

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

4 March 2026 from 4pm – 5.30pm

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

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

AGENDA				
Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest and Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meeting: 10 December 2025	Chair	Approve	Attached
4.0	Matters arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Chief Executive's Update	Chief Executive	Note	Verbal
6.1	Corporate Risk Register		Note	Blue Box Item
6.2	Integrated Board Report – access via link	Integrated Board Reportv2 - Power BI	Note	Blue Box Item
7.0	Lead Governor's Update	Lead Governor	Note	Attached
8.0	Board Sub-Committees Updates 8.1 Quality Committee 8.2 Innovation Committee 8.3 People & Culture Committee 8.4 Resources Committee 8.5 Audit Committee <i>To highlight the key activities undertaken by the respective Board Sub Committees since the last Council of Governors' meeting and provide assurance that the Non-executive Directors are sighted on any key risks and mitigating actions where appropriate.</i>	Chairs of Board Sub-Committees (NEDs)	Note	Attached Attached Attached Attached Verbal
9.0	Trust Engagement Strategy		Note	Verbal
9.1	Update on the Development of the Trust-wide Engagement Strategy	Associate Director of Quality & Corporate Affairs		
9.2	Membership Engagement Strategy	Lead Governor		
10.0	Terms of Reference for Governor Development, Membership and Engagement Committee	Chair	Ratify	Attached
11.0	CoG Annual Workplan 2026-27	Chair	Note	Attached
12.0	Brief Update on Progress with Autism Assessments	Deputy Chief Operating Officer	Note	Verbal
13.0	Governors' Questions on behalf of Membership and the Public	Chair	Note	Attached / Verbal

14.0	Any other relevant business	Chair	Note	Verbal
15.0	Evaluation of meeting	Chair	Note	Verbal
16.0	Date and Time of Next Meeting 16 June 2026 4pm Boardroom, Trust HQ	Chair	Note	Verbal

Council of Governors – Register of Interests				
As at 13 January 2026				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Sarah Armstrong	Chair from 1 April 2022	April 2022	(current)	<ol style="list-style-type: none"> 1. Director: flat management company of current residence 2. Chief Executive: The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director: Coffee Porter (family business) 4. Member: West Yorkshire Chairs & Leaders Forum 5. Member: HNY Provider Chairs 6. Member: HNY CAP Board 7. Trustee: NHS Charities Together
		September 2024	(current)	
Jonathan Allen	Staff: Community Services	July 2024	(current)	Nil
Nick Brown	Stakeholder: North Yorkshire Council	May 2023	(current)	<ol style="list-style-type: none"> 1. North Yorkshire Councillor 2. Chair: Cundall with Leckby Parish Council 3. Trustee: Harrogate & District Improvement Trust 4. Board Member: Northern Aldborough Festival 5. Trustee: Harrogate International Partnership 6. Member: Skipton & Ripon Conservative Association 7. Vice-Chair: Newby & Wathvale Conservative Branch
Rachel Carter	Ripon & West District	July 2023	(current)	<ol style="list-style-type: none"> 1. Member: Barnsley Hospital NHS Foundation Trust 2. Member: Bradford District Care NHS Foundation Trust 3. Member: Leeds Teaching Hospitals NHS Trust 4. Member: Pennine Care NHS Foundation Trust 5. Member: Airedale NHS Foundation Trust 6. Member: Leeds & York Partnership NHS Foundation Trust

Council of Governors – Register of Interests				
As at 13 January 2026				
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

Council of Governors – Register of Interests				
As at 13 January 2026				
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

Register of Interests – Previous Governors (in last 12 months) As at 13 January 2026				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
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)

10 December 2025

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

Present:	
Sarah Armstrong	Chair
Jonathan Coulter	Chief Executive
Jackie Lincoln (JL)	Public Governor, Lead Governor
Councillor Nick Brown (CB)	Stakeholder Governor
Rachel Carter (RC)	Public Governor
Alan Cunningham (ACu)	Stakeholder Governor
Richard Farrar (RF)	Public Governor
Mike Fisher (MF)	Public Governor
John Hindle (JH)	Public Governor
Nigel Hopps (NH)	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
Colin Melville (CM)	Non-executive Director
Andy Papworth (AP)	Non-executive Director, Trust Vice-Chair
Laura Robson (LR)	Non-executive Director, Senior Independent Director
Julia Weldon (JW)	Non-executive Director
Jackie Andrews	Executive Medical Director
Matt Graham	Director of Strategy
Jordan McKie	Director of Finance
Russell Nightingale	Chief Operating Officer & Deputy Chief Executive
Angela Wilkinson	Director of People & Culture
Kate Southgate	Associate Director of Quality and Corporate Affairs
Rachel Hewson	Company Secretary
Andy Colwell	Deputy Director of Estates and Facilities (HIF) – <i>for item 11.0</i>
Observers:	
Martin Dennys	
Apologies:	
Jonathan Allen (JA)	Staff Governor
David Haynes (DH)	Stakeholder Governor
Mark Hutchinson (MH)	Staff Governor
Binish Mehar (BM)	Staff Governor
Richard Owen-Hughes (RO-H)	Public Governor
Stephen Williams (SWm)	Staff Governor
Chiara De Biase (CDB)	Non-executive Director
Wallace Sampson, OBE (WS)	Non-executive Director
Denise Chong (DC)	Interim Non-executive Director
Sarah Shaw (SS)	Non-executive Director (Insight Programme)
Breeda Columb	Executive Director of Nursing, Midwifery and AHPs

DRAFT Minutes

Item No.	Item
COG/12/10/1 1.1	Welcome and apologies for absence The Chair welcomed everyone to the meeting and thanked the Council for their continuing hard work and dedication.
1.2	Apologies for absence were received from those noted above.
COG/12/10/2 2.1	Declarations of Interest and Conflicts of Interest No further declarations of interest or conflicts of interest were noted.
COG/12/10/3	Minutes of the previous Council of Governors (Public) meeting held on 2 September 2025 and the Annual Members' Meeting on 22 September 2025.
3.1	Council of Governors (Public) meeting held on 2 September 2025.
3.1.1	Item 15.4 – minutes are to reflect how a conflict of interest was managed rather than noted that there was none. To update noting Governor (Rsw) considered there was a conflict of interest and this was discussed; and that Governors (Rsw and RC) both still have questions and concerns regarding this item.
3.2	Annual Members' Meeting held on 22 September 2025.
3.2.1	Item 3.1 – minutes “received”, not “approved”.
3.2.2	Item 5.7 - Report and accounts “noted and received”, not “noted and approved”
3.3	Governor Nigel Hopps to be added to those present.
3.4	Resolved: Minutes of the Council of Governors (Public) meeting held on 2 September 2025 and the Annual Members' Meeting on 22 September 2025 were approved based on the changes noted above.
COG/12/10/4	Matters Arising and Action Log
4.1	The following matters arising and actions were noted:
4.2	Minute 4.5: Review of parking -. Governor (KP) requested clarification that the parking review would include patient experience in addition to rules and regulations. The Director of Finance noted that this would be picked up internally.
4.3	Volunteer drivers - Governor (JH) noted the scheme using volunteer drivers had worked well and queried its current status. The Director of Finance advised this had been recently reintroduced, relevant insurance had been arranged and work was ongoing.
4.4	Minute 4.6: Patient experience of meal provision – Governor (KP) noted the minute related to the changes made to the delivery of food rather than the quality. The Chair noted that this was a broader issue on quality and

<p>4.5</p> <p>4.6</p> <p>4.7</p> <p>4.8</p> <p>4.9</p> <p>4.10</p> <p>4.11</p>	<p>support and that digital ordering would help to identify the support that patients need.</p> <p>Minute 4.7: Internal review of urgent mail – The Director of Finance confirmed that discussions have been progressed with Royal Mail, that the review had taken place on logistics, the NHS app and text messaging services. This was noted as a rolling piece of work with HIF, therefore there was no defined timescale.</p> <p>Minute 6.8: CQC Maternity inspection – this would be covered in the Chief Executive’s update.</p> <p>Minute 15.8: Review of mortuary practices – A query was raised on when this would be implemented. The Executive Medical Director advised that, there are two outstanding recommendations, of which the security review is part of the whole Trust review.</p> <p>Minute 15.2: Ripon Urgent Treatment Centre – Governor (NB) raised a concern on the waiting times and waiting room location at Ripon UTC. The Chief Operating Officer and Deputy Chief Executive confirmed that, the Centre now has approximately 80 patients a day, where previously there were 30 to 40 and that relocating the waiting room was being investigated.</p> <p>There were no further matters arising.</p> <p>Action log: COG/3/6/13.2 – the Chair proposed to close the action on review of constituency areas as deemed to be part of a larger piece of work. Action closed.</p> <p>Resolved: Actions were agreed as above.</p>
<p>COG/12/10/5</p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p> <p>5.6</p> <p>5.7</p> <p>5.8</p>	<p>Chair’s Update</p> <p>The Chair provided the Council with the following update:</p> <p>Teams have been working hard to deliver care for patients as the onset of winter has arrived early.</p> <p>Up to 65% of all colleagues have had flu vaccinations, 20% have declined which puts the Trust 1st nationally.</p> <p>The mid-year review had recently been completed providing an opportunity to judge overall effectiveness as a Trust and partner. The review focused on financial performance, which whilst challenging, is being worked on across the organisation with significant targets for colleagues.</p> <p>A Board workshop in October allowed the opportunity to meet with new colleagues from Cumbria and Westmorland – this had been a useful and interesting session.</p> <p>The Electronic Patient Record (EPR) system had had a successful go live.</p> <p>There had been conversation on Advanced Foundation Trusts earlier in the day which had felt like a useful discussion.</p> <p>Resolved: The Chair’s report was noted.</p>

<p>COG/12/10/6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p> <p>6.6</p> <p>6.7</p> <p>6.8</p> <p>6.9</p> <p>6.10</p> <p>6.11</p> <p>6.12</p>	<p>Chief Executive's Update</p> <p>The Chief Executive provided an update highlighting the following points:</p> <p>The second edition of the National Oversight Framework is due to come out with Q2 information, HDFT are likely to be 32nd in the Framework table. Due to the financial position the Trust can only be placed in segment 3.</p> <p>The gateway to apply for the Advanced Foundation Trust status is to have been in segment 1 or 2, for a minimum of two quarters. The first time this can be met is in a year, so an application would not be made for 12 months. At this stage there are likely to be only six to eight applications being made nationwide.</p> <p>The planning process for 2026/27 is ongoing and due to go through Board next week. Contract negotiations need to be worked through with commissioners. The financial system is moving away from fixed block contracts to more variable contracts.</p> <p>Industrial action took place and was managed very well, however there is a further strike planned for just before Christmas. The 10-point plan has been initiated to improve the working lives of resident doctors.</p> <p>The Trust were successful in receiving £2 million from the elective care incentive scheme.</p> <p>Thanks were expressed to the Executive Medical Director, Interim Chief Clinical Digital Officer and the Digital team for the successful management of the launch of the EPR.</p> <p>The National Staff survey closed at the end of November. It was noted that official information would not be available for some months but thanks were expressed to all those involved.</p> <p>A new contract had been awarded for the 0-19 Services in South Tyneside which would commence in April.</p> <p>Governor (ACu) queried when the CQC report into Maternity services would be due and it was noted that a draft report had been received and comments returned. A final report was awaited.</p> <p>Governor (NB) raised a query on Maternity services and issues faced by other Trusts in this area. The Chief Executive noted the importance of team working, culture and listening and the Non-executive Director (AP) advised on the close partnership work that is carried out with the Maternity Voices Partnership and Safety Champions as well as regular walkabouts of the service.</p> <p>Resolved: The Chief Executive's update was noted.</p>
<p>COG/12/10/7</p> <p>7.1</p>	<p>Lead Governor's Update</p> <p>The Lead Governor (JL) provided an update highlighting the following points:</p>

