COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Wednesday 10th December 2025 from 4pm – 5.30pm

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				
2.15pm – 3.45pm – Development Session with Chair				
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 3.1 3.2	**Minutes of the previous meetings:** CoG: 2 September 2025 AMM: 2025	Chair	 Approve Approve	 Attached Attached
4.0	**Matters Arising and Action Log**	Chair	Note	Attached
5.0	**Chair's Update**	Chair	Note	Verbal
6.0 6.1	**Chief Executive's Update** Static Integrated Board Report	Chief Executive -	Note Note	Attached 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 8.5 – Audit Committee	Reports from Committee Chairs	Note	 Attached Attached Attached Attached Verbal
9.0	**Council of Governor sub-committee updates**	Governors	Note	Verbal
10.0	**Annual Confirmation of Committee/Group Membership**	Lead Governor	Attached	Approve
11.0	**Bi-annual update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF)) including update on Green Plan**	Managing Director, HIF	Note	Verbal
12.0	**Governors' Questions on behalf of Membership and the Public**	Chair	Note	Attached
13.0	**Any other relevant business**	Chair	Note	Verbal
14.0	**Evaluation of Meeting**	Chair	Note	Verbal
15.0	**Date and Time of Next Meeting:** **Wednesday, 4 March 2026 at 4pm** (Governors' specialist briefing: Theme TBC)	Chair	Note	Verbal

Harrogate and District
NHS Foundation Trust

Council of Governors – Register of Interests As at 2 December 2025				
Council Member	**Constituency**	**Relevant Dates**		**Declaration Details**
		From	**To**	
Sarah Armstrong	Chair from 1 April 2022	April 2022 September 2024	(current) (current)	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)	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)	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

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Council of Governors – Register of Interests As at 2 December 2025				
Council Member	**Constituency**	**Relevant Dates**		**Declaration Details**
		From	**To**	
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
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

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

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Register of Interests – Previous Governors (in last 12 months) As at 2 December 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
Andrew Clark	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	January 2025	September 2025	1. Member – National Association of Care & Support Workers
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)

2 September 2025

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

and on Teams

Present:		
	Sarah Armstrong	Chair
	Jonathan Coulter	Chief Executive
	Jackie Lincoln	Public Governor, Lead Governor
	Councillor Nick Brown (CB)	Stakeholder Governor
	Rachel Carter (RC)	Public Governor
	Andrew Clark (AC)	Public Governor *(on Teams)*
	Alan Cunningham (ACu)	Stakeholder Governor
	Mike Fisher (MF)	Public Governor
	Richard Owen-Hughes (ROH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Dawn Raspin (DR)	Public Governor
	Richard Sweeney (RSw)	Public Governor
In Attendance:		
	Jeremy Cross (JCr)	Non-executive Director *(on Teams)*
	Chiara De Biase (CdB)	Non-executive Director *(on Teams)*
	Andy Papworth (AP)	Non-executive Director, Trust Vice-Chair
	Laura Robson (LR)	Non-executive Director, Senior Independent Director
	Wallace Sampson, OBE (WS)	Non-executive Director *(on Teams)*
	Jackie Andrews	Executive Medical Director
	Jordan McKie	Director of Finance
	Russell Nightingale	Chief Operating Officer & Deputy Chief Executive
	Angela Wilkinson	Director of People & Culture
	Sue Grahamslaw	Assistant Company Secretary
	Kate Southgate	Associate Director of Quality and Corporate Affairs, and Company Secretary
Observers:		
	None	
Apologies:		
	Jonathan Allen (JA)	Staff 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
	Stephen Williams (SWm)	Staff Governor
	Azlina Bulmer (AB)	Associate Non-executive Director
	Denise Chong (DC)	Interim Non-executive Director
	Sarah Shaw (SS)	Non-executive Director (Insight Programme)
	Julia Weldon (JW)	Non-executive Director
	Matt Graham	Director of Strategy

DRAFT Minutes

Item No.	Item
COG/09/02/1 **1.1** **1.2**	**Welcome and apologies for absence** The Chair welcomed everyone to the meeting including those participating by Teams. Apologies for absence were received from those noted above.
COG/09/02/2 **2.1**	**Declarations of Interest and Conflicts of Interest** No further declarations of interest or conflicts of interest were noted.
COG/09/02/3 **3.1**	**Minutes of the previous Council of Governors (Public) meeting held on 17 June 2025 and the Annual Members' Meeting on 17 September 2024.** **Resolved:** Minutes of the Council of Governors (Public) meeting held on 17 June 2025 and the Annual Members' Meeting on 17 September 2024 were approved.
COG/09/02/4 **4.1** **4.2** **4.3** **4.4** **4.5** **4.6**	**Matters Arising and Action Log** The following matters arising and actions were noted: **COG/3/6/13.2: Structure of Council**: noted that the action remained open. **Minute 13.2** – *Martha's Rule:*– a query was raised in relation to the Executive lead for the programme as well as timescales for implementation. The Executive Medical Director confirmed they were the Executive sponsor. It was noted that HDFT had not been eligible for wave 1 rollout, however, would be implementing during wave 2. **Minute 13.3** – *Cancelled operations:*– a query was raised in relation to the number of cancelled operations from the last year and the corrective action plan. The Chief Operating Officer noted that the plan was discussed at the Trust Board in June 2025 and that the data was monitored via the Watch Metrics detailed in the Integrated Board Report (IBR). It was confirmed that 493 operations had been cancelled in 2024-25 which was 0.9% of all the operations undertaken at the hospital. **Minute 13.7** – Car Parking:- an update on the review of car parking was requested. The Director of Finance noted there was a Task & Finish Group established to undertake the review. It was confirmed that Public Governor (KP) would be the Governor representative. **Minute 13.5** – *Patient experience of meal provision in the acute setting* – a negative experience of the food provided to one patient was raised. The Trust Board sent apologies to the individual and noted the wide range of developments occurring for meal ordering, including a new digital service being launched. The Council discussed the merits and potential risks associated with digital solutions and the requirements to support service users who were not IT literate.

4.7	Stakeholder Governor (NB) noted the longer delivery times for second class post and questioned if there was a way that NHS post could be prioritised. The Director of Finance advised that an internal review had been undertaken to ensure urgent mail was sent as a priority.
4.8	There were no further matters arising.
4.9	**Resolved:** Actions were agreed as above.
COG/09/02/5	**Chair's Update**
5.1	The Chair provided the Council with the following update:
5.2	Changes with the Council composition were noted including new governors joining the council and others leaving. Thanks were expressed to governors that had left the Council: Mike Dunn, Kathy Gargan and Stuart Wilson for their contributions.
5.3	It was noted that this would be the last meeting for the Assistant Company Secretary and good wishes were expressed.
5.4	The "10-year Plan - Fit for the Future" had been launched and the Trust awaited the publication of the linked delivery plan. It was noted that this was an opportunity to engage and partner with the public and would be a topic for a workshop at the Annual Members Meeting.
5.5	An update was provided on the recent Non-executive Director recruitment. Thanks were expressed to all involved in the process. It was confirmed that two Non-executive Directors had been appointed and would join the Trust in due course. The recruitment process for the Associate Non-executive Directors would re-commence.
5.6	The new national League Tables had been launched and HDFT's strong performance was noted. There was an ongoing focus on the financial position.
5.7	It was highlighted that Harrogate Hospital Community Chairty was turning 30. A ball was being held to celebrate the occasion on 17 October at the Majestic Hotel in Harrogate.
5.8	**Resolved:** The Chair's report was noted.
COG/09/02/6	**Chief Executive's Update**
6.1	The Chief Executive provided an update highlighting the following points:
6.2	Further information was provided on the national changes within the NHS in relation to NHS England, Department of Health and the Integrated Care Boards. Further detail was also provided on the 10 year plan, noting that the Trust was in a strong position to deliver the priorities the Plan outlined.
6.3	An overview of current performance was provided including the progress being made around ED 4 hour standard, cancer treatment times and elective recovery. A new national Performance Assessment Framework was expected the following week. It was also noted that the 0-19 services continued to perform well across the majority of metrics for the 9 local authorities where

