

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Tuesday 10 September 2024 from 3.15pm – 5.45pm

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

AGENDA

Agenda items listed in blue text are to be received for information / assurance
with no discussion time allocated within the agenda.

Papers for these items may be found within the Supplementary paper pack

Agenda				
Specialist Update Briefing				
3.15pm-3.45pm: Patient Experience Team (followed by 15minute break for the Council meeting to commence at 4pm)				
Item No.	Item	Lead	Action	Paper
1.0	Welcome and Apologies for Absence	Chair	Note	Verbal
2.0	Declarations of Interest / Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meetings: - CoG: 5 June 2024 - AMM: 2023	Chair	Approve Approve	Attached Attached
4.0	Matters Arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Chief Executive's Update	Chief Executive	Note	Verbal
6.1	Corporate Risk Register		Note	Blue Box Item
6.2	Integrated Board Report		Note	Blue Box Item
7.0	Update on Cancer Waiting Times	Chief Operating Officer	Note	Verbal
8.0	Board Sub-Committee Update: Audit Committee	Committee Chair	Note	Verbal
9.0	Review of Governor Activities - Governor Focus Conference 2024	Governors	Note	Verbal Attached
10.0	Proposal for Annual Members' Meeting	Chair	Note	Verbal
11.0	Pledge to Code of Conduct	Assoc Director of Corporate Affairs	Approve	Attached
12.0	Urgent Constituents' Questions	Chair	Note	Attached / Verbal
13.0	CoG Annual Workplan	Chair	Note	Attached
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: Tuesday, 4 December 2024 at 4pm (Governors' specialist update briefing: Board Assurance Framework & Corporate Risk Register at 3.15pm)	Chair	Note	Verbal

Council of Governors – Register of Interests				
As at 01 September 2024				
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. Company director for the flat management company of current residence 2. Chief Executive, The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director of Coffee Porter (family business) 4. Member of West Yorkshire Chairs & Leaders Forum 5. Member HNY Provider Chairs 6. Member HNY CAP Board
Jonathan Allen	Staff: Community Services	July 2024	(current)	<ol style="list-style-type: none"> 1. Nil
Ian Barlow	Rest of Yorkshire	September 2023 December 2023	(current) (current)	<ol style="list-style-type: none"> 1. Trustee – Forces Online charity 2. Member - South West Yorkshire Partnership NHS Foundation Trust
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 01 September 2024				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Martin Dennys	Harrogate & Surrounding Villages	January 2019	(current)	1. Directorships – not with any services to the NHS 2. Employee – NHS England
Tony Doveston	Harrogate & Surrounding Villages	January 2016	(current)	Nil
Mike Dunn	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	July 2022	(current)	Nil
Kathy Gargan	Harrogate & Surrounding Villages	July 2022	(current)	1. Director – North of England Horticulture Society Ltd
John Hindle	Ripon & West District	September 2024	(current)	1. Nil
Mark Hutchinson	Staff: 0-19 Services	July 2024	(current)	1. TBC
Emily Legge	Staff: Other Clinical	July 2024	(current)	1. 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 at Driver Hire Group Services Ltd
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director, Cogenic Ltd

Council of Governors – Register of Interests				
As at 01 September 2024				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Rick Sweeney	Harrogate & Surrounding Villages	July 2022	(current)	1. Trustee & Treasure of the White Rose Concert Band 2. Member/volunteer ranger at Longlands Common
Stephen Williams	Staff: Nursing, Midwifery & AHPs	October 2023	(current)	Nil
Stuart Wilson	Staff: Non-Clinical	July 2022	(current)	Nil

Register of Interests – Previous Governors				
As at 01 September 2024				
Council Member	Constituency	Relevant Dates From	To	Declaration Details
Clare Illingworth	Stakeholder: HIF	January 2016	July 2024	1. Employee – Harrogate Integrated Facilities
Steve Treece	Wetherby and Harewood Wards and Alwoodley Adel and Wharfedale & Otley & Yeadon Wards	January 2017	July 2024	1. Committee Member of Institute of Risk Management Health Special Interest Group
Donald Coverdale	Ripon & West District	September 2021	August 2024	1. Nil

COUNCIL OF GOVERNORS' MEETING (HELD IN PUBLIC)
5 June 2024
Boardroom, Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX

Present:		
	Sarah Armstrong	Chair
	Clare Illingworth	Lead Governor, Stakeholder Governor
	Councillor Nick Brown (CB)	Stakeholder Governor
	Rachel Carter (RC)	Public Governor (<i>via Teams</i>)
	Donald Coverdale (DC)	Public Governor
	Martin Dennys (MDe)	Public Governor
	Tony Doveston (TD)	Public Governor
	Mike Dunn (MDu)	Public Governor, Deputy Lead Governor
	Kathy Gargan (KG)	Public Governor
	Jackie Lincoln (JL)	Public Governor, Deputy Lead Governor (<i>via Teams</i>)
	Richard Owen-Hughes (ROH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Richard Sweeney (RSw)	Public Governor
	Steve Treece (ST)	Public Governor
	Stuart Wilson (SW)	Staff Governor
In Attendance:		
	Jeremy Cross (JC)	Non-Executive Director
	Chiara De Biase (CdB)	Non-Executive Director
	Andy Papworth, (AP)	Non-Executive Director, Vice Chair
	Laura Robson (LR)	Non-Executive Director, Senior Independent Director
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Kama Melly, (KM)	Associate Non-Executive Director (<i>via Teams</i>)
	Jonathan Coulter	Chief Executive
	Matt Graham	Director of Strategy
	Jordan McKie	Director of Finance
	Russell Nightingale	Chief Operating Officer
	Emma Nunez	Deputy CEO & Executive Director of Nursing, Midwifery and AHPs
	Angela Wilkinson	Director of People & Culture
	Sue Grahamslaw	Assistant Company Secretary
	Giles Latham	Communications Manager
Apologies:		
	Ian Barlow (IB)	Public Governor
	Binish Mehar (BM)	Staff Governor
	Steve Williams	Staff Governor
	Julia Weldon (JW)	Non-Executive Director
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Jackie Andrews	Executive Medical Director
	Kate Southgate	Associate Director of Quality and Corporate Affairs
Observers:		
	1 x member of the public	



3.1

SPECIALIST UPDATE BRIEFING – HARROGATE INTEGRATED FACILITIES (HIF)
<p>Present from HIF: Mark Chamberlain (HIF Chair) Angie Gillett (Managing Director) Tim Wilkinson (Head of Safety) Lucy Simmons (Quality & Governance Lead)</p>
<ul style="list-style-type: none"> • The HIF Chair introduced HIF and its work • The Managing Director presented HIF’s Achievements in the past year and outlined the priorities for 2024-25 (workforce; catering; portering & logistics; domestics; Capital Developments; Business Development) • Tim Wilkinson outlined Sustainability objectives
<p>Those present from HIF left the meeting.</p>