7.2	A meeting of the National Lead Governor association had taken place on 28 th November. The Lead Governor had been invited to be joint chair and secretary of group, which now has over 80 members.
7.3	Appraisal of Non-executive Directors had taken place in August and September 2025 in conjunction with the Chair.
7.4	Further steps have been taken for the recruitment of an Associate Non-executive Director.
7.5	Governor walkaround visits would be recommenced in January 2026.
7.6	Resolved: The Lead Governor's Update was noted.
COG/12/10/8	Board Sub-Committee Updates
8.1	The Chair noted that each Committee Chair had submitted a report detailing the recent Committee activity.
8.2	The Chair noted that the Chair of the Audit Committee would provide an update if required.
8.3	Resolved: The Board Sub-Committee Updates were noted.
COG/12/10/9	Council of Governor Sub-Committee Updates
9.1	Lead Governor (JL) noted that Board Sub-Committee Chairs manage the business on agendas very well with much information to be considered within the timescales given.
9.2	An observation was made on time allowed for Gembas and it was noted that there are agenda setting pre-meetings that take place.
9.3	Governor (RC) commented on the strong levels of trust observed at Resources Committee.
COG/12//10/10	Annual Confirmation of Committee/Group Membership
10.1	An updated membership list for Governor Sub-Committees was proposed, noting one vacancy on Remuneration, Nominations and Conduct Committee (RNCC) and two staff vacancies on Governor Development Membership and Engagement Committee (GDMEC). It was noted that a commitment for staff can be more problematic due to work commitments.
10.2	Governor (NB) offered to take up the vacant position on RNCC.
10.3	Resolved: Confirmation of Committee/Group Membership was approved.
COG/12/10/11	Bi-annual Update on Harrogate Healthcare Facilities Management Ltd (t/a Harrogate Integrated Facilities (HIF))Bi-annual update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))
11.1	Deputy Director of Estates and Facilities was welcomed to the meeting to provide an update on recent activities within HIF. The following points were highlighted:

<p>11.2</p>	<ul style="list-style-type: none"> • Financial performance – a surplus is now being delivered and a lot of work carried out with Finance on education. • A review on domestic standards had taken place, resulting in a restructure. • Medical Engineering had been brought in house in July. • There had been excellent progress on digital meal ordering with an order to be placed imminently. • Work was ongoing on security with an in-house security team to be in place from 1st April 2026. • An extended SSD service externally is now generating income. • There had been positive feedback on audits. • 3 managers are on degree level apprenticeship schemes. • There was good engagement on the staff survey (some using a paper-based system). • Achieved ISO31000 last Friday. • Invested in an asset management platform in Medical Engineering. • A session was carried out with service managers on their plans for the following year which was positively received.
<p>11.3</p>	<p>Non-executive Director (AP) queried whether the staff survey was purely paper based, and it was confirmed to be a hybrid approach with paper surveys going through an administration team.</p>
<p>11.4</p>	<p>Governor (JH) questioned the relationship between backlog maintenance, risk management and contract. The Director of Finance noted that accountability lies with HDFT and that work is done with the Managing Director and colleagues at HIF, on how best to prioritise our resources. The biggest priority had been the elimination of RAAC, with some still outstanding as well as work on fire safety.</p>
<p>11.5</p>	<p>Non-executive Director (CM) commended on the response rate for the staff survey for HIF and queried what the Trust could learn from them on achieving this. The Deputy Director of Estates and Facilities advised that managers had been targeted with the request to follow this up with their teams.</p>
<p>11.6</p>	<p>Governor (DR) queried colleagues' feelings about security being in house. The Deputy Director of Estates and Facilities advised that this was welcomed as there will be a 24/7 service with a minimum of two officers in the evening. Governor (MF) questioned the status of external cameras, and it was noted that there is a review of a consolidated security system to include CCTV being built into plans.</p>
<p>11.7</p>	<p>It was noted that Matt Graham, Executive Director of Strategy, Jeremy Cross, Non-executive Director and Lucy Hind, Non-executive Director, sit on HIF Board.</p>
<p>11.8</p>	<p>Governor (KP) requested an update on the car park review, including whether patient and visitor experience would be taken into account as part of the review. The Deputy Director of Estates and Facilities advised this would be considering various areas i.e. policies and procedures; compliance of concessions; extension of the contract; the charging regime; ratios of spaces etc. The Director of Finance responded that the patient and public experience would be considered separately.</p>

11.9	The Deputy Director of Estates and Facilities was thanked for his presentation.
11.10	Resolved: The update on Harrogate Integrated Facilities was noted.
COG/12/10/12	Governors' Questions on behalf of Membership and the Public
12.1	The Chair introduced the questions and sought appropriate responses as follows:
12.2	Q1: 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.
12.3	<i>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?</i>
12.4	The Director of Strategy clarified that he had not previously been aware of the commitment for governors to be involved and this will be considered going forward. He noted work had been carried out with staff on how they can contribute as well as with the Council and Net Zero. The Plan had been approved by HIF and Trust Boards in July 2025. It was noted that Non-executive Director (JCr) could provide further information on NEDs opinion which would be provided separately.
12.5	Q2: Harrogate Hospital Front Entrance: Update on consultation and plans to renovate the hospital front entrance
12.6	<i>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?</i>
12.7	The Director of Finance noted that meetings had been held with stakeholders, including Public Governor (KP) and that work was now ongoing to agree a scope of work. There were still governance processes to work through.
12.8	Q3: Waiting list data cleansing:
12.9	<i>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?</i>
12.10	The Chief Operating Officer and Deputy Chief Executive advised that these are validation list sprints with 21k on list, 85% on outpatients list and this is not a new process. Referral To Treatment (RTT) gets reported nationally. It was noted that these are continuously validated and an access policy followed. A clinician must agree to remove a patient from a pathway. Patients are contacted and asked if they still need an appointment – some decline/go privately.
12.11	Non-executive Director (AP) confirmed that these queries are raised and responded to at Resources Committee.

12.12	Q4: 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
12.13	<i>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?</i>
12.14	The Chair referred to discussions held at the Governor Development session prior to the Council of Governors meeting, noting that this was a live process.
12.15	Q5: Independent Scrutiny: Planned dis-establishment of Healthwatch and the potential removal of the requirement to have Governors.
12.16	<i>Does the Trust Board value the current role of Governors in contributing to its independent scrutiny? Is there a commitment to ensuring that trusted and independent scrutiny will feature in any new models of working?</i>
12.17	The Chair referred to the content of the meeting held prior to the Council of Governors meeting, noting that there was much to be explored. The Chief Executive noted the benefit of upcoming changes, being that scrutiny will be undertaken by others such as CQC, DHSC and will be able to use the time and resource from governors in other ways.
12.18	Resolved: The responses to the questions were noted.
COG/12/10/13 13.1	Any Other Relevant Business No further items of business were raised.
COG/12/10/14 14.1	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/12/10/15 15.1	Date and Time of Next Meeting The Chair thanked everyone for attending. The date of the next meeting on 4 March 2026 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.

CORPORATE RISK REGISTER.



Summary Corporate Risk Register.

Ambition.	Workstream.		True North Metric.	Risk Appetite.	Level of Risk to Achieve Metric – Linked to Risk Appetite						
					1 – 3	4 – 6	8 – 9	10	12	15	16
Best Quality, Safest Care	Ever Safer Care		Moderate & Above Harm	Clinical: Minimal							
	Excellent Outcomes										
	A positive experience		Patient Experience	Clinical: Minimal							
Person Centred, Integrated Care, Strong Partnerships	The best place for person centred integrated care		4-hour ED standard	Operational: Cautious							
	An exemplar system for the care of the elderly		Length of Stay – Patients with Frailty	Operational: Cautious							
	Equitable, Timely Access to Best Quality Planned Care		Elective Recovery RTT – 18 Weeks	Operational: Cautious							
			Cancer 62 Day Standard – 62 Days Treatment	Operational: Cautious							
Great Start in Life	National Leader for Children & Young People’s Public Health Services		Children at Risk of Vulnerability	Clinical: Minimal							
	Hopes for Healthcare		Children’s Patient Experience	Clinical: Minimal							
At Our Best – Making HDFT the Best Place to Work	Looking After our people		Staff Engagement	Workforce: Cautious							
	Belonging										
	Growing for the future		Staff Availability	Workforce: Cautious							
	New ways of working										
Finance	Financial Sustainability		Annual Breakeven	Financial: Cautious							
			System Oversight Framework Rating	Financial: Cautious							
An Environment that promotes wellbeing	Wellbeing	All	Capital Programme Delivery (Spend vs Budget)	Operational: Cautious							
	Quality & Safety		PAM >moderate improvement	Operational: Cautious							
	Environmental Impact		Natural gas consumption	Operational: Cautious							
Digital Transformation	Well Led		Achieve a score of 5/5 across all seven What Good Looks like (WGLL) pillars.	Operational: Cautious							
	Ensuring Smart Foundations			Operational: Cautious							
	Safe Practice			Operational: Cautious							
	Support People	Operational: Cautious									
	Empower Citizens	Operational: Cautious									
	Improving Care	Operational: Cautious									

Ambition.	Workstream.	True North Metric.	Risk Appetite.	Level of Risk to Achieve Metric – Linked to Risk Appetite							
				1 – 3	4 – 6	8 – 9	10	12	15	16	>20
Healthcare Innovation	Healthy Populations	Adopt / develop health innovations that improve the health and care of our patients and CY&P To be a leading trust for 0- 19 research and undertake research and evidence based around our CYP populations needs. To be a self-funding department, providing opportunities for all potential participants to have access to research.	Operational: Cautious								
	Healthcare Innovation		Operational: Cautious								
	Children’s Public Health Research		Operational: Cautious								
	Research Studies		Operational Cautious								

Risk Score.

<u>Initial Score</u>	The score before any controls (mitigating actions) are put in place.
<u>Current Score</u>	The score after the risk has been mitigated (by controls) but with gaps in controls (things we are not able to do) identified.
<u>Target Score</u>	The score at which the risk management committee would be comfortable in removing the risk from the corporate risk register (CSU or corporate function).

February 2026.

As per the HDFT protocol on the 11th and 12th February 2026, Directorates, through their Performance Review Meetings (PRM) reviewed the risks rated 9 and above on their Directorate Risk Register. Discussions were held on any risks to escalate or de-escalate from the Corporate Risk Register.

As per the HDFT protocol on the 12th February 2026, Executive Risk Review Group was held, where Executives reviewed all risks currently on the Corporate Risk Register and any risks that had been escalated or de-escalated by Directorates. At the meeting, the following was confirmed:

- 959 - Risk to Theatre utilisation and scheduling due to aged condition of estates - This risk was reviewed at the Exec risk review group on Thursday 12th February, Following the risk being reviewed by Care group. The risk was accepted onto the corporate risk register.
- No further risks were escalated from Directorates in month for inclusion on the Corporate Risk Register
- No further risks were de-escalated from the Corporate Risk Register for management on Directorate Risk Registers

CRR ID: ID 117 Strategic Ambition: An Environment that promotes wellbeing Type: Operational; Health & Safety	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 4 L = 3	12							Target Rating			Current Rating		Initial Rating		

Summary:
 This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.

Principle Risk: Managing the risk of violence and Aggression

Risk Description:
 Organisational risk to compliance with legislative requirements, with the risk of major injuries, fatality or permanent disability to employees due to the failure to manage the risk of staff being subjected to acts of violence and aggression whilst carrying out normal duties, due to lack of suitable control measures and appropriate training.

Previous rating: January - 12
Escalated to Corporate Risk Register: February 2024
Date reviewed: February 2026.
CQC Domain: Safe
Executive Committee: People & Culture
 • **Previous Target date** July 25

Current Position

The organisation is facing several challenges related to Violence & Aggression (V&A), Security, and Lone Working:

- **Outdated Policies:** Current policies on Violence & Aggression, Security, and Lone Working are outdated and do not reflect the Trust's current structure, services, or resources.
- **Generic Risk Assessments:** Available risk assessments are generic and lack clear identification of hazards or control measures.
- **Limited Security Presence:** Security coverage is limited, with a security guard in place only in the Emergency Department from 6 PM to 6 AM, and a single Local Security Management Specialist (LSMS) supporting the entire Community footprint.
- **Inadequate Training:** Training is limited and not provided on a risk-based approach, with low compliance in Conflict Resolution and Physical Restraint training, particularly before 2024.
- **Inconsistent Escalation Procedures:** Procedures for staff response to incidents and patient management are limited and inconsistently applied.
- **High Incident Rates:** There are daily reports of violence and aggression against staff, with 20-30 incidents recorded per month, despite the Trust's promotion of a zero-tolerance approach.
- **Cultural Issues:** There is an ingrained culture of accepting certain levels of violence and aggression.