6.4	HDFT was established as the provider; improvements were being made for the 2 new areas being mobilised.
6.5	The financial position was noted including the 4 month position being behind plan. Focus was advised as: WRAP (waste reduction and productivity) Scheme; spend on wards; spend on medical staffing..
6.6	There was a national shift back towards activity-based contracts, which would benefit HDFT. In response to a question JC advised that there were no services at risk due to funding shortfalls within the Trust (but highlighted that commissioning decisions was a separate issue). Agency spend was now less than 1% of the pay bill (from a high of 5%).
6.7	The Chief Executive noted that industrial action for resident doctors had taken place in July 2025. This had minimal impact on patients; however, it was acknowledged that it had impacted on a small number of patients with
6.8	cancelled appointments. Apologies were expressed to those service users. It was noted that the Care Quality Commission (CQC) had inspected maternity services in July 2025. The report was awaited (had been expected in August).
6.9	The Governor (RS) noted that a large number of requests for information from the CQC had been received and queried if this was normal practice. It was noted that it was. The Governor (NB) queried if the 2-week pathway for cancer referrals was being met. The Chief Operating Officer confirmed that the Trust trajectory was being met across all cancer constitutional targets, and the organisation was in the top 10 of Trusts for our performance. **Resolved:** The Chief Executive's update was noted.
COG/09/02/7 **7.1**	**Corporate Risk Register** Governors were advised that a new risk had been added in relation to capacity versus demand for Imaging Services. Risks were highlighted through directorates. The Executive Risk Review meeting considers the risk register monthly and this informs what is focussed on. **Resolved:** The Corporate Risk Register was noted.
COG/09/02/8 **8.1**	**Static Integrated Board Report (IBR)** **Resolved:** The static IBR was noted.
COG/09/02/9	**Lead Governor's Update**
9.1	The Lead Governor's summary of the Governor activities had been circulated to the Council.
9.2	It was noted that the Governor National Network had discussed the 10-Year Plan and concern on future governance arrangements had been raised on the potential proposals in relation to Governors and Healthwatch.
9.3	In addition, the following activities were highlighted: • New Governor Inductions had taken place, • Governors had an active role in the recent Non-executive Director recruitment, • Governors had an active role in the recent appraisal process for the Chair and Non-executive Directors,

	• Governors were able to welcome the newly appointed Executive Director of Nursing, Midwifery and AHPs at an informal briefing, • Governors continued to observe the Trust Board in Public and Board Sub-Committees, • Governors had undertaken a number of walk around visits, and • A number of Governors Development Sessions had been held.
9.4	**Resolved:** The Lead Governor's Update was noted.
COG/09/02/10	**Board Sub-Committee Updates**
10.1	The Chair noted that each Committee Chair had submitted a report detailing the recent Committee activity.
10.2	The Lead Governor asked the Chair of the People & Culture Committee to clarify the response rates for staff engagement. It was noted that staff engagement was a True North Metric and that action plans were being put in place for those areas where there was a low response rate. Where those areas were identified, the Committee had a programme of Gembas to triangulate data and support colleagues.
10.3	Public Governor (ROH) clarified what Gemba meant and that this meant going to see the relevant teams.
10.4	**Resolved:** The Board Sub-Committee Updates were noted.
COG/09/02/11	**Review of Governor Activities**
11.1	*[This agenda item was covered in the Lead Governor's Update]*
COG/09/02/12	**Proposal for Annual Members' Meeting**
12.1	The Chair noted the date of the Annual Members Meeting was the 22nd September 2025. It was confirmed that the event would be held at the Pavilions in Harrogate. The theme for the event would be the 10 Year Plan, with roundtable discussions planned.
12.2	Governor (RC) expressed disappointment about the (lack of) notice given to members about the event and asked how governor input (requested and provided in March 2025) had been considered and acted on. A broad discussion was held on the publication of the event and ideas shared for next year's activities.
12.3	**Resolved:** The Annual Members Meeting was noted as taking place on the 22nd September 2025.
COG/09/02/13	**Update: Trust Engagement Strategy**
13.1	The Associate Director of Quality and Corporate Affairs provided a short update on the development of the Trust Engagement Strategy following a Governor Briefing in July 2025.
13.2	New appointments into the Patient Experience and Engagement Team were noted as well as the opportunities presented in the 10 Year Plan.

13.3	The Council discussed the importance of Healthwatch as an organisation which actively engaged with service users. Governors expressed their concerns regarding the national decision to disband Healthwatch.
13.4	Governors reflected on the discussion at the July briefing, when the ADQCA had said it was not clear that wider engagement (as distinct from patient
13.5	experience) would form part of the strategy and governors had 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. *The Non-executive Director (CDB) left the meeting.* **Resolved:** The update on the Trust Engagement Strategy was noted.
COG/09/02/14	**Pledge to the Code of Conduct**
14.1	The Associate Director of Quality and Corporate Affairs introduced the Code of Conduct explaining that this was an annual requirement for all governors and the Board to review and agree. It was advised that the Board had pledged to the Code in May 2025. Copies of the document were distributed to Governors for their signature and return. It was noted that an email signature or response would be accepted.
14.2	**Resolved:** The request to pledge to the Code of Conduct was approved and circulated for signatures.
COG/09/02/15	**Governors' Questions on behalf of Membership and the Public**
15.1	The Chair introduced the questions and sought appropriate responses as follows:
15.2	**Q1: Ripon Hospital Urgent Treatment Centre:** *An update to governors was requested on proposed developments at Ripon Hospital to change from a Minor Injuries Unit (MIU) to an Urgent Treatment Centre (UTC).* The Chief Operating Officer confirmed that Ripon currently had a MIU, which was one of only two left in the Country. Since 2017, UTCs have replaced the majority of MIUs as they provide a broader range of services. In November 2025, the MIU at Ripon will transition to a UTC. This would occupy the same physical space at Ripon Hospital and hours would increase from 8-6 to 8-8 (7
15.3	days). An internal implementation team would be considering public comms and there would need to be changes to signage. **Q2: North House GP Surgery:** *An update was requested on the early results from the North House GP surgery in terms of patient and staff feedback?* The Chief Operating Officer confirmed that early indications were that the change had been well received. No complaints had been submitted regarding the transition. The list size had grown by over 100 people since the transition. A Patient Participation Group was to be established. A corporate triumvirate team (Deputy Director of Nursing, Deputy Medical Director and Deputy Chief Operating Officer) were in place to oversee and support the team. IT had been
15.4	a challenge; however, remedial action had been put in place. The Governor (RS) noted that they felt there could be a conflict of interest and was advised
15.5	that there was none.

	The Non-executive Director (JC) left the meeting. **Q3: Recruitment to Senior Posts:** *A query was raised in relation to the protections in place to ensure recruitment was fair, transparent, and prevent inappropriate appointments. In addition, clarity was requested on the role of Governors in senior recruitment.*
15.6	The Director of People and Culture noted that Executive Directors were categorised as VSMs (Very Senior Managers). For VSM appointments there was a clear national framework and guidance that HDFT followed. A broad outline of the framework was given. It was noted that when an Executive Director was appointed Governors were involved in the Stakeholder Focus Group. Recent examples of this approach were shared.
	Q4: Use of AI: *A query was raised on the Trust's current policy on the use of AI in written clinical communications.*
15.7	The Executive Medical Director who is the lead for Digital at the Trust noted that written communication for clinical activity could not use AI as the correct safeguards were not currently in place.
	Q5: Review of Mortuary Practices: *Reference was made to the recommendations of Sir Jonathan Michael's report in July 2025, and a query was raised in relation to if the Trust re-examined its Mortuary Practices and how confident was the Board that they meet best practice and the concern outlined in the report cannot occur within HDFT.*
15.8	The Executive Medical Director outlined the Fuller Review and the specific recommendations made. It was noted that there were 21 actions from the national review that applied to the Trust. A full review had been undertaken and reviewed by the Quality Committee. It was confirmed that 16 recommendations were confirmed immediately as being met. The remainder had action plans to ensure compliance. **Resolved:** The responses to the questions were noted.
COG/09/02/16 **16.1**	**Council of Governors Annual Workplan 2025-26** **Resolved:** The Council of Governors' Meetings annual workplan was noted.
COG/09/02/17 **17.1**	**Any Other Relevant Business** No further items of business were raised.
COG/09/02/18 **18.1**	**Evaluation of the Meeting** The Chair asked for any comments on the meeting evaluation to be given following the Private Council of Governors' meeting.
COG/09/02/19 **19.1**	**Date and Time of Next Meeting** The date of the next meeting on 10 December 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.

Harrogate and District NHS Foundation Trust

ANNUAL MEMBERS MEETING

Tuesday, 22nd September

The Pavillions (Yorkshire Event Centre), Harrogate

Present:	
Sarah Armstrong	Trust Chair
Jackie Lincoln	Public Governor, Lead Governor
Rachel Carter	Public Governor
Alan Cunningham	Stakeholder Governor
Mike Fisher	Public Governor
John Hindle	Public Governor
Richard Owen-Hughes	Public Governor
Kevin Parry	Public Governor
Dawn Raspin	Public Governor
Richard Sweeney	Public Governor
Chiara DeBiase	Non-executive Director, Chair of Audit Committee
Colin Melville	Non-executive Director
Laura Robson	Non-executive Director, Chair of Quality Committee
Denise Chong	Interim Non-executive Director
Andy Papworth	Non-executive Director, Chair of People & Culture Committee
Jonathan Coulter	Chief Executive
Jacqueline Andrews	Executive Medical Director
Breeda Columb	Executive Director of Nursing, Midwifery and Allied Health Professionals
Matthew Graham	Director of Strategy
Jordan McKie	Director of Finance
Angela Wilkinson	Director of People & Culture
Angie Gillett	Managing Director, Harrogate Integrated Facilities (HIF)
Rob Armstrong	Deputy Chief Operating Officer
Kate Southgate	Associate Director of Quality and Corporate Affairs
Rachel Hewson	Corporate Affairs Team Leader
Members of the Public	19
Members of the Press	1
HDFT Colleagues	11

Item No.	Item
AMM/09/2025/1	**Welcome and Introductions**
1.1	The Trust Chair welcomed everyone to the meeting and gave an overview of the evenings proceedings. The Chair thanked everyone for taking the time to join HDFT colleagues in the room. The Chair also thanked those who were viewing the recording of the event.
1.2	The Chair thanked colleagues for their hard work and dedication over the previous 12 months.
1.3	The Chair introduced the Governors, Non-executive Directors and Executive Directors.

