 October 2025	20 November 2025	15 January 2026	9 February 2026	17 March 2026
Trust Chair	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint	Caroline Flint
Quorum for business to be transacted – one third of Governors present.	Emma Dalimore Dominic Purchon Dan Laughton Ted Burnside John Morton Francis Odukwe John Arthur Kimberely Harmer Julian Barnard Isabel Carrick Tim Durkin Marilyn Foster Anthony Houfe Cllr Chambers Will Taylor Simon Blackburn	Dan Laughton Ted Burnside John Morton Francis Odukwe Julian Barnard Isabel Carrick Tim Durkin Anthony Houfe Simon Blackburn Jacquie White Joh Duncan Sara Bennett Tony Douglas Brian Swallow Sian Johnson	Emma Dalimore Dan Laughton Ted Burnside John Arthur Julian Barnard Isabel Carrick Tim Durkin Cllr Chambers Simon Blackburn Jacquie White Simon Mills John Duncan Sara Bennett Tony Douglas Brian Swallow Sian Johnson	Emma Dalimore Dan Laughton Ted Burnside Francis Odukwe John Arthur Kimberley Harmer Julian Barnard Isabel Carrick Tim Durkin Marilyn Foster Anthony Houfe Simon Blackburn Jacquie White Simon Mills John Duncan Sara Bennett Tony Douglas Brian Swallow	Emma Dalimore Dan Laughton Ted Burnside John Morton Francis Odukwe Kimberely Harmer Julian Barnard Isabel Carrick Tim Durkin Marilyn Foster Anthony Houfe Simon Mills John Duncan Sara Bennett Tony Douglas Brian Swallow Sian Johnson	John Morton Francis Odukwe Kimberley Harmer Julian Barnard Tim Durkin Marilyn Foster Anthony Houfe John Duncan Cllr Owen Sara Bennett Tony Douglas	Emma Dalimore Ted Burnside Francis Odukwe Kimberley Thomas Julian Barnard Isabel Carrick Tim Durkin Marilyn Foster Anthony Houfe Cllr Chambers Jacquie White Sarah Bennett Tony Douglas Brian Swallow
CEO	-	Michele Moran	Michele Moran	Michele Moran	Michele Moran	Michele Moran	Michele Moran
No of NEDs	4	4	3	1	3	2	-
No of Execs	2	4	2	-	2	1	1

Governors who stood down or whose term of office concluded during 2025/26		
Dominic Purchon	Humberside Fire & Rescue	Replaced by organisation
Dan Meeke	Humberside Fire & Rescue	
Alex Weekes	Humberside Police	Replaced by organisation
Will Taylor	Staff	Didn't get re elected
Simon Blackburn	Whitby Scarborough & Ryedale	Resigned

Humber Teaching NHS Foundation Trust

Appendix 2

Terms of Reference

Council of Governors

Authority	The full meeting of the Council of Governors and its Appointment, Terms and Conditions Committee are the bodies in which Governors have official standing. All other forums are advisory.
Role / Purpose	The role of the Council of Governors is derived from Schedule 7 and other sections of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012. This document should be read in conjunction with the Act and in conjunction with the Trust's Constitution
Duties	**The Statutory Duties of the Council of Governors** • To hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors • To represent the interests of Trust members and the interests of the public • Approve the procedures for the appointment and where necessary for the removal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of the Chair of the Board of Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee. • Approve the appointment or removal of a Non-Executive Director on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve the procedures for the appraisal of the Chair of the Board of Directors and Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve changes to the remuneration, allowances and other terms of office for the Chair and other Non-Executive Directors on the recommendation of the Governor Appointments, Terms and Conditions Committee • Approve or where appropriate decline to approve the appointment of a proposed candidate as Chief Executive recommended by the Non-Executive Directors. • Approve the criteria for appointing, re-appointing or removing the auditor. • Approve or where appropriate, decline to approve, the appointment or re-appointment and the terms of engagement of the auditor on the recommendation of the Audit Committee. • Jointly approve with the Board of Directors amendments to the Constitution

	• Approve the appointment and, if appropriate, the removal of the lead governor. • Approve the removal from office of a Governor in accordance with procedure set out in the Constitution • Approve jointly with the Board of Directors the procedure for the resolution of disputes and concerns between the Board of Directors and the Council of Governors. • To approve or not approve increases to the proposed amount of income derived from the provision of goods and services other than for the purpose of the NHS in England where such an increase is greater than 5% of the total income of the Trust. • To approve any proposed application for a merger, acquisition, separation or dissolution (in accordance with the provisions of the 2006 Act) • Receive and comment on the Annual Report and Accounts (including Quality Account). • To notify the independent regulator, NHS England, via the lead Governor, if the Council of Governors is concerned that the Trust is at risk of breaching its licence, if these concerns cannot be resolved at the local level. • To receive a report on compliance with the Fit and Proper Person Requirement for Non-Executive Directors **Contribution to Strategy and Plans** • Contribute to members and other stakeholders understanding of the work of the Trust in line with engagement and communication strategies • Seek the views of stakeholders including members and the public at large and feedback relevant information to the Board of Directors or to individual managers within the Trust as appropriate • Give a view to the Board of Directors of the Trust's annual business planning arrangements for each financial year for the purpose of the preparation of the annual plan • Contribute to and influence the Strategic Plan **Representing Members and the Public** • To represent the constituency/public at large or the organisation elected or appointed to serve regarding the Trust, its vision, performance and material strategic proposals made by the Trust Board • Contribute to members and other stakeholders' understanding of the work of the Trust by feeding back and seeking the views of the relevant member constituencies and stakeholder organisations who appoint governors. • Act as ambassadors in order to raise the profile of the Trust's work with the public and other stakeholders • Promote membership of the Trust and contribute to opportunities to recruit members in accordance with the Membership Plan. • Attend a minimum of 2 events per year that facilitate contact between members, the public and Governors to promote Governor accountability. • Report to members each year on the performance of the Council of Governors

Humber Teaching
NHS Foundation Trust

Membership	The composition of the membership of the Council of Governors is set out in the Constitution. The Chair of the Board of Directors is the Chair of the Council of Governors and presides over the meetings of the Council of Governors. In the absence of the Chair the Senior Independent Director will take the Chair's role.
Quorum	The quorum for Council of Governors meetings is set out in the Constitution. No business shall be transacted at a meeting unless at least one third of the voting Governors are present.
Chair	Chair of the Trust
Frequency	The Council of Governors will meet at least 5 times a year (including the Annual Members Meeting)
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive not less than 5 working days before the meeting
Minutes and Reporting	Minutes of the meetings will be circulated to all members of the Council of Governors as soon as reasonably practical. The target date for issue is 20 working days from the date of the meeting.
Monitoring	A review of attendance and effectiveness will be undertaken annually.
Approval Date	16 July 2026
Review Date	July 2027

Humber Teaching NHS Foundation Trust

Agenda Item 12

Title & Date of Meeting:	Council of Governors Meeting – 16 July 2026
Title of Report:	Appointments Terms and Conditions Committee and Engaging with Members Group Effectiveness Review Results
Author/s:	Marilyn Foster, Chair of Appointments, Terms and Conditions Committee Tony Douglas, Chair of Engaging with Members Group Stella Jackson, Head of Corporate Affairs
Recommendation:	

To approve		To discuss	
To note	✓	To ratify	
For assurance			

Purpose of Paper:	The Council of Governors is asked to: • Note the outcome of the annual Appointments, Terms and Conditions Committee (ATC) effectiveness review, which identified no significant issues (see Annex A). • Approve the updated ATC Terms of Reference (included within Annex A). • Note that the findings of the Engaging with Members Group (EWMG) review have been analysed and will be discussed at the next EWMG meeting, after which they will be shared with the Council of Governors.