Training Updates and Compliance:

- Conflict Resolution Level 1 - 98% (Trust, 3582 enrolled), 98% (HIF, 343 enrolled)
- Conflict Resolution Breakaway Skills - 60.8% (Trust, 186 enrolled), 61.5% (HIF, 39 enrolled) Conflict Resolution Physical Restraint - 69.5% (Trust, 95 enrolled), N/A (HIF)
- Lone Working - 98.4% (Trust, 1495 enrolled), N/A at this time (HIF) Financial resource now confirmed from Nursing CPD budget and is being transferred to L&D budget to facilitate additional session bookings, which will fund an additional 10 sessions (120 staff) of Breakaway Skills training to be delivered before April 2026.

Security Review:

- A limited assurance audit on Security has highlighted significant gaps, leading to a decision to separate Security risks from the broader V&A risks. This will include areas such as security policies, physical presence, lockdown procedures, and community support.
- **Legislation Impact:** The upcoming Martyn's Law, which is pending due to the election, will likely require significant changes to the Trust's security measures.
- **Resource Limitations:** The lack of dedicated security presence, especially at the HDH site, has hindered the ability to reduce the V&A risk score, with notable incidents occurring in hospital corridors and visitor toilets.
- **Risk Score:** The risk score remains at 12, reflecting the ongoing challenges and will be reviewed at the August H&S Committee Meeting.

The situation is compounded by a recent increase in high-risk incidents, highlighting the insufficient resources available to support both acute and community settings. Health and Safety Watch metrics being developed around violence and aggression. Data available for 25/26 data to date.

Key Targets	Current controls	Gaps in control
<p>Suitable and sufficient assessments of risk Trust / HIF activities.</p> <p>Supported by up-to-date policies that reflect the activities carried out by the Trust and the geographical differences created.</p> <p>Risk assessments, policies and control measures actively monitored and reviewed.</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p>	<p>Task and Finish Group: A Task and Finish group, led by the Head of H&S, has been established to review and improve all existing policies and procedures, aligning them with NHSE’s Public Health Approach. Executive led task and finish group met in September and August and has since been stood down. Issues will be taken through health and safety committee moving forwards.</p> <p>Mental Health Triage and Policy Update: Changes to mental health triage in the Emergency Department are ongoing and will be incorporated into a new policy for managing patients who may self-harm or have mental health issues. This policy is in the approval process as of April 2024.</p> <p>Ligature Assessments: Ligature risk assessments are under review due to ward and therapy area changes. Training provision for ligature risks is also being addressed after delays caused by staffing changes.</p> <p>Conflict Resolution Training: A new Conflict Resolution training program is being developed with three levels tailored to staff risk levels. The content will align with the CQC-supported Restraint Reduction Network, with ongoing discussions to ensure appropriate training needs assessments (TNA) across the Trust. A business case is being prepared to expand training provision.</p> <p>Community Security and Lone Working: Visits to all community teams and locations are underway to assess current security and lone working procedures.</p> <p>Domestic Abuse and Sexual Violence: Meetings are being held to integrate issues of domestic abuse, sexual violence, and workplace sexual safety into the Violence Prevention and Reduction Strategy. A new policy and training package for line managers is in development, with plans for a team talk session by September/October.</p> <p>Policy Reviews: New policy and procedure are under development for staff safety. The Lockdown Policy and Bomb Alert Policies are under review to ensure they are up-to-date and effective.</p> <p>New Risk Assessment Process: A Trust-wide risk assessment has been developed and is now being used to inform team and department-level assessments. This is part of an ongoing effort to implement a new risk assessment process across the Trust.</p>	

CRR ID: CRR102 / ID 577 Strategic Ambition: An Environment that promotes wellbeing Type: Operational; Health & Safety	Target Date: April 2026	Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 4 L = 4	16											Initial Rating Current Rating		
Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note. Inhouse security team (provided through HIF) is being progressed with recruitment currently being carried out - target date for implementation of a 24/7 2-person team at the HDH site is April 2026. Single security guard (Gough & Kelly sub-contractor) currently at HDH site 24/7 Fri-Mon and 7pm-7am Tues-Thurs.												Previous rating: January 2026 – 16 Escalated to Corporate Risk Register: August 2024 Date reviewed: February 2026. CQC Domain: Effective Executive Committee: Health and Safety			
Principle Risk: Governance of security (Physical security provisions, training and support resources) Risk Description: Organisational risk to compliance with legislative requirements, and the risk of major injuries, fatality or permanent disability to employees, patients, visitors or others due lack of suitable policies and procedures, and the subsequent lack of suitable and sufficient control measures, including physical security provision, training, resources to support implementation.															
Current Position															
<p>HIF are progressing the establishment of an onsite security team with a target date of April 2026; this will provide a basic level of security presence at the HDH site (2-person team 24/7 presence). Limited presence continues to be provided by contractor Gough & Kelly.</p> <p>Weaknesses around CCTV at HDH site have been partially addressed regarding Information Governance - x3 HIF staff now completed SIA CCTV training to allow ongoing monitoring arrangements to be completed by HIF. Ad hoc support continues to be provided by single HIF LSMS to community teams, this resource remains very stretched in being able to support entire community footprint.</p> <p>There has been a steep increase in V&A related incidents in 2025/26 in comparison to the same period 2024/25 (detailed in CRR 117 V&A risk register entry), in part it is believed that this is down to improved reporting by staff. Continue to develop improved working relationship / communication between HIF / H&S / Safeguarding to support single instances of risk to staff and patients, including honour-based threats, and mental health incidents, this has seen a number of significant incidents requiring significant staff resource due to lack of dedicated security team.</p> <p>Achieving target score, which is primarily based on establishment of Security team, is now highly unlikely by previously stated date, as such it is advised that target date should be in line with security team establishment, which will also allow implementation of governance structure to support this implementation.</p> <p>Executive led Task and Finish Group now established for V&A and the importance of Security will be included in this work. Met in August and September but has now been stood down to allow for this to be managed through the H&S Committee led by Jordan McKie.</p>															
Key Targets			Current controls						Gaps in control						
Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan) Supported by up-to-date policies that reflect the activities carried out by the Trust and the geographical differences created. Risk assessments, policies and control measures actively monitored			Suitable and sufficient assessments of risk have been carried out for all Trust / HIF activities. Building Security Assessments completed for all premises used by Trust staff (this will not include patient homes which will be referenced in any relevant patient plan) Supported by up-to-date policies that reflect the activities carried out						<ul style="list-style-type: none"> Limited assurance audit has been received in relation to Security, which links to the work on V&A. Discussed at H&S Committee that security should be separated from this risk entry and have its own created to reflect the areas security covers including: Policies for Security and other associated policies including Lockdown / Bomb Alert / Theft and Damage of Trust assets or person property / CCTV are out of date and do not reflect the Trust, in particular the geographical footprint covered. Risk assessments, where available, are generic and do not provide clear identification of 						

<p>and reviewed. Reported via Security Forum</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Security incidents investigated and remedial action taken were identified.</p> <p>Effective communications to all staff.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p>	<p>by the Trust and the geographical differences created.</p> <p>Risk assessments, policies and control measures actively monitored and reviewed. Reported via Security Forum</p> <p>Use of available data sources, such Datix, sickness absence as part of the monitoring and review process.</p> <p>Security incidents investigated and remedial action taken were identified.</p> <p>Effective communications to all staff.</p> <p>Provision of appropriate training and information to all Trust staff clinical and non-clinical.</p>	<p>hazard or control measures.</p> <ul style="list-style-type: none"> • No Building Security Assessments have been completed. • Security presence in the Acute setting is limited - Security guard in place on site every night 6pm-6am, Mondays & Fridays 7am-5.30pm, Saturdays and Sundays 6am-6pm. Ripon Community Hospital does not benefit from a security presence. • Currently single LSMS supporting entire Community footprint. • Training is limited and is not currently provided to staff on a risk-based approach. • Escalation procedures for staff in response to incidents and the procedures to follow when dealing with patients is limited and not consistently applied. • Lack of dedicated 24/7 security provision at HDH site limit's ability to support clinical staff – clinical resources redirected to find absconded patients or deal with V&A incidents. • CCTV provision is limited, does not provide cover for entire HDH site, currently managed by HIF (potential IG issues). • Site access control – existing swipe card access system is no longer supported and requires replacement. In addition, control of keys / combination lock codes is poor, control of keys has previously not been suitably managed both with Trust staff and contractors. • It should also be noted that Martyn's Law, Terrorism (Protection of Premises) Bill, is expected to come into law this year, and this will generate significant work to ensure the Trust is compliant. • Management of Security, as specified in the HIF contract, is unclear as to where responsibility for the above sits, in particular the provision of security presence at the HDH site. • Recent high-risk incidents has further highlighted difficulties faced both in acute and community settings – lack of resource to support all areas, i.e. ONE security team member and ONE dedicated H&S team member to support the entire community footprint. • County Lines gang warnings from NY Police also highlighted no formal communication between Safeguarding Team and Trust Security management, this was primarily due to lack of clear security structure. • Trust Security Forum in place – now reports directly to the Trust H&S Committee – current review of membership and TOR • Policies for Security and other related, being carried out by HIF and H&S Team • Replacement of door access system has been costed, current plans are to replace area by area as part of wider Backlog Maintenance work • HIF obtaining legal advice relating to provision of Security Guards at HDH site, licensing implications. This will be reflected in HIF business case for funding Security Guards at HDH site. • Training is being reviewed and amended as part of the V&A Risk entry response. • H&S team are currently carrying out building checklists within our community footprint which includes security – this will inform Building Security assessments.
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CRR ID: CRR98 / ID 264 Strategic Ambition: An Environment that promotes wellbeing Type: Operational; Health & Safety	Target Date: April 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	C = 3	15	1	2	3	4	5	6	8	9	10	12	15	16	20	25
	L = 5				Target Rating							Initial Rating	Current Rating			

Summary:
 This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.

Previous Rating: January 2026 – 15
 Escalated to Corporate Risk Register: July 2024
 Date reviewed: February 2026.
 CQC Domain: Effective
 Executive Committee: TBC
 • Previous target date April 2025

Principle Risk: Outsourcing of Hazard Group 3 Microbiology Work Due to CL3 Facility Unavailability
Risk Description:
 The unavailability of the onsite Containment Level 3 (CL3) laboratory at HDFT, deemed unfit for purpose in November 2022, has led to the outsourcing of Hazard Group 3 microbiology work to external providers. Initially outsourced to NHS Trusts within WYAAT and, since June 2024, to a private laboratory in London, this situation poses risks to quality, safety, and financial sustainability, including potential delays in clinical diagnosis, risk of inappropriate treatment, and significant ongoing cost pressures.

Current Position

Since the unavailability of the CL3 lab at HDFT and the outsourcing of Hazard Group 3 microbiology work to a private laboratory in London, significant risks have emerged related to the logistics provider (DX). These include:

- **Sample Delays:** Routine delays of one day compared to in-house testing, with an additional four-day delay for Friday samples due to weekend non-delivery.
- **Lost Samples:** In June 2024, a box of 12 samples was lost for nine days without an audit trail, raising concerns about sample integrity, data breaches, and mishandling of potentially hazardous materials.
- **Patient Safety:** Delays in sample processing may lead to inappropriate antibiotic use, missed opportunities for treatment adjustments, and patients needing to repeat invasive procedures.
- **Mitigation Efforts:** Attempts to source alternative NHS suppliers within the region have been unsuccessful, as many facilities are at capacity or under refurbishment, leaving limited options to reduce current risks.

These issues present quality, safety, and financial implications that remain unresolved while awaiting further mitigation strategies.

November 2025 - The assigned contractor Bassaire have performed an onsite assessment to then work up the quote for the required capital works. Once the trust are in receipt and have agreed the quote a plan of works can then be agreed. In order for the refurbishment of the Cat3 lab to start there is some enabling work required which HIF will coordinate alongside the Microbiology team. The capital team have confirmed we are still on track to complete this financial year.

