COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

16 June 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:** 4 March 2026	Chair	Approve	Attached
4.0	**Matters arising and Action Log**	Chair	Note	Attached
5.0	**Chair's Update**	Chair	Note	Verbal
6.0 6.1 6.2	**Chief Executive's Update** Corporate Risk Register Integrated Board Report – access via link	Deputy Chief Executive Integrated Board Reportv2 - Power BI	Note Note Note	Verbal Blue Box Item Blue Box Item
7.0	**Lead Governor's Update**	Lead Governor	Note	Attached
8.0	**Board Sub-Committees Update**	Committee Chairs	Note	Attached / Verbal
8.0 8.1	**HIF Green Plan Update** Green Plan Update	Tim Wilkinson	Note	Verbal
9.0	**Annual Members Meeting arrangements**	Chair	Note	Verbal
10.0	**Governors' Questions on behalf of Membership and the Public**	Chair	Note	Attached / Verbal
11.0	**Any other relevant business**	Chair	Note	Verbal
12.0	**Evaluation of meeting**	Chair	Note	Verbal
13.0	**Date and Time of Next Meeting** 16 September 2026 4pm Boardroom, Trust HQ	Chair	Note	Verbal

Harrogate and District NHS Foundation Trust

Council of Governors – Register of Interests As at 10th June 2026				
Council Member	**Constituency**	**Relevant Dates**		**Declaration Details**
		From	**To**	
Sarah Armstrong	Chair from 1 April 2022	April 2022 September 2024	(current) (current)	1. Director: flat management company of current residence 2. Chief Executive: The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director: Coffee Porter (family business) 4. Trustee: NHS Charities Together
Jonathan Allen	Staff: Community Services	July 2024	(current)	Nil
Nick Brown	Stakeholder: North Yorkshire Council	May 2023	(current)	1. North Yorkshire Councillor 2. Chair: Cundall with Leckby Parish Council 3. Trustee: Harrogate & District Improvement Trust 4. Board Member: Northern Aldborough Festival 5. Trustee: Harrogate International Partnership 6. Member: Skipton & Ripon Conservative Association 7. Vice-Chair: Newby & Wathvale Conservative Branch
Rachel Carter	Ripon & West District	July 2023	(current)	1. Member: Barnsley Hospital NHS Foundation Trust 2. Member: Bradford District Care NHS Foundation Trust 3. Member: Leeds Teaching Hospitals NHS Trust 4. Member: Pennine Care NHS Foundation Trust 5. Member: Airedale NHS Foundation Trust 6. Member: Leeds & York Partnership NHS Foundation Trust
Alan Cunningham	Stakeholder Governor: Healthwatch North Yorkshire	June 2025	(current)	1. Trustee: Healthwatch North Yorkshire

Harrogate and District NHS Foundation Trust

Council of Governors – Register of Interests As at 10th June 2026				
Council Member	**Constituency**	**Relevant Dates**		**Declaration Details**
		From	**To**	
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
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

Harrogate and District NHS Foundation Trust

Council of Governors – Register of Interests As at 10th June 2026				
Council Member	**Constituency**	**Relevant Dates**		**Declaration Details**
		From	**To**	
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director: Cogenic Ltd
Dawn Raspin	Harrogate & Surrounding Villages	June 2026	(current)	1. Ceremonies Registrar, North Yorkshire County Council
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

Harrogate and District NHS Foundation Trust

Register of Interests – Previous Governors (in last 12 months) As at 10th June 2026				
Council Member	**Constituency**	**Relevant Dates From**	**To**	**Declaration Details**
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)

4 March 2026

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

Present:		
	Andy Papworth	Non-executive Director, Trust Vice-Chair (Chairing the meeting)
	Jonathan Coulter	Chief Executive
	Jackie Lincoln (JL)	Public Governor, Lead Governor
	Councillor Nick Brown (NB)	Stakeholder Governor *(on Teams)*
	Rachel Carter (RC)	Public Governor
	Richard Farrar (RF)	Public Governor
	Mike Fisher (MF)	Public Governor
	John Hindle (JH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Richard Owen-Hughes (RO-H)	Public Governor *(on Teams)*
	Dawn Raspin (DR)	Public Governor *(on Teams)*
	Richard Sweeney (RSw)	Public Governor *(on Teams)*
In Attendance:		
	Denise Chong (DC)	Interim Non-executive Director *(on Teams)*
	Chiara de Biase (CdB)	Non-executive Director (*from item 9.9 – on Teams)*
	Colin Melville (CM)	Non-executive Director
	Laura Robson (LR)	Non-executive Director, Senior Independent Director
	Jackie Andrews	Executive Medical Director
	Jordan McKie	Director of Finance
	Angela Wilkinson	Director of People & Culture
	Rob Armstrong	Deputy Chief Operating Officer
	Kate Southgate	Associate Director of Quality and Corporate Affairs
	Rachel Hewson	Company Secretary
	Paula Chyzy	Corporate Governance Officer
Apologies:		
	Sarah Armstrong	Trust Chair
	Alan Cunningham	Stakeholder Governor
	David Haynes	Stakeholder Governor
	Nigel Hopps	Public Governor
	Stephen Williams	Staff Governor
	Jeremy Cross	Non-executive Director
	Wallace Sampson	Non-executive Director
	Julia Weldon	Non-executive Director
	Breeda Columb	Executive Director of Nursing, Midwifery and AHPs
	Matt Graham	Director of Strategy
	Russell Nightingale	Chief Operating Officer & Deputy Chief Executive