Item No.	Item
AMM/09/2025/2	**Minutes of the Previous Annual Members' Meeting held in September 2024**
2.1	The Chair presented the minutes of the 2024 Annual Members Meeting.
2.2	**Resolved:** The minutes from the 2024 Annual Member Meeting were approved.
AMM/09/2025/3	**Report from the Lead Governor**
3.1	The Lead Governor addressed the meeting and provided an overview of the Governors work during 2024-25.
3.2	The presentation provided detail on the Governance Framework of an NHS Foundation Trust as well as the composition of the Council of Governors.
3.3	The Lead Governor noted with thanks the work undertaken by Governors who had left the Council during the year: Tony Doveston, Martin Dennys, Ian Barlow, Mike Dunn, Kathy Gargan and Stuart Wilson.
3.4	An overview was provided on the Governors who had been elected during the year, including those who had been re-elected.
3.5	A highlight report on governor activity was provided which included: supporting the recruitment of two new Non-executive Directors, Appraisals of the Chair and Non-executive Directors and attendance at a wide range of meetings. In addition, a short update on the development of the Membership Engagement Strategy was provided.
3.6	**Resolved:** The Lead Governor report was noted.
AMM/09/2025/4	**Chief Executive's overview**
4.1	The Chief Executive thanked all for attending the AMM and provided a summary of the organisation. This included details regarding the Trust geography, services provided and the Trust Strategic direction.
4.2	An overview of the performance of the Trust was provided, noting: • The strong 2024 NHS Staff Survey results, • Key workforce data, including Staff Turnover Rates, Vacancies and Sickness Rates, • The breadth of the organisations 0-19 services and the strong performance against Key Performance Indicators, • Significant progress made in Elective Recovery, including achieving at a level over 70% for 18 Week performance, and • Achievement of 80% year to date performance for ED 4 hour metric,
4.3	A focus was given to the Trust's True North Ambition: to deliver the Best Quality, Safest Care, with detail provided on the programme of work to eliminate moderate and above harm and a workstream to improve patient experience.
4.4	An overview was provided on the range of partners that the Trust works with, and alongside.
4.5	The Chief Executive outlined the Trust's ambitions for the future which included: to be an Outstanding hospital and community services provider, to be a National Exemplar for Children's Public Health Services, to be an Integrated Accountable Care Organisation across Harrogate & District, and for Secondary Care Services Excellence through a strong HDFT / LTHT Partnership.

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4.6	The Chief Executive concluded with a key quote from Marmot 2020: *Health is repeatedly shown to be the Nation's Top Priority. And so it should be – it is quite simply a matter of life or death, of wellbeing or sickness. Good health is an indication that society is thriving and working in the best interests of the population".*
4.7	**Resolved:** The Chief Executives Report was noted.
AMM/09/2025/5	**Annual Report & Accounts 2024-25**
5.1	The Director of Finance presented the Annual Report and Accounts 2024-25. They provided an overview of activity and performance during 2024-25, including:
5.2	The overall financial performance of the Trust including - Operating Income, Operating Expenses, Operating Surplus and Provider Deficit,
5.3	It was confirmed that capital expenditure in year was £35m and the Better Payment Practice Code had achieved at 94.1%,
5.4	In relation to compliance and governance, the Trust had their Annual Report and Accounts audited in line with legislation with the financial statements giving *a true and fair view.*
5.5	In addition, the key metrics demonstrating Value for Money were highlighted, including: • A Trust wide £20.2m, Waste Reduction scheme. • Waiting lists were 10% lower since the Covid pandemic and the Trust had zero patients waiting over 52 weeks, • The 62 Day cancer treatment target was achieving over 80%, • Urgent and Emergency Care metrics continued to improve, • Staffing data indicated that strong progress had been made to reduce temporary staffing and corporate costs and; • The Trust was ranked the 2nd most productive Trust in the Country when compared with 2019-20 data,
5.6	The Director of Finance thanked all colleagues for their hard and dedicated work.
5.7	**Resolved:** The Annual Report and Accounts 2024-25 were noted and approved for onward publication.
AMM/09/2025/6	**Celebrating Harrogate Health 200**
6.1	The Executive Medical Director provided the AMM with an overview of the history of healthcare in Harrogate.
6.2	Details were provided on the Royal Baths Hospital, which was noted as the first formal hospital in the Harrogate District, opening on the 6th April 1826. Following the opening, the area became a top European destination to receive medical care. Tens of thousands of people visited the area each year to "*take the waters"* and receive care from the leading clinical teams of their day.
6.3	The Executive Medical Director noted that 2026 marked the 200th anniversary of the Royal Baths Hospital opening. To celebrate this significant milestone, the Trust, alongside local charities and organisations across Harrogate, would be hosting a number of events.
6.4	Celebrations would include: • A 6-week exhibition from the 6th April 2026 on the Past, Present and Future of Healthcare in Harrogate,

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	• Open Days for the public at Harrogate District Hospital, and • Harrogate walking tours and public talks.
6.5	Details were provided on opportunities for individuals to hear more about the celebration events.
6.6	**Resolved:** The Harrogate Health 200 celebrations were noted.
AMM/09/2025/7	**Fit for the Future: 10 Year Health Plan for England**
7.1	The Director of Strategy provided an overview of the Fit for the Future: 10 Year Health Plan for England.
7.2	It was noted that the Plan aimed to make the NHS the most transparent healthcare system in the world. Creating clarity and accountability for high quality care and putting the patient voice and feedback at the heart of how quality is defined and measured.
7.3	There would be a move from analogue to digital with the Plan seeking to make the NHS a fully digitally enabled service, operating 24/7 both online and offline.
7.4	The Trust was fully committed to ensuring the organisation could deliver on these aims.
7.5	The AMM undertook a workshop session for 30 minutes on the two key focuses: • Patient Voice and Feedback, and • Digital Health.
7.6	On each table was a spread of Governors, Non-executive Directors, Executive Directors, colleagues from across HDFT and members of the public. During the workshop a nominated individual took notes that would be shared with the Director of Strategy for collation and review after the AMM.
7.7	Once the workshop had concluded the Director of Strategy thanked everyone present for their contributions.
7.8	**Resolved:** The overview of the 10 Year Plan was noted.
AMM/09/2025/8	**Closing Address**
8.1	The Chair thanked all those attending both in person as well as those reviewing the recording at a later date.

Council of Governors (held in Public) Action Log for December 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. Propose to close if discussed at RNCC.	Ongoing

BOARD OF DIRECTORS (PUBLIC)
26th November 2025

Title:	Chief Executive's report
Responsible Director:	Chief Executive
Author:	Chief Executive

Purpose of the report and summary of key issues:	The report provides the Trust Board with key updates and actions since the previous meeting. The report highlights key challenges, activity and programmes currently impacting on the organisation.	
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	All	
Report History:	Previous updates submitted to Public Board meetings.	
Recommendation:	The Board is asked to note this report, and identify any areas in which further assurance is required, which is not covered in the Board papers.	

HARROGATE AND DISTRICT NHS FOUNDATION TRUST
BOARD OF DIRECTORS (PUBLIC)
NOVEMBER 2025

CHIEF EXECUTIVE'S REPORT

National and system issues

1. The medium term planning framework was published in October, which sets out the commitments between now and 2028/29. It is written in the context of the 10 Year Plan for Health, recognising that the first three years of this period will be focused upon delivering the constitutional standards, and laying the foundations for the period ahead.

2. The expectations in terms of delivering standards over three years are less ambitious than our own plans for this period, so as well as our focus on these improvements, we will look to develop our organisation building upon the strength of our preventative offer, the opportunity we have to integrate services more deeply across the Harrogate district, work positively in partnership with WYAAT and LTHT in particular, and use our Impact improvement approach to deliver what we do to the highest standard possible.

3. There is further detail to emerge – such as a model neighbourhood framework, a draft foundation trust framework, and a system archetypes blueprint which will explain how new parts of the operating model (for example, new Foundation Trusts, Integrated Health Organisations) will work across the NHS. We will consider these developments as part of planning for the next three years.

4. A key part of the framework relates to the financial system that will operate. The framework states that to support the better alignment of incentives, that block contracts will be dismantled, that there will be a new UEC payment model based upon a price x activity fixed element and a variable payment to reflect activity changes, and an expansion of Best Practice Tariffs. These arrangements, particularly the UEC changes, will assist in the development of neighbourhood health models, as the left shift of activity from hospital to community can be matched with a left shift of resources.

5. As the Board is aware through previous discussions, our assessment of the new financial framework and dismantling of block contracts is that this will enable our financial pressures to be addressed in a manner that is appropriate to the productivity and level of service that we deliver. This will be either through additional resources being available to pay for the work that we now do, or through a sensible decommissioning of services that can't be afforded by the system. It will avoid the current situation of efficiently delivering a level of service that is not resourced appropriately.