Key Issues within the report:

Positive Assurances to Provide: • The Appointments Terms and Conditions Committee has a workplan for the year ahead that will be used to ensure key items are scheduled as appropriate throughout the year. • Improvements were made to the ATC workplan during 2025-26.	**Key Actions Commissioned/Work Underway:** • N/A
Matters of Concern or Key Risks to Escalate:	**Decisions Made:** • N/A

Caring, Learning & Growing Together

• The ATC questionnaire was completed and returned by six people. • The ATC questionnaire findings also revealed more governors would be encouraged to join this Committee.	

Governance:

	Date		Date
Appointments, Terms & Conditions Committee	21.05.2026	Engaging with Members Group	
Finance, Audit, Strategy and Quality Governor Group		Other (please detail)	CoG 16.7.26
Trust Board			

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
	Innovating Quality and Patient Safety
	Enhancing prevention, wellbeing and recovery
	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Humber Teaching NHS Foundation Trust

Agenda Item 12a

Governor Appointments, Terms and Conditions Committee

Annual Review of Committee Effectiveness and Terms of Reference
1 April 2025 to 31 March 2026

The purpose of the Committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Trust Chair and Non-Executive Directors and appointment of the Chief Executive.

1. Executive Summary

Chair to provide a brief written overview of the Committee's work during the year and whether he/she believes that the Committee has operated effectively and added value

The Committee met four times between 1 April 2025 and 31 March 2026. During this period, it undertook the following key duties:

- Received updates and made recommendations to the Council of Governors regarding the appointment of Non-Executive Directors Kath Smart, Andrew Brown and Caroline Wollerton.

- Received updates on NED and Chair Appraisals

The Chair of the Committee provides a report to the Council of Governors after each meeting.

The Committee was chaired by Marilyn Foster, Service User and Carer Governor and was supported by the Trust Chair, Senior Independent Director, the Director of People and Organisational Development and Head of Corporate Affairs.

2. Delivery of functions delegated by Council of Governors

Functions within ToR	Evidence to support delivery	Outstanding issues / action plan
• Nominations and Appointments • Terms and Conditions including Remuneration	NED Appraisal process NED Recruitment NED Re-appointment Terms of Office Chair's remuneration	

3. Attendance

The Appointments, Terms and Conditions Committee met on 4 occasions during 2025/26: 2 July 2025, 11 September 2025, 20 November 2025 and 9 March 2026

Member	No of meetings attended
Public Governors	
Marilyn Foster	*2/4*
Tony Douglas	*3/4*
Isabel Carrick	*4/4*
Simon Blackburn	*3/3*
No other public Governors attended any meetings	
Trust Chair Caroline Flint	4/4
Senior Independent Director – Dean Royles	3/3
Stella Jackson Head of Corporate Affairs	4/4
Karen Phillips Associate Director of People & OD	4/4

Appendix 1 provides further details regarding attendance by Governors at each meeting of the Committee.

3.2 Chair (and Trust Board lead) to provide a view on whether the membership composition is effective and the extent to which members have contributed.

Membership of the Committee is regularly reviewed and consists of public and service user/carer governors. There were good contributions from members throughout the year.

3.3 Include any recommendation for change to membership & reasons why

There are no recommendations for change although the Chair of the Committee will continue to encourage people to express an interest in joining the Committee.

3. Quoracy

The Committee was quorate on all four occasions.

4. Reporting / Groups or Committees

Not applicable.

5. Conduct of meetings

Governor Chair and Trust Board lead to consider the following questions

- *Was a workplan agreed at the start of the year and have meetings and agendas been appropriately scheduled to meet the work plan?*

The Committee has a work plan and this is reviewed by the Committee.

- *Are the reports and papers presented of a high quality and prepared in time for issue five working days ahead of the meeting?*

Yes

- *Is the quality and timeliness of the minutes satisfactory?*

Yes

- *Is an action log maintained and are actions clearly recorded, assigned to individuals with timelines and followed through?*

Yes

6. Review of Terms of Reference

Governor Chair and Trust Board lead to summarise any recommended changes to the Committee's terms of reference in light of the annual evaluation.

The terms of reference were last amended in 2025 and no further amendments are proposed.

A full copy of the terms of reference are attached at Appendix 2.

8. Workplan for 2024/25

Has a workplan for the year ahead, 2024/25 been prepared?

Yes [✓] No [ ]

9. Any Actions Arising from this Effectiveness Review? YES [ ] NO [x]

If any, please summarise in bullet point format below

An effectiveness review questionnnaire was sent to Committee members and this was completed and returned by six people (the Chair, two Governors, and three officers).

This did not highlight any areas for future development although it was noted that work had been undertaken during the year on the workplan.

Appendix 1

Attendance

Quorum	3 July 2025	11 September 2025	20 November 2025	9 March 2026
2 public governors	Tony Douglas Isabel Carrick Simon Blackburn	Isabel Carrick Simon Blackburn Tony Douglas	Marilyn Foster Isabel Carrick Simon Blackburn Tony Douglas	Marilyn Foster Isabel Carrick Tony Douglas
Trust Chair ***Or*** ***SID***	Caroline Flint Dean Royles	Caroline Flint Dean Royles	Caroline Flint Dean Royles	Caroline Flint
Associate Director of People & OD	Karen Phillips	Karen Phillips	Karen Phillips	Karen Phillips
Head of Corporate Affairs	Stella Jackson	Stella Jackson	Stella Jackson	Stella Jackson

Humber Teaching
NHS Foundation Trust

Appendix 2

Terms of Reference
Appointments, Terms and Conditions Committee

Authority	The Council of Governors Appointments, Terms and Conditions Committee is constituted as a standing Committee of the Council of Governors. The Committee is authorised by the Council of Governors to carry out its duties and to make recommendations to the full Council of Governors for approval. The Committee is authorised by the Council of Governors, subject to funding approval by the Board of Directors, to request professional advice and request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its function. The Committee is also authorised to request such internal information as is necessary and expedient to the fulfilment of its functions.
Role / Purpose	The purpose of the committee is to advise the Council of Governors and make recommendations on the appointment and terms of service of the Chair, Non-Executive Directors, Associate Non-Executive Directors and appointment of the Chief Executive.
Duties	The Committee is responsible for advising and/or making recommendations to the Council of Governors relating to: **<u>Nominations and Appointments</u>:** • For each appointment of a Non-Executive Director, Associate Non-Executive Director and the Chair, prepare a description of the role and capabilities and expected time commitment required • Identify and nominate suitable candidates to fill vacant posts within the Committee's remit for appointment by the Council of Governors • Periodically review the balance of skills, knowledge, qualifications, experience and diversity of the Non-Executive Directors, Associate Non-Executive Directors and the Chair, having regard to the views of the Board of Directors and relevant guidance on Board composition • Ensure compliance with the requirements of NHS England's Fit and Proper Persons Framework. The Committee will receive an annual report on Chair, Non-Executive Director and Associate Non-Executive Director Compliance • Evaluate annually the performance of the Chair, Non-Executive Directors and Associate Non-Executive Directors • Give consideration to succession planning for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the