Key Targets	Current controls	Gaps in control
1. Minimise delay to patient treatment 2. Zero staff harms resulting from exposure to unexpected hazard group 3 pathogens 3. Zero lost samples 4. Cessation of outsourcing & transport cost pressure	A series of plans and actions are being developed to address the risks associated with the outsourcing of Hazard Group 3 microbiology work, including delays, lost samples, and logistical challenges. These include: <ul style="list-style-type: none"> • Recommissioning of Onsite CL3 Facility: An outline business case to recommission an onsite CL3 facility was presented to the BCRG on 2 July 2024. A full business case will proceed. This business case will detail the lab specification, costs, and implementation timescale, aiming to restore onsite testing capabilities and reduce reliance on external providers. • DX Transport Investigation: DX, the transport provider, is conducting an internal investigation to identify potential errors and establish mitigations to prevent future occurrences of lost or delayed samples. The results of the investigation are awaited, with the aim of improving sample tracking, delivery times, and overall reliability. 	Jan 25- Design plans in the final stages of agreement - required enabling work to move doors approved by Health & Safety and Fire.

	<ul style="list-style-type: none">• Sourcing Alternative NHS Suppliers: Despite ongoing efforts to find an alternative NHS supplier for Hazard Group 3 work, no viable options have been found due to capacity and facility issues at other trusts within the region. Attempts to identify a suitable alternative will continue alongside the progression of the onsite CL3 facility business case. These actions are critical to mitigating current risks and ensuring patient safety, sample integrity, and operational continuity.	
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CRR ID: CRR34 / ID 1 Strategic Ambition: Great Start in Life Type: Clinical; Patient Safety	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	C = 3	15	1	2	3	4	5	6	8	9	10	12	15	16	20	25
	L = 5									Target Rating		Initial Rating	Current Rating			
Summary: Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within three months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this would lead to deterioration in condition and patient harm. This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.													Previous Rating: January 2026 - 15 Escalated to Corporate Risk Register: December 2023 Date reviewed: February 2026.			
Principle Risk: Autism Assessment Risk Description: Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within 3 months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this could lead to deterioration in condition. There is a need to reduce the backlog of referrals back to the NICE standard of three months (reduce the waiting list to approximately 120)													CQC Domain: Responsive Executive Committee: Resources			
Current Position																
<p>Our commissioned capacity is now lower at 40 assessments per month which means the waiting list will grow more steeply. Non-recurrent funding challenges service management due to lead times for capacity acquisition and staff training, exacerbated by national shortages. Loss of a key clinical team member impacts medium-term assessment capacity. Support provided to the team; commissioners informed. ICB-wide autism and ADHD group supersedes previous locality-based group, aiming to standardize referral criteria. No extra funding is available for capacity gaps. Stabilizing waiting lists requires increased capacity, costing £490k annually. Modelling shared at CC Resources Review and escalated to place ICB meeting for executive consideration. No agreed plan for long-term resource provision is currently agreed and in place.</p> <p>The ongoing risk has been escalated to HNY ICB executive team. A meeting between HDFT and HNY ICB executives is planned for September to discuss the ongoing capacity and demand challenges and future commissioning intentions.</p> <p>The Key risk indicators are:</p> <ul style="list-style-type: none"> Numbers on the waiting list: 1560 (target 120) Longest wait for completed assessment: 98 weeks (target 13 weeks) Activity - Financial Year end position 546 completed assessments against ICB plan of 530 (plus 14 military assessments completed in addition). 																
Key Targets					Current controls						Gaps in control					
Waiting list would have to be reduced to 120 and longest wait to 13 weeks. Baseline capacity would need to meet the referral rate. Numbers on the waiting list 1560 (target 120) Longest wait of CYP having commenced assessment, 82 weeks (target 13) Activity - 31 completed assessments in Aug against ICB plan of 50 (plus 2 military assessment), YTD 255 against plan of 250. To meet the monthly ICB target for number of assessments Meet the annual planned target for assessments					The progress with PLACE based work. Mobilisation of WLI and new pathways In order to stabilise the waiting list, we would need to increase the service capacity to approx. 90 assessments per month with the additional staffing costing £490k full-year effect. The modelling has been shared at the CC Resources Review Meeting and has been escalated to the place ICB meeting with Execs as it was felt HDFT could no longer carry all the risk of these waits and there is currently no agreed plan to provide the resources required to address this longer term.						Autism team have drafted an options paper which has been reviewed by PSC leadership team, financial modelling included. Option paper being reviewed by Exec team and awaiting response. Katy Marshall, Strategic lead for autism at HNY ICB, is writing a paper around the capacity issues for all providers and options going forwards. Draft paper delivered in Jan 2025 (following a face-to-face workshop in October 24) is clear that there is no further funding available but that this needs consideration to enable reduction in waiting lists alongside demand management. Further work under Mental Health and learning disability collaborative to agree ICB wide service spec (will not address backlogs).					

CRR ID: ID 381 Strategic Ambition: Type: Patient Safety	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 4	16				Target Rating		Initial Rating						Current Rating		
L = 4																

Summary:
Currently under review February 2026, will be updated for March 2026. Mobile scanner (NEW) in place and now operational. Mobile scanner (EXISTING) is also now operational. Static scanner now removed - replacement scanner due on Site 15/02. enabling work due to be operational 09/03. plan to have 3 CT scanners for x3 weeks.. x2 CTs running (both external). CTC patients going to the Spire.

Principle Risk: - Risk of harm to patients due to unreliability of aged equipment (CT)

Risk Description:
Deterioration of image quality over time which has now been evidenced in a routine Medical Physics QA report that was dated 11th June 2025. This may now be affecting patient diagnosis and therefore poses a safety risk. Currently all acute and Paediatrics patients are scanned on this scanner as well as colons (screening and symptomatic), biopsies (IP and OP), interventional procedures and some OP cancer. Due to this increased safety concern, we have relocated some types of scanning from the acute scanner to the elective scanner however this will further adversely impact our waiting times.

A CT scanner has been purchased by the Trust for the TIF2 project and is currently in storage. Proposal is to replace the aging acute CT scanner with this one and relocate this into TIF2 when the space is complete. There are currently approximately 1700 patients on the elective OP/GP waiting list which equates to approximately a 37 week wait.

Previous Rating: January 2026 - 16
Escalated to Corporate Risk Register: September 2025
Date reviewed: February 2026.
CQC Domain: Well-led
Executive Committee: Resources

Current Position

January 2026
Mobile scanner (NEW) in place and now operational. Mobile scanner (EXISTING) is also now operational. Static scanner now condemned. x2 CTs running (both external). CTC patients going to the Spire. Score reduced to 16.

December 2025
Both scanners remain currently down. Work underway to fix mobile scanner today. Internal scanner down and plans underway to replace (expected Feb). Plans to mobile scanner in process of being installed. Concern regarding plan for CTC patients - when mobile scanners operational, risk prevents performing CTCs and alternative arrangements via another provider will be required:
<https://hdft.gateway.prod-uk.datixcloudiq.co.uk/#/risk-register/70/risks/1034/details>

Nov 25 - currently working through an SBAR and finance details prior to it being approved

26/09/25 - QUAD review - escalated to Exec register. score 16 as per updates below.

Key Targets	Current controls	Gaps in control
Business Continuity Plan/SOP being revised and recirculated in event remaining operational CT scanner experiences unplanned downtime CT replacement action plan underway	Number of radiation incidents Datix reports for equipment breakdown Datix of staff injury after moving equipment Fully comprehensive contract cover for equipment Breast scanner-controlled QA annually and serviced. sonographer monitor and escalate if image quality changes.	Plan for new equipment into current room 3. Now completed. Room 4 out of service contract March 2025 Plan for new build and equipment in new department

CRR ID: CRR61 / ID 3 Strategic Ambition: Person-centered, integrated care, strong partnership Type: Clinical; Patient Safety	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	C = 4	12	1	2	3	4	5	6	8	9	10	12	15	16	20	25
	L = 3								Target Rating				Initial Rating			

Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.													Previous Rating: January 2026 - 12 Escalated to Corporate Risk Register: December 2023 Date reviewed: February 2026. CQC Domain: Safe Executive Committee: Resources			
Principle Risk: ED 4-hour Standard Risk Description: Risk of patient harm and increased morbidity / mortality for patients due to failure to meet the Emergency Care Standard Performance (National Standard 78%).																

Current Position																
Risk of patient harm and increased morbidity / mortality for patients due to failure to meet the Emergency Care Standard Performance (National Standard 78%). Key risk indicators ECS 4-hour target to be met - 78% October 2025 - 74.3% YTD - 78.25% 12 Hour Breaches target to be met - 0 October 2025 - 27 (consistently top quartile) 6-hour breach removed due to 12 hour and 4-hour performance. Data still captured on PowerBi. 26/11/2025: rating remains unchanged.																

Key Targets	Current controls	Gaps in control
4-hour performance A&E 4-hour target to be met, 6-hour breaches <102 per month 0 x 12-hour breaches	Introduction and use of non-headed beds and use of rapid decompression plans. Shared risk site wide. Point of care testing in ED to support swift decision making re. patient placement Adoption of OPEL escalation 4 daily bed meetings; manager of the day model embedded across PSC and LTUCC.	Significant delays to medical bed. Plan to move medical admission ward in December 2025 to gain 6 medical beds. Winter plan enacted to open escalation ward as of 29 December 2025. Pilot of winter RAT doctor in ED. Pilot of urgent SDEC proposed.

CRR ID: ID 642 Strategic Ambition: Person-centered, integrated care, strong partnership Type: Clinical; Patient Safety	Target Date: December 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	C = 3	12	1	2	3	4	5	6	8	9	10	12	15	16	20	25
	L = 4				Target Rating											
Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.													Previous Rating: January 2026 - 12 Escalated to Corporate Risk Register: November 2024 Date reviewed: February 2026. CQC Domain: Safe Executive Committee: Quality • Previous target date – December 2025			
Principle Risk: Risk to providing DGH urgent and emergency care services due to lack of 24/7 cover (cardiology)																
Risk Description: Risk to HDFT being able to deliver acute DGH services due to the fragility of the cardiology service. Significant control and reduction in likelihood.																
Current Position																
Current Position/Issues: <ul style="list-style-type: none"> inadequate staffing 12.5 PAs down at consultant level currently filled with locum cover, lack of continuity of Registrar/middle grade ward cover, reliance on locum consultant and associated team and quality risks Risk of burnout of current medical and ACP team due to workload pressures. Other consequences to these factors include outpatient RTT, angio and echo waiting time breeches. Cardiology Strategy Planning meeting scheduled for November 24. Current position managed through HDFT IMPACT and regular updates provided to LTUC Tri-Team for escalation to the executive team. October 2025 - Locum consultant no longer in post. December 2025 - recruitment processes underway re-previous long-term locum. Development of workforce planning document underway.																
Key Targets			Current controls											Gaps in control		
Staffing and Workforce KRIs: <ul style="list-style-type: none"> Consultant Staffing Levels: Percentage of Consultant PAs filled with substantive staff versus locums. Number of unfilled Consultant posts after each recruitment round. Quality and Outcomes KRIs: <ul style="list-style-type: none"> Clinical Outcomes: Mortality rates for acute cardiology patients on CCU. Readmission rates for cardiology patients within 30 days of discharge. 			<ul style="list-style-type: none"> Safety risk for acute patients on CCU Staffing - Substantive post for consultant back out to advert with R&R premia Current medical workforce do not have the skillset for temporary pacing wires and pericardiocentesis – excellent links with LGI Long waits for outpatient angios (30% waiting over 6 weeks) – using locum to reduce was 50% over 6 weeks – also review use of Cath lab ECHO service reliant on outsourcing workload (12 months ago 70% patients waiting over 6 weeks – now 22% waiting over 6 weeks – Sanus cor delivered activity and bank) – now recruited to a vacant post (starting Jan 25) and plans to grow our own No weekend Consultant ward round or ECHO provision Increasing demand on pacemaker service due to increasing aging patient profile Not meeting GIRFT requirements with 7-day service and weekend cover/ on call - Cardiology strategy planning meeting scheduled for 7 November 24. Consultant of the week in place to cover in hours, Monday-Friday. 											Linking in with Clinical Lead at LTHT for specialty support. - working progress Seeking a fellow for Cardiology for service continuity and ward cover. Locum reg in place. Consultant recruitment processes underway		

CRR ID: ID 292 Strategic Ambition: Person-centered, integrated care, strong partnership Type: Clinical; Patient Safety	Target Date: September 2028		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	C = 4	12	1	2	3	4	5	6	8	9	10	12	15	16	20	25
	L = 3		Target Rating				Initial Rating			Current Rating						
Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.													Previous Rating: January 2026 - 12			
Principle Risk: Automated medicines supply services Risk Description: There is a risk of failure of the inpatient-dispensing robot caused by wear and tear over a number of years and the robot exceeding its predicting lifespan. The impact of this is inability to provide a lean and efficient medicines supply service for top-up, inpatient dispensing and discharge dispensing. The effect on patients would be delays in supplies of medicines for inpatient/discharge and potential delays to discharge as processes would revert to time-consuming manual processes.													Escalated to Corporate Risk Register: May 2025 Date reviewed: December 2025 CQC Domain: Safe Executive Committee: Resources • Previous target date September 2025			
Current Position																
<p>July 25- Business Case Developed, however waiting for detail from capital planning before submission to business case review group. Aim for re-submission at September's review group, pending outstanding information from capital planning team.</p> <p>Staff re-training in progress to ensure correct use.</p> <p>6 monthly service due 5th July 2023.</p> <p>Detailed reports now obtained from supplier when issues logged.</p> <ul style="list-style-type: none"> 15/11/23 Robot training completed for all staff. 01/05/24 Weekly robot reboot including log of when this has occurred. 01/05/24 First recovery planning meeting held. Risk score increased due to increase in frequency of failure. 21/5/24 No failure requiring significant downtime for 4 weeks. Recovery plan in progress with completeness by mid-June. Service due 22nd May. 13/05/25 Failure around once a month. Escalated back to capital planning for replacement. To update the business case and resubmit it to Business Case Review Group. 																
Key Targets					Current controls							Gaps in control				
					<p>Robot malfunctions monitored via Stores and Distribution and escalated where increasing frequency gives cause for concern.</p> <p>Robot listed on the capital assets register.</p>							<ul style="list-style-type: none"> Business case to support capital replacement of the robot. 1.5.24 Business continuity plan for robot failure Meeting with supplier to discuss new robot options planned for 27th June. 				

CRR ID: ID 721 Strategic Ambition: Overarching Finance Type: Financial	Target Date:		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	March 2026		1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 5	25							Target Rating					Initial Rating		Current Rating
L = 5																

Summary:
 This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.

Previous Rating: January 2026 - 20
Escalated to Corporate Risk Register: May 2025
Date reviewed: February 2026.
CQC Domain: Well-Led
Executive Committee: Resources

Principle Risk: Group Cash Position 2025-26
Risk Description:
 The Trust is managing cash flow on a week-by-week basis there is currently £14m payments outstanding with Suppliers at the end of December. The finance team are prioritising the payroll and then any urgent payments. (The bank was overdrawn in May, £2m for the afternoon until payments were received from HNY). ICB provided an early payment for ERF in December 1.9m, which allowed some suppliers to be paid.

Current Position

Cash position at the end of December £3.5m.
 The Trust is managing cash flow on a week-by-week basis there is currently £14m payments outstanding with Suppliers at the end of December. The finance team are prioritising the payroll and then any urgent payments. (The bank was overdrawn in May, £2m for the afternoon until payments were received from HNY). ICB provided an early payment for ERF in December 1.9m which allowed some suppliers to be paid.
 PDC still to be drawn down for new schemes recently agreed and Littondale (awaiting case approval)
 Local Authorities have confirmed they will pass on the pay award uplift (bar 2 contracts).
 Cash support request has been submitted £19.6m required for quarter 4, NHSE have confirmed receipt and queries have been responded to.

Key Targets	Current controls	Gaps in control
Cash position maintained	<ul style="list-style-type: none"> Emergency Case Protocol to be developed to prioritise cash payments, which factors in cash support not being offered. Regular monitoring of cash position and forecast. Review of Council payment terms. Cash support requests being submitted in NHSE timeframes. 	<ul style="list-style-type: none"> Aged Debt - Although more focused is still needed, due to supplier payments being delayed it is impacting payments from other Trusts. Balanced financial plan - Financial Plan for 25/26 remains challenging NHSE timeframes for review of capital cases and issuing MOU's.

CRR ID: ID 816 Strategic Ambition: Overarching Finance Type: Financial	Target Date: March 2026	Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
		1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 4 L = 5	20							Target Rating				Initial Rating		Current Rating

Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.	Previous Rating: January 2026 - 20 Escalated to Corporate Risk Register: June 2025 Date reviewed: February 2026. CQC Domain: Well-Led Executive Committee: Resources
Principle Risk: Delivery of Financial Plan 25/26 Risk Description: The trust has submitted a breakeven plan for 25/26 however there are a number of risks still to be mitigated including full delivery of WRAP programme, mitigating unfunded cost pressures and how the risk share with the ICB will be managed.	

Current Position

The trust has submitted a breakeven plan for 25/26 however there are a number of risks still to be mitigated including full delivery of WRAP programme, mitigating unfunded cost pressures and how the risk share with the ICB will be managed.

As at the end of December, the Trust reported a £17.8m deficit this is £15m away from plan. The plan includes a risk share arrangement of £12m, the £6m HDFT need to identify has been phased into the second half of the year (M12). Deficit funding, £5.2m is at risk if the financial plan is not delivered across the system (secured for Qtr1 and Qtr2) pay back of Qtr 3 and Qtr 4 begin withheld is now likely. Key drivers impacting the position include

WRAP (Non-Pay Variance)
 Prior year £1.3m
 Wards £1.2m but does include 0.2m 1:1 247 care (Pay Variance)
 Medical Staffing £0.8m A3 being developed to explore drivers
 Forecast deficit £20-28m without any mitigating actions.

Key Targets	Current controls	Gaps in control
Financial Variance to plan WRAP delivery Cash position	Vacancy Panels to review all TRACS following finance review. Further Exec review each week implemented. Requisitions are in place before any spend is committed. No PO no Pay. Need to monitor compliance. Discretionary spend controls remain in place, moved onto an online form for secondary approvals and panel available to pick up any themes/queries. All exemptions to be removed. NHS Supply Chain restrictions in place. All spend over £10k is authorised by the Finance Director. EASY expenses is restricted for specific spend requests including Travel/Eye Test/Course Fees/Vaccination/Blue Light Card/Telephone Calls. Nonclinical overtime being monitored and escalated to managers to review arrangements and approval. Off Framework agency monitoring. Agency requests to be recorded via the online form, confirming Exec sign off if over cap or off framework. All minor works requests approved by Trust prior to HIF undertaking. Finance governance escalation – FDOG commenced from June 2025. Weekly recovery meetings in place with Directorates significant overspends. WRAP Principles, A3 documentation and governance arrangements in place (Internal audit provided significant assurance on process) Double Lock has been implemented with ICB.	Recurrent delivery of WRAP Contracts agreed (ICB) - Now finalised Managing spend within budgeted allocations Testing controls - to ensure they are doing as needed Wharfedale - opportunity to earn additional income ERF performance - fixed contract for HNY

CRR ID: ID 73 Strategic Ambition: Overarching Finance Type: Financial	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 3	12							Target Rating			Current Rating		Initial Rating		
L = 4																
Summary:													Previous Rating: January 2026 - 12 Escalated to Corporate Risk Register: June 2025 Date reviewed: February 2026. CQC Domain: Well-Led Executive Committee: Resources			
This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.																
Principle Risk: Recurrent delivery of Efficiency programme (WRAP)																
Risk Description: The Trust has a £14.4m WRAP programme to deliver in 25/26. As at December £9m has been actioned, £12m forecast. £6.2m cost reduction schemes have also been identified. Risk adjusted plans have improved but still leave a gap to full delivery.																
Current Position																
The Trust has a £14.4m WRAP programme to deliver in 25/26. As at December £9m has been actioned, £12m forecast. £6.2m cost reduction schemes have also been identified Risk adjusted plans have improved but still leave a gap to full delivery. There are a number of high-risk schemes that are being worked through via the A3 HDFT impact methodology. Top 5 unactioned schemes Theatres Utilisation £500k Procurement non pay £300k CYP Non pay saving £264k Drug savings £263k LTUC Model Health £208k Total £1.5m 11% of the target Governance structure has been developed and PRMs will pick up progress each month. There is also the £6m risk share to consider how this will be addressed (part of the contract agreement 50/50 risk share) Internal audit provided significant assurance on the WRAP process due to current delivery and the benchmarking information which supports the targets.																
Key Targets					Current controls							Gaps in control				
					Monthly Directorate and Trust reporting. Directorate performance panels. Regional engagement/shared learning.							25/26 plans were underpinned by the opportunity to attract Elective Recovery Funding, HNY have now confirmed a fixed contract, WY is a variable contract but confirming if there is a ceiling in place. Recurrent schemes versus non recurrent schemes.				

CRR ID: ID 6 Strategic Ambition: Provide person-centered, integrated services through strong partnerships Type: Clinical; Patient Safety	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 3	12						Target Rating				Initial Rating				
L = 4											Current Rating					

Summary:
 This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.

Principle Risk: Community Dental
Risk Description:
 Risk to Trust performance standards by failing to meet NHS annual planning target of no RTT waiters beyond 52wks by end March 2025. Risk to patient safety due to correlation of long waiting times and increased risk of pain and infection which may impact on quality of life and treatment required, particularly for surveillance patients due to lower capacity than required to meet review timescales.

Previous Rating: January 2026 - 12
Escalated to Corporate Risk Register: December 2023
Date reviewed: January 2026
CQC Domain: Responsive
Executive Committee: Resources

Current Position

08/12/2025 Current Position - 0 over 52wk RTT waiters, 1945 over 52wk non-RTT waiters, 619 overdue surveillance patients - longest overdue 2 years.
 When reported: 0 over 52wk RTT waiters; 1187 over 52wk non-RTT waiters and 1666 overdue surveillance patients, longest overdue by 3yrs
 The ICB has agreed to invest an additional £1.5 million into the CDS service at HDFT, extending the contract by 18 months until March 31, 2025.
 Regional discussions suggest a potential agreement on a 7+3 contract and amended service specification, with a possible increase in the funding envelope, though formal confirmation is pending post-general election.
 The current funding does not fully align with the submitted business case, so the operational team and service manager have developed a plan to optimize the use of this investment, focusing on managing waiting times for both RTT and non-RTT patients. Key actions for July include recruiting a new clinical lead, continuing IT procurement, and addressing low staff engagement, which has been identified as a significant risk to service delivery.
 The CDS team is also being encouraged to participate in the HDFT Impact work as part of phase 4 to further support service improvements.
 Procurement tender process has been complete, awaiting assessments and contract sign off. No change to risk scoring until system is implemented.

Key Targets	Current controls	Gaps in control
Numbers on the patients waiting to start treatment over 52weeks, 65weeks and 78weeks Current position for RTT waiters - 0 patients between 52-64 weeks. Current position for Non RTT waiters – 1187 patients over 52 weeks, no of overdue continuing care patients. Overdue surveillance patients -1666 (longest overdue by 3 years).	Implementation of business case agreed additional capacity - equipment and additional dentist/dental nurse capacity. Clinical prioritisation of patients at triage - currently meeting urgent P2 turnaround times for GA patients and 2 working day target for trauma patients. Pts advised to recontact service if deterioration - pain/repeated courses of antibiotics.	Lack of contract and delivery plan beyond 31st March 26 as procurement exercise for long term contract still not concluded (1yr extension offered in interim). Current extension has additional requirement of delivering Epidemiology survey for public health, which will reduce core service capacity - unfortunately base budget also not fully re-provided which has reduced capacity in the service. Current focus on key areas: 1) Continuing recruitment focus on posts and hard-to-recruit areas - paediatric specialist/consultant capacity. Paused recruitment due to unsuccessfully filling vacancies. Have recruited 3 new dentists, although not specifically paediatric specialists. 2) Patient IT system procurement to replace SOEL Health which is no longer supported (Procurement exercise in evaluation phase, implementation date for Oct25). Business case not progressed during Summertime, AM to submit for Dec BCRG. 3) If patients ring to report pain as advised, we aim to appoint within 6 weeks. 4) Focus on GA pathways to try to replicate productivity at York exodontia lists at Harrogate/Northallerton - implemented increase from 4 per list at Northallerton to 5 - further opportunity identified to work with South Tees in September25. Harrogate sessions have increased pts per list with a continued focus on theatre utilisation.