DRAFT Meeting Minutes

Item No.	Item
<p>COG/6/5/1 1.1</p>	<p>Welcome and apologies for absence The Chair welcomed everyone to the meeting including those participating by Teams.</p>
1.2	The Colleagues from HIF who had presented the Specialist Update were thanked for their briefing and forward view.
1.3	It was explained to the Council that going forwards, specialist briefings would be included prior to each meeting with the aim of providing governors with deeper understanding of specific areas of interest. However it was also recognised that some were not able to attend the earlier meeting start times.
1.4	Apologies for absence were received from those noted above.
<p>COG/6/5/2 2.1</p>	<p>Declarations of Interest and Conflicts of Interest No further declarations of interest or conflicts of interest were noted.</p>
<p>COG/6/5/3</p>	<p>Minutes of the previous Council of Governors (Public) meeting held on 21 November 2023 and 6 March 2024</p>
3.1	The Chair thanked the Governors for the new format of having a pre-meet which highlighted issues for discussion and included reviewing minutes of previous meetings. Their updates had been included where appropriate.
3.2	Resolved: The minutes of the last meeting held on 21 November 2023 and 6 March 2024 were approved as accurate records of the meetings.
<p>COG/6/5/4</p>	<p>Matters Arising and Action Log</p>
4.1	<p>The following matters arising and actions were noted:</p> <ul style="list-style-type: none"> • COG/12/5/9.5 – Training on IBR – This had been further developed with the introduction of Power BI. However, the static Integrated Board Report (IBR) was perceived to give less information than before. A training session would

4.2	<p>be set up with Governors to help them understand and view sections of the IBR on Power BI.</p> <ul style="list-style-type: none"> • COG/3/7/10.18 – Overview of the ISB systems – Assistant Company Secretary to arrange for Sue Symington to brief the governors. • COG/3/7/10.21 – Autism Assessment – would be covered as part of the Governor questions later in the meeting. • COG/11/21/6.6 – Audiology Waiting Times – would be covered as part of the Governor questions later in the meeting. • COG/11/21/10.2 – Questions from Donald Coverdale – the Chair advised the Corporate Team would be reviewing all the previous questions raised by the Governor to check if there were additional items in the meeting minutes that answered his questions. This would be done prior to the end of his term (end of August 2024). <i>Action to remain open.</i> • COG/11/21/10.13 – Governor Questions process – the format of the CoG meetings were developing in line with requests and suggestions at the CoG development sessions. <i>Action to be closed as development was ongoing.</i> • COG/3/6/13.2 – Structure of the Council – Council were advised that an initial review had started at RNCC with a look at seats that were hard to fill. <i>The action to be kept open.</i> <p>Resolved: Actions were agreed as above.</p>
<p>COG/6/5/5</p> <p>5.1</p> <p>5.2</p>	<p>Chair’s Update</p> <p>The Chair highlighted the following items:</p> <ul style="list-style-type: none"> • HDFT Impact was the Trust’s approach to continuous improvement which was now starting to be operational. The intention was to prioritise those areas that had been more challenging to the Trust but were believed would have a greater impact on patient care and those who delivered the services. Progress was noted on the strategy walls in the Boardroom. • National Volunteers Week – It was advised that the Trust had over 400 volunteers both in the hospital and helping people in their homes. It was also acknowledged that Governors are volunteers who had a greater level of responsibility in a sometimes challenging role. • Governor Terms of office – It was noted that this was a year when the Council would change due to terms ending. For some Governors’ last meeting, including for Public Governor (DC) and the Lead Governor. Attention was drawn to the role of the Lead Governor and additional work done away from formal meetings to ensure the smooth running of the work the council undertook. It was recognised that this would be a year of change on the Council and the work that would be needed to continue to progress. <p>Resolved: The Chair’s report was noted.</p>
<p>COG/6/5/6</p> <p>6.1</p> <p>6.2</p> <p>6.3</p>	<p>Chief Executive: General Trust Update</p> <p>The Chief Executive provided a general Trust update drawing attention to the following points:</p> <ul style="list-style-type: none"> • This was the first Council meeting in the new financial year where the focus was the current position and how to improve. • Reflections were provided of some of the key 2023-24 achievements including: no one on a waiting list over 65 weeks; Emergency Department standard delivered in March; Cancer waiting times reduced; Improvements

<p>6.4</p> <p>6.5</p> <p>6.6</p> <p>6.7</p>	<p>made in the 0-19 services; Local Authorities were seeking more Section 75 Partnership Agreements rather than contracts; Reductions in falls and pressure ulcers; Introduction of virtual wards; Good staffing levels, including in maternity; Positive staff feedback; New Wensleydale Ward facilities; New diagnostic centre in Ripon; Reduced carbon footprint; External recognition of specialist work and innovation, plus other achievements not noted.</p> <ul style="list-style-type: none"> • In the current year, the focus at the moment both nationally and locally was to agree financial plans. The Council were advised there was a risk of deficit both in the Integrated Care Board (ICB) and nationally. However, the Trust had agreed an internal plan to improve quality and performance, including a waste reduction programme. It further advised that productivity was lower now than before the pandemic as a result of a combination of issues – patient acuity, staff resilience, staff engagement and morale. • Plans for the forthcoming year were to retain good staffing levels, noting the upcoming industrial action; the capital programme planned, especially that relating to the RAAC removal; on track to deliver waiting time options for elective care and cancer. Areas of challenge were noted as the urgent care pathway, although this was part of the HDFT Impact improvement programme. Other areas included autism assessment that remained on the Trust’s risk register. • Positive items included the recent celebration of SAS (Speciality and Specialist) doctors, and the Great Start in Life Foundation conference in Durham. <p>Resolved: The Chief Executive’s general update was noted.</p>
<p>COG/6/5/7</p> <p>7.1</p> <p>7.2</p>	<p>Focussed update – Cost Improvement Plan (CIP)</p> <p>The Finance Director highlighted the following items relating to the Cost Improvement Programme (CIP):</p> <ul style="list-style-type: none"> • Rebranded CIP to Waste Reduction & Productivity (WRAP) programme. • Needed to save just under £16m, with an extra £6m stretch to help the System. • Reassurance was provided that high risk plans were reported through the Resources Committee and Quality Impact Assessments (QIAs) were considered at Resources Committee and Trust Board as appropriate. • Grant Thornton had been commissioned by the HNY ICB to identify areas of opportunity with similar work being undertaken in West Yorkshire. • Remained patient centred with a drive for efficiencies; reported that HDFT was in the top 25 Trusts in the country for productivity. <p>Resolved: The Finance Director’s update on CIP/WRAP was noted.</p>
<p>COG/6/5/8</p> <p>8.1</p>	<p>Focussed update – Domiciliary Care</p> <p>The Chief Operating Officer explained the following points:</p> <ul style="list-style-type: none"> • Outlined the domiciliary care offering. • Successfully approved for a licence to provide the service and was on North Yorkshire Council’s approved provider list. Staffing was explained and how the model would work of providing care for 6 weeks on hospital discharge before private care options were introduced.