	challenges and opportunities facing the Trust and the skills and expertise needed on the Board of Directors in the future • Advise the Council of Governors in regard to any matters relating to the removal of office of a Non-Executive Director, Associate Non-Executive Director or the Chair • The committee will receive reports from the Chair and Associate Director of People & OD to support deliberations and to enable it to fulfil its duties **<u>Terms and Conditions including Remuneration:</u>** • In accordance with all relevant laws and regulations, recommend to the Council of Governors the remuneration and allowances and the other terms and conditions of office of the Chair, other Non-Executive Directors and Associate Non-Executive Directors • Take into account appropriate benchmarking and market testing ensuring that increases are not made where Trust or individual performance do not justify them • In adhering to all relevant laws and regulations and NHS England guidance establish levels of remuneration which are sufficient to attract, retain and motivate Chairs, Non- Executive Directors and Associate Non-Executive Directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable to the Trust • Receive and evaluate reports about the performance of individual Non-Executive Directors, Associate Non-Executive Directors and the Chair, review and agree the process for the next year • Recommend to the Council of Governors a remuneration and terms of service policy for Non-Executive Directors, Associate Non-Executive Directors and the Chair, taking into account the views of the Trust Chair (except in respect of his/her own remuneration and terms of service), the Chief Executive and any external advisers • Review annually the time commitment requirement for Non-Executive Directors, Associate Non-Executive Directors and the Chair • Oversee other related arrangements for Non-Executive Directors, Associate Non-Executive Directors and the Chair • The committee will receive reports from the Chair and Associate Director of People & OD to support the role of the committee and enable it to fulfil its duties
Membership	The Committee will be chaired by a Public or Service User/Carer Governor supported by the Trust Chair. • The membership of the Committee shall consist of o No less than 4 and no more than 6 Public and/or Service User/Carer Governors, o the Chair, o the Senior Independent Director, and o the Director of People and Organisational Development • If the number of Governors who express an interest on serving on the Committee is higher than the number of places available, membership will be discussed with a recommendation made to the Council of Governors

	• Any member of the Committee who has not attended 3 meetings and has not sent their apologies and provided a reasonable explanation, may be asked to step down from the Committee • Only members of the Committee have the right to attend Committee meetings • Other persons may be invited by the Committee to attend a meeting so as to assist in deliberations.
Quorum	The quorum necessary for the transaction of business shall be 2 Governors (Public and/or Service User/Carer) and the Trust Chair or Senior Independent Director
Chair	The Committee will be chaired by a Public or Service User/Carer Governor supported by the Trust Chair. The Chair of the Committee will be appointed annually.
Frequency	The Committee shall meet as and when required to discharge its business and fulfil its cycle of business, but at least on two occasions in each financial year.
Agenda and Papers	An agenda for each meeting, together with relevant papers, will be forwarded to members to arrive 5 days before the meeting.
Minutes and Reporting	Formal minutes shall be taken of all Committee meetings and an update provided to the Council of Governors at a general Council of Governors meeting. The Committee shall receive and agree a description of work of the Committee, its policies and all Non-Executive Director, Associate Non-Executive Director and the Chair emoluments in order that these are accurately reported in the required format in the Trust's annual report.
Monitoring	The Committee shall review annually its collective performance and attendance The Terms of Reference of the Committee shall be reviewed by the Council of Governors at least annually
Agreed by Appts, T & C Committee	21 May 2026
Approved by CoG	tbc
Review Date	May 2027

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 13

<table>
<tr><td>Title & Date of Meeting:</td><td>Council of Governors Public Meeting – 16 July 2026</td></tr>
<tr><td>Title of Report:</td><td>Council of Governor Sub-Groups Feedback Appointments Terms and Conditions Committee</td></tr>
<tr><td>Author/s:</td><td>Marilyn Foster, Chair of Appointment Terms & Conditions Committee</td></tr>
<tr><td>Recommendation:</td><td>
<table>
<tr><td>To approve</td><td></td><td>To discuss</td><td></td></tr>
<tr><td>To note</td><td>✓</td><td>To ratify</td><td></td></tr>
<tr><td>For assurance</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
<tr><td>Purpose of Paper:</td><td>To provide the Council of Governors with an update from the meeting held.</td></tr>
<tr><td colspan="2">Key Issues within the report:</td></tr>
<tr><td colspan="2">
<table>
<tr><td>Positive Assurances to Provide:
• Provided in the report and verbal updates</td><td>Key Actions Commissioned/Work Underway:
• N/A</td></tr>
<tr><td>• Key Risks/Areas of Focus
No matters to escalate</td><td>Decisions Made:
• N/A</td></tr>
</table>
</td></tr>
<tr><td>Governance:</td><td>
<table>
<tr><th></th><th>Date</th><th></th><th>Date</th></tr>
<tr><td>Appointments, Terms & Conditions Committee</td><td>21/05/26</td><td>Engaging with Members Group</td><td></td></tr>
<tr><td></td><td></td><td>Other (please detail) Quarterly report to Council</td><td>✓</td></tr>
<tr><td>Trust Board</td><td></td><td></td><td></td></tr>
</table>
</td></tr>
</table>

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*					
√ *Tick those that apply*					
	Innovating Quality and Patient Safety				
	Enhancing prevention, wellbeing and recovery				
	Fostering integration, partnership and alliances				
	Developing an effective and empowered workforce				
	Maximising an efficient and sustainable organisation				
	Promoting people, communities and social values				
Have all implications below been considered prior to presenting this paper to Trust Board?		Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety		√			
Quality Impact		√			
Risk		√			To be advised of any future implications as and when required by the author
Legal		√			
Compliance		√			
Communication		√			
Financial		√			
Human Resources		√			
IM&T		√			
Users and Carers		√			
Inequalities		√			
Collaboration (system working)		√			
Equality and Diversity		√			
Report Exempt from Public Disclosure?				No	

Appointment Terms & Condition Committee – 21 May 2026

At the recent Appointment Terms and Conditions Committee the following were discussed

- The Annual Effectiveness Review of Committee Performance and Attendance was discussed, and no changes were made to the terms of reference. The Annual Effectiveness Review report has been forwarded to the July Council of Governors for assurance purposes.

- The Appointments, Terms and Conditions section of the Annual Report was received and the committee members agreed that this was an accurate reflection of the work undertaken

Marilyn Foster Chair

Humber Teaching NHS Foundation Trust

Agenda Item 14

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2026
Title of Report:	2025 Patient Led Assessment of the Care Environment (PLACE) Results
Author/s:	Peter Beckwith, Executive Director of Finance Jayne Morgan, Operations Manager, Soft FM
Recommendation:	

To approve		To discuss	
To note	√	To ratify	
For assurance			

Purpose of Paper: *Please make any decisions required of Board clear in this section:*	The purpose of this report is to provide the Council of Governors with the results from the 2025 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken.

