

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Wednesday 4 December 2024 from 3.00pm – 5.45pm

**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				
Specialist Update Briefing – TO BE CONFIRMED				
3.00pm-3.45pm: Board Assurance Framework & Corporate Risk Register (Kate Southgate) (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 and Conflicts of Interest	Chair	Note	Attached
3.0	Minutes of the previous meeting: 10 September 2024	Chair	Approve	Attached
4.0	Matters arising and Action Log	Chair	Note	Attached
5.0	Chair's Update	Chair	Note	Verbal
6.0	Chief Executive's Update	Chief Executive	Note	Verbal
6.1	Corporate Risk Register		Note	Blue Box Item
6.2	Integrated Board Report		Note	Blue Box Item
7.0	Appointment of Lead Governor	Associate Director of Quality & Corporate Affairs	Approve	Attached
8.0	Lead Governor's Update	Lead Governor	Note	Verbal
9.0	Public Governor Elections Update	Associate Director of Quality & Corporate Affairs	Note	Attached
10.0	HDFT Impact	Director of Strategy	Presentation	Verbal
11.0	Urgent Constituents' Questions	Chair	Note	Attached / Verbal
12.0	CoG Annual Workplan 2025-2026	Chair	Note	Attached
13.0	Any other relevant business	Chair	Note	Verbal
14.0	Evaluation of meeting	Chair	Note	Verbal
15.0	Date and Time of Next Meeting Wednesday, 5 March 2025 at 4pm (with specialist update briefing on Health Inequalities Data on the IBR at 3.15pm)	Chair	Note	Verbal

Council of Governors – Register of Interests				
As at 04 December 2024				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Sarah Armstrong	Chair from 1 April 2022	April 2022	(current)	1. Director: flat management company of current residence 2. Chief Executive: The Ewing Foundation, Ovingdean Hall Foundation and Burwood Park Foundation 3. Director: Coffee Porter (family business) 4. Member: West Yorkshire Chairs & Leaders Forum 5. Member: HNY Provider Chairs 6. Member: HNY CAP Board 7. Trustee: NHS Charities Together
		September 2024	(current)	
Jonathan Allen	Staff: Community Services	July 2024	(current)	1. Nil
Ian Barlow	Rest of Yorkshire	September 2023 December 2023	(current) (current)	1. Trustee: Forces Online charity 2. Member: South West Yorkshire Partnership NHS Foundation Trust
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

Council of Governors – Register of Interests				
As at 04 December 2024				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
				6. Member: Leeds & York Partnership NHS Foundation Trust
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
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)	2. Nil
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)	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

Council of Governors – Register of Interests				
As at 04 December 2024				
Council Member	Constituency	Relevant Dates		Declaration Details
		From	To	
Binish Mehar	Staff: Medical Professionals	October 2023	(current)	TBC
Richard Owen-Hughes	Knaresborough & East District	January 2022	(current)	1. Marketing Director: Driver Hire Group Services Ltd
Kevin Parry	Harrogate and Surrounding Villages	July 2023	(current)	1. Director: Cogenic Ltd
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
Stuart Wilson	Staff: Non-Clinical	July 2022	(current)	Nil

Register of Interests – Previous Governors				
As at 04 December 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, Harewood etc.3	January 2017	July 2024	1. Committee Member: 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)
10 September 2024
Boardroom, Trust Headquarters, Harrogate District Hospital,
Lancaster Park Road, Harrogate, HG2 7SX

DRAFT Minutes

Present:		
	Sarah Armstrong	Chair
	Jonathan Allen (JA)	Staff Governor
	Councillor Nick Brown (CB)	Stakeholder Governor
	Rachel Carter (RC)	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
	John Hindle (JH)	Public Governor
	Mark Hutchinson	Staff Governor (virtual)
	Jackie Lincoln (JL)	Public Governor, Deputy Lead Governor
	Richard Owen-Hughes (ROH)	Public Governor
	Kevin Parry (KP)	Public Governor
	Richard Sweeney (RSw)	Public Governor
	Stuart Wilson (SW)	Staff Governor
In Attendance:		
	Chiara De Biase (CdB)	Non-Executive Director
	Andy Papworth, (AP)	Non-Executive Director, Vice Chair
	Laura Robson (LR)	Non-Executive Director, Senior Independent Director
	Jonathan Coulter	Chief Executive
	Matt Graham	Director of Strategy
	Jordan McKie	Director of Finance
	Russell Nightingale	Chief Operating Officer
	Angela Wilkinson	Director of People & Culture
	Sue Grahamslaw	Assistant Company Secretary
	Kate Southgate	Associate Director of Quality and Corporate Affairs, and Company Secretary
Apologies:		
	Ian Barlow (IB)	Public Governor
	Emily Legge (EL)	Staff Governor
	Binish Mehar (BM)	Staff Governor
	Stephen Williams (SWm)	Staff Governor
	Jeremy Cross (JC)	Non-Executive Director
	Wallace Sampson, OBE (WS)	Non-Executive Director
	Julia Weldon (JW)	Non-Executive Director
	Azlina Bulmer (AB)	Associate Non-Executive Director
	Kama Melly, (KM)	Associate Non-Executive Director
	Jackie Andrews	Executive Medical Director
	Emma Nunez	Deputy CEO & Executive Director of Nursing, Midwifery and AHPs