DRAFT Minutes

Item No.	Item
COG/03/04/1 **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/03/04/2 **2.1**	**Declarations of Interest and Conflicts of Interest** No further declarations of interest or conflicts of interest were noted.
COG/03/04/3	**Minutes of the previous Council of Governors (Public) meeting held on 10 December 2025.**
3.1	**Item 4.2.** Governor (KP) queried the minute on a review of parking, noting that the wording "under review" was not meaningful. The Director of Finance clarified that the discussion at the meeting related to car parking and that Governor (KP) had agreed to be part of this review, however the scope of the review had evolved and differed from what was originally intended. The Director of Finance confirmed he is currently in discussion with HIF on how best to progress the parking review, including consideration of the impact of ongoing construction works across the site. It was noted that the principal issue relates to the volume of people parking in the Trust's car parks. The Director of Finance will continue to pick this up with HIF as part of contract management arrangements.
3.2	Governor (RC) noted that the Council has held previous discussions on car parking, with a commitment to undertake a six-month review on the effectiveness of the parking system. This was intended to consider not only financial performance but also the experience of patients and the public. She expressed concern that this review appears to have been repeatedly delayed.
3.3	The Director of Finance noted that a review had been undertaken, however progress had stalled due to ongoing building works which have reduced both patient and staff parking capacity. Governor (RC) queried how the experience of patients had been assessed and the Director of Finance agreed to review the actions previously taken and provide clarification on how patient experience had been captured.
3.4	Governor (NB) Nick Brown commented on his personal experience of a 40-minute delay in the car park with a number of construction vehicles being present and having to circle the car park repeatedly.
3.5	The Chief Executive noted two key issues – pricing and fairness; and the flow of the car park. For the first 1.5 years since implementation, indirect feedback from colleagues running clinics indicated an improvement in patient attendance. There were some initial concerns raised by staff, but this subsequently quietened. However, over the past 12 months it has

	become increasingly difficult to find parking on site. A pattern has emerged in which people arrive earlier than expected to secure a space, resulting in greater congestion and increased pressure on capacity. Consequently, there may be a need to relocate certain services off-site to protect parking availability for patients and the public.
3.6	The Trust is exploring options, including the potential use of Community Diagnostic Centres within Harrogate town centre, to support the relocation of appropriate services. The overarching challenge remains insufficient on-site capacity. An update will be brought back in due course outlining the actions being taken and the emerging position regarding on-site parking.
3.7	Governor (RC) queried how the Trust is assured that it understands what matters to patients, how performance is measured and how opportunities to improve are identified.
3.8	The Chief Executive noted that issues such as parking typically come to attention when problems arise; positive experiences are seldom reported.
3.9	Governor (KP) noted that measuring success by complaint volumes reflects only those who take time to complain and that there must be individuals who do not take the time to raise concerns.
3.10	The Chief Executive responded that he did not share this view, commenting that in his opinion, the concerns would be resolved if an additional 100 spaces were available.
3.11	**Item 4.4**. Governor (KP) noted that the feedback related to the quality of the meal provided and that the minute implied a broader issue and did not reflect the concern regarding the food quality. He noted that the wording suggested that the quality issue was linked to the inability to order meals digitally and that the minute did not adequately answer the question.
3.12	The Chief Executive responded that the record was likely an accurate reflection of the meeting but acknowledged the concern regarding how the information would be interpreted by members.
3.13	**Item 4.5** Governor (KP) commented that it was highly unsatisfactory to describe the review of mail as a rolling piece of work when appointments are being missed due to issues with Royal Mail.
3.14	The Chief Executive requested that this issue be discussed as part of Governor's questions.
3.15	**Resolved:** Minutes of the Council of Governors (Public) meeting held on 10 December 2025 were approved based on the changes noted above.
COG/03/04/4	**Matters Arising and Action Log**
4.1	The following matters arising and actions were noted:
4.2	**Action log:** It was noted that there were no open actions on the action log.
4.3	**Resolved:** There were no actions to update.

COG/0304/5	**Chair's Update**
5.1	The Chair provided the Council with the following update:
5.2	The Trust continues to experience high levels of operational activity and thanks were expressed to colleagues across the Trust and within community services for their continued commitment to patients.
5.3	Since the last meeting, the Board has held a formal meeting and two development workshops, including an off-site session in Morpeth where Board members met with colleagues from the 0–19 services. The Board found the engagement highly valuable.
5.4	Although the results of the recent staff survey cannot yet be formally shared, the results are exceptionally positive and something of which the organisation can be proud.
5.5	The annual KITE Awards will take place on Friday 6th March 2026, which is anticipated to be a highly celebratory event recognising outstanding staff contributions and long-service awards.
5.6	In relation to Non-Executive Director (NED) recruitment, it was noted for the public record that extensions have been agreed for Wallace Sampson, Jeremy Cross and Andy Papworth for the first year of their final three-year terms. In addition, an Associate NED, Denise Chong (currently serving as Interim non-Executive Director) has been appointed. The Chair expressed his thanks to governors for their involvement in the recruitment process.
5.7	**Resolved:** The Chair's report was noted.
COG/03/04/6	**Chief Executive's Update**
6.1	The Chief Executive provided an update highlighting the following points:
6.2	Work is ongoing both at national and regional level on planning for next year. It was noted that from a patient perspective there should be no discernible difference in service delivery between 31st March and 1st April.
6.3	An update on current performance was provided: in relation to waiting list RTT times, the Trust is performing at around sixth best nationally of approximately 120-130 organisations. Performance against the urgent care 4 hour standard, places the Trust within the top 20 nationally and the number of patients waiting over 12 hours, was the second lowest in the country last week. It was highlighted that no other organisations have been identified as delivering the 0-19 services to the same standard as the Trust and that there have been significant improvements, over the last 11 months, in service delivery at Westmorland and Cumberland.
6.4	On the subject of planning for next year 2026/27, it was confirmed that discussions with the ICB and region regarding financial plans and contractual arrangements are ongoing. The latest submission was mid-February which delivers performance improvements, an efficiency programme of more than 6% and sets out a deficit plan relating to the community services we provide. It was noted that discussions with the ICB have been paused and that feedback is awaited from the regional team with the hope of a resolution being reached as soon as possible.