Key Issues within the report:

Positive Assurances to Provide:

- PLACE assessments were completed for all inpatient facilities.
- The process was fully supported by Governors and the Trusts volunteers who took an active part in the assessments.
- Patients had the opportunity to be involved in the assessments.

Key Actions Commissioned/Work Underway:

- Capital resources, £150k set aside specifically for place with a further £200k of resource set aside for Statutory Compliance.
- Progress against action plans will be reported to the Trusts Health and Safety Group, with escalation to EMT as appropriate.
- Governance for 2026 PLACE assessments will be reported to EMT ahead of the process commencing.

Matters of Concern or Key Risks:

- Nothing to Escalate

Decisions Made:

- The Council of Governors are asked to note the report and actions been taken.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		People & Organisational Development Committee	
Finance Committee		Executive Management Team	24.03.25
Mental Health Legislation Committee		Operational Delivery Group	
Collaborative Committee		Other (please detail) Health and Safety Group	18.03.25

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
√	Innovating Quality and Patient Safety
√	Enhancing prevention, wellbeing and recovery
√	Fostering integration, partnership and alliances
	Developing an effective and empowered workforce
	Maximising an efficient and sustainable organisation
	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Inequalities	√			
Collaboration (system working)	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

2025 PLACE Results

1 Introduction and Purpose

The purpose of this report is to provide the Council of Governors with the results from the 2025 Patient Led Assessment of the Care Environment (PLACE) and a summary of the actions being taken.

2 Background

PLACE assessments are the annual appraisal of the non-clinical aspects of NHS (and independent/private) healthcare settings, undertaken by teams which are made up of staff and members of the public (*known as patient assessors*) and in our Trusts case registered volunteers and individuals from the Lived Experience Team. The team must include a minimum of 2 patient assessors, making up at least 50 per cent of the group.

PLACE assessments provide a framework for assessing quality against common guidelines and standards. The environment is assessed using a number of structured questions dependent on the services provided.

Questions are assessed (scored) against one or more domains which cover

- Cleanliness
- Food (*Organisation and Ward*)
- Privacy, Dignity and Wellbeing
- Condition, Appearance and Maintenance
- Dementia
- Disability

A total score (as a percentage) is produced for each domain at site and organisational level, as well as national and regional results.

3 Process

PLACE assessments are led and coordinated by Hotel Services Team who sit within the Finance Directorate, the process was supported in 2025 by Governors and Volunteers.

All findings are reported to the Trusts Health and Safety Group, Estates and Capital Programme Group, Operational Delivery Group and Executive Management Team.

Key stakeholders and those supporting the process are given advanced notice of PLACE assessments for each site.

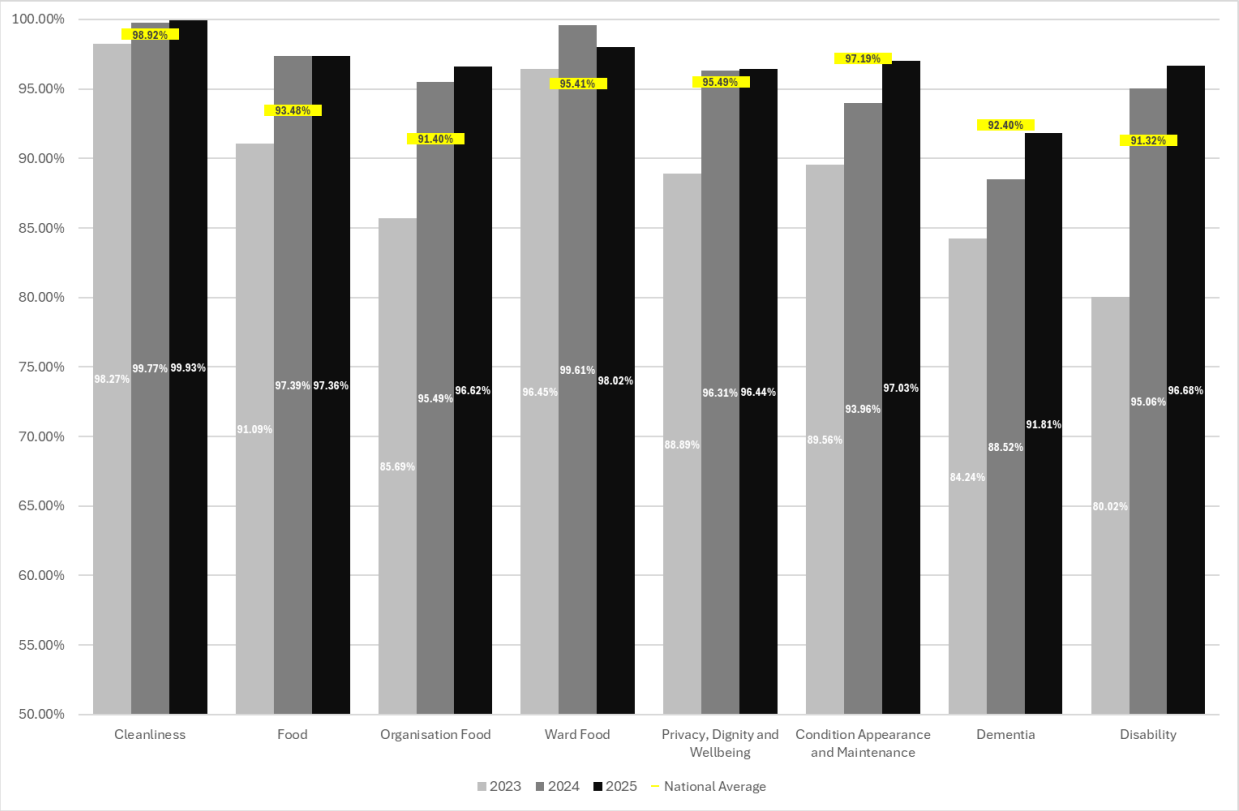
Once assessments have been completed the results are entered onto the NHS Digital Portal, whilst assessments are patient led. all data has senior signoff in the Trust before it is committed (finalised).

4 National Results

At a national level 1,080 assessments were undertaken in 2025 compared to 1,107 in 2024

12 assessments were excluded due to insufficient number of patient assessors (9) or incomplete assessments (3); national findings are therefore based on 1,068 assessments.

The overall organisational results for the Trust are summarised in the graph below, alongside prior year comparative data and national average information for MH Trusts.



5 Organisational Scores

Organisational scores for the Trust are summarised in the table below, this also provides a comparison against the National Average (for Mental Health Trusts) and the overall rank for the Trust against 42 organisations.

Domain	National Average	Humber	Above / Below	Rank (of 43)
Cleanliness	98.92%	99.93%	1.01%	6
Food	93.48%	97.36%	3.88%	4
Organisation Food	91.40%	96.62%	5.22%	7
Ward Food	95.41%	98.02%	2.61%	10
Privacy & Dignity	95.49%	96.44%	0.95%	18
Condition & Maintenance	97.19%	97.03%	-0.16%	27
Dementia	92.40%	91.81%	-0.59%	28
Disability	91.32%	96.68%	5.36%	7

6 Site Scores

Scores for each unit are summarised at Appendix A, at aggregate level the Trust scores are above the national average in 6 of the 8 domains and marginally lower in the remaining 2 domains. Appendix B shows the score comparisons form 2024 to 2025 by location.