CRR ID: ID 597 Strategic Ambition: Type: Clinical; Patient Safety	Target Date:		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
	December 2026		1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 3	15			Target Rating					Initial Rating			Current Rating			
L = 5																

Summary: This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.													Previous Rating: January 2026 - 15 Escalated to Corporate Risk Register: November 2025 Date reviewed: February 2026. CQC Domain: Executive Committee: <ul style="list-style-type: none"> Previous target date: December 2025 			
Principle Risk: Histopathology space and safety concern Risk Description: The Histopathology laboratory area has limited space due to expansion over the last 10 years. Expansion has been essential to ensure that the service provided to the trust is appropriate to the requirements aligned to cancer pathways. Additional analysers and essential equipment have been installed, which has now resulted in the area being extremely cramped. Due to increase in specimen numbers the storage capacity of the laboratory is now critical and imposing a safety concern to both staff and patient specimens. It is a regulatory requirement to store specimens for 42 days post authorisation. This is now resulting in specimens being stacked on top of each other including at height as there are no other options currently. This increases the risk of specimen formalin spillages and higher risk of incorrect disposal or loss of specimens. Increased risk of slips and trips to staff. This has now been raised as a finding by UKAS, who we are accredited with. UKAS need to be provided with evidence of how this will be rectified to ensure the safety of both staff and specimens. Due to increased demand from the trust further expansion is required but due to the space constraints this is not currently possible. This will impact the ability to support any further workload increase e.g. TIF2, proposal for women's unit expansion, dermatology expansion. It has also hindered the ability to take on further clinical trials which may have improved the patient pathway and clinical outcome. The inability to expand will also hinder support of cancer targets i.e. ensuring 62-day referral to a cancer pathway, and RTT targets are met.																

Current Position																
24.07.25 No funding opportunity from cancer alliance. Working through impact plan to approach capital team																
31.10.25 Flagged to Jordan McKie as an issue and will prevent us from taking on any additional work in histopathology e.g. TIF2. Discussions took place around drawing up proposal for expansion.																

Key Targets	Current controls	Gaps in control
	Risk of specimen loss - controlled by specimen disposal performed by x2 staff members with quality control checks in place Risk of spillage due to specimens being stacked and at height - Disposal carried out weekly in order to try and create space and reduce specimens being stacked at height. Wax deliveries (20kg) each are having to be stored under benches in the lab - this poses a health and safety risk to staff having to move the bulk boxes from under benches. Blocks are required to be stored for a minimum of 30 years. Blocks are kept on site for a minimum of 2 years due to additional tests that may be required. They are then transferred to an offsite secure facility to store for the remaining 30 years. The capacity for storage has been reached and there are	Specimens being stacked at height - we ensure that disposal is regular, but this is not always sufficient to ensure that specimens are not stacked at height. Risk assessment complete and staff trained in spill procedure, spill kits available if required. Datix completed if a spill occurs Breast mastectomy specimens - in order to meet national standards, the team try to reorganise workload to enable a downdraft bench to be freed up. If this is not possible a different bench is used but this requires the movement of all reagents to an area where there is no downdraft ventilation. This poses a health and safety risk Inability to expand the service to support additional workload i.e. - expansion of specific services, TIF2 project. Discussion underway with cancer alliance regarding funding opportunity and if this can be used for

	<p>limited options for further storage due to the requirement for a reinforced floor.</p> <p>A significant amount of flammable reagent (alcohol, xylene and formalin) are used daily and more frequently due to additional strainers being required to keep up with the increased demand. Due to limited space majority of this is being stored in the outside flammable store. This results in staff having to make frequent trips to the store and poses a manual handling issue.</p> <p>When receiving a breast mastectomy specimen national standards state that the specimen should be opened within 4 hours. This is not always possible due to a downdraft bench being unavailable. This may lead to degradation of the specimen</p>	<p>expansion either additional equipment or capital work. Paper submitted to environment board to highlight space issues</p>
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CRR ID: ID 959 Strategic Ambition: Type: Operational	Target Date: March 2026		Very Low Risk			Low Risk			Medium Risk		High Risk		Significant Risk			
			1	2	3	4	5	6	8	9	10	12	15	16	20	25
	C = 3 L = 5	15						Initial Rating					Current Rating			

Summary: Risk to quality of care by not meeting NICE guidance in relation to the commencement of autism assessment within three months of referral. Risk that children may not get access to the right level of support without a formal diagnosis and that this would lead to deterioration in condition and patient harm. This risk was reviewed at the Exec risk review group on Thursday 12th February, the scoring has remained the same. No further changes to note.	Previous Rating: February 2026 - 15 Escalated to Corporate Risk Register: February 2026 Date reviewed: February 2026. CQC Domain: Responsive Executive Committee: Resources
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Principle Risk: Autism Assessment Risk Description: Risk to Theatre utilisation and scheduling due to aged condition of estates. <ul style="list-style-type: none"> • Air handling system needs renewing • General theatre area need refurbishment. • New doors that meet current standard • Theatre panels need renewing • Inbuilt IT equipment. • Cancellation of theatre lists • Short notice cancellation of patients • Increased risk of infection • Impact on acute services

Current Position		
Key Targets	Current controls	Gaps in control
	<ul style="list-style-type: none"> • Regular Audits • Maintenance Checks • Servicing 	<ul style="list-style-type: none"> • unexpected failure of systems • leaks

Report to Council of Governors 4th March 2026

Lead Governor Update

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

1.0 National Lead Governor Association

1.1 As Lead Governor, I am a member of this national network and also act as Deputy Chair and Secretary. The focus of the Association's current activity continues to be debate about the future role of Governors. Concern has been expressed by the NLGA about the implications of the reference in the 10 Year Plan to remove the statutory requirement for FTs to have a Council of Governors in the absence of any clear proposals on how the important responsibilities currently undertaken by Councils of Governors will be delivered in the future. Of particular concern is how the representation of the views of the local population and ability to ask questions on behalf of the public and seek assurance directly from Trust Board members will be maintained.

1.2 I would like to add that, at a local level within our own Trust, the willingness to discuss potential ways forward is very welcome and an initial Governor Development session with Board members to explore this took place on 10th December 2026 with emerging ideas. However, in the absence of nationally agreed and binding protocols there will inevitably be a variation in local practice and inconsistencies in how the voice of communities will be embodied in service planning and delivery.

2.0 Associate Non-Executive Director Appointment

2.1 As a follow up to the Non-Executive Director recruitment reported at the last Council meeting, and following an excellent response from potential candidates, final steps were taken to recruit to the Associate NED role. Focus Panels involving Governors and final interviews with Lead Governor and other members of RNCC took place in January and early February. A recommendation to appoint the successful candidate will be confirmed by the March Council meeting.

3.0 Informal Governor Briefings

3.1 Informal Governor Briefings keep Governors up to date with developments in between formal Council meetings. Executive and Non-Executive Board members are also invited.

3.2 At an informal briefing held on 20th January 2026, the Chief Operating Officer & Deputy Chief Executive gave a winter operational update which had included

reporting record attendances in the Emergency department and a requirement to keep the “winter ward” open for an extended period.

The Chief Executive Officer provided updates on:

- the Trust’s position on finance and ongoing discussions with the ICB
- a visit immediately after Christmas to the Trust by Sir Jim Mackie, NHS England Chief Executive Officer which had been well received
- industrial action by Resident Doctors and it was noted that this was managed by the Trust in order to minimise impact on patients wherever possible
- a new contract for the delivery of 0-19 services in South Tyneside
- Maternity inspection outcome being confirmed as good

3.3 At a subsequent briefing on 24th February 2026, the CEO provided a further update on planning submission for 2026/7 in the context of the changing NHS landscape and assurance was provided on robust approaches being taken following discussions at Board Workshops.

The CEO also referred to a case highlighted in recent publicity regarding a child death where although this was deemed to be from natural causes, a review of opportunities missed would take place.

Progress on plans for the establishment of a Community Diagnostic Centre in Harrogate Town centre was also provided.

4.0 Governors’ Co-ordination Group

4.1 Our Governor Co-ordination meetings held on Friday 16th December 2025 and 16th February 2026 have helped us to consider and co-ordinate our respective views in advance of Council meetings and this continues to work well in assisting us to plan which questions and priorities to raise on behalf of our membership and the public. We have also been spending time discussing the national position regarding the future role of Governors as referred to in section 1.0 above

5.0 Observing Board and Board Sub Committees

5.1 A number of Governors observed Board Sub Committees and the Trust Board on 28th January 2026. 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.

5.2 A further opportunity for all Governors to raise questions is provided at the Council meetings where the respective Committee Chairs present their summary reports.

6.0 Governor Development Sessions and Walk Around Visits

6.1 In pursuance of developing the knowledge and understanding of the work of the Trust, a group of Governors paid a fascinating visit to the Pathology Department in January and received a detailed explanation of the component departments providing a range of diagnostic and consultancy services, including the testing of blood and tissues and also mortuary services. It was noted that the Pathology Service is run as partnership venture with Airedale and Bradford Teaching Foundation Trusts.

6.2 At the Governor Development Session on 24th February 2026, the Director of Finance provided Governors with an overview of the Model Health System tool which provides benchmarking insights across the quality of care, productivity and organisational culture to identify opportunities for improvement.

Jackie Lincoln

Lead Governor

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Quality Committee
Date(s) of Committee:	28 th January 2026
Report Completed By:	Laura Robson
SUMMARY OF BOARD SUB-COMMITTEE	
<p><i>Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.</i></p>	
1. Items discussed	
<p>The quality committee follows a standard agenda at each meeting We are updated by the Executive Directors on any issues they consider appropriate. At this meeting we covered:</p> <ul style="list-style-type: none"> • The Clinical Services Strategy, • Development of the single point of contact, • Work with LTHT regarding Wharfedale Hospital, • National guidance received regarding corridor care, • A range of other private issues. <p>We discussed winter and the impact on quality of care; there is no evidence of poor clinical outcomes for patients</p> <p>We also discussed the process for Quality Impact assessment of WRAP schemes; we were assured of a robust process to ensure quality and safety.</p> <p>We discussed the implementation and monitoring of Martha’s rule, at a very early stage.</p> <p>Two strategic ambitions were discussed and assurance of progress was provided– Best Quality, Safest Care and Great Start in life. There is one strategic risk regarding Autism assessment. The Board and Governors are very aware of the progress in this area.</p> <p>The IBR was discussed and an update provided on a number of watch metrics</p> <p>The report on strengthening Maternity and Neonatal services was discussed and recommendations agreed and reported to the Board for approval.</p> <p>Maternity Annual National Survey was discussed alongside the actions in place.</p> <p>Nursing and Midwifery Quality and Safe Staffing report provided assurance and was agreed for recommendation to the Board</p> <p>PSIRF report was received</p>	

<p>2. Key Strategic Risks the Committee Focuses on (and risk assessment/ score)</p>
<p>Autism Assessment has a score of 15</p>
<p>3. Where reasonable assurance was obtained</p>
<p>All areas considered above received reasonable assurance</p>
<p>4. Where lower level of assurance was assessed and action being taken</p>
<p>None</p>
<p>5. Matters of concern or areas identified for escalation</p>
<p>None</p>

**Board Sub Committee Briefing
For Council of Governors**

Board Sub Committee:	Innovation
Date(s) of Committee:	28th January 2026
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:

- Generally, all corporate projects are on track and risks are rated green.
- Good progress is being made on achieving digital maturity across the Trust, including non-hospital-based activities such as community and 0-19 services. A deadline of end March was confirmed to complete the work on benchmarking on the 7 pillars of What Good Looks Like (WGLL).
- Artificial intelligence – the recently launched AI policy was discussed and it was noted that a further review would be required in light of further guidance from NHSE relating to how providers can now use AI for patient data. The discussion also focused on the need for good governance arrangements and appropriate training for staff.
- EPR change programme – Plans for the next go live phase (April) were reviewed and it was confirmed that the project is on track. We discussed how well the EPR work is being embedded across teams following go live, and it was confirmed that feedback was positive. This reflects the benefit of strong clinical involvement throughout the project.
- We agreed to review benefits realisation at the May meeting to understand whether there have been any changes to the benefits profile against the assumptions at the full business case that had been agreed.