6.5	A revised forecast outturn of just over £20 million has been submitted. The most immediate concern relates to cashflow, which remains extremely challenging. Although some support was received in February, similar levels of support are required to underpin the Trust's deficit position for the remainder of the year. A resolution will be needed within the next four weeks.
6.6	On Diagnostics, waiting times for routine CT and MRI scans remain too long with priority being given to cancer pathways. Work is underway to develop a proposal for a Community Diagnostic Centre (CDC). A new imaging department is scheduled to open in 2026, and additional CT capacity is being installed this month to help address current pressures.
6.7	It was noted that the CQC inspection report on Maternity had now been published which confirmed a rating of good for HDFT. This was noted as positive news in the context of national concern about maternity provision.
6.8	The Trust is in the process of mobilising the new 0-19 service in South Tyneside.
6.9	The Getting it Right First Time (GIRFT) team visited the Trust two weeks ago to review developments in Urgent and Emergency Care. The team indicated that the Trust will be used as a case study in terms of improvement.
6.10	The national staff survey will be published next Thursday. The Trust has received its data which shows a very high response rate and strong, positive results. It was emphasised that Quality of Care correlates with positive and engaged colleagues.
6.11	Governor (RSw) noted that the Integrated Board Report detailed on the agenda is not visible to governors or members of the public so there should either be a copy of the IBR provided or it should not be on the agenda. The Chair thanked Governor (RSw) for this observation.
6.12	Governor (RO-H) queried what the main issue with Diagnostics is and the Chief Executive commented that the capacity is much lower than the demand and that longer opening hours or increased capacity on or off site would be investigated.
6.13	**Resolved:** The Chief Executive's update was noted.
COG/03/04/7 **7.1**	**Lead Governor's Update** The Lead Governor (JL) provided an update highlighting the following points:
7.2	There had been an NHS Providers event held the previous day regarding the ongoing national discussion on the future role of governors. This event was attended by 216 governors representing 85 Trusts. The event focused on both the practicalities of the immediate future and the wider implications of proposed legislative changes. The Lead Governor (JL) noted that there was an overwhelming view among attendees that there is currently a lack of information and limited rationale provided nationally. Governors expressed concern about how the voice of patients and staff will be heard in future governance arrangements, whilst also recognising that the

	changes could present opportunities for improvement. The absence of clear national guidance was emphasised, which is placing pressure on Trusts to develop local arrangements within a very limited timescale.
7.3	Lead Governor (JL) further advised that NHS Providers, which is merging with the NHS Confederation to form the new Alliance, intends to continue supporting governors and the development of best practice. However, the dominant concern remains the scarcity of information, coupled with frustration from governors, who feel they have been effective previously but are now seeking more dynamic ways of working. There is an appetite to make formal representations to Government regarding the proposed legislation, particularly in relation to safeguarding local community representation. It was noted that there had been limited opportunity at the event to explore detailed next steps.
7.4	Since the last Council of Governors meeting, it was noted that governors had participated in the appointment process for the new Associate Non-Executive Director (Denise Chong), attended a series of informal briefings, and observed meetings of the Board and its sub-committees. It was also noted that there had been a highly informative visit to the Pathology Department, which was attended by four governors, and suggested that similar visits may be of interest to other governors in future. Work is ongoing to continue a schedule of walkarounds over the coming months.
7.5	The Lead Governor (JL) confirmed that slides from the NHS Providers event would be circulated to the Council of Governors and the Board of Directors.
7.6	**Resolved:** The Lead Governor's Update was noted.
COG/03/04/8	**Board Sub-Committee Updates**
8.1	The Chair noted that each Committee Chair had submitted a report detailing the recent Committee activity and noted that Resources Committee was now meeting on a monthly basis to give more input from a NED and Board perspective.
8.2	Governor (KP) queried whether risk share arrangements referenced in the bullet point relating to HNY ICB had failed to materialise and whether this constituted a broken commitment.
8.3	The Chief Executive responded that at this time last year, the Trust had been engaged in similar discussions and had signed a plan on the basis of an expectation that a robust risk-sharing agreement would be established. Key individuals involved had changed including both the ICB Chief Executive and Chair as well as regional leads. The anticipated approach to managing the contract therefore did not materialise. The Chief Executive advised that the learning from this was the importance of having difficult discussions early, rather than postponing them.
8.4	Governor (RC) noted that the Resources Committee had held a full and frank discussion on this matter.
8.5	Governor (RC) raised a question in relation to the Quality Committee, asking whether EQIA (Equality Impact Assessments) were carried out. The

	Executive Medical Director confirmed that a combined approach has been adopted undertaking the QIA and EQIA together.
8.6	The Director of Finance noted that the Audit Committee had met earlier in the day and is now entering a period of significant activity in preparation for the annual accounts. The Committee had received a helpful update on procurement, including a review of in-year savings, as well as considering the internal audit programme.
8.7	**Resolved:** The Board Sub-Committee Updates were noted.
COG/03/04/9	**Trust Engagement Strategy**
9.1	The Associate Director of Quality and Corporate Affairs (KS) provided an update on the Trust Engagement Strategy, noting that a number of sessions had been run previously in preparation to formalise the document. The strategy was scheduled to be signed off at the Quality Governance Management Group (QGMG) next week and then onwards to Quality Committee and the Board.
9.2	Four workstreams were outlined: – Gathering and analysing feedback. Implementation of the national app had been delayed; therefore the Trust would look at their own internal option for the first 12 months. – Engagement. Focusing on strengthening how the Trust engages with its communities. – Children and Young People. Ensuring that approaches are age-appropriate. – Personalised Care – including the development of patient passports ensuring that key information only needs to be provided once.
9.3	A specific area of focus was highlighted with work underway to improve services for the deaf community. An update will be brought to a future meeting of the Council.
9.4	Governor (KP) queried what proportion of the Engagement Strategy would involve Governors and the Associate Director of Quality and Corporate Affairs (KS) confirmed that the most direct involvement is likely to be on the "gathering and analysing feedback" workstream, this incorporates a significant digital element. The Trust's internal tool will work alongside existing Business Intelligence systems with work underway to explore the use of artificial intelligence to support analysis.
9.5	Governor (KP) questioned whether the majority of the Trust's community engagement would be digital and the Associate Director of Quality and Corporate Affairs (KS) responded that a mixed approach would be taken, combining digital, in person and paper based methods.
9.6	The Associate Director of Quality and Corporate Affairs (KS) clarified that governor involvement would be less prominent within the personalised care workstream as this is more closely aligned to individual clinical pathways.
9.7	Governor (RC) noted that updates had been brought to previous meetings and that a development session had taken place in June 2025. It was

	queried whether governors had been involved in shaping the detailed content of the strategy.
9.8	The Associate Director of Quality and Corporate Affairs responded that the feedback provided had directly informed the development of the workstreams and that the aspect that had taken time, was the governance framework for the workstreams.
9.9	The Non-executive Director (CdB) joined the meeting on Teams.
9.10	The Chair queried whether greater governor involvement was being sought in relation to the Engagement Strategy. Governor (RC) expressed frustration regarding the current level of engagement and Lead Governor (JL) added that the underlying issue related to process, noting that the governors had sought clarity on how the Strategy was being developed, how governors could influence it and how the membership function would be incorporated.
9.11	The Associate Director of Quality and Corporate Affairs (KS) advised that a separate dedicated session could be arranged to explore the strategy in more detail and the Lead Governor (JL) noted that governors often felt siloed in this area of work.
9.12	Governor (KP) commented that it was completely unsatisfactory that governors had been able to provide only one substantive input 9 months ago and that a more collaborative process had been expected.
9.13	The Chief Executive responded that the most important element was not the Strategy document itself but the work that would follow its approval, particularly how the Trust would engage with its communities in practice. He apologised if governors felt excluded and confirmed he would be happy to organise a session for governors prior to the Strategy being finalised
9.14	Governor (KP) acknowledged the Chief Executive's point and recognised the constraints on resources, suggesting that governor involvement could add meaningful support given their voluntary status.
9.15	The Chief Executive reiterated that the Strategy had not been finalised and that significant work had been undertaken based on feedback already received. He confirmed he was willing to share the current draft and work through it with governors over the coming months. He noted that while financial resources were limited, there was capacity to invest time in collaborative development.
9.16	Governor (RC) asked where broader engagement fitted and the Chief Executive noted that since the Covid 19 pandemic the Trust had not been as strong in its engagement with patients.
9.17	Lead Governor (JL) raised concerns on membership engagement, noting frustration among governors and emphasising that they are a resource that could be deployed more effectively. She referred to discussions at the recent GDMEC meeting focusing on increasing contact with the community through the proposed governor desk at the main hospital entrance.
9.18	Lead Governor (JL) highlighted the use of the newsletter as a tool to prompt and encourage more engagement, while observing there remains

	uncertainty on the future approach to membership. She noted that governors wish to act as advocates for the Trust and would welcome clarity on the core points to convey in their conversations with members.
9.19	**The Trust Engagement Strategy update was noted.**
COG/03/04/10	**Terms of Reference for Governor Development, Membership and Engagement Committee**
10.1	The Committee was asked to ratify the Terms of Reference for the Governor Development, Membership and Engagement Committee that had been approved at their meeting on 3rd February 2026.
10.2	Governor (KP) observed that the document referred primarily to membership and questioned whether it should encompass the wider population. Lead Governor (JL) responded that the Engagement Strategy addresses the wider population.
10.3	The Chief Executive advised that, given the national uncertainty and the current governance framework, it would be appropriate to retain the existing wording for the next year and review the Terms of Reference once any national changes have been confirmed.
10.4	Lead Governor (JL) reiterated that the Strategy is intended to support broader engagement and Governor (RC) confirmed that the Strategy is clear on this point.
10.5	Governor (JH) suggested the term “stakeholder” may be more appropriate if the intention is to reflect engagement with the full range of communities served by the Trust and the non-Executive Director (CM) proposed removing the word “membership” from the final bullet point to avoid limiting the scope.
10.6	The Chief Executive emphasised that this is a Governor Committee and that Governor involvement is essential.
10.7	**Resolved: The Terms of Reference for the Governor Development, Membership and Engagement Committee Confirmation were ratified as drafted.**
COG/03/04/11	**Council of Governors annual workplan 2026-27**
11.1	The Company Secretary (RH) noted that the date currently entered on the workplan for the September meeting was incorrect and that the correct date was 16th September 2026.
11.2	**Resolved:** The update was noted.
COG/03/04/12	**Brief Update on Progress with Autism Assessments**
12.1	The Executive Medical Director provided an update on the progress with autism assessments**.** A number of meetings have taken place with HNY ICB, however no response has been received in relation to the options previously submitted. The Trust had also requested activity volumes by provider but despite assurances that this would be shared, no data has been returned. The position therefore remains the same and is considered