The following are worthy of note:

6.1 Dementia

This domain is scored in four of our in-patient units Malton, Whitby, Maister and Millview with the average score being marginally below the national average. Both Whitby and Maister exceeded the national average with Malton and Millview being below.

Dementia friendly works at Malton have been hampered due to the inability to gain landlord permission to complete works (*although the scores have improved in 2025 from 83-88%*). Works on the Ward are now progressing which should show hopefully demonstrate an improvement when 2026 assessments are undertaken.

Whilst the scores at Mill View have improved (83% to 85%) further works will be considered in the context the ward operates as a functional rather than Organic Ward.

6.1.1 Privacy, Dignity and Wellbeing

Privacy, Dignity and Wellbeing scores above the national benchmark, placing 18th overall, demonstrating solid performance in supporting patient experience. Humber Centre, Pine View and Inspire all achieved 100% for this domain.

Owing to the physical design of the current in-patient estate it will be difficult for the Trust to further increase scores in this domain as it is not possible to provide single rooms with full ensuite facilities for all patients.

A number of “not applicable” answers were recorded and on investigation it appears this response has a negative impact on the overall score., this has been raised with the national team.

6 Next Steps

The Estates Strategy and Capital Delivery Group has ring-fenced a recurrent allocation of £150k per annum within the five-year capital plan to support PLACE-related improvements. This allocation, alongside existing block provisions for statutory compliance and planned capital works, will be utilised to deliver and prioritise identified PLACE enhancement schemes in a structured and sustainable manner.

7 Recommendation

The Council of Governors are asked to note the report and actions being taken.

Appendix A
PLACE Scores 2025

Site Name	Cleanliness	Combined Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
INSPIRE – WALKER STREET CHILDRENS CENTRE	100.00%	94.96%	96.18%	93.42%	100.00%	100.00%	N/A	100.00%
TOWNEND COURT	100.00%	99.06%	98.26%	100.00%	98.25%	97.86%	N/A	100.00%
MALTON HOSPITAL	100.00%	97.19%	96.53%	97.87%	89.66%	95.71%	85.29%	93.94%
WHITBY COMMUNITY HOSPITAL	100.00%	98.42%	97.87%	98.96%	98.33%	100.00%	97.67%	98.41%
GRANVILLE COURT NURSING HOME, HORNSEA	99.54%	N/A	N/A	N/A	89.61%	93.27%	N/A	93.75%
WESTLANDS	100.00%	98.07%	96.18%	100.00%	91.89%	96.25%	N/A	96.30%
NEWBRIDGES	100.00%	98.38%	96.70%	100.00%	97.44%	96.25%	N/A	97.22%
HUMBER CENTRE FORENSIC UNIT	100.00%	98.13%	96.18%	100.00%	100.00%	94.93%	N/A	97.73%
MAISTER LODGE	100.00%	99.16%	98.26%	100.00%	98.21%	97.86%	97.50%	100.00%
MILL VIEW	99.64%	89.72%	93.23%	85.71%	95.56%	99.23%	88.82%	92.57%
MIRANDA HOUSE	100.00%	98.63%	97.22%	100.00%	95.08%	97.22%	N/A	93.59%
PINE VIEW	100.00%	98.86%	97.74%	100.00%	100.00%	100.00%	N/A	99.17%

Appendix B

2024 v 2025 Site Level Comparisons

Location	Cleanliness			Food			Ward Food			Privacy, Dignity & Wellbeing			Condition, Appearance & Maintenance			Disability			Dementia		
	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance	2024	2025	Variance
Granville	99.31%	99.54%	0.23%	N/A	N/A	N/A	N/A	N/A	N/A	89.33%	89.61%	N/A	89.32%	93.27%	3.95%	93.33%	93.75%	0.42%	N/A	N/A	N/A
Humber Centre	100.00%	100.00%	0.00%	99.09%	98.13%	-0.96%	100.00%	100.00%	0.00%	96.77%	100.00%	3.23%	90.88%	94.93%	4.05%	93.73%	97.73%	4.00%	N/A	N/A	N/A
Inspire	97.97%	100.00%	2.03%	94.51%	94.96%	0.45%	100.00%	93.42%	-6.58%	100.00%	100.00%	0.00%	98.81%	100.00%	1.19%	98.08%	100.00%	1.92%	N/A	N/A	N/A
Maister (Lodge & Court)	99.22%	100.00%	0.78%	98.21%	99.16%	0.95%	98.90%	100.00%	1.10%	100.00%	98.21%	-1.79%	98.59%	97.86%	-0.73%	97.62%	100.00%	2.38%	97.87%	97.50%	-0.37%
Malton Hospital	100.00%	100.00%	0.00%	96.43%	97.19%	0.76%	98.00%	97.87%	-0.13%	86.21%	89.66%	3.45%	91.43%	95.71%	4.28%	92.42%	93.94%	1.52%	83.33%	85.29%	1.96%
Millview (Court & Lodge)	100.00%	99.64%	-0.36%	94.48%	89.72%	-4.76%	98.72%	85.71%	-13.01%	97.78%	95.56%	-2.22%	95.16%	99.23%	4.07%	89.58%	92.57%	2.99%	83.64%	88.82%	5.18%
Miranda	99.44%	100.00%	0.56%	96.93%	98.63%	1.70%	100.00%	100.00%	0.00%	94.92%	95.08%	0.16%	96.59%	97.22%	0.63%	93.42%	93.59%	0.17%	N/A	N/A	N/A
Newbridges	100.00%	100.00%	0.00%	97.66%	98.38%	0.72%	100.00%	100.00%	0.00%	100.00%	97.44%	-2.56%	85.00%	96.25%	11.25%	91.67%	97.22%	5.55%	N/A	N/A	N/A
Pine View	100.00%	100.00%	0.00%	98.16%	98.86%	0.70%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	100.00%	100.00%	0.00%	97.50%	99.17%	1.67%	N/A	N/A	N/A
Townend	100.00%	100.00%	0.00%	97.00%	99.06%	2.06%	100.00%	100.00%	0.00%	100.00%	98.25%	-1.75%	95.50%	97.86%	2.36%	95.45%	100.00%	4.55%	N/A	N/A	N/A
Westlands	100.00%	100.00%	0.00%	97.57%	98.07%	0.50%	100.00%	100.00%	0.00%	94.59%	91.89%	-2.70%	92.50%	96.25%	3.75%	96.30%	96.30%	0.00%	N/A	N/A	N/A
Whitby	100.00%	100.00%	0.00%	98.13%	98.42%	0.29%	100.00%	98.96%	-1.04%	96.67%	98.33%	1.66%	100.00%	100.00%	0.00%	96.83%	98.41%	1.58%	97.67%	97.67%	0.00%

Appendix A

Humber Teaching NHS Foundation Trust

Agenda Item 15

Title & Date of Meeting:	Council of Governors Public Meeting – 16 July 2026
Title of Report:	Performance Update
Author/s:	Peter Beckwith Executive Director of Finance
Recommendation:	To approve: ☐ To receive & discuss: ☐ For information/To note: ☑ To ratify: ☐
Purpose of Paper: ***Please make any decisions required of Board clear in this section:***	The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

Key Issues within the report:

Positive Assurances to Provide:

- All aspects of performance has oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate
- The Trust have remained in National Oversight Framework segment 1 at Quarter 4.
- Mandatory Training
- Vacancies

Key Actions Commissioned/Work Underway:

- Included within the body of the report

Matters of Concern or Key Risks:

- Sickness Absence Rates
- Sickness absence rates

Decisions Made:

- The Council of Governors are asked to note the updates on performance.