8.2	<ul style="list-style-type: none"> • In its early stages meant that feedback on outcomes would be provided to a future Council meeting. • The Trust had additionally applied to be on the York and Leeds approved provider lists.
8.3	<p>Public Governor (MDe) noted the need to ensure patients were treated in the most appropriate setting so releasing some of the bed base.</p>
8.4	<p>Lead Governor noted the Chief Executive’s point on productivity with a view to understanding if there was a shift change in treatments required, such as surgery. It was explained that patients were presenting acutely unwell with more complex conditions. The Deputy CEO & Executive Director of Nursing, Midwifery and AHPs highlighted that York and Scarborough Teaching Hospitals NHS Foundation Trust were considering why patients were presenting at the Emergency Department as some were brought by ambulance. It was further noted that the location of care provision was key (hospital versus returning to place of residence) and what was contributing to the risk of a potential harm event.</p>
8.5	<p>Public Governor (RC) questioned how patients would perceive any impact on their care with the waste reduction programme. The Director of Finance noted that with the original £16m reduction target, patients would continue to see good quality healthcare, reduced waiting lists, etc, but that the recording of efficiencies would be background data. However, it was acknowledged that the stretch £6m target was more challenging, including understanding what services may not be able to be provided from under-resourced contracts, emphasising the need for clear commissioning contracts with Local Authorities. When reviewing Quality Impact Assessments (QIAs), there needed to be clarity with commissioners on what has not been commissioned as part of a contract, rather than what is not provided. It was noted that having a positive workforce should be maintained and protected which could be jeopardized if the staffing levels were reduced.</p> <p>ACTION: <i>more detailed discussion requested at an Informal Governor Briefing.</i></p> <p>Resolved: The Chief Operating Officer’s update on Domiciliary Care was noted.</p>
COG/6/5/9	Board Sub-Committee Update: Resources
9.1	<p>The Chair of the Resources Board Sub-Committee provided the Council with a summary of the role and purpose of the committee, and explained:</p>
9.2	<ul style="list-style-type: none"> • The Committee’s remit was around finances, operations, people and planning (major capital schemes), meeting every month to consider actions against finances, Key Performance Indicators (KPIs) and performance – with a role to seek assurances the Trust is on track and highlight any gaps. • Met monthly before Board and the Chair provided an update of business conducted to Trust Board. • Details of committee membership, attendees and observers were provided in line with the Terms of Reference. • For 2023-4, it was noted that it had been an encouraging year with all the financial commitments having been achieved; operationally there had been significant progress on targets; all contractual obligations had been fulfilled for the 0-19 services, as well as for the elective care waiting list targets with progress on cancer targets; staffing had seen a reduction in vacancies which

9.3	<p>would be reviewed at People & Culture Committee. Resources Committee focussed on having the right people in the right place.</p> <ul style="list-style-type: none"> • Significant capital projects and Section 72 Partnership Agreements had been reviewed and approved. • For 2024, it was noted the financial challenges were significant and was reviewed within each directorate. In addition, the Referral to Treatment (RTT) and Emergency Department targets were more stretching. • The upcoming joint Resources and Innovation Committee meeting would review the Electronic Patient Record (EPR) contract. <p>The Chair noted the importance of hearing about the Resources Committee work especially in relation to the financial challenges.</p>
9.4	<p>Public Governor (KG) who frequently observed the work of the committee noted the various and imaginative solutions considered each month in an effort to resolve issues.</p>
9.5	<p>Stakeholder Governor (NB) noted the good work of the committee but questioned why savings had not been considered earlier. He was advised that the focus had been on waiting list reduction and increasing productivity. With the investment in technology, it was hoped work could be conducted more efficiently.</p>
9.6	<p>Resolved: The briefing on the Resource Board Sub-Committee was noted.</p>
COG/6/5/10	<p>Update on Governor Elections</p>
10.1	<p>The Assistant Company Secretary provided the Council with an update on Governor Elections, highlighting:</p>
10.2	<ul style="list-style-type: none"> • The election timetable. • Number of nominations for each seat with four uncontested seats, and one contested which was in the process of ballot, and one Public seat still vacant. • Losing Public Governor (DC) but that the seat would be filled by John Hindle, with Ian Barlow retaining his seat of Rest of North Yorkshire and York. • Induction meetings for those uncontested seats were scheduled and further induction processes were being reviewed. • It was further highlighted that all staff seats were now filled leading to a larger, more representative Council. • Focus would then be on Stakeholder Governors to ensure representation on the Council.
10.3	<p>The Assistant Company Secretary was thanked for coordinating the elections and condensing them on just two elections per year.</p>
10.4	<p>Public Governor (MDe) sought clarification on the Rest of England seat and it was noted that the split into North and South had not been feasible which had been discussed at RNCC.</p>
10.5	<p>It was noted that the Lead Governor election would be discussed in the Council of Governors' Private session following this meeting.</p>
10.6	<p>Resolved: The update on governor elections was noted.</p>

COG/6/5/11	Proposal for the Annual Members' Meeting (AMM)
11.1	The Chair noted that planning had begun but was in the early stages. The date had been set as 17 September 2024 with a separate Council meeting the week before and Board meeting the week following the AMM. Consideration was being given to the venue. However, as it was a Governors' meeting, their assistance would be sought regarding planning to work together with the Trust.
11.2	There were no further questions on the AMM.
11.3	Resolved: The update on the Annual Members' Meeting was noted.
COG/6/5/12	Review of Governor Activities
12.1	The Lead Governor provided an update on the recent meeting with Healthwatch North Yorkshire and the ambitions of working together:
12.2	<ul style="list-style-type: none"> Met with the Lead & Deputy Lead Governors followed by a bigger meeting with more Governors from the Council. It was explained what Healthwatch received patient feedback and conducted investigations which could lead to an opportunity to improve delivery of services and care. Recent meetings provided an outline of how integration could work into governor settings with a suggestion to invite Healthwatch to the Informal Governor Briefing on a quarterly basis to highlight areas of concern. Details of the website would be circulated to all concerned after the meeting.
12.3	The Lead Governor noted data was awaited from Healthwatch North Yorkshire and that she would follow up to see what could be sent during an election period.
12.4	Deputy Lead Governor (JL) noted that she and Public Governor (IB) had attended the Great Start in Life Foundation inaugural Conference in Durham and that they had already shared information with Governors. However, she reiterated the success of the event and welcomed the ability to be involved.
12.5	Resolved: The Governor activities with Healthwatch North Yorkshire and involvement in the Great Start in Life Foundation conference were noted.
COG/6/5/13	CoG Annual Workplan
13.1	It was noted that the workplan was a work in progress and would be continuously updated.
13.2	Public Governor (MDe) noted the helpful layout to enable Governors to see the business to be conducted throughout the year.
13.3	Resolved: The Council of Governors' Meetings annual workplan was noted.
COG/6/5/14	Urgent Constituents' Questions
14.1	The Chair introduced the question themes noting the full questions were as detailed in the meeting papers. It was advised that the questions are relevant to all governors and not attributable to one:

<p>14.2 14.3</p>	<p>Concerns about appointments / scheduling: <u>Public Governor (RSw): Sought reassurance regarding potential missed appointments with any delay in postal letters; emailed information would give more notice to patients</u> The Chief Operating Officer noted that emailing letters could lead to issues with GDPR but that, with the new Patient Knows Best (PKB) digital system, notifications could be sent by email asking patients to view their letter on the portal. This would save costs in printing and postage. In instances where patients did not view the letter, it would then be posted to them. A large number of patients had already signed up to Patient Knows Best App (PKB) but it was currently only available for out-patient appointments. Analysis of Did Not Attend (DNA) rates would be reviewed in due course. In addition, it was advised that data could be pseudo-anonymised and therefore analysed to further understand if there was any impact on those less digitally able and population inequalities.</p>
<p>14.4</p>	<p><u>Public Governor (TD): challenges of changing appointments with the new telephone system</u> The Chief Operating Officer noted that the change in operating model of making appointments had been made with a view to ensuring better usage of all appointment slots. However, following feedback about the new system, the original telephone model had been reinstated and support increased. It was hoped there had been no further issues.</p>
<p>14.5</p>	<p><u>Public Governor (IB): concern about excluding those who did not have online access and assurances sought on timely appointment notification</u> The Chief Operating Officer confirmed that the option of paper correspondence remained an option, even with the new PKB app. However, the app was a way of reducing costs and DNA rates. The app provided the option for patients to select timings more suitable to them, but this opportunity was still available to those who were not digitally able.</p>
<p>14.6</p>	<p><u>Public Governor (JL): questioned policy of clinic allocation based on residential address</u> The Chief Operating Officer advised that many services were available from Wetherby clinic but it was patient choice as there was not policy for allocating appointments to specific clinic locations based on residential address.</p>
<p>14.7</p>	<p>Concerns about Hospital signage:</p>
<p>14.8</p>	<p><u>Public Governors (TD) and (DC): complaints about signage still being received despite time to adjust</u> The Director of Strategy advised that it had been recognised that the reactions to the signage were not as optimal as expected and that there had now been further engagement with patients and visitors to provide informed plans. It was expected that week commencing 15 July 2024, new signage with larger maps and a new volunteer station would be in situ in addition to information on the electronic wall outside the Emergency Department. The Trust were additionally reviewing the 700 different template letters to ensure consistency with approach for describing locations of appointments. It was anticipated that this would make a difference and the situation would be reviewed again later in the year.</p>
<p>14.9</p>	<p><u>Public Governor (DC): Waiting times in the Emergency Department</u></p>

	<p>The Chief Operating Officer advised the various waiting times noting that the average during December 2023 was 5 hours. Currently the waiting times were between 240-250minutes. He was unclear where the Governor's figure of a 12 hour wait in December had originated.</p>
14.10	<i>Other Governor Questions / Action Log Items</i>
14.11	<p><u>Public Governors (DC), (TD): ADHD / Autism / Audiology Referral waiting times</u> The Chief Operating Officer advised the longest wait for an ADHD referral was 89 weeks. He further advised that the Trust had been commissioned for different requirements and was currently in discussions with the commissioners about funding, diagnosis and resolving the outstanding referrals. Oversight was at Trust Board where this was discussed regularly.</p>
14.12	<p>The Trust's Audiology Services were assisted by staff from York and Scarborough Teaching Hospitals NHS Foundation Trust where there had been staff sickness. In the meantime a full time locum audiologist had been recruited together with additional administrators to review waiting lists and significant reductions had been made for patients waiting more than 3 months, to a third (400 patients). Discussions with York and Scarborough Teaching Hospitals NHS Foundation Trust were ongoing. For those waiting for hearing aid fittings, there were currently 300 patients waiting but only 55 over 18 weeks. A review was underway to ascertain if there were booking issues or if the delays were patient choice.</p>
14.13	<p>Whilst the waiting time was still lengthy, it was acknowledged that much work had been done to achieve the reductions in waiting times. It was confirmed that follow up appointments were made to provide additional advice after fitting.</p>
14.14	<p>Resolved: The responses to the Governor questions and action log updates were noted.</p>
COG/6/5/15	Any Other Relevant Business
15.1	<p>Public Governor (MDu) sought assurance that the Trust's IT security systems were robust in light of the recent cyber attacks at London hospitals. The Medical Director and Chief Operating Officer were jointly responsible for the Trust's technology and IT systems and praised the IT team for their constant and high levels of alert and felt assured about the systems' resilience. Staff Governor (SWi) advised that the Trust was fortunate to be in a position of being able to be proactive on IT security and preventative measures. Through careful negotiation, they had been able to save money on contracts and also bring in additional staff similar to ethical hackers. However, he noted that did not mean the Trust was invulnerable but that it was now more proactive and preventative.</p>
15.2	<p>Non-executive Director (AP) noted the Board had received an update on IT progress at the Board Workshop in February 2024 and felt more assured as a result.</p>
15.3	<p>Public Governor (RO-H) noted that the technology appeared robust but questioned the measures taken with IT security training for staff. Non-executive Director (WS) noted that, as chair of the Innovation Committee with oversight on technology and the Digital Strategy, there was ongoing testing, good staffing</p>



3.1

<p>15.4</p> <p>15.5</p> <p>15.6</p>	<p>capacity and periodic testing of the cyber strategy as part of the Business Continuity Plan (BCP). In addition, staff mandatory cyber security training had high compliance rates, but were monitored to ensure any variations were escalated to the relevant operations directors.</p> <p>Public Governor (ST) questioned the level of assurance received from suppliers. Staff Governor (SWi) noted that all third-party suppliers had to meet a robust set of criteria which was more stringent than standard criteria applied by non-NHS organisations.</p> <p>Staff Governor (SWi) was thanked for his input as it meant questions could be resolved and not held over for another meeting.</p> <p>There were no further matters to discuss and the meeting closed at 5.53pm.</p>
<p>COG/6/5/16</p> <p>16.1</p> <p>16.2</p> <p>16.3</p>	<p>Evaluation of the Meeting</p> <p>Non-executive Director (AP) thanked the Governors for the work undertaken at their pre-meet which had streamlined the minutes approval and questions to be asked.</p> <p>The Chair noted the importance of making the best use of time available and, with a busy year ahead, the Governors' support and engagement was crucial.</p> <p>Any further comments to be circulated to the Chair.</p>
<p>COG/6/5/17</p> <p>17.1</p>	<p>Date and Time of Next Meeting</p> <p>The date of the next meeting on 10 September 2024 was confirmed with the specialist update from the Patient Experience Team prior to the meeting. The venue was noted as the Boardroom at Trust HQ, Harrogate District Hospital.</p>

Signed:

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Dated:

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Annual Members' Meeting
held on Tuesday, 21 November 2023 at 5.00pm
The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:	Sarah Armstrong Clare Illingworth Ian Barlow (IB) Councillor Nick Brown (CB) Rachel Carter (RC) Martin Dennys (MDe) Tony Doveston (TD) Mike Dunn (MDu) Kathy Gargan (KG) Jackie Lincoln (JL) Richard Owen-Hughes (ROH) Kevin Parry (KP) Richard Sweeney (RSw) Stephen Williams (SWm) Stuart Wilson (SW) Jeremy Cross (JC) Andy Papworth, (AP) Laura Robson (LR) Wallace Sampson, OBE (WS) Azlina Bulmer (AB) Jonathan Coulter Jackie Andrews Matt Graham Jordan McKie Emma Nunez Angela Wilkinson Emma Edgar Angie Gillett Kate Southgate Sue Grahamslaw Plus 14 of members of the public	Chair Lead Governor. Stakeholder Governor Public Governor Stakeholder Governor Public Governor Public Governor Public Governor Public Governor, Deputy Lead Governor Public Governor Public Governor, Deputy Lead Governor Public Governor Public Governor Public Governor Staff Governor Staff Governor Non-Executive Director Non-Executive Director, Vice Chair Non-Executive Director Non-Executive Director Associate Non-Executive Director Chief Executive Executive Medical Director Director of Strategy Director of Finance Deputy CEO & Executive Director of Nursing, Midwifery and Allied Health Professionals (AHPs) Director of People & Culture Clinical Director for Long Term and Unscheduled Care Directorate (LTUC) Managing Director, HIF Associate Director of Quality and Corporate Affairs Assistant Company Secretary
Apologies:	Donald Coverdale Binish Mehar Steve Treece Chiara De Biase Julia Weldon Kama Melly Russell Nightingale	Public Governor Staff Governor Public Governor Non-Executive Director Non-Executive Director Associate Non-Executive Director Chief Operating Officer

Item No.	Item
AMM/11/2023/1	Welcome and Introductions
1.1	The Trust Chair welcomed everyone to the meeting, including those online or watching the recording. She explained the reasons for the changes in date and venue.