12.2	to be highly unsatisfactory. The issue is being raised again as part of the wider planning conversations. **The update was noted.**
COG/03/04/13	**Governors' Questions on behalf of Membership and the Public**
13.1	The Chair introduced the questions and sought appropriate responses as follows:
13.2	**Q1: 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?*
13.3	The Executive Medical Director noted that Palentir is a US technology firm that has recently been the subject of media attention in relation to the £330 million FDP for the NHS. Any organisation acting as a data processor for the FDP is required to undertake its own Data Protection Impact Assessment, with checks applied at both local and national levels. The Trust remains the data controller for its NHS data at all times.
13.4	**Q2: 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?*
13.5	The Director of Finance provided an update following the previous minute regarding progress with Royal Mail. He clarified that the Trust's postal services are delivered by Northern Mail. The cost of a standard letter is £0.80, with first-class postage costing £1.70. The Trust routinely uses standard delivery. Approximately 300,000 letters are issued each year, of which around 20,000 are sent first class.
13.6	In relation to Royal Mail's move to alternate-day deliveries, the Director of Finance confirmed that, since the change took effect, the Trust has not experienced any increase in complaints or concerns. The contract is monitored on a monthly basis. He noted that a key question for the future is how the Trust can transition further into digital communication.
13.7	The Deputy Chief Operating Officer advised that the national standard allows for three weeks' written notice for appointments, although there may have been occasions where insufficient notice has been provided. Significant work has been undertaken to understand the reasons for patient cancellations and DNAs, including distinguishing between Trust-related factors and patient-driven issues. The Trust now sends text reminders two weeks and one week before appointments. Most patients have mobile phone numbers recorded, enabling these reminders to issued.

13.8	Governor (RC) queried whether the Trust was aspiring to provide 3-6 weeks notice for appointments and whether this supported efficiency. The Deputy Chief Operating Officer responded that DNA rates increase significantly when appointments are scheduled more than 6 weeks in advance. He noted that the Patients Know Best (PKB) platform allows patients to indicate if they do not wish to take up an appointment.
13.9	Governor (KP) asked whether reliance on postal communication was proving unsatisfactory and when it might be possible for patients to receive appointment notifications through the NHS App. The Deputy Chief Operating Officer (RA) advised that the Trust has some of the strongest DNA and clinic utilisation performance nationally and that postal communication does not appear to be a material issue for the organisation. In relation to NHS App functionality, he explained that providers operate on different systems and therefore it is not currently possible to confirm when full integration for appointment notifications will be available.
13.10	**Q3: DEXA Scan Delays and Diagnostics. Significant delays (examples of 6 months) in DEXA (bone density) scan reporting list data cleansing:** *Please could more information be provided on the reporting and monitoring of the metrics on DEXA scans and why backlogs are occurring?*
13.11	The Deputy Chief Operating Officer (RA) provided an update on DEXA scanning, noting that the service is currently experiencing diagnostic delivery challenges. Capacity issues began in Quarter 2 of last year due to long-term sickness within both the scanning and reporting teams, which collectively reduced overall capacity by approximately half. A recovery plan is already in place, with further actions scheduled over the next three and a half months. The team is also exploring options for automated reporting and strengthening resilience across the wider diagnostic workforce. He confirmed that the service is anticipated to return to compliance with the diagnostic standard by July 2026.
13.12	**Q4: 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?*
13.13	The Chair confirmed this was discussed earlier in the agenda.
13.14	**Q5: Volunteer Driver Scheme and Community Transport. Availability and co-ordination of transport support for patients.** *What are the various transport schemes (e.g. HFDT Volunteers and community based) available to patients across the Trust area and how are these services communicated and/or co-ordinated?*
13.15	The Director of Finance provided an update on the patient transport service, noting that transport is delivered by Yorkshire Ambulance Service (YAS) under commissioning arrangements with the ICB; the Trust does not hold a direct contract.

13.16	The Director of Finance reported that the Trust has reintroduced its volunteer driver service as part of the discharge project. Since its inception, the service has expanded, although securing the necessary insurances has taken longer than anticipated. Historically, the Trust relied on taxis for some patient transport, but this expenditure has now been removed. Volunteer drivers have continued to grow in confidence and capability.
13.17	The Director of Finance added that community transport schemes, including those delivered through local anchor organisations within Harrogate and Rural Alliance (HARA), are also being utilised and promoted as part of the discharge project.
13.18	Governor (RO-H) asked how long the volunteer service had been operating in its current form and what the levels of usage were. The Director of Finance confirmed that the service has been operating for a number of months and advised that utilisation statistics would be obtained and shared with the Council.
13.19	**Q6: 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 ?*
13.20	The Deputy Chief Operating Officer (RA) reported that approximately 40–45% of patients are streamed through ED2, which is already operating at a high level of utilisation. He noted that the unit does not operate overnight and currently focuses on minor injury activity, forming a valuable component of the Trust's urgent care offer.
13.21	The Deputy Chief Operating Officer explained that, although extending opening hours had been considered, this would risk losing economies of scale and may not represent the most efficient use of resources. The operational aim is instead to expand streaming through other parts of the hospital, including SAU, SDEC and related pathways. He further confirmed that ED2 is currently operating at its maximum capacity in terms of safety, staffing and clinical oversight.
13.22	**Resolved: The responses to the questions were noted.**
COG/03/04/14 **14.1**	**Any Other Relevant Business** No further items of business were raised.
COG/03/04/15 **15.1**	**Evaluation of the Meeting** The Chair confirmed this would be covered in the private Council session.
COG/03/04/16 **15.1**	**Date and Time of Next Meeting** The Chair thanked everyone for attending. The date of the next meeting on 16 June 2026 was confirmed. The venue was noted as the Boardroom at Trust HQ, Harrogate District Hospital.

Council of Governors (held in Public) Action Log for March 2026							
Minute Number	**Date of Meeting**	**Subject**	**Action Description**	**Responsible Officer**	**Due Date**	**Comments**	**Status -** completed is defined as confirmation received from ED responsible lead that the proposed action is completed as described in the comments column. Completed actions will not be closed until the Board has confirmed that action taken is satisfactory.
COG/03/04/3.3	04 March 2026	Review of parking	Director of Finance to review actions taken on parking and provide clarification on how patient experience was captured.	Director of Finance	01 June 2026		

Report to Council of Governors 16th June 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 Health Bill and Implications for Future of Foundation Trust Membership and Governors

1.1 The Health Bill sets out provisions for the Government's implementation of the NHS 10 year strategy and was introduced to the House of Commons on 14th May 2026. A second reading took place on 1st June 2026 and the Public Bill Committee will meet for the first time on Tuesday 16 June 2026 to commence detailed scrutiny and the Committee is expected to report by 15th July 2026.