SPECIALIST UPDATE BRIEFING – PATIENT EXPERIENCE TEAM	
	<p>Present from PET: Jo Twigger, Patient Experience Manager</p>
	<p>The Patient Experience Manager presented a briefing about the work of the Patient Experience Team, outlining:</p> <ul style="list-style-type: none"> • The Team’s function and processes • The Data themes / trends • Patient experience and engagement plan • Complaints position • Software used and standards adhered to (EDS22) <p>The Governors were engaged and asked questions throughout the presentation. Noted that there had previously been a Governor who provided input into PET work to and acted as a link between PET and the Council. It was suggested that PET should be included in the Governor induction process.</p> <p>Noted that some of PET reported was included in the regular reporting to the Quality Committee so those Governors observing had access to the report.</p>

Item No.	Item
COG/9/10/1	Welcome and apologies for absence
1.1	The Chair thanked the colleague from the Patient Experience Team for their presentation and welcomed everyone to the meeting including those participating by Teams. The new staff governors were welcomed to the Council.
1.2	Apologies for absence were received from those noted above.
COG/9/10/2	Declarations of Interest and Conflicts of Interest
2.1	Public Governor (KG) advised that she had been appointed at a Trustee of the Two Ridings Community Foundation in March 2024.
2.2	No further declarations of interest or conflicts of interest were noted.
COG/9/10/3	Minutes of the previous Council of Governors (Public) meeting held on 5 June 2024 and Annual Members’ Meeting on 21 November 2023
3.1	Public Governor (RC) requested earlier sight of the Annual Members’ Meeting minutes in future.
3.2	There were no amendments to either set of minutes presented. The Chair thanked the governors who ensured there was feedback on the minutes.
3.3	Resolved: Minutes of the previous Council of Governors (Public) meeting held on 5 June 2024 and Annual Members’ Meeting on 21 November 2023 were approved as accurate records of the meetings.

COG/9/10/4	Matters Arising and Action Log
4.1	The following matters arising and actions were noted:
4.2	CoG/3/7/10.21: Autism Assessment – It was noted that this item was on the corporate risk register and reviewed at the Trust Board’s Quality Committee. It was added to the Council’s Workplan for 6 monthly updates. <i>The action was closed.</i>
4.3	CoG/6/5/8.5: Domiciliary Care Update – it was noted that there had been a briefing on TeamTalk and the work of Thrive. <i>Action ongoing.</i>
4.4	Those items that had been proposed to close on the action log were closed and other remaining actions continued to be ongoing.
4.5	Resolved: Actions were agreed as noted.
COG/9/10/5	Chair’s Update
5.1	<p>The Chair noted:</p> <ul style="list-style-type: none"> • It was time for reflection and consolidating learning from the first half of the financial year • Conversations were ongoing relating to the NHS financial situation as a whole • Increased seasonal pressures, noting Winter planning commenced in July • Working in partnership to deliver health and care services • HDFT Impact was focussing the Trusts efforts • The One Team Conference would take place on 4 November, following last year’s successful event. • Thanks expressed to Governors who engaged in the NED appraisal process, and for the work of the Remuneration, Nomination and Conduct Committee (RNCC) • NED appraisal outcomes noted the value of the Governors in the Trust • Key areas of importance were summarised • Governors were reminded that they could always ask questions and the Chair was always available to contact.
5.2	Non-executive Director (LR) also thanked the Governors for their participation in the Chair’s appraisal process. She further advised that their feedback on the overall appraisal process had also been raised with NHSE who had confirmed they would review the standard appraisal form for the following year.
5.3	Resolved: The Chair’s report was noted.
COG/9/10/6	Chief Executive’s Update
6.1	<p>The Chief Executive provided the Council of Governors with the following updates:</p> <ul style="list-style-type: none"> • At a meeting with the Secretary of State for Health and the Chief Executive of NHS England, it was noted that longer term planning would now be possible. The Secretary of State was positive about the health service and those who worked in it but recognised the need for value for money. • The junior doctors’ Industrial Action had been resolved