Item No.	Item
1.2	The importance of the Governors’ role in a Foundation Trust was recognised, along with the significance of all members of the Trust. The Governors were thanked for their work on the membership engagement strategy which would be one of the presentations.
1.3	The Governors, Non-executive Directors and Executive Directors were introduced.
1.4	It was explained that the Annual Members’ Meeting gave the Trust the opportunity to let people know what the Trust had been doing in the last year and to meet its members and stakeholders.
AMM/11/2023/2	Minutes of the Previous Annual Members’ Meeting on 5 December 2022
2.1	The Chair advised that the Council of Governors had met earlier in the afternoon and approved the minutes of the previous year’s Annual Members’ Meeting.
AMM/11/2023/3	Report from Lead Governor
3.1	The Chair introduced the Lead Governor who presented the update on the Council of Governors’ noting:
3.2	<ul style="list-style-type: none"> • The Trust’s wide footprint for services and therefore membership of the Council, explaining the various governor categories, both elected and nominated; • The governance structure of a Foundation Trust outlining the relationship between the Members, Governors, Trust Chair, and the Board of Directors; • Governors who had served the Trust but were either not re-elected or had stood down in 2022-23 – these were recognised and thanked for their work; • New and re-elected Governors from the election cohorts in 2022 and 2023 were welcomed; <ul style="list-style-type: none"> – Work was underway to promote membership of the Trust; – Some governor seats were still vacant ; • The Board members appointed by the Council were highlighted as well as having approved the appointment of the Chief Executive; • Some of the work the governors had undertaken in addition to Council meetings was explained; • An effectiveness review of the Council had highlighted the need for deputy lead governors, a membership and engagement strategy, and a review of the constitution; <ul style="list-style-type: none"> – The election of two Deputy Lead Governors had been ratified earlier in the day; – The constitution review had been completed in early 2023 to consider governor representation and geographical reach; – The membership and engagement strategy would be discussed later in the meeting.
3.3	The Lead Governor closed her report with an explanation of the various ways to keep in touch with them. The Chair thanked the Lead Governor for her presentation.
3.4	The Chair commended the breadth of work the Governors had undertaken in support of the Trust.
AMM/11/2023/4	Chief Executive’s overview
4.1	The Chair introduced the Chief Executive who provided an overview of the Trust and reflected on its work in the previous year.
4.2	The meeting was reminded that 2023 was the NHS’s 75 th Anniversary, recognising the importance of the organisation, noting everyone would use its services at some point.

Item No.	Item
	<p>There would always be developments within the service as it strove for continuous improvement. Some of the current challenges were highlighted but the audience were asked to remember that overall the public wanted high quality care delivered by trained, competent staff at the time they needed it, in a decent environment. NHS colleagues as they work as part of HDFT wanted people here, a decent working environment and to be appreciated.</p>
4.3	<p>He further explained the Trust’s key aim was to put the patient and child first. The services provided throughout the Trust’s footprint were explained and some key figures about the Trust’s achievements were highlighted.</p>
4.4	<p>He drew attention to the Clinical Services Strategy which had been in draft stage at the previous Annual Members’ Meeting but had now been approved by the Board. The Clinical Services Strategy had been developed alongside the overall Trust strategy, with a focus on the ways people were supported: Integrated care; supporting those who lived with frailty in the Community; focus on children and young people; the Trust was one part of the wider NHS; and the need to work in partnership.</p>
4.5	<p>The presentation that followed explained how the Trust was achieving its aims and making a difference in the health and care of the population:</p> <ul style="list-style-type: none"> • Urgent Care: the recognised performance indicator of a 4-hour wait standard for a patient to be seen in A&E – the need to consider the challenges since Covid-19 was emphasised and that whilst there had been a fall in achievement of the standard, work was underway to rectify Emergency Department performance. • Waiting Lists: number of people waiting over 65-weeks had greatly increased in the post-Covid years. However, the Trust was on track to have no patients waiting over 65 weeks by the end of March 2024 and the number of people waiting over 52 weeks was reducing too. • Cancer Care: industrial action had impacted clinical waiting lists resulting in a lowering of meeting the standard. However, this was improving. • 0-19 Children’s Services: good progress was being made in the nine local authority areas.
4.6	<p>Those attending the meeting were advised to read both the Annual Quality Report and the Annual Report and Accounts which demonstrated how the Trust was providing quality care. The Trust was always striving to improve and it was noted that there had been some Serious Incidents and Never Events in the previous year. In addition, there had been complaints but the goal was that no patients should come to harm whilst in the Trust’s care. It was explained that the Trust was learning from these events and also issues that came through the Freedom to Speak Up guardian. The Trust had held a nursing conference recently with guest speaker, Paula McGowan (<i>an activist who has dedicated her life to campaigning for the equality of Health and Social Care for Intellectually Disabled and/or Autistic people</i>) which demonstrated the Trust’s desire to improve.</p>
4.7	<p>Whilst the Trust delivered health and care services to its population, it also needed to create the best place to work. Staff numbers fluctuated but overall were increasing with people wanting to work at the Trust. The quarterly staff survey enabled staff engagement to be regularly monitored and had been steadily improving.</p>
4.8	<p>The Marmot Review 2020 on health inequalities was quoted as a reminder of the importance of the NHS and HDFT’s role within the organisation: <i>“Health is repeatedly shown to be the Nation’s top priority. And so it should be – it is quite simply a matter of life or death, of wellbeing or sickness. Good health is an indication that society is thriving and working in the best interests of the population.”</i></p>

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4.9	The Chief Executive went on to recognise the importance of the Trust’s staff and to thank them for their work in all locations, including in the community. In addition, the value of the work of the Governors, Non-executive Directors, Chair and Directors was highlighted
4.10	The Chair thanked the Chief Executive for his presentation.
AMM/11/2023/5	Annual Report & Accounts 2022/23
5.1	The Chair welcomed the Director of Finance to present the Annual Report and Accounts. The Director of Finance introduced the Annual Accounts and summarised the the outcomes of the 2022/23 financial year, the current position and the anticipated future situation.
5.2	It was explained that the Trust had lived within the given resources in the 2022/23 financial year, finishing with a surplus. The Trust had achieved the financial target required by NHS England. The total spend had been £352m across all services impacting the communities and populations within the Trust’s footprint. The external Auditors had confirmed that the services had provided value for money. There had been significant capital investment – larger than in previous years – to improve the environments in which people worked.
5.3	The Director of Finance further explained some of the capital and environmental works undertaken by Harrogate Integrated Facilities (HIF) and focus was now moving towards digital improvements that could be made.
5.4	Overall, the Trust had ended the financial year with a positive cash balance and ensured suppliers were paid in a timely way where possible. It was acknowledged that the Trust strived for continuous improvement with timely invoice payment. Covid impacts were still being felt although progress was being made, including reducing waiting lists, improved work in the community and throughput of patients in the Emergency Department. The Director of Finance reported that External audit had issued an unqualified opinion “The accounts give a true and fair view of the financial performance and position of the Trust.” . They were satisfied that the Trust’s Annual Report was consistent with the detailed financial accounts.
5.5	The auditors drew attention to some potential challenges for the future such as the impacts of the industrial action on direct costs, inflation, and the need to look at efficiencies that would be required to support the plans to retain a surplus, e.g. Electronic Patient Record, backlog maintenance, etc. Looking to the future, the Trust would continue to work with the System and with partners to be a successful System. There would be a focus on improved productivity whilst efforts were made to remain financially on track.
5.6	The Chair noted there were a few printed copies of the Annual Report but that in an effort to take care of the environment, digital copies of documentation were available online.
AMM/11/2023/6	Membership Strategy
6.1	The Chair explained that the Trust would like input from its members and introduced the two new Deputy Lead Governors. Deputy Lead Governor (MD) introduced the work of those Governors who were members of the Governor Development and Membership Engagement Committee in developing a new membership engagement strategy. The Annual Members’ Meeting was the launch of the Strategy that the Governors want to make work. The purpose of bringing this to the Annual Members’ Meeting was to listen

Item No.	Item
6.2	<p>to members' views about how to take the strategy forwards to get the right level of interaction with the membership.</p> <p>Information about the strategy would be put on the website and in a newsletter to members to get the message to people who could not be present. The aim was to increase membership and understand what members wanted to see from the Trust. It was outlined that the action plan explained the wish to understand the needs of the membership. It was explained that the Trust was accountable to the communities it served which was way engagement with the membership was key. Staff were also key members.</p>
6.3	<p>In addition to the membership strategy, Deputy Lead Governor (MD) explained the role of a Governor and how they interacted with the community. He went on to relay the aims of the Membership Engagement Strategy and how better communication with the membership would be enabled. By understanding the needs and wants of the membership, the hope would be to improve services and benefits for the whole community, including staff. In addition, members were advised that they elected the Governors who in turn performed a vital role in holding the Non-executive Directors to account for the actions of the Board.</p>
6.4	<p>Deputy Lead Governor (JL) reminded those present that the trust was accountable to the community it served, patients and employees. Benefits of membership were explained and it was hoped the membership would become more representative of the communities it served.</p>
6.5	<p>The four main objectives of the Membership Engagement Strategy were outlined:</p> <ul style="list-style-type: none"> • Increase, develop and effectively manage membership; • Encourage membership which is representative of communities, staff and stakeholder groups; • Increase types and quality of engagement with membership and other stakeholder representatives; • Be able to evidence success in implementing the strategy.
6.6	<p>Members were advised there were copies of the "Supporting aims of each Objective" on the tables and they were being asked to talk through with those around them the actions and activities that could fulfil the aims and objectives. The intention was to generate feedback from the exercise to enable more detail to be added to the strategy document and action plan for onward communication to the wider membership. The Committee would then be in a position to report back on progress.</p>
6.7	<p>The next steps to take the Strategy forward were outlined:</p> <ul style="list-style-type: none"> • Seek feedback from those present at the meeting; • Communicate the feedback to the members via a newsletter or on the website; • Finalise the strategy and associated action plan; • Plan and monitor implementation, reporting back to the Council of Governors; • Report progress at the next Annual Members' Meeting.
6.8	<p>Questions were invited from the floor. One member noted that the community was bigger than just the membership and so ideas of how to reach out to those communities would be beneficial, as would an understanding of potentially how to increase, manage and develop the membership. This was explained as being one of the tasks on the Supporting Aims document on the tables that it was hoped the members would discuss at the meeting and provide ideas.</p>

Item No.	Item
6.9	Deputy Lead Governor (MD) summarised by clarifying that the Committee would like to hear from the membership of the ideas and actions that would make a difference to them and consider how the membership actions should be targeted.
6.10	A member questioned the word “target” only appearing once in the Supporting Aims and would targets be set? It was explained that this was covered in objective four: Measure and track success on the implementation of the strategy.
6.11	Another member of the public questioned how many members of staff were based in Harrogate as they made up about a third of the membership. It was noted that the Committee needed to fully understand what information is currently held.
6.12	The meeting was asked to work together for the next 10 minutes to try to produce some ideas, whilst the Governor and member of staff on each table would take notes.
6.13	After approximately 10 minutes, the Chair noted that there had been much discussion in the room and notes produced, but that this would be an ongoing challenge. It was noted that some people may be watching the meeting later and online and those people were encouraged to get in touch to be part of the conversation.
6.14	The notes were collected by the Deputy Lead Governors for further analysis.
6.15	Those present were thanked for their participation.
AMM/11/2023/7	Updated Constitution
7.1	The Chair explained that the constitution was an important document and, with the changes to the Trust’s services and footprint, it had been reviewed to ensure it was still appropriate. The amendments had been approved by the Council of Governors and the Trust Board. Those present at the Annual Members’ Meeting agreed to the amendments shown in the draft.
AMM/11/2023/8	Annual Report & Accounts 2021-22
8.1	Following a robust governance review, it was identified that the previous year’s Report and Accounts had remained as separate documents – one for the Annual Report and another for the Accounts. These were now combined and presented to the members again for information.
AMM/11/2023/9	Closing Address
9.1	The Chair thanked all those attending both in person and online for taking the time to be part of the meeting and were asked to stay in touch as what they had to say mattered because they were the recipients of the services provided by the Trust.
9.2	There being no further business, the meeting was formally closed at 6.17pm.