6. As part of the new oversight framework, providers have had mid-year reviews undertaken in the main by the Regional offices of NHSE. Our review took place at the end of October, with the main discussion relating to the degree by which we could provide further support to the system in terms of some of the access standards that we are meeting but that others are struggling to meet, and the financial position of the organisation both this year and going forward. It was a helpful session, and has helped reinforce the need for further discussions about the level of resource that we receive in relation to the level of service that we deliver. This links to the new financial framework being put in place, and the

opportunity to be financially sustainable. As a Board we have considered this approach for a few years, and this year is the opportunity through the planning process and contracting round to ensure that this is delivered.

7. The provider self-assessment submissions have all been done by providers across the NHS and received by the Regional Offices of NHSE. Joining this assessment up with the new planning framework and mid-year reviews allows the questions of financial sustainability to be triangulated and addressed.

8. The changes to how the NHS is organised and the role and size of NHSE and ICBs have taken a step forward through the announcement that there will be funding available to implement the necessary restructuring this year. Whilst it is helpful to get some certainty in respect of these changes, we need to recognise the pressure that this puts our partners under and the personal concerns that many people working in the NHS will now have.

9. The next period of Industrial Action by Resident Doctors has taken place, covering the period from 14th – 19th November. This is a national dispute between the Resident Doctors and the government, but the message quite rightly is for organisations to plan and deliver as close to normal services as possible, recognising the need to ensure fully safe provision.

10. Finally in relation to national issues, as the Board is aware, a national maternity review has commenced. Originally, this review covered fourteen trusts, but two Trusts (Leeds and Shrewsbury & Telford) are not now a part of this particular process. The aim of the review is to provide a single view of what has gone wrong and what should be done, because at the moment there have been many maternity reviews and a lot of advice given to organisations that isn't always consistent. We had a session with WYAAT Chief Executives and the WY LMNS to discuss consistency and clarity of reporting, to ensure that Boards in particular are receiving information in a way that is helpful in terms of the oversight of the quality of our maternity services. I will update the Board at a future meeting about this, and also any outputs from the national review.

11. In relation to the West Yorkshire system and WYAAT in particular, we are focused on delivering the priorities identified in the Case for Change. There is a WYAAT clinical board being set up that will oversee the services where we work together, to ensure that we maintain oversight and delivery of services when they move beyond a specific change project. The focus will be on delivering benefits and ensuring that services are delivering effectively and efficiently as part of 'business as usual' going forward.

12. In respect of our partnership with LTHT, there has understandably been a slight pause in our programme, but we are now moving forward our work, in particular how we can best utilise Wharfedale Hospital for the benefit of both organisation in the future. We are also discussing the opportunity for a networked clinical service in respect of neurology, in line with a WYAAT wide neuroscience programme.

13. We continue to work across our local care partnership and the wider North Yorkshire place to further our thinking in respect of integrated care and neighbourhood health. Work has been developed in respect of the core community offer, we are a part of discussions about how the health and wellbeing board works to best effect, and a recent session organised for local GPs and HDFT Consultants to come together and discuss common interface issues was very well attended.

14. Discussions are being held with HNY ICB in respect of the future provision of community dental services. As the Board is aware, we are commissioned to provide these services currently, and negotiated funding to enable us to continue to deliver the service this year. The ICB have officially communicated with us to say that they will be running a procurement process for the future service delivery, as the funding is not available next year to provide the service as it is currently provided.

15. As the Board is aware, we now work in partnership with Local Authority colleagues across eleven areas in relation to the provision of our 0-19 services. These relationships continue to be positive with all Local Authorities as we work with them to deliver services to children and young people.

16. There are a lot of moving parts that we are managing at the moment across a number of issues and systems. It is a complicated time across the NHS and the Board should be assured that as an Executive team in particular, we are engaged and navigating our way through the important issues to ensure that we are in the best place for our patients and population.

HDFT issues

Introduction

17. As is appropriate, the first part of this report has focused significantly on the important national and regional issues that impact upon HDFT, whilst also outlining the appropriate engagement we have with partners across a number of systems to deliver high quality care. It is fair to say that there is significant pressure coming from a number of places and I am focused on maintaining a balanced and calm approach with our colleagues so that we continue to focus on doing what is important with behaviours in line with our values. This is what will deliver the quality, finance, and performance requirements and ambitions over the coming period.

Our people

18. At the time of writing this report, as I mentioned above, the Resident Doctor industrial action had just concluded. It is pleasing to report that the impact upon patients was minimal, although we did cancel a small number of clinics, and for each individual patient due to be seen in those clinics, this will have been worrying and frustrating.

19. As the Board is aware, there is a national 10 point plan to improve the working lives of Resident Doctors, which each organisation has been requested to implement where it applies to them. We have met with Resident Doctors' forum to discuss the requirements of the plan and any improvements that might need implementing. This was a generally positive discussion, with the biggest issue being the Resident Doctor awareness of what we provide by way of support. We continue to liaise with our Resident Doctors, with Angela Wilkinson being our Board representative in this ongoing work.

20. The national staff survey is ongoing, with the closing date for returns being the end of this month. We currently have a return rate from colleagues of over 50%, already above the

level of last year. This is really encouraging, as it is important to receive feedback from colleagues to check how people are and whether there are improvements we need to focus on as an organisation as a whole or in individual areas. As always, when we have the results in the New Year, we will analyse the output and discuss through the People and Culture Committee and the Board.

21. It doesn't need reinforcing, but as a reminder to ourselves and anyone externally reading this report, our people and how they are engaged and motivated is the most important thing we can focus on. Quality, finance, and performance delivery are dependent upon and closely associated with colleague engagement and motivation, and we will be successful for our patients only through the support of all who work for HDFT.

Our Quality

22. As I updated at our last Board meeting, the CQC came to the Trust for an unannounced CQC inspection of our maternity services in July, and we were waiting for the draft report. We have received a draft report in October for factual accuracy checking, which we have responded to. We are now waiting for the final report to be published.

23. A thematic review of the deteriorating patient has been undertaken and an initial report drafted. There is still a bit of work to do, but we will be in a position to bring this report through the quality governance process early in the New Year.

24. Our winter plans are in place, with our additional medical assessment bed capacity due to come on stream in early December, as we complete the refurbishment of our Littondale ward. We are expecting a challenging winter period, but colleagues are well prepared and our oversight and governance arrangements are in place to ensure that we continue to provide safe services. In respect of the staff flu vaccination programme, at the time of writing this report we had over 50% of staff vaccinated, which is ahead of last year, and in the top five organisations nationally, which is a credit to our teams.

Our Services

25. Our 0-19 services continue to deliver strong performance across the majority of our geographic footprint and across the vast majority of the KPIs that we measure ourselves against. This strong performance is also being seen within our new services in Cumberland and Westmoreland & Furness. The Board workshop in October demonstrated the work undertaken across our new services and the commitment of colleagues to what is a significant change and improvement programme.

26. Our urgent care pathway, whilst remaining an area of focus in terms of delivering the quality of service we would like for our population, continues to improve and be ahead of our plan for the first six months of the year. We are aiming to continue to improve the service we provide to patients who need to attend our Emergency Department, and ensure that the expected winter pressures do not mean a significant worsening of our access times and the experience for our patients.

27. To support our urgent care pathway, the Ripon Urgent Treatment Centre has opened, to replace the Minor Injuries Unit. This service will mean that there is an extended service scope on offer and also longer opening hours. Further developments will take place later this year to improve the facilities further in Ripon.

28. In relation to cancer, our performance remains a positive one, as demonstrated in the latest cancer league tables recently published. As at the end of October, our performance against both the FDS and the 62 day standard remains top quartile nationally.

29. We continue to deliver our elective recovery plan, and we are ahead of our plan to reduce the waiting list this year. We are on track to deliver the waiting times reductions as well, which is a very positive position to be in. This is a particular national priority at the moment, and it is positive to report our significant progress in this area, which is so valued by our patients.

30. We continue to struggle to meet our diagnostic waiting times standards due to the ongoing mismatch between capacity and demand for our CT/MRI services. Discussions are ongoing in respect creating additional permanent capacity through a Harrogate based Community Diagnostic Centre. This would require capital investment, which we are working to secure.

31. The provision of autism assessments in a timely way continues to be a significant risk to HDFT. As reported at the last meeting, we are having active discussions with the Commissioner in respect of this issue, with the current level of service being unacceptable for those families waiting. We will update the Board how these discussions are progressing when we meet.

Our money

32. Our position at the end of Month 7 is that we are behind our plan by £7m. The key drivers are our undelivered WRAP (we have now delivered 132% of our annual programme, however, when adjusted to remove cost avoidance schemes this reduces to 83%) and some specific ward and medical agency costs. Delivery of our WRAP is a breakthrough objective for the Trust and is being picked up regularly along with specific items of challenge through the IMPACT process and Performance Review Meetings with our teams. We continue to focus on our immediate financial position and recovery actions through our governance process, as well as set out the route to financial sustainability which is deliverable as part of planning for 2026/27.

33. As well as the action we need to take as an organisation, both the recovery of this year's position and the future plans are linked to discussions with the ICB in respect of risk management and support for the service and demand shifts that we have experienced.

34. As part of the financial position, our cash position is being closely managed.

35. We continue to be a very productive Trust when comparing ourselves with others. This is positive and we need to maintain our level of performance as we work through planning and contracting issues for next year.

Corporate Risk Register

36. Since the last meeting of the Board in September 2025 the following changes to the Corporate Risk Register have been made:

- CYPD Pay Award Impact (CRR827) – Funding confirmation from seven local authorities has reduced the financial risk associated with the 25/26 pay award. The risk score has decreased to 8, and the risk has been de-escalated to the Directorate Risk Register for continued oversight.
- Histopathology Space and Safety (CRR597) – Following review at PRM and the Executive Risk Review Group, this risk, currently scoring 15, has been accepted onto the Corporate Risk Register.
- Fire Safety – Risk of Injury (CRR116) – The risk score has reduced from 15 to 10 following measures to address fire safety. Further updates have been made to reflect changes relating to the fire alarm, and the scoring is currently under review, with a potential update expected. The risk remains on the Corporate Risk Register, with a further review scheduled next month. The target completion date has been extended to December 2025.
- Governance of Security (CRR577) – Updates to the risk have been noted, with no change to the current score. The target completion date has been extended to April 2026.
- Delivery of the 25/26 Financial Plan (CRR816) – The risk score has increased from 15 to 20, and the position continues to be closely monitored

37. I can confirm that risks on the Corporate Risk Register continued to be reviewed by the relevant Directorates, Corporate Services, and the Executive Team. As an Executive Team, we have reviewed the risks and the potential impact on the Trust strategy. Any corporate risks impacting on the Trust strategy are detailed in the relevant sections of the Board Assurance Framework.

Other

38. I am delighted to share that our new EPR, Nervecentre, is now live in the organisation. Working closely with national and regional colleagues over many months within significant external assurances process, we gained national approval from Sir Jim Mackey to go live on the 19th of November. The Board will be aware of some concerns in respect to the recent EPR Nervecentre implementation at Nottingham University Hospitals. Our digital team have been working closely with colleagues from Nervecentre and Nottingham to share learning, but the scale of the go live at Nottingham was very different to our approach, which is a modular phased go live over a number of months. I would like to personally thank the digital team and clinical and operational colleagues who have worked for over 2 years to ensure a smooth and controlled go live. We are already seeing some of the clinical benefits our new EPR will bring, which I will share more on once we are further on with our roll out.

39. It was great to attend a SAS celebration event last month, which did exactly what it said – celebrated the significant contribution that our SAS colleagues make to the Trust and the patient we look after.

40. It was also brilliant to attend the Charity Ball in October to celebrate 30 years of our charity and to raise funds for some pathology equipment. Thanks to all who organised a wonderful and successful evening.

41. As I always seem to reflect, there continues to be a lot of change happening across the NHS and a lot of challenges to meet to ensure that the public have an NHS that they can be confident in. What I can say though is that our colleagues who work in all parts of the Trust do a fantastic job in providing care and support to the patients and population who rely upon on us. It is important to always recognise this often-selfless contribution, particularly at times of challenge, such as through industrial action, through winter, through periods of colleague sickness, and through difficult and life-changing experiences that our work brings each day. It is therefore great to report that we have had approaching 300 nominations for this year's KITE awards. These are nominations for colleagues by colleagues and demonstrates the mutual respect and shared commitment that our people have for each other across the Trust. I look forward to judging the nominations and celebrating with many of them in the New Year.

Jonathan Coulter
Chief Executive
November 2025

HDFT Trust IBR – static view for September 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	91/120		BO Breach of Threshold
BO2.2 LTUCC - average time to inpatient bed -BO Submetric	99/120		BO Submetric - achieving
BO2.3 PSC (Adult) - average time to inpatient bed - BO Submetric	155/120		BO Submetric - not achieving
BO2.4 PSC (Paeds) - average time to inpatient bed - BO Submetric	80/120		BO Submetric - achieving
BO3.1 - Reducing Follow Up outpatient appointments - Cumulative YTD reduction (or growth if positive) Person Centred, Integrated	4.9%/-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 -	76.6%		True North Metric - not meeting
TN1 - Staff Availability - True North Metric - Best Place to Work - Availability	93.2%		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	74.4%/90%		True North - Improving/Achieving
TN3 Moderate Harm & Above - True North Metric - Best Quality and Safest Care	111/84		True North Metric - not meeting
TN4 Emergency Department 4 hour performance - True North Metric - Person Centred ,Integrated Care - UEC	77.9%/78%		True North Metric - not meeting

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

Name	Progress	Trend	Status
2.2.2 Complaints - % responded to within time CARING - Person Centred, Integrated Care; Patient Experience	33.3%		Watch - SPC Breach
4.1 Appraisal rate - Non Medical and Medical Staff WORKFORCE - Best Place to Work - Engagement	81.4%		Watch - SPC Breach
5.2.2 RTT waiting times - by level of deprivation- differential average wait in days (negative gap reflects high deprivation waiting	10.49		Watch - SPC Breach
5.3 Diagnostic waiting times - 6-week standard RESPONSIVE - Person Centred, Integrated Care; RTT	57.5 %		Watch - SPC Breach
5.10 Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals RESPONSIVE - Person Centred,	60.9%		Watch - SPC Breach
6.2 Surplus/ Defecit and variance to plan EFFICIENCY & FINANCE - FINANCE	-£1.81M		Watch - SPC Breach
5.23.2 Percentage Occupancy of Hospital at Home Beds RESPONSIVE - Person Centred, Integrated Care- Elderly	36.7%		Watch - SPC Breach
5.23.4 Number of Pathway 3 discharges reducing(less than 14 in a month) - RESPONSIVE - Person Centred, Integrated Care- Elderly	15		Watch - SPC Breach
1.9.3 Maternity SAFE - Number of Admissions to SCBU per month - Great Start in Life; Maternity	13		Watch - SPC Breach

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

Name	Progress	Trend	Status
1.9.5 Maternity SAFE - Maternity Role Specific Training Compliance - Great Start in Life; Maternity	81.8%		Watch - SPC Breach
1.9.7 Maternity SAFE - Maternity Unit Service Suspensions per month- Great Start in Life; Maternity	5		Watch - SPC Breach
3.2 Mortality - SHMI EFFECTIVE - Best Quality Safest Care (the final two data points are always provisional data)	102.23		Watch - SPC Breach

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

Name	Progress	Trend	Status
1.2 Pressure ulcers - community acquired -moderate harm or above - per 1,000 patient contacts SAFE - Best quality Safest Care;	1.17		Watch - Within Tolerance
Moderate Harm or Above - community acquired pressure ulcers - raw numbers	5		Watch - SPC Breach
1.6 Incidents - ratio of low harm incidents SAFE - Best quality Safest Care; safety &effectiveness	42.47		Watch - SPC Breach
3.3.1 Readmissions to the same specialty within 30 days - following elective admission - as % of all elective admissions EFFECTIVE -	4.2 %		Watch - SPC Breach
5.5 Data quality on ethnic group - inpatients RESPONSIVE - Digital	89.6 %		Watch - SPC Breach
7.3 Elective activity against plan(EIP/EDC/OP+Proc), cumulative YTD - Person Centred, Integrated Care; RTT	96.0 %		Watch - SPC Breach
1.9.4 Maternity SAFE -1:1 Care delivered in labour - Great Start in Life; Maternity	95.7%		Watch - SPC Breach

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

Name	Progress	Trend	Status
1.7.1 Incidents - comprehensive serious incidents (SI) SAFE - Best quality Safest Care; safety &effectiveness	2		Watch - SPC Breach
1.7.2 Incidents - Never events SAFE - Best quality Safest Care; safety &effectiveness	1		Watch - SPC Breach
1.8.1 Safer staffing levels - fill rate SAFE - Best quality Safest Care; safety &effectiveness	93.3 %		Watch - SPC Breach
7.1 GP Referrals against 2019/20 baseline ACTIVITY - Person Centred, Integrated Care; RTT	108.0 %		Watch - SPC Breach

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

Name	Progress	Trend	Status
1.1 Pressure ulcers - hospital acquired -moderate harm or above - per 1,000 bed days - SAFE - Best quality Safest Care; safety	0.00		Watch - Within Tolerance
Moderate Harm or Above - hospital acquired pressure ulcers - raw numbers	3		Watch - Within Tolerance
1.2 Pressure ulcers - community acquired -moderate harm or above - per 1,000 patient contacts SAFE - Best quality Safest Care;	1.17		Watch - Within Tolerance
1.3 Inpatient falls per 1,000 bed days SAFE - Best quality Safest Care; safety &effectiveness	3.58		Watch - Within Tolerance
1.4 Infection control - Hospital acquired C.difficile cases, lapse in care identified SAFE - Best quality Safest Care; safety	1		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
1.8.2 Safer staffing levels - CHPPD SAFE - Best quality Safest Care; safety &effectiveness	9.3		Watch - Within Tolerance
1.9 Maternity - % women seen by a midwife (or healthcare professional) by 12w 6d SAFE - Great Start in Life; Maternity	94.2%		Watch - Within Tolerance
1.11 Infant health - % women smoking at time of delivery SAFE - Great Start in Life; Maternity	5.22%		Watch - Within Tolerance
1.12 Infant health - % women initiating breastfeeding SAFE - Great Start in Life; Maternity	83.82%		Watch - Within Tolerance