	<ul style="list-style-type: none"> • GP action was a concern • Urgent care pressures and financial challenges were foremost • The Darzi Review was anticipated imminently • Winter planning guidance was expected shortly • 10 year plan would focus on three principles: hospital to community, sickness to prevention, and analogue to digital • Work continued across Humber & North Yorkshire (HNY) and West Yorkshire Committees in Common with a view to strengthening collaboration, especially with Electronic Patient Record (EPR). In addition, connections with Leeds Teaching Hospitals NHS Trust would further improve through the Wharfedale Hospital project • Reference was made to the ICB's planned deficit of £50m, and the overall financial challenge with the need for the Trust's financial position to improve from October onwards despite there being no additional winter funding • NHS Standards and HDFTs targets were explained, noting the Trust's successes • Staff engagement, vacancy targets and agency spend were outlined • The challenge to meet the Waste Reduction and Productivity (WRAP) target by year end was noted • Major capital schemes were highlighted • HDFT Impact would be explained in more detail at the Annual Members' Meeting <p>6.2 Public Governor (KP) questioned if the Secretary of State had recognised the difference in supply and demand. The Chief Executive noted that there were funding issues with finding a solution.</p> <p>6.3 Deputy Lead Governor (MDu) questioned if there had been any information about the use of the private sector in the discussion with the Secretary of State. It was explained there had not been any explicit information but more a need to use the capacity as efficiently as possible.</p> <p>6.4 Public Governor (RC) asked what the effect had been on staff morale of the NHS being labelled as "broken". The response was that the Secretary of State had subsequently considered that his language may have been unhelpful when considering ways to improve the service.</p> <p>6.5 The Chief Executive explained to Public Governor (ROH) that pressures on existing winter plans could come in the form of variants of flu, as well as GP contract discussions.</p> <p>6.6 Stakeholder Governor (NB) requested to know if there was any potential for discourse from others around the junior doctors' pay awards. The Chief Executive noted that, whilst there were conversations being held, it was hoped there would be no further actions. Public Governor (KP) also raised the link between pay and junior doctors' productivity. It was explained that productivity would effectively fall if the number of doctors remained static and pay costs increased, but productivity would also fall with the effect of the strikes. However, the recruitment of more doctors could increase the size of the team of doctors and so make them more effective in patient treatment with a potential for productivity gain.</p>
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6.7	Public Governor (RC) raised a concern about any impact if the ICB did not meet the deficit target. It was explained that further financial measures could be instigated by NHS England at regional and national levels. There was further discussion on intervention powers and areas where funds could be restricted further.
6.8	Resolved: The Chief Executive’s update was noted.
COG/9/10/7	Update on Cancer Waiting Times
7.1	The Chief Operating Officer provided an update on cancer waiting times, highlighting: <ul style="list-style-type: none"> • The cancer standards monitored, national targets, HDFT’s improvements and subsequent achievements gained through focussed drive • Noted the focus around various cancers such a breast, colorectal and gynaecological • Outlined the data from the pareto chart which showed breaches that were explained as primarily around bowel cancer screening and where work was reliant on neighbouring Trusts • The 62-day referral to treatment (RTT) standard was discussed noting HDFT ranked about 40th out of 144 Trusts • The main areas of cancer waiting times were covered in more detail at Board meetings.
7.2	Public Governor (KP) questioned if outcomes were measured by HDFT in relation to cancer survival rates as the UK compares poorly with many advanced economies around the world and rather than just the inputs of waiting lists for diagnosis and treatment. The Chief Operating Officer advised that only diagnosis was measured noting that speed of diagnosis and diversity were areas of focus.
7.3	It was confirmed to Deputy Lead Governor’s (MDu) question that percentages rather than specific numbers of patients were used as a comparator across Trusts. However, as a Trust, HDFT had numbers of people in its target data and noted that the Trust remained close to the target.
7.4	Public Governor (RC) thanked the Trust for its efforts, and above-average performance against cancer standards and for not being complacent but striving for further improvements. She asked how the Trust was assured that where HDFT patients were referred to other providers as part of their pathway, they were treated with equal priority to “local” patients. It was confirmed that patients were treated chronologically and there were regular contact points which had to be met and so provided the relevant assurance that the Trust’s patients were treated fairly.
7.5	Resolved: The Chief Operating Officer’s update was noted.
COG/9/10/8	Board Sub-Committee Update: Audit Committee
8.1	The Chair of the Audit Committee provided the Council of Governors with a summary of the work of the Audit Committee, including: <ul style="list-style-type: none"> • The Committee was accountable to Trust Board and it had a role to understand every facet of work of the Trust