**Council of Governors (held in Public) Action Log
for September 2024**

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/12/5/9.5	05 December 2022	Integrated Board Report	Governors to be invited to a training session from the NHS England Statistical Team	Associate Director of Quality and Corporate Affairs	11 July 2024	A Teams training session on the IBR was held by Matt Shepherd before the Informal Governor Briefing on 11 July 2024. Session was recorded and is available as a training to governors on their Teams Channel	Propose to close
COG/3/7/10.18	07 March 2023	ICB	An overview of the ICB systems that the Trust was involved with would be included at a future Informal Governors meeting.	Chief Executive	01 August 2023	Sue Symington (Chair, HNY ICB) to provide overview at January 2025 Informal Governor Briefing. Action to remain ongoing until meeting has taken place.	Ongoing
COG/3/7/10.21	07 March 2023	Autism Assessment	An update to be provided at the next Council of Governors meeting regarding	Chief Operating Officer	01 June 2023	Update: Item covered as minute 14.11 in the June 2024 public Council of Governors meeting Meetings had taken place between commissioners and the Trust - Council were updated on mitigation against the current risks. March 2023: update provided on referrals, the associated costs/ financial risk, backlog and potential of retendering. There had also been a discussion at Quality Committee following consideration of hte data at the ICB's Quality Committee.	Propose to close
COG/11/21/6.6	21 November 2023	Chief Executive Update	Audiology waiting times - discussion	Chief Operating Officer	TBC	Update: Item covered as minute 14.12 and 14.13 in the June 2024 public Council of Governors meeting March 2023: reduction in waiting lists but RAAC refurbishment may lead to slight increase again. Situation monitored at Resources Committee. COO to look into waiting times for device fitting as slower than the private sector.	Propose to close
COG/11/21/10.2	21 November 2023	Questions from Governors: Donald Coverdale	Governor to be contacted to ensure all questions had been resolved	Associate Director of Quality and Corporate Affairs	End of August (end of Governor term)	Update: Full response provided to the Governor at end of June 2024. Corporate Team would review all previous questions raised by the Governor to check if there were additional items in the meeting minutes that provided further information in response to his questions.	Propose to close
COG/11/21/10.13	21 November 2023	Governor Questions	Consider further improvements to the process of Governor Questions	Corporate Affairs	TBC	Update: format of the CoG meetings were developing in line with request and suggestions at the CoG development sessions. Development is ongoing. Next session in November 2024. Options were discussed at the CoG Development session on 6 February 2024 and suggestions being reviewed / trialled. Additional discussion scheduled for 3 June 2024.	Propose to close as the process is gradually evolving.
COG/3/6/13.2	06 March 2024	Structure of Council of Governors	Consider if governor seats represent the Trusts' footprint and needs - with merge of Local Authority Seats to one council	Assistant Company Secretary	TBC	Update: an initial review had started at RNCC with a look at seats that were hard to fill.	Ongoing
COG/6/5/8.5	05 June 2024	Focussed Update: Domiciliary Care	Detailed discussion on Domiciliary Care and patients' perceptions of the impact on their care with the Waste Reduction programme in place.	Assistant Company Secretary	TBC	Discussion to form part of an Informal Governor Briefing.	Ongoing

Report on NHS Providers – Governor Focus online conference 2024.

The conference had a scene-setting opening address by Sir Julian Hartley, Chief Executive Officer, who set the context under four headings: the political context with a new Government, the national picture, the frontline perspective, and what NHS Providers have been focussed on.

The political context was about Wes Streeting's appointment as Health Secretary and the re-set to NHS standards, industrial relations, parity between mental and physical health provision and the workforce needs of NHS staff. This includes a promise to register and regulate NHS managers.

Sir Julian highlighted five shared commitments between the government and NHS Providers: to the core values of the NHS, building new infrastructure, nurturing a thriving health and social care workforce, championing a culture of openness and innovation and the provision of care in the right place and at the right time.

This gave us a framework to consider the updates and experiences in the rest of the day.

Last financial year the systems overspent by over £1.4bn. 25 out of forty-two local health systems missed commitments in their financial plans. This year, there is currently no increase in NHS funding when inflation is considered. This leaves a £3bn planned overspend this financial year, with local systems being penalised if they overspend against plans.

All Trusts are focused on increasing efficiency and productivity (which is quite a complex and yet crude measure) in the face of increasing demand a patient needs complexity. Sir Julian observed that there is a massive lack of realism in these plans and that huge savings are required.

A key aspect of this is the balance between short-term and long-term funding needs. Getting to a point of long-term sustainability is critical and that despite Labour's ambitious plans, low annual funding increases are planned.

A plan to address NHS productivity is to be published this summer, with NHSE reporting that overall productivity is around 11% lower than before the Pandemic. (However, patient needs are not the same either).

There was talk of a "whole system approach" to productivity, in which NHS Providers will work with NHSE to identify productivity metrics for mental health and community trusts.

The tension between quality and the safety of care and the cuts to cost and staff where clear.

Performance standards focused on community services waiting lists (now 1.07m people), increasing demand for mental health services, ambulance response time targets, which continue to be missed, the waiting lists for elective care and the cancer diagnosis standard, met in March but missed in April).

The next session was a case study from Northamptonshire NHS Trust, which asked their governors to sign up to a series of voluntary pledges, based on the two core responsibilities of holding the Non-Executive Directors (NEDs) to account and representing members of the trust and the public.

We were told that 19 Governors made over one hundred pledges, however, some governors over-committed and could not achieve what they had pledged to do.

Their lessons included to encourage governors to be realistic and to introduce the process at induction for new governors. To simplify the approach and link each pledge to one of the Council of Governors' objectives. They emphasised the need to celebrate success and inspire Governors.

There were some good examples of increasing the Trust's membership engagement; such as attending the Youth Advisory Board, contributing to member bulletins and webinars, and the use of Governor Videos as part of the Annual Meeting.

Richard Amposah, a Staff Governor, and Interim Lead Governor gave his perspective on submitting pledges. He was clearly supportive of this idea.

The top tips for embedding pledges in your Trust were insightful, to:

- Think about the potential list of activities to include in pledges
- Encourage Governors to make realistic pledges
- Encourage the collection of photographs and other evidence of successes
- Identify Ambassadors within the Council who could help Governors to achieve their pledges

For our part, we liked the ideas around engagement but would question the concept of making pledges to the Council for performing our role. We also wondered how much overhead this creates for both the Board Secretariat and Lead Governor to administer the identifying, evidence gathering and tracking work. Unless people have extra time to spare, this must have an opportunity cost on performing the central part of our role and on Trust support staff.

Derbyshire NHS Foundation Trust then presented an update from the Trust Chair, which had some very positive messages about working with their governors and good ideas such as an engagement log, informal "coffee and chat" meetings, both in person and online, service visits with the NEDs and many of the things we already do in HDFT.

One thing that struck us under the heading of "What works" was about the engagement and relationship between NEDs and Governors, highlighting a willingness to explain terms and concepts as well as to follow up after meetings.

Mersey Care NHS Foundation Trust gave a presentation by Professor Joe Rafferty, the CEO.

This too had examples of holding NEDs to account, by Governors directing their questions to the NEDs, but he emphasised that rather than unnecessary criticism, the focus was on understanding the cause of issues and collaboratively finding solutions.

Three types of visits are arranged for governors to service sites, topical- where governors have raised a concern, estates development where a new facility has been added, and area of interest to governors in small groups.

Black Country Healthcare NHS Trust was represented by Katrina Smith, the Trust Secretary.

The key themes were teamwork between members of the Council (of Governors), asking non-closed or “combative” questions and taking an interest in all Trust business. Informal meetings over coffee between Governors and NEDs was also mentioned in this presentation to get to know each other.

Finally in this section, Tina Blixby, Community Engagement Manager at East London NHS Trust explained their approach to developing a plan, rather than a strategy.

We also saw presentations by Civica as consultants in member engagement and turnout at elections, and Rusell Gill, Head of Community Delivery at The Co-operative Group. He explained that the Co-op see membership in terms of ownership value, social value, and economic value. These are interconnected elements.

It was highly informative and would warrant more thought about how these principles from a commercial for-profit co-operative, could be applied to HDFT and its membership engagement. The concept of “Reciprocal Value” through participation in activities and membership was very compelling.