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

Name	Progress	Trend	Status
1.13 VTE risk assessment - inpatients SAFE - Best quality Safest Care; safety &effectiveness	88.0 %		Watch - Within Tolerance
1.14 Sepsis screening - inpatient wards SAFE - Best quality Safest Care; safety &effectiveness	95.0 %		Watch - Within Tolerance
1.15 Sepsis screening - Emergency department SAFE - Best quality Safest Care; safety &effectiveness	96.0 %		Watch - Within Tolerance
2.1.1Friends & Family Test (FFT) - All Patients CARING - Best Quality Safest Care; Patient Experience	93.0 %		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	6		Watch - Within Tolerance
3.3.2 Readmissions to the same specialty within 30 days - following non-elective admission - as % of all non-elective admissions	8.4 %		Watch - Within Tolerance
3.4 Returns to theatre EFFECTIVE - % returns within 30 days - Person Centred Integrated Care, RTT (always a month behind)	2.2 %		Watch - Within Tolerance
3.5 Delayed Transfer of Care - % inpatients not meeting the criteria to reside EFFECTIVE - Patient Centered Integrated Care - UEC	12.0 %		Watch - Within Tolerance
4.2 Mandatory and Essential Skills Training rate WORKFORCE - Best Place to Work -Engagement	93 %		Watch - Within Tolerance

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

Name	Progress	Trend	Status
4.3 Staff sickness rate WORKFORCE - Best Place to Work - Availability	5.5 %		Watch - Within Tolerance
4.4 Staff turnover rate WORKFORCE - Best Place to Work - Availability	10.2 %		Watch - Within Tolerance
4.5 Vacancies WORKFORCE -Best Place to Work - Availability	5.8 %		Watch - Within Tolerance
5.1.1 RTT Incomplete pathways performance - median days wait RESPONSIVE- Person Centred, Integrated Care; RTT	54.12		Watch - Within Tolerance
5.1.2 RTT Incomplete pathways performance - 92nd centile (days) RESPONSIVE - Person Centred, Integrated Care; RTT	122		Watch - Within Tolerance
5.1.3 RTT Incomplete pathways - total RESPONSIVE - Person Centred, Integrated Care; RTT	20.43K		Watch - Within Tolerance
5.1.4 RTT Incomplete pathways - 52-<104 weeks RESPONSIVE - Person Centred, Integrated Care; RTT	0		Watch - Within Tolerance
5.2.1 RTT waiting times (days different) - by ethnicity(gap between BME & White (positive is shorter wait for BME) RESPONSIVE -	-1.17		Watch - Within Tolerance
5.6 A&E 4 hour standard RESPONSIVE -Patient Centered Integrated Care - UEC	77.9%		Watch - Within Tolerance
5.7 Ambulance handovers - % within 15 mins RESPONSIVE - Person Centred, Integrated Care; UEC	77.7%		Watch - Within Tolerance

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

Name	Progress	Trend	Status
5.11 Cancer - 28 days faster diagnosis standard (suspected cancer referrals) RESPONSIVE - Person Centred, Integrated Care; Cancer	83.2%		Watch - Within Tolerance
5.12 Cancer - Combined 31 day wait (First and Subsequent Treatments) - Person Centred, Integrated Care; Cancer	98.6%		Watch - Within Tolerance
5.13.1 Children's Services - 0-12 months caseload RESPONSIVE - Great Start in Life- CYPPH	2.30K		Watch - Within Tolerance
5.13.2 Children's Services - 2-3 years caseload RESPONSIVE - Great Start in Life- CYPPH	2.25K		Watch - Within Tolerance
5.14 Children's Services - Safeguarding caseload RESPONSIVE - Great Start in Life- CYPPH	1.37K		Watch - Within Tolerance
5.15 Children's Services - Ante-natal visits RESPONSIVE - Great Start in Life- CYPPH	92.5 %		Watch - Within Tolerance
5.16 Children's Services - 10-14 day new birth visit RESPONSIVE - Great Start in Life- CYPPH	95.2 %		Watch - Within Tolerance
5.17 Children's Services - 6-8 week visit RESPONSIVE - Great Start in Life- CYPPH	92.4 %		Watch - Within Tolerance
5.18 Children's Services - 12 month review RESPONSIVE - Great Start in Life- CYPPH	97.0 %		Watch - Within Tolerance
5.19 Children's Services - 2.5 year review RESPONSIVE - Great Start in Life- CYPPH	91.6 %		Watch - Within Tolerance

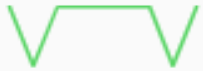
Integrated Board Report – Watch Metrics – Within Tolerance (5)

Name	Progress	Trend	Status
5.23 Community Care Adult Teams - performance against new timeliness standards RESPONSIVE- Person Centred, Integrated	88.0 %		Watch - Within Tolerance
5.27 Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation RESPONSIVE- Person	27.3 %		Watch - Within Tolerance
5.28 Home visit: Face to face consultations started for URGENT cases within 2 hrs RESPONSIVE Person Centred, Integrated Care -	91.7 %		Watch - Within Tolerance
6.1 Agency spend EFFICIENCY & FINANCE - FINANCE	£111.00K		Watch - Within Tolerance
6.3 Capital spend EFFICIENCY & FINANCE - FINANCE	£10.66M		Watch - Within Tolerance
6.4 Cash balance EFFICIENCY & FINANCE - FINANCE	£5.09M		Watch - Within Tolerance
6.5.1 Long stay patients - stranded (>7 days LOS) EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	108		Watch - Within Tolerance
6.5.2 Long stay patients - superstranded (>21 days LOS) EFFICIENCY & FINANCE- Person Centred, Integrated Care; UEC	35		Watch - Within Tolerance
6.6 Occupied bed days per 1,000 population EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	49.6		Watch - Within Tolerance
6.7.1 Length of stay - elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	1.69		Watch - Within Tolerance

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

Name	Progress	Trend	Status
6.7.2 Length of stay - non-elective EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	4.66		Watch - Within Tolerance
6.8 Avoidable admissions EFFICIENCY & FINANCE - Person Centred, Integrated Care; UEC	244		Watch - Within Tolerance
6.9 Theatre utilisation (elective sessions) EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	82.1%		Watch - Within Tolerance
6.10 Day case conversion rate EFFICIENCY & FINANCE - Person Centred, Integrated Care; RTT	1.11 %		Watch - Within Tolerance
7.2 Outpatient activity (New Consultant/Nurse) against plan ACTIVITY - Person Centred, Integrated Care;RTT	114.0 %		Watch - Within Tolerance
7.4 Non-elective activity(inpatient admissions) against plan ACTIVITY - Person Centred, Integrated Care; UEC	98.0 %		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) -	0.45		Watch - Within Tolerance
5.2.4 RTT Waiting times - differential wait in days for patients with LD Flag - Person Centred, Integrated Care; RTT	-5.54		Watch - Within Tolerance
5.23.1 Percentage of Patients with Frailty(CFS>4) Admitted Through 'Acute Frailty Unit' RESPONSIVE -Person Centred, Integrated Care -	72.5%		Watch - Within Tolerance

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

Name	Progress	Trend	Status
5.23.3 Percentage of Patients with Frailty with a LOS over 6 days RESPONSIVE - Person Centred, Integrated Care - Elderly	41%		Watch - Within Tolerance
1.9.1 Maternity - SAFE - Number of Stillbirths per month - Great Start in Life; Maternity	0		Watch - Within Tolerance
1.9.2 Maternity - SAFE - Number of Third and Fourth Degree Tears - Great Start in Life; Maternity	4		Watch - Within Tolerance
1.9.6 Maternity SAFE - Maternity Complaints per month - Great Start in Life; Maternity	100%		Watch - Within Tolerance
5.29 Community SITREP waiting times- percentage of waiters over 52 weeks	1.41 %		Watch - Within Tolerance

Report to Council of Governors 10th December 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 Meeting of National Lead Governor Association 28th November 2025

1.1 As Lead Governor, I am part of this national network. I participated in an online meeting on 28th November 2025. The focus of the discussion was the recent issue of guidance for the Advanced Foundation Trust status as part of the implementation of aspirations set out in the Government's 10 Year Plan- Fit for the Future. Concern was expressed at the meeting about the implications for the future role of Governors in the proposed new Trust arrangements. Representatives were keen to understand how, under the new AFTs, independent and publicly accountable aspects of governance would be maintained together with effective representation of Trust membership and the public. The Association has established a Working Group to urgently consider these implications in more detail and consider what action would be appropriate to take.

2.0 Associate Non Executive Director Recruitment

2.1 As a follow up to the Non Executive Director recruitment reported at the last Council meeting, further steps have been taken to recruit to the Associate NED role. Focus Panels involving Governors and final interviews with Lead Governor and other members of RNCC are scheduled to take place late January/early February.

3.0 Appraisal of Non Executive Directors

3.1 The Chair and Lead Governor and jointly undertook the appraisal of Non Executive Directors on 26th August, 2nd and 9th September 2025; this involved using the NHS Leadership Competency Framework and feedback from forms completed anonymously by other NEDs and Governors.

4.0 Informal Governor Briefings

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

4.2 At an informal briefing held on 28th October 2025, the Director of Finance led a briefing session on WRAP – programme for identifying and implementing waste reduction and productivity in Trust services. Assurance was provided that Quality Impact Assessments were completed prior to the implementation of any schemes to ensure that there was no detriment to patients. It was also reported that NEDs were updated with regular reporting through Board workshops and through

supplementary papers to the Board. Assurance was also gained through internal audit procedures.

The CEO provided an update on the Trust's current position in relation to key performance indicators and planned management of industrial action by resident doctors. The CEO also reported that the Trust had submitted a Provider Capability Assessment as part of the NHS Oversight Framework. Governors had commented on this document prior to submission.

Governors were informed that the first phase of the EPR programme would be launched in November together with the opening of the Urgent Treatment Centre at Ripon Hospital.

5.0 Governors' Co-ordination Group

5.1 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 held a productive meeting in person on 19th November 2025 which also included further discussion about changes proposed the 10 Year Plan.

6.0 Observing Board and Board Sub Committees

6.1 A number of Governors observed Board Sub Committees and the Trust Board on 24th September and more recently 26th November 2025.

6.2 The main purpose of observing at sub committees is for Governors have an opportunity to see NEDs in action and gain assurance that the Board is appropriately challenged.

7.0 Governor Walk Around Visits

7.1 Following the success of the new programme of "Walk around" visits initiated earlier in the year, a further schedule of dates in the New Year was being planned for Governors to visit operational areas of the Trust.

Jackie Lincoln

Lead Governor

Board Sub Committee Briefing
For Council of Governors

Board Sub Committee:	*People and Culture Committee*
Date(s) of Committee:	24th September 2025 and 26th November 2025
Report Completed By:	*Andy Papworth*

SUMMARY OF BOARD SUB-COMMITTEE

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.

1. Items discussed

People and Culture Committee is a sub committee of the HDFT Board with the key responsibilities to ensure oversight of the delivery of the Trust's People Plan and to assess strategic risk in relation to people and culture.

Our membership is made up of 4 Non-Executive Directors and 2 Executive Directors. In addition, we receive regular presentations and updates from colleagues in the Trust (e.g. Staff Networks, Freedom to Speak Up Guardian), we undertake Gemba (walkaround) visits, and we are observed by Governor representatives which we welcome.

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 is making sufficient progress towards delivery of this ambition.

Since my last report there have been two meetings of the Committee. Key items covered are as follows:

- Review of the **Board Assurance Framework** in relation to People and Culture on behalf of the Board.
- Updates on **Freedom To Speak Up** and **Guardian of Safe Working**.
- Review of **relevant metrics from the Integrated Board Report** (e.g. appraisal rate, training completion).
- Approval of the annual **Workforce Race Equality Standards** (WRES) and **Workforce Disability Equality Standards** (WDES) reports, and review of associated action plans.
- Oversight of the **10-point plan** in relation to resident doctors and **Nursing Job Evaluations** project.
- Approval of the **NHSE Self-Assessment for Placement Providers** and the **Designated Body Annual Board Report and Statement of Compliance**.
- Tracking the completeness of the **Trust's HR policies**.
- Receiving line of sight to relevant **internal audit reports** received by the Trust's Audit Committee.
- Assurance on **National Staff Survey** action plans, communication and engagement.
- Presentation from the **Trust's EDI Manager**, and the **Staff Network Chairs** for both **REACH** and **Disabilities and Long Term Conditions**.
- Deep dive into the work of the **Involvement breakthrough objective focus group**.
- Gemba **visit to Phlebotomy**.

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

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

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

This objective is on track. The Trust's last National NHS Annual Staff Survey overall engagement score of 7.00 is ahead of the benchmark score of 6.84, and the most recent Inpulse survey from July 2025 has a headline engagement score of 7.09 (vs 6.36 benchmark). The 2025 National Annual Staff Survey is underway and the Trust has a 60% response rate so far, which is significantly ahead of the 49% response rate received last time – results from this survey will be received in the new year.

2. **Staff Availability** – ensuring HDFT is the 'best place to work' through having the right number of staffing available for quality of care, enabling staff to have a good experience and to do their best.

This objective is broadly on track, with relatively low overall vacancy levels. However, we are monitoring sickness which has seen an increase again over the last two months and is slightly above target – this could be seasonal due to winter and we will review the position again at our next meeting.

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 is monitoring:

1. **Staff involvement** (breakthrough objective) – to create an environment within HDFT where staff feel genuinely involved in decisions, helping to support wellbeing and improve engagement. Focus groups have been held and a new Involvement toolkit was rolled out in September, the impact of which we will monitor.

2. **Medical staff rostering** (corporate project) – 28 out of 40 services are live, with compliance at 87%, with further progress required.

3. Where reasonable assurance was obtained

Through the Committee's work, supported by triangulation with data, Gemba visits, member experiences and discussions, we are assured that the Trust is **overall making good progress towards the ambition of 'making HDFT the best place to work'**. Staff engagement is good and KITE values are well embedded – as evidenced by our survey scores.

It has been specifically pleasing to see:
- Recruitment of the **new Freedom To Speak Up Guardians** and activities to continue to promote a safe to speak up culture.
- Data from the **Guardian of Safe Working** that demonstrates the number of exception reports being raised by junior doctors and **subsequent actions and closures** in response.
- The **Trust's work on equality and diversity**, particularly:

a) The latest **reciprocal mentoring programme** for colleagues with a disability or long-term condition.
b) The introduction of **independent panel members** to support senior-level recruitment.
c) **More regular EDI** (Equality, Diversity and Inclusion) **data and reporting** being made available to Trust Executives and Directorate leadership teams.

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 teams with low staff survey response rates or low engagement scores**. In addition to the work of the Executive team and the Directorates, we continue to use our People and Culture Gemba visits to support this.

Whilst there are no corporate-level risks currently associated with people and culture, we **continue to monitor** the following items:

- **Sickness** levels – being monitored (as mentioned above).
- **Retention** – particularly leavers within the first year of joining.
- **Equality and Diversity** – the important actions in place to improve this further.
- **Bullying and harassment** – incidents do still occur and we need to keep working to eliminate this.

5. Matters of concern or areas identified for escalation

There are **no further matters** from our discussions that haven't already been escalated to the Board.

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	*Quality Committee*
Date(s) of Committee:	26/11/25
Report Completed By:	*Laura Robson*

SUMMARY OF BOARD SUB-COMMITTEE

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.

1. Items discussed

Committee members undertook a GEMBA to Medical Day Unit.

Regular Update on Quality issues provided by Director of Nursing, Midwifery and AHPs and the deputy medical director. This included:
-The Draft CQC report following the Maternity visit that had been checked for factual accuracy and returned. The final report is awaited.
-IR(ME)R visit (Ionising Radiation Regulations)
-Martha's Rule implementation
- Resident Doctors strike. No incidents or events were identified and patient care was not impacted
-Draft Patient engagement strategy
- Autism assessment

Two strategic ambitions – Best quality safest care-
- Great start in life

Concentrating on the breakthrough objectives. All report good progress except Autism assessment.

The IBR was considered no concerns identified for the quality committee.

The National Inpatient Survey.

The Annual Safeguarding report was presented.

The Regular Maternity report was discussed in detail

The Safer Staffing report

Nursing and Midwifery quality and safe staffing annual report

Learning from Deaths Quarterly report Q2 (July-September)

Audit report Patient Safety Incident Response Framework which gave a high level of assurance.

2. **Key Strategic Risks the Committee Focuses on (and risk assessment/ score)**
Autism assessment – risk of not meeting Nice Guidance, Current risk 18. Action in place with regular discussions with the ICB
3. Where reasonable assurance was obtained
Reasonable assurance was obtained in all areas discussed. Maternity services report provided good assurance. Closures, activity and complaints are continuously monitored. Safety visits undertaken by the Safety Champions also provide assurance. Learning from deaths report SHIMI levels have returned to normal levels Internal Audit report on PSIRF .
4. Where lower level of assurance was assessed and action being taken
Autism assessment remains a concern. The Trust Executive and the ICB Executive team are meeting to seek resolution.
5. Matters of concern or areas identified for escalation
No new concerns for escalation

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	**Innovation**
Date(s) of Committee:	**26 November 2025**
Report Completed By:	**Wallace Sampson**

SUMMARY OF BOARD SUB-COMMITTEE

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.

1. Items discussed

Strategic Ambition: Digital Transformation to integrate care and improve patient, child and staff experience:

- Digital maturity – progress across the Trust as a whole
- Artificial intelligence – launch of policy, level of organisational awareness of opportunities provided by AI, how tools are being deployed.
- EPR change programme – update following recent successful 'go live' and next go live phases. The Interim Chief Digital Officer provided some of the statistics seen since go live. Staff feedback has been very positive.

Strategic Ambition: Healthcare Innovation to improve Quality and Safety:

- Update on research projects

Strategic Programme: HDFT Impact:

- Continuous improvement update – the main challenge relates to keeping up with the pace and demand for training, which is accelerating against original plan. The Director of Strategy informed that waves are planned in readiness for the next wave and are looking at tailoring to front line teams to decrease training time, which would therefore create more capacity to complete more waves.
- Benefits realisation - evaluation of HDFT Impact. The Committee received a presentation which provided an evaluation of the impact that HDFT Impact had made on the organisation in our continuous improvement journey. A balanced representative sample of Breakthrough Objectives and True North Metrics across the organisation had been reviewed

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

- Successful EPR go live reflects an early decision to adopt a modular approach to implementation. This has been supported by strong governance arrangements through EPR project team, programme board, Innovation Committee and Trust Board
- Evaluation of HDFT Impact provided a positive picture, which shows that the continuous improvement methodology was working and organisational benefits are being realised.
- Assurance was obtained that continuous improvement methodology was being applied to the EPR project to ensure that the benefits articulated in the business case can be achieved.

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

- Improvement in research income opportunities can be achieved once a new clinical research facility can be delivered. Progress continues to be made in developing the investment case and identifying appropriate space for a new facility.

5. Matters of concern or areas identified for escalation

None

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Resources
Date(s) of Committee:	Nov 2025
Report Completed By:	Jeremy Cross

SUMMARY OF BOARD SUB-COMMITTEE

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.

1. Items discussed

There is one key issue and risk which outweighs all others at present, and that is the state of the finances of the Trust. Governors will be well aware that this has been a recurrent issue for a number of years, driven by several well understood and documented issues – in particular;

unfunded boundary changes we have agreed to improve system wide performance and that have resulted in us increasing the number of patients we deal with

unfunded high-cost drugs usage which have increased significantly in recent years and which are no longer funded by the ICB

We attempted at the start of the year to "risk share" a significant sum with the ICB central team, but this has not come to anything, and we are now in a position where we need to restate our likely year end position – possibly to a deficit of as much as £20m. This will put us under increased pressure and scrutiny from NHSE.

Governors will nevertheless be aware that in all documentation we have received from NHSE the Trust ranks highly in terms of efficiency of processes, costs of central functions, improvement in productivity, minimal use of agency staff etc. etc. and that therefore there are no suggestions from the centre, or indeed programmes to follow, that will result in reduced cost. This has been verified in the past by a number of external agencies including Price Waterhouse.

Our Waste Reduction and Productivity (WRAP) delivery for the year is already in excess of £15m which leaves us with very few places to look without making unpalatable cost reductions resulting in reduced patient activity which we are trying to avoid.

No doubt Governors will want more discussion on this matter with both Execs and Non Execs on the day. There are no obvious or immediate answers in the short term, but we are hoping for a better settlement in the next financial year which will address the issue.

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

All other strategic risks and statutory reporting measures are being well controlled.

3. Where reasonable assurance was obtained

We continue to make excellent progress on our waiting list performance – RTT numbers are strong, and are getting stronger. This is excellent news for patients and the Trust should be congratulated on its performance.

Cancer metrics are encouraging from a national position, and holding steady

A&E performance is again encouraging from a local and national perspective, and Governors will be aware that a number of changes have been made recently in order to cement this performance and look for further improvements if possible

Our significant capital programme is progressing well, and we are largely on track. Governors will be aware that this is a particularly challenging year

Our Children's Services division has delivered another strong set of metrics and we are delivering to contract in virtually all areas, with clear plans to address the odd outlier. The Board visited the Lake District last month to understand how the onboarding process was for our newest contract. It was great hear first hand how this had been for colleagues, and while encouraging, there are still a number of possible improvements to onboarding processes noted.

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

Financial performance remains challenging – as discussed in 1 above

5. Matters of concern or areas identified for escalation

Governors should understand the challenges of our financial performance – while still delivering on all other fronts. There are a number of external challenges likely (not least from the ICB) in future months so we need to continue to deliver on the things that we CAN control, and in particular our own costs and WRAP programme, while not losing the outstanding performance that we are delivering in other areas and against other risks.

Council of Governors Meeting held in Public

10 December 2025

Title:	Annual Review of Sub-Committee Membership
Responsible Director:	Sarah Armstrong, Chair
Author:	Rachel Hewson, Company Secretary

Purpose of the report and summary of key issues:	To present the annual review of membership of the Council of Governors' sub-committees and seek approval for any proposed changes.	
Trust Strategy and Strategic Ambitions:	**The Patient and Child First** Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	✓
	Person Centred, Integrated Care; Strong Partnerships	✓
	Great Start in Life	✓
	At Our Best: Making HDFT the best place to work	✓
	An environment that promotes wellbeing	✓
	Digital transformation to integrate care and improve patient, child and staff experience	✓
	Healthcare innovation to improve quality	✓
Corporate Risks:	n/a	
Report History:	None	
Recommendation:	The Council of Governors is asked to approve the updated membership of the Remuneration, Nomination and Conduct Committee and the Governor Development Membership and Engagement Committee.	

Freedom of Information:	This paper can be made available on request under the Freedom of Information Act.

Annual Review of Sub-Committee Membership

1. Purpose & Background

The purpose of this item is to present the annual review of membership of the Council of Governors' sub-committees and seek approval for any proposed changes.

The Council of Governors operates two sub-committees in order to discharge it's statutory duties effectively.

Annex D of the HDFT Constitution notes that the Council of Governors may form advisory sub committees under written terms of reference to the Council of Governors which may include members of the Board of Directors and appropriate people (paid or unpaid) nominated by the Board of Directors and having relevant skills or experience. Those powers shall be exercised in accordance with any written instructions given by the Council of Governors. The Council of Governors will appoint the Chair of any committee and shall specify the quorum. All acts and proceedings of any committee shall be reported to the Council of Governors. The Council of Governors will establish a Remuneration, Nominations and Conduct Committee for the purpose of making recommendations to the Council of Governors for the appointment of the Chair and Non-Executive Directors.

2. Proposal

Due to the tenures of some members of the committees coming to an end, new members are now proposed as follows:

RNCC	**GDMEC**
Jackie Lincoln – Lead Governor	Jackie Lincoln – Lead Governor
Dawn Raspin	Dawn Raspin
Kevin Parry	Mike Fisher
Nigel Hopps	John Hindle
Emily Legge (Staff Governor)	Nick Brown (Stakeholder Governor)
+1	Alan Cunningham
	2 inc staff

Members include Governors from a wide range of skills and experience and also represent different public constituencies, staff and stakeholder groups

3. Recommendation

The Council of Governors is asked to approve the proposed updates to committee membership lists, noting that there are vacancies to be filled.

Appendix 1: Extract from the Harrogate and District NHS Foundation Trust's Constitution

7. COMMITTEES

7.1 The Council of Governors may form advisory sub committees under written terms of reference to the Council of Governors which may include members of the Board of Directors and appropriate people (paid or unpaid) nominated by the Board of Directors and having relevant skills or experience. Those powers shall be exercised in accordance with any written instructions given by the Council of Governors. The Council of Governors will appoint the Chair of any committee and shall specify the quorum. All acts and proceedings of any committee shall be reported to the Council of Governors.

7.2 The Council of Governors will establish a Remuneration, Nominations and Conduct Committee for the purpose of making recommendations to the Council of Governors for the appointment of the Chair and Non-Executive Directors. In addition, this committee will consider the remuneration of the Chair and Non-Executive Directors, and decisions will be taken at a meeting of the Council of Governors.

7.3 The Council of Governors may, through the Company Secretary, request that advisors assist them on any committee they appoint in carrying out their functions.

8. VALIDITY OF DECISIONS

8.1 Decisions taken in good faith at a meeting of the Council of Governors or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council of Governors attending the meeting June 2023

Governor Questions on Behalf of Membership and the Public 10th December 2025 Council of Governors

Subject	Context	Questions
1. Green Plan	At the specialist briefing from Harrogate Integrated Facilities on 4 December 2024, governors were advised that a refresh of the Green Plan was required and it was agreed that it would be positive for governors to be involved. We note that the Green Plan refresh (Our Green Plan 2025 - 2028) has now been published.	Could we be advised what governor and wider public engagement and involvement informed this refresh process? Were governors given the opportunity to be involved or to review the draft refreshed plan? Could NEDs please comment on whether they feel the level of public engagement informing the Green Plan refresh was appropriate?
2. Harrogate Hospital Front Entrance	Update on consultation and plans to renovate the hospital front entrance	Could an update be provided on the terms of reference and progress on the consultation and plans for the renovation of the hospital front entrance ?
3. Waiting list cleaning drive	Waiting list cleansing	Could we please have an explanation of how this (nationally-initiated) process works and how patients are notified if they are being removed from the waiting list? Could NEDs please advise how they are assured that patients are not removed incorrectly and that communication is appropriate and effective?
4. Advanced Foundation Trust Status	Draft Guidance has been issued on achieving future Advanced Foundation Trust status and a consultation has been launched on the assessment criteria which closes on 11th January 2026	Does the Trust Board intend to respond to the AFT Consultation? If so, will there be an opportunity for Governors to contribute to the response?

5. Independent Scrutiny	Planned dis-establishment of Healthwatch and the potential removal of the requirement to have Governors	Does the Trust Board value the current role of Governors in contributing to it's independent scrutiny? Is there a commitment to ensuring that trusted and independent scrutiny will feature in any new models of working?