	<ul style="list-style-type: none"> • Its work covered governance, and risk management and control • It oversaw financial reporting, counter fraud, internal audit, external audit, and clinical assurance (through the Quality Board sub-committee) • The membership of the Committee was explained, together with the links to Harrogate Integrated Facilities and the Quality Committee • The requirements of the different regular Committee attendees were outlined (Director of Finance, Company Secretary, External and internal audit), and others were invited as required. • It was further explained that Governors also observed the Committee • Meeting frequency was outlined together with the private meetings required with both internal and external audit • Whilst not from the traditional audit or accounting background, the Committee Chair was experienced with financial governance and went on to explain their current role outside the Trust and the scrutiny which that role required. • The main concerns were around things that could not be prepared for, or there was no current guidance (eg, Artificial Intelligence)
8.2	The Chair thanked the Audit Committee Chair and welcomed the change of approach to the work of the Committee.
8.3	Public Governor (KP) asked if the Trust had been selected for limited scope audit by the Department of Health and Social Care. The Associate Director of Quality and Corporate affairs noted that this was not the case in the last 12months but would check.
8.4	Action: check if the Trust had been selected for Limited Scope Audit.
8.5	The Chair noted that all the committees had now provided briefings to the Council and so it would return to the Quality Committee for the next briefing.
8.6	Resolved: The briefing on the Audit Committee was noted.
COG/9/10/9	Review of Governor Activities
9.1	The Chair expressed thanks to Public Governor (KP) and Public Governor (RC) for their attendance at the virtual NHS Providers Governor Focus Conference and their summary report. The Public Governors had no further comments to add to the report.
9.2	Deputy Lead Governor (JL) noted some interesting points regarding the implementation of Governors' duties that would be discussed further in the upcoming Governor Development session on 4 November 2024.
9.3	The Chair commented that it was not possible to compare those Trusts that had been showcased at the event with HDFT to identify the different areas of focus and engagement.
9.4	Resolved: The update on the governor activities was noted.
COG/9/10/10	Proposal for the Annual Members' Meeting
10.1	The Chair noted that planning was progressing for the meeting the following week and highlighted:

	<ul style="list-style-type: none"> • The reasons for remaining on site such as previous requests to be on the same site as where services were delivered so Governors could engage with those people delivering services • All the facilities needed were available onsite, including a more reliable livestreaming • External venues were expensive and no single venue had been found that suited everyone • Logistical requirements precluded many external venues • Tea and cake would be provided prior to the meeting to enable Governors to engage with constituents and staff.
10.2	Public Governor (MDe) noted that the Lecture Theatre had been used successfully in the past for Medicine for Members meetings.
10.3	Deputy Lead Governor (JL) and Public Governor (RC) raised concerns about onsite parking being chargeable for those attending the meeting whereas it was free for Governors and Volunteers. The fear was that it would deter people from attending the meeting. The Council were reminded that only a few venues in the area had free onsite parking but that on-street parking around the hospital was free. The Chief Executive stressed the need to be consistent in that patients, visitors and carers had to pay for parking and questioned why attendees at the Annual Members' Meeting should be treated differently.
10.4	Public Governor (ROH) was also concerned about car parking but concurred that consistency of approach was the correct route to take with visitors. Public Governor (TD) noted that with the options of disc and free parking around the hospital, it would be easy to park off site if paying for parking was a concern.
10.5	The Assistant Company Secretary updated the Council on numbers of positive replies already received to the Annual Members' Meeting invitation.
10.6	Resolved: The update on the Annual Members' Meeting was noted.
COG/9/10/11	Pledge to the Code of Conduct
11.1	The Associate Director of Quality and Corporate Affairs introduced the Code of Conduct explaining that this was an annual requirement for all governors and the Board to agree to. It was advised that the Board had pledged to the Code in May 2024. Copies of the document were distributed to Governors for their signature and return. It was noted that an email signature or response would be accepted.
11.2	It was further noted that most of the staff governors who had been elected in 2024 had signed the Code of Conduct within the last few months and so would not be asked to sign it again.
11.3	Resolved: The request to pledge to the Code of Conduct was noted.
COG/9/10/12	Urgent Constituents' Questions
12.1	The Chair noted some questions had been updated from those originally circulated indicating where NED input was requested. There had been some input from Executive Directors but then NEDs would be able to provide input into the assurance they received.