Governance:
Please indicate which committee or group this paper has previously been presented to:

	Date		Date
Audit Committee		Remuneration & Nominations Committee	
Quality Committee		Workforce & Organisational Development Committee	
Finance & Investment Committee		Executive Management Team	
Mental Health Legislation Committee		Operational Delivery Group	
Charitable Funds Committee		Collaborative Committee	
		Other (please detail) Council of Governors	15/01/26

Caring, Learning & Growing Together

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*	
√ *Tick those that apply*	
✓	Innovating Quality and Patient Safety
✓	Enhancing prevention, wellbeing and recovery
✓	Fostering integration, partnership and alliances
✓	Developing an effective and empowered workforce
✓	Maximising an efficient and sustainable organisation
✓	Promoting people, communities and social values

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Council of Governors
Performance Update

1 Introduction and Purpose

The purpose of this report is to provide the Council of Governors with updates on performance since the last meeting.

2 Background

Performance is reported monthly to both Executive Management Team and Organisational Delivery Group, as well as bi-monthly to the public board in the form of the Trust Performance Report, this information is also circulated to Governors and available on the Trust Website (link to all previous board papers below).

Public Board Papers | Humber Teaching NHS Foundation Trust

Information in the performance report is presented using Statistical Process Control Charts indicators are grouped against each of the groups in which oversight is aligned to, additionally all indicators are mapped against each of the Trusts Strategic Goals.

The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and Lower statistical thresholds are used to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

3 Performance Updates

In the following paragraphs updates will be provided on some of the key performance metrics for governors to note.

3.1 National Oversight Framework

The Quarter 4 results for NHS Oversight Framework were published in June 2026, with the Trust moving remaining in segment 1 with the Trust now ranked 4th among similar Trusts in the league table (total of 61 Trusts), the Trust performance is attached at appendix A.

Scores by segment across each sector are summarised in the table below:

Domain	Q1	Q2	Q3	Q4
Access to Services	3.27	2.83	1.49	1.00
Effectiveness and Experience	1.39	1.35	1.35	1.35
Patient Safety	2.23	2.10	1.90	1.38
People and Workforce	2.35	2.47	2.33	2.28
Productivity and Value for Money	2.25	2.77	2.77	2.76
Overall Score	**2.22**	**2.21**	**1.91**	**1.79**
Segmentation	**2**	**2**	**1**	**1**
Rank	**22nd**	**19th**	**7th**	**4th**

Key points to note from the above table are:

Access to services scores have improved significantly in Q3 and Q4, the most significant influence on this movement is the eradication of community over 52 week waits.

Movement on the **Patient Safety domain** relates to the improved % of urgent referrals to crisis care seem within 24 hours, as previously reported to board performance against this indicator was impacted by the move of EPR.

The score on **Productivity and Value for Money** has been influenced by the profiling of the Trusts Plan (capped the score at 2) and the 2024/25 NCC scores. Work is taking place through the trust performance and productivity group and there is a high level of confidence the 2025/26 NCC score will see significant improvement.

NHS England has confirmed that metrics are being reviewed for 2026-27 and the Trust are awaiting publication of the final NOF framework.

3.2 Mandatory Training

The Trust continues to demonstrate excellent compliance against the mandatory training target of 85%, achieving 88.5% as at the end of May 2026, representing a strong organisational grip on mandatory and statutory training requirements.

3.2 Vacancies

The Trust continues to maintain a strong overall vacancy position, reporting 7.1% in June 2026 representing stable establishment control and effective ongoing recruitment activity

Consultant vacancies, while still above target, show a more positive position than the previous year and are on an improving trajectory, reflecting progress in recruitment efforts.

As at the 31st March 2026 the NHS workforce as a whole was reporting a 6.5% vacancy rate, this represents a decrease from the same period in 2025 (where the vacancy rate was 6.7%)

4 Sickness Absence

Sickness absence at 5.2% is marginally above the Trust target which continues to place pressure on workforce capacity and service resilience.

Proactive management of sickness absence remains a priority across the Trust, including early intervention, consistent application of policy, and enhanced support for managers in addressing trends and individual cases effectively.

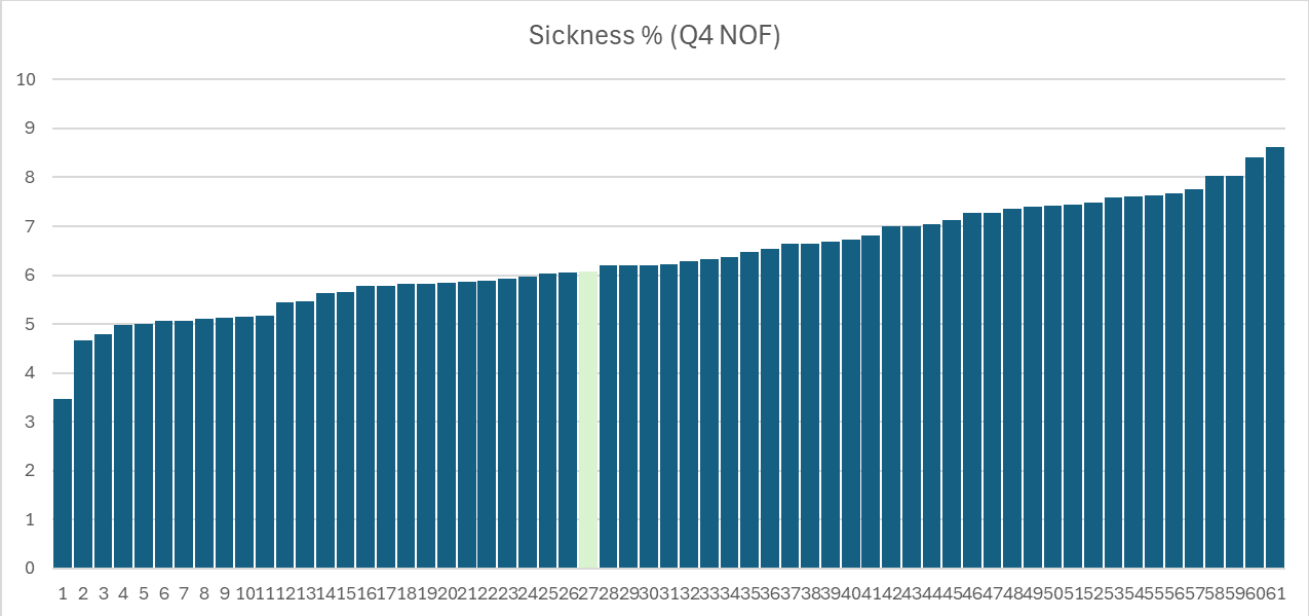
There remains continued delivery of the Rapid Response Sickness Absence Model and Working Towards a Healthier Workforce Plan to reduce absence alongside implementation of the revised Sickness Absence Policy to strengthen management grip and consistency

This is supported by ongoing recruitment and retention activity to sustain workforce stability and address emerging gaps, including delivery of the Medical Workforce Plan

Progress and impact continues to be monitored through EMT and the People & OD Committee, with sickness absence trends aligned to the Trust-Wide Risk Register to ensure strategic oversight and risk mitigation.

Sicknes form part of the new National Oversight Framework, at the end of Q4 the Trust reported sickness was 6.07%, this ranked the Trust 27th out of 61 comparator trusts.

Q4 Sickness Data (National Oversight Framework Comparators)



3.5 Waiting Times

Waiting times for both children's and adult neurodiversity services continues to be the most significant area of pressure and challenge, where demand exceeds commissioned capacity across all areas and previous non recurrent investment has ceased.

Work is progressing with ICB on developing solutions to support the nuurodiversity waiting list across all ages, this is currently in the development stage and will be subject to final agreement and contract variation with the ICB.

Organisational Delivery Group and Executive Management Team continue to oversee the waiting times position with targeted work across all services that are challenged by meeting over 52 week and 18 week waiting time standards. This work is underpinned by capacity and demand analysis which is refreshed on a regular basis. Waiting times for services, excluding

Community waiting times form part of the National Oversight Framework (waits over 52 weeks), for quarter 4 the Trust had no patients above the 52 week target and attracted the best score on the framework of 1.

4. Recommendation

The Council of Governors are asked to note the updates on performance and be informed that all aspects of performance have oversight at Executive Management Team monthly with assurance provided to the relevant committee and Trust Board as appropriate.

Appendix A

	HUMBER TEACHING NHS FOUNDATION TRUST (RV9)	Q4 Performance (Trust)		
		Raw Measure	Score	Notes
Acess to Services:				
1	Percentage of community services waiting list waiting over 52 weeks	-	1.00	*Rank 1st out of 50*
2	% change in number of under 18s supported through NHS funded mental health with at least one contact in a rolling 12 month period			
	Domain Score:		**1.00**	
Effectiveness and Experience				
	National CQC community mental health survey overall experience rating	As expected	2.00	
3	Urgent Community Response % achieving 2hr standard	100.00	1.00	***Rank 1st out of 38 Trusts***
4	Percentage of adult discharges with a length of stay above 60 days	10.10	1.06	*Ranked 2nd out of 47 Trusts*
	Domain Score		**1.35**	
Patient Safety				
5	NHS Staff Survey raising concerns sub-score (MHPRV)	6.94	1.50	*Ranked 11th out of 61 Trusts*
	CQC Safe - Inspection Score			
6	Proportion of urgent referrals to Crisis Care teams with first face to face contact within 24 hours	86.21	1.26	Ranked 5th out of 45 Trusts
	Domain Score		**1.38**	
People and Workforce				
7	Sickness absence rate	6.07	2.81	Ranked 27th out of 61 Trusts
8	**NHS Staff Survey engagement sub-score (MHPRV)**	**7.15**	**1.75**	**Ranked 10th out of 61 Trusts**
	Domain Score		**2.28**	
	Productivity and Value for Money			
	Planned surplus / deficit as a proportion of turnover			
	YTD surplus / deficit			
	Aggregated finance score		2.00	
9	Relative cost difference (NCC)	114.68	**3.53**	
	Domain Score		**2.77**	
	OVERALL AVERAGE SCORE		**1.79**	
	Segmentation		**1**	

NHS
Humber Teaching
NHS Foundation Trust

Agenda Item 16

Title & Date of Meeting:	Council of Governors Part I – 16 July 2026
Title of Report:	Finance Update
Author/s:	Name: Peter Beckwith Title: Director of Finance
Recommendation:	<table><tr><td>To approve</td><td></td><td>To receive & note</td><td>✓</td></tr><tr><td>For information</td><td></td><td>To ratify</td><td></td></tr></table> The Council of Governors are asked to note the Finance report and comment accordingly.
Purpose of Paper: *Please make any decisions required of Board clear in this section:*	This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust which is to allow the Governors to be informed of the Trusts Financial Position and to enable any areas of clarification to be sought.

Key Issues within the report:

Positive Assurances to Provide:

- The Trust has achieved a position at the end of 2025/26 consistent with the agreed forecast.
- The Trust has a breakeven target plan for 2026/27 that has been deemed compliant by NHS England.
- The Cash position for the Trust remains strong.

Key Actions Commissioned/Work Underway:

- Work on in year monitoring and forecasting continues.

Matters of Concern or Key Risks:

- Nothing to escalate

Decisions Made:

- The Council of Governors are asked to note the Finance report and comment accordingly.

Governance:
Please indicate which committee or group this

	Date		Date
Appointments, Terms & Conditions Committee		Engaging with Members Group	
Trust Board		Other (please detail) Quarterly report to Council	

Caring, Learning & Growing Together

paper has previously been presented to:					

Monitoring and assurance framework summary:

Links to Strategic Goals *(please indicate which strategic goal/s this paper relates to)*				
√ *Tick those that apply*				
	Innovating Quality and Patient Safety			
	Enhancing prevention, wellbeing and recovery			
	Fostering integration, partnership and alliances			
	Developing an effective and empowered workforce			
√	Maximising an efficient and sustainable organisation			
	Promoting people, communities and social values			

Have all implications below been considered prior to presenting this paper to Trust Board?	Yes	If any action required is this detailed in the report?	N/A	Comment
Patient Safety	√			
Quality Impact	√			
Risk	√			To be advised of any future implications as and when required by the author
Legal	√			
Compliance	√			
Communication	√			
Financial	√			
Human Resources	√			
IM&T	√			
Users and Carers	√			
Equality and Diversity	√			
Report Exempt from Public Disclosure?			No	

Council of Governors
Finance Update Report

1. Introduction

This purpose of this report is to provide the Council of Governors with a summary of financial performance for the Trust.

2. Trust Position as at 31st March 2026

The Trust's target for 2025/26 was a requirement to achieve a break-even position for the year.

Table 1 shows for the end of year the Trust recorded a surplus of £3.042m, this was higher than target, but a favourable variance has been reported by the Trust consistently throughout 2025/26.

The donated assets depreciation and Capital Grant Donation do not count against the Trust's financial control target, the year-to-date net variance to budget for these items is £0.067m resulting in a ledger position of £3.067m surplus.

The favourable variance is attributable to non-recurrent income into the trust and the achievement of a £3m surplus will allow the Trust to increase its 2026/27 capital budget by the equivalent amount which is in line with NHSE guidance.

Table 1: Reported I&E Position 2025/26

	December 2025 £000	January 2026 £000	February 2026 £000	March 2026 £000
Income	145,095	160,928	177,065	194,903
Less: Expenditure	139,055	154,346	169,531	186,352
EBITDA	6,040	6,582	7,534	8,551
Finance/Technical Items	6,587	7,022	7,733	8,543
Non Recurrent Incoome	(3,000)	(3,000)	(3,000)	(3,000)
Ledger Position:	2,453	2,560	2,801	3,008
Excluded items:	13	16	(31)	(34)
Net Position Surplus/(Deficit)	2,440	2,544	2,832	3,042
EBITDA	4.2%	4.1%	4.3%	4.4%
Deficit (-%)/Surplus %	1.7%	1.6%	1.6%	1.6%

A more detailed summary of the income and expenditure position as at the end of 2025/26 is shown at appendix A.