1.2 However, Clause 29 of the Bill removes the statutory right for people to register for membership of their local NHS Foundation Trust and also removes the statutory requirement to have a Council of Governors. The membership of a Foundation Trust currently elect and appoint the Council of Governors who represent the interests of members, staff and public and hold the Trust Board to account for decisions made which impact on local services. If this Clause is enacted, many decisions which are taken at local level, including the appointment of the Trust Chair and Non-Executive Directors, will be made centrally according to the Bill Impact Assessment (Impact assessments for structural measures to foundation trusts) .

1.3 The rationale cited in the impact assessment and NHS 10 year plan is that it is expected that the next generation of NHS FTs will put in place more dynamic arrangements to take account of patient, staff and stakeholder insight. These "more dynamic arrangements" have not been clearly stated and it is not apparent to what extent they will be mandated beyond the general statutory requirements for working in partnership with people and communities. Governors are local people, democratically elected and independent there are concerns that this proposed legislation may mean the loss of local accountability and also that this has been drafted without any prior consultation with the Foundation Trusts membership or Governors. 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.

1.4 Some of our HDFT Governors have made representations to local MPs about their concerns and Tom Gordon MP has responded saying that he is categorically opposed to both the abolition of NHS Governors and Healthwatch and will support amendments to save bodies which hold the NHS to account.

2.0 National Lead Governors' Association (NLGA)

2.1 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.

2.2 A national event took place on 27th April 2026 on the "Future Role of Governors". 70 Lead/Deputy Lead Governors participated in the on-line event introduced by Daughne Taylor , Chair of the NLGA describing the event as "a pivotal moment highlighting that our role in providing independent oversight has never been more vital". Lord Hunt of Kings Heath OBE, former NHS Leader and Minister of State for Health and Ken Jarrold CBE, former Chair of the Council of Governors and the Board of Directors of the Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust provided keynote input. Overwhelming support was expressed by those present for a governance model which would build on the best practice developed in Councils of Governors in Foundation Trusts across the country and that key to this was to have national consistency, particularly in having a right to address views and questions on behalf of the public at Trust Board meetings.

2.4 The National Lead Governors' Association (NLGA) has also conducted recent research with its Lead Governor members, and this clearly illustrates to how many Councils are working innovatively and effectively in engaging with and representing the interests of diverse communities and groups and have successful strategies for holding NEDs to account. Governors have worked closely with Healthwatch in our FT areas sharing information and a number, like HDFT have Healthwatch representatives as Appointed Governors. *(see appendix for summary analysis)*.

3.0 Informal Governor Briefings/Governor Development Sessions

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 the Governor Development Session on 24th March 2026, Jimmy Parvin, the Deputy Director of Strategy & Improvement provided a briefing on Strategic Planning

3.3 On 28th April 2026, Jackie Andrews and Andy Williams gave Governors an update on the progress of "go live" for the EPR – Electronic Patient Record which had happened on that day. This now enabled live access to data on all ED and hospital patients. Governors gave their congratulations and noted that further work would be carried out to integrate different systems operating in across other services in the Trust.

3.3 A presentation of Power Bi by Matt Shepherd, Deputy Director of Business Intelligence, Planning, Performance and Productivity was provided on 19th May 2026; it was confirmed that Governors could have access to this system to look at live time Integrated Board reporting.

3.3 The Director of Governance and Improvement provided a written briefing to Governors on 5th June 2026 regarding outlining current challenges needing to be resolved.

4.0 Governors' Co-ordination Group

4.1 Our Governor Co-ordination meetings held on 28th April 2026 re future role of Governors and discussion about approach to addressing governor vacancies. Our Co-ordination meeting on 2nd June 2026 helped us to consider and co-ordinate our respective views in advance of this Council meeting 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.

5.0 Observing Board and Board Sub Committees

5.1 A number of Governors observed Board Sub Committees and the Trust Board on 25th March and 27th May 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 Walk Around Visits

6.1 In pursuance of developing the knowledge and understanding of the work of the Trust, a Governor visit took place to the Willow Therapy Unit on 30th April 2026. This purpose built unit had been co-designed with staff from physiotherapy and occupational therapy services.

Jackie Lincoln

Lead Governor

Appendix

Lead Governor Questionnaire – Analysis of (27) Responses so far:

Activity	Question	Response
Governors Current practice		
Administrative:	Do Governors have access to NHS email/local intranet?	**60% of Governors have allocated NHS email – the others having to use private addresses**
	Do Governors have dedicated support from Corporate Team	**78% of LGs report dedicated Governor resource available, with others having reduced/shared**
	Have budgets to support Governors' activities been maintained/reduced?	**60% LGs report budget maintained whilst others note reductions or unknown**
Representing Public/Membership Interests		
	Do Governors currently have a right to address the Board Meeting ?	**Most (48%) responses indicate that Governors only allowed to observe, however 30% of responses indicate that LG/Governors have a right to address their Board; the remainder can ask questions along with members of the public**
	Does the Council of Governors routinely submit a report to the Board?	**33% of responses indicate that LGs either submit a report, read a statement or CoG minutes are submitted to the Board with the majority having no formal written reporting**
Council of Governor meetings	Are LG/Governors involved in CoG agenda setting?	**Most (74%) report involvement in CoG agenda setting but 26% indicate that the agenda is presented without prior consultation.**
	How many Council of Governor meetings are held per year?	**Most of responses indicated at least 4 CoG meetings plus Annual meeting with a range**

		of sub committees/informal briefings and working groups
	Do you currently have an Appointed Governor nominated by Healthwatch?	**6 FTs (22%) currently have Appointed Governors from Healthwatch**
Observing/ Holding to account/Interaction with NEDs		
	Are there joint CoG / Board meetings or workshops?	**74% indicated that this happened – responses varied between regular monthly to occasional/by topic meetings**
	Are Governors invited to observe Board Committee meetings?	**74% respondees (18) indicated that Governors were invited to observe Board Committees with 7 not being permitted.**
	Are Governors invited to observe Private Board meetings?	**Variable responses with 5 FTs enabling this for LG or Governors but the remainder not.**
	Do NEDs undertake joint visits and or "buddying" with Governors	**63% of responses indicated that joint visits or buddying happened.**
Local discussions on Future role of Governors		
Trust CoG Discussions on Future of Governor Roles	Has your FT had any formal discussions about future ways of ensuring public accountability and representing local communities? Or Is your FT waiting for guidance before any such discussion?	**Majority of responses indicated that FTs were waiting for guidance whilst 8 Trusts had had formal/informal discussions**
Representations made to MPs/Lords	Yes/no If yes – summary of response(s)	**12 of the 27 responses indicated that representations had ben made. Some positive -some "standard ministerial " responses being received**
Publicising proposals at local level	Has the Trust Membership/Public been made aware of the proposal to remove the statutory requirement to have Councils of Governors? Has there been any press/media coverage?	**The majority of responses indicated that no formal press releases or detailed information had been provided to membership – generally waiting for the legislative proposals**

Interim arrangements		
Filling Governor Vacancies	What arrangement is your FT putting in place to fill elected Governor vacancies: • Continuing with elections • Extending tenures of Governors • Other – please describe	**52% (14) of responses indicated that the FT was continuing with elections; 5 proposing extending tenures; 3 looking at co-opting Governors; remainder still considering options**
	Has your FT taken advice or sought endorsement to any alternative arrangements from NHSE?	**3 FTs taken advice; majority not or not known LG unaware.**
	Is /has your FT proposing to amend or vary the FT constitution to facilitate alternative/interim arrangements?	**Majority of responses indicate no with 2 FTs indicating early discussions about potential amendments**
	Will all Governors continue to have voting rights?	**Responses have indicated that where co-opted Governors or tenures have been extended, these roles will not have voting rights.**
Achievements – please describe 2 /3 examples of what you feel that your CoG has achieved well		
	… diversity of governor representation, levels of membership, activity to improve public patient outcomes, key decisions made (blocked merger, senior appointments..) other	**In the responses received there are many examples of how CoGs have been effective in decision making and innovative in approaches to diversity, engagement. Some examples are highlighted below; the full details are included in the excel file.**
Examples of effective governance: "Completed a transaction with a community trust in the shortest time ever in the NHS Successfully resisted pressure from NHSE to appoint a Group Chief Executive without following due process." "We have had a very positive influence on our top performing Trust". "We recently went through a very thorough process of developing a formal Alliance across four Trusts and then appointing a Shared Chair . It was a very robust procedure with CoG s		

central to all decisions and the appointment of Shared Chair. Many patient issues, premises issues and process issues have been highlighted in meetings and addressed"
"Good processes and successful outcomes for appointing Group NEDs"
"Effective systems in place to record and share evidence of Governors being assured that NEDs are effectively challenging the Board".
"Governors from wide range of professional, health and general management backgrounds. Regular in house development sessions for Governors to broaden skills and understandingof for eg data, finance, business case assessment"

Representation and Engagement:

- Attend engagement activities such as Disability Awareness, Pride, MELA (multi-cultural festival) which increases our ethnic awareness and membership.
- Diversity much improved by appointing an impressive young member (aged 17)
- Nominated Governors including Young Persons and local University Governors
- Trust has recruited 3 associate youth governors who support activities to improve the experience of C&YP accessing care. Governors now co-produce a newsletter which goes out to members
- Diversity was improved dramatically at the last election, both in terms of ethnicity and age.
- Developing mechanisms to help the Trust work in the community with poorer families.
- Following the success of our Governor WhatsApp Group as a means to share information, views and concerns, we are about to launch a Member Facebook Group aimed at enabling governors to more directly access the views of the members we represent
- The work on reaching new members via community events is a new initiative that is working well. The inclusion of governors in quality rounds in the Trust. Youth involvement in our work, as we are after all a children's hospital.

teamHDFT At our best

NHS Harrogate and District NHS Foundation Trust

Board Sub Committee Briefing For Council of Governors

Board Sub Committee:	*Quality*
Date(s) of Committee:	27th May 2026
Report Completed By:	*Laura Robson*

SUMMARY OF BOARD SUB-COMMITTEE

Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.

1. Items discussed

The Committee received an update from the executive directors on any issues not covered by the papers.

The Chair reported from the audit committee regarding the high levels of assurance from recent audit reports.

It was noted that GEMBA's for the Quality committee had not recommenced.

The Executive Directors requested closure of the 25/26 BAF and agreement to the 26/27 BAF. Good progress continued on the Strategic objectives covered by the committee. A new ambition regarding Clinical Effectiveness has been introduced and was welcomed by committee members.

The Chief Pharmacist attended the meeting to present the formal report 'Antimicrobial Resistance'. This was recommended to the board. We received good assurance that antibiotic prescribing was managed well in the Trust.

Approval of the Delivering Single Sex Accommodation Annual Declaration. One patient had been transferred to Ripon Community Hospital inappropriately which had resulted in 6 breaches to report. It was a single incident. The report will be posted to the website.

The Maternity report covering a wide range of issues was received and discussed in detail. The report was recommended to the board

The Quality Account for 25/26 was received by the committee but time did not allow full discussion. Comments were requested from committee members. The draft has been sent to key stakeholders for their comments. It will be agreed by the Board prior to publication.

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

The Risk regarding Autism assessment for children remains at 15 with a target of 9

3. Where reasonable assurance was obtained
Reasonable assurance was received in all areas of the BAF
4. Where lower level of assurance was assessed and action being taken
Autism assessment remains a live discussion with the ICB
5. Matters of concern or areas identified for escalation
No new areas of concern or matters for escalation to governing council

Board Sub Committee Briefing For Council of Governors	
Board Sub Committee:	Resource Ctte
Date(s) of Committee:	May 2026
Report Completed By:	Jeremy Cross

SUMMARY OF BOARD SUB-COMMITTEE

Purpose: to provide the Council of Governors with assurance that the Non-executive Directors of the HDFT Board, through the work of its sub committees, are sighted on key risks; that Executive Directors are being held to account on key strategic risks and, where appropriate, mitigating actions are being undertaken and monitored.

1. Items discussed

Unfortunately we could not arrange a meeting time when enough Governors could meet to discuss the Trust financial position. Instead, a briefing document was sent out that clearly explains the financial position of the ICB and the Trust and therefore the demands that are being made on us to improve our financial out turn.

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

Governors will be aware that for the past 2 years the Trust has been operating on an underlying deficit position. In 24/25 this was covered by additional funds late in the day by the ICB, but this was not possible in 25/26, and we are now being asked/told to improve our position well above the underlying run rate we are currently operating on.
This requires a WRAP (Waste Reduction and Improvement Programme) in excess of £30m – higher than the Trust has ever delivered before, and considerably higher than any other organisation is being asked for.

3. Where reasonable assurance was obtained

Significant progress has already been made in identifying areas of cost improvement, which Governors will be able to see in Resource Ctte papers and Board papers. Each team has received their WRAP target and will be asked to report back over the next few weeks on progress and on potential further savings.

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

Nevertheless, there remains a further unidentified WRAP figure that will need to be worked through – and which may have an impact on Trust operations going forward. In particular, areas where we believe we are operating at a financial deficit (e.g. some out of hours GP operations that we cover for areas outside of Harrogate, together with a number of loss-making community services where we do not receive adequate income to cover our costs) will need deciding on very quickly. We have also started a regular EQIA programme to assess the Quality impact of any decisions made to ensure that these are acceptable from a patient perspective.

5. Matters of concern or areas identified for escalation

This is a fast moving area. No doubt there will be more updates at the CoG meeting that will bring us further up to date. This is going to be an area of key focus for the Trust over the next 12 months.

Governor Questions on Behalf of Membership and the Public 16th June 2026 Council of Governors

Subject	Context	Questions
1. Patients' difficulties in contacting hospital by phone	Patients experiencing stress and frustration with: • Timed out calls • Central switchboard transferred calls not being picked up by departments. • Patients receiving calls from hospital unable to dial back the direct number when cut off. • No ability to leave a message and be called back. • Resorting to travelling to hospital in person to re-arrange appointment	• Whilst it is acknowledged that there is a strategy to shift communications to a digital platform, not all contacts can be made this way – how is assurance being gained on the Trust telephone system, and how it is used by staff, being fit for purpose?
2. Meeting the needs of people with disabilities	Taking account of the needs of disabled people when planning the reconstruction of facilities - such as the entrance to Harrogate Hospital.	• How are the needs of disabled people taken into account? • How are NEDs assured that HDFT is engaging effectively with this group of service users to evaluate the effectiveness of these measures?
3. Support for people with hearing difficulties within the hospital environment	According to the RNID 1 in 3 adults in the UK are deaf, suffer hearing loss or experience tinnitus, with over 80% of people over the age of 70 experiencing some form of hearing impairment. Deaf people and partially deaf people feel that the lack of awareness by staff of communications issues means they feel unsafe within the hospital environment - recent representations have been made on behalf of constituents but remain unresolved.	• What provision is made to communicate with deaf patients and carers unable to use a phone? • How is the quality of support assured (for eg lipreading, signing)? • What is the take up rate of deaf awareness training by patient facing staff? How is this training's effectiveness assessed? • How is access facilitated to areas such as wards controlled by intercoms?
4. Timescales and handling of complaints	Concerns about process and length of response time arising from a query about removal of cycle racks during renovations of the hospital entrance.	• How are complaints to the front desk at reception at Harrogate Hospital managed by the Patient Experience team?

		• How is this monitored and what training takes place to ensure that patient care standards and response times are met? • What is the expected response time to complaints made via hdft.hello@nhs.net? And how are service levels monitored?
5. Inappropriate access to data	There has been recent media coverage about failures in Southport and Nottingham, where hospital staff inappropriately accessed the patient records of the victims of high-profile crimes. It was reported that breaches at The NHS University Hospitals of Liverpool Group were discovered through a standard information access audit and that it has made changes following discovery of the breach. Nottingham University Hospitals NHS Trust has apologised for failures including inappropriate access by doctors, nurses, other registered professionals and "other staff". We understood from a recent specialist briefing about PowerBi that in addition to the Patient Records System (EPR), all Trust staff can access performance data and that this might also include patient-identifiable data.	• Do NEDs feel assured that inappropriate access of patient records and Personal Identifiable Data couldn't happen in Harrogate (or by staff employed by HDFT)? • If they do feel assured, could they (the NEDs) please tell us how they got that assurance and what controls are in place both to prevent breaches and to spot them if they happen? • How are the NEDs assured that new third party software is complaint with access rules whilst ensuring that staff have the information necessary to do their job in the most productive way? • If they don't feel assured, could they please explain what investigations and/or changes are planned?
6. Physiotherapy services in Ripon	Following the recent move of Ripon physiotherapy services from Ripon Community Hospital to the Jack Laugher Centre there have been concerns expressed on social media about the time and cost to get to the new location by public transport from rural areas.	• What public engagement and/or consultation was undertaken before deciding to move this service? • Was an Equality Impact Assessment undertaken and did this include non-protected characteristics including rurality and socioeconomic status?

		• What were the key findings? Are NEDs assured that the level of engagement was appropriate and was taken into account?