<p>12.2</p>	<p>Q1: 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. [Public Governor (RC)]</p> <p>The Chief Operating Officer explained the position but that HDFT had not seen any change in volume or complexity since the Industrial Action began. However the situation was being monitored closely.</p> <p>Non-executive Director (LR) explained that the NED view would be to consider if standards were being met rather than looking at individual episodes and cases. Plenty of assurance had been received on changes in the Emergency Department (ED) and the progress made. It was further explained that the number visiting ED, where they were from, speed of being seen and flow through was also important – to ensure patients had a good experience with the right care in the right place at the right time.</p>
<p>12.3</p>	<p>Public Governor (RC) followed up explaining she had attended a general practice patient reference group where there had been discussion about patients potentially being referred for interventions for which did not meet the commissioning criteria. She questioned if this would mean that HDFT staff would need to explain to the patient that the intervention was not available to them, noting the potentially adverse impact on both patient and staff member. The Chief Operating Officer responded to say that no such instances had been recorded at HDFT so there was no current concern in acute services, although recognised that there was commissioning around a contract in the community. For GP referrals, they would not refer to a hospital if the service was not provided there.</p>
<p>12.4</p>	<p><i>Non-executive Director (CDB) left the meeting.</i></p>
<p>12.5</p>	<p>Q2: 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? [Public Governor (KP)]</p> <p>The Chief Operating officer noted that this had been included in a broader discussion.</p>
<p>12.6</p>	<p>Public Governor (KP) followed up asking about a result of industrial action could mean that inappropriate cases were seen at ED. The Chief Operating Officer noted that no impact had been noticed to date. Public Governor (RS) noted that if GPs were supposed to be reducing consultations by 10 per day there would be an impact on hospital but that had not been seen. The Chair noted how well the hospital was managing the scenario.</p>
<p>12.7</p>	<p>Q3: 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? [Deputy Lead Governor (MD)]</p> <p>The Chief Operating officer noted that the Trust was commissioned by the ICB to find Level 1 service, which was commissioned with Leeds Teaching Hospitals</p>

	Trust. Whilst there were some capacity issues at Leeds, the work for HDFT was ring-fenced so not affected.
12.8	The Chair noted that the Board would be notified if there were issues and there had been no such notification.
12.9	Non-executive Director (AP) noted if this was an issue, it would also be heard through complaints and thematics which were reviewed through the Quality Committee
12.10	Q4&5 [All Governors] The Chair noted that there would be a more detailed presentation at the Annual Members' Meeting on HDFT impact which would cover the following questions.
12.11	Q4: 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. It was explained that the Trust wanted to deliver good service – both performance and staff metrics had improved, with staff engagement is at an all-time high. The Director of Strategy provided a summary of achievements with highly motivated and focused staff. Good progress on both aspects was being made.
12.12	Non-executive Director (AP) noted that the HDFT Impact sessions had been positive and the outcomes were kept under constant review.
12.13	Q5: 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. The Director of Strategy noted that the improvement programme was not creating a new set of tasks but focused on the way the Trust delivered the existing targets – quality of care and having the right staff in place.
12.14	Q6: 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. [Public Governor (RC)] The Chief Operating Officer noted the Thrive video that was played on TeamTalk earlier in the week explained about domiciliary care provided by the Trust. He further provided figures on domiciliary care already implemented. Non-executive Director (AP) noted that this remained on the agenda at Trust Board.
12.15	Q7: 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? [Public Governor (KP)]

	The Chief Executive noted that the Innovation Committee had oversight of everything cyber-related and the Trust had a cyber-security team. He further explained the way the Trust was engaging with suppliers to ensure all adhered to NHS requirements. It was noted that this was a risk but the Trust had a strategy and a plan which had been discussed at Trust Board earlier in the year. The Chair noted that Staff Governor (SW) had provided an update in June 2024 on how cyber security was managed at the Trust.
12.16	Resolved: The responses to the questions were noted.
COG/9/10/13	CoG Annual Workplan
13.1	Resolved: The Council of Governors' Meetings annual workplan was noted.
COG/9/10/14	Any Other Relevant Business
14.1	There was no further business and the meeting was closed at 5:50pm.
COG/9/10/15	Evaluation of the Meeting
15.1	The Chair requested any comments evaluating the meeting to be sent to her.
COG/9/10/16	Date and Time of Next Meeting
16.1	The date of the next meeting on 4 December 2024 was confirmed with the specialist update on the Board Assurance Framework and Corporate Risk Register prior to the meeting. The venue was noted as the Boardroom at Trust HQ, Harrogate District Hospital.

