

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)
Wednesday 17 June 2025 from 2.30pm – 5.30pm
**Boardroom, Trust Headquarters, Strayside Wing,
 Harrogate District Hospital, Lancaster Park Road, Harrogate, HG2 7SX.**

Agenda items listed in blue text are to be received for information / assurance with no discussion time allocated within the agenda. Papers for these items may be found within the Supplementary paper pack

AGENDA				
Private Session: Specialist Update Briefing				
2.30pm-3.45pm: Engagement Session (followed by 15minute break for the Council meeting held in public to commence at 4pm)				
Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest and Conflicts of Interest	Chair	Note	Attached
3.0	Ratification of New Stakeholder Organisation	Chair	Ratify	Attached
4.0	Minutes of the previous meeting: - CoG: 5 March 2025	Chair	Approve	Attached
5.0	Action Log and Matters Arising	Chair	Note	Attached
6.0	Chair's Update	Chair	Note	Verbal
7.0	Chief Executive's Update 7.1 – Corporate Risk Register 7.2 – Static Integrated Board Report	Chief Operating Officer & Deputy Chief Executive	Note Note Note	Verbal Blue Box Item Blue Box Item
8.0	Lead Governor's Update 8.1 – Appendix: Governor Focus Conference 2025	Lead Governor	Note	Attached
9.0	Board Sub-Committees Updates 9.1 – People & Culture Committee 9.2 – Quality Committee 9.3 – Resource Committee 9.4 – Innovation Committee	Chairs of Board Sub-Committees	Note	Attached
10.0	Update on Domiciliary Care	Chief Operating Officer & Deputy Chief Executive	Note	Verbal
11.0	Governor Elections Update	Assistant Company Secretary	Note	Verbal
12.0	Proposal for Annual Members' Meeting	Lead Governor	Discuss	Verbal
13.0	Governors' Questions on behalf of Membership and the Public	Chair	Note	Attached / Verbal

14.0	CoG Annual Workplan 2025-26	Chair	Note	Attached
15.0	Any other relevant business	Chair	Note	Verbal
16.0	Evaluation of meeting	Chair	Note	Verbal
17.0	Date and Time of Next Meeting Tuesday, 2 September at 4pm (with specialist update briefing [Subject TBA] at 3.00pm)	Chair	Note	Verbal



Council of Governors – Register of Interests As at 11 June 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Sarah Armstrong	Chair from 1 April 2022	April 2022	(current)	<ol style="list-style-type: none"> 1. Director: flat management company of current residence 2. Chief Executive: The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director: Coffee Porter (family business) 4. Member: West Yorkshire Chairs & Leaders Forum 5. Member: HNY Provider Chairs 6. Member: HNY CAP Board 7. Trustee: NHS Charities Together
Jonathan Allen	Staff: Community Services	July 2024	(current)	Nil
Nick Brown	Stakeholder: North Yorkshire Council	May 2023	(current)	<ol style="list-style-type: none"> 1. North Yorkshire Councillor 2. Chair: Cundall with Leckby Parish Council 3. Trustee: Harrogate & District Improvement Trust 4. Board Member: Northern Aldborough Festival 5. Trustee: Harrogate International Partnership 6. Member: Skipton & Ripon Conservative Association 7. Vice-Chair: Newby & Wathvale Conservative Branch
Rachel Carter	Ripon & West District	July 2023	(current)	<ol style="list-style-type: none"> 1. Member: Barnsley Hospital NHS Foundation Trust 2. Member: Bradford District Care NHS Foundation Trust 3. Member: Leeds Teaching Hospitals NHS Trust 4. Member: Pennine Care NHS Foundation Trust 5. Member: Airedale NHS Foundation Trust 6. Member: Leeds & York Partnership NHS Foundation Trust

Council of Governors – Register of Interests				
As at 11 June 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Andrew Clark	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	January 2025	(current)	1. Member – National Association of Care & Support Workers
Mike Dunn	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2022	(current)	Nil
Mike Fisher	Harrogate & Surrounding Villages	January 2025	(current)	Nil
Kathy Gargan	Harrogate & Surrounding Villages	July 2022	(current)	1. Director: North of England Horticulture Society Ltd
David Haynes	Stakeholder Governor: Harrogate Healthcare Facilities Management Ltd (HIF)	November 2024	(current)	1. Employee of Harrogate Healthcare Facilities Management Ltd (t/a Healthcare Integrated Facilities – HIF)
John Hindle	Ripon & West District	September 2024	(current)	Nil
Mark Hutchinson	Staff: 0-19 Services	July 2024	(current)	1. Secretary: North East Young Dads and Lads 2. Representative: Royal College of Nursing
Emily Legge	Staff: Other Clinical	July 2024	(current)	Nil
Jackie Lincoln	Knaresborough & East District	July 2022	(current)	1. Director: Jackie Lincoln Associates - Management Consultancy (07740067) 2. Clerk to Parish (non executive): Walkingham with Occaney



Council of Governors – Register of Interests As at 11 June 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Binish Mehar	Staff: Medical Professionals	October 2023	(current)	TBC
Richard Owen-Hughes	Knaresborough & East District	January 2022	(current)	1. Marketing Director: Driver Hire Group Services Ltd
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director: Cogenic Ltd
Dawn Raspin	Harrogate & Surrounding Villages	January 2025	(current)	Nil
Rick Sweeney	Harrogate & Surrounding Villages	July 2022	(current)	1. Trustee & Treasurer: White Rose Concert Band 2. Member/volunteer ranger: Longlands Common
Stephen Williams	Staff: Nursing, Midwifery & AHPs	October 2023	(current)	Nil
Stuart Wilson	Staff: Non-Clinical	July 2022	(current)	Nil

Register of Interests – Previous Governors As at 11 June 2025				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
Clare Illingworth	Stakeholder: HIF	January 2016	July 2024	1. Employee: Harrogate Integrated Facilities
Steve Treece	Wetherby, Harewood etc.	January 2017	July 2024	1. Committee Member: Institute of Risk Management Health Special Interest Group
Donald Coverdale	Ripon & West District	September 2021	August 2024	Nil
Martin Dennys	Harrogate & Surrounding Villages	January 2019	December 2024	1. Directorships: not with any services to the NHS 2. Employee: NHS England
Tony Doveston	Harrogate & Surrounding Villages	January 2016	December 2024	Nil
Ian Barlow	Rest of Yorkshire	September 2023 December 2023	March 2025 March 2025	1. Trustee: Forces Online charity 2. Member: South West Yorkshire Partnership NHS Foundation Trust

**Council of Governors' Meeting
Boardroom, Harrogate District Hospital**

17 June 2025

3

Title:	New Stakeholder Organisation Approval – Voluntary Organisation
Responsible Director:	Kate Southgate Associate Director of Quality and Corporate Affairs
Author:	Sue Grahamslaw Assistant Company Secretary

Purpose of the report and summary of key issues:	To provide the background to the selection of Healthwatch North Yorkshire as an organisation to represent the Voluntary Organisation (as per the Constitution) on the Council of Governors.	
Trust Strategy and Strategic Ambitions	The Patient and Child First	
	Improving the health and wellbeing of our patients children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	None	
Report History:	None	
Recommendation:	The Council of Governors is asked to ratify the email approval given by members of the Council of Governors for Healthwatch North Yorkshire to be the organisation to represent the Voluntary Sector on the Council of Governors.	

COUNCIL OF GOVERNORS' MEETING

Voluntary Organisation Stakeholder Approval

3

1.0 INTRODUCTION

This paper is to ratify the appointment of a new stakeholder organisation representing one of the stakeholder classes.

2.0 BACKGROUND

The Council of Governors is composed of 13 Publicly Elected, six Staff Elected and six Stakeholder appointed governors.

The Trust's Constitution states:

11.1 The Trust is to have a Council of Governors. It is to consist of elected Public and Staff Governors and appointed Stakeholder Governors.

11.2 The Council of Governors of the Trust is to comprise:

.....

11.2.3 Six Stakeholder Governors from each of the following classes are to be appointed as follows:

- *Patient Experience Stakeholder (one Governor);*

To be appointed by relevant Stakeholder Organisations:

- *Local Authority (two Governors);*
- *Further Education (one Governor);*
- *A Voluntary Organisation (one Governor); and,*
- *Harrogate Healthcare Facilities Management Limited (one Governor).*

11.3 Composition of the Council of Governors, subject to the 2006 Act, shall seek to ensure that:

11.3.1 the interests of the community served by the Trust are appropriately represented; and,

11.3.2 the level of representation of the public constituencies, the staff constituency and the appointed Stakeholder Governors strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs.

In line with the Constitution, a stakeholder governor:

- would normally remain in office for a period of three years
- is eligible for re-appointment after the end of that period
- may not hold office for more than nine years in total, or three terms of office

An elected governor who has fulfilled their term of office may not return as a Stakeholder Governor without a break of one term (three years)

There have been vacancies on a number of the stakeholder governor seats for some time. One of these is the Voluntary Organisation stakeholder.



3.0 CURRENT STATUS

The Lead Governor has been in discussion with Healthwatch North Yorkshire regarding the potential for more joint working. An opportunity to consolidate the approach could be for the organisation to have a seat on the Council by fulfilling a stakeholder organisation role. The most appropriate stakeholder role per the Trust's Constitution would be the Voluntary Organisation stakeholder.

The Council of Governors is required to approve any proposed new stakeholder organisation. On 23 May 2025, the Lead Governor circulated an email to all governors with the proposal that Healthwatch North Yorkshire could fulfil the Voluntary Organisation stakeholder role and sought formal email approval from individual members of the Council.

As at 11 June 2025, a total of 13 (out of 18) governors had submitted email responses to the Corporate Affairs Office. These approved the appointment of Healthwatch North Yorkshire as the Voluntary Organisation stakeholder on the Council of Governors. No responses had been received from the remaining five governors, nor had there been any rejections of the proposal.

The stakeholder organisation appoints the governor to represent them on the Council and would be responsible for any replacement, as necessary.

4.0 RECOMMENDATION

The Council is recommended to ratify the email approval of Healthwatch North Yorkshire as the Voluntary Organisation stakeholder on the Council of Governors, in line with the Trust's constitution.

Kate Southgate
Associate Director of Quality and Corporate Affairs
17 June 2025

COUNCIL OF GOVERNORS' MEETING (HELD IN PUBLIC)**5 March 2025****Boardroom, Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX**

Present:		
	Sarah Armstrong	Chair
	Jackie Lincoln	Public Governor, Lead Governor
	Ian Barlow (IB)	Public Governor (<i>via Teams</i>)
	Councillor Nick Brown (CB)	Stakeholder Governor (<i>from item 8</i>)
	Rachel Carter (RC)	Public Governor
	Andrew Clark (AC)	Public Governor
	Mike Dunn	Public Governor, Deputy Lead Governor
	Mike Fisher (MF)	Public Governor
	Mark Hutchinson (MH)	Staff Governor (<i>via Teams</i>)
	Emily Legge (EL)	Staff Governor (<i>via Teams, for Specialist Briefing only</i>)
	Richard Owen-Hughes (ROH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Richard Sweeney (RSw)	Public Governor
	Stuart Wilson (SW)	Staff Governor (<i>via Teams</i>)
In Attendance:		
	Jeremy Cross (JCr)	Non-Executive Director
	Sarah Shaw (SS)	Non-Executive Director (Insight Programme)
	Andy Papworth (AP)	Trust Vice-Chair (<i>via Teams</i>)
	Laura Robson (LR)	Non-Executive Director, Senior Independent Director
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Jackie Andrews	Executive Medical Director (<i>for the Council meeting</i>)
	Matt Graham	Director of Strategy
	Jordan McKie	Director of Finance (<i>for the Council meeting</i>)
	Emma Nunez	Executive Director of Nursing, Midwifery & AHPs, Deputy Chief Executive
	Russell Nightingale	Chief Operating Officer (<i>for the Council meeting</i>)
	Angela Wilkinson	Director of People & Culture (<i>for the Council meeting</i>)
	Sue Grahamslaw	Assistant Company Secretary
	Jack Lewis	Consultant in Public Health, Humber & North Yorkshire ICB (<i>via Teams, for Specialist Briefing only</i>)
Observers:		
	Richard Dunston-Brady	Equality, Diversity & Inclusion Manager (<i>via Teams, for the Specialist Briefing only</i>)
	Rachel Hewson	Corporate Affairs Team Lead (<i>for the Council meeting</i>)
Apologies:		
	Julia Weldon (JW)	Non-Executive Director
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Chiara De Biase (CdB)	Non-Executive Director
	Jonathan Coulter	Chief Executive
	Alison Smith	Interim Executive Director of Nursing, Midwifery & AHPs
	Kate Southgate	Associate Director of Quality and Corporate Affairs, and Company Secretary
	Jonathan Allen (JA)	Staff Governor
	Kathy Gargan (KG)	Public Governor
	David Haynes (DH)	Stakeholder Governor
	John Hindle (JH)	Public Governor
	Binish Mehar (BM)	Staff Governor
	Dawn Raspin (DR)	Public Governor
	Stephen Williams (SWm)	Staff Governor

DRAFT Minutes**SPECIALIST UPDATE BRIEFING – HEALTH INEQUALITIES****Present from HIF:**

- Jack Lewis (Consultant in Public Health, Humber & North Yorkshire Integrated Care Board (ICS))
- Matt Graham (Director of Strategy)

The Consultant in Public Health was introduced and provided a synopsis of the presentation regarding the future health of the population within the ICS and the ICS's duties, highlighting demographic changes, the impact on services and building the population health management approach.

Population health management at System level was summarised noting the need for work being undertaken to manage changes to improve population health, including the consistent mortality rates from alcohol-only related conditions, affecting disproportionately the most vulnerable.

The Director of Strategy provided the Council of Governors with further information regarding health inequalities specifically in the HDFT region which is considered a more affluent area, apart from two wards which are considered to be deprived. The focus of the presentation was on statistics for these deprived areas and the variances with other wards in the Harrogate area, summarising that the reason for inequalities appeared to be income deprivation, rather than age or ethnicity. The presentation proceeded with how inequalities affected access to services and agreed next steps which included community engagement. Waiting times to first Outpatient Appointment and Admission were slightly longer for people from disadvantaged areas.

Non-executive Director (SS) suggested reviewing data from GPs, as part of the issue with accessing services could be the patients understanding of the best place to seek assistance.

Public Governor (AC) commented that he perceived engagement with the local population was key, including involvement with voluntary organisations. The Director of Strategy noted that there was already involvement with the voluntary sector in the locality in consideration of the most effective way to engage with the local population.

Non-executive Director (JCr) questioned the in-house capabilities for data analysis. It was explained that this was currently managed by the [Matt Shepherd's new title?] and that the Trust was considering using the apprenticeship levy to train a number of people within the Trust in data analysis.

Non-executive Director (WS) noted the need to acknowledge the requirements are wider than HDFT. Whilst the Trust could help people access its services, the ideal situation would be that the services were not required in the first place so there was a need to look at how to manage people's overall health. In addition, whilst the focus was on two specific wards, there were other wards which were also close to being considered deprived and so a long-term strategy should also include them together with local authority services.

The Chair commented on the positive start that had been made in understanding and shaping the Trust's response for the future. The Consultant in Public Health agreed to return in the future to provide further analysis of the ICS.

Item No.	Item
COG/03/05/1 1.1	Welcome and apologies for absence The Chair welcomed everyone to the meeting including those participating by Teams.
1.2	It was noted that the Executive Director of Nursing, Midwifery & AHPs would be covering the Chief Executive's role in his absence.
1.3	Apologies for absence were received from those noted above.
COG/03/05/2 2.1	Declarations of Interest and Conflicts of Interest No further declarations of interest or conflicts of interest were noted.
COG/03/05/3	Minutes of the previous Council of Governors (Public) meeting held on 4 December 2024
3.1	Minute item 6.2 referred to 30% increase productivity but should have read "over 30% more activity, with productivity improved by 20-25%".
3.2	Resolved: Minutes of the previous Council of Governors (Public) meeting held on 4 December 2024 were approved as an accurate record of the meeting with the amendment of wording as detailed.
COG/03/05/4 4.1	Matters Arising and Action Log The following matters arising and actions were noted: <ul style="list-style-type: none"> • COG/3/6/13.2: Structure of Council / hard-to-fill seats: Remains unchanged as carried forward until there is room to discuss as part of a Remuneration, Nomination and Conduct Committee (RNCC) meeting. <i>Action to remain open.</i> • COG/6/5/8.5: Domiciliary Care Update: Update to be added to the Informal Governor Briefing schedule instead of CoG workplan. For the Specialist briefing on QIAs, need to also include EQIAs as well. <i>Action closed.</i>
4.2	There were no matters arising.
4.3	Resolved: Actions were agreed as above.
COG/03/05/5 5.1	Chair's Update The Chair noted: <ul style="list-style-type: none"> • It was nearly three years since she took over as Chair of the Trust and was considering the role she was fulfilling as she came to the end of her first term as Chair. • The start of 2025 had been challenging with the weather, the NHS nationally and locally being busier than a normal busy period. • Colleagues had found the work challenging, but had risen to those challenges. • The Trust had set and maintained boundaries, such as "no corridor care". • ON a positive note, the new governors were welcomed into the Council and the dynamics and perspectives of the Council changed as the Council membership constantly evolved. • The Trust was one team working towards providing the best care possible

<p>5.2</p> <p>5.3</p> <p>5.4</p>	<ul style="list-style-type: none"> KITE awards ceremony was at the end of the week in Durham to celebrate where colleagues had gone over and above to provide the best care possible. <p>Public Governor (ROH) felt comforted to know that colleagues had risen to the challenges but also asked if there had been any knock-on effect or operational impact on other work. The Chief Operating Officer noted that a wider holistic level view of the work was taken which allowed for the regular peaks and troughs of the work. The Executive Director of Nursing, Midwifery & AHPs reminded the Council that the HDFT Impact provided the focus for work which limited the impact on other services.</p> <p>Public Governor (KP) questioned if the impact on staff had increased the financial outlay such as overtime and agency payments. The Chief Operating officer explained that there had been some financial impact as the final spend was in the region of £700,000 compared to the £500,000 allocated.</p> <p>Resolved: The Chair's report was noted.</p>
<p>COG/03/05/6 6.1</p> <p>6.2</p> <p>6.3</p>	<p>Chief Executive's Update</p> <p>The Executive Director of Nursing, Midwifery & AHPs, and Deputy Chief Executive provided an update highlighting the following points:</p> <ul style="list-style-type: none"> The NHS was working hard towards producing its Annual plan, noting the deadline of the end of March 2025. The changes at NHSE had started with their Chief Executive and more changes were subsequently expected. However, it was not clear how this would impact operationally. With the current financial challenges, the Trust was focussing plans on the resources available rather than the Trust's needs. Winter planning costs had increased but there remained a red-line around corridor care. This increased pressure to be able to provide the necessary high quality care. Urgent & Emergency Care (UEC) pathways, which focus on quality and safety made it challenging to deliver on the 4-hour standard. Domiciliary Care services were important and quality and flow were key. Improvements had been seen in meeting the 18-week standard New 0-19 services were being mobilised in new areas The National Staff Survey results were positive but any further detail was embargoed. <p>Public Governor (RC) questioned the in-year financial position and was advised that, whilst there was still a gap, the Cost Improvement Processes (CIP) and Waste Reduction and Productivity (WRAP) projects were being reviewed. In addition, there was an escalation process in place with segmentation meetings taking place with the ICB and others.</p> <p>Resolved: The Chief Executive's update was noted.</p>
<p>COG/03/05/7 7.1</p>	<p>Lead Governor's Update</p> <p>The Lead Governor advised that a summary of the Governor activities had been circulated to the Council but were highlighted as follows:</p> <ul style="list-style-type: none"> New Governors were welcomed and an induction meeting with the Chair, Lead Governor had been held on 11 February 2025 Governors had observed Board Sub-Committees and Trust Board on 29 January 2025

	<ul style="list-style-type: none"> • The informal Governor Briefing had received a presentation from Sue Symington (Chair of NHS HNY ICB). The challenge was to find a way to capture the information communicated at the briefings to governors who were unable to attend. • Heard the Chief Executive's operational update • Noted the announcement of the Director of Nursing, Midwifery and AHP's at the end of March 2025 following successful appointment to South Tees Hospital • Attended Remuneration, Nomination & Conduct Committee (RNCC) regarding NED appointments, governor elections, etc. • Attended Governor Development and Membership Engagement Committee (GDMEC) on 24 February 2025 to discuss engagement plans and support for Governors • Held Governor Co-ordination meetings on 9 January and 18 February 2025 where planning for upcoming meetings, membership of CoG sub-committees, nominating observers for Board sub-committees and walk around visits were discussed • The new programme of visits started for Governors to walk around operational areas of the Trust: Maternity and Paediatrics (Woodlands Ward) on 8 January 2025; Catering, Cardiology / Respiratory (Wensleydale Ward) on 12 February 2025; with more planned for week commencing 10 March 2025. Ideally would like to continue these visits on a monthly basis. <ul style="list-style-type: none"> – Consideration needed to be given to how briefings were arranged and how to share comparisons with Non-executive Directors who were involved in committee Gemba walks
7.2	There were no further questions or comments from Governors.
7.3	Resolved: The Lead Governor's Update was noted.
COG/03/05/8	Board Sub-Committee Updates
8.1	The Chair explained the proposed new format being trialled where each Committee Chair would complete a short paragraph around each of four questions on their Committee's work and assurances received. To test the format, the Chair of the Quality Committee would provide a verbal update on the four areas.
8.2	Non-executive Director (LR) gave a verbal update on the Quality Committee as follows:
8.3	<p><i>1 – Key Strategic Risks The Committee is focused on and the score</i></p> <ul style="list-style-type: none"> • Governor observers were regular and there were often written reports of their observations • The focus was on the strategic objectives (defined as a result of the HDFT impact work to focus attention on key issues that will bring about positive change) and reviewing CQC domains in the risk register. • Looking at health and safety, the escalation route is the Health & Safety Committee, the Quality Governance Management Group (QGMG), then the Quality Committee (and then Trust Board). The Executive Medical Director and the Executive Director of Nursing Midwifery and AHPs provide the regular updates and keep the Committee informed • Fire Safety had a risk score of 15 with a target of 10 so was above the Trust's risk appetite for this area. This had been discussed at Audit Committee earlier in the day whose members felt assured by work being

8.4	<p>undertaken to reduce the risk rating, primarily around systems, processes documented and training.</p> <ul style="list-style-type: none"> • The Caring ambition had no metrics that were causing concern. • Emergency Department (ED) performance – this was noted to be a Resource Committee metric but it was acknowledged that those with longer ED waits tended to be affected. The Learning from Deaths report enabled learning and any poor outcomes as a result of a longer ED stay. An Internal Audit review had been deferred whilst a Thematic review was undertaken to learn more about the deterioration of patients in ED. • Stroke Care had been identified on the risk register as an area for review and regular updates were received from the Executive Medical Director. • Autism Assessments were also reviewed by the Committee.
8.5	<p><i>2 – Areas where reasonable assurance had been obtained</i></p> <ul style="list-style-type: none"> • The breakthrough objective of a reduction in pressure ulcers – after the HDFT Impact work to focus on pressure ulcers, this was no longer the most reported incident • Infection prevention had now moved to being a blue box item • Nutrition had had a limited assurance audit but after a subsequent audit, it had received significant assurance. • PSIRF – had been implemented to look at ward incidents • Maternity Services – had a regular paper presented at Trust Board but was scrutinised at Quality Committee first. All actions from the CQC action plan had now been implemented.
8.6	<p><i>3 – Areas where less assurance had been received</i></p> <ul style="list-style-type: none"> • Whilst not weak assurance, there had been a discussion about safeguarding as the 0-19 service area was large. The area where further assurance would be preferred was about there being sufficient resource in the safeguarding arena. • Frailty – deterioration whilst in hospital is known so further assurance would be welcomed. • The Quality Committee Gemba usually started a meeting in an area of interest to satisfy the need for further assurance in topical areas.
8.7	<p><i>4 – Matters of concern or areas for escalation</i></p> <ul style="list-style-type: none"> • Only safeguarding needed escalation
8.8	<p>The Chair noted that the Quality Committee had a large breadth of business to cover and that triangulation between committees was important. This was strengthened by the NEDs meeting up between Committees and Trust Board to shape the discussion at Trust Board to provide the assurances. In addition, the board effectiveness review would provide further information about how the effectiveness of the new ways of working once they were embedded.</p> <p>Public Governor (KP) questioned the assurance obtained around patient nutrition. It was explained that the issue had been more around delivery of the food rather than the quality of the food itself. The Executive Director of Nursing, Midwifery & AHPs explained that it was expected that the new PLACE assessments would show improved scoring. Non-executive Director (JCr) noted as a NED for HIF, he had received greater assurance with the PLACE assessments. Further information was provided about the longer-term ambition to move to a ward hostess arrangement which would be best for delivery of the food but that required investment. Public Governor (MF) noted there had been</p>

8.9	a governor tour of the catering facilities and they had been impressed with the quality and preparation of food
8.10	Public Governor (AC) raised a question on safeguarding (" <i>Are staff trained to understand the distinction between medical care and social care? Specifically, do they recognise the difference between a genuine social services concern and a medical issue that can be addressed through healthcare rather than being misinterpreted as a parenting issue? Do they understand the serious consequences of inaccurate reports, which can often lead to care orders and, ultimately, the risk of adoption?</i> "). The Executive Director of Nursing, Midwifery & AHPs explained that all teams were compliant with safeguarding training and compliance was monitored for both adult and child safeguarding. It was also noted that some of the areas in the question were not determined by the NHS or may be joint decisions between the 0-19 service and local authorities.
8.11	Non-executive Director (LR) noted the input from all teams in the Multi-disciplinary Teams (MDT) arena. The area of concern was around the reports that the Trust delivers to the MDT and to ensure our input is valued.
8.12	Action: Schedule a deep-dive into 0-19 services at an Informal Governor Briefing to understand the safeguarding measures in place.
8.13	The Quality Committee chair was thanked for testing out the new process for reporting to Council.
	Resolved: The Board Sub-Committee Updates were noted.
COG/03/05/9	Membership Engagement Strategy Review
9.1	<ul style="list-style-type: none"> The Lead Governor reported that the Governor Development and Membership Engagement Committee (GDMEC) had met on 24th February 2025 and included input from new Governors. The Membership Engagement Action plan was reviewed and action points included: amendments to the membership information on the website; outline for next newsletter; increased use of social media; planning for the Annual Members' meeting
9.2	<ul style="list-style-type: none"> The need to review membership and public engagement in the light of other Trust engagement plans was highlighted. A workshop was being planned for 12th May 2025 which could assist in taking forward actions arising from questions to the last Council meeting regarding the development of a co-ordinated engagement strategy. GDMEC members would be invited to contribute to discussions, along with some other governors who expressed an interest, and report back to the full Council.
9.3	<ul style="list-style-type: none"> Reference was also made to the Health Inequalities presentation immediately before the Council meeting and the importance of considering how Governors could contribute to supporting the Health Inequalities agenda.
9.4	Public Governor (RC) noted the opportunity to participate in shaping certain sections of the HDFT website and the Annual Members Meeting and encouraged fellow Governors to participate in the feedback requested as part of the weekly Governor Bulletins.

9.5	Resolved: The update on the Membership Engagement Strategy Review was noted.
COG/03/05/10	Brief Update on Progress with Autism Assessments
10.1	<p>The Chief Operating Officer provided a brief update on progress with Autism Assessments across the Trust's footprint, advising:</p> <ul style="list-style-type: none"> • This remained one of the highest risks on the Corporate Risk Register; • A summary of the historical situation was given: <ul style="list-style-type: none"> – Originally commissioned to complete 30 assessments per month – Referrals were twice as high despite discussions with the commissioners; – Increased commissioned numbers to 40 assessments per month; – Currently averaging 71 referrals per month resulting in continuously increasing waiting list – longest wait was 91 weeks and shortest was 72 weeks. – Received some additional ICB funding but it was not for permanent recruitment – Referral numbers had reduced slightly recently owing to patients seeking alternative treatment as the wait was nearly 2 years. • The situation was discussed regularly within the Executive Team. • However, there was inequity as a similar commissioning exercise by the ICB had resulted in a private provider being paid a significantly increased sum with no cap on the referrals.
10.2	The Chair noted this was one of the most challenging issues at HDFT but that it was helpful to have regular updates and look at alternative options.
10.3	Public Governor (KP) noted the growing mental health crisis amongst young people and wondered if these were being highlighted as part of the autism assessment pathway. The Chief Operating Officer noted the challenges in getting families the pertinent information. In addition, the Director of Strategy reminded the Council that autism was a neuro-diversity issue and not a mental health condition.
10.4	Stakeholder Governor (NB) declared an interest in the matter relating to a child in a school. However, he asked if discussions were taking place with education authorities. The Chief Operating Officer reminded the Council that the Trust was delivering on the volume of work commissioned and as such, there was no scope to accept more referrals. Any complaints should be directed to the commissioner, rather than the provider.
10.5	Resolved: The update on autism assessments was noted.
COG/03/05/11	Governors' Questions on behalf of Membership and the Public
11.1	The Chair introduced the questions and sought appropriate responses from the Board as follows:
11.2	<p>Q1: Reducing Health Inequalities</p> <p><i>Could NEDs please provide assurance about the action HDFT is taking to reduce health inequalities within the population it serves. This question is specifically about broader health inequalities (e.g. socio-economic factors including deprivation and carers, geography including rurality, and social exclusion including people experiencing homelessness) rather than those relating to the nine protected characteristics set out in the Equality Act of 2010 (acknowledging the overlap).</i></p>

	<p><i>We recognise this is a broad area and would welcome further updates in the future. For this Council meeting could NEDs please help us understand:</i></p> <ul style="list-style-type: none"> <i>• Whether the Trust has a specific strategy or plan on health inequalities, and what the governance structure is for overseeing the Trust's work and strategy on health inequalities?</i> <i>• How potential impact on health inequalities is assessed and optimised within the HDFT Impact programme?</i> <i>• What data-evidenced examples we have of how we have reduced health inequalities in access or services?"</i>
11.3	Public Governor (RC) was grateful for the briefing on health inequalities that had been provided to the Council before the meeting, noting that this had focussed on deprivation and had not covered other groups e.g. geography or social exclusion. In addition to the broader health inequalities, more information about the Board's decision-making process was requested, specifically how the NEDs and Board ensure they systematically consider potential impact on health inequalities in all their decisions, including setting of HDFT Impact metrics.
11.4	The Chair explained that this was only part of the topic and suggested that a whole year's meetings could focus on different aspects of health inequalities as part of the work of the Council, including training.
11.5	The Director of Strategy noted the 0-19 service assessed the families under their care and identified those at greatest risk, taking inequalities into account. HDFT Impact meant that the varying pathways were built into normal work rather than needing different strategies. Equality and quality impact assessments meant nothing was overlooked.
11.6	Non-executive Director (WS) noted that this also featured as part of the annual planning and having priorities that were embedded into strategic planning. This was included in the regular reporting to board and was also discussed at board.
11.7	The Chief Operating Officer noted the need to review information on the IBR which would provide further data.
11.8	<p>Q2: Mental Health Support</p> <p><i>What steps are being taken by the Trust to influence the development of a more effective strategy to be put in place in the HDFT footprint which will improve mental health service delivery to children and young people??</i></p>
11.9	The Executive Medical Director explained that the Trust did not directly provide mental health services. Mental health services for the area were provided by TEWV (Tees, Esk and Wear Valleys Trust). HDFT worked with Cardale Care Partnership and had robust conversations relating to a shared strategy. However, as part of the children's and young people's partnerships, Mental Health Resilience Officers had been appointed to some of the 0-19 teams as part of services delivered by the Trust.
11.10	The ICB had a published strategy on the five pillars of health conditions which included mental health. HDFT had requested to be included in the strategy.
11.11	The Chair noted the opportunity for the Trust to provide a positive influence, especially around the children and young people partnerships.

11.12	<p>Q3: Meeting the Needs of the Elderly</p> <p>i. <i>How are NEDs assuring themselves that the health and wellbeing needs of the older population in the HDFT community are being met?</i></p> <p>ii. <i>How are NEDs assured that the commitment to treating elderly patients with kindness, compassion and dignity is implemented in practice in all areas of the Trust?</i></p>
11.13	<p>The Executive Medical Director noted that there were different streams in the Trust's demographics which was generally an older population and the 0-19 Services which was a core business. The Clinical Services Strategy was focused around four main pillars to be an outstanding hospital, and frailty. Every service within the Trust was included in the frailty arena, noting that frailty did not only affect older people. In addition, the strategy was focused on delivering services as close to home as possible.</p>
11.14	<p>The Trust believed all patients were treated with kindness, compassion and dignity. Datix reports were reviewed and had not identified any themes. The Trust ensured patients received the right level of care and ensured compassion and dignity were key. The Council were reminded that, unlike other trusts, HDFT did not have corridor care.</p>
11.15	<p>Non-executive Director (AP) noted that assurance was acknowledging that there had not been any PSIRF incidents, nor had there been any thematic reviews on data received by the Quality Committee.</p>
11.16	<p>Q4: Volunteer Transport</p> <p>i. <i>A Volunteer driver scheme existed approximately six years ago; does this still exist or has it been revised?</i></p> <p>ii. <i>What is the progress with the trial project for Nidderdale Plus drivers to check with the discharge room for patients they could transport whilst waiting for their allocated patient pickup?</i></p>
11.17	<p>The Director of Strategy noted that the Trust did have volunteer drivers that were used to support and transfer items across different services, such as fruit boxes and items the charity purchased for teams. A Patient Volunteer Driver System was being re-considered and the Trust was working through the governance (such as drivers then having access to patient addresses).</p>
11.18	<p>The Chief Operating Officer noted that there had been a pilot the previous year to test a volunteer driver scheme but this had resulted in inefficiencies as there was much "dead" time waiting for patients rather than fitting another journey in between.</p>
11.19	<p>It was reported that the Director of Strategy had been contacted by the ICB to revisit the option of volunteer drivers.</p>
11.20	<p>Q5: Scrutiny of Requests for Expenditure</p> <p><i>Staff members have requested assurance that the level of scrutiny on requests to incur expenditure by staff apply to all parts of the Trust, including for example, expenditure on expenses for Board meetings and hospitality.</i></p>

11.21	The Executive Director of Nursing, Midwifery & AHPs explained that hospitality was considered discretionary spend. Currently, all meetings were held on site unless there were too many attendees, in which case community venues were hired at minimal cost. No lunches were provided – only teas and coffees, as were provided for Governors.
11.22	<p>Q6: Policy for Umbilical Cord Blood Collection for Stem Cells <i>Does HDFT have a stated policy for Cord Blood Collection for stem cells?</i></p>
11.23	The Executive Medical Director confirmed that the Trust did have a policy on umbilical cord blood collection for stem cells. It was further explained that it was currently something commercial organisations were offering to patients. The organisations provided the Trust with a policy to follow should parents wish to consider this action. It was noted this would be a third-party agreement as the Trust was not licensed to carry out this work.
11.24	The Executive Medical Director advised that parents were made aware of the risks. For the Trust, the health and safety of the patient and child were most important.
11.25	<p>Q7: Contingency Planning for Bad Weather <i>i. What was the impact on patients on hospital sites but also those patients in the community reliant on, for example, nursing interventions in the home?</i> <i>ii. Following a proposed debrief, has there been any areas of improvement identified in future emergency planning policies and procedures?</i></p>
11.26	The Chief Operating Officer noted there had been a debrief report in January 2025, following the severe weather warning on 5 January 2025. As the Accountable Emergency Officer, the Chief Operating Officer noted the situation was a critical situation but did not consider it necessary to declare an incident.
11.27	<p>Some actions taken included:</p> <ul style="list-style-type: none"> • There had been regular incident meetings throughout the day • Communicated with Parking Eye as people were unable to remove vehicles from the car park • Contacted Ripon Hospital • Walked people into sites by the Concierge Service • Called on local people to help, including friends of staff who volunteered • Noted that vehicles were unable to reach all areas
11.28	<p>However:</p> <ul style="list-style-type: none"> • In the Community, not everyone was able to reach and carry out their planned casework • Staff did not have alternative plans to get themselves into work • There was only one HDFT EPR (Emergency Preparedness & Response) person, who was not available 24hours • There was no on-call person from Estates (HIF) • There were issues with gritting contractors • There were concerns about having sufficient food to feed both patients and staff (resulting in pizzas being ordered for staff) <p>In preparation for a similar event in the future, it was confirmed that further consideration was being given to:</p>

11.29	<ul style="list-style-type: none"> • Provision of accommodation • Communications • Forward planning to contact staff members • Hold a list of people with off-road (4x4) vehicles • Gold Command worked well but Silver Command lived further afield • Including mountain rescue in list of people to contact <p>Resolved: The responses to the questions were noted.</p>
11.30	
COG/03/05/12	CoG Annual Workplan 2025-26
12.1	Resolved: The Council of Governors' Meetings annual workplan was noted.
COG/03/05/13	Any Other Relevant Business
13.1	There being no further business, the meeting closed at 5:50pm.
COG/03/05/14	Evaluation of the Meeting
14.1	The Chair asked for any comments on the meeting evaluation to be forward to her.
COG/03/05/15	Date and Time of Next Meeting
15.1	The date of the next meeting on 17 June 2025 was confirmed with the subject of specialist update prior to the meeting to be confirmed. The venue was noted as the Boardroom at Trust HQ, Harrogate District Hospital.

Council of Governors (held in Public) Action Log for June 2025							
Minute Number	Date of Meeting	Subject	Action Description	Responsible Officer	Due Date	Comments	Status - completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
COG/3/6/13.2	06 March 2024	Structure of Council of Governors	Consider if governor seats represent the Trusts' footprint and needs - with merge of Local Authority Seats to one council	Assistant Company Secretary	TBC	Update: an initial review had started at RNCC with a look at seats that were hard to fill. Added to forward plan for RNCC meeting agenda.	Ongoing
COG/12/4/11.7	04 December 2024	Urgent Constituents' Questions: Engagement Strategy	Provide a timeline for the Patient Experience Corporate Project.	Associate Director of Quality & Corporate Affairs	June 2025	Amended due date. February 2025 Update: Governors request to be engaged from the outset rather than being presented with a draft strategy for review. Engagement session scheduled for before the June Council of Governors' Meeting.	Propose to Close
COG/3/5/8.11	05 March 2025	Board Sub-Committee Update	Schedule a deep-dive into 0-19 services at an IGB to understand the safeguarding measures in place	Assistant Company Secretary		Item added to 2025 Briefing Schedule.	Propose to Close

Report to Council of Governors 17th June 2025

Lead Governor Update

Purpose : to provide a summary of Governor activities since last Council meeting and highlighting examples of assurance as appropriate

1.0 Celebration of Achievements

1.1 The Lead Governor was delighted to attend the annual Kite Awards on 7th March 2025 to celebrate the accomplishments of HDFT Colleagues at an event sponsored by a number of partners. The event was a most enjoyable experience which provided an opportunity for those involved in the Trust at all levels to recognise the contributions made to the success of the organisation.

2.0 Governor Involvement in Recruitment

2.1 The Lead Governor participated in internal stakeholder panel for Chief Nurse appointment on 6th March 2025 and was also involved in the appointment for the Fixed Term Interim NED appointment

2.2 The timetable for the appointment of Non Executive Directors and Associate NED vacancies has been discussed with the Lead Governor and plans are in place for a number of Governors to be involved in a stakeholder panel and formal interview panel involving members of the Remunerations, Nominations and Conduct Committee (RNCC) in late July and early August 2025.

3.0 Informal Governor Briefings

3.1 Informal Governor Briefings keep Governors up to date with developments in between formal Council meetings.

3.2 At an informal briefing held on 18th March 2025, the CEO and Director of Finance provided an update and answered Governors' questions on national policy developments, annual planning guidance and local context together with the approach being taken in developing the annual plan for HFDT.

3.3 At a further briefing on 6th May 2025, Governors were provided with an update from the Harrogate Integrated Facilities (HIF) executive team which included progress on capital programme building works (including the theatres programme and early stage plans for the refurbishment of the main hospital reception area and the removal of RAAC). Governors were also updated with progress on the respective reviews of catering and portering services and medical engineering services.

3.4 Also on 6th May 2025, Governors were provided with some detailed information on the background to the recent acquisition of North House GP Surgery in Ripon; this information provided assurance to the Governors that appropriate steps had been taken to consider the benefits and risks to this

decision. Governors also looked forward to hearing about future progress on this development.

4.0 Governors' Co-ordination Group

4.1 Our Governor Co-ordination meetings help us to consider and co-ordinate our respective views and this continues to work well in assisting us to plan which questions and priorities to raise on behalf of our membership and the public. Meetings took place (on Teams) 16th April and 29th May 2025 and focussed on planning for the Informal briefing and Council meetings.

5.0 Governors Development Sessions

5.1 At the Governors' Development Session held on 22nd April 2025, participants discussed (further to previous sessions held) how Governors could demonstrate the implementation of their statutory roles and responsibilities. This included at the beginning of the session, a detailed input by the CEO on "Significant Transactions" policy and the parameters involved in cases where Council of Governors approval would be required.

5.2 The Development Session promoted debate on the effectiveness of existing ways of working and explored ideas of how practice might be further improved. This has included trialling the submission of summary reports from Board Sub Committees to the Council of Governor meetings to assist Governors in identifying the key issues being considered (see also 6.2 below).

6.0 Observing Board and Board Sub Committees

6.1 A number of Governors observed Board Sub Committees and the Trust Board on 28th May 2025 and Audit Committees observed on 23rd April and 7th May 2025.

6.2 The main purpose of observing at sub committees is for Governors have an opportunity to see NEDs in action and gain assurance that the Board is appropriately challenged. Including an item at the end of each Sub Committee's agenda was trialled during this cycle of meetings. This was aimed at providing Governors an opportunity to comment on the effectiveness of the meetings and to raise any queries not covered during the course of the meeting. The outcomes varied between different meetings and were affected by the items, content and length of agenda; these will be evaluated used Governor and NED feedback, together with the trial of Board Sub Committee reports, and discussed further as part of the exercise to improve practice on the implementation of statutory roles.

7.0 Engagement with Membership and the Public

7.1 The Governor Development and Membership Engagement Committee (GDMEC) met on 2nd May 2025 to review membership engagement plans and support for Governors.

7.2 A dedicated development session on engagement has been planned for to look at how Trust wide engagement plans relate to each other so that there is a clear understanding how the interests of the population served by the Trust are

represented and reflected. This session is due to take place on 17th June 2025 prior to the Council of Governors meeting.

7.3 For some time there has been a vacant stakeholder Governor position representing the charitable/third sector and during this period discussions have been taking place between the Chair, Lead, Deputy Lead Governors and local Healthwatch partners regarding proposed representation on the Council.

7.4 It is hoped that progress can also be made regarding other vacancies (a) the Patient stakeholder role (b) Higher Education and (c) consider how the 0-19 services can be effectively represented as the geographical footprint for these grows.

8.0 Governor Walk Around Visits

8.1 Following the success of the new programme of "Walk around" visits earlier in the year for Governors to walk around operational areas of the Trust, it is planned to continue these with the next one taking place at the Frailty Unit on 23rd June 2025.

9.0 Governors' Focus Conference 5th June 2025

9.1 The Lead Governor participated in the annual Governors' Focus Conference on 5th June 2025 facilitated via zoom by NHS Providers. A quick summary is attached as an appendix - slides will be shared when these become available.

Jackie Lincoln

Lead Governor

Appendix

NHS Providers Governor Focus Conference 2025**(Note slides will be shared when available)****1.0 Summary of Conference held on 5th June 2025**

The conference held via zoom included 270 delegates representing 110 Trusts it was chaired by Paul Devlin (Chair of Nottinghamshire Healthcare NHS Foundation Trust). A policy update was provided by Saffron Cordery, Deputy Chief Executive at NHS Providers followed by two showcases of practice. The first was on supporting Governors implement them gaining assurance through the development of a tailored Governor Dashboard. The second showcase described how young people were enabled to establish a youth council and influence the Trust Board with support from Healthwatch and Governors. A plenary panel discussed the value of volunteering as part of “Celebrating Volunteer's week” and highlighted how Governors were all also volunteers. The event finished with delegates in smaller breakout sessions sharing information on respective priorities and practice. Concluding comments signposted delegates to further support and resources.

2.0 Setting the scene - A policy update

2.1 Saffron Cordery, Deputy Chief Executive at NHS Providers, shared insights on key strategic policy developments and their implications for governors, including the 10-year health plan and the need for social care reform.

Political Context The Government’s vision and priorities for the NHS - Three shifts • Hospital to community • Treatment to prevention • Analogue to digital;

DHSC as an “economic growth department” – improving health supporting people back into work; NHS as an employer impacting on local economies; building links with life sciences and medical technology industries; Devolution - moving power from the central to local • Empower metro mayors and combined authorities to shape local economies – Desire for change at pace.

Frontline – Financial “reset” prompted by £6.6bn deficit; Quality under pressure; Industrial relations: NHS staff survey and pay review work

Reform: Saffron shared what priorities NHS Providers had fed into discussions on the forthcoming Comprehensive Spending Review (CSR) including:

Expanding community and primary care capacity; sustainable social care ; significant funding for transformation Invest in prevention and tackling health inequalities; significant real-terms increase to capital budget; parity of esteem for mental health services.

2.2 A key question raised was what would be the future role of Governors?

It was responded that there was a certain amount of ambiguity, particularly for those providers navigating shared leadership arrangements and mergers. However, the role of

Governors was founded in law and that in any future revisions to legislation local accountability would need to be taken into consideration. In the meantime Trusts would be expected to abide by the Code of Governance.

3.0 Showcase – Governor Dashboard Gloucestershire Health and Care NHS Foundation Trust

Presenters: Anna Hilditch – Assistant trust secretary Bob Lloyd-Smith – Public governor Peter Gardner – Public governor

3.1 Gloucestershire Health and Care NHS Foundation Trust shared their Governor Dashboard – a tailored report developed to provide governors with key performance information to support their role in holding the trust to account. This had been developed following trying out different approaches for eg Governor Committees mirroring Board Sub Committees; Governors observing Board Committees; circulated large unedited reports to our Council. They concluded these were all too resource intensive, too much operational detail, very paper heavy, confusion of roles, not meaningful information. The issue identified was providing Governors with what they needed to carry out their role, not what they didn't need.

3.2 The solution developed was the Governor Dashboard, a high-level snapshot to ensure governors have an ongoing sense of how the Trust is performing. Particular focus is placed on the core responsibilities of governors in holding the NEDs to account for the performance of the Board and ensuring that people using services are receiving the best possible care.

The dashboard is presented at each Council meeting and includes:

- Key Trust statistics Bi-monthly monitoring of Trust targets (focussing on patient experience, quality indicators and workforce targets) enabling Governors to see trends
- A summary of the business discussed at the Board Committees, for Governors to understand the broad range of important topics discussed, challenged, debated and approved.

3.3 The dashboard is not designed to duplicate information already available via public Board papers on the full range of Quality and Performance measures – it is designed and tailored to highlight some of the key measures that Governors may wish to explore. The dashboard is short (12 pages) and succinct; It provides the foundation for the Holding to Account role, with NEDs in attendance at Council meetings ; demonstrates the Board's openness and transparency which provides the opportunity for Governors to effectively question and challenge

The dashboard can be accessed [here](#) along with the [cover letter](#) – covering report.

4.0 Showcase - Youth Council - The Queen Elizabeth Hospital King's Lynn

The presenters were John Bultitude – Head of communications and marketing (Healthcare Norfolk) and Dr Antonia Hardcastle – Lead governor

The conference heard about the [Youth Council initiative](#) at Queen Elizabeth Hospital King's Lynn, led by Healthwatch Norfolk with support from Governors and input into the trust Board. It helps Governors understand the views and priorities of younger people.

5.0 Plenary panel - Celebrating Volunteer's week

The presenters were Aishah Farouq, Associate Non-Executive Member – Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB) Dave Stott, Director of Volunteering and Safeguarding, Royal Voluntary Service Paul Devlin, Chair, Nottinghamshire Healthcare NHS Foundation Trust

5.1 The plenary panel celebrated the positive impact of volunteers, with the speakers leading discussions on the power of youth voice, how organisations can benefit from volunteers, and highlighted the importance of the governor role.

5.2 It was highlighted that all Governors were volunteers and that different types of Governor brought different contexts and reasons to volunteer as Governors. It was commented that Foundation Trusts needed to recognise, understand, and respect this and manage the demands and expectations placed on Governors.

5.3 Volunteers are connected to their communities – e.g. by geography, special interest, equality characteristics, medical condition, etc. Trusts that understand their Governors' links can utilise them to gain perspectives from, and to connect with, communities

6.0 Breakout Sessions

Smaller groups of delegates were invited to share their reflections and comments on priorities in their own Trusts. There was a desire to engage in more networking and NHS P was asked if this could be facilitated on a regional basis or if contact details could be shared.

7.0 Closing Remarks and future Support Governwell

Representatives of Governwell reported that further support was available through their training programme and that costs for this had been reduced following recent feedback. [Training and events](#)

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	<i>People and Culture Committee</i>
Date(s) of Committee:	26 th March 2025 and 28 th May 2025
Report Completed By:	<i>Andy Papworth (NED and Committee Chair)</i>
SUMMARY OF BOARD SUB-COMMITTEE <i>Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.</i>	
1. Items discussed	
<p>People and Culture Committee is a subcommittee of the Board with the key responsibilities to ensure oversight of the delivery of the People Plan and to assess strategic risk in relation to People and Culture.</p> <p>Our membership is made up of three Non Executive Directors and two Executive Directors. In addition, we receive regular presentations from colleagues in the Trust (e.g. Freedom To Speak Up Guardian), we undertake Gemba (walkaround) visits, and we are observed by Governor representatives, which we welcome.</p> <p>Our agenda is arranged to allow us to focus on the strategic aim of “Making HDFT the best place to work”, and to ensure the Trust has the right plan and is making sufficient progress towards delivery of this ambition.</p> <p>In the last two meetings, we have covered the following items (months in the brackets highlight at which meeting):</p> <ul style="list-style-type: none"> • Review of the Board Assurance Framework (BAF) in relation to People and Culture on behalf of the Board. The two key areas (True North metrics) we cover are: 1. Staff Engagement; and 2. Staff Availability (March and May). • Updates on Freedom To Speak Up and from the Guardian of Safe Working (March and May). • Review and approval of the Gender Pay gap and Ethnicity Pay gap annual reports (March). • Results from the National NHS Staff Survey (March) and the most recent Inpulse Survey (May). • Departmental Staff Engagement Action Plans as a result of the National NHS Staff Survey – “you said, we did” (May). • Any audits relating to People and Culture, maintaining a particular link to Internal Audits and any people/culture related actions from the Board’s Audit Committee (March and May). • Metrics relevant to People and Culture (e.g. appraisal rate) from the IBR (Integrated Board Report) (March and May). • Update on Staff Networks, including Race and Disability equality actions (March). • Gemba visit to Pharmacy (March) and a presentation on the work around Staff Retention (May). • The latest Public Sector Equality Duty and NHS Equality Delivery System 2022 – EDS reports (May). • Approval of the Modern Slavery and Human Trafficking Annual Statement (May). • Review of people related HR policies in place across the Trust (May). 	

- **Chairs' update**, including items escalated from other committees, review of minutes and actions (March and May).
- **Governor observations** on our meetings (March and May).

2. Key Strategic Risks the Committee Focuses on (and risk assessment/ score)

The two core (True North) areas of focus for the Committee are as follows:

1. Staff Engagement – understanding how colleagues are feeling towards HDFT as a place to work and as an employer using a range of emotional indicators.

This objective is on track. The Trust's National NHS Staff Survey Overall Engagement score of 7.00 was ahead of the benchmark score of 6.84; and the Trust continues to track above the quarterly Inpulse survey benchmark group consistently.

2. Staff Availability - To ensure HDFT is the 'best place to work' there must be the right number of staffing available each day for quality of care and to enable those staff to have a good experience and do their best.

This objective is broadly on track. Last financial year 2024/25 the Trust achieved a vacancy rate of 3.81% (vs 6% target) and a turnover rate of 11.42% (vs 12% target) – this was really good progress and resulted in the Trust being staffed the closest to establishment in a long time. However, whilst overall availability was excellent, sickness levels were slightly above threshold (5.05% vs 4.5% target) and there is still work to do on staff leaving within the first year (16.62% vs 15% target). These will be ongoing areas of focus for financial year 2025/26.

There are currently **no high scoring Corporate Risks around People and Culture** (risks scoring above 12 on the risk register).

Two key projects have been added to the Trust's work plan for 2025/26, which the People and Culture Committee will monitor:

- **Staff Involvement** - to create an environment within HDFT where staff feel genuinely involved in decisions, which helps with wellbeing and improves engagement.
- **Staff Availability – to have all Medical Staff on the rostering system** and managers really engaged in using it as a tool to help improve patient care delivery.

3. Where reasonable assurance was obtained

Through the Committee's work, supported by triangulation with other data, Gemba visits, member experience and discussion, the Committee is assured that the Trust is making good progress towards the ambition of 'making HDFT the best place to work'. Culture across the Trust has been much improved over the last 5 years, hugely enabled by the work on values (KITE), improved staff availability and evidenced by Staff Survey results. The most recent staff engagement scores should, and have been, celebrated.

In terms of more specific matters that we have been assured on recently from our March and May meetings:

- Progress towards the True North objectives of Staff Engagement and Staff Availability, and relevant actions.
- Freedom to Speak Up arrangements (also received a 'green' audit).
- Actions taking place in the Directorates on the back of escalations from the Guardian of Safe Working.
- Actions taking place in the Directorates on the back of the most recent National NHS Staff Survey.
- Focused work around sickness and staff retention (particularly within first 12 months of joining).
- People-related metrics being within range of the thresholds set by the Trust.
- The majority of HR related policies (41/50) having been reviewed within timeframe, with actions in place on any outside of timescale.

Sub-Committee Briefing for Council of Governors – v2

4. Where lower level of assurance was assessed and action being taken

The Committee recognises that whilst overall Staff Engagement is trending well and ahead of benchmark, this is an overall average, and it doesn't mean that there are no areas of concern at all within the Trust. Work has been, and will continue to be, undertaken in relation to identifying those teams with low survey response rates/ low engagement scores and then following up to review this and support those teams. We will also continue to use our Committee Gemba visits to support this, in addition to the work of the Executive team and the Directorates.

There are currently no high scoring people risks / low areas of assurance, but we continue to monitor the following items:

- Retention – specifically turnover within the first year of joining.
- Sickness levels.
- Support for staff with disabilities and long-term conditions, and the actions that are in place to make this better.
- Ethnicity and Diversity – and the actions in place to improve this further, including around recruitment and promotion.
- Bullying and harassment from other staff and patients – whilst instances have reduced over recent periods, this does still happen and we need to keep working to eliminate it.

5. Matters of concern or areas identified for escalation

One specific matter was highlighted for Board discussion in the May meeting: feedback on the scoring guidance supporting the EDS 2025 report. This was discussed at both the People and Culture Committee and at the main Board. There is also an action from a recent Governors briefing meeting that will be responded to.

9.1

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Quality
Date(s) of Committee:	28 th May
Report Completed By:	Laura Robson
SUMMARY OF BOARD SUB-COMMITTEE <i>Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.</i>	
1. Items discussed	
<p>Tissue Viability Lead gave the committee a presentation on the reduction of moderate and above harm caused through tissue damage particularly focussed on the reduction of pressure damage. This acted as our Gemba session at the start of the committee.</p> <p>The Executive Directors up dated on the two Strategic Ambitions the committee focusses on- Best Quality Care and Great Start in life.</p> <p>Specifically we discussed the review of the Trauma Pathway focussing on improving the management of trauma patients arriving in ED. A number of actions had been taken and progress is sustained. We were informed of the appointment of a bereavement office for the hospital. This is very welcomed to improve the experience of people who have to manage the death of a loved one. Following the appointment a short tenure group has been established to review and improve End of Life Care. The review of the management of the 'deteriorating patient' is also underway but has more work to do. We will continue to monitor this.</p> <p>We discussed the process of improving the patient voice in the Trust. This is a key focus for the corporate Patient Experience team this year.</p> <p>The committee received a presentation of the Annual Health and Safety report. It highlighted a wide range of actions taken and gave significant assurance to the committee. We had a discussion regarding sickness and absence caused through work related stress and how difficult this was to identify, the discussion was followed up with the People and Culture committee. As highlighted at the last governor committee, the risk of fire remains of the risk register with significant mitigations in place. The report was approved on behalf of the Trust Board.</p> <p>The report on Strengthening Maternity and Neonatal Services was discussed and approved. There were no particular concerns to report.</p> <p>The delivery of Same Sex Accommodation Annual Report was approved. There were no incidents to report.</p> <p>The Quality account was discussed and approved. Some additions were still required. Governors are recommended to read the report as the format has improved this year and details some amazing work from our teams.</p> <p>We received the Bi Annual review of the Safer Nursing Care tool. Little change was require to the staffing levels in place after the review.</p> <p>The committee receives audit reports from Internal Audit that have a patient safety or quality component. The review of Storage and Management of Oxygen Cylinders had received significant assurance. Some minor issues identified in the report were discussed and action has been taken to rectify the concerns.</p>	

2. Key Strategic risks the Committee Focuses on (and risk assessment/ score)

There are no strategic risk associated with the Strategic Ambitions.
The risk of injury from fire is 15 and we consider this within Health and Safety
We consider operational risks that have an impact on Patient Safety and Quality. For example Stroke Services and ED performance but these are not allocated to the Quality Committee specifically.

3. Where reasonable assurance was obtained

Reasonable assurance was obtained in all areas discussed above

4. Where lower level of assurance was assessed and action being taken

The ongoing review of the management of the Deteriorating Patient, improvements in End of Life Care, the Trauma Pathway, improving Patient and Public voice, are all designed to improve assurance and will remain on the agenda of the committee.

5. Matters of concern or areas identified for escalation

No new risks were identified and escalated

9.2

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	<i>Resources Sub Committee</i>
Date(s) of Committee:	28 May 2025
Report Completed By:	<i>Jeremy Cross</i>
SUMMARY OF BOARD SUB-COMMITTEE <i>Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.</i>	
1. Items discussed	
<p>We followed the usual subcommittee agenda that covers the following areas:</p> <ul style="list-style-type: none"> • Person-centred integrated care • Financial Sustainability • Environment • Planning updates • Performance within WYAAT and HNY • Business Development update • Business case – Imaging Services Capacity Review 	
2. Key Strategic Risks the Committee Focuses on (and risk assessment/ score)	
<ul style="list-style-type: none"> • Delivery against our key performance metrics – A&E, Cancer, RTT and Children's Contracts • Delivery of our financial commitment – achieve breakeven by year end • Delivery of our environmental plan – capital programs, etc. 	
3. Where reasonable assurance was obtained	
<p>Key performance metrics</p> <p>We have had a very strong couple of months with a significant improvement in A&E performance to over 80% in both March and April, and this has been sustained so far into May. This is very encouraging and the result of several pieces of work from the team. As a result we are also delivering against Ambulance waits.</p> <p>Cancer metrics remain strong with a continuation of the improved performance of recent months</p> <p>Only 2 out of 45 Children's services were amber, the remainder were green</p> <p>RTT metrics remain very strong – well ahead of our commitments, and well on track to deliver our year end numbers for March 2026</p> <p>This was all reflected in an article in the Daily Telegraph this month which showed HDFT's performance relative to all 118 trusts in the country. Governors should be encouraged to see that HDFT ranked 2nd out of 118. So while there are still measures that we need to improve, you can be assured that we are making significant progress and benchmark against the rest of the country very well</p> <p>Capital programme works are progressing well – Governors will be aware as to the level of building work going on around the site.</p>	

We had a good discussion over the business plan for increasing headcount in image services. While the committee were broadly in agreement with the option proposed, there were some suggestions made to change the wording of the business case – particularly as the increase in personnel required is likely to be politically sensitive. Nevertheless, our experience of the past few years tells us that recruiting Harrogate staff to full time positions rather than relying on bank and agency staff has a significant benefit for patients as well as the team and is the right thing to do.

4. Where lower level of assurance was assessed and action being taken

Financial Plan

We reported a £1.4m deficit for the month of April – which is behind plan. The majority of this is as a result of our WRAP (Waste Reduction and Productivity) programme not yet being up to speed – particularly in the areas of LTUC and PSC.

Interestingly our reported performance is significantly behind other trusts within our ICB – but we are confident that this is as a result of us phasing our financial plan to recognise all challenges from month 1 – rather than introducing large challenges that may not be achievable later in the year.

Cash

As a result of the above, together with some delayed payments from local authorities for our children's services contracts, and some delayed payments for capital works, our cash position is tight, and the team are having to manage payments out to suppliers carefully – including delaying some payments beyond their due date.

5. Matters of concern or areas identified for escalation

The Committee will focus on the WRAP delivery programme over future months to see how these identified savings flow through to the bottom line

Cash will need careful management over the next few months until all monies are received for children's services contracts

9.3

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Innovation
Date(s) of Committee:	28 th May 2025
Report Completed By:	Wallace Sampson
SUMMARY OF BOARD SUB-COMMITTEE <i>Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.</i>	
1. Items discussed	
<ul style="list-style-type: none"> • EPR change programme • EPR benefits • Strategic Ambition: Digital Transformation to integrate care and improve patient, child and staff experience. • Strategic Ambition: Healthcare Innovation to improve Quality and Safety • Strategic Programme: HDFT Impact 	
2. Key Strategic Risks the Committee Focuses on (and risk assessment/ score)	
Delivery of EPR programme and achievement of benefits. Risk assessment currently green.	
3. Where reasonable assurance was obtained	
<ul style="list-style-type: none"> • Strong governance arrangements through EPR programme board, Innovation Committee and Trust Board • Regular review of highlight report • Ongoing continuing improvement work in parallel to EPR system implementation work to ensure that benefits can be realised 	
4. Where lower level of assurance was assessed and action being taken	
<ul style="list-style-type: none"> • Countermeasures for progressing actions are in place to ensure EPR programme remains on track. 	
5. Matters of concern or areas identified for escalation	
None	

Governor Questions on Behalf of Membership and the Public 17th June 2025 Council of Governors

Subject	Context	Questions
1. Lung Cancer Screening	<p>Lung cancer causes more deaths than any other cancer in the UK, almost as many as breast, bowel and prostate cancer combined. Lung cancer has a lower rate of early diagnosis than these common cancers (source UK National Screening Committee 11th November 2024).</p> <p>Lung cancer is one of the most common types of cancer. Helping find lung cancer early is the reason why the NHS set up the Lung Cancer Screening programme</p> <p>The NHS published aim is to make lung cancer screening available in North Yorkshire by 2026. This lifesaving screening will be available to the following:</p> <ul style="list-style-type: none"> • People aged between 55 years to 74 years. • People who are current or former smokers. 	<p>Can this screening be extended to include who have been subject to passive smoking in home/workplace during childhood and earlier adulthood?</p>
2. Implementation of Martha's Rule	<p>Martha's Rule is a major patient safety initiative providing patients and families with a way to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to and is currently being piloted by a number of Trusts across the country.</p> <p><i>Note: this Governor question was prompted by observing the Board and listening to the patient experience story</i></p>	<p>When will this be implemented by HDFT?</p> <p>How are NEDs gaining assurance of the application of principles in the "management of deterioration" in the interim?</p> <p>If a patient is unaccompanied, who acts as "Martha's" advocate?</p>
3. Cancelled Operations	<p>Whilst the performance data on timescales for RTT (referral to treatment) are "green", constituents report the distress caused by operations being cancelled at the last minute.</p>	<p>What data/information is collected and monitored on cancelled operations?</p> <p>How do NEDs gain assurance that this distress is minimised?</p>

4. Media Reporting on "Avoidable Failings"	Governors applaud the high ranking of the Trust in recent performance tables. There has been some recent concerning reports about deaths arising from avoidable failures in other Trusts	Could a summary be provided on the key assurances that are gained by the Board in relation to the efficacy of policies and procedures which prevent avoidable failures?
5. Meeting the Needs of the Elderly	Last year's Annual report and Accounts 23/24 highlighted risks including the inability to achieve person centered care for the elderly /frail	What progress has been made to mitigate this risk and is there an action plan in place?
6. Signage	Signage at Harrogate Hospital continues to be raised as an issue by patients and visitors, despite helpful assistance provided by volunteers and staff. This has been recently been compounded by malfunction of screens/digital systems in the reception area.	Are there plans and timescales in place for the review of the front entrance to the main hospital area? Could it be confirmed a that signage will be reviewed as part of any future developments? Governors are keen to offer support; could the inclusion of Governors in any proposed consultation processes be confirmed?
7. Parking arrangements for patients	At the March 2024 Council meeting a question was submitted on visitor parking arrangements. According to the minutes, the Deputy Chief Executive advised it was anticipated that a review of parking arrangements would be conducted around May 2024 once the new processes had been given time to embed. It was noted that key questions would be if parking had improved for patients and visitors as well as if the charging mechanisms and contractor processes required review. It was thought the inclusion of a public and a staff Governor in this process might be advantageous as well as making it known in any feedback or communications that Governors had been involved in highlighting concerns.	Please could the Council be updated on the latest position? If a full review is yet to be conducted, could the proposed involvement of Governors be confirmed?

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC SAFE DOMAIN														
Safety is a priority for everyone. People should always be safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination. Their liberty is protected where this is in their best interests and in line with legislation.														
<ul style="list-style-type: none">• Learning culture - We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.• Safe systems, pathways and transitions - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.• Safeguarding - We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.• Involving people to manage risks - We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.• Safe environments - We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.• Safe and effective staffing - We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.• Infection prevention and control - We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.• Medicines optimisation - We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.														
Lead Committee		Quality Committee		Summary: Aligned with the CQC SAFE Domain , the organization is addressing key safety risks to protect staff, patients, and visitors while promoting a culture of continuous improvement. <ul style="list-style-type: none">• HDH Goods Yard Security (CH52): Temporary security measures are in place to prevent unauthorized access, with permanent improvements targeted by March 2025.• Fire Safety (CH53): Fire risk assessments are complete, and infrastructure upgrades are underway to reduce the risk rating by September 2024.• Violence and Aggression (CH55): Policy updates, enhanced training, and security reviews are being implemented to safeguard staff and improve safety, including addressing limited security presence and outdated procedures.• Health & Safety – Building Security (CRR102): Outdated security policies, limited security presence, and inadequate CCTV/access control systems are being addressed through updated risk assessments, infrastructure improvements, and enhanced staff training. Plans include replacing door access systems, expanding CCTV coverage, and preparing for compliance with Martyn's Law by April 2025.• Containment Level 3 Microbiology Work (CRR98): The unavailability of the onsite CL3 lab has led to outsourcing, posing risks to patient safety and financial sustainability. Plans to recommission the CL3 facility by March 2025 are underway, alongside efforts to improve sample logistics and mitigate delays. These actions reflect the organization's proactive approach to ensuring safe systems, environments, and staffing, in line with SAFE Domain standards.										
Executive Committee		Quality Management Group (QGMG)												
Initial Date of Assessment		1 st July 2022												
Last Reviewed		April 2025												
Risk ID	Strategic Ambition	Type	Principle Risk: HDH Goods yard						Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR75/ID 115	An Environment that promotes wellbeing	Operational; Health & Safety	Unauthorized access and safety hazards in the HDH Goods Yard may result in major injuries, fatalities, or permanent disability due to inadequate security measures, non-compliance with safety regulations, and improper use of the area, posing a risk to the objective of maintaining a safe and secure environment for employees, patients, and others within the hospital premises.						Minimal	16	12	12	4	April 25 June 25
Key Target			Current Position			Plans to Improve Control and Risks to Delivery								
Board level lead for Health and Safety			The organisation has taken several steps to address health and safety risks within the goods yard. Risk assessments have been completed, identifying key areas of concern. In response, temporary measures have been implemented to mitigate these risks: <ul style="list-style-type: none">• Access Control: A temporary Heras fenced walkway has been established to safely guide staff and visitors to the Pharmacy lift and stairwell.• Staff Communication: Instructions have been communicated to all Trust staff via email and Team Talk regarding the safety protocols.• High-Visibility Clothing: High-visibility clothing is required for personnel who need routine access to the yard.• Contractor Guidelines: Contractors have been instructed that the yard area is strictly for delivery drop-offs and collections, and not for parking.• Security Weakness: The loading bay entrance remains unsecured 24/7 due to doors that do not close properly, posing a significant security risk, particularly during the night when staff presence is limited, leaving the area open to unauthorized access.• Safety Improvements: New pedestrian crossing markings were added at the entrance to the goods yard and car park in July 2023. Despite these measures, the ongoing issue of the unsecured loading bay entrance remains a critical security concern that requires further attention.			The organization has outlined several key plans and actions aimed at improving safety and security in the goods yard: Physical Barriers and Controls: for the protection of the liquid oxygen store, which will be factored into the overall improvement costs for the goods yard. Waste Management: A newly formed group is tasked with assessing the impact of changes to waste separation and new waste streams on site, with a report due to the Health & Safety Committee in June. Contractor Management: A new Contractor Management Policy is awaiting approval, with written instructions now issued to all delivery drivers and external users of the goods yard. This policy will guide future management and operations. Security Review: There will be a review of the current security guard provision in the goods yard to ensure it meets the evolving needs of the area. Construction Planning: A programme outline is being developed in collaboration with a contractor to ensure that the goods yard remains operational during upcoming construction activities. Timeline: The target date for completing these improvements is set for March 2025, aligning with the organization's 24/25 backlog programme.								
Annual Audit programme for Health and Safety														
Health & Safety Committee														
Suitable and sufficient risk assessments in place														
Implementation of control measures from assessments														
Capital programme to implement permanent physical changes to the area			These actions are designed to enhance the safety, security, and operational efficiency of the goods yard while maintaining confidentiality of specific details.											
Control of unauthorised access														
			The target date has been reviewed and updated, logistical challenges with maintaining operational activity have delayed works.											

Harrogate and District NHS Foundation Trust Corporate Risk Register

Risk ID	Strategic Ambition	Type	Principle Risk: Managing the risk of injury from fire	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR 75/ ID 116	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality, or permanent disability to employees, patients and others, and the unauthorised access of persons to restricted areas of the hospital through the loading bay entrance.	Minimal	20	15	15	10	April 25 Oct 25
Key Risk Indicators		Current Position		Plans to Improve Control and Risks to Delivery					
Updated Fire Safety Policy and associated management protocols		The Trust has made substantial progress in addressing fire safety concerns, with several key actions and improvements:		Ongoing Fire Safety Support: The Fire Safety team continues to receive ad hoc requests for support from both the HDH site and Community sites.					
Completion of fire assessments		Fire Risk Assessments: Fire risk assessments, which were initially incomplete, have now been completed for all areas of the HDH site. The process is being carried out by Oakleaf and is monitored by the Fire Safety Group with reports to the Health & Safety Committee. However, Oakleaf has been unable to meet the required level of availability, leading to a backlog in reviewing risk assessments, particularly in areas that have recently changed usage due to Block C moves. Addressing this backlog will be a priority for the new Fire Manager.		Infrastructure Risk Work: Efforts to separate infrastructure risk items, such as fire alarms, compartmentation, fire doors, and fire dampers, are ongoing and expected to be completed by April 2024. These risks will be added to the Health & Safety Risk Register and escalated where necessary, with updates reported via the Fire Safety Group, Health & Safety Committee, and Environment Board.					
Appointment of competent Fire Manager and Authorising Engineer		Communication Improvements: Communication of fire safety information, which was previously inconsistent, is now regularly disseminated through weekly bulletins by the Fire Manager.		Fire Alarm System Costs: An analysis of the costs for a new fire alarm system is being conducted, comparing the total upfront cost of switching providers versus upgrading the existing system over multiple years.					
Completion of assessments		Fire Wardens: The use of Fire Wardens remains inconsistent, highlighting an area requiring further attention.		Basement Corridor Improvements: Priority work is being planned to improve the compartmentation and fire stopping in the basement corridor between plant rooms as part of the 2024/25 backlog maintenance budget. New drawings have been produced, and cost estimates are being sought.					
Implementation of fire procedures and policies		Fire Manager Recruitment: The position of Fire Manager has been advertised, attracting some interest. The recruitment process is complete, with pre-employment checks currently underway.		Evacuation Risk Management: Remedial actions are being taken to minimize risks associated with the closure of corridors for six weeks. Evacuation aids have been repositioned, and additional training is being provided to both clinical and non-clinical staff, with multiple sessions organized by the Fire Manager.					
Communication of fire procedures to all employee		Contractor Assessments: The assessment of contractors and construction work is to be integrated more consistently into Trust fire assessments and evacuation procedures. Construction Phase Plans for all CDM work are under review to include fire risk assessments and shared control measures.		Monthly Fire Checklist: A new Monthly Acute and Community Fire Checklist is being developed for completion by all teams, departments, and community locations.					
Audits and reviews of the above conditions at appropriate intervals.		Corridor and Exit Safety: There has been a significant improvement in keeping corridors, escape routes, and exits clear, with the HIF waste team prioritizing daily clearing. However, issues with fire doors being wedged open on wards still persist.		Evacuation Procedures and Training: Evacuation procedures are being escalated, with training provided to clinical teams, including a simulated exercise at an extended SMT workshop, which has been completed.					
		Fire Policy and Management: A new Fire Policy and Fire Management Procedures have been established. A Service Level Agreement (SLA) with Leeds Teaching Hospitals NHS Trust (LTHT) has been fully implemented, with regular site attendance to review fire risk assessments, fire strategy in relation to construction work, and provide training.		Backlog Maintenance for Fire Safety: A Backlog Maintenance paper for 2024/25 has been submitted to the Environment Board, covering key fire-related works, including basement compartmentation, fire damper remediation, main entrance remedial work, and upgrades to fire doors. The outline proposal has been agreed upon, with detailed costs and a program plan being developed. Costs have now been confirmed, and the work is being scheduled.					
		Ongoing Assessments and Reporting: The Health & Safety Team continues to report on fire safety assurances for the community estate in fortnightly CC Estates meetings. Additional information is being gathered from all community sites to assess resource needs, including risk assessments and training.		A schedule is in place to carry out new FRA in all community sites.					
		Fire Safety Testing: Significant Cause and Effect testing, especially in the main theatres, has been completed.							
		Evacuation Procedures: Ward changes and the development of updated evacuation procedures are ongoing, with the Fire Safety Manager collaborating with relevant teams. A review of evacuation and alarm sounding is ongoing							
		SLA Conclusion: The SLA with LTHT has officially ended, although support for some pre-arranged work, including SMT training, the TIF2 project, and online training is on-going.							
		Fire Safety Group Establishment: The Fire Safety Group has been fully established, with its first meeting held on August 31, 2023. Monthly meetings are now in place, with an action being reviewed by the Fire Safety Group and escalated through the Health & Safety Committee as needed.							

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk:: Managing the risk of violence and Aggression	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
117	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.	Minimal	16	12	16	8	July 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Suitable and sufficient assessments of risk Trust / HIF activities.			The organization is facing several challenges related to Violence & Aggression (V&A), Security, and Lone Working: <ul style="list-style-type: none">Outdated Policies: Current policies on Violence & Aggression, Security, and Lone Working are outdated and do not reflect the Trust's current structure, services, or resources.Generic Risk Assessments: Available risk assessments are generic and lack clear identification of hazards or control measures.Limited Security Presence: Security coverage is limited, with a security guard in place only in the Emergency Department from 6 PM to 6 AM, and a single Local Security Management Specialist (LSMS) supporting the entire Community footprint.Inadequate Training: Training is limited and not provided on a risk-based approach, with low compliance in Conflict Resolution and Physical Restraint training, particularly before 2024.Inconsistent Escalation Procedures: Procedures for staff response to incidents and patient management are limited and inconsistently applied.High Incident Rates: There are daily reports of violence and aggression against staff, with 20-30 incidents recorded per month, despite the Trust's promotion of a zero-tolerance approach.Cultural Issues: There is an ingrained culture of accepting certain levels of violence and aggression. Training Updates and Compliance: <ul style="list-style-type: none">Conflict Resolution Level 1 (mandatory e-learning) was introduced in January 2024, with 83.9% compliance across the Trust and 77.4% compliance in the HIF.Lone Working training compliance stands at 96.7%.Pre-2024 compliance for Conflict Resolution Breakaway Skills was 56.2%, with even lower compliance for Physical Restraint training. Security Review: <ul style="list-style-type: none">A limited assurance audit on Security has highlighted significant gaps, leading to a decision to separate Security risks from the broader V&A risks. This will include areas such as security policies, physical presence, lockdown procedures, and community support.Legislation Impact: The upcoming Martyn's Law, which is pending due to the election, will likely require significant changes to the Trust's security measures.Resource Limitations: The lack of dedicated security presence, especially at the HDH site, has hindered the ability to reduce the V&A risk score, with notable incidents occurring in hospital corridors and visitor toilets.Risk Score: The risk score remains at 12, reflecting the ongoing challenges and will be reviewed at the August H&S Committee Meeting. <p>The situation is compounded by a recent increase in high-risk incidents, highlighting the insufficient resources available to support both acute and community settings</p>	Task and Finish Group: A Task and Finish group, led by the Head of H&S, has been established to review and improve all existing policies and procedures, aligning them with NHSE's Public Health Approach. Monthly meetings will begin in May 2024.					
Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.				Mental Health Triage and Policy Update: Changes to mental health triage in the Emergency Department are ongoing and will be incorporated into a new policy for managing patients who may self-harm or have mental health issues. This policy is in the approval process as of April 2024.					
Risk assessments, policies and control measures actively monitored and reviewed.				Ligature Assessments: Ligature risk assessments are under review due to ward and therapy area changes. Training provision for ligature risks is also being addressed after delays caused by staffing changes.					
Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.				Conflict Resolution Training: A new Conflict Resolution training program is being developed with three levels tailored to staff risk levels. The content will align with the CQC-supported Restraint Reduction Network, with ongoing discussions to ensure appropriate training needs assessments (TNA) across the Trust. A business case is being prepared to expand training provision.					
Provision of appropriate training and information to all Trust staff clinical and non-clinical.				Community Security and Lone Working: Visits to all community teams and locations are underway to assess current security and lone working procedures.					
			Domestic Abuse and Sexual Violence: Meetings are being held to integrate issues of domestic abuse, sexual violence, and workplace sexual safety into the Violence Prevention and Reduction Strategy. A new policy and training package for line managers is in development, with plans for a team talk session by September/October.						
			Policy Reviews: New policy and procedure are under development for staff safety. The Lockdown Policy and Bomb Alert Policies are under review to ensure they are up-to-date and effective.						
			New Risk Assessment Process: A Trust-wide risk assessment has been developed and is now being used to inform team and department-level assessments. This is part of an ongoing effort to implement a new risk assessment process across the Trust.						

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: <u>Physical security provisions, training and support resources</u>	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR102/ID 577	An Environment that promotes wellbeing	Operational ; Health & Safety	Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation.	Minimal	16	16	16	8	April 25 Sept 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan)			Outdated Security Policies: Policies related to Security, Lockdown, Bomb Alert, Theft, Damage of Trust assets, personal property, and CCTV are outdated and do not reflect the Trust's geographical footprint or current operations.	Policy Updates: The Health & Safety (H&S) team, in coordination with HIF, is currently updating all relevant security policies, including Lockdown, Bomb Alert, Theft/Damage, and CCTV. These updates aim to align policies with the Trust's current structure, services, and geographical footprint.					
Supported by up to date policies that reflect the activities carried out by the Trust and the geographical differences created.			Generic Risk Assessments: Existing security risk assessments are generic and do not sufficiently identify hazards or provide clear control measures, particularly for building security, individual response, and lone working.	Risk Assessments: Comprehensive security risk assessments are being developed, with a focus on individual sites, lone working, and staff responses. Departmental risk assessments are ongoing at the local HDH level and across the community footprint.					
Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum			Limited Security Presence:	Security Infrastructure Improvements:					
Use of available data sources, such as Datix, sickness absence as part of the monitoring and review process.			<ul style="list-style-type: none"> Acute Setting: Security is present only from 6 PM to 6 AM daily, with additional coverage on Monday, Friday (7 AM – 5:30 PM), and weekends (6 AM – 6 PM). Community Hospitals: No dedicated security presence, such as at Ripon Community Hospital. Community Footprint: A single Local Security Management Specialist (LSMS) covers the entire community setting, limiting response capabilities. 	<ul style="list-style-type: none"> Door Access Control: A new door access system has been costed and will be replaced incrementally as part of the Trust's Backlog Maintenance work. CCTV Coverage: A review of CCTV systems is in progress, with updates planned where necessary. Security Guards: HIF is obtaining legal advice regarding the provision and licencing of Security Guards at the HDH site. This will be included in a business case for securing funding for additional security personnel. 					
Security incidents investigated and remedial action taken where identified.			Inconsistent Training: Staff training is limited and not risk-based. Compliance with escalation procedures during violent incidents is inconsistent, and staff are underprepared to manage security threats, including Violence & Aggression.	Training Improvements: Training on Violence & Aggression and Security risks is under review and will be updated to ensure staff receive appropriate, risk-based training. A new Conflict Resolution program tailored to various risk levels is in development.					
Effective communications to all staff.			CCTV and Access Control Limitations:	Governance and Responsibility Clarification: Discussions are ongoing with HIF to clarify security roles and responsibilities. Additionally, the Trust Security Forum's review will strengthen the governance structure by refining its terms of reference and membership.					
Provision of appropriate training and information to all Trust staff clinical and non-clinical.			<ul style="list-style-type: none"> CCTV: Current coverage at the HDH site is inadequate, with management delegated to the HIF. Access Control: The swipe card access system is outdated, unsupported, and lacks proper control over keys and lock codes. This has led to poor key management, particularly with contractors and Trust staff. 	Compliance with Martyn's Law: With the impending implementation of the Terrorism (Protection of Premises) Bill (Martyn's Law), the Trust will undergo significant work to ensure compliance, particularly in areas related to terrorism risk management.					
			High Incident Rates: Recent high-risk incidents, including absconded patients and Violence & Aggression (V&A) incidents in hospital corridors and visitor toilets, underline insufficient resources and response capabilities.	Improved Safeguarding Communication: Efforts are being made to establish formal communication channels between the Safeguarding Team, Trust Security management, and Emergency Department management to address security threats, such as County Lines gang activities.					
			Safeguarding Gaps: There is no formal communication between the Safeguarding Team, Trust Security management, and Emergency Department management, despite warnings from local law enforcement regarding County Lines gang activity.						
			Governance Gaps:						
			<ul style="list-style-type: none"> Security Leadership: Lack of clarity around executive leadership and accountability for Security within the Trust. Security Forum: The Trust Security Forum has been established and now reports to the Health & Safety (H&S) Committee. A review of membership and terms of reference is underway. 						

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Outsourcing of Hazard Group 3 Microbiology Work Due to CL3 Facility Unavailability	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR98/ ID 264	An Environment that promotes wellbeing	Operational ; Health & Safety	The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures.	Cautious	9	15	15	3	Sept 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
<ol style="list-style-type: none"> 1. Minimise delay to patient treatment 2. Zero staff harms resulting from exposure to unexpected hazard group 3 pathogens 3. Zero lost samples 4. Cessation of outsourcing & transport cost pressure 			<p>Since the unavailability of the CL3 lab at HDFT and the outsourcing of Hazard Group 3 microbiology work to a private laboratory in London, significant risks have emerged related to the logistics provider (DX).</p> <p>These include:</p> <ul style="list-style-type: none"> • Sample Delays: Routine delays of one day compared to in-house testing, with an additional four-day delay for Friday samples due to weekend non-delivery. • Lost Samples: In June 2024, a box of 12 samples was lost for nine days without an audit trail, raising concerns about sample integrity, data breaches, and mishandling of potentially hazardous materials. • Patient Safety: Delays in sample processing may lead to inappropriate antibiotic use, missed opportunities for treatment adjustments, and patients needing to repeat invasive procedures. • Mitigation Efforts: Attempts to source alternative NHS suppliers within the region have been unsuccessful, as many facilities are at capacity or under refurbishment, leaving limited options to reduce current risks. <p>These issues present quality, safety, and financial implications that remain unresolved while awaiting further mitigation strategies.</p>	<p>A series of plans and actions are being developed to address the risks associated with the outsourcing of Hazard Group 3 microbiology work, including delays, lost samples, and logistical challenges.</p> <p>These include:</p> <ul style="list-style-type: none"> • Recommissioning of Onsite CL3 Facility: An outline business case to recommission an onsite CL3 facility was presented to the BCRG on 2 July 2024. A full business case will proceed. This business case will detail the lab specification, costs, and implementation timescale, aiming to restore onsite testing capabilities and reduce reliance on external providers. • DX Transport Investigation: DX, the transport provider, is conducting an internal investigation to identify potential errors and establish mitigations to prevent future occurrences of lost or delayed samples. The results of the investigation are awaited, with the aim of improving sample tracking, delivery times, and overall reliability. • Sourcing Alternative NHS Suppliers: Despite ongoing efforts to find an alternative NHS supplier for Hazard Group 3 work, no viable options have been found due to capacity and facility issues at other trusts within the region. Attempts to identify a suitable alternative will continue alongside the progression of the onsite CL3 facility business case. <p>These actions are critical to mitigating current risks and ensuring patient safety, sample integrity, and operational continuity.</p>					

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC CARING DOMAIN													
		<p>People are always treated with kindness, empathy, and compassion. They are supported to live as independently as possible. Their privacy and dignity are respected. Every effort is made to take their wishes into account and respect their choices, to achieve the best possible outcomes for them.Kindness, compassion and dignity - We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.</p> <ul style="list-style-type: none">• Treating people as individuals - We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.• Independence, choice and control - We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.• Responding to people’s immediate needs - We listen to and understand people’s needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.• Workforce wellbeing and enablement - We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.											
Lead Committee	Quality Committee: People and Culture (Workforce Risk)			Summary in Month: In alignment with the CQC CARING Domain, which emphasizes treating people with kindness, empathy, and compassion while supporting staff wellbeing, the organisation has been addressing risks related to patient safety and colleague health due to low staffing levels in the North Yorkshire 0-19 Service (CRR93). CRR93 scoring was reduced in September 2024 and therefore it has been reduced form the CRR. The Trust continues its commitment to maintaining high standards of care, respecting patient choices, and supporting the wellbeing of the workforce, in line with the values of the CARING Domain.									
Executive Committee	Quality Management Group (QMG) (Clinical) Workforce Committee (Workforce)												
Initial Date of Assessment	1 st July 2022												
Last Reviewed	April 2025												
Corporate Risk ID	Strategic Ambition	Type	<u>Principle Risk:</u>					Appetite	Initial Rating	Rating	Rating	Target Rating	Target Date
Key Targets			Current Position					Plans to Improve Control and Risks to Delivery					

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC RESPONSIVE DOMAIN															
<p>People and communities are at the centre of how care is planned and delivered at all times. Their health and care needs are understood and they are actively involved in planning care that meets these needs. Care, support, and treatment are easily accessible, including physical access. People can access care in ways that meet their circumstances and protected equality characteristics</p> <ul style="list-style-type: none">• Person-centred care - We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.• Care provision, integration, and continuity - We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.• Providing information - We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.• Listening to and involving people - We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what’s changed as a result.• Equity in access - We make sure that everyone can access the care, support and treatment they need when they need it.• Equity in experiences and outcomes - We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.• Planning for the future - We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.															
Lead Committee		Resource Committee		Summary											
Executive Committee		Operational Management Group (OMG)		The organization is facing critical challenges within the CQC Responsive Domain, which emphasizes timely, person-centred care and equitable access to services. The risks include significant delays in autism assessments (CRR34), where waiting times have ballooned to a projected 43 months, preventing children from receiving timely diagnoses and necessary support. Additionally, the Trust is struggling to meet the A&E 4-hour target, with performance dropping below the national standard of 78%, leading to increased 12-hour breaches and ambulance handover delays. These delays compromise patient safety and the quality of care, highlighting the urgent need for improved capacity, streamlined processes, and strategic resource allocation to ensure that care is responsive, accessible, and equitable for all patients.											
Initial Date of Assessment		1 st July 2022													
Last Reviewed		April 2025		CRR 257 – Imaging for ED Patients has been reviewed by the Executive Risk Management Group in April 25 and de-escalated from the Corporate Risk Register back to the Directorate Risk register for management and oversight.											
Corporate Risk ID		Strategic Ambition	Type	Principle Risk: : Autism Assessment						Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR 34 / ID 1		Great Start in Life	Clinical; Patient Safety	Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition. There is a need to reduce the backlog of referrals back to the NICE standard of three months (reduce the waiting list to approximately 120)						Minimal	12	15	15	9	March 26
Key Targets				Current Position						Plans to Improve Control and Risks to Delivery					
Waiting list would have to be reduced to 120 and longest wait to 13 weeks.				Our commissioned capacity is now lower at 40 assessments per month which means the waiting list will grow more steeply.						The progress with PLACE based work. Mobilisation of WLI and new pathways					
Baseline capacity would need to meet the referral rate.				Non-recurrent funding challenges service management due to lead times for capacity acquisition and staff training, exacerbated by national shortages. Loss of a key clinical team member impacts medium-term assessment capacity.						In order to stabilise the waiting list we would need to increase the service capacity to approx. 90 assessments per month with the additional staffing costing £490k full year effect. The modelling has been shared at the CC Resources Review Meeting and has been escalated to the place ICB meeting with Execs as it was felt HDFT could no longer carry all the risk of these waits and there is currently no agreed plan to provide the resources required to address this longer term.					
Numbers on the waiting list 1566 (target 120)				Support provided to the team; commissioners informed. ICB-wide autism and ADHD group supersedes previous locality-based group, aiming to standardize referral criteria. No extra funding available for capacity gaps. Stabilizing waiting lists requires increased capacity, costing £490k annually. Modelling shared at CC Resources Review and escalated to place ICB meeting for executive consideration. No agreed plan for long-term resource provision is currently agreed and in place.											
Longest wait of CYP having commenced assessment, 82 weeks (target 13)				The target date has been reviewed and updated to March 2026.											
Activity - 31 completed assessments in Aug against ICB plan of 50 (plus 2 military assessment), YTD 255 against plan of 250.															
<ul style="list-style-type: none">■ To meet the monthly ICB target for number of assessments■ Meet the annual planned target for assessments															

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: ED 4-hour Standard	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
CRR 61 / ID 3	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Failure to Meet A&E 4-Hour Target Due to Inadequate Patient Flow, Leading to Increased 12-Hour Breaches and Ambulance Delays, Resulting in Compromised Patient Safety and Regulatory Non-Compliance	Minimal	12	12	12	8	March 26
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
4 hour performance A&E 4 hour target to be met, 6 hour breaches <102 per month 0 x 12 hour breaches			<p>Improved streaming pathways to HDFT specialties are in place, supported by focused engagement across Medicine, Surgery, Frailty, and Paediatrics.</p> <p>Assumed acceptance of admissions into Medicine and ASCOM referrals initiated in Surgery are supporting more efficient patient handover processes.</p> <p>Significant ED capital works completed in 2023 have enabled new models of care delivery, including the creation of a Fit2Sit area and Ambulance RIAT bay, aimed at improving performance and reducing congestion.</p> <p>Direct streaming to Surgical Assessment Unit (SAU) began w/c 13 January and is currently in the process of being embedded into standard practice.</p> <p>Nurse staffing is now in line with SNCT levels, improving workforce assurance and patient safety.</p> <p>New medical team members, many of whom are new to the NHS, are being supported through structured 1:1s and clearly defined role expectations.</p> <p>TES SOP (Transfer and Escalation Suite) has been implemented to allow decompression of the ED during critical periods of overcrowding.</p> <p>Point-of-care testing in the ED enables timely diagnostics and patient placement decisions.</p> <p>OPEL escalation framework is in use to manage operational pressures with consistent processes.</p> <p>Three daily bed meetings are in place, coordinated by a designated Manager of the Day to support site-wide flow and escalation.</p> <p>Significant delays to medical beds are a recognised issue; recently mitigated by the opening of a Winter Ward from 6 December (planned through end of February) as a short-term solution.</p> <p>Up to 17% of patients are classified as NCTR (No Criteria to Reside); adoption of OPTICA as the Trust's tool to support discharge and flow is underway, alongside a corporate discharge project launching in early 2025.</p> <p>The target date has been reviewed and updated</p>	<p>To support the Trust's True North objective of achieving the ED 4-hour standard, the following targeted actions are being implemented:</p> <p>Focussed Impact Work: Targeted performance initiatives at the directorate, care group, and ED front-line levels to drive improvement against the 4-hour standard.</p> <ul style="list-style-type: none"> • Relaunch of Internal Professional Standards: A refreshed framework (currently in draft) aims to strengthen internal clinical escalation and handover processes. • Improved Triage Timeliness: Work is underway to ensure triage is completed within 15 minutes of arrival for all patients, enhancing early risk identification and throughput. • Enhanced Streaming to SDEC and ED2: More focused operational support is being deployed to improve the consistency and appropriateness of patient streaming. • Expansion of Non-Headed Beds: Following initial success, this model will be reviewed for broader integration into flow and capacity plans. <p>Further planned mitigations include:</p> <ul style="list-style-type: none"> • Formalisation and audit of direct-to-specialty streaming, including SAU, with SOPs, monitoring, and outcome evaluation to ensure consistency and reduce ED burden. • Review and evaluation of ED reconfiguration outcomes, with refinement of design or process elements based on real-world performance data. • Structured evaluation of the Winter Ward model to inform the longer-term corporate ward reconfiguration project, with a focus on sustainable medical bed capacity. • Implementation and embedding of the OPTICA tool as part of a Trust-wide corporate discharge project launching in early 2025 to address high NCTR rates. • Strengthening of digital infrastructure to support bed meetings, with real-time dashboards, improved flow visibility, and predictive analytics. 					

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Stroke Provision	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
79	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Risk to patient care and safety due to delayed treatment caused by limited HASU capacity, non-adherence to the regional stroke pathway, and delays in assessing self-presenting stroke patients at HDFT ED, impacting timely and effective stroke care delivery.	Minimal	16	16	16	8 4	Oct 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
All eligible patients receiving HASU Care			<ul style="list-style-type: none"> There is limited HASU capacity at LTHT and YTHFT, and aspects of the regional stroke pathway are not being followed. 2023/24 SSNAP data indicates that 41.5% of confirmed strokes were directly admitted to HDFT, bypassing HASU care and assessment. York cannot accept HDFT patients unless they are directly referred by YAS. Due to a lack of accurate and timely data, the trust cannot report all events where patients missed HASU access. The likelihood of risk ranges from possible to likely. 	<p>To support the Trust's True North objective, several focused actions and plans are being implemented:</p> <ol style="list-style-type: none"> Executive Support: Secure agreement from WYATT and HNY ICB for future stroke care arrangements across the region. Regional Collaboration: Engage with WYAAT to integrate stroke care pathways and discuss regional stroke care solutions. Restart paused pilot pathways for direct referrals to tertiary centres as part of WYAAT discussions. Liaise with York to develop a sustainable and comprehensive HASU support plan. Consultant Collaboration: Explore shared on-call arrangements with York to enhance consultant cover for ASU. Data Accuracy and Reporting: Conduct a 12-week audit with HDFT and YAS to investigate why stroke patients bypassed HASU care. Improve Datix reporting to ensure accurate and timely data collection for decision-making. Pilot Implementation: Proceed with the pilot project for walk-in and inpatient stroke referrals to York, pending sign-off by YTHFT management. Continue to monitor SSNAP data and datix's raised re direct admissions to Harrogate. Ensure datix reports submitted for all delays and non transfer is robust to understand root causes. 					
No patients requiring HASU are directly admitted to Harrogate for Emergency Care.			<p>Existing controls include:</p> <ul style="list-style-type: none"> Awareness initiatives to ensure stroke events are reported via DCIQ. Safety investigations: One SI (18460) and a related inquest are awaiting hearing, with a potential risk of a Prevention of Future Death (PFD) report. Access to PPM+ viewing has been granted and is being rolled out to staff. 						

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Patient harm due to Non Compliance with National KPI's for waiting times and reporting in Imaging Services	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
ID 379	Person centred, integrated care, strong partnership	Clinical; Patient Safety	Currently, the radiology department at HDFT relies on traditional, manual interpretation of chest x-rays, which has led to a backlog of cases, inconsistent diagnosis times, and variability in diagnostic accuracy. The system's inability to efficiently manage and prioritize urgent cases further exacerbates these issues.	Minimal	16	12	12	3	March 25
Key Targets		Current Position		Plans to Improve Control and Risks to Delivery					
		<p>The primary risk of not implementing the AI solution for chest x-ray interpretation lies in continued reliance on manual processes, which are susceptible to delays and inaccuracies in diagnosis. The current manual methods place a heavy workload on radiologists, prolong diagnosis times, and potentially lead to suboptimal patient outcomes due to delayed treatment. This situation poses a serious risk not only to patient health but also to the operational efficiency and reputation of the healthcare facility. Currently, the radiology department at HDFT relies on traditional, manual interpretation of chest x-rays, which has led to a backlog of cases, inconsistent diagnosis times, and variability in diagnostic accuracy. The system's inability to efficiently manage and prioritize urgent cases further exacerbates these issues. Without the AI solution, the department continues to face challenges in meeting the compliance standards expected for timely and accurate service delivery, directly impacting patient care and throughput in radiological services</p>		<p>Staffing: Service is only budgeted 9-5 Monday through Friday this requires a business case for expansion of staffing provision Reporting: Lack of resilience in sub speciality reporting. Expansion of Trust wide services leading to a shortfall in reporting capacity Current Controls Delay in diagnosis: circa 500 patients above 6 week waiting for appointment. Reporting: Circa 200 breaching reporting target, with patients beyond 45 days beyond examination</p> <p>Gaps in Controls Limited Scalability: Existing manual interpretation processes lack the scalability necessary to handle increasing volumes of x-ray exams efficiently. Insufficient Real-Time Monitoring: Current systems may not provide real-time analytics or alerts for backlog increases and error rates, which delays the identification and resolution of issues. Inadequate Error Tracking Mechanisms: There is a possible lack of robust mechanisms to track and analyze errors in x-ray interpretations systematically, hindering continuous improvement efforts. Lack of Integration: Current systems may not be fully integrated with other hospital systems, leading to fragmented workflows and information silos. Dependency on Human Resources: Over-reliance on radiologists for interpretations without adequate support tools can lead to inconsistencies and errors due to fatigue and high workload. Treatment Plan: Accelerate AI Integration: Fast-track the deployment of the AI solution for chest x-ray interpretation to reduce dependency on manual processes and enhance diagnostic accuracy and efficiency. Enhance Monitoring Systems: Implement advanced monitoring tools that provide real-time data on key performance indicators, allowing for timely interventions when performance thresholds are breached. Establish Comprehensive Error Analysis Protocols: Develop and implement a robust system for tracking, analyzing, and learning from diagnostic errors to foster continuous improvement. System Integration: Work towards integrating the radiology information systems with other hospital systems to ensure seamless data flow and improve overall workflow efficiency. Support and Training Initiatives: Increase investments in training programs to ensure radiologists and related staff are well-equipped to handle new technologies and workflows. Additionally, consider hiring more staff or adjusting shifts to manage workload effectively.</p>					

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Cardiology	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
642	Person centred, integrated care, strong partnership	Operational; Business Continuity	<p>Risk to HDFT's ability to deliver acute DGH services due to the fragility of the cardiology service caused by inadequate staffing, reliance on locum cover, and increasing service demand.</p> <p>A locum consultant and Registrar are now in post, this has provided significant control and reduction in likelihood.</p>	Minimal	12	12	12	3	Dec 2025
Key Targets		Current Position		Plans to Improve Control and Risks to Delivery					
<p>Staffing and Workforce KRIs:</p> <ul style="list-style-type: none"> Consultant Staffing Levels: <p>Percentage of Consultant PAs filled with substantive staff versus locums. Number of unfilled Consultant posts after each recruitment round.</p> <p>Quality and Outcomes KRIs:</p> <ul style="list-style-type: none"> Clinical Outcomes: <p>Mortality rates for acute cardiology patients on CCU. Readmission rates for cardiology patients within 30 days of discharge.</p>		<ul style="list-style-type: none"> Staffing Shortages: <p>Consultant staffing is currently 12.5 PAs short, covered by locums, resulting in lack of continuity and associated risks to quality. Cardiology Fellow recruitment is underway to address acute care continuity and safety risks. Existing workforce lacks skill sets for temporary pacing wires and pericardiocentesis; collaboration with LGI provides specialist support. A locum consultant and Registrar are now in post, this has provided significant control.</p> <ul style="list-style-type: none"> Service Delivery Challenges: <p>Long outpatient wait times for angiograms (30% waiting over six weeks, down from 50%) and ECHO services (22% waiting over six weeks, improved from 70%). Pacemaker service demand is increasing due to an aging population. No weekend Consultant ward rounds or ECHO provision, failing to meet GIRFT standards.</p> <ul style="list-style-type: none"> Current Mitigations: <p>Locum consultants and registrars are in place to maintain minimum service levels. Outsourcing of ECHO workload has reduced backlogs, with a permanent post recruited (starting Jan 2025). Cath lab utilization is under review to further address angio delays. HDFT IMPACT meetings and LTUC Tri-Team updates ensure escalations are reported to the executive team.</p> <p>Due to on-going concerns in likelihood the risk has been increased back to 12.</p>		<p>To support the Trust's True North objective, several focused actions and plans are being implemented:</p> <p>Strategic Planning:</p> <p>Workforce Development: Continue recruitment for a substantive consultant post and Cardiology Fellow. Develop "grow your own" plans for the ECHO team to ensure workforce resilience.</p> <p>Service Improvements: Review Cath lab utilization to further reduce angio waiting times. Evaluate options to provide weekend Consultant ward rounds and ECHO provision to meet GIRFT standards.</p> <p>Collaboration: Strengthen links with LTHT's Clinical Lead for specialty support and shared learning.</p> <p>Demand Management: Explore solutions to manage the increasing demand on the pacemaker service due to the aging population.</p>					

Harrogate and District NHS Foundation Trust Corporate Risk Register

Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Automated medicines supply services	Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
ID 379	Person centred, integrated care, strong partnership	Clinical; Patient Safety	There is a risk of failure of the inpatient-dispensing robot caused by wear and tear over a number of years and the robot exceeding its predicting lifespan. The impact of this is inability to provide a lean and efficient medicines supply service for top-up, inpatient dispensing and discharge dispensing. The effect on patients would be delays in supplies of medicines for inpatient/discharge and potential delays to discharge as processes would revert to time-consuming manual processes.	Minimal	8	12	12	4	Sept 25
Key Targets			Current Position	Plans to Improve Control and Risks to Delivery					
			<p>Robot malfunctions monitored via Stores and Distribution and escalated where increasing frequency gives cause for concern.</p> <p>Robot listed on the capital assets register.</p> <p>Staff re-training in progress to ensure correct use.</p> <p>6 monthly service due 5th July 2023.</p> <p>Detailed reports now obtained from supplier when issues logged.</p> <p>15/11/23 Robot training completed for all staff.</p> <p>01.05.24 Weekly robot reboot including log of when this has occurred.</p> <p>01.05.24 First recovery planning meeting held. Risk score increased due to increase in frequency of failure.</p> <p>21.5.24 No failure requiring significant downtime for 4 weeks. Recovery plan in progress with completeness by mid-June. Service due 22nd May.</p> <p>13.05.25 Failure around once a month. Escalated back to capital planning for replacement. To update the business case and resubmit to Business Case Review Group.</p>	<p>Gaps in control:</p> <p>Business case to support capital replacement of the robot.</p> <p>1.5.24 Business continuity plan for robot failure</p> <p>Meeting with supplier to discuss new robot options planned for 27th June.</p>					

Harrogate and District NHS Foundation Trust Corporate Risk Register

USE OF RESOURCES													
Use of resources area Key lines of enquiry (KLOEs)													
<ul style="list-style-type: none">• Clinical services - How well is the trust using its resources to provide clinical services that operate as productively as possible and thereby maximise patient benefit?• People- How effectively is the trust using its workforce to maximise patient benefit and provide high quality care?• Clinical support services - How effectively is the trust using its clinical support services to deliver high quality, sustainable services for patients?• Corporate services, procurement, estates and facilities - How effectively is the trust managing its corporate services, procurement, estates and facilities to maximise productivity to the benefit of patients?• Finance - How effectively is the trust managing its financial resources to deliver high quality, sustainable services for patients?													
Lead Committee		Resource Committee		Summary in Month: The Trust is currently addressing significant financial challenges under the CQC Use of Resources domain, which emphasizes the effective management of resources to maximize patient benefit and ensure sustainable, high-quality care. To deliver the 2024/25 plan, which includes a £5.2 million deficit and a 6% efficiency target, the Trust must reduce its current run rate and successfully implement the Waste Reduction and Productivity (WRAP) programme, despite high-risk schemes and ongoing financial pressures. Additionally, the Trust faces potential cost pressures due to the ability of Local Authorities (LAs) to fund the impact of NHS pay awards, which could further strain resources if funding gaps remain unaddressed. The Trust is engaging in continuous discussions with LAs to secure necessary funding and mitigate these risks. To ensure these financial challenges are managed effectively, the Trust has implemented monthly meetings across directorates, contracting, and finance teams, focusing on corporate efficiency, workforce optimization, and financial stability, all of which are critical to maintaining productivity and delivering high-quality, patient-centred care. CRR69 – Delivery of financial plan 2024-25 has been closed. A new risk relating to the delivery of the 2025-26 plan is being developed. CRR367 – NHS Pay Award has been closed.									
Executive Committee		Operational Management Committee (OMG)											
Initial Date of Assessment		1 st July 2022											
Last Reviewed		April 2025											
Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Group Cash Position 2025-26					Appetite	Initial Rating	April Rating	April Rating	Target Rating	Target Date
721	Overarching Finance	Financial	Due to the underlying financial position of the organisation, cash support is required in March 2025 totalling £18.5m. A cash forecast has been prepared for 2025-26 and this has highlighted cash concerns for the year which will need managing.					Cautious	16	12	12	4	March 26
Key Targets			Current Position					Plans to Improve Control and Risks to Delivery					
Cash position maintained		At the start of the financial year, there is a risk that future cash support will be required. This is currently being monitored on a monthly basis corporately and through directorate performance review meetings.					WRAP Programme £16.4m funding has been received from the ICB. Emergency Case protocol to be developed to prioritise cash payments which factors in cash support not being offered. Regular monitoring of cash position and forecast Review of council payment terms. Cash support request submitted within NHS E timeframes Gaps in control Agreed debt due to vacancy / LTS in team – recruitment and fix term cover underway Balanced financial plan – financial plan for 2025-26 remains challenging.						

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC EFFECTIVE DOMAIN														
<p>People and communities have the best possible outcomes because their needs are assessed. Their care, support and treatment reflect these needs and any protected equality characteristics. Everyone is supported to see what works well and not so well based on indicators of quality. Continuous improvement is always guided by this insight</p> <ul style="list-style-type: none">• Assessing needs - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.• Delivering evidence-based care and treatment - We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.• How staff, teams and services work together - We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.• Supporting people to live healthier lives - We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.• Monitoring and improving outcomes - We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.• Consent to care and treatment - We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.														
Lead Committee		Quality Committee		Summary in Month: The CQC Effective Domain is focused on optimizing patient outcomes by addressing their specific needs and continuously improving care quality. Currently, significant risks include prolonged waiting times, which jeopardize patient safety and Trust performance against NHS targets. An additional £1.5 million investment has been secured to extend the Community Dental Services (CDS) contract, with strategic initiatives underway to manage waiting times and enhance service delivery. Despite challenges in funding alignment, IT system replacement, and recruitment, efforts are progressing, including regional discussions on potential funding increases and service adjustments post-election.										
Executive Committee		Quality Management Group (QGMG)												
Initial Date of Assessment		1 st July 2022												
Last Reviewed		April 2025												
Corporate Risk ID	Strategic Ambition	Type	Principle Risk: Community Dental						Appetite	Initial Rating	April Rating	May Rating	Target Rating	Target Date
6	Provide person centred, integrated services through strong partnerships	Clinical; Patient Safety	Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection, which may affect quality of life and treatment required. Secondary risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 78weeks currently, 65 weeks by end March 2024 and 52wks by end March 2025.						Minimal	12	12	12	6	March 26
Key Targets		Current Position						Plans to Improve Control and Risks to Delivery						
Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks		The ICB has agreed to invest an additional £1.5 million into the CDS service at HDFT, extending the contract by 18 months until March 31, 2025.						The key plans and actions for the CDS service include ongoing liaison with the ICB and the implementation of a Waiting List Initiative (WLI) to address patient backlogs, with additional GA and clinic sessions planned for the financial year.						
Current position for RTT waiters - 0 patients between 52-64 weeks.		Regional discussions suggest a potential agreement on a 7+3 contract and amended service specification, with a possible increase in the funding envelope, though formal confirmation is pending post-general election.						The replacement of the SOEL Health dental IT system is underway, although the procurement process has faced delays, and a direct award is being sought to meet the April 2024 deadline.						
Current position for Non RTT waiters – 1053 patients over 52 weeks,		The current funding does not fully align with the submitted business case, so the operational team and service manager have developed a plan to optimize the use of this investment, focusing on managing waiting times for both RTT and non-RTT patients. Key actions for July include recruiting a new clinical lead, continuing IT procurement, and addressing low staff engagement, which has been identified as a significant risk to service delivery.						Capital kit replacement, including dental chairs and X-ray equipment, is progressing, with 2023/24 equipment being installed and approvals pending for 2024/25 purchases.						
No of overdue continuing care patients.		The CDS team is also being encouraged to participate in the HDFT Impact work as part of phase 4 to further support service improvements.						Recruitment efforts are ongoing, with successful appointments for dentists and dental nurses from the business case, though challenges remain in filling positions in the East and for paediatric specialists. Recruitment for key leavers is also ongoing, with many new staff expected to start in September 2024.						
		The Target Date has been reviewed and updated.												

Harrogate and District NHS Foundation Trust Corporate Risk Register

CQC WELL-LED DOMAIN														
<p><i>There is an inclusive and positive culture of continuous learning and improvement. This is based on meeting the needs of people who use services and wider communities. There are effective governance and management systems in place. Leaders proactively support staff and collaborate with partners to deliver care. This care is safe, integrated, person-centred and sustainable care and helps reduce inequalities.</i></p> <ul style="list-style-type: none">• Shared direction and culture: We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.• Capable, compassionate and inclusive leaders: We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.• Freedom to speak up: We foster a positive culture where people feel that they can speak up and that their voice will be heard.• Governance, management and sustainability: We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.• Partnerships and communities :We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.• Learning, improvement and innovation: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.• Environmental sustainability – sustainable development: We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.• Workforce equality, diversity and inclusion: We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us."														
Lead Committee			Trust Board		Summary in Month: This area of the Corporate Risk Register is linked to the Well-Led Domain. Currently there is no Corporate Risk within this Domain.									
Executive Committee			Senior Management Committee (SMT)											
Initial Date of Assessment			1 st July 2022											
Last Reviewed			April 25											
Corporate Risk ID	Strategic Ambition		Type	<u>Principle Risk:</u>					Appetite	Initial Rating	Rating	Rating	Target Rating	Target Date
Key Targets				Current Position					Plans to Improve Control and Risks to Delivery					

HDFT Trust IBR – static view for April 2025







Integrated Board Report – True North Metrics – In Breach

▼ Name ▼	Progress ▼	Trend ▼	Status ▼
<ul style="list-style-type: none">No True North metrics in breach this month			



Integrated Board Report – True North Metrics – Within Tolerance

Name	Progress	Trend	Status
TN1 - Staff Availability - True North Metric - Person Centred, Integrated Care; Strong Partnerships	89.5%		True North - Improving/Achieving
<div> <div></div> <div>TN2.1 RTT - percentage of patients on an RTT pathway under 18 weeks - True North Metric- Best Quality and Safest Care</div> </div>	74%/90%		True North - Improving/Achieving
<div> <div></div> <div>TN2.2 RTT - pathways over 52 weeks active by April 2025 to be zero</div> </div>	12/0		True North Submetric - on track
TN3 Moderate Harm & Above - True North Metric - Best Quality and Safest Care	15/182		True North - Improving/Achieving
TN4 Emergency Department 4 hour performance - True North Metric - Best Quality Safest Care	82.2%/78%		True North - Improving/Achieving

Integrated Board Report – Breakthrough Objectives – In Breach

▼ Name ▼	Progress ▼	Trend ▼	Status ▼
▼ BO2.1 - Average time to inpatient bed <120mins (from DTA in ED)- Breakthrough Obj - Best Quality and Safest Care	   191.9 / 120.0		BO Stable or Improving
BO2.2 LTUCC - average time to inpatient bed -BO Submetric	169.3 / 120.0		BO Submetric - not achieving
BO2.3 PSC (Adult) - average time to inpatient bed - BO Submetric	209.3 / 120.0		BO Submetric - not achieving








Integrated Board Report – Breakthrough Objectives – Within Tolerance

Name	Progress	Trend	Status
BO2.1 - Average time to inpatient bed <120mins (from DTA in ED)- Breakthrough Obj - Best Quality and Safest Care	191.9/120.0		BO Stable or Improving
BO2.4 PSC (Paeds) - average time to inpatient bed - BO Submetric	71.4/120.0		BO Submetric - achieving







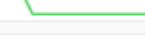
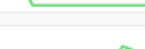

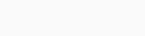
Integrated Board Report – Watch Metrics – In Breach

Name	Progress	Trend	Status
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Best quality Safest Care	88.9 %		Watch - SPC Breach
2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Strong Partnerships	27.3%		Watch - SPC Breach
3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care	114.84		Watch - SPC Breach
Inpatient Coding Percentage by discharge month	10.6%/75%		Watch - SPC Breach
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	82.0 %		Watch - SPC Breach
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Best Quality Safest Care	65%		Watch - SPC Breach
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	56.9%		Watch - SPC Breach
5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Best Quality and Safest	54.6%		Watch - SPC Breach

Integrated Board Report – Watch Metrics – In Breach (2)

Name	Progress	Trend	Status
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Best Quality and Safest Care	71.5%		Watch - SPC Breach
5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Best Quality Safest	24.8 %		Watch - SPC Breach
6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	-£1.72M		Watch - SPC Breach
6.3 Capital spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£492.00K		Watch - SPC Breach
6.4 Cash balance EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£3.57M		Watch - SPC Breach
7.3 Elective activity against plan(EIP/EDC/OP+Proc), cumulative YTD - Person Centred, Integrated Care; Strong Partnerships	87.0 %		Watch - SPC Breach
7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; Strong Partnerships	105.0 %		Watch - SPC Breach








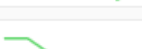


Integrated Board Report – Watch Metrics – Within Tolerance (1)

Name	Progress	Trend	Status
1.1 Pressure ulcers - hospital acquired - cat 3 or above - per 1,000 bed days - SAFE - Best quality Safest Care	0.0		Watch - Within Tolerance
1.2 Pressure ulcers - community acquired - cat 3 or above - per 1,000 patient contacts SAFE - Best quality Safest Care	0.4		Watch - Within Tolerance
1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care	3.42		Watch - Within Tolerance
1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care	2		Watch - Within Tolerance
1.5 Infection control - Hospital acquired MRSA cases, lapse in care identified SAFE - Best quality Safest Care	0		Watch - Within Tolerance
1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care	75.80		Watch - Within Tolerance
1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care	0		Watch - Within Tolerance
1.7.2 Incidents - Never events SAFE - Best quality Safest Care	0		Watch - Within Tolerance
1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care	104.2 %		Watch - Within Tolerance
1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care	8.90		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (2)

Name	Progress	Trend	Status
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life	4%		Watch - Within Tolerance
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life	85.3%		Watch - Within Tolerance
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care	93.0 %		Watch - Within Tolerance
1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care	94.4%		Watch - Within Tolerance
1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care	92.1%		Watch - Within Tolerance
2.1.1 Friends & Family Test (FFT) - All Patients CARING - Person Centred, Integrated Care; Strong Partnerships	93.0 %		Watch - Within Tolerance
2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Person Centred, Integrated Care; Strong Partnerships	93.0 %		Watch - Within Tolerance
2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Strong Partnerships	15		Watch - Within Tolerance
3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE - Best	3.3 %		Watch - Within Tolerance
3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions EFFECTIVE-	7.5 %		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (3)

Name	Progress	Trend	Status
3.4 Returns to theatre EFFECTIVE - % returns within 30 days - Best Quality Safest Care	3.3%		Watch - Within Tolerance
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Person Centred, Integrated Care; Strong Partnerships	13.0 %		Watch - Within Tolerance
4.2 Mandatory and Essential Skills Training rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	93.0 %		Watch - Within Tolerance
4.3 Staff sickness rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	4.5 %		Watch - Within Tolerance
4.4 Staff turnover rate WORKFORCE - Person Centred, Integrated Care; Strong Partnerships	11.1 %		Watch - Within Tolerance
4.5 Vacancies WORKFORCE -Person Centred, Integrated Care; Strong Partnerships	3.7 %		Watch - Within Tolerance
5.1.1 RTT Incomplete pathways performance - median weeks wait RESPONSIVE- Best Quality Safest Care	10		Watch - Within Tolerance
5.1.2 RTT Incomplete pathways performance - 92nd centile RESPONSIVE - Best Quality Safest Care	33		Watch - Within Tolerance
5.1.3 RTT Incomplete pathways - total RESPONSIVE - Best Quality Safest Care	20.82K		Watch - Within Tolerance
5.1.4 RTT Incomplete pathways - 52- <104 weeks RESPONSIVE - Best Quality Safest Care	1		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (4)

Name	Progress	Trend	Status
5.2.1 RTT waiting times - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE - Person Centred,	1.50		Watch - Within Tolerance
5.2.2 RTT waiting times - by level of deprivation- differential median wait in weeks (negative gap reflects high deprivation waiting a shorter time)	-1.00		Watch - Within Tolerance
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Person Centred, Integrated Care; Strong Partnerships	91.0 %		Watch - Within Tolerance
5.6 A&E 4 hour standard RESPONSIVE -Best Quality Safest Care	82.2%		Watch - Within Tolerance
5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments)	100.0%		Watch - Within Tolerance
5.9.2 Cancer - 62 days maximum wait from referral to treatment for all cancers RESPONSIVE - Best Quality and Safest Care	82.7%		Watch - Within Tolerance
5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life	1.93K		Watch - Within Tolerance
5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life	2.05K		Watch - Within Tolerance
5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life	1.12K		Watch - Within Tolerance
5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life	92.7 %		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (5)

Name	Progress	Trend	Status
5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life	93.6 %		Watch - Within Tolerance
5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life	93.4 %		Watch - Within Tolerance
5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life	97.6 %		Watch - Within Tolerance
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life	94.5 %		Watch - Within Tolerance
5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated Care;	95.0 %		Watch - Within Tolerance
5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Best Quality Safest Care	90.7 %		Watch - Within Tolerance
6.1 Agency spend EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	£219.00K		Watch - Within Tolerance
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	146		Watch - Within Tolerance
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; Strong Partnerships	65		Watch - Within Tolerance
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	56.2		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (6)

Name ▾	Progress ▾	Trend ▾	Status ▾
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	2.1		Watch - Within Tolerance
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	5.5		Watch - Within Tolerance
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	241		Watch - Within Tolerance
6.9 Theatre utilisation (elective sessions) EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	83%		Watch - Within Tolerance
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; Strong Partnerships	2.3 %		Watch - Within Tolerance
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	105.0 %		Watch - Within Tolerance
7.2 Outpatient activity (New Consultant/Nurse) against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	111.0 %		Watch - Within Tolerance
7.4 Non-elective activity(inpatient admissions) against plan ACTIVITY - Person Centred, Integrated Care; Strong Partnerships	90.0 %		Watch - Within Tolerance
5.8 A&E - number of 12 hour trolley waits RESPONSIVE Best Quality Safest Care	21		Watch - Within Tolerance

Council of Governors Workplan – 2025-26 – v3						
Dates of Meetings	Private / Public	Wednesday 5 March	Tuesday 17 June	Tuesday 2 September	Wednesday 10 December	Wednesday 4 March
Final Papers required by:		26/02/25	10/06/25	26/08/25	03/12/25	25/02/26
Opening Items						
Welcome and apologies	Both	✓	✓	✓	✓	✓
Declaration of interests and Conflicts of Interest	Both	✓	✓	✓	✓	✓
Minutes of previous meeting		✓	✓	✓	✓	✓
Matters Arising and Action Log		✓	✓	✓	✓	✓
Routine Items						
Chair's Report	Public	✓	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	Public	✓	✓	✓	✓	✓
Lead Governor Update	Public	✓	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓	✓
For info: Integrated Board Report (IBR) – circulate with public papers	Public	✓	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	Private	*	*	*	*	*
Governor Events, Feedback	Public	✓	✓	✓	✓	✓
Urgent Constituents' questions	Public	✓	✓	✓	✓	✓
Membership Engagement Strategy review	Public	✓				✓
Calendar of Governor Activities	Public	✓				✓
Annual Declarations of Interest and agreement with Code of Conduct	Public			✓		
Appointment of Lead Governor	Public	*	*	*	*	*
Annual Review of Committee/Group Membership	Public				✓	
Elections Update Report	Public		✓		✓	
Election Results	Public	✓		✓		✓
Annual Review of Terms of Reference – sub committees (Remuneration, Nomination and Conduct Committee; and Governor Development & Membership Engagement Committee)	Public				✓	
Constitution Annual Review	Public		✓			
Annual Review of the Effectiveness of the Council of Governors	Public			✓		
Trust Annual Planning	Public	*	*	*	*	*
Proposal for Annual Members' Meeting	Public		✓			
Annual Governor Feedback Report (AMM)	Public			✓		
External Auditor Report to Governors	Private			✓		
Annual Report and Accounts	Private			✓		
Annual Quality Report	Private			✓		
Performance Evaluation of the Chair and Non-executive Directors (recommendation from the Remuneration Committee)	Private		?	✓		
Updates requested by Governors						
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))	Public		✓		✓	
Update on the Green Plan (see December 2024 minutes) – include as part of HIF update	Public		✓		✓	

Patient Experience Team – thematic report	Public			✓		
Update on Domiciliary Care (see December 2024 minutes)	Public		✓		✓	
Update on Autism (see September 2024 minutes)	Public	✓		✓		✓
Statutory Items (as required, undefined timings)						
Appointment of Chair of the Trust – <i>to ratify</i> (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Deputy Chair of the Trust (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Senior Independent Director (recommendation from RNCC)	Private	*	*	*	*	*
Appointment of Non-executive Director – <i>to ratify</i> (recommendation from RNCC)	Private	*	*	*	*	*
Remuneration of the Chair of the Trust & Non-executive Directors to ratify (recommendation from RNCC)	Private	*	*	*	*	*
Approve the appointment of the Chief Executive (recommendation from RNCC)	Private	*	*	*	*	*
Approve any significant transactions, mergers, acquisitions, separation or dissolution	Public	*	*	*	*	*
Appointment of External Auditor – <i>to ratify</i> (recommendation from Audit Committee and tender exercise)	Public	*	*	*	*	*
Amendments to constitution – <i>to ratify</i>	Public	*	*	*	*	*
Closing Items						
Workplan Review	Public	✓	✓	✓	✓	✓
Any Other Business	Both	*	*	*	*	*
Evaluation of Meeting	Both	✓	✓	✓	✓	✓

*As and when required

Items to be Added to workplan:

SCHEDULE OF SPECIALIST UPDATES / LEARNINGS / TRAINING OPPORTUNITIES 2025		
Meeting / Date	Learning / Focus / Updates	Presenters
Informal Gov Briefing / Jan 2025	Learning: Sue Symington / ICB and System Focus:	
CoG / 5 March 2025	<i>Learning:</i> Health Inequalities Data on IBR <i>Committee Update:</i> testing questions for all committees to give template update – Quality only	Jack Lewis from the ICS and Matt Graham
Informal Gov Briefing / April 2025	Learning: Annual Planning Focus:	
Informal Gov Briefing / May 2025	Learning: <i>HIF 6-monthly update</i> Focus: North House Surgery Briefing	HIF
CoG / June 2025	<i>Learning:</i> Engagement Workshop (with PET) <i>Committee Update:</i> All committees	
Informal Gov Briefing / July 2025	Learning: Focus:	
Informal Gov Briefing / Aug 2025	Learning: Focus:	
CoG / Sept 2025	<i>Learning:</i> <i>Committee Update:</i> All committees	
Informal Gov Briefing / Oct 2025	Learning: Focus:	
Informal Gov Briefing / Nov 2025	Learning: Focus:	
CoG / Dec 2025	<i>Learning:</i> HIF Bi-Annual Update (incl Green Plan) <i>Committee Update:</i> All committees	HIF

Items to be scheduled as updates / learnings:

- HealthWatch North Yorkshire – quarterly updates to IGB (from CoG 05/06/24)
- Azlina Bulmer – being an associate NED (from NED appraisal – Aug 24 RNCC minutes)
- Waste & Productivity – progress on implementation of new initiatives (from March 2025 onwards after embedded)
- Quality Impact Assessments (QIAs) and Equality & Quality Impact Assessments (EQIAs)
- Explanation of how decide how to grow the business, eg 0-19 services
- Feedback from Gembas (now included in Committee updates?)
- EDS22 Process – requested to be a topic for IGB – see minute from private March 2025 CoG –(CGP/03/05/12.4)