Strategic Ambition: Healthcare Innovation to improve Quality and Safety:

- Update on research projects given at Committee which indicated good progress being made. Some projects are exceeding the number of patients being recruited/
- Current commercial study numbers are very small (3) compared to 49 non-commercial studies, which in part is due to restrictions related to having a dedicated clinical research facility (CRF). Plans are in place to progress this, with a location agreed.
- Strategic partnerships are going well but will take time to develop. We are currently working with a university on the possibility of forming a strategic alliance on Research and Innovation.

Strategic Programme: HDFT Impact:

- Continuous improvement update – work continues on the training of teams across the organisation on the continuous improvement methodology. Capacity within the training team may change as two posts are funded by the EPR project. We are currently reviewing the training program structure to see if the course can be shortened to reflect the reduction in capacity.



- We are also looking at the sustainability of the training through sustainability assessments to ensure that the impact of the Impact training is ongoing across the teams that have been trained.

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

Risk assessment for the EPR project was rated as green. The risk of not achieving a successful go live in April is considered to be low.

There is a risk that capacity to support HDFT Impact training will be reduced if funding cannot be found to replace the EPR funded posts.

3. Where reasonable assurance was obtained

Reasonable assurance was obtained across all areas of the strategic ambitions for which the Committee has oversight.

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

- We are making good progress to achieve digital maturity.
- Corporate projects are on track.
- EPR project is on track to achieve go live.
- AI policy has been launched and effective governance arrangements are being put in place to give oversight to how the Trust uses artificial intelligence.
- A review of benefits realisation will take place.

Strategic Ambition: Healthcare Innovation to improve Quality and Safety

- Good progress being made on research projects and both commercial/non-commercial studies.
- New partnerships are being developed which will provide the basis for strong collaborations in the future.

Strategic Programme: HDFT Impact

- We continue with the programme of rolling out training to teams, but may have to tailor the training package in the future to available resources.
- We continue to assess whether the impact of training to the teams provides for sustainability of continuous improvement work.

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:	<i>People & Culture Committee</i>
Date(s) of Committee:	28 Jan 2026
Report Completed By:	<i>Andy Papworth</i>

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 agenda is arranged to allow us to focus on the strategic aim of "Making HDFT the best place to work".

Since my last report there has been one meeting of the Committee.

Key items covered were as follows:

- Review of the Board Assurance Framework in relation to People and Culture.
- Updates from the Freedom To Speak Up Guardian and Guardian of Safe Working.
- Review of relevant metrics from the Integrated Board Report.
- Oversight of the 10-point plan in relation to resident doctors.
- Review of the initial draft Staff Survey results, due to be made public in March 2026.
- Deep-dive into the Trust's work on embedding Equality across the organisation.
- Tracking the completeness of the Trust's HR policies.
- Review and approval of our Committee Terms of Reference.

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 performing strongly.** A response rate of 62% was achieved in the most recent staff survey (one of our highest ever responses) and indicators are that engagement has improved again and remains above national benchmarks.



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 do continue to monitor sickness levels.

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

3. Where reasonable assurance was obtained

Through the Committee’s work, supported by triangulation with data, Gemba (walkabout) visits, member experiences and discussions, we are assured that the Trust has overall made **fantastic progress on making HDFT the best place to work**. Staff engagement is good and KITE values are well embedded.

It has been specifically pleasing to see:

- Activities from the new Freedom to Speak Up Guardians to further spread the values underpinning the Trust and mechanisms to reach out safely in line with our culture.
- The work of the Guardian of Safe Working that demonstrates action in response to concerns raised by resident doctors.
- Introduction of independent panel members to support diversity in senior-level recruitment.

Finally, the Committee undertook a detailed review of equality metrics and the embedding of inclusive leadership practices. Further analysis will follow publication of the final latest National Staff Survey results to ensure sustained progress and clear accountability.

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

Sickness absence remains an area of active scrutiny, with focused management action in divisions where levels are above trajectory. The Committee will continue to track this closely given its impact on staff wellbeing, productivity and temporary staffing costs.

Further review of equality metrics and actions will be undertaken following receipt of the final National Staff Survey results.

5. Matters of concern or areas identified for escalation

No further areas of concern.

**Board Sub Committee Briefing
For Council of Governors**

Board Sub Committee:	<i>Resources Committee</i>
Date(s) of Committee:	22 Dec 2025, 28 Jan 2026 and 23 Feb 2026
Report Completed By:	<i>Andy Papworth (deputy chair)</i>

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 continues to be one key issue for the Resources Committee, that being our financial position.

Governors will recall that we previously signalled the likelihood of a year-end deficit for 2025/26. We have now formally submitted a forecast deficit of £20m, which sits within the range previously briefed. This position follows the forecast protocol change approved by the Board and reflects a realistic assessment of the pressures currently embedded within the organisation.

The principal drivers of the deficit remain consistent with those described previously:

- Risk-share arrangements within the HNY ICB that have not materialised
- Continued growth in high-cost drugs and devices expenditure, without reimbursement mechanism.
- Pay within ward areas, due to winter escalation and some enhanced 1:1 care requirements.
- Pathology cost pressures linked to growth in direct access activity.
- Some areas of medical staffing.

In addition, planned deficit support funding for Quarter 4 has been withdrawn further increasing in-year pressure.

The Waste Reduction and Productivity (WRAP) programme continues to perform strongly. As at Month 10, £13.2m of schemes have been actioned against a £14.5m target, representing 92% delivery. Whilst this demonstrates significant effort across the organisation, a material proportion of schemes have been cost avoidance or non-cash releasing, which has presented some challenge to the in-year financial position. We are also mindful as we move into 2026/27 that some initiatives have been non-recurrent. Resources Committee will continue to review WRAP in detail at every meeting.

It is important to reiterate that external review continues to recognise the Trust as operationally efficient. We remain comparatively lean in our corporate functions, have minimal reliance on agency staffing, and have delivered sustained productivity improvement.



Cash continues to require careful management, and this remains under active discussion with system partners – see key risks below.

Looking forward, planning for 2026/27 is well underway. Our objective for 2026/27 is to submit a plan that meets national planning guidance, with stretching but achievable targets including efficiency assumptions. Plans are being developed in full alignment with West Yorkshire system partners and are interlocked with Local Authority commissioned services. Discussions with Humber and North Yorkshire (HNY) colleagues are ongoing to ensure funding matches activity linked to delivery of plans and targets – at present there remains a sizeable gap.

Other items covered in our last 3 meetings have included: regular review of the Board Assurance Framework, approval of some business cases, operational performance (more on this below), approval of the latest national living wage pay, and review of the committee terms of reference.

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

With the deficit position outlined earlier, cash has now become one of our most significant live risks (risk score 25). We have submitted a number of cash support requests, with only partial funding confirmed so far, and a further request currently in flight. As a result, we are having to actively manage supplier payments, which is not a comfortable position for the organisation and carries increasing risk around timeliness of payment, potential penalties, and strain on key supplier relationships. This is expected to remain a live issue for a period and is being closely overseen by the Executive Team.

3. Where reasonable assurance was obtained

Despite the financial backdrop, there is a great deal of operational progress to recognise.

We continue to make strong progress across our elective pathways. RTT performance remains robust, our waiting list has stabilised, and long waits are continuing to come down in line with plan. Performance against national recovery standards is strong, and this has been achieved even with estate constraints earlier in the year. This reflects sustained effort from clinical, operational and support teams — and, most importantly, is making a real difference for patients.

Cancer performance remains resilient. There are pressures in specific tumour sites, as is the case nationally, but overall we compare well from a national perspective. Where standards are not yet consistently met, clear recovery actions are in place and being closely managed.

Urgent and Emergency Care continues to be pressured, but performance is improving when benchmarked locally and nationally. Flow initiatives, visible clinical leadership and strengthened discharge coordination are starting to embed. System capacity and delayed discharges still create volatility, but the position is more stable than in previous winters, which is encouraging.

Our capital programme remains ambitious and, overall, on track. Delivering this level of capital investment alongside financial constraint and operational pressure is not straightforward, but governance is strong and schemes are progressing as planned. It continues to be a demanding year, but there is confidence in delivery.

Children’s Services continues to perform strongly against contractual and quality standards, with high levels of compliance across the board. Where there have been occasional variances, recovery plans are clear and in train. Mobilisation of newer service areas has gone well overall,



and feedback from teams has helped us identify practical improvements to onboarding and integration processes — learning that will strengthen future mobilisations.

Taken together, operational performance remains solid. We are continuing to improve access standards, manage risk in pressured areas, and maintain quality. Our operational ranking remains in Segment 1 nationally — a reflection of the resilience and focus of colleagues across the Trust.

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

Given the current financial position, the Resources Committee has appropriately increased the frequency of its meetings from bi-monthly to monthly to provide enhanced scrutiny and oversight. There is also strong and regular Board review of the forecast position, cash management and delivery of mitigating actions.

Governors will continue to be kept informed through both formal reporting and informal briefings as the position evolves. This remains an area of close attention and active management.

5. Matters of concern or areas identified for escalation

The principal areas for escalation remain the in-year financial position and forecast, together with the associated cash risk. While operational delivery remains strong, the scale of the deficit and the liquidity pressures require continued engagement at system level. Planning for 2026/27 is also a key focus, with ongoing submissions and discussions, particularly within HNY. These matters remain under close oversight by the Resources Committee and Board.

Terms of Reference

Governor Development & Membership Engagement Committee

Document Details:	Terms of Reference for the Governor Development & Membership Engagement Committee
Version:	6
Approved By:	Governor Development & Membership Engagement Committee
Date Approved:	February 2026
Ratified By:	Council of Governors
Date Ratified:	March 2026
Job Title – Author:	Corporate Affairs
Job Title – Responsible Director:	Associate Director of Quality & Corporate Affairs
Date Issued:	February 2026
Review Date:	February 2027
Frequency of Review:	At least annual
Amendment Summary:	
<ol style="list-style-type: none"> 1. Moved Trust Chair from being a committee member to being a committee attendee (as the committee is governor-led) 2. Changed quoracy from five governors to four governors 	

1. Name of the Committee

Governor Development & Membership Engagement Committee

2. Accountability

The Governor Development & Membership Engagement Committee is a Sub-Committee of the Council of Governors.

3. Role of the Committee

3.1. Purpose of the Committee

The overall aims of the Governor-led Committee will be to:

- Strive to build and maintain membership that is actively engaged, well-informed and representative of the communities served by the Trust.
- Ensure the Governors drawn from the membership are equipped with the skills to enable them to both engage with their constituencies and also perform the statutory duties of a governor as set out in the Health and Social Care Acts of 2006 and 2012 and in NHS England's Foundation Trust Code of Governance.
- To develop and fulfil an agreed membership engagement strategy, approved by the Council of Governors.

3.2. Guiding Principles

In carrying out their duties, members of the Committee and any attendees must ensure that they act in accordance with the values of the Trust which are:

- Kindness
- Integrity
- Teamwork
- Equality

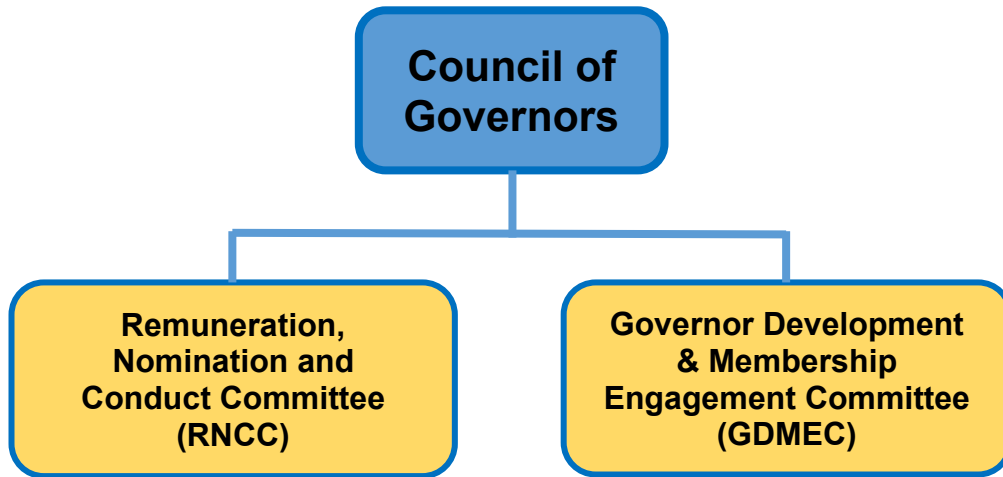
3.3. Responsibilities of the Committee

The key responsibilities of the Committee are to:

- Identify development needs of Governors and associated appropriate development opportunities
- Review the Governor induction programme, suggesting improvements where appropriate
- Produce, maintain and deliver a Membership Development Strategy to be agreed with the Trust, including:
 - Membership recruitment, ensuring membership is representative of the local communities served by the Trust
 - Identifying ways Governors can engage further within their constituencies
 - Support membership activities such as “Medicine for Members” sessions
 - Membership database updates
 - Ongoing implementation/action plan
- Participate in the development and content of an online / electronic members' publication

- Promote the Governor election process
- Contribute to and participate in arrangements for the Trust's Annual Members' Meeting

4. Relationships with other groups and committees



5. Composition of the Committee

5.1. Members: Full Rights

Title	Role in the group / committee
Lead Governor	Committee Chair
Deputy Lead Governor	Elected by Public Governors
Deputy Lead Governor	Elected by Public Governors
Public Governor	Elected by Public Governors
Public Governor	Elected by Public Governors
Public Governor	Elected by Public Governors
Public Governor	Elected by Public Governors
Staff Governor	Agreed / nominated by Staff Governors
Stakeholder Governor	Agreed / nominated by Stakeholder Governors

5.2. Attendees

Title	Role in the group / committee
Member of Corporate Affairs Team	Corporate Affairs Team Member / Note taker
Communications Manager	Corporate Affairs Team Member
Trust Chair	Chair of Governors

There may be occasions where a Corporate Affairs Team Member position has been filled on an interim basis. Where this arrangement is in place, the interim post holder will be considered a member of this group for the period they hold the interim position.

Where a Committee member is unable to attend, they may delegate to a governor in the same class (Public, Staff or Stakeholder). In such cases it should be made clear at the meeting who is undertaking the deputising role.

In addition to anyone listed above as a member, at the discretion of the Chair of the Committee, the Committee may also request individuals to attend on an ad hoc and advisory only basis to provide advice and support for specific items from its work plan when these are discussed at the meetings.

When a Governor member of the Committee comes to the end of their term of office, their membership of the Committee will cease. They will be able to seek reappointment if re-elected as a Governor.

6. Quoracy

Number: The minimum number of members for a meeting to be quorate is four, comprising at least three Governors including the Lead Governor. If the Chair of the Committee is unable to attend the meeting, and if otherwise quorate, the meeting will be chaired by one of the Deputy Lead Governors.

Deputies: Where appropriate, members may nominate deputies to represent them at a meeting. Deputies do not count towards the calculation of whether the meeting is quorate except if the deputy is representing the member under formal “acting up” arrangements. In this case the deputy will be deemed a full member of the Committee. It may also be appropriate for attendees to nominate a deputy to attend in their absence.

Non-quorate meeting: Non-quorate meetings may go ahead unless the Chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting and documented in the minutes and actions log.

7. Meetings of the Committee

Frequency: Meetings will be held quarterly with the meeting dates agreed in advance. There will be additional meetings if required by the Committee and the Council of Governors would be informed of additional meetings.

Attendance: Elected or nominated Members will be required to attend a minimum of 50% of the meetings in a financial year. If they are unable to meet the attendance requirement without good reason approved by the Council of Governors, their position within the Committee will be open to the Council of Governors to agree a replacement member within the same class.

Administrative Support: The Committee Secretariat will be provided by the Corporate Affairs Team, including arranging meetings including a register of attendance, preparing agendas, circulating papers and draft minutes and actions log, to be agreed with the Chair of the meeting prior to circulation. Papers will be made available approximately five working days prior to scheduled meetings.

Minutes & Actions Log: Draft minutes and actions log will be approved by the Chair of the meeting with the aim of being shared with the members of the Committee within 10 working days and then reviewed at the next Council of Governors' meeting. The draft minutes and actions log will be reviewed and the final record agreed at the next quorate meeting.

Chair Reports: The Chair of the Committee will provide an update of key issues arising from the meeting, including decisions taken, to the next Council of Governors' meeting held in public.

8. Authority

Establishment: The Committee is a sub-committee of the Council of Governors.

Powers: The Committee has powers as delegated by the Council of Governors. The Committee makes recommendations and reports to the Council of Governors.

Cessation: The Committee is a working group with its effectiveness and content reviewed by the Council of Governors. It will continue to meet in accordance with these Terms of Reference until the Council of Governors determines otherwise.

9. Duties of the Chair

The Chair of the Committee shall be responsible for:

- Agreeing the agenda in partnership with the Corporate Affairs Team;
- Directing the meeting, ensuring it operates in accordance with the Trust's values whilst ensuring all attendees have an opportunity to contribute to the discussion;
- Ensuring the agenda is balanced and discussion is productive;
- Giving direction to the secretariat and checking the draft minutes and actions log; and
- Ensuring sufficient information is presented to the Council of Governors in respect of the work of the Committee.

10. Review of Committee Effectiveness, Terms of Reference and Annual Report

It will be the responsibility of the Chair of the Committee to ensure that it carries out an assessment of committee effectiveness annually, and ensure the outcome is reported to the Council of Governors along with any remedial action to address any weaknesses identified. The Chair of the Committee will also be responsible for ensuring that the actions to address any areas of weakness are completed.

The Terms of Reference shall be reviewed by the Committee at least annually and be presented to the Council of Governors for ratification.

The Committee will present an annual report to the Council of Governors outlining its work against its duties set out in these Terms of Reference. The Committee will make recommendations to the Council of Governors on any area within its remit where action or improvement is required.

Council of Governors Workplan – 2026-27 – v1

Dates of Meetings	Private / Public	Wednesday 4 March	Tuesday 16 June	Tuesday 1 September	Tuesday 1 December	Tuesday 2 March
Final Papers required by:		25/02/26	09/06/26	25/08/26	24/11/26	23/02/27
Opening Items						
Welcome and apologies	Both	✓	✓	✓	✓	✓
Declaration of interests and Conflicts of Interest	Both	✓	✓	✓	✓	✓
Minutes of previous meeting		✓	✓	✓	✓	✓
Matters Arising and Action Log		✓	✓	✓	✓	✓
Routine Items						
Chair's Report	Public	✓	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	Public	✓	✓	✓	✓	✓
Lead Governor Update	Public	✓	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓	✓
<i>For info: Integrated Board Report (IBR) – circulate with public papers</i>	Public	✓	✓	✓	✓	✓
<i>Feedback from Governor Committee/Group Reports: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)</i>	Private	*	*	*	*	*
Governor Events, Feedback	Public	✓	✓	✓	✓	✓
Constituents' questions	Public	✓	✓	✓	✓	✓
Membership Engagement Strategy review	Public	✓				✓
Annual Declarations of Interest and agreement with Code of Conduct	Public			✓		
Appointment of Lead Governor	Public	*	*	*	*	*
Annual Review of Committee/Group Membership	Public				✓	
Elections Update Report	Public		✓		✓	
Election Results	Public			✓		✓
Annual Review of Terms of Reference – sub committees (Remuneration, Nomination and Conduct Committee; and Governor Development & Membership Engagement Committee)	Public	✓ (GDMEC only)				
Constitution Annual Review	Public		✓			
Annual Review of the Effectiveness of the Council of Governors	Public			✓		
Trust Annual Planning	Public	NE	*	*	*	*
Proposal for Annual Members' Meeting	Public		✓			
Annual Governor Feedback Report (AMM)	Public			✓		
<i>External Auditor Report to Governors</i>	Private			✓		
<i>Annual Report and Accounts</i>	Private			✓		
<i>Annual Quality Report</i>	Private			✓		
<i>Performance Evaluation of the Chair and Non-executive Directors (recommendation from the Remuneration Committee)</i>	Private		?	✓		
Updates requested by Governors						
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))	Public		✓		✓	
Update on the Green Plan (see <i>December 2024 minutes</i>) – include as part of HIF update	Public		✓		✓	
Patient Experience Team – thematic report	Public			✓		

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

*As and when required

Items to be Added to workplan:

SCHEDULE OF SPECIALIST UPDATES / LEARNINGS / TRAINING OPPORTUNITIES 2025/2026		
Meeting / Date	Learning / Focus / Updates	Presenters
CoG / Dec 2025	<i>Learning:</i> not one for this month as HIF will go to actual CoG <i>Committee Update:</i> All committees	
Informal Gov Briefing / Jan 2026	Cancelled	
Informal Gov Briefing / Feb 2026	Learning: Model Healthcare System	Jordan McKie
CoG / 04 March 2026	<i>Committee Update:</i> All committees	
Informal Gov Briefing / Mar 2026 <i>Note not normally a briefing in CoG months</i>	Learning: Strategic Planning	Matt Graham
Informal Gov Briefing / April 2026	Learning: EPR update	Jackie Andrews
Informal Gov Briefing / May 2026	Learning: HIF 6-monthly update	HIF
CoG / 16 June 2026	<i>Committee Update:</i> All committees	
Informal Gov Briefing / July 2026	Learning:	
Informal Gov Briefing / Aug 2026	Learning:	
CoG / 16 Sept 2026	<i>Committee Update:</i> All committees	
Informal Gov Briefing / Oct 2026	Learning:	
Informal Gov Briefing / Nov 2026	Learning:	
CoG / 1 Dec 2026	<i>Learning: Committee Update:</i> All committees	

Items to be scheduled as updates / learnings:

- HealthWatch North Yorkshire – quarterly updates to IGB (from CoG 05/06/24)
- ~~Waste & Productivity – progress on implementation of new initiatives (from March 2025 onwards after embedded) (Oct 2025)~~
- Quality Impact Assessments (QIAs) and Equality & Quality Impact Assessments (EQIAs)
- ~~Explanation of how decide how to grow the business, eg 0-19 services (Aug 2025)~~
- Feedback from Gembas (now included in Committee updates?)
- EDS22 Process – requested to be a topic for IGB – see minute from private March 2025 CoG –(CGP/03/05/12.4)
- Deep-dive into 0-19 services to understand the safeguarding measures in place.
- ~~Model Hospital~~
- EPR update

Governor Questions on Behalf of Membership and the Public 4th March 2026 Council of Governors

Subject	Context	Questions
1. NHS Computer System	Recent publicity about the Palentir contract for the Federated Data Platform (FDP) the new national NHS computer system and concerns about privacy and data safety	Has the Trust Board been able to gain assurance regarding confidentiality and data safety at a local implementation level?
2. Appointments System and Postal Service Failures	Ongoing issues with late or no notification of appointments with recent examples across constituencies and high profile national publicity about postal service failures	Whilst recognising that a key objective for the Trust is managing appointments via a digital system, is it also acknowledged that a significant proportion of the Trust population is still not digitally active? Postal service failures pose a risk to patients in this group gaining timely access to treatment - what steps are being/can be taken to mitigate this risk?
3. DEXA Scan Delays and Diagnostics	Significant delays (examples of 6 months) in DEXA (bone density) scan reporting	Please could more information be provided on the reporting and monitoring of the metrics on DEXA scans and why backlogs are occurring?
4. Harrogate Hospital Car Parking Problems	Increasing problems with car parking causing missed or delayed arrival at appointments: severe overcrowding, exacerbated by contractor vehicles, non-observance of vehicle flow rules	Have any of the following potential solutions been considered as feasible: diagonal bays, enforced one-way system with barriers, ANPR for flow monitoring, relocating contractor parking, increasing free drop-off period, expanding volunteer drop-off scheme?
5. Volunteer Driver Scheme and Community Transport	Availability and co-ordination of transport support for patients	What are the various transport schemes (eg HFDT Volunteers and community based) available to patients across the Trust area and how are these services communicated and/or co-ordinated?
6. Use of Emergency Department Services	Governor observations following swift admission to Emergency Department (ED2)	Is there potential for the improved utilisation of the ED2 facility to assist with managing overall demand and waiting times for the Emergency Department ?