The breakout sessions highlighted some common issues in the minds of governors, including Trust performance in patient care, the operating environment of the NHS and an understanding of their role. The observation was made that “it remains hard for governors to see where their contribution makes a difference.”

Attending or joining as an observer at Integrated Care Boards was also highlighted to improve understanding and the context of Trust plans, such as the Board Assurance Framework.

It was clear that the consensus was that the core of effectiveness was both relationships with the Board and NEDs, as well as finding ways to have greater engagement with Members, such as at Youth Councils and Medical Schools.

Summary

The extent of challenges facing the NHS as a system of systems and both staff and managers is well understood by Governors but was really bought into sharp relief in the keynote session.

The conference provided some clever ideas and examples of greater engagement with members, though not their feedback on it, and of strengthening the quality and quantity of interaction with NEDs.

Notably missing was the means to hold NEDs to account, the other core pillar of the Governor role, except for asking more appropriate questions, but not acknowledging the time delay, delegation of questions to Executive Directors or time limits on such questions, in packed agendas for Boards and the Council of Governors.

Nor was the way to handle answers that are generalisations, or only indirectly answer the question asked. We suspect that this remains a challenge for us all.

It was an extremely useful conference, and we recommend that HDFT aspire to be one of the exemplars at the conference next year.

Kevin Parry, Public Governor and Rachel Carter, Public Governor

19th July 2024



Harrogate and District NHS Foundation Trust Governor Code of Conduct

1. Introduction

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

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

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

2. Undertaking & compliance

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

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

3. Interpretation & concerns

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

4. Principles of public life

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

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



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

5. The Trust's vision & values

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

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

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

Our KITE values are:

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

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

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

7. Confidentiality

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



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

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

8. Fit and proper person

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

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

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

9. Register of interests

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

10. Conflicts of interest

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

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



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

11. Meetings

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

12. Personal conduct

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

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



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

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

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

13. Training & development

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

14. Reimbursement of Expenses

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

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

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

16. Review and revision of the Code

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

17. Declaration

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

Signed:

Name:

.....

.....

Date:

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



Appendix A

Non Compliance with the Code of Conduct

Introduction

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



- e. The Governor will be given sufficient time to prepare their written response to the case made against them. Prior to the meeting the Council will receive the written case and recommendation for the removal of the Governor as well as the Governor's written response.

- f. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor as appointed by the Chair, Company Secretary and Lead Governor in consultation with the Governor concerned shall consider the evidence and determine whether the proposed removal is reasonable. If the independent assessor concludes that the case was unreasonably brought and not justified, the proposal will not be presented to the Council and will be withdrawn. If the independent assessor concludes the case to have been reasonably brought and justified, then the presentation will proceed, as set out below.

- g. The Chair will present the proposal for the Governor's removal and the Governor will have the opportunity to present his/her case to all the members of the Council present at the meeting.

- h. After hearing both cases, the Council of Governors will then vote on the recommendation. If three quarters of the Governors present vote in favour of the recommendation, then the Governor's term of office shall be terminated forthwith. If less than three quarters of Governors present vote in favour of the recommendation, then the Governor shall continue in office

Questions Submitted for Council of Governors' Meeting: 10 September 2024		
Governor	Constituency	Question
Impact of GPs Work to Rule / Relationships with Primary Care		
Rachel Carter	Ripon & West District	GP "Work to rule". Could we understand NEDs' perspective on the impact of this on HDFT services and also whether they feel assured about the level of engagement with local (Harrogate District area) GPs, and impact on relationships between HDFT and local general practices? Also NED assurance about the impact and approach for services (e.g. 0-19) where referrals may come from GPs with whom we don't have direct relationships.
Kevin Parry	Matter Arising from June CoG	Additionally what assurance have NEDs sought on how and to what extent are the problems in Primary Care contributing to the increase in the number and complexity of cases being referred, including those arriving into A&E as far as the Board know?
Pain Management		
Mike Dunn	Constituent	Pain management services for the Trust are being managed via Leeds Teaching Hospital Trust Pain Service – have NEDs sought assurance on the impact of these arrangements on waiting times, cost effectiveness and patient experience?
HDFT Impact		
All Governors	Matter Arising from June 2024 CoG	To what extent does the Trust believe that quality and performance improvements have had on the factors that detract from these, namely: staff resilience, engagement and morale? It is not clear how these are being addressed and how the impact on patient care is being measured.
All Governors	Matter Arising from June 2024 CoG	Also It would be very helpful to hear the scope and objectives of the HDFT Impact Programme with how they link to Trust targets. We do not get time to study, or an explanation of the charts on the wall of the Boardroom to understand the central focus of the Board now.
Domiciliary Care		
Rachel Carter	Matter Arising from June 2024 CoG	Since we had an update on Domiciliary Care last time, there has been an article in HSJ (last week): "Top trust stalls expansion of its pioneering social care service: Northumbria Healthcare FT had planned major expansion to its home care service. But recruitment challenges halt progress of new service. Care Northumbria had been emulated by other providers but prompted destabilisation warnings". It would be good to understand how NEDs get assurance about how lessons from elsewhere are being factored into development and/or review of our Domiciliary Care service.
Cyber Security Measures		
Kevin Parry	Matter Arising from June 2024 CoG	Following the serious issues caused by CrowdStrike cyber-security software this month, how are NEDS assured are the Trust still satisfied that third-party suppliers standards for cyber-security measures, testing and resilience are still adequate?

Council of Governors Workplan – 2024					
Dates of Meetings	Private / Public	Wednesday 6 March	Wednesday 5 June	Tuesday 17 September	Wednesday 4 December
Final Papers required by:		22/02/23	23/05/23	10/09/23	21/11/23
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	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓
For info: Integrated Board Report (IBR) – circulate with public papers	Public	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports and minutes: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	?	*	*	*	* - decision on EA to be ratified
Annual Plan	Public	*	*	*	*
Annual Governor Feedback Report	Public			✓	
Approval of Quality Indicator for Audit	?				
Annual Quality Report	Private			✓	
Annual Report and Accounts	Private			✓	
External Auditor Report to Governors	Private			✓	
Governor Events, Feedback	Public	✓	✓	✓	✓
Annual Declarations of Interest and agreement with Code of Conduct	Public			✓	
Appointment of Lead Governor	Public	*	*	*	*
Annual Review of Committee/Group Membership	Public				✓
Membership Strategy approval (then annual review)	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			✓	
Calendar of Governor Activities	Public	*	*	*	*
Constitution Annual Review	Public		✓		
Annual Review of the Effectiveness of the Council of Governors	Public			✓	
Bi-annual Update on Harrogate Healthcare Facilities Management Limited (t/a Harrogate Integrated Facilities (HIF))	Public		✓		✓
Performance Evaluation of the Chair and Non-executive Directors (recommendation from the Remuneration Committee)	Private		?	✓	
Patient Experience Team – thematic report	Public			✓	
Proposal for Annual Members' Meeting	Public		✓		
Urgent Constituents' questions	Public	✓	✓	✓	✓

Closing Items					
Workplan Review	Public	✓	✓	✓	✓
Any Other Business	Both	*	*	*	*
Evaluation of Meeting	Both	✓	✓	✓	✓

*As and when required

Items to be Added: