

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Tuesday 2 September 2025 from 3.15pm – 5.45pm

Boardroom, Trust Headquarters, Strayside Wing,
Harrogate District Hospital, Lancaster Park Road, Harrogate, HG2 7SX.

AGENDA

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				
3.15pm – Informal Tea/Coffee and Biscuits with fellow Governors				
Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest / Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meetings:	Chair		
3.1	CoG: 17 June 2025		Approve	Attached
3.2	AMM: 2024		Approve	Attached
4.0	Matters Arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Chief Executive's Update	Chief Executive	Note	Verbal
6.1	Static Integrated Board Report	-	Note	Blue Box Item
7.0	Lead Governor's Update	Lead Governor	Note	Attached
8.0	Board Sub-Committee Updates: 8.1 – People & Culture Committee 8.2 – Quality Committee 8.3 – Innovation Committee 8.4 – Resource Committee	Reports from Committee Chairs	Note	Attached
9.0	Review of Governor Activities	Governors	Note	Verbal
10.0	Proposal for Annual Members' Meeting	Chair	Note	Verbal
11.0	Update: Trust Engagement Strategy	Assoc Director of Corporate Affairs	Note	Verbal
12.0	Annual Pledge to Code of Conduct	Assoc Director of Corporate Affairs	Approve	Attached
13.0	Governors' Questions on behalf of Membership and the Public	Chair	Note	Attached / Verbal
14.0	CoG Annual Workplan 2025-26	-	Note	Blue Box Item
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: Wednesday, 10 December 2025 at 4pm (Governors' specialist briefing: Theme TBC)	Chair	Note	Verbal

Council of Governors – Register of Interests As at 28 August 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 28 August 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
Alan Cunningham	Stakeholder Governor: Healthwatch North Yorkshire	June 2025	(current)	1. Trustee: Healthwatch North Yorkshire
Richard Farrar	Harrogate & Surrounding Villages	July 2025	(current)	1. North Rigton Parish Councillor
Mike Fisher	Harrogate & Surrounding Villages	January 2025	(current)	Nil
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
Nigel Hopps	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2025	(current)	1. Non-executive Director: Independent Health Group 2. Partner: Vertovis LLP (management consultancy) 3. Owner: Engage Consultancy Ltd (management consultancy)
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

Council of Governors – Register of Interests As at 28 August 2025				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
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
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

Register of Interests – Previous Governors (in last 12 months) As at 11 June 2025				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
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
Mike Dunn	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2022	June 2025	Nil
Kathy Gargan	Harrogate & Surrounding Villages	July 2022	June 2025	1. Director: North of England Horticulture Society Ltd
Stuart Wilson	Staff: Non-Clinical	July 2022	June 2025	Nil

COUNCIL OF GOVERNORS' MEETING (HELD IN PUBLIC)**17 June 2025****Boardroom, Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX****3.1**

Present:		
	Sarah Armstrong	Chair
	Jackie Lincoln	Public Governor, Lead Governor
	Councillor Nick Brown (CB)	Stakeholder Governor
	Rachel Carter (RC)	Public Governor
	Alan Cunningham (ACu)	Stakeholder Governor
	Mike Dunn (MD)	Public Governor, Deputy Lead Governor
	Mike Fisher (MF)	Public Governor
	Richard Owen-Hughes (ROH)	Public Governor <i>(for Council meetings only)</i>
	Kevin Parry (KP)	Public Governor
	Dawn Raspin (DR)	Public Governor
In Attendance:		
	Jeremy Cross (JCr)	Non-Executive Director
	Andy Papworth (AP)	Trust Vice-Chair <i>(for Council meetings only)</i>
	Laura Robson (LR)	Non-Executive Director, Senior Independent Director <i>(for Council meetings only)</i>
	Matt Graham	Director of Strategy <i>(for Council meetings only)</i>
	Jordan McKie	Director of Finance <i>(for Council meetings only)</i>
	Russell Nightingale	Chief Operating Officer & Deputy Chief Executive <i>(for Council meetings only)</i>
	Angela Wilkinson	Director of People & Culture <i>(for Council meetings only)</i>
	Sue Grahamslaw	Assistant Company Secretary
	Kate Southgate	Associate Director of Quality and Corporate Affairs, and Company Secretary
Observers:		
	None	
Apologies:		
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Denise Chong (DC)	Interim Non-Executive Director
	Chiara De Biase (CdB)	Non-Executive Director
	Sarah Shaw (SS)	Non-Executive Director (Insight Programme)
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Julia Weldon (JW)	Non-Executive Director
	Jackie Andrews	Executive Medical Director
	Jonathan Coulter	Chief Executive
	Alison Smith	Interim Executive Director of Nursing, Midwifery & AHPs
	Jonathan Allen (JA)	Staff Governor
	Andrew Clark (AC)	Public Governor
	Kathy Gargan (KG)	Public Governor
	David Haynes (DH)	Stakeholder Governor
	John Hindle (JH)	Public Governor
	Mark Hutchinson (MH)	Staff Governor
	Emily Legge (EL)	Staff Governor
	Binish Mehar (BM)	Staff Governor
	Richard Sweeney (RSw)	Public Governor
	Stephen Williams (SWm)	Staff Governor
	Stuart Wilson (SW)	Staff Governor <i>(via Teams)</i>

DEVELOPMENT SESSION – ENGAGEMENT SESSION

Presentation from Kate Southgate, Associate Director of Quality & Corporate Affairs

Others present:

Laura Brooker

Jenny Nolan

Cara Philpott

The Lead Governor explained that the purpose of the workshop was, at December's Council meeting, Governors had asked about plans to develop an updated overarching Trust-wide engagement strategy which would encompass and co-ordinate all complementary strategies and the current and planned engagement activities. They also wanted to discuss in what ways could Governors contribute more effectively to the successful performance of the Trust in the effective engagement with Trust members, stakeholders and the wider public in order to identify their priorities and improvement expectations.

This session was organised as an initial workshop to take forward dialogue and to gain assurance that the Trust is fulfilling its wider responsibilities in respect of public accountability and engagement and to understand how the Membership Engagement Strategy fits within the Trust's overarching engagement strategy.

A new Engagement Team had been recently established and Team members provided Governors with an update on plans so far in relation to patient engagement. It was reported that the patient engagement strategy was in development and would be co-produced with patients and service users to ensure it was relevant. The governance around engagement had to be correct so themes and trends could be tracked. The Making Experiences Count Forum was key as it oversaw everything to do with operational experience and engagement. The Patient Reader Group was established to test data-gathering mechanisms with a diverse group of existing patients. There were various workstreams which formed part of the strategy: patient safety; improved experiences for vulnerable service users; complaints reduction; and patient stories.

The Governors sought clarification on the different types of complaint, how they were recorded, graded and managed. This information was available in the Trust's annual complaints report which was included in the Quality Account published on 30 June 2025. In addition, the Board Assurance Framework (BAF): Best Quality, Safest Care ambition, had data updated bi-monthly and published in the Board papers. Stakeholder Governor (AC) noted that Healthwatch also produced a monthly report, they attended the Membership Engagement Committee and fed back on a monthly basis.

Each workstream had a metric – some of which were monitored on a monthly basis, others annually, as well as in the monthly BAF. However, in an effort to work with themes, the BAF was not the best reporting tool but also the numbers were very small so less meaningful. In addition, ensuring the Trust's values were embedded into the co-designed engagement strategy, which it was anticipated would take 6-12 months to develop (to approval stage).

Governors noted that they had heard lots of helpful information about gathering experience data from existing patients and service-users. However, they felt the presentation had not substantively covered wider engagement, e.g. members of the public who were not current patients but had occasional or emerging contact with the Trust, potential links with schools to stimulate interest in future workforce, links with local stakeholder organisations (e.g. GPs, voluntary organisations), general communication with the public as a local anchor organisation. The Associate Director of Quality and Corporate Affairs advised that the Engagement Strategy was intended to be ambitious and the aspiration was to be the "best of the best" compared to the engagement strategies of other organisations. This would be resource-intensive and it was not clear that this wider engagement would form part of the strategy. Governors noted that other

3.1

trusts had engagement strategies (more current than HDFT's current document and ostensibly very good) in the public domain which could be valuable in not reinventing the wheel. They asked the Trust to consider whether an engagement strategy (rather than a patient experience plan) could be as good as it needs to be without encompassing wider public engagement. It was noted that there were many groups that needed to be involved in developing the workstreams, including user groups that existed throughout a range of stakeholder organisations.

The Lead Governor requested details of how the co-design would work to ensure links with the membership engagement strategy and to ensure governors were more visible to the membership, public and staff.

It was noted that progress on the development of the Engagement Strategy would remain as a regular item on Council agendas as agreed at the 4 December 2024 meeting.

DRAFT Minutes

Item No.	Item
COG/06/17/1	Welcome and apologies for absence
1.1	The Chair welcomed everyone to the meeting including those participating by Teams.
1.2	It was noted that the Chief Operating Officer/ Deputy Chief Executive would be covering the Chief Executive's role in his absence.
1.3	Apologies for absence were received from those noted above.
COG/06/17/2	Declarations of Interest and Conflicts of Interest
2.1	No further declarations of interest or conflicts of interest were noted.
COG/06/17/3	Ratification of New Stakeholder Organisation
3.1	The Chair reminded the Council that approval for the new stakeholder organisation representing the voluntary sector (according to the Trust's constitution) had been completed by email. However, this approval required ratification at a Council of Governors 'meeting.
3.2	Resolved: The email approval of Healthwatch North Yorkshire as the Voluntary Organisation stakeholder on the Council of Governors was ratified by the Council.
3.3	The new Stakeholder Governor (AC) was welcomed to the meeting
COG/06/17/4	Minutes of the previous Council of Governors (Public) meeting held on 5 March 2025
4.1	The Lead Governor was thanked for acquiring governor input on the minutes prior to the meeting.
4.2	Resolved: Minutes of the previous Council of Governors (Public) meeting held on 5 March 2025 were approved as an accurate record of the meeting with the amendment of wording as advised by Non-executive Director (AP).
COG/06/17/5	Matters Arising and Action Log
5.1	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: Remained 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/12/4/11.7: Engagement strategy update to be provided at each Council of Governors' meeting – to be added to the workplan. <i>Action to be closed.</i> • COG/3/5/8.11: deep-dive into 0-19 services at an informal governor briefing to understand the safeguarding measures in place – now on the briefing schedule. <i>Action to be closed.</i>
5.2	The remaining actions were closed.
5.3	There were no matters arising.
5.4	Resolved: Actions were agreed as above.
COG/06/17/6	Chair's Update
6.1	The Chair provided the Council with the following update to explain what she had heard and learnt:
6.2	<ul style="list-style-type: none"> • Those attending the NHS Confederation conference met to consider NHS Services with keynote speeches from the Chief Executive of NHS England and the Secretary of State with consistent messages recommending those delivering services should continue to do so. At HDFT, it was business as usual until the 10year plan had been published, when action could be taken to align the Trust Strategy. • There had been a reflection on the role of Monitor and the principles of being a Foundation Trust – if performance was good then there was more freedom but the Governors were present to oversee the principles. • The first week in June was National Volunteers' Week – the importance of volunteers both nationally and locally was noted and the work of the 475 (governors were additional to these numbers) Trust volunteers were recognised. The learning to keep volunteers was to show appreciation towards them. • The Governors were thanked for choosing to take the role at HDFT – noting the natural churn. Those governors who were leaving were thanked for their work and the challenging role of a governor was recognised especially for those who were employed as well. • The in-house management of NED recruitment was underway and initial indications were positive for successful recruitment. • In recognition of the 30th birthday of Harrogate Hospital & Community Charity (HHCC), the Chair had participated in the Step-athon. In addition, the Charity's Birthday Ball would be on 17 October 2025 and details would be circulated in due course. The Ball would be to raise money for more cancer screening services.
6.3	Resolved: The Chair's report was noted.
COG/06/17/7.0	Chief Executive's Update
7.0.1	The Chief Operating Officer/ Deputy Chief Executive provided an update on behalf of the Chief Executive, highlighting the following points:
7.0.2	<ul style="list-style-type: none"> • There were numerous system changes underway including reductions in ICB staffing levels and ICBs merging. However, Humber & North Yorkshire (HNY) was one of the smallest ICBs and would remain in its current format.

	<ul style="list-style-type: none"> • The challenges within the system continued and the contract was still awaited, even at the end of the first quarter. • With many acting and interim senior staff in the system, examples were given of the Humber Health Partnership being led by an interim acting Chief Executive, and the York and Scarborough Chief Executive was standing down. HDFT naturally aligned with West Yorkshire but financial alignment was with HNY ICB. • Noted that the Trust continued to work towards its constitutional standards and that quality was improving. • Currently the Trust was second out of 180 trusts across the three metrics (ED 4-hour target, Referral to Treatment, and Cancer time from referral to diagnosis) – Northumbria was first. • The Trust's overall position fell to sixth place in May 2025, mainly following a drop in achievement of the ED 4-hour target. • At NHS Confed, conversations had included whether the NHS in its current format was appropriate to be able to deliver the services which the population needed. • Advised that two candidates had been shortlisted for the Clinical Lead position in the Emergency Department, to be shared with Leeds Teaching Hospitals Trust. • An outline business case had been considered at the Strategic Deployment Room (SDR) meeting regarding the Hospital Front Entrance and this would be discussed further at the June 2025 Board meeting.
7.0.3	It was confirmed to Public Governor (ROH) that the footprint of the HNY ICB would remain the same and it was only the staffing that would be reduced in line with NHS requirements.
7.0.4	The Director of People & Culture thanked the current Executive Director of Nursing, Midwifery and AHPs for her work as the interim until the new Chief Nurse commenced on 23 June 2025.
7.0.5	Stakeholder Governor (NB) questioned how the spending review would benefit HDFT. The Chief Operating Officer and the Director of Finance both noted that the Trust would receive its share of the financial allocation which would be announced when the 10 year plan was published in the next few months.
7.0.6	The Chief Operating Officer clarified for Public Governor (DR) that the Clinical Lead position within the Emergency Department would work half their time at HDFT and the remaining time at Leeds Teaching Hospitals Trust. The finer details of the appointment were still being discussed. However, reassurance was provided in that there was not considered to be a risk as there were a number of senior positions within the Trust which were part-time and providing this flexibility was consistent with the Trust's values. In addition, it was advised that all clinical leaders who had leadership roles were required to be available for meetings on a Wednesday each week.
7.0.7	Resolved: The Chief Operating Officer/Deputy Chief Executive's update was noted.
COG/06/17/7.1	Corporate Risk Register
7.1.1	Resolved: The Corporate Risk Register was noted.
COG/06/17/7.2	Static Integrated Board Report (IBR)

7.2.1	Resolved: The static IBR was noted.
COG/06/17/8	Lead Governor's Update
8.1	The Lead Governor's summary of the Governor activities and summary of the NHS Providers' Governor Focus 2025 Conference had been circulated to the Council and the following points were highlighted:
8.2	<ul style="list-style-type: none"> • Informal Governor Briefings had provided reassurance on a number of topical matters including 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 were also provided with an update from the Harrogate Integrated Facilities (HIF) executive team which included progress on capital programme building works (including the theatres programme, 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. • A fond farewell was said to those governors who had chosen not to stand for re-election (Public Governor (KG) and Staff Governor (SW)) and those that had had been or were currently unwell were acknowledged. • Observing Board and Board Sub-Committees – noting the new way of Committee reporting was being trialled. • Participated in the online Governor Focus Conference 2025 – a summary of the Lead Governor's observations had been circulated and the showcases were highlighted, especially the dashboard developed by one trust to assist the governors gain assurance
8.3	There were no further questions or comments from Governors.
8.4	Resolved: The Lead Governor's Update was noted.
COG/06/17/9.1	Board Sub-Committee Updates: People & Culture Committee
9.1.1	The Chair introduced the new trial of sharing Board Sub-Committee information whereby the Chairs of the Committees provided written reports on their committees. The intention was for the Governors to be able to read the reports and ask questions rather than the Committee Chairs going through the reports at the Council meeting.
9.1.2	The NEDs were asked how they found the reporting process. Public Governor (RC) found them helpful and asked for NED perspective on the value as an additional task for each Committee Chair to complete. Non-executive Director (AP) noted the first time it took a while write the report and he also noted the various styles and content of report. However, he recognised the usefulness of sharing the information amongst those Governors who were unable to observe committee meetings.
9.1.3	Non-executive Director (JC) explained that up to now reports had not been required as Committees and Board were held on the same day which enabled verbal updates to Board. In addition, he reminded the Council that the reports reflected the specific meeting and there may have been updates since those Committees.

9.1.4	The Lead Governor expressed the positivity of being able to capture and share the Committee discussions amongst the Council. This had been more challenging for Governors to complete as they were not subject-matter experts. In addition, the variety in the format of the Gembas were noted – in-person presentation and walk-rounds. However, the format of Governors being asked for their Committee observations at the end of the agendas was welcomed
9.1.5	The Committee summaries were considered useful as there was always a delay from the Committees (alternate months) to the quarterly Council meetings.
9.1.6	People and Culture Committee
9.1.7	The Committee has been assured that the Trust is making good progress towards the ambition of 'Making HDFT The Best Place to Work'. At recent meetings the following have been noted:
9.1.8	<ul style="list-style-type: none"> • 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.
9.1.9	One specific matter was highlighted for Board discussion in the May meeting: feedback on the scoring guidance supporting the EDS22 report. This was discussed at both the People & Culture Committee and at the main Board. There is also an action from a recent Governors' briefing meeting that will be responded to.
COG/06/17/9.2	Board Sub-Committee Updates: Quality Committee
9.2.1	<ul style="list-style-type: none"> • The Committee received the Annual Health and Safety report. It highlighted a wide range of actions taken and gave significant assurance to the Committee. • There were discussions regarding sickness and absence caused through work related stress and how difficult this was to identify, the discussion was followed up with the People & Culture Committee. • As highlighted at the previous Council meeting, the risk of fire remains on the risk register with significant mitigations in place. • The report on Strengthening Maternity and Neonatal Services was discussed and approved. There were no particular concerns to report. • The Delivery of Same Sex Accommodation Annual Report was approved. There were no incidents to report. • The Quality Account was discussed and approved. Some additions were still required. Governors were recommended to read the report as the format has improved this year and details some amazing work from our teams. • The Biannual review of the Safer Nursing Care Tool was considered and little change was required to the staffing levels in place after the review.

	<ul style="list-style-type: none"> The Committee routinely receives audit reports from Internal Audit that have a patient safety or quality component. Reasonable assurance was obtained in all areas with the ongoing review of the management of the Deteriorating Patient, improvements in End-of-Life Care, the Trauma Pathway, improving Patient and Public voice, which are all designed to improve assurance and will remain on the agenda of the Committee.
COG/06/17/9.3	Board Sub-Committee Updates: Resource Committee
9.3.1	<p>It was reported that the Committee focuses on the following key performance metrics</p> <ul style="list-style-type: none"> A&E, Cancer, RTT and Children's Contracts Delivery of financial commitment – to achieve breakeven by year end Delivery of the environmental plan – capital programs, etc.
9.3.2	<p>Reasonable assurance was obtained in the following:</p> <ul style="list-style-type: none"> Significant improvement in A&E performance to over 80% in both March and April Cancer metrics remain strong with a continuation of the improved performance of recent months Only 2 out of 45 metrics for the 0-19 Children's services were amber, the remainder were green Referral to Treatment (RTT) metrics remain very strong Capital programme works are progressing well
9.3.3	<p>Lower assurance and planned action to address this was in relation to a £1.4m deficit for the month of April mainly as a result of our WRAP (Waste Reduction and Productivity) programme not yet being up to speed and the Committee's focus would be on how these savings could be progressed.</p>
COG/06/17/9.4	Board Sub-Committee Updates: Innovation Committee
9.4.1	<p>The Committee was currently focussing on the following:</p> <ul style="list-style-type: none"> Electronic Patient Record (EPR) change programme and 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 Reasonable assurance was obtained in relation to the strong governance arrangements to support the implementation of the EPR and the countermeasures in place to ensure the EPR programme remains on track.
9.4.2	Resolved: All of the Board Sub-Committee Updates were noted.
COG/06/17/10	Update on Domiciliary Care
10.1	<p>The Chief Operating Officer / Deputy Chief Executive presented an update on the situation with Domiciliary Care provided by HDFT. He highlighted:</p>
10.2	<ul style="list-style-type: none"> Thrive was the Trust's domiciliary care service and had 8 members of staff. In October 2024, there was the need to merge the Thrive team with the ARCH team (Acute Response and Rehabilitation in the Community and Hospital Service): <ul style="list-style-type: none"> The need to reap the benefits of escalation and de-escalation processes was recognised.

	<ul style="list-style-type: none"> - The service was able to assist quickly once patients were medically fit for discharge with appropriate support – from Day Zero onwards. • Whilst more staff could be employed, the landscape had changed resulting in less patients being in hospital for a long time. The HDFT service was being used as a bridging facility to provide short-term domiciliary care following discharge. • Patient / carer feedback indicated the service had resulted in positive outcomes for 90 patients saving 960 bed days. However, the future was still being considered as to whether the service should be grown or not.
10.3	Public Governor (AC) questioned the average length of time the service was used before patients were returned to using Primary Care. It was explained that the agreed packages ran for a specific length of time and then the cases were closed. However, sometimes the service had continued where appropriate.
10.4	Public Governor (RC) questioned what else was in place if patients chose not to use the Thrive service. It was explained that this was the best way to be discharged from hospital.
10.5	In response to a question from Public Governor (ROH), it was explained that the process provided quality of care but likewise it was important not to destabilise the market. However, it was considered that the market was in a better position.
10.6	The Lead Governor questioned if there was any pressure on community teams in terms of escalation. It was recognised that there was some pressure in the community but that the pressure would be on A&E services if not the community teams.
10.7	Whilst this small Team was not nursing staff, they enabled patients to return home more quickly once medically discharged. However, there was no evidence that patients were being readmitted more often.
10.8	Public Governor (RC) questioned if there was a plan to collate information relating to primary care experience. Public Governor (AC) suggested that as patients were not being discharged any earlier clinically there should not be any pressure on Primary Care.
10.9	Resolved: The update on Domiciliary Care was noted.
COG/06/17/11	Governor Elections Update
11.1	The Assistant Company Secretary provided a brief update on progress with elections for public governors and one staff governor, and highlighted the following points:
11.2	<ul style="list-style-type: none"> • The nominations window was between 3 April and 6 May 2025 • Harrogate & Surrounding Villages was contested and had received six nominations for two seats • Wetherby Harewood, Otley & Yeadon, Adel & Wharfedale, Alwoodley was contested and had received three nominations for one seat • Knaresborough & East District was uncontested with just one nomination (Jackie Lincoln) • Other Clinical Staff was uncontested with just one nomination • Rest of England remained a vacant seat with no nominations received.

<p>11.3</p> <p>11.4</p> <p>11.5</p> <p>11.6</p>	<ul style="list-style-type: none"> • The voting window commenced on 29 May and would close at 5pm on Monday 23 June 2025 • Governors' Terms of Office for these seats would commence on 1 July 2025 with three year terms ending on 30 June 2028. <p>The Assistant Company Secretary responded to questions around the vacant Rest of England seat, explaining the Council's request in 2023 to change this to Rest of England North and Rest of England South, and why this separation had not been feasible to implement.</p> <p>Non-executive Director (LR) questioned the Governor representation for the growing 0-19 service footprint. The challenges for the Governor around establishing connections with that constituency were explained, which would be similar for the large footprint of the Rest of England seat. The Governors recognised that this seat needed further consideration to understand how to best represent the constituency.</p> <p>There were no further questions or comments from Governors.</p> <p>Resolved: The Governor elections update was noted.</p>
<p>COG/06/17/12</p> <p>12.1</p> <p>12.2</p> <p>12.3</p> <p>12.4</p> <p>12.5</p> <p>12.6</p>	<p>Proposal for Annual Members' Meeting (AMM)</p> <p>The Lead Governor noted that finalising the venue would enable the AMM to be shaped and engage the membership sooner to increase interest. However, in principle, the Lead Governor would welcome the ability to have round-table discussions with the membership at the meeting.</p> <p>Suggestions for potential venues included the Harrogate Town Council Chamber and the Methodist Church Hall. It was questioned if there was a requirement to record or live-stream the meeting. The Chair suggested recording the meeting was within our capacity rather than live-streaming.</p> <p>Public Governor (MD) questioned how many people had accessed the recording since the meeting.</p> <p>Public Governor (RC) noted the value of having a feedback questionnaire circulated to identify why members did or did not attend.</p> <p>Public Governor (KP) suggested highlighting meetings and especially the AMM on the noticeboard in the hospital entrance.</p> <p>Resolved: The update on the Annual Members' Meeting was noted.</p>
<p>COG/06/17/13</p> <p>13.1</p> <p>13.1</p> <p>13.1.1</p> <p>13.1.2</p>	<p>Governors' Questions on behalf of Membership and the Public</p> <p>The Chair introduced the questions and sought appropriate responses from the Board as follows:</p> <p>Q1: Lung Cancer Screening</p> <p><i>The NHS published aim it to make lung cancer screening available in North Yorkshire by 2026 to i) people aged between 55-74 years; ii) people who are current or former smokers. Can this screening be extended to include those who have been subject to passive smoking in the home/workplace during childhood and earlier adulthood?</i></p>

	<p>The Director of Strategy explained that there was a National Screening Committee which reviewed the evidence of risks including possibilities of false positive and negative results. This Committee then determined which cohorts would benefit most. The Trust followed that guidance and would not extend the screening programme.</p>
13.1.2	<p>The Lead Governor questioned how the proof of someone being a current or past smoker was determined and it was explained this was managed through the GP register who regularly checked with their patients. The Lead Governor further asked if there were any statistics on incidence of lung cancer from passive smoking. However, the National Screening Committee views were emphasised.</p>
13.1.3	<p>Public Governor (AC) recognised the risks with false positive and negative results and the challenges that created for patients with anxiety.</p>
13.1.4	<p>The Chair noted that if any constituents were concerned, then they should be directed to speak to their GP.</p>
13.2	<p>Q2: Implementation of Martha's Rule</p>
13.2.1	<p>i) <i>When will this be implemented by HDFT:</i> ii) <i>How are NEDs gaining assurance of the application of principles in the "management of deterioration" in the interim?</i> iii) <i>If a patient is unaccompanied, who acts as "Martha's" advocate?</i></p>
13.2.2	<p>The Chief Operating Officer noted that the second wave commenced in April 2025 and then again in December 2025. With regard to assurance to NEDs, it was explained that there was a thematic review which would be considered at the Quality Committee. With regard to Martha's advocate, it was explained that nursing staff were in this fundamental advocate role and the Trust also had the PALS team, the Learning Disability Team and other advocates.</p>
13.2.3	<p>Non-executive Director (LR) noted that CCOT (Critical Care Outreach Team) nurses were established at the Trust as a result of the implementation of Martha's Rule. In addition, the Medical Director kept the Board updated on the thematic review and the Learning from Deaths report provided updates and assurance to NEDs.</p>
13.3	<p>Q3: Cancelled Operations</p>
13.3.1	<p><i>Whilst the performance data on timescales for Referral to Treatment (RTT) are green, constituents report the distress caused by operations being cancelled at the last minute.</i> i) <i>What data/information is collected and monitored on cancelled operations?</i> ii) <i>How do NEDs gain assurance that this distress is minimised?</i></p>
13.3.2	<p>The Chair noted they had had a conversation after Board about patients' concern around forthcoming operations being cancelled at short notice.</p>
13.3.3	<p>The Chief Operating Officer explained that approximately 13 operations had been cancelled each month in the last six months. The reasons for cancellations were coded and the main issues had been the list overrunning or the patient had been unfit for surgery. It was explained that the Trust had the most effective theatre utilisation in the region and ideally would be booked for 90% of the time available. Usually only six operations per month were</p>

	cancelled but there had been a delay on the reopening of the theatres following recent capital works and so an increased number of operations had been cancelled. However, there was clarification that if an operation had been cancelled, the patient would not “lose their place in the queue” but they would be allocated the next available slot.
13.3.4	Public Governor (DR) noted the impact this situation had on patients who were self-employed as they were losing income and time making arrangements so were adversely affected with the disruption. In addition, Public Governor (DR) reported that patients had seemed to be given very little notice even though the Trust was aware of the need to cancel much sooner. On speaking to others, there was a lack of confidence in relying on revised dates for operations which might also be cancelled.
13.3.5	The Chair noted that the Trust had been transparent about the cancellations but that numbers were, in fact, quite small. However, the negative impact on the patients affected was not underestimated.
13.3.6	The Director of Finance noted there had been an “After Action Review” to learn from the experiences and put new processes in place.
13.4	Q4: Media Reporting on “Avoidable Failings”
13.4.1	<i>There have 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?</i>
13.4.2	The Associate Director of Quality and Corporate Affairs noted that the Trust always undertook a gap analysis to learn from each national enquiry which was discussed at Board.
13.4.3	It was further explained that the Trust managed the updating of its policies and guidelines through the PolicyStat portal. The Learning from Deaths report was scrutinised at the Quality Governance and Management Group (QGMG) before being presented at the Quality Committee. In addition, Structured Judgement Reviews (SJRs) took place within the Trust and the Patient Safety Incident Response (PSIRF) methodology was also used to review issues and those SJRs which indicated poor patient safety.
13.4.4	Non-executive Director (LR), who was also the Quality Committee Chair added that the Quality Committee reviewed reports such as the Fuller Report on Mortuaries and a Gemba was undertaken to ensure recommendations from the report had been actioned at HDFT.
13.5	Q5: Meeting the Needs of the Elderly
13.5.1	<i>Last year’s Annual Report & Accounts 23/24 highlighted risks including the inability to achieve person-centred care for the elderly/frail. What progress has been made to mitigate this risk and is there an action plan in place?</i>
13.5.2	The Director of Strategy noted that all of the ambitions were normally described as positive statements but for the Annual Report it was reversed to review them as “risks of not achieving” the ambition. However, it was not considered a corporate risk which would have been escalated to the Board. The Council

	<p>were reminded that the Executive Medical Director had given an update on this area at the previous Council meeting. It was explained that there were a range of corporate projects such as patients returning home/discharge, and patient experience to understand what the Trust were doing for the elderly, and a True North Metric around length of stay</p>
13.5.3	<p>Public Governor (KP) raised the issue of a particular case. The Director of Strategy advised it was not possible to comment on individual cases but that if there was a wait of over 12hours in the Emergency Department then this would have been reported through the Datix system and the Quality Team would have managed the reporting on the case.</p>
13.6	<p>Q6: Signage</p>
13.6.1	<p><i>Signage at Harrogate Hospital continues to be raised as an issue by patients and visitors – recently compounded by the malfunction of screens/digital systems in the reception area.</i></p> <ul style="list-style-type: none"> <i>i) Are there plans and timescales in place for the review of the front entrance to the main hospital area?</i> <i>ii) Could it be confirmed that signage will be reviewed as part of any future developments?</i> <i>iii) Governors are keen to offer support; could the inclusion of Governors in any proposed consultation processes be confirmed?</i>
13.6.2	<p>The Director of Finance noted that the hospital signage linked to the upcoming refurbishment of the hospital front entrance. An outline business case was currently being reviewed internally on how to refresh the main entrance. When a full business case was being drafted, stakeholder groups would be involved and the HIF lead would be requested to link in with Governors. Stakeholder Governor (NB) requested to be considered for inclusion in the group. It was reported that whilst there was a challenge around signage for some, others had reported that they did not consider it a problem.</p>
13.6.3	<p>The Chair noted that in the meantime, volunteers and staff were always available to assist in directing people appropriately.</p>
13.6.4	<p>Public Governor (MD) requested that whilst the business case was going through the various stages, that the digital board could be reinstated. It was advised that this was in the list of items to be repaired.</p>
13.7	<p>Q7: Parking Arrangements for Patients</p>
13.7.1	<p><i>It was minuted in the March 2024 Council meeting that a review of parking arrangements would be conducted around May 2024 once the new processes had had time to embed to assess if parking had improved for patients and visitors and 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.</i></p> <ul style="list-style-type: none"> <i>i. Please could the Council be updated on the latest position</i> <i>ii. If a full review is yet to be conducted, could the proposed involvement of Governors be confirmed?</i>

13.7.2	The Director of Finance outlined the issues and complaints experienced by the Hospital prior to the Automatic Number Plate Recognition (ANPR) system being implemented, noting the lack of available capital to invest in the infrastructure.
13.7.3	The ANPR system was introduced along with a digital system for staff parking, which lead to improved compliance with the Car Parking Association requirements around car park signage. In addition, there was reduced congestion on Lancaster Park Road and improved access to the car park. It was reported that, as a consequence, there had been improved attendance at appointments by patients as they could now access the hospital and park more readily, attend their appointments quickly and keep time on site to a minimum.
13.7.4	Work was underway on refining staff parking and improving communications. Car parking charges had not been reviewed and it was anticipated there would be a Task and Finish group to review whether increases should be in line with CPI or the rate of inflation.
13.7.5	It was noted that demand for parking was back to the same levels pre-Covid.
13.7.6	Stakeholder Governor (NB) noted that when attending Outpatients, appointments were sometimes running late which in turn led to increased parking charges. In addition, people were ignoring the “no-entry” sign to try to avoid the queues.
13.7.7	Public Governor (KP) noted that when people were faced with scarcity of spaces and urgency, they would take any space when they saw it and human behaviour should not be managed by punitive restrictive actions. Rather it was about trying to make the patient experience better. He questioned if consideration would be given to redesigning the car park – it was narrow, there were cones all over, lights not working and tight turns not appropriate for modern-day larger cars.
13.7.8	Public Governor (ROH) noted he could see how ANPR would reduce outflow but also made it easier to find spaces. The Director of Finance noted that no additional parking spaces had been made but that staff had been stopped from parking in certain areas which had increased capacity.
13.7.9	Public Governor (RC) reminded the Council that the question had been about a review of patient experience involving Governors, which had been anticipated in March 2024 but which had not yet happened. The feedback offered to this Council Meeting was interesting but anecdotal and not a systematic evaluation of patient experience.
13.7.10	The Chair noted that parking issues were followed up with HIF but owing to the renovations and parts of the car park being closed, then patient experience was less than positive. The review would take place in a timescale linked to the renovation of the site.
13.7.11	The Director of Finance noted the need for review of charges to be in place before the next financial year and it would need to be aligned to the review of patient experience. Therefore, the review of patient experience relating to parking arrangements and changes would need to take place in the current financial year.

13.8	Q8: Pressure Ulcers
13.8.1	<i>Given the importance of the strategic ambition Best Quality, Safest Care (eliminate moderate and above harm caused to patients) and the pride staff have in providing the best possible care, there could be a subconscious bias to report borderline pressure ulcers as being less than 'moderate'. Are 'low harm' recorded pressure ulcers reviewed in the same way as moderate harm pressure ulcers and, if so, how many reported 'low harm' pressure ulcers are changed to 'moderate harm' after review?</i>
13.8.2	The Associate Director of Quality and Corporate Affairs advised that all pressure ulcers were reviewed in the same way – by ward managers or in the community – irrespective of their grading ie level of severity. They were all recorded on the Datix reporting system and the Trust had a specialist Tissue Viability Team to record damage and prevent deterioration. In the year, there were only nine pressure ulcers that were recorded as “low harm” which could have been assessed as “moderate harm”. This was reported through business intelligence software where cases could also be downgraded from moderate to low level harm.
13.9	Resolved: The responses to the questions were noted.
COG/06/17/14	CoG Annual Workplan 2025-26
14.1	Resolved: The Council of Governors' Meetings annual workplan was noted.
COG/06/17/15	Any Other Relevant Business
15.1	There being no further business, the meeting closed at 17:57pm.
COG/06/17/16	Evaluation of the Meeting
16.1	The Chair asked for any comments on the meeting evaluation to be forward to her.
COG/06/17/17	Date and Time of Next Meeting
17.1	The date of the next meeting on 2 September 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.

Annual Members' Meeting
held on Tuesday, 17 September 2024 at 5.00pm
Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX

3.2

Present:	
Sarah Armstrong Jonathan Allen (JA) Councillor Nick Brown (CB) Rachel Carter (RC) Martin Dennys (MDe) Mike Dunn (MDu) John Hindle (JH) Emily Legge (EL) Jackie Lincoln (JL) Richard Owen-Hughes (ROH) Kevin Parry (KP) Richard Sweeney (RSw) Stuart Wilson (SW)	Chair Staff Governor Stakeholder Governor Public Governor Public Governor Public Governor, Deputy Lead Governor Public Governor Staff Governor Public Governor, Deputy Lead Governor Public Governor Public Governor Public Governor Staff Governor
Jeremy Cross (JC) Laura Robson (LR)	Non-executive Director Non-executive Director
Jonathan Coulter Jackie Andrews Matt Graham Jordan McKie Emma Nunez Angela Wilkinson	Chief Executive Executive Medical Director Director of Strategy Director of Finance Deputy CEO & Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs) Director of People & Culture
Andy Colwell Kate Southgate Sue Grahamslaw Giles Latham Greg Dawson Taniya Khan	Deputy Director Estates & Facilities, HIF Associate Director of Quality and Corporate Affairs Assistant Company Secretary Communications Manager Senior Communications Officer Communications and Marketing Assistant
Plus, fourteen members of the public	
Apologies:	
Ian Barlow (IB) Kathy Gargan (KG) Stephen Williams (SWi) Tony Doveston (TD) Mark Hutchinson (MH) Binish Mehar (BM)	Public Governor Public Governor Staff Governor Public Governor Staff Governor Staff Governor
Russell Nightingale	Chief Operating Officer
Mark Chamberlain Angie Gillett Emma Anderson	Chair, Harrogate Integrated Facilities (HIF) Managing Director, Harrogate Integrated Facilities (HIF) Interim Clinical Director, Children's and Young People Directorate
Emma Edgar	Clinical Director for Long Term and Unscheduled Care Directorate (LTUC)
Kat Johnson	Clinical Director for Planned and Surgical Care Directorate (PSC)

Chiara De Biase (CDB) Andy Papworth, (AP) Wallace Sampson, OBE (WS) Julia Weldon (JW) Azlina Bulmer (AB) Kama Melly (KM)	Non-executive Director Non-executive Director, Vice Chair Non-executive Director Non-executive Director Associate Non-executive Director Associate Non-executive Director
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AMM/09/2024/1	Welcome and Introductions
1.1	The Chair welcomed everyone to the meeting and thanked them for taking the time to join the meeting either in person, online from home or later online. It was acknowledged that it had been some time since the meeting had been back on the hospital site and it was noted that the location within the hospital was some distance from the front entrance and therefore not quite as accessible as holding the meeting at an off-site venue. However, many people had requested that the meeting move to being back on site. It was stressed how important the hospital is in terms of people's life experiences and whilst it may not be set up for this kind of meeting, it was set up for life's events.
1.2	The Chair noted that the Annual Members' Meeting was an important event, giving the Trust the opportunity to meet its members and stakeholders and to let them know what it has been doing in the last year. It also provided an opportunity to look ahead to future service developments. It was recognised that NHS services are valued by so many and regularly needed and therefore it was important for members to be engaged and involved. Recent media reports had highlighted the challenging times for the NHS, and it was important to recognise the excellent feedback from users of HDFT's services. However, there was always more that could be done to tackle challenges in the NHS and build on the excellent work already in place.
1.3	The Chair observed that when it came to tackling those challenges, a joint approach was taken; with Executive Directors, Non-executive Directors and the Council of Governors working together to address area which are not working so well. Thanks were noted to colleagues for their engagement and desire to work collaboratively to improve services.
1.4	Finally, it was noted there would be an opportunity at the end of the meeting for people to ask questions/give comments on what they had heard. It was highlighted that the Chair and Directors welcomed questions at any time, either in person or via email, and outside of the Annual Members' Meeting. Feedback on the meeting also helped when planning the next one.
AMM/09/2024/2	Minutes of the Previous Annual Members' Meeting on 17 November 2023
2.1	The Chair advised that the Council of Governors had met earlier in the afternoon and had approved the minutes of the previous year's Annual Members' Meeting, and they were approved by those in the room.
AMM/09/2024/3	Report from Deputy Lead Governors
3.1	The Chair introduced the Deputy Lead Governors who presented the update from the Council of Governors. Deputy Lead Governor (MD) began by reminding the meeting of the geographical footprint of HDFT, with its 0-19 services stretching from Wakefield to Northumberland. A brief explanation of the Council of Governors' composition and its sub-committees followed and its role in the governance of the Trust. Governors attended meetings of the board and its sub-committees to observe these and seek

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	assurance on the effectiveness of Non-executive Directors and add value where they could. The Governors also represented the views of the public and staff members. The Council of Governors have two key roles: to appoint the Trust's Chair and to approve the appointment of the Trust's external auditors.
3.2	During 2023/24, six governors had either not been re-elected or had stood down. Thanks were noted to them for their hard work and support over their terms of office. Following the Lead Governor stepping down, the Deputy Lead Governors had taken on the role in the interim whilst a new Lead Governor was elected. It was highlighted that the Lead Governor had been in the role for nine years and thanks were noted for her commitment and leadership and the Governors extended their best wishes for success in her new venture.
3.3	Following elections held in 2023/24, ten Governors had been elected or re-elected including, for the first time, a Staff Governor for the 0-19 Services. The new Governors were congratulated on their appointment and formally welcomed to the Council of Governors.
3.4	Vacancies for Public Governors would be coming up again in the Autumn and people were encouraged to consider applying.
3.5	Key activities undertaken by Governors in 2023/24 were highlighted, which included undertaking Chair and Non-executive Director appraisals, approving Non-executive Directors' extensions of term, the appointment of external auditors and progress on the Membership and Engagement Strategy.
3.6	The Deputy Lead Governor (JL) highlighted activities undertaken by Staff Governors including participation in the Great Start to Life 0-19 Showcase of good practice earlier in the year. Due to the significant footprint of the 0-19 Services, working with different local authorities, there was an excellent opportunity to look at areas of good practice. Colleagues had also attended the National Governor Focus Conference and heard about what was happening in other trusts across the country, and shared ideas and good practice.
3.7	It was noted that topics raised by Governors, on behalf of Trust members and the public, had included hospital signage, new appointments system, car parking, new electronic patient record, domiciliary care scheme, waiting lists, IT security and patient experience. These had been submitted through the Council of Governors' meetings and formal feedback received from Director colleagues, providing an understanding of some of the challenges, improvements being progressed and assurance. There were also regular briefings for the Council of Governors.
3.8	Following the launch of the Membership Engagement Plan at the 2023 Annual Members' Meeting, members attending the meeting had been invited to have a say on how to increase membership which was more representative of communities, staff and stakeholder groups, and on how the ways the Trust engaged with its members could be improved. Members' responses had included: clearer information on the benefits of being a member of the Trust, more opportunities to discuss policy issues/feed in views and inform improvement, more visibility and contact with governors and finally more information sessions and events. A detailed, ambitious Membership Engagement Plan had been developed by an all-Governor Working Party, whilst recognising there would be resource constraints. It was planned to make greater use of social media and local networks to increase membership. One of the achievements was the newsletter, issued in early September 2024, the first since 2022. Discussions were also taking place regarding holding information sessions/events in 2024/25. A progress report would be received at next year's Annual Members' Meeting.

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3.9	The Deputy Lead Governors concluded their report with an explanation of the many ways to stay connected with them and reminded members to ensure their email information on record was up to date.
AMM/09/2024/4	Chief Executive's Overview
4.1	The Chief Executive thanked everyone for joining the meeting and provided an overview of the Trust, its services, work that had taken place in the previous year and a look forward to 2025. He began by highlighting that the Trust's footprint now extended from the Scottish border through Northumberland down to Wakefield and, in addition to providing acute and community services for Harrogate and District and wider North Yorkshire, it provided Children's Public Health (0-19) Services for nine local authorities in the North East and Yorkshire. In terms of services provided, the Trust interacted with over 3,000 people daily, had a workforce of over 5,000 colleagues, and spent over £1million of public money every day to provide those services to over a million people. Reflecting on those that rely on the Trust for care and support, it was highlighted that health is such an important thing, and it is helpful to remind ourselves of the importance of what the Trust does and the number of people its services touch every day.
4.2	In terms of how the Trust had performed in the past year, starting with urgent care, the A&E 4-hour standard – the recognised barometer of quality and experience for patients - is used to measure this. It was explained that from 2022 onwards, following the Covid pandemic, there had been a gradual improvement in time spent waiting in the department, following work that had taken place, and this was one of the Trust's quality improvement areas. Compared to the position regionally and nationally, HDFT was performing well, but there was still more to do in terms of improvement.
4.3	With reference to waiting lists for planned care, the total waiting list figure was gradually reducing. The most important thing was how long people were waiting and the impact this had on them. The Trust was on track to have no patients waiting over 52 weeks by the end of the year. It was highlighted that significantly more activity was being undertaken in the hospital than five years ago, which was incredibly positive.
4.4	The other performance standard, measured nationally, was cancer waiting times in terms of faster diagnosis and 62-day wait for first treatment from urgent GP referral to treatment. The national standard was to achieve 75% of cases diagnosed within four weeks and the Trust was currently at 80%, which had taken significant work to achieve. The target from initial referral had been set at 62 days and following the impact of Covid, improvement had now been seen and was currently at 49% in terms of achieving this standard and striving to do better. When compared to other organisations, the Trust was performing well.
4.5	In terms of 0-19 Services, data was presented showing the performance against the mandated standards to be achieved and it could be seen from the areas shown as 'green' these were mostly being achieved. Research would be taking place to assess the actual outcomes for children and around how feedback was obtained from children using these services, to identify any improvements that could be made.
4.6	It was highlighted that when the public are asked what they wanted from the NHS, the response was good, quality care, at a time when they needed it, from trained staff in a decent environment. When the workforce was asked the same question, the response is to have a fully established workforce, to be appreciated and to work in a decent environment.
4.7	In terms of the Trust's ambition to provide the best quality, safest care: <ul style="list-style-type: none"> • there had been a focus on the Emergency Department and an increase in the level of staffing;

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4.8	<ul style="list-style-type: none"> inpatient falls had reduced by over 20% in 2023/24 through interventions put in place; pressure ulcers had reduced by a third through interventions put in place; other quality improvement work had taken place and incorporated into improvement programmes and numerous small changes were leading to improved services. <p>In terms of the Trust's aim to have a fully established workforce and its ambition to make HDFT "The Best Place to Work", during 2023/24 it had achieved its ambition to reduce the number of vacancies and aspired to be fully established in the future. The Trust was proud to have over one hundred international professionals helping to provide services across its footprint and it was important to recognise this, particularly following recent national social unrest and instances of racism.</p>
4.9	<p>Recent improvements to the environment were highlighted, namely the Emergency Department 2, which opened around 9 months previously, and the refurbishment of Wensleydale Ward, which was now a digital exemplar ward, open a relatively short time, improving the experience for patients. There had also been a reduction in falls on this ward. The Trust had also invested over £1million in a Diagnostic Centre in Ripon Community Hospital and opened a new Community Services base in Grove Park Court for community nurses and podiatry services.</p>
4.10	<p>Looking to the future, reference was made to the Darzi Report and the changes necessary to deliver improvement, there were many areas to address and the importance of delivering these was noted, which the Trust was well placed to do.</p>
4.11	<p>Finally, the Chief Executive paid tribute to all the staff at HDFT, volunteers and local partners in organisations including voluntary ones, for their huge contribution to providing healthcare services and noted his appreciation. Thanks were also noted to Executive Director and Non-executive Director colleagues, the Council of Governors and the Trust's Chair for all the help and support given to the organisation and to the Chief Executive personally. Closing with a quote from Marmot 2020 "<i>Health is repeatedly shown to be the Nation's top priority. And so it should be – it is quite simply a matter of life and death, of wellbeing or sickness. Good health is an indication that society is thriving and working in the best interests of the population,</i>" the Chief Executive noted that the organisation knew what it needed to do, its aim was to be better, and he was optimistic for the future.</p>
AMM/09/2024/5	Annual Report & Accounts 2023/24
5.1	<p>The Director of Finance presented the Annual Report and Accounts for 2023/24 noting that it was a particularly good annual report and that the Chief Executive had highlighted some key points from this in his overview. The accounts had been audited, received by the Council of Governors, and would be published shortly.</p>
5.2	<p>In terms of the Annual Accounts and the outcome of the 2023/24 financial year, the Director of Finance began by referring to the financial environment in the NHS as a whole: there had been record numbers waiting for treatment, pressure in emergency services, changes in the way funding flowed through the Integrated Care Boards (ICBs), high levels of inflation and resident doctors taking strike action resulting in increased costs and additional pressures.</p>
5.3	<p>The Trust had met its financial target, delivered substantial levels of efficiency and increased productivity, had an unqualified audit opinion and a capital investment programme of £29.1 million. In terms of the financial target, it was explained that the Trust had achieved its two NHS England targets; with a total provider deficit (system measure) of £4.2 million and none ring-fenced Resource Departmental Expenditure Limit (RDEL) (national measure) of £6.4 million.</p>

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5.4	It was explained how income had flowed into the Trust; income from continuing activities of £337.1 million, with 59% of these coming from the ICB and 17% from other sources, for example, local authority. Other operating income of £27.9 million was comprised of income in relation to education and training. In terms of how this was spent, the vast majority, 72%, had been spent on staff costs. A total of £14.8 million had been delivered in terms of efficiency and productivity, for example, undertaking more elective work and collaborating with partner organisations in North Yorkshire and West Yorkshire to achieve economies of scale in procurement, and through increased use of digital technology. It was highlighted how well HDFT was performing in terms of productivity when compared to all organisations across the NHS. HDFT was in the top five organisations across the North of England.
5.5	In terms of the Internal audit opinion, an unqualified audit opinion on the Trust's (and Group) financial statements had been issued on 3 rd July 2024, ahead of the Trust's agreed deadline for submission of audited accounts of 4 th July 2024. This meant that it was considered that the financial statements gave a true and fair view of the financial performance. It was highlighted that no significant weaknesses in the arrangements for securing economy, efficiency and effectiveness in the use of resources at the Trust had been identified.
5.6	Turning to capital investment, it was noted that a number of schemes had concluded during the year, for example, the refurbishment of Emergency Department 2, refurbishment of Wensleydale Ward, and the Salix scheme which had resulted in benefits in terms of energy efficiency. Moving forward, work would be taking place to address areas where there was reinforced autoclaved aerated concrete (RAAC) on the hospital site, and to implement the Electronic Patient Record.
5.7	Looking to the year ahead, it would be challenging in terms of the financial position. A deficit position of £5.2 million had been agreed with NHS England, together with a requirement to deliver £22 million Waste Reduction and Productivity (WRAP), which would be challenging to achieve. However, there were systems and plans in place to deliver this and internal audit had confirmed that the right things were in place to support delivery.
5.8	The Director of Finance concluded by noting his thanks to everyone across the organisation for their help in delivering the year-end position.
AMM/09/2024/6	HDFT Impact
6.1	A presentation was received from the Director of Strategy, who explained that the Trust had launched a programme of continuous improvement, driven by 'HDFT Impact', a systematic approach to everything we do at the Trust putting improvement at the centre of the organisation's culture and ways of working. It reflected the KITE values had aligned with the Trust's strategy, with a shared purpose to provide the best quality and safest healthcare services. The programme would enable all five thousand colleagues across the organisation to work together in the same direction to achieve significant and long-lasting improvements in the quality of services and increase staff engagement using structured, proven processes and tools, underpinned by data.
6.2	The roll-out of 'HDFT Impact' training was underway, aligned to the organisation's KITE values and behaviours, and had commenced with the Executive Directors, providing leadership. It was aligned to an improvement operating model, with a framework of meetings across the directorates to facilitate changes.
6.3	It had been identified that reducing the number of pressure ulcers would make the biggest difference to the quality of care for patients and reducing the waiting time in the

Item No.	Item
	Emergency Department, which was also a measure of how the hospital was working; reducing the time it takes to move patients to a medical bed. The other area identified that would make a significant difference was in terms of the workforce was to reduce the number of vacancies and turnover.
6.4	Several True North ambitions, together with metrics to measure success, had been agreed, aligned to the Trust's strategy:- <ul style="list-style-type: none"> • Best quality, safest care • Person centred, integrated care, strong partnerships • Great start in life • At our best, making HDFT the best place to work
6.5	These would be enabled by an environment that promoted wellbeing, digital transformation, and healthcare innovation to improve quality.
6.6	Three breakthrough objectives had been agreed for 2024/25 to achieve these ambitions: <ul style="list-style-type: none"> • a reduction in the number of category three or above pressure ulcers; • a reduction in time to an inpatient bed – effective transfer from the Emergency Department to ward, creating capacity in the Emergency Department; • a reduction in staff vacancies (reduce turnover and have a fully established workforce with reduced reliance on agency/bank staff).
6.7	There were also four longer-term strategic programmes to enable achievement: <ul style="list-style-type: none"> • a Clinical Services Strategy (how services will be delivered over the next 5+ year); • a Children's and Young People Strategy (to deliver services); • Electronic Patient Record benefits (implementation and future benefits); • HDFT Impact (the programme for a culture of continuous improvement).
6.8	In terms of benefits realised to date:- <ul style="list-style-type: none"> • pressure ulcers had reduced – however, there was more work to do; • Emergency Department waits had reduced, reflected by the 4-hour standard increasing and now frequently achieving around 80%; • staff availability – a vacancy rate of 4.3% and turnover of 11.4% - and consistently below target for both; • referral to treatment – 52-week waits on track for no-one waiting over 52-weeks by March 2025 and cancer 28-day faster diagnosis standard had increased to 80%.
6.9	Finally, it was noted that as 'HDFT Impact' continued to be rolled out, the outcomes to date looked incredibly positive.
AMM/09/2024/7	Questions and Actions
7.1	Bringing the meeting to a close, the Chair observed that the meeting had highlighted just a snapshot of work that had taken place or was ongoing across the organisation to improve the quality of services to the people the Trust served.
7.2	Any questions were welcomed from those in the room. If any questions had been raised in advance of the meeting, responses would be published after the meeting. It was also highlighted that feedback/questions were welcomed at any time, not just at the Annual Members' Meeting.
7.3	One question was received from the meeting in relation to the Trust's future plans for dissemination of information and engagement in the community, for example in areas where there were no parish councils, where there was a need for good, local

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7.4	<p>democracy. The Chair said she would welcome any suggestions as to how the Trust might engage with local areas.</p> <p>Finally, a question was raised in relation to people relocating to a new area and the fact that unlike GP records, secondary healthcare information is not transferred to the new healthcare provider. It was noted it could be challenging to get information transferred when needed. It was questioned how Trusts could be persuaded to share secondary healthcare data so that it is there when needed. The Medical Director, the executive lead for digital services, explained that with the forthcoming implementation of the Electronic Patient Record (EPR), this would facilitate Yorkshire and Humber Care Record sharing, which was currently being progressed. Hopefully, further into the future, this would be possible with other healthcare providers across the region and country. In the meantime, hospitals could request secondary care records from each other when needed, but she understood that it could be frustrating and challenging especially for patients seeking this information.</p>
AMM/09/2024/8	Closing Address
8.1	The Chair thanked everyone for their attendance, in person or online, and requested they stay in touch as what they had to say mattered as recipients of the services provided by the Trust.
8.2	There being no further business, the meeting was formally closed at 6.20pm.

Council of Governors (held in Public) Action Log for September 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

Report to Council of Governors September 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 Lead Governor Network – 10 Year Plan – Fit for the Future – Role of Governors and Healthwatch

1.1, As Lead Governor, I am part of a national network, and following the publication of the document on the 10 Year Plan- Fit for the Future in early July , much concern was expressed by the Network about an unexpected proposal within the document to remove the statutory requirement for Foundation Trusts to have Governors in the future. The Plan also included an announcement to end the role of Healthwatch as an independent health and social care advocacy organisation. Whilst much of the ambition highlighted in the 10 Year Plan is welcomed, we are concerned that any future governance proposals for Foundation Trusts must include robust public accountability.

2.0 New Governor Induction

2.1 The Lead Governor held an informal session with new Governors on 8th July 2025; further sessions are planned to take place in the Autumn involving the Chair and other key personnel.

3.0 Governor Participation in Non Executive Director Recruitment

3.1 It has been a very busy period during July and August with many Governors engaging in the process for the recruitment of two new Non Executive Directors to the Trust Board. It was a good example of contingency planning and flexible team work to ensure effective Governor involvement in shortlisting, at stakeholder panels and the formal interview panel especially with this being the height of the holiday period.

3.2 The recommended appointments will be submitted for ratification at the Council meeting on 2nd September 2025.

4.0 Appraisal Arrangements for Trust Chair and Non Executive Directors

4.1 The Lead Governor and NED/Senior Independent Director Laura Robson jointly undertook the Trust Chair's appraisal on 24th June 2025; this involved using the NHS Leadership Competency Framework and feedback from forms completed anonymously by NEDs and Governors

4.2 The Lead Governor together with the Chair have recently commenced a similar process with the Non Executive Directors; this will be completed in early September.

5.0 Informal Governor Briefings

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

5.2 At an informal briefing held on 22nd July 2025, Governors welcomed the recently appointed Deputy Chief Nurse, Breeda Columb. The Director of Strategy gave a brief overview of the 10 Year Strategy –Fit for the Future. Although there would be much detail to emerge, he described how the Trust was already taking forward projects and plans that were in tune with some of the main ambitions of the paper ie shifting treatment to prevention, hospital to community and analogue to digital. The CEO provided an update on the Trust's current position in relation to key performance and finance and gave updates on the CQC inspection of Maternity services, planned management of industrial action by resident doctors.

5.3 At a further briefing on 20th August 2025 , Governors were provided with an presentation on “Growing the Business and the Bid Process”. This was in response to Governors seeking assurance about the Trust expanding its activities in relation to additional contracts for 0-19 services across the region and other opportunities such as the acquisition of North House GP Surgery. The presentation provided information on a robust process and tool which had been developed to analyse key factors which supported decision making on whether to proceed with a bid.

6.0 Governors' Co-ordination Group

6.1 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. We have had to conduct these discussions via email for this cycle leading up to the September Council meeting but will look forward to meeting up in person to discuss key issues in the near future.

7.0 Governors Development Sessions

7.1 A development session on Trust wide Engagement Strategy took place prior to the last Council meeting on 17th June 2025; a summary of this discussion is included in the Council minutes.

8.0 Observing Board and Board Sub Committees

8.1 A number of Governors observed Board Sub Committees and the Trust Board on 30th July 2025.

8.2 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.

9.0 Governor Walk Around Visits

9.1 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, a further visit took place visiting Community Services at the Intermediate Care Hub and Podiatry and Speech and Language Services at Grove Park Court on 23rd July 2025.

Jackie Lincoln

Lead Governor

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	<i>People and Culture Committee</i>
Date(s) of Committee:	30 th July 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>Since my last report to the council in June, there has been one meeting in July where we covered the following items:</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. • Updates around Freedom To Speak Up and Guardian of Safe Working. • Approval of the People Plan for 2025/26. • Results from the recent Inpulse Survey. • Receipt of significant assurance internal audits for Pre-Employment checks and Freedom to Speak Up. • Review of metrics relevant to People and Culture (e.g. appraisal rate) from the IBR (Integrated Board Report). • Update on Staff Networks, including actions to support colleagues with Disabilities and Long Term Conditions. • Tracking the completeness of the Trust's HR policies. • Gemba visit to Imaging Services. 	
2. Key Strategic Risks the Committee Focuses on (and risk assessment/ score)	
<p>The two core (True North) areas of focus for the Committee are as follows:</p> <p>1. Staff Engagement – To understand how colleagues are feeling towards HDFT as a place to work and as an employer using a range of emotional indicators.</p>	



Harrogate and District
NHS Foundation Trust

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 most recent Inpulse survey showed a response rate of 33%, with engagement in line with previous surveys.

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, with low vacancy levels overall, however, we are monitoring sickness which has seen a small increase and is slightly above target.

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. Focus groups and directorate discussions are underway.
- **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. We received a presentation on this in the August Board workshop. Roll out is progressing: 26/40 areas now complete and 10 more in progress.

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 **overall making good progress towards the ambition of 'making HDFT the best place to work'**. Culture across the Trust has been much improved over recent years, evidenced by Staff Survey results, and further progress is being made around engagement, staff involvement and rostering. There remains pockets of staffing pressure, but overall staff recruitment and availability is in line with target.

In terms of more specific matters that we were assured on from our July meeting: it was pleasing to see the significant assurance Audits on pre-employment checks and Freedom to Speak Up arrangement; and good progress is being made to ensure the Trust's HR policies are reviewed within planned timeframes (45/51 completed).

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

The Committee recognises that whilst overall Staff Engagement is trending well, **work continues in relation to identifying and supporting teams with low survey response rates/ low engagement scores**. In addition to the work of the Executive team and the Directorates, we use our People and Culture Committee Gemba visits to support this. Our visit to Imaging Services in July saw us meet a number of colleagues, with a request to support investment (equipment and environment) to further improve staff engagement and patient service.

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

- Sickness levels.
- Retention – specifically turnover within the first year of joining.
- 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

Feedback from the visit to Imaging Services was provided at our July Board

8.1

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Quality Committee
Date(s) of Committee:	30. July 2025
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>Presentation from the Tobacco Dependency Team. This replaced the usual GEMBA to a specific area.</p> <p>CQC visit to Maternity Services.22-24 July. The Team were in the process of replying to the request for an additional 100 pieces of information. No immediate concerns had been raised by the visiting team. The Maternity team had been praised for their friendly welcome.</p> <p>The recent publication of the Dash Review. This review look at patient safety across the Health and Social Care landscape</p> <p>The strategic ambition – Best Quality, Safest Care. Highlighting the True North Metric. Eliminating Moderate and Above Harm. The Trust is on target to achieve its ambition of a 20% reduction for the first quarter. All watch metrics are within tolerance and there are no related risks. Two thematic reviews are taking place</p> <p>The second True North Metric – Patient Experience Positive Response Rates is on target. The watch metrics are within tolerance. Significant work is ongoing to develop an Engagement Strategy. Further to the publication of the 10 year plan guidance is awaited.</p> <p>The Strategic objective –Great Start in Life. The True North Metric Early Intervention and Prevention Children at Risk of Vulnerability. This ambition to deliver 90% of mandated contacts delivered within timescales has been achieved overall with some pockets of slightly lower performance. There are no associated risks.</p> <p>Work is still progressing with ways to achieve the metric Children's Patient Experience. There are no associated risks</p> <p>Learning from Deaths report was received and discussed. The Standard Hospital Mortality Indicator was also discussed.</p> <p>Report on Strengthening Maternity and Neonatal Safety was received and discussed. There were no issues to escalate and no associated risks.</p> <p>Annual Report for Infection Prevention and Control was received and the ongoing work noted, The service is well regarded and demonstrates good results. No risks were identified</p>	

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

The committee has no strategic risks associated with its strategic objectives

3. Where reasonable assurance was obtained

Significant assurance was received from two internal audit reports- Duty of Candour and Controlled Drugs
Maternity and Neonatal services, Infection prevention and control, Complaints and concerns report and Learning from Deaths report all provided reasonable assurance to the committee.

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

None

5. Matters of concern or areas identified for escalation

None

8.2

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Innovation
Date(s) of Committee:	30 th July 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"> GEMBA visit to Medical Day Unit to hear from staff about some of the research related trials being undertaken. We discussed our Strategic Ambition: Digital Transformation to integrate care and improve patient, child and staff experience and received reassurance that our digital projects are on track. We emphasised the importance of maintaining progress on our non-EPR digital projects for reaching digital maturity. We received reassurance that the EPR project is on track but recognise the importance of ensuring that sufficient training facilities are available to maintain momentum on the project. We discussed the Strategic Ambition: Healthcare Innovation to improve Quality and Safety and noted that the goals are on track. We discussed the Strategic Programme: HDFT Impact/Continuous Improvement and had a useful discussion about how we receive assurance that the training related to continuous improvement is the link to improved performance in our services. We intend to look at ways of being able to answer the 'how do we know it's working' question in relation to 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	
The discussions at Committee enabled us to provide reasonable assurance that the objectives within our Board Assurance Framework are on track.	



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

Countermeasures for progressing actions are in place to ensure EPR programme remains on track, specifically this meeting in relation to ensuring that adequate training facilities are available.

5. Matters of concern or areas identified for escalation

None.

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	<i>Resources Sub Committee</i>
Date(s) of Committee:	30 July 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 covered the following areas:</p> <ul style="list-style-type: none"> • Person-centred integrated care • Financial Sustainability • Environment • Operational, Financial and Workforce Performance Watch Metrics • Internal audit report (by exception) • Business Development update • Business cases – Front Entrance; Littondale Refurbishment and Ward Move; Imaging Services Capacity Review • Premises Assurance Model 	
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. Summary Report	
<p>Finances remain our biggest issue - which as we have reported before is not as a result of inefficiencies. Indeed all of our metrics in terms of cost and efficiency benchmark really well across the NHS, as do measures such as the use of agency staff. However, our financial settlement and the position of the ICB remain challenging. We are confident that next year will be considerably better as finances are “reset”, but this financial year to March 26 will be challenging. As a result we are reporting a deficit of £4.4m at the end of month 3, some £2.3m behind plan. We are receiving reporting on Waste Reduction and Productivity (WRAP) which still have mixed results across the organisation</p> <p>Operations remain very positive overall. We continue to see improvements in our A&E metrics, with more plans in the pipeline to improve. Our RTT (Referral to Treatment) results continue to improve with the waiting list reducing, together with reduced waiting times. Indeed we are already hitting the majority of our year end metrics for March 26 which is encouraging. This number may come under pressure if the financial position remains challenged, and we may need to consider the trade off between further improved operational performance, and the cost of providing it. Which would be disappointing from a patient perspective.</p>	



All aspects of Children's services continue to deliver well, including those areas that have been recently taken on. We have a "well oiled machine" now that allows us to take on new geographies. The improvements in Cancer metrics reported in recent months have also been maintained.

Capital spend remains on track for the year, where we look forward to the improved facilities provided by removing RAAC and from the TIF2 project.

Business cases. Firstly we considered the proposal for a new front entrance, and how this would be funded. There was robust debate over this, but given the capital constraints we are working under, it was agreed that outsourcing this was the right way forward, with the capital to be repaid from lease income from retail units. The level of capital spending to do this job right will not be available from any other source. This was subsequently discussed and approved at full board too.

The second business case relates to a ward reconfiguration that will allow us to move patients through A&E quicker. The capital funding has been made available from the centre specifically to address this, so we are limited in the ways we could spend it anyway. This will increase capacity for patients, and will result in improved A&E metrics once completed.

Finally we had an update on the imaging business case. We had agreed a previous case, but this is now not considered to be deliverable. Instead monies will be spent to investigate the right long term solution for imaging in HDFT - which is a bottleneck for many patients at the moment.

8.4

COUNCIL OF GOVERNORS in Public
2 September 2025

Title:	Pledge to the Code of Conduct, Nolan Principles and HDFT Kite Values
Responsible Director:	Sarah Armstrong, Chair
Author:	Kate Southgate, Associate Director of Quality and Corporate Affairs

Purpose of the report and summary of key issues:	<p>Governance principles are set out in the Nolan Principles: The Seven Principles of Public Life, which sets out the behaviours of senior leaders and Boards of Directors. This is supported by the Health and Social Care Act Regulation 2015 which sets out the requirements for NHS bodies to meet the Fit and Proper Person Test as well as supporting the principles of Duty of Candour which should ensure that the Trust is open, honest and transparent.</p> <p>All NHS Boards and Council of Governors are required to have a Code of Conduct that underpins the behaviours of members. The Council of Governors are annually invited to endorse their support to the Code of Conduct for Governors at HDFT.</p>	
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	x
	Person Centred, Integrated Care; Strong Partnerships	x
	Great Start in Life	x
	At Our Best: Making HDFT the best place to work	x
	An environment that promotes wellbeing	x
	Digital transformation to integrate care and improve patient, child and staff experience	x
	Healthcare innovation to improve quality	x
Corporate Risks:	No Corporate Risk associated with this paper	
Report History:	The Council reviews and receives this annual declaration each year.	
Recommendation:	The Council of Governors are recommended to endorse the Code of Conduct and ensure all HDFT Governors sign the declaration.	

Freedom of Information:	Available once published as part of Council of Governors in Public papers.
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Harrogate and District NHS Foundation Trust Governor Code of Conduct

1. Introduction

The role of the NHS Foundation Trust Governor is a fundamental part of the governance of Foundation Trusts. While the role is entirely voluntary, a clear and agreed Code of Conduct ('the Code') is an important part of that governance enabling public confidence and assurance.

The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all Governors. It seeks to outline the appropriate conduct for Governors of Harrogate and District NHS Foundation Trust ('the Trust'). It addresses both the requirements of office and of personal behaviour.

This Code, with the Board Code of Conduct and the NHS constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and the Code of Governance for NHS Foundation Trusts. The Code applies at all times when Governors are carrying out the business of the Trust or representing the Trust.

2. Undertaking & compliance

All Governors are required to give an undertaking that they will comply with the provisions of this Code. In accordance with section 11.9.1.6 of the constitution a person elected or appointed as a Governor cannot join the Council of Governors until they have signed and delivered confirmation of their acceptance of this Code.

Furthermore, failure to comply with the Code may result in disciplinary action in accordance with agreed procedure (see Appendix A), including the removal of the Governor in question from office.

3. Interpretation & concerns

Questions and concerns about the application of the Code should be raised with the Company Secretary. The Chair will be the final arbiter of interpretation of the Code.

4. Principles of public life

The principles underpinning this Code of Conduct are drawn from the 'Seven Principles of Public Life'¹ as follows:

- **Selflessness:** Holders of public office should act solely in terms of the public interest.
- **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

- **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** Holders of public office should be truthful.
- **Leadership:** Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

5. The Trust's vision & values

The Trust's purpose is "the patient and child first", meaning improving the health and wellbeing of our patients, children and communities. To do this the Trust's ambitions are to provide:

- Best quality, safest care;
- Person-centred, integrated care; strong partnerships;
- A great start in Life.

The Trust's values lie at the heart of who we are, what we do, and the culture we want to establish, having a direct impact upon both colleagues and the public we service.

Our KITE values are:

- **Kindness** - We show compassion, and are understanding and appreciative of other people.
- **Integrity** - We display personal and professional integrity, are honest and bring a positive attitude.
- **Teamwork** - We are helpful to each other, listen intently and communicate clearly.
- **Equality** - We show respect, we are inclusive and we act fairly

6. The Council of Governors, directors' duties and liabilities

The general duties of the Council of Governors are to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors and represent the interests of the members of the Trust as a whole and the interests of the public, both those in the Trust's locality as well as the public within the Integrated Care System and the public at large. The role of Governors is set out in detail in the Trust's Constitution, Standing Orders, and the Foundation Trust Code of Governance and is further addressed in NHS Improvement's guidance for Governors. In carrying out its work, the Council of Governors needs to take account of, and respect, the statutory duties and liabilities of the Board of Directors and individual Directors.

7. Confidentiality

Governors must comply with the Trust's confidentiality policies and procedures. Governors must not disclose any confidential information, except in specified lawful

circumstances, and must not seek to prevent a person from gaining access to information to which they are legally entitled.

Nothing said in this Code precludes Governors from making a protected disclosure within the meaning of the Public Disclosure Act 1998. The Company Secretary or the Freedom to Speak Up Guardian should be consulted for guidance.

8. Fit and proper person

It is a condition of the Trust's licence that each Governor serving on the Council of Governors is a 'fit and proper person'. A person may not continue as a member of the council if they are:

- (a) a person who has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged,
- (b) a person who has made a composition or arrangement with, or granted a trust deed for, his creditors and has not been discharged in respect of it,
- (c) a person who within the preceding five years has been convicted in the British Islands of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her,
- (d) subject to an unexpired disqualification order made under the Company Directors' Disqualification Act 1986.

Governors must certify on appointment, and each year, that they are/remain a fit and proper person. If circumstances change so that a Governor can no longer be regarded as a fit and proper person, or if it comes to light that a Governor is not a fit and proper person, they are suspended from being a Governor with immediate effect pending confirmation and any appeal. Where it is confirmed that a Governor is no longer a fit and proper person, their membership of the Council of Governors is terminated in accordance with the Constitution.

9. Register of interests

Governors are required to register all relevant interests in the Trust's register of interests in accordance with the provisions of the Constitution and the Trust's Conflicts of Interest Policy. It is the responsibility of each Governor to provide an update to their register entry (within 7 days) if their interests change. A pro forma is available from the Deputy Company Secretary/Company Secretary. Failure to register a relevant interest in a timely manner may constitute a breach of this Code.

10. Conflicts of interest

Governors are required to comply with the Trust's Conflicts of Interest Policy. In particular, Governors must avoid a situation in which they have a direct or indirect interest that conflicts or may conflict with the interests of the Trust. Governors must not accept a benefit from a third party by reason of being a Governor for doing (or not doing) anything in that capacity. Governors must not offer a benefit to a third party by reason of being a Governor for doing (or not doing) anything in that capacity.

Governors are required to declare the nature and extent of any interest at the earliest opportunity. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. It is then for the Chair to advise whether it is necessary

for the Governor to refrain from participating in discussion of the item or withdraw from the meeting. Failure to comply is likely to constitute a breach of this Code.

11. Meetings

Governors have a responsibility to attend meetings of the Council of Governors and of any committees or working groups to which they are appointed. When this is not possible, apologies should be submitted to the Deputy Company Secretary/Company Secretary in advance of the meeting. Persistent absence from Council of Governors meetings without good reason is likely to constitute a breach of this Code.

12. Personal conduct

Governors are expected to adopt and promote the values of the Trust and the NHS. Moreover, Governors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute. Specifically, Governors must:

- Treat each other, Directors and Trust staff with respect; not breach the equality rights and not bully any person.
- Not seek to use their position improperly to confer an advantage or disadvantage on any person and must comply with the Trust's rules on the use of its resources.
- Uphold the seven principles of public life (see above).
- Be honest and act with integrity and probity at all times;
- Respect and treat with dignity and fairness, the public, service users, relatives, carers, NHS staff and partners in other agencies.
- Seek to ensure that fellow Governors are valued as colleagues and that judgements about colleagues are consistent, fair and unbiased and are properly founded;
- Accept responsibility for their actions.
- Show their commitment to working as a team member by working with colleagues in the NHS and wider community.
- Seek to ensure that the membership of the constituency they represent is properly informed and able to influence services.
- Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social or economic status or national origin.
- Comply with the Standing Orders and Standing Financial Instructions of Harrogate and District NHS Foundation Trust.
- Respect the confidentiality of individual patients and comply with the confidentiality policies of the Trust.
- Not make, permit, or knowingly allow to be made, any untrue or misleading statement relating to their duties or the functions of the Trust.
- Seek to ensure that the best interests of the membership, general public, service users, stakeholders and staff are upheld in decision making and the decisions are not improperly influenced by gifts or inducements.
- Acknowledge that Harrogate and District NHS Foundation Trust is an apolitical organisation.
- Support and assist the Accountable Officer of the Trust in their responsibility to answer to the Independent Regulator, Commissioners and the public in terms of fully faithfully

declaring and explaining the use of resources and the performance of the total NHS in putting national policy into practice and delivering targets.

- Must have regard to advice provided by the Chair, Chief Executive and Company Secretary pursuant to their duties.

It is essential that the conduct and behaviour of Governors at all times support the ethos and values of the Trust. Should there be any concern about the activities of a Governor the nature of which might undermine public confidence then the Chair's decision on that person's role will be final.

13. Training & development

The Trust is committed to providing appropriate training and development opportunities for Governors to enable them to carry out their role effectively. Governors are expected to undertake to participate in training and development opportunities that have been identified as appropriate for them. To that end, Governors will participate in the appraisal process and any skills audit carried out by the Trust.

14. Reimbursement of Expenses

Governors do not receive payment for their role, however they receive reimbursement of any out of pocket expenses incurred as stated in the Trust's Constitution and in accordance with further guidance issued to Governors about reclaiming expenses.

15. Visits to Harrogate and District NHS Foundation Trust Premises or other services provided by the Trust

Where Governors wish to visit the premises or services of Harrogate and District NHS Foundation Trust in a formal capacity, as opposed to individuals in a personal capacity, the Governor should make arrangements in advance.

16. Review and revision of the Code

This Code has been agreed by the Council of Governors on *6 June 2023*. The Company Secretary, supported by the Remuneration, Nominations and Conduct Committee will lead an annual review of the Code. It is for the Council of Governors to agree to any amendments or revisions to the Code.

17. Declaration

I hereby confirm that I will adopt and comply with this Code of Conduct for Governors.

Signed:

Name:

.....

.....

Date:

1. <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life-->



Appendix A

Non Compliance with the Code of Conduct

Introduction

1. This section should be read in conjunction with Annex D of the HDFT Constitution, as it provides further clarification on the mechanism for dealing with concerns which may lead to the termination of office for a Governor.
2. It lays out the formal steps associated with non-compliance with this Code of Conduct and acknowledges that appropriate informal steps facilitated by the Company Secretary must have been utilised previously.
3. Steps
 - a. Any complaint or concern relating to the conduct of a Governor should be presented, in writing, to the Chair and/or the Company Secretary.
 - b. A review will be undertaken by the Chair and Company Secretary to determine if the complaint has been made in good faith. An investigator will be appointed to investigate the complaint, if the Company Secretary is unavailable or there is considered to be a conflict of interest. The investigator will present the written complaint to the Governor concerned and will invite the Governor to comment on it in writing. The investigator's findings will be presented in writing to the Chair, Company Secretary and to the Governor concerned.
 - c. The Chair, with advice from the Company Secretary, will review the findings. If the Chair concludes that there are reasonable grounds for presenting a proposal for the removal from office to the full Council of Governors, a written case will be presented to the full Council of Governors. The Chair will consider other courses of action which may include, for example, a written self-reflection, a period of suspension from duties or a removal of membership of relevant committees. The Chair will consider, with advice from the Company Secretary, as to whether these sanctions should be reported to the Council of Governors' Remuneration, Nomination and Conduct Committee.
 - d. The investigation findings, the written case and the recommendation to the Council for the Governor's removal will be served on the Governor concerned, clearly setting out the grounds for the proposed removal and the recommendation for action to the Council.



- e. The Governor will be given sufficient time to prepare their written response to the case made against them. Prior to the meeting the Council will receive the written case and recommendation for the removal of the Governor as well as the Governor's written response.
- f. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor as appointed by the Chair, Company Secretary and Lead Governor in consultation with the Governor concerned shall consider the evidence and determine whether the proposed removal is reasonable. If the independent assessor concludes that the case was unreasonably brought and not justified, the proposal will not be presented to the Council and will be withdrawn. If the independent assessor concludes the case to have been reasonably brought and justified, then the presentation will proceed, as set out below.
- g. The Chair will present the proposal for the Governor's removal and the Governor will have the opportunity to present his/her case to all the members of the Council present at the meeting.
- h. After hearing both cases, the Council of Governors will then vote on the recommendation. If three quarters of the Governors present vote in favour of the recommendation, then the Governor's term of office shall be terminated forthwith. If less than three quarters of Governors present vote in favour of the recommendation, then the Governor shall continue in office

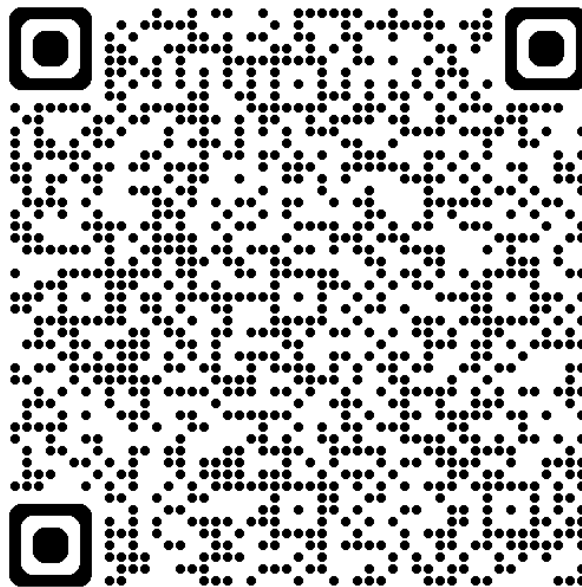
Governor Questions on Behalf of Membership and the Public 2nd September 2025 Council of Governors

Subject	Context	Questions
1. Ripon Hospital UTC	Please update governors on proposed developments at Ripon Hospital to change from a Minor Injuries Unit to an Urgent Treatment Centre	<ul style="list-style-type: none"> • What stage is this at (e.g. Is it a proposal or a confirmed decision or something in between)? • What differences will patients see as a result? If there are any (proposed) changes which may impact on patients, such as the way in which services are delivered or the range of services available to them, what public involvement and consultation has there been (or is there proposed to be) and by what body? • Would an UTC use the same physical space within Ripon Hospital as the MIU or are there implications for the built environment including other services or staff operating out of Ripon Hospital? • What is the approval process and what is the planned timescale (both for approval and implementation)?" • will new proposals will have a positive impact on the number of admissions to Harrogate A&E
2. North House GP Surgery	Acquisition of North House GP Surgery by the Trust	What are the early results from the takeover of North House GP surgery in terms of patient and staff feedback?

3. Recruitment to Senior Posts	Processes for effective recruitment to senior executive roles within the Trust	What protections are in place to ensure recruitment is fair, transparent, and prevents inappropriate appointments? Are/will Governors be formally involved in senior recruitment processes as statutory office holders?
4. Use of AI	Trust Policy on use of Artificial Intelligence	What is the Trust's current policy on the use of AI in written communications ? And policy on other areas of operation?
5. Review of Mortuary Practices	Following David Fuller 's conviction for crimes committed in hospital mortuaries, the NHS ordered health trusts to review mortuary access and security in November 2021. An independent inquiry led by Sir Jonathan Michael later found that current arrangements for regulating mortuary oversight are ineffective and could lead to similar crimes recurring.	With reference to the recommendations of Sir Jonathan Michael's report in July 2025, has the Trust re-examined its Mortuary Practices and how confident is the Board they meet best practice and the concern outlined in the report cannot occur within HDFT?

HDFT Trust IBR – static view for July 2025

Live view:








[Integrated Board Reportv2 - Power BI](#)

Integrated Board Report – Breakthrough Objectives

Name	Progress	Trend	Status
BO2.1 - Average time to inpatient bed <120mins (from DTA in ED)- Breakthrough Obj -Person Centred Integrated Care - UEC	132/120		BO Stable or Improving
BO2.2 LTUCC - average time to inpatient bed -BO Submetric	141/120		BO Submetric - not achieving
BO2.3 PSC (Adult) - average time to inpatient bed - BO Submetric	152/120		BO Submetric - not achieving
BO2.4 PSC (Paeds) - average time to inpatient bed - BO Submetric	94/120		BO Submetric - achieving
BO3.1 - Reducing Follow Up outpatient appointments - Cumulative YTD reduction (or growth if positive) Person Centred, Integrated Care - RTT	3.8%/-10%		BO Breach of Threshold







Integrated Board Report – True North Metrics

Name	Progress	Trend	Status
TN5 Cancer - 62 days maximum wait from referral to treatment for all cancers RESPONSIVE - Person Centred Integrated Care - Cancer	84.1%		True North Metric - not meeting
TN1 - Staff Availability - True North Metric - Best Place to Work - Availability	87.7%		True North - Improving/Achieving
TN2.1 RTT - percentage of patients on an RTT pathway under 18 weeks - True North Metric- Person Centred Integrated Care - RTT	70.72%/90.00%		True North - Improving/Achieving
TN3 Moderate Harm & Above - True North Metric - Best Quality and Safest Care	50/56		True North - Improving/Achieving
TN4 Emergency Department 4 hour performance - True North Metric - Person Centred ,Integrated Care - UEC	80.2%/78%		True North - Improving/Achieving



Integrated Board Report – Watch Metrics – In Breach for 3+ months (1)

Name	Progress	Trend	Status
1.9.3 Maternity SAFE - Number of Admissions to SCBU per month - Great Start in Life; Maternity	14		Watch - SPC Breach
1.9.5 Maternity SAFE - Maternity Role Specific Training Compliance - Great Start in Life; Maternity	84.7%		Watch - SPC Breach
2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Patient Experience	0.00%		Watch - SPC Breach
3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care (the final two data points are always provisional data)	102.32		Watch - SPC Breach
5.2.2 RTT waiting times - by level of deprivation- differential average wait in days (negative gap reflects high deprivation waiting	16.51		Watch - SPC Breach
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Person Centred, Integrated Care; RTT	55.1%		Watch - SPC Breach





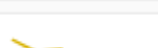
Integrated Board Report – Watch Metrics – In Breach for 3+ months (2)

Name	Progress	Trend	Status
5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Person Centred,	59.9%		Watch - SPC Breach
5.23.2 Percentage Occupancy of Hospital at Home Beds RESPONSIVE - Person Centred, Integrated Care- ELderly	42.3%		Watch - SPC Breach
5.23.4 Number of Pathway 3 discharges reducing(less than 14 in a month) - RESPONSIVE - Person Centred, Integrated Care- Elderly	27		Watch - SPC Breach
6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - FINANCE	-£1.06M		Watch - SPC Breach
7.3 Elective activity against plan(EIP/EDC/OP+Proc), cumulative YTD - Person Centred, Integrated Care; RTT	99.0 %		Watch - SPC Breach
7.5 Emergency Department attendances against plan - Person Centred, Integrated Care; UEC	106.0 %		Watch - SPC Breach

Integrated Board Report – Watch Metrics – In Breach for 2 months

Name	Progress	Trend	Status
1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care; safety	4		Watch - SPC Breach
1.9.7 Maternity SAFE - Maternity Unit Service Suspensions per month- Great Start in Life; Maternity	4		Watch - SPC Breach

Integrated Board Report – Watch Metrics – In Breach for 1 month

Name	Progress	Trend	Status
1.2 Pressure ulcers - community acquired -moderate harm or above - per 1,000 patient contacts SAFE - Best quality Safest Care;	0.84		Watch - Within Tolerance
Moderate Harm or Above - community acquired pressure ulcers - raw numbers	7		Watch - SPC Breach
1.9.2 Maternity - SAFE - Number of Third and Fourth Degree Tears - Great Start in Life; Maternity	6		Watch - SPC Breach
3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE -	4.7 %		Watch - SPC Breach
6.4 Cash balance EFFICIENCY & FINANCE - FINANCE	£3.59M		Watch - SPC Breach

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

Name	Progress	Trend	Status
<div>1.1 Pressure ulcers - hospital acquired -moderate harm or above - per 1,000 bed days - SAFE - Best quality Safest Care; safety</div> <div>Moderate Harm or Above - hospital acquired pressure ulcers - raw numbers</div>	0.44		Watch - Within Tolerance
1.2 Pressure ulcers - community acquired -moderate harm or above - per 1,000 patient contacts SAFE - Best quality Safest Care;	0.84		Watch - Within Tolerance
1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care; safety & effectiveness	7.99		Watch - Within Tolerance
1.5 Infection control - Hospital acquired MRSA cases, lapse in care identified SAFE - Best quality Safest Care; safety & effectiveness	0		Watch - Within Tolerance
1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care; safety & effectiveness	58.55		Watch - Within Tolerance
1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care; safety & effectiveness	0		Watch - Within Tolerance
1.7.2 Incidents - Never events SAFE - Best quality Safest Care; safety & effectiveness	0		Watch - Within Tolerance
1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care; safety & effectiveness	100.8 %		Watch - Within Tolerance
1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care; safety & effectiveness	9.1		Watch - Within Tolerance

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

Name	Progress	Trend	Status
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Great Start in Life; Maternity	92.5%		Watch - Within Tolerance
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life; Maternity	1.21%		Watch - Within Tolerance
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life; Maternity	86.05%		Watch - Within Tolerance
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care; safety & effectiveness	91.0 %		Watch - Within Tolerance
1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care; safety & effectiveness	92.5%		Watch - Within Tolerance
1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care; safety & effectiveness	93.4%		Watch - Within Tolerance
2.1.1 Friends & Family Test (FFT) - All Patients CARING - Best Quality Safest Care; Patient Experience	92.0 %		Watch - Within Tolerance
2.1.2 Friends & Family Test (FFT) - Adult Community Services CARING - Best Quality Safest Care; Patient Experience	97.0 %		Watch - Within Tolerance
2.2.1 Complaints - numbers received CARING - Person Centred, Integrated Care; Patient Experience	12		Watch - Within Tolerance
3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions	8.6 %		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 - Person Centred Integrated Care, RTT	2.10 %		Watch - Within Tolerance
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Patient Centred Integrated Care - UEC	12.0 %		Watch - Within Tolerance
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Best Place to Work - Engagement	89%		Watch - Within Tolerance
4.2 Mandatory and Essential Skills Training rate WORKFORCE - Best Place to Work -Engagement	93.4%		Watch - Within Tolerance
4.3 Staff sickness rate WORKFORCE - Best Place to Work - Availability	5.1%		Watch - Within Tolerance
4.4 Staff turnover rate WORKFORCE - Best Place to Work - Availability	10.9%		Watch - Within Tolerance
4.5 Vacancies WORKFORCE -Best Place to Work - Availability	5.7 %		Watch - Within Tolerance
5.1.1 RTT Incomplete pathways performance - median days wait RESPONSIVE- Person Centred, Integrated Care; RTT	52.48		Watch - Within Tolerance
5.1.2 RTT Incomplete pathways performance - 92nd centile (days) RESPONSIVE - Person Centred, Integrated Care; RTT	137		Watch - Within Tolerance
5.1.3 RTT Incomplete pathways - total RESPONSIVE - Person Centred, Integrated Care; RTT	19.94K		Watch - Within Tolerance

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

Name	Progress	Trend	Status
5.1.4 RTT Incomplete pathways - 52-<104 weeks RESPONSIVE - Person Centred, Integrated Care; RTT	5		Watch - Within Tolerance
5.2.1 RTT waiting times (days different) - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE -	-3.98		Watch - Within Tolerance
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Digital	90.4 %		Watch - Within Tolerance
5.6 A&E 4 hour standard RESPONSIVE -Patient Centered Integrated Care - UEC	80.2%		Watch - Within Tolerance
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; UEC	71.5%		Watch - Within Tolerance
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Person Centred, Integrated Care; Cancer	83.6%		Watch - Within Tolerance
5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments) - Person Centred, Integrated Care; Cancer	99.5%		Watch - Within Tolerance
5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life- CYP PH	1.94K		Watch - Within Tolerance
5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life- CYP PH	2.03K		Watch - Within Tolerance
5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life- CYP PH	1.69K		Watch - Within Tolerance

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

Name	Progress	Trend	Status
5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life- CYPPH	95.8 %		Watch - Within Tolerance
5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life- CYPPH	95.4 %		Watch - Within Tolerance
5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life- CYPPH	96.3 %		Watch - Within Tolerance
5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life- CYPPH	97.8 %		Watch - Within Tolerance
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life- CYPPH	95.2 %		Watch - Within Tolerance
5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated	91.0 %		Watch - Within Tolerance
5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Person	30.5 %		Watch - Within Tolerance
5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Person Centred, Integrated Care -	90.6 %		Watch - Within Tolerance
6.1 Agency spend EFFICIENCY & FINANCE - FINANCE	£159.00K		Watch - Within Tolerance
6.3 Capital spend EFFICIENCY & FINANCE - FINANCE	£6.76M		Watch - Within Tolerance

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

Name	Progress	Trend	Status
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	126		Watch - Within Tolerance
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; UEC	35.00		Watch - Within Tolerance
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	55.0		Watch - Within Tolerance
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	1.85		Watch - Within Tolerance
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	5.01		Watch - Within Tolerance
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	256		Watch - Within Tolerance
6.9 Theatre utilisation (elective sessions) EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	80.96%		Watch - Within Tolerance
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	1.5 %		Watch - Within Tolerance
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; RTT	103.0 %		Watch - Within Tolerance
7.2 Outpatient activity (New Consultant/Nurse) against plan ACTIVITY - Person Centred, Integrated Care;RTT	117.0 %		Watch - Within Tolerance

Integrated Board Report – Watch Metrics – Within Tolerance (7)

Name	Progress	Trend	Status
7.4 Non-elective activity(inpatient admissions) against plan ACTIVITY - Person Centred, Integrated Care; UEC	100.0 %		Watch - Within Tolerance
> 5.8 A&E - number of 12 hour trolley waits RESPONSIVE Patient Centered Integrated Care - UEC	0		Watch - Within Tolerance
5.2.3 RTT Waiting Times - RESPONSIVE - Differential RTT waiting times in days for gender(positive means females wait longer) -	1.17		Watch - Within Tolerance
5.2.4 RTT Waiting times - differential wait in days for patients with LD Flag - Person Centred, Integrated Care; RTT	-3.46		Watch - Within Tolerance
5.23.1 Percentage of Patients with Frailty(CFS>4) Admitted Through 'Acute Frailty Unit' RESPONSIVE -Person Centred, Integrated Care -	72.3%		Watch - Within Tolerance
5.23.3 Percentage of Patients with Frailty with a LOS over 6 days RESPONSIVE - Person Centred, Integrated Care - Elderly	50%		Watch - Within Tolerance
1.9.1 Maternity - SAFE - Number of Stillbirths per month - Great Start in Life; Maternity	1		Watch - Within Tolerance
1.9.4 Maternity SAFE -1:1 Care delivered in labour - Great Start in Life; Maternity	98.9%		Watch - Within Tolerance
1.9.6 Maternity SAFE - Maternity Complaints per month - Great Start in Life; Maternity	0.00%		Watch - Within Tolerance

Council of Governors Workplan – 2025-26 – v4						
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 (<i>see December 2024 minutes</i>)	Public		✓		✓	
Update on Autism (<i>see September 2024 minutes</i>)	Public	✓		✓		✓
Update on Trust Engagement Strategy	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: HIF 6-monthly update 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: None (reduced meeting owing to CFC) Focus: "Fit for the Future" – removal of statutory requirement for FTs to have governors	
Informal Gov Briefing / Aug 2025	Learning: Bid/NoBid process Focus: General Update and open floor questions	
CoG / Sept 2025	<i>Learning:</i> [Informal Tea & Biscuits] <i>Committee Update:</i> All committees	
Informal Gov Briefing / Oct 2025	Learning: WRAP – Waste Reduction & Productivity 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) (Oct 2025)~~
- Quality Impact Assessments (QIAs) and Equality & Quality Impact Assessments (EQIAs)
- ~~Explanation of how decide how to grow the business, eg 0-19 services (Aug 2025)~~
- 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)
- Deep-dive into 0-19 services to understand the safeguarding measures in place.