Key variances are explained in the following paragraphs:

2.1 Children's and Learning Disability

The year end position is an underspend of £0.603m. Expenditure was £0.358m below budget due to vacancy savings in Children's services which were offset by pressure due to staffing challenges at Townend Court and Granville which continue to be monitored closely.

Neuro development shows at overspend this financial year reflecting the investment into the children's ADHD diagnostic waiting list to reduce it to under 104 weeks, and to provide ADHD intervention to an additional 200 children to meet the requirement outlined in the ER SEND inspection in September 2025 to improve the intervention waiting list.

The ICB have now paid for the out of area patient at Townend Court, so the pressure on income reported in year has been resolved. The division are now in a favourable position against budget for income and have benefitted from training revenue from NHS England.

2.2 Community and Primary Care

The Division reported an overall underspend of £0.063m against its 2025/26 budget.

Primary Care delivered an underspend mainly driven by management team vacancies due to the transitional arrangements in place and higher-than-expected income.

Community Services recorded an overspend largely due to sustained high demand for continence products. A system-wide review of continence expenditure has been initiated by the ICB to address this pressure.

A further cost pressure relates to services provided to Malton Ward by York FT. Following discussions between the service manager, contracting, finance, and the provider, a significantly reduced contract has been agreed, which is expected to substantially reduce this pressure in 2026/27.

2.3 Mental Health

The Division continued to recover the financial position from a £1.133m deficit forecast in June to end the year with a £0.196m surplus.

The improved year end position from that forecast in February was due to additional funding from external grants to support staff costs.

Following discussions between the Trusts DOF and the ICB funding for the enhanced older people's crisis service was transferred which was better than forecast, this was used to cover additional bank use on inpatient units in March and additional activity in Talking Therapies.

2.4 Forensic Services

The Forensic division is under spent by £0.197m for this financial year. Vacancy savings in the community are offset by pressures on the inpatient areas. Enhanced Packages of Care have been secured for 6 patients which have supported the cost of additional staff due to patient complexity.

The biggest area of overspend is the inpatient medical workforce due to the use of agency to cover long-term sickness for the first half of the year and is now being used to cover a vacancy.

The position improved in month 12 as outstanding invoices for HMP Millsike were raised resulting in a favourable position against budget for income.

The positive results in management of sickness, winter and clinical pressures have resulted in an improved position for Forensics compared to the forecast part way through the year and the 24-25 outturn.

2.5 Corporate Services Expenditure

Corporate Services (including Finance Technical Items) is showing an outturn position of £0.379m which primarily includes expenditure related to the Yorkshire and Humber Care Record that is funded from the additional income highlighted above.

3 2026/27 Financial Position

The Trust has submitted a break-even plan for 2026/27, and a budget consistent with the financial plan has been uploaded onto the Trust Ledger.

The monthly profile of the budget maintains a breakeven position throughout 2026/27, delivery against this profile will achieve a score of 1 against the finance indicators on the National Oversight Framework.

Formal reporting requirements to NHSE at Month 1have been relaxed due to year end accounting priorities however the Trust recorded a position consistent with plan as at the end of April.

4. Cash

The Trust has held the following cash balances during the reporting period:

Table 2: Cash Balance

	January 2026 £000	February 2026 £000	March 2026 £000	April 2026 £000
Government Banking Service	20,525	30,817	25,529	23,859
Nat West	95	236	198	164
Petty Cash	29	29	22	22
Net Position	20,649	31,082	25,749	24,045

5. Better Payment Practice Code (BPPC)

Under the Better Payment Practice Code (BPPC) the Trust has a target to pay 95% of undisputed invoices on time.

The current BPPC performance figures are shown in Table 3 below, work continues to maintain this level of performance.

Better Payment Practice Code

Better Payment Practice	YTD Number	YTD £'000
NON NHS		
Total bills paid	1,726	13,723
Total bills paid within ta	1,717	13,681
Percentage of bills paid	99.5%	99.7%
NHS		
Total bills paid	98	631
Total bills paid within ta	90	609
Percentage of bills paid	91.8%	96.5%
TOTAL		
Total bills paid	1,824	14,354
Total bills paid within ta	1,807	14,290
Percentage of bills paid	99.1%	99.6%

6. Recommendations

The Council of Governors is asked to note the Finance report and comment accordingly

Appendix 1

Income and Expenditure Position March 2026

	25/26 Net Annual Budget £000s	Year to Date			Full Year		
		Budget £000s	Actual £000s	Variance £000s	Budget (£000)	Forecast (£000)	Variance £000s
Income							
Block Income	**189,749**	**189,749**	**189,995**	**246**	**189,749**	**189,995**	**246**
YHCR	4,635	4,635	4,909	274	4,635	4,909	274
Total Income	**194,384**	**194,384**	**194,903**	**520**	**194,384**	**194,903**	**520**
Clinical Services							
Children's & Learning Disability	46,482	46,482	45,879	603	46,482	45,879	603
Community & Primary Care	22,382	22,382	22,319	63	22,382	22,319	63
Mental Health	61,843	61,843	61,647	196	61,843	61,647	196
Forensic Services	14,800	14,800	14,603	197	14,800	14,603	197
	145,507	**145,507**	**144,448**	**1,059**	**145,507**	**144,448**	**1,059**
Corporate Services							
	41,526	**41,526**	**41,904**	**(379)**	**41,526**	**41,904**	**(379)**
Total Expenditure	**187,033**	**187,033**	**186,352**	**681**	**187,033**	**186,352**	**681**
EBITDA	**7,351**	**7,351**	**8,551**	**1,200**	**7,351**	**8,551**	**1,200**
Depreciation	5,591	5,591	5,485	106	5,591	5,485	106
YHCR Amortisation	1,382	1,382	1,381	1	1,382	1,381	1
Interest	(1,478)	(1,478)	(1,182)	(296)	(1,478)	(1,182)	(296)
IFRS 16	1,620	1,620	1,859	(239)	1,620	1,859	(239)
PDC Dividends Payable	1,736	1,736	1,736	-	1,736	1,736	-
Gain on disposal of assets	-	-	(735)	735	-	(735)	735
Operating Total	**(1,500)**	**(1,500)**	**8**	**1,508**	**(1,500)**	**8**	**1,508**
BRS	(1,500)	(1,500)	-	(1,500)	(1,500)	-	(1,500)
Profit on Assets Held for Sale	-	-	-	-	-	-	-
Non Recurrent Income			(3,000)	3,000	-	(3,000)	3,000
Operating Total	**(0)**	**(0)**	**3,008**	**3,008**	**(0)**	**3,008**	**3,008**
Excluded from Control Total							
Capital Grant\Donation	-	-	(66)	66	-	(66)	66
Donated Depreciation	39	39	32	7	39	32	7
	(39)	**(39)**	**3,042**	**3,080**	**(39)**	**3,042**	**3,080**
Ledger Position	**(39)**	**(38.714)**	**3,042**	**3,080**	**(39)**	**3,042**	**3,080**
EBITDA %	**3.8%**	**3.8%**	**4.4%**		**3.8%**	**4.4%**	
Surplus %	**-0.8%**	**-0.8%**	**0.0%**		**-0.8%**	**0.0%**	