**Council of Governors (held in Public) Action Log
for December 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/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/3/6/13.2	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: Domicilliary 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. Update Sept 2024: Noted there had been a briefing on TeamTalk and the work of Trive.	Ongoing
COG/9/10/8.4	10 September 2024	Audit Committee Update	Check if the Trust had been selected for Limited Scope Audit	Associate Director of Quality and Corporate Affairs	December 2024	Finance Team have advised that they had not been advised they had been selection for Limited Scope Audit and were not planning for that scenario.	Propose to close



**Council of Governors' Meeting
Boardroom, Harrogate District Hospital**

4 December 2024

Title:	Appointment of Lead Governor
Responsible Director:	Kate Southgate Associate Director of Quality and Corporate Affairs
Author:	Sue Grahamslaw Assistant Company Secretary

Purpose of the report and summary of key issues:	To provide the Council with the an update on the status of the Autumn/Winter 2024 Public Governor elections..	
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	None	
Report History:	None	
Recommendation:	The Council of Governors is asked to formally approve the appointment of the duly elected new Lead Governor and to thank both candidates for standing.	

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COUNCIL OF GOVERNORS' MEETING

Appointment of New Lead Governor

1.0 INTRODUCTION

Following the resignation of the previous Lead Governor, Clare Illingworth, the Council of Governors needed to elect a new Lead Governor. The Trust's constitution states: *"The Council of Governors shall operate its own procedure for electing the Lead and Deputy Lead Governors."*

The election process was finalised and agreed at the Remuneration, Nomination and Conduct Committee on 21 August 2024.

2.0 ELECTION TIMETABLE

The Election timetable agreed was follows:

ELECTION TIMETABLE	
Election Stage	Timeline
Chair and Associate Director of Quality & Corporate Affairs notify Governors of the process and timetable for election.	23 August 2024
Window for expressions of interest (nominations) opens.	27 August 2024 (at 9am)
Window closes for expressions of interest / nominations.	9 September 2024 (at 5pm)
Timetable for more than one candidate providing an expression of interest:	
Online voting for preferred Lead Governors by Council of Governors opens	13 September 2024
Online voting for Lead Governor closes	30 September 2024 (at 12 noon)
Declaration of Successful Candidate	
Candidate to be notified of the outcome	2 October 2024
Governors to be notified of the outcome	4 October 2024

3.0 OUTCOME

Two governors nominated themselves to go forward to election:

- Mike Dunn
- Jackie Lincoln

Governors were then sent a copy of the nomination statements and the ballot was held using Microsoft Forms. This platform as tested in multiple scenarios prior to release to ensure that the name of the voter was not known, governors could only cast one vote, and no votes could be cast after the given ballot closure date and time.



Voting took place and 14 governors (out of a total of 18 governors) – a 78% response rate.

Outcome was:

	Percentage of total governors (n=18)	Percentage of those who voted (n=14)
Mike Dunn	28%	36%
Jackie Lincoln	50%	64%

Jackie Lincoln was duly elected as Lead Governor and notified accordingly.

4.0 RECOMMENDATION

The Council is recommended to formally approve the election of Jackie Lincoln as Lead Governor and to thank both candidates for standing.

Kate Southgate
Associate Director of Quality and Corporate Affairs
28 November 2024





**Council of Governors' Meeting
Boardroom, Harrogate District Hospital**

4 December 2024

Title:	Public Governor Elections Update – Autumn / Winter 2024
Responsible Director:	Kate Southgate Associate Director of Quality and Corporate Affairs
Author:	Sue Grahamslaw Assistant Company Secretary

Purpose of the report and summary of key issues:	To provide the Council with the an update on the status of the Autumn/Winter 2024 Public Governor elections..	
Trust Strategy and Strategic Ambitions	The Patient and Child First Improving the health and wellbeing of our patients, children and communities	
	Best Quality, Safest Care	
	Person Centred, Integrated Care; Strong Partnerships	
	Great Start in Life	
	At Our Best: Making HDFT the best place to work	
	An environment that promotes wellbeing	
	Digital transformation to integrate care and improve patient, child and staff experience	
	Healthcare innovation to improve quality	
Corporate Risks	None	
Report History:	None	
Recommendation:	The Council of Governors is asked to note the update on the Public Governor Elections.	



COUNCIL OF GOVERNORS' MEETING
Public Governor Elections Autumn / Winter 2024 Update

1.0 INTRODUCTION

As outlined at the Remuneration, Nomination and Conduct Committee (RNCC) meeting on 21 August 2024, Public Governors are usually elected for a three year term and may be re-elected to hold office for up to a maximum of 9 years (ie three consecutive terms of office). Owing to general attrition, this has resulted in the need to hold elections approximately twice a year in order to maintain sufficient governors on the council.

2.0 ELECTION BACKGROUND

The Terms of Office are due to expire for some Public Governors and there is seat that has regrettably remained vacant despite previous rounds of elections.

Constituency	Number of seats becoming vacant	Incumbent Governor(s)	Current end of term
<i>Public Governors</i>			
Harrogate and Surrounding Villages	Two	Martin Dennys Tony Doveston	31 December 2024
Knaresborough and East District	One	Richard Owen-Hughes	31 December 2024
Rest of England	One	Vacant	n/a
Wetherby & Harewood, including Otley & Yeadon, Adel & Wharfedale & Alwoodley Wards	One	* Steve Treece	31 July 2024

* Steve Treece resigned, resulting in his seat being vacant from 1 August 2024. However, as there was another governor in situ for the constituency, it was decided to defer the election until the next anticipated "round" of elections.

The election timetable was agreed as follows:

ELECTION TIMETABLE	
Election Stage	Timeline
Notice of Election / nomination open	2 October 2024
Nominations deadline	30 October 2024
Summary of valid nominated candidates published	31 October 2024
Notice of Poll published	20 November 2024
Voting packs despatched	21 November 2024
Close of election	16 December 2024
Declaration of results	Tuesday, 17 December 2024



3.0 CURRENT STATUS

When the nomination phase closed, the number of valid nominations received for each constituency were as follows:

Constituency	Number of seats becoming vacant	Number of Nominations received	Date term will commence
<i>Public Governors</i>			
Harrogate and Surrounding Villages	Two	8 (eight)	1 January 2025
Knaresborough and East District	One	2 (Two)	1 January 2025
Rest of England	One	0 (None)	n/a
Wetherby & Harewood, including Otley & Yeadon, Adel & Wharfedale & Alwoodley Wards	One	1 – nominee elected uncontested	1 January 2025

For information, the statements of nominated candidates are as follows:

Constituency name	Candidate forename	Candidate surname	Political interests	Financial or other interest in the Trust
Harrogate & surrounding villages	Lemi	Ceyhan	None	None
Harrogate & surrounding villages	John	Edmonstone	Labour Party	None
Harrogate & surrounding villages	Michael	Fisher	None	None
Harrogate & surrounding villages	Michael	Lawn	Labour Party	All departments in trust
Harrogate & surrounding villages	Victoria	Oldham	Conservative	None
Harrogate & surrounding villages	David	Oswin	None	None
Harrogate & surrounding villages	Dawn	Raspin	None	None
Harrogate & surrounding villages	Rabinder	Sidhu	None	None
Knaresborough and East District	Richard	Owen-Hughes	None	None
Knaresborough and East District	Anthony	Robards	None	None
Wetherby, Harewood, Otley and Yeadon, Adel and Wharfedale, Alwoodley	Andrew	Clark	None	None



The election process is currently in the ballot stage in the contested constituencies where voting packs have been despatched and members are able to vote.

For the uncontested constituency, Andrew Clark has been advised he has been elected unopposed and we have started the process of ensuring paperwork is signed and DBS check is progressed.

4.0 RECOMMENDATION

The Council is recommended to note the update and status of the election process.

Kate Southgate
Associate Director of Quality and Corporate Affairs
28 November 2024

Questions Submitted for Council of Governors' Meeting: 4 December 2024			
	Governor	Background	Questions
1.	All Governors	<p>Trust Engagement Strategy</p> <p>A previous Patient and Public Participation Strategy was developed to run from 2018 to 2021. Governors note the variety and value of current patient and public engagement activities and processes managed by the Trust and reported via the Annual Report and Board/Sub Committees and recent presentations. These include for example, the work of the Patient Experience Team; feedback from Friends and Family Testing together with initiatives such as the Reader Group, Happi Friends and work on Children and Young Peoples Engagement. A Trust Membership Engagement Strategy was also endorsed by the Trust Board in March 2024.</p>	<p>Trust Engagement Strategy</p> <ul style="list-style-type: none"> Are there plans to develop an updated overarching Trust wide engagement strategy which will encompass and co-ordinate all complementary strategies and the current and proposed engagement activities? If so, what are the proposed timescales and planned processes and monitoring arrangements to achieve this? What are NEDS' perspectives about whether there is diverse representation feeding into the key decisions and priorities identified by the Trust? In what ways can Governors contribute to the successful performance of the Trust in the effective engagement with Trust members, stakeholders and the wider public in order to identify their priorities and improvement expectations?
2.	Martin Dennys	<p>Get It Right First Time (GIRFT) is the NHS' initiative that drives best clinical practice and better health outcomes in over 50 specialties. NHS England is driving the creation of GIRFT Hubs across the country which are demonstrating significant productivity and care outcome improvements - targeted at the specialties with the lowest performance in each Hub area.</p>	<p>What activity and assurance are the NEDs driving in the committees to accelerate the creation of a GIRFT Hub in HDFT, and what assurance can they provide that GIRFT learning is being sought and applied wherever HDFT is not already in the top quartile for each of the 50+ specialties covered by GIRFT that are applicable to HDFT?</p>
3.	Kevin Parry	<p>Hospital Signage has been the subject of a number of questions at Council of Governors; the most recent response indicated that this matter was under further review.</p>	<p>Why does the Trust persist in using alpha numeric codes for locations in the hospital signage? For example, when visitors are looking for Oakdale Ward, why not indicate on the entrance and corridor signs that this is the direction for the Oakdale ward? Feedback is that it is confusing and wastes time as people try to navigate the corridors by code rather than plain English.</p>
4.	Rachel Carter	<p>Changing Places - Changing Places Campaign is aimed at toilets installed in all public venues, so that everyone, regardless of their access needs or disability or reliance on the assistance of carers or specialist equipment, can use a toilet facility with dignity and hygienically.</p>	<p>How does the Trust currently or plan to support this campaign? How are Trust facilities managed and monitored to ensure compliance with adequate standards?</p>

Questions Submitted for Council of Governors' Meeting: 4 December 2024			
	Governor	Background	Questions
5.	Stuart Wilson	Staff on Rolling Contracts re-employment on lower grades	<p>There has been feedback from several areas suggesting that multiple non-clinical retire/return staff who are on rolling contracts, are increasingly being told their contracts are not being renewed. In some cases, the same jobs are then being advertised at a lower banding, with the staff member being encouraged to apply for their own role, but on a lower band.</p> <p>Can the Trust explain if this is purely coincidence, or if a deliberate move by the Trust to save funds?</p>
6.	Rachel Carter	Media Coverage re Physician Associates (PAs) and Anaesthesia Associates (AAs)	<p>In the light of recent media coverage, how many PAs and AAs are employed by HDFT; is this number is planned to increase, and how the NEDs are assuring themselves PAs and AAs have clear role descriptions that they are operating to, and about the management of any tensions between different staff groups?</p>

DRAFT: Council of Governors Workplan – 2025-26

Dates of Meetings (TO BE CONFIRMED)	Private / Public	Wednesday 5 March	Tuesday 3 June	Wednesday 10 September	Tuesday 9 December	Wednesday 4 March
Final Papers required by:		26/02/25	27/05/25	03/09/25	02/12/25	25/02/26
Opening Items						
Welcome and apologies	Both	✓	✓	✓	✓	✓
Declaration of interests and Conflicts of Interest	Both	✓	✓	✓	✓	✓
Minutes of previous meeting		✓	✓	✓	✓	✓
Matters Arising and Action Log		✓	✓	✓	✓	✓
Routine Items						
Chair's Report	Public	✓	✓	✓	✓	✓
Chief Executive Report (including finance, performance and quality/patient safety)	Public	✓	✓	✓	✓	✓
Lead Governor Update	Public	✓	✓	✓	✓	✓
Non-executive Director (Committee Chair) Update (rotate)	Public	✓	✓	✓	✓	✓
For info: Integrated Board Report (IBR) – circulate with public papers	Public	✓	✓	✓	✓	✓
Feedback from Governor Committee/Group Reports and minutes: (Remuneration, Nomination and Conduct Committee, Governor Development & Membership Engagement, External Auditor Working Group)	Private	*	*	*	*	*
Autism Updates (see minutes from September 2024)	Public	✓		✓		✓
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: