

Council of Governors - 1 November 2017 - all documents

	Document	Page
1	Council of Governor Agenda 01.11.17	3
2	Paper 2.0 Council of Governor Minutes 02 08 17	5
3	Paper 2.1 Draft AMM minutes 21 September 2017	23
4	Paper 3.0 Council of Governor Actions Log November 17	29
5	Paper 4.0 Governor Declaration of Interests November 2017	33
6	Paper 6.1 Volunteering and Education 01.11.17	37
7	Paper 6.2 Membership Development and Communications	39
8	Paper 6.3 Learning from Patient Experience 01.11.17	41
9	8.1 Integrated Board Report_Sep17	43
10	Paper 11.0 Audit Committee Terms of Reference Review	61
11	Paper 11.0 Audit Committee ToR Jan 17	63
12	Paper 12.1 COG Calendar 2018	69

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## COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday, 1 November 2017 in The Hatcher Room, next to Constance Green Hall, St. Aidan's Church of England High School, Otlands Drive, Harrogate, HG2 8JR

Start: 5.45pm      Finish: 8.00pm

*(Private discussion for Governors and the Board will commence at 5.15pm)*

AGENDA				
Time	Item No.	Item	Lead	Paper No.
5.45	1.0	<b>Welcome and apologies for absence</b> <i>Welcome to the public and setting the context of the meeting</i>	Mrs Angela Schofield, Chairman	-
5.45	2.0	<b>Minutes of the meeting held on 2 August 2017</b> <i>To review and approve the minutes</i>	Mrs Angela Schofield, Chairman	2.0
	2.1	<b>Minutes of the Annual Members' Meeting held on 21 September 2017</b> <i>To receive the minutes for comment</i>		2.1
5.50	3.0	<b>Matters arising and review of action log</b> <i>To provide updates on progress of actions</i>	Mrs Angela Schofield, Chairman	3.0
5.55	4.0	<b>Declarations of interest</b> <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs Angela Schofield, Chairman	4.0
5.55	5.0	<b>Chairman's verbal update</b> <i>To receive the verbal update for consideration</i>	Mrs Angela Schofield, Chairman	
6.00	6.0	<b>Governor Sub-Committee Reports</b> <i>To receive the reports for comment</i>	Mrs Angela Schofield, Chairman	
	6.1	<b>Governor Working Group - Volunteering and Education</b>	Mrs Jane Hedley, Public Governor	6.1
	6.2	<b>Governor Working Group - Membership Development and Communications</b>	Ms Pamela Allen, Deputy Chair of the Council of Governors/ Public Governor	6.2
	6.3	<b>Patient and Public Involvement – Learning from Patient Experience Group</b>	Miss Sue Eddleston, Public Governor	6.3

6.15	7.0	<b>Presentation – Winter Planning</b>	Mr Mike Forster, Operational Director, Long Term and Unscheduled Care Directorate  Dr Matt Shepherd, Consultant and Lead Clinician, Emergency Medicine / Clinical Lead for Informatics HDFT	Presentation
6.30	8.0	<b>Chief Executive’s Strategic and Operational Update, including:</b>	Mr Jonathan Coulter, Deputy Chief Executive/Finance Director	Presentation
	8.1	<b>Integrated Board Report</b> <i>To receive the update and report for comment</i>		8.1
<b>Break – 6.50 – 7.00</b>				
7.00	9.0	<b>Question and Answer Session for members of the public and Governors</b> <i>To receive and respond to questions from the floor relating to the agenda</i>	Mrs Angela Schofield, Chairman	-
7.30	10.0	<b>Finance Committee update</b> <i>To receive the update for consideration</i>	Mrs Maureen Taylor, Non-Executive Director/Chair of Finance Committee	-
7.50	11.0	<b>Audit Committee Terms of Reference Review</b> <i>To receive the report for comment</i>	Mr Chris Thompson, Non-Executive Director/Chair of Audit Committee	11.0
7.55	12.0	<b>Any other relevant business not included on the agenda</b> <i>By permission of the Chairman</i>	Mrs Angela Schofield, Chairman	-
	12.1	<b>2018 Calendar of Council of Governor meetings</b>		12.1
8.00	13.0	<b>Close of meeting</b>	Mrs Angela Schofield, Chairman	-

**Date and time of next meeting – Saturday, 3 February 2018, venue to be confirmed**



**Council of Governors' Meeting**

Minutes of the public Council of Governors' meeting held on 2 August 2017 at 17:45 hrs  
at St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR

**Present:**

- Mrs Sandra Dodson, Chairman
- Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
- Dr Pamela Bagley, Stakeholder Governor
- Dr Sally Blackburn, Public Governor
- Mrs Cath Clelland, Public Governor
- Mrs Angie Colvin, Corporate Affairs and Membership Manager
- Mr Jonathan Coulter, Finance Director/Deputy Chief Executive
- Ms Clare Cressey, Staff Governor
- Mrs Liz Dean, Public Governor
- Miss Katherine Duke, HR Business Partner
- Miss Sue Eddleston, Public Governor
- Mrs Emma Edgar, Staff Governor
- Mrs Jill Foster, Chief Nurse
- Mr Rob Harrison, Chief Operating Officer
- Mrs Jane Hedley, Public Governor
- Cllr. Phil Ireland, Stakeholder Governor
- Mrs Pat Jones, Public Governor
- Mr Peter Pearson, Public Governor
- Mrs Katherine Roberts, Company Secretary
- Dr Daniel Scott, Staff Governor
- Dr David Scullion, Medical Director
- Mrs Maureen Taylor, Non-Executive Director
- Mr Chris Thompson, Non-Executive Director
- Dr Ros Tolcher, Chief Executive
- Mr Steve Treece, Public Governor
- Mrs Lesley Webster, Non-Executive Director
- Dr Jim Woods, Stakeholder Governor

**In attendance:**

- 15 members of the public
- Mr Rashpal Khangura, Director – Public Sector Audit, KPMG LLP (UK)
- Dr Jo McCreanor, Consultant Geriatrician.
- Ms Carmel Lister, Falls Prevention Co-ordinator

## 1. Welcome and apologies for absence

Apologies were received from Mr Tony Doveston, Public Governor, Mrs Beth Finch, Stakeholder Governor, Mrs Ann Hill, Public Governor, County Councillor John Mann, Stakeholder Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development, Mr Neil McLean, Non-Executive Director, Mrs Zoe Metcalfe, Public Governor, and Mr Ian Ward, Non-Executive Director.

Mrs Dodson was delighted to see so many members of the public at the meeting and offered them a warm welcome. She hoped they would find the meeting interesting and informative and welcomed questions for Governors or any member of the Board in attendance. She asked that any questions for item 12 on the agenda to be submitted during the break.

Mrs Dodson introduced Dr Pamela Bagley new Stakeholder Governor representing the University of Bradford. Dr Sarah Crawshaw had stepped down as Stakeholder Governor representing the University of Leeds due to pressures of work.

Mrs Dodson also confirmed County Councillor John Mann had been nominated by North Yorkshire County Council to replace Cllr. Bernard Bateman. He was unable to attend the meeting today due to a prior commitment however, Mrs Dodson formally welcomed him to the Council of Governors.

At this point, Mrs Dodson referred to a question submitted by Dr Sheila Fisher, member of the public, in relation to the Stakeholder Governor position being vacant since Dr Crawshaw stood down in May:

**‘Given the important place of clinical research in improving outcomes for patients, is there likely to be progress soon? If there are difficulties, might consideration be given to links with other neighbouring Universities active in health research?’**

Dr Fisher was not present, but Mrs Dodson confirmed she was delighted that Dr Bagley had now been appointed and the Trust had strong links with Bradford University through undergraduate and postgraduate education for current and future health service staff.

Mrs Dodson also introduced Miss Katherine Duke, HR Business Partner representing Mr Phillip Marshall, Director of Workforce and Organisational Development and Dr Jo McCreanor, Consultant Geriatrician and Ms Carmel Lister, Falls Prevention Co-ordinator, who would be talking about inpatient falls and safety huddles at item 10 on the agenda. Finally, Mrs Dodson introduced Mr Rashpal Khangura, Director – Public Sector Audit from KPMG who would be presenting the External Audit Assurance Report to Governors at item seven on the agenda.

## 2. Minutes of the last meeting, 3 May 2017

The minutes of the last meeting on 3 May were agreed as a true and accurate record.

## **2.1 Minutes of the Extra-Ordinary Council of Governors' meeting, 31 May 2017**

Ms Allen provided an overview from the Remuneration Committee and the minutes of the Extra-Ordinary Council of Governors' meeting held on 31 May were agreed as a true and accurate record.

### **3. Matters arising and review of action log**

Miss Duke was pleased to submit further progress in relation to the Global Health Exchange Programme; item 1 on the outstanding action schedule.

Over recent weeks the Trust had, in conjunction with a second project partner, interviewed and conditionally offered an additional 17 positions to international nurses, taking the current project total to 19.

Of the 17 offers made, 10 candidates had achieved the required level in the English language test with four having already submitted and received their Nursing and Midwifery Council (NMC) decision letter. This letter confirmed that they were now in a position to begin their objective structured clinical examination (OSCE) training programme, meaning arrangements could now be made to apply for a Certificate of Sponsorship for each individual. Once granted, the candidates would have six weeks to come to the UK and begin their employment with the Trust.

The internal project group continued to make arrangements for the arrival of the first candidates; this involved the appointment of a dedicated Practice Educator who would be in post approximately one month prior to the arrival of the candidates. It was anticipated that the first candidates would commence in October 2017.

The Trust was continuing to support the remaining candidates who had passed the English language test to gain the required pre-employment checks prior to applying for their Certificate of Sponsorship. The remaining nurses would remain with the projects partners and would be undertaking further training before resitting the English language test.

Item 2 on the outstanding action schedule – Mr Harrison confirmed that work to identify the required locations had been undertaken and the seating in these areas had now been installed. Mrs Dodson was pleased to hear feedback that patients welcomed the seating and it was been used.

Item 3 – Mrs Colvin confirmed the action was ongoing.

Item 4 – complete.

Item 5 – Mr Harrison confirmed that wider communications regarding the use of parking spaces for 'Blue Badge' holders were in hand and Mr Stuart Kelly, Hotel and Site Services Manager, had attended a Patient Voice Group meeting to discuss this in further detail.

Item 6 - Mr Harrison confirmed the state of Ripon Hospital car park had been re-referred to NHS Property Services and he was delighted that a recent update indicated that the car park had been repaired.

There were no other matters arising.

**ACTION:**

- **Further update on Global Health Exchange Programme in November 2017.**

#### **4. Declaration of interests**

There were no additional declarations of interests from Governors than those listed on Paper 4.0.

Mrs Dodson reminded Governors that they would be asked to sign a Declaration of Interest form on an annual basis and that the overall summary would be brought to each quarterly Council of Governor meeting as a standard item on the agenda. Governors were reminded that it was the obligation of each individual Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

Mrs Taylor declared an interest in item 9.3 on the agenda.

Mrs Dodson declared an interest in item 9.5 on the agenda.

There were no further declarations of interest.

#### **5. Chairman's verbal update on key issues**

##### **5.1 Changes to the Council of Governors and forthcoming Elections**

Mrs Dodson confirmed that Cllr. Bernard Bateman had stood down during his second term of office as he was no longer a County Councillor and therefore unable to continue in his role as Stakeholder Governor. North Yorkshire County Council had nominated Cllr. John Mann and Mrs Dodson welcomed him to the Council of Governors.

As mentioned earlier, Mrs Dodson welcomed Dr Pamela Bagley, Stakeholder Governor representing the University of Bradford.

Mrs Dodson also confirmed that Mrs Campbell and Mrs Margerison, both Staff Governors, had stood down from the Council due to personal and professional pressures. On behalf of the Council of Governors, she thanked them wholeheartedly for the commitment both had shown in their role as Staff Governor in addition to their demanding full time roles in the Trust.

Mrs Dodson confirmed that both Staff Governor positions would be available in the forthcoming elections to commence in October. She acknowledged that vacant seats had created quorum challenges for meetings and statutory

duties and thanked all Governors, especially as the last few months had been extremely busy.

## **6. Governor Sub-Committee Reports**

Mrs Dodson moved on to clarify the role of the two formal sub committees and the Patient and Public Involvement, Learning from Patient Experience Group. She said how important it was for the general public to hear about the work of these sub-committees and thanked Governors for their commitment and involvement.

### **6.1 Volunteering and Education**

The report from the Volunteering and Education Governor Working Group, chaired by Mrs Hedley, had been circulated prior to the meeting and was taken as read.

Mrs Hedley highlighted the need for more publicity for non-clinical roles at the Trust and was pleased to report on the continued success of the Work Experience Programme.

Mrs Dean was interested to read about the student who was being supported on an Employer Mentoring Programme and reiterated the opportunities across the Trust for young people who did not wish to go to university.

Mrs Colvin confirmed that schools were being encouraged to prioritise a number of their work experience allocation to such students for non-clinical roles.

Dr Scott highlighted that work experience was extremely important to students who wanted a medical career. Mrs Colvin confirmed the team was aware of this and would continue to offer as many work experience placements as capacity would allow.

There were no questions for Mrs Hedley.

### **6.2 Membership Development and Communications**

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read.

Ms Allen highlighted the seven constituency seats in the forthcoming Governor Elections and summarised the timetable which commenced with the Notice of Election on 6 October.

She also reminded everyone about the Annual Members' Meeting taking place on 21 September at 6-8pm.

Mrs Edgar was pleased to report that she had given a talk about the work of the cardiology nurses to the Youth Forum who she described as an amazing and engaged group of young people.

Mrs Dodson confirmed that information sessions would be held for anyone interested in the role of a Governor and clarified that some of the seats were up for re-election meaning that current Governors may stand again.

There were no questions for Ms Allen.

### **6.3 Patient and Public Involvement – Learning from Patient Experience**

The report from Miss Eddleston, on the last meeting of the Learning from Patient Experience Group, had been circulated prior to the meeting and was taken as read.

Miss Eddleston highlighted the Group's purpose and reflected on her experience of joining such a group as a new Governor.

Mrs Lennon, Chair of the Patient Voice Group (PVG), commented that a member of the PVG attended the Learning from Patient Experience Group and they were honoured as an independent group of volunteers to attend and provide patient feedback.

Mrs Dean endorsed Mrs Lennon's comments and, along with Mrs Dodson, confirmed they were grateful to the PVG for their work and involvement in the Group.

Mrs Clelland asked about the recruitment event which took place on 20 June

Mrs Foster was pleased to report that 12 offers of employment had been made to student and registered nurses. In addition, she confirmed that an event in July had also been successful and resulted in a further four offers of employment.

There were no questions for Miss Eddleston

## **7. Annual Report and Accounts 2016/17 (including the External Audit Assurance Report to the Council of Governors)**

Mr Coulter confirmed that he would be presenting the Annual Report and Accounts at the forthcoming Annual Members' Meeting in September; a key Constitutional requirement.

Mrs Dodson welcomed Mr Rashpal Khangura from KPMG to present the annual external audit report to the Council of Governors.

The Annual External Audit Report 2016/17 had been circulated prior to the meeting. Mr Khangura highlighted the following key messages from the report:

- Financial Statements Audit – based on the Audit Code, which sets out the rules and regulations of their work, they provide an opinion on the Trust's accounts.

He described the benefits of their work as 'adding a layer of credibility' to the Trust's financial statements. He explained the importance of an external eye on the accounts to provide assurance to Governors and the general public; similar to the CQC focussing on the quality of service. He highlighted key areas of focus, the clean unqualified audit opinion issued, confirmed there were no unadjusted audit differences meaning no change to any of the numbers, but reported a small number of presentational changes. He was pleased to state that the Annual Report and Annual Governance Statement was consistent with financial statements and complied with the reporting manual. He acknowledged the work of the Trust's Finance Team and thanked them for their support.

- Use of resources – External Audit were required to issue a value for money conclusion taking into account the Trust having adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.

Assessed against three criteria – informed decision making, sustainable resource deployment and working with partners and third parties; Mr Khangura confirmed there were no surprises and the key focus area was the medium/long term financial performance and position. The audit identified no significant issues at year-end and a clean, unqualified use of resources opinion was issued for 2016/17.

- Quality Report – The content of the Quality Report complied with the requirements issued by NHS Improvement.

Mr Khangura confirmed three indicators audited included the following two mandated indicators:

- the percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge; and,
- the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period.

The third local indicator, as selected by Governors, was maximum waiting time of 14 days from urgent GP referral to date first seen for all urgent suspect cancer referrals.

KPMG provided a clean limited assurance opinion on the A&E four hour target and a qualified, except for assurance opinion on the 18 week indicator. The latter opinion meant that there were some recommendations made on the data provided. KPMG were not required to provide assurance on the third indicator, but it was confirmed this complied with national guidance.

Mrs Dodson clarified that a clean limited assurance was the best opinion the Trust could achieve and asked if there were any questions.

In response to Dr Scott's question as to whether the NHS's current financial climate was having an impact, Mr Coulter clarified that KPMG was aware of the risk in the system and there was no misrepresentation in the financial position.

Mrs Dodson acknowledged the audit process and, on behalf of the Board and the Council of Governors, echoed Mr Khangura's thanks to the Finance Team for their hard work.

There were no further questions and therefore Mrs Dodson thanked Mr Khangura for his presentation and commented that both Governors and Board colleagues were reassured by the detailed and positive report.

## **8. Update from the Deputy Chair of Governors on Non-Executive Director Appraisals**

Ms Allen confirmed she had undertaken the Non-Executive Directors' appraisals with Mrs Dodson and Mrs Dodson's appraisal with Mr Ward and the process had been completed successfully. She was pleased to report that each Non-Executive Director demonstrated outstanding performance and she commented that the Trust was extremely fortunate to have such a robust team of Non-Executive Directors on the Board.

There were no questions for Ms Allen.

Mrs Dodson confirmed that the objectives of each Non-Executive Director would be circulated to Governors at the end of the week.

### **ACTION:**

- **Mrs Colvin would circulate Non-Executive Director objectives to Governors.**

## **9. Reports from the Nominations Committee**

### **9.1 Minutes of the meeting held 19 July 2017**

The minutes of the meeting held on 19 July were received and noted; they would be approved at the next Nominations Committee meeting.

### **9.2 Terms of Reference**

The Terms of Reference were approved.

### **9.3 Re-appointment of Mrs Maureen Taylor, Non-Executive Director**

Mrs Taylor left the room at this stage of the meeting.

Mrs Dodson confirmed that Mrs Taylor's first term of office would be complete on 31 October 2017. She commented on her role as Chair of the Finance Committee and how Mrs Taylor had grown in the role over the last three years.

Ms Allen echoed Mrs Dodson's comments and stated that Mrs Taylor was an exceptional Non-Executive Director acknowledging the additional commitment she had given to the Quality Committee when Professor Proctor left the organisation.

Mrs Dodson confirmed the recommendation from the Nominations Committee to the Council of Governors to reappoint Mrs Taylor as Non-Executive Director (including Chair of the Finance Committee) for a further three year term of office from 1 November 2017 until 31 October 2020. This was unanimously agreed.

Mrs Taylor returned to the room and, on behalf of the Council of Governors, Mrs Dodson congratulated her on the reappointment.

#### **9.4 Ratification of the appointment of a new Non-Executive Director**

Mrs Dodson referred to an earlier private meeting to discuss the recommendation from the Nominations Committee to appoint a new Non-Executive Director following the departure of Professor Sue Proctor. There had been a strong field of candidates and following interviews, the Nominations Committee recommended the appointment of Mrs Laura Robson, previously a Chief Nurse in the North East, Non-Executive Director for two years and experience working for the Care Quality Commission. Mrs Dodson was pleased that Mrs Robson demonstrated the Trust's values and would bring a further critical eye to the Board. The Council of Governors ratified the appointment of Mrs Laura Robson as Non-Executive Director from 1 September 2017 to 31 August 2020 and Mrs Dodson formally welcomed her to the Board.

#### **9.5 Extension to the term of office of the Chairman**

Mrs Dodson left the room at this stage of the meeting.

Ms Allen summarised the paper circulated prior to the meeting and taken as read. A recruitment process to appoint a new Chair was undertaken in spring 2017 but unfortunately this process failed to identify a candidate suitable for the position.

The Council of Governors was asked:

- to note the revised timeline for appointment of the new Chair;
- to agree the proposal to extend the Chairman's term of office until 31 October 2017; and,
- to agree that if a new Chair was not appointed or the successful candidate was not able to take up the post by 1 November 2017, Mr Chris Thompson be appointed as interim Chair from 1 November 2017.

Mrs Clelland asked for clarification on the process if a new Chair was not appointed, or not able to take up the post by 1 November 2017. Ms Allen confirmed Mr Thompson would be appointed as Interim Chair.

Following a vote, 13 Governors were in agreement and 1 Governor abstained.

Mrs Dodson returned to the room and Ms Allen informed and congratulated her on the approval to extend her term of office until 31 October 2017.

#### **9.6 Update from the Nominations Committee on the Chair's recruitment process**

Ms Allen provided an overview of the Chair's recruitment process. At the last Council of Governors' meeting in May, it was reported that three candidates had been invited for final interview on 22 May. Unfortunately, none of the candidates were suitable for the position and following a debrief meeting held on 31 May a new recruitment process was agreed with Gatenby Sanderson's support as a condition of their initial contract.

A revision of the time commitment was agreed to an average of two days per week and an emphasis on the importance of the values to the Trust was made clear in the advertisement.

The new timeline was established and Ms Allen confirmed that following the consideration of 12 applications, six candidates had been longlisted; four female candidates and two male candidates. Gatenby Sanderson would now undertake detailed interviews with each candidate prior to shortlisting and interviews on 13 September. The Interview Panel members would include: Mr Ward (Chair), Ms Allen, Ms Cressey, Mr Doveston, Mrs Metcalfe, Mr Thompson and an external member (to be confirmed) along with Dr Tolcher and Mr Marshall in an ex-officio capacity.

There were no questions for Ms Allen.

### **10. Presentation – Inpatient Falls and Safety Huddles**

Mrs Dodson welcomed Dr Jo McCreanor and Ms Carmel Lister to present on inpatient falls and safety huddles.

Dr McCreanor commenced her presentation with a definition of a fall:

*'An unintentional or unexpended loss of balance resulting in coming to rest on the floor, the ground or an object below knee level.*

*A fall is distinguished from a collapse that occurs as a result of an acute medical problem such as an acute arrhythmia, a transient ischaemic attack or vertigo.\*'*

- **Why are we interested?**

Dr McCreanor explained that there was a high number of inpatient falls nationally; 240,000 inpatient falls in England and Wales in 2010. There was also lots of patients at high risk (patients 65 years and over or patients between 55 and 64 years with pre-disposing conditions, for example stroke). There was a range of evidence to reduce falls; risks to look for and actions to

put in place to reduce falls by 30%. The Trust had guidelines and staff were educated to a high level. It was noted that a fear of falling could increase the risk of a further fall by 50%.

- **Why do falls matter?**

Dr McCreanor's next slide gave examples including: pain, reduced confidence, relatives' anxiety to name a few.

- **What is the impact of a fall for HDFT staff**

Naturally staff would not want any patient to have a fall. In addition to the human impact there may be a need to spend more time looking after a patient who has fallen including observations, paperwork, complaints etc. and an inevitable extended length of hospital stay.

The cost of falls for inpatients was estimated in 2007 at £15m across the UK. Along with community falls, the estimate in 2015 reached £2.3b.

- **Preventing Falls – Whose responsibility is it?**

Dr McCreanor went on to say preventing falls was everyone's responsibility; staff (clinical and non-clinical), patients, family, volunteers and there were lots of aids to help in preventing falls including sensible footwear, wearing spectacles and hearing aids to name a few.

- **Falls Huddle – What is it?**

First started in the aviation industry the 'huddle' is now used more to try to reduce the risk of harm in a number of healthcare environments. After hearing about fall huddles in Leeds, the Trust commenced a trial. A ten minute brief daily meeting takes place at the same time and place, led by a senior clinician and involves a variety of staff including nurses, pharmacists, domestics – everyone is welcome and all free to speak up. The purpose of the huddle is to identify patients at highest risk of falls that day and to review and implement actions to reduce the likelihood of a fall or harm. Examples of actions include a review of walking aids, use of a falls sensor, displaying a yellow star and distraction therapy.

Ms Lister continued the presentation at this stage and provided an overview of the concept of huddles and how they ignite a spirit of learning. Falls huddles were now taking place on five wards across the Trust and Ms Lister was pleased to report a decrease in the rate of falls on these wards. She expressed how proud she was of the success of huddles and this had been acknowledged by the Board. She commented that support was critical to the continued success of the project and described how making a small difference could make such a big impact on patient care.

Ms Lister thanked Governors for their interest and the opportunity to highlight such a valuable project.

Mrs Dodson opened up the floor for questions.

Mrs Hedley asked if the Trust had been able to quantify the success of huddles against patients being discharged earlier. Miss Lister confirmed not, but Mr Harrison commented that it was worth noting that the length of stay on Jervaulx Ward had reduced.

Mrs Jones asked where the yellow star was placed. Ms Lister stated that it would be displayed around the patient's bed. Mrs Jones asked if patients were nervous by a sign indicating they may be at risk of a fall. Ms Lister was not aware of patients feeling this way.

Mrs Dean expressed delight at such a great initiative.

Mrs Clelland thanked Dr McCreanor and Ms Lister for an enjoyable and informative presentation. She noted that the number of falls resulting in fracture had not changed significantly to which Dr McCreanor explained that patients in hospital were now frailer and would be at higher risk of a fracture following a fall.

Ms Cressey asked which areas would be encouraged to commence huddles next. Ms Lister stated that the aim was to encourage all wards and to adapt such a model for different approaches, not just falls.

Mrs Dodson thanked Dr McCreanor and Ms Lister for their detailed presentation which focussed on keeping patients safe in our care.

*\*Adapted from Falls in Older People, QS86 March 2015*

## 11. Chief Executive's Strategic and Operational Update, including Integrated Board Report

Dr Tolcher presented the following headlines:

- **Performance**
  - Operational and quality performance
  - Finances
- **Looking ahead**
  - The impact of population growth in Harrogate

Taking a look at the summary of indicators at June 2017, Dr Tolcher referred to a snapshot of Quality, Operational Performance and Finance and Efficiency indicators from September 2015 to date. Data from Quarter 1 showed the Trust performing as it should in relation to referral to treatment times, A&E four-hour standard, and cancer and diagnostic waits. A number of financial indicators had taken a dip however.

The Trust continued to perform well on key standards and Dr Tolcher highlighted the fact that there had been no cases of hospital apportioned *C.difficile* in 2017/18 to date and the national patient safety thermometer for harm free care had improved.

Dr Tolcher described finance as one of the three legs of a stool alongside quality and performance and when any leg 'wobbled' this could impact on the overall high performance of the organisation. She described how the charts on the slides showed that income was lower than projected and expenditure was higher than projected therefore both were heading in the wrong direction. The Trust was therefore running at a deficit for Quarter 1, £3m behind plan, and actions were ongoing to turn this around.

The reasons for the financial position was due to a combination of increased expenditure with less income including income activity not on plan and agency costs for gaps in recruitment.

Dr Tolcher went on to talk further about the range of actions in place to return the financial position around including reducing agency wastage, reducing high cost diagnostics and drugs, theatre productivity, length of stay in hospital beds, reducing follow-ups and focusing on accurate coding.

In response to a question submitted about what input the Trust had in the Harrogate District Local Plan, future housing development and what it meant for us as a provider of health care, Dr Tolcher confirmed the Trust forecasts for service demand based on activity in the previous year as well as Office for National Statistics (ONS) data, demographic profiles and forecast population growth in view of local housing – the Harrogate Plan. It was a known fact that the shape of the population profile in Harrogate compared to other areas is disproportionately older with the number of people over the age of 65 growing faster than at other age bands. In addition to the projected population growth, around 360 new dwellings per annum are planned to meet this growth.

Finally, Dr Tolcher went on to talk about the top scoring risks:

The top scoring strategic risks for the Trust relate to:

- Lack of medical, nursing and clinical staff.
- Ability to deliver integrated models of care.
- Financial risks.
- Lack of integrated IT structure.
- Risk that critical infrastructure is not fit for purpose.

The top scoring operational risks in the organisation are:

- Risks to service delivery due to lack of experienced registered nurses for recruitment to vacancies.
- Risk of financial deficit and impact on service delivery due to failure to deliver the Trust's annual plan by having excess expenditure or a shortfall in income.

Mrs Dodson thanked Dr Tolcher for her update and opened up questions from the floor.

In response to Mr Treece's question about resource pressures, Dr Tolcher confirmed the sum of small changes would move things in the right direction. All hands were on deck and there was a lot going on including reducing the amount of money spent on bank and agency by recruiting to wards, increasing theatre productivity, and getting

the right mix of clinical staff to do the right work, as shown earlier in the presentation. Mr Coulter added that the Trust was also working hard to retain staff and obtaining valuable feedback.

At this point in the meeting, Mrs Dodson took a question from Matt Walker, Parliamentary Spokesperson for Harrogate and Knaresborough Liberal Democrats:

**‘What percentage of the nurses and doctors at the Trust are from the EU and non-EU countries? Has this declined in recent months and what contingencies have been put in place?’**

Dr Tolcher confirmed the Trust had recruited nurses from Spain and Mrs Foster echoed the success of looking to the EU to recruit nurses in the past. The Trust had not done this recently; not because of Brexit, but the fact that the English language test was proving difficult and therefore the Trust was looking further afield. The Trust currently had 34 EU national nurses out of a total of 1,580 nursing and midwifery staff in post. With regards to doctors, there were 25 EU national doctors out of a total of 495 medical and dental staff in post.

In addition, Mrs Foster confirmed that the Workforce and Organisational Development Steering Group would continue to support our EU staff.

Mrs Hedley asked if there was a scheme offering staff extra shifts.

Dr Tolcher confirmed there had been an incentive scheme and Mrs Foster added that it had worked well to cover sickness and maternity leave. By filling gaps with our own staff they could offer continuity of care, however, it had not been sufficient to cover the level of vacancies.

## **12. Question and Answer session for members of the public and Governors**

Mrs Dodson moved to the tabled questions submitted prior to the meeting and during the break.

**Mrs Ann Hill, Public Governor, had submitted the following question which Mrs Dodson read out in her absence:**

**‘Feedback received from members of the public is that there are no hooks on the back of public toilet doors. Can this please be reviewed?’**

In response, Mr Harrison confirmed there were no hooks as the Health and Safety Group were concerned about them being a ligature risk. The Estates Department would be looking at alternatives and an update would be provided at the next meeting.

**Ms Chrissie Holmes, Secretary, Harrogate and District Diabetes UK had submitted the following question which Mrs Dodson read out in her absence:**

**‘I understand that First Response teams are to be trained to test a patient’s blood glucose levels. Does this mean that once trained the First Response**

teams will then be allowed to carry and administer liquid glucose to a patient if needed?

Having heard of a child who was given chocolate Ferrero Roche when suffering a Hypoglycaemic attack because there was nothing else that was sweet available for him to have. Sadly due to the fat content in the chocolate the sugar in the chocolate took so long to get into his system the child died.

**We cannot let this happen again. Liquid glucose is as important to a Type 1 Diabetic as oxygen (which First Response are allowed to carry and administrate) is to someone having a heart attack.'**

Dr Scullion required clarification as to what was meant by First Response Team in order to answer the question. Mrs Dodson suggested further communication with Ms Holmes and colleagues from the Yorkshire Ambulance Service and a response would then be provided at the next meeting.

**Mr Martin Dennys, member of the public, submitted the following question:**

**'Question on delayed transfers of care – the level remains high at double the contracted level. What actions are you taking with community care and other providers and what agreements are in place to reduce this? How does this metric vary over the month as it could be worse than the last Thursday of the month?'**

Mr Harrison confirmed that the metric point was taken on a certain day of the month and, although there were changes throughout the month, the end point was an overall average. Delayed transfers were reviewed on a daily basis and work was ongoing with colleagues from the Local Authority and Clinical Commissioning Group to manage this. Mr Harrison also clarified that a third of delayed transfers related to patient choice, a third to patients waiting for further NHS care, and a third to social care. Discussions were ongoing with partners on how to utilise the local BCF (Better Care Fund) resources to minimise delayed transfers of care.

**Steve Treece, Public Governor, submitted the following questions:**

**'What is the current position regarding the Trust's resource pressures and progress in actions being taken to address these?'**

Mr Treece felt that this question had been adequately dealt with during the meeting and presentations.

**'Recognising that the Trust managed the recent cyber incident well, what assurance can we have on actions being taken to maintain the resilience of systems?'**

Mr Harrison confirmed robust plans were in place including regular monitoring, security patch updates, and promotion for users to be vigilant and aware of possible threats.

**'What if any issues have been identified regarding the fire safety of the Trust's buildings?'**

Mr Harrison reported that the Trust took responsibility for fire safety seriously and had reviewed its buildings following the Grenfell Tower tragedy. Mr Harrison was pleased to report there were no buildings with unsatisfactory cladding issues and no concerns from the Trust's Fire Officer confirmed in a report which had been submitted to the Board.

Mrs Dodson thanked everyone for their questions.

**ACTION:**

- **Update required from Estates Department regarding alternatives to hooks on the back of public toilet doors.**
- **Clarification on Ms Holmes question and a response for the next meeting.**

**13. Audit Committee update on the External Auditor Performance**

Mr Thompson, Non-Executive Director and Chair of the Audit Committee summarised his paper which had been circulated prior to the meeting and taken as read.

He confirmed that overall the External Auditors received an average rating of 4.80 in 2017, the maximum possible score being 5.0. He referred to the questions in the External Audit Effectiveness Assessment 2016/17 and commented that across the ten questions there had been progress on seven scores, two remained static and a reduction on one (how would you rate the External Auditor's communication / presentation of output). Mr Thompson reported that there had been staff changes at KPMG, but there were no areas of concern to bring to the attention of the Council of Governors or the Board.

Finally, Mr Thompson echoed KPMG's earlier acknowledgement and thanks to the Finance Team for their support and hard work.

There were no questions for Mr Thompson.

Mrs Dodson thanked Mr Thompson and highlighted to the public that a Governor observed each Audit Committee meeting. She expressed this was a complex committee which scrutinised both financial and audit papers and was an important element of governance assurance for the Council.

**14 Any other business**

Ms Allen wished to formally acknowledge that this was the last Council of Governors' meeting that Mrs Dodson would chair and on behalf of the Council of Governors she thanked her for her excellent leadership, sense of humour, knowledge and wisdom, and wished her all the very best for the future.

Mrs Dodson thanked Ms Allen for her good wishes and looked forward to continuing to work with Governors until the end of October.

There were no further items of business and therefore Mrs Dodson closed the meeting. She thanked everyone for attending and confirmed the next meeting would

take place on Wednesday, 1 November at 5.45pm at St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR.

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**ANNUAL MEMBERS' MEETING – 2016/17**

**The Harrogate and District NHS Foundation Trust Annual Members' Meeting  
held on Thursday 21 September 6.00pm in the Derwent Room, The Pavilions of Harrogate,  
Great Yorkshire Showground, Harrogate, HG2 8NZ**

**Present**

Ms Pamela Allen, Public Governor / Deputy  
Chair of the Council of Governors  
Dr Sally Blackburn, Public Governor  
Ms Clare Cressey, Staff Governor  
Miss Sue Eddleston, Governor  
Ms Carolyn Heaney, Stakeholder Governor  
Mrs Pat Jones, Public Governor  
Mrs Zoe Metcalfe, Public Governor  
Mr Steve Treece, Public Governor

Dr Pamela Bagley, Stakeholder Governor  
Mrs Cath Clelland, Public Governor  
Mr Tony Doveston, Public Governor  
Mrs Emma Edgar, Staff Governor  
Mrs Ann Hill, Public Governor  
Cllr John Mann, Stakeholder Governor  
Dr Daniel Scott, Staff Governor

**In attendance**

Mrs Angie Colvin, Corporate Affairs and  
Membership Manager  
Mrs Sandra Dodson, Chairman  
Mr Robert Harrison, Chief Operating Officer  
  
Mr Neil McLean, Non-Executive Director  
Mrs Maureen Taylor, Non-Executive Director  
Mrs Katherine Roberts, Company Secretary

Mr Jonathan Coulter, Deputy Chief Executive /  
Finance Director  
Mrs Jill Foster, Chief Nurse  
Mr Phillip Marshall, Director of Workforce &  
Organisational Development  
Dr David Scullion, Medical Director  
Dr Ros Tolcher, Chief Executive

**Members in attendance**

Joanna Barker, Philippa Bogle, Christopher Burford, Amy Clarke, Dennis Cleaver, Robert Cowans, Peter Doyle, Richard Elliot, Helen Evison, William Forshaw, Clodagh Forshaw, Sue Foster, Andrew Gawthorpe, Adrienne Guthrie, Davida Hamilton, Chrissie Holmers, Jennifer Lockwood, Alastair Lumley, Kay MacDonald, Dr Peter Marlow, David O'Connor, Alex Patrick, Victoria Pawlak, Frederick Price, Graham Saunders, Irvana Urdal, Andy Wilkinson, Mervyn Willshaw.

## 1. Welcome and Apologies for absence

The Chairman, Mrs Dodson, welcomed all attendees including Governors, staff, volunteers and partner organisations. She noted that throughout the event attendees could use 'Slido' (a smart phone application) to submit questions and comment on the topics for discussion.

Apologies for absence had been received from Ada Burns (Darlington Borough Council), Tracey Church (Care Quality Commission), Liz Dean (Governor), Beth Finch (Governor), Bridget Fletcher (Airedale NHS Foundation Trust), Tim Franklin (Care Quality Commission), Jane Hedley (Governor), Phil Ireland (Governor), Andrew Jones MP, Kathryn Lavery (Yorkshire Ambulance Service NHS Trust), Philip Lewer (Leeds CCG partnership), Colin Martin (Tyne, Esk and Wear Valleys NHS Foundation Trust), Bob Cllr Nash (North Yorkshire County Council), Sir and Lady Ogden (members), Peter Pearson (Governor), Janet Probert (Hambleton, Richmondshire & Whitby CCG), Laura Robson (Non-Executive Director), Sue Symington (York Teaching Hospital NHS Foundation Trust), Chris Thompson (Non-Executive Director), Ian Ward (Non-Executive Director), Karen Weaver (Harrogate & Ripon Centres for Voluntary Service), Lesley Webster (Non-Executive Director), and Dr Jim Woods (Governor).

## 2. Confirmation of Minutes of the Annual Members' Meeting 2015/16

It was noted the minutes of the 2015/16 Annual Members' Meeting, held on 13 September 2016, had been presented as draft to the Council of Governors' meeting on 18 February 2017.

Mrs Ann Hill, Public Governor, proposed their acceptance as a true record and Ms Clare Cressey, Staff Governor seconded the proposal. There were no objections.

## 3. Chairman's welcome, introduction and overview – Mrs Dodson, Chairman.

Mrs Dodson noted this would be her final Annual Members Meeting as Chairman of Harrogate and District NHS Foundation Trust. It had been an honour and a privilege to serve for nine years as Chairman; she shared some of her reflections. Many of the issues and challenges faced by the Trust remained the same as in 2008, these included integrated care, financial challenges and nurse staffing. Over nine years the Trust had been very successful. The organisation had embraced new technologies, expanded into new geographies and services.

Mrs Dodson highlighted three take home messages for the audience. First, difficulties should not prevent the organisation from achieving great things. For example, during her tenure there had been significant progress on tackling infection control; it had been a great success that the Trust had had no MRSA cases since October 2012. The second message was not to let 'noise' in the wider NHS system distract the Trust from aiming for its own destiny. Finally Mrs Dodson asserted that complex situations could always be solved with simple solutions; problems should be broken down into bite size chunks.

Mrs Dodson expressed her enjoyment at having worked with many fantastic people, both staff and volunteers. She noted during her tenure she had worked with three excellent chief

executives, fifteen non-executive directors and ten executives. In addition she had served alongside 55 governors. She expressed her admiration for them and their voluntary public service.

In conclusion Mrs Dodson said she was confident the Trust would embrace future change with relish and enthusiasm. The organisation had a strong and robust Board and Council of Governors and staff who were dedicated to providing high quality care.

#### **4. Council of Governors' Overview of the Year – Ms Allen, Deputy Chair of Governors**

Mrs Allen thanked the Trust's eighteen thousand members for their support and interest during the year. She provided a summary of the role and responsibilities of the Council of Governors and provided a summary of activities undertaken during the year. This included appointment KPMG as the Trust's auditors and recruitment of a new non-executive director. In addition a process to recruit a new Trust Chairman was undertaken by governors.

Four public Council of Governor meeting were held during the year, it was noted that alongside the Annual Members Meeting these were an important opportunity for the Council of Governors to engage with the Trust's members and the local community.

The Council of Governors had established two working groups; the Volunteering and Education Working Group and the Membership Development and Communication Working Group.

During the year an election process to appoint governors was held, the results were announced in December 2016. Ms Allen provided further detail about the successful candidates. She noted further elections would take place during autumn 2017; the notice of elections would be published on 6 October 2017 and culminate in the announcement of results on 4 December 2017.

#### **5. Harrogate and District NHS Foundation Trust Annual Report and Accounts 2016/17 – Mr Coulter, Deputy Chief Executive and Finance Director**

Mr Coulter explained the Trust's income had grown by £20m during the year 2016/17 to a total income in excess of over £200m, this was in large part due to the growth in delivery of 0-19 services in the North East of England from April 2016.

It was reported the underlying surplus for 2016/17 was £238 thousand, with the addition of "Sustainability & Transformation" funding a surplus of £3.68 million was achieved by the Trust. Mr Coulter confirmed efficiencies of £9.4 million we realized by the organisation. As a result of this strong financial performance, NHS Improvement had allocated the Trust a financial risk rating of 'one'.

Mr Coulter reported the Trust's independent auditors KPMG had reviewed the annual report and accounts and had confirmed they provided a true and fair view.

The Trust's charitable funds received income of £1 million during the year and spent £700 thousand. Mr Coulter explained the charity accounts were fully audited by KPMG.

The 2016/17 Quality Accounts provided further information about the organisation's performance against quality priorities during 2016/17. Furthermore the Quality Accounts detailed quality priorities for 2017/18, these included a focus on sepsis, stroke care, discharge processes, learning from incidents, complaints & good practice and finally strengthen the voice of children, young people and families.

In conclusion Mr Coulter reflected that although the Trust continued to face financial challenges patients continued to receive quality care. The financial year 2018/19 would see a real terms cut in funding and as a result the Trust would need to address increasing challenges. Mr Coulter was however optimistic that Harrogate and District NHS Foundation Trust would continue to deliver high quality services.

## **6. Sustaining a Healthy Future for All – Dr Tolcher, Chief Executive**

Dr Tolcher provided a summary of the Trust's strong performance during 2016/17. She explained members of staff were very proud of what they had achieved during the year. 2016/17 had been a challenging year and the organisation had experienced increasing demand, this was demonstrated by activity trends in emergency department attendances and non-elective activity.

Dr Tolcher highlighted achievements the Trust was particularly proud of, these included excellent NHS staff survey results. She explained that this mattered because there was evidence that quality of care correlated to the number of staff who felt engaged in their Trust.

During the year the organisation had dealt with many difficult issues. These included financial pressures on the Trust and local commissioners, a national shortage in registered nurses and the junior doctor industrial action.

There had been significant service developments during 2016/17. Dr Tolcher noted the transfer of 458 staff to the Trust to deliver 0-19 children's' services in County Durham, Darlington and Middleborough, as a result the Trust was the largest provider of children services in England.

The Trust had continued to play a part in local Sustainability and Transformation Partnerships (STPs). Linked to the West Yorkshire and Harrogate STP the Trust had been selected as one of six acute trusts try drive up performance through the West Yorkshire A&E Acceleration Zone.

The 'growing healthy' service for children aged 0-19 years had continued to grow; the service focused on prevention and early intervention. Dr Tolcher shared quotes from children who had accessed the growing healthy service, these demonstrated the powerful and positive impact of the services on children, their families and carers.

Dr Tolcher put on record the extra-ordinary contribution Mrs Dodson had made to the Trust as Chairman. She commended Mrs Dodson's leadership and contribution and commitment to the Trust's performance and organisational culture.

Focusing on 2017/18 Dr Tolcher explained workforce challenges would be a particular focus. In order to address the challenges the Trust would seek to be the best employer possible while using resources and people effectively.

The organisation would continue to work creatively and collaboratively with partners in Harrogate and West Yorkshire. Capital work was planned for the redevelopment of the Harrogate hospital main reception area and the upgrade and expansion of endoscopy facilities.

In conclusion Ros explained there would be hard truths for the Harrogate system to address. The current cost of care exceeded income; the system could not continue to do things in the way they had always been done. People were staying in hospital for longer period than they needed to. There were significant workforce gaps because the number of health professionals the Trust needed were not available to recruit.

Dr Tolcher invited members to have conversations in small groups considering how Harrogate could sustain a healthy future for all.

## **7. Question and Answer Session**

Following an opportunity for members to undertake discussions in small groups Mrs Dodson welcomed a panel to answer questions from delegates. The panel included Mrs Claire Arditto (Physiotherapy Professional Advisor & Allied Health Professional Lead), Mr Andy Gough (Consultant Rheumatologist), Mr Robert Harrison, Dr David Scullion and Dr Ros Tolcher.

Mrs Dodson thanked attendees for submitting questions via Slido.

### **What actions had the Trust taken to operate more efficiently?**

Mr Gough reported on work to reduce the number of unnecessary follow-up appointments for patients. Dr Tolcher highlighted a new programme to reduce attendances at the Emergency Department (ED) as the result of primary care streaming. Through this initiative patients with non-emergency conditions would be encouraged to book an appointment with a GP rather than attend the ED.

### **Could training be utilised to address the workforce challenges faced by the NHS?**

In order to ensure the organisation had the right staff with the right skills Dr Tolcher explained the Trust had developed a Clinical Workforce Strategy. Training had an important role in the development of new roles such as Advanced Clinical Practitioners (ACPs) and Apprentices which had started to provide additional capacity within the organisation.

**Are there services run by the Trust which are a ‘drag’ on finances and could more private patient services be offered?**

Mr Harrison outlined the processes undertaken before new services were delivered to ensure funding available would enable the Trust to deliver to a quality standard. New services are not delivered by the Trust unless they are financially viable.

The Trust had started work to launch a new Trust private patient strategy. Mr Harrison explained all money received from providing private treatment to patients would be received by the Trust and would flow back into the NHS.

**Has the Trust considered extending evening and weekend clinics, this would bring benefits patients and staff in offering more choice about the timing of appointments and therefore assisting with childcare?**

Ms Arditto highlighted current work to extend the Musculoskeletal (MSK) service to offer weekend and evening appointment. Dr Scullion confirmed radiology services were also extending appointments into evening and weekends. He reflected there was potential to extend this further, but it would be difficult to do this without additional workforce to deliver these clinics.

**How can the barriers be removed between the commissioners and providers of NHS care?**

Dr Tolcher explained how monies flowed from tax paid to Clinical Commissioning Groups (CCGs). CCGs had fixed budgets and could not spend more than they were allocated by NHS England. She noted concerns that the existing model of NHS commissioning and provision would not continue to be affordable in the future, as a result, some areas were considering establishing Accountable Care Systems. Harrogate and Rural Districts CCG had introduced clinical thresholds for some treatments, this had presented moral and ethical dilemmas for the NHS.

**Has the Trust explored using pharmaceutical funding to provide services for people with Multiple Sclerosis (MS)?**

Mr Harrison said he was aware this proposal had been explored. In receiving funding from pharmaceutical companies he noted a challenge for the Trust in securing re-current funding to deliver services on a continuous basis. He confirmed the Trust would continue to explore options to deliver a service in the future.

**8. Any Other Business**

Mrs Dodson thanked members for attending the event and closed the meeting at 8.00pm.

**HDFT Council of Governor Meeting Actions Log – November 2017**  
**Completed Actions**

This document logs actions completed following agreement at Council of Governor meetings. Completed items will remain on the schedule for the following meeting and then removed.

Outstanding items for action are recorded on the 'outstanding actions' document.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Council of Governor meeting or when a confirmation of completion/progress update is required	Confirm action complete or detail progress and when item to return to Board if required
1	2 November 2016	Seating arrangements to be made available	Mr Rob Harrison, Chief Operating Officer		Update provided 18 February 2017  Update provided 3 May 2017  Update provided 2 August - Complete
2	3 May 2017	Replacement Stakeholder Governor for Leeds University	Mrs Sandra Dodson		Update provided 2 August - Complete
3	3 May 2017	Raise awareness of the use of parking spaces for 'Blue Badge' holders	Mr Robert Harrison, Chief Operating Officer		Update provided 2 August - Complete

4	3 May 2017	Re-refer the state of Ripon Hospital car park to NHS Property Services	Mr Robert Harrison, Chief Operating Officer		Update provided 2 August - Complete
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### HDFT Council of Governor Meeting Actions Log – Outstanding Actions

This document logs items agreed at Council of Governor meetings that require action following the meeting. Where necessary, items will be carried forward onto the Council of Governor agenda in the relevant agreed month. The Director/Manager responsible for the action will be asked to confirm completion of actions or give a progress update at the following Council of Governor meeting when they do not appear on a future agenda.

When items have been completed they will be marked as such and transferred to the completed actions schedule as evidence.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Council of Governor meeting or when a confirmation of completion/progress update is required	Detail progress and when item to return to Council of Governor meeting if required
1	2 November 2016	Update on the Global Health Exchange Programme	Mr Phillip Marshall, Director of Workforce and Organisational Development	Further update due 1 November 2017	Update provided 18 February 2017  Update provided 3 May 2017  Update provided 2 August 2017
2	18 February 2017	Update on review of Quality of Care Teams/Review of Governors on Quality of Care Teams	Mrs Jill Foster, Chief Nurse/Mrs Angie Colvin, Corporate Affairs and Membership Manager	Ongoing	Further update provided 3 May 2017

3	2 August 2017	Circulate Non-Executive Director's Objectives to Governors	Angie Colvin, Corporate Affairs and Membership Manager	To move to complete.	Circulated 04.08.17
4	2 August 2017	Update from Estates Department regarding alternatives to hooks on the back of public toilet doors	Mr Rob Harrison, Chief Operating Officer	1 November 2017	
5	2 August 2017	Clarification on question submitted by member of public re liquid glucose	Dr David Scullion, Medical Director	1 November 2017	

### COUNCIL OF GOVERNORS DECLARATION OF INTERESTS

The following is the current register of the Council of Governors of Harrogate and District NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Office, and holds the original signed declaration forms. These are available for inspection by contacting the office on 01423 554489.

Name	Governor Status	Interests Declared	
<b>Mrs Angela Schofield</b>	Chairman	<b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>	Volunteer with Helping Older People (charity).
<b>Ms Pamela Allen</b>	Public elected		NONE
<b>Dr Pamela Bagley</b>	Stakeholder	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>  <b>Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks</b>	Dean – Faculty of Health Studies, University of Bradford commissioned for Under Graduate and Post Graduate education of Health Service staff and future staff  The Trust provides placements for University of Bradford students but this is financed through Health Education England
<b>Dr Sally Blackburn</b>	Public elected		NONE
<b>Mrs Cath Clelland MBE</b>	Public elected	<b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</b>	Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant) Non-Executive - York St John University, York
<b>Ms Clare Cressey</b>	Staff elected		NONE
<b>Mrs Liz Dean</b>	Public elected		NONE

1 (updated November 2017)

Name	Governor Status	Interests Declared	
Mr Tony Doveston	Public elected	<b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>	Volunteer for Yorkshire Air Ambulance
Miss Sue Eddleston	Public elected		NONE
Mrs Emma Edgar	Staff elected		NONE
Mrs Beth Finch	Stakeholder	<b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	British Red Cross
Ms Carolyn Heaney	Stakeholder	<b>Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS</b>	Self-employed Executive Coach and Consultant operating as 'Clear Day Solutions'
		<b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group
		<b>Other</b>	Independent Trustee of the ASDA Foundation. Community Governor of Rossett Academy School in Harrogate
Mrs Jane Hedley	Public elected		NONE
Mrs Ann Hill	Public elected	<b>Other</b>	Chair of Harrogate District over Fifties Forum (HDOFF) Harrogate representative on North Yorkshire Forum for Older People (NYFOP)

2 (updated November 2017)

Name	Governor Status	Interests Declared	
<b>Cllr Phil Ireland</b>	Stakeholder	<p><b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</b></p> <p><b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b></p> <p><b>Position of authority in a local council or Local Authority</b></p> <p><b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b></p>	<p>Ingenium Lighting Ltd</p> <p>Trustee – Relate Yorkshire</p> <p>Member – Harrogate Borough Council, Knaresborough King James Ward</p> <p>Relate Yorkshire</p>
<b>Mrs Pat Jones</b>	Public elected	<p><b>Position of authority in a local council or Local Authority</b></p> <p><b>Position of authority in a charity or voluntary organisation in health and social care</b></p>	<p>Conservative Councillor representing Stray Ward</p> <p>Trustee at Harrogate CVS</p> <p>Governor at Harrogate Ladies College</p>
<b>Cllr John Mann</b>	Stakeholder	<p><b>Position of authority in a local council or Local Authority</b></p>	<p>Harrogate Borough Council Councillor for Pannal</p> <p>North Yorkshire County Council for Harrogate Central</p>
<b>Mrs Zoe Metcalfe</b>	Staff elected	<p><b>Position of authority in a local council or Local Authority</b></p> <p><b>Position of authority in a charity or voluntary organisation in health and social care</b></p>	<p>Conservative Harrogate Borough Councillor</p> <p>North Yorkshire County Councillor</p> <p>Trustee at Hollytree Foundation Charity</p>

3 (updated November 2017)

Name	Governor Status	Interests Declared	
<b>Mr Peter Pearson</b>	Public elected	<b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</b>  <b>Position of authority in a local council or Local Authority</b>	Director – Severn Valley Railway (Holdings) PLC  Conservative Councillor representing Spa Ward, Ripon City Council.
<b>Dr Daniel Scott</b>	Staff elected		NONE
<b>Mr Steve Treece</b>	Public elected	<b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	Employee of NHS Digital
<b>Dr Jim Woods</b>	Stakeholder	<b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</b>  <b>Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS</b>  <b>Other</b>	Director of Yorkshire Health Network Ltd  Partner: Dr Moss and Partners GP Surgery Partner: Harrogate Medical Services Part Owner: Kings Road Pharmacy  Liaison officer for Harrogate Division of North Yorkshire LMC/Chairman Harrogate LMC

4 (updated November 2017)

<b>Date of Meeting:</b>	1 November 2017	<b>Agenda item:</b>	Paper 6.1								
<b>Report to:</b>	Council of Governors										
<b>Title:</b>	Governor Working Group – Volunteering and Education										
<b>Author(s):</b>	Mrs Jane Hedley, Public Governor										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion/ Consultation		Assurance		Information	✓
Decision		Discussion/ Consultation		Assurance		Information	✓				
<b>Executive Summary:</b>	<p>This report summarises the items discussed at the last meeting of the Governor Working Group for Volunteering and Education, held on 18 October 2017.</p> <p>The purpose of the Group is to monitor, promote, develop and support the Volunteer Programme, Work Experience and Education Liaison and relevant workforce issues.</p> <p>Mrs Hedley will highlight the progress of the Apprentice Scheme and the praise for the Trust's Work Experience Programme which is unrivalled in the area.</p>										

## Apprentice Scheme

Apprentice Care Support Workers – one new recruit planned for each ward. Recruited eight so far; four have started, two start in November and two to be offered posts from recent interviews. Four more still to recruit. Also plan to start promoting this role for current members of staff.

Assistant Practitioner Apprenticeship – two started in theatres and an advert for six more who will start next year. When qualified they will take up a band 4 role.

Engineering and Maintenance Operations Apprenticeships – supporting four internal staff.

Pharmacy Support Services Apprentice – one person.

Business Administration Apprentices – by December the Trust plans to have 13 apprentices including Medical Records, Radiology and Human Resources.

Apprentices have one day release per week to attend college.

Next steps – next year the Trust is looking at nursing degree apprenticeship and Pathology degree apprenticeships.

## Volunteering

We have 566 active volunteers; of these the majority are over 25 years of age and 15% work in the community.

Volunteers are helping with the self-check in kiosks in the hospital's reception area.

The meeting heard several case studies – one member of staff had previously volunteered as a mealtime assistant, a clerical officer for outpatient clinics, assisted at Medicine for Member's events and at the Open Day. She is currently a Care Support Worker and hopes to go to Medical School. She appreciates that working as a volunteer would give her valuable experience before embarking on a medical career. Other highlights included two previous volunteers; one who had qualified in Midwifery and returned to work at the Trust and another who started as a mealtime assistant and did work experience and was now employed as a Radiology IT and Valuation Officer.

## Work Experience

A total of 119 placements were completed in 2016/17 and certificates issued to successful students; inclusive of medical, clinical and non-clinical placements. Work experience has also taken place in a dental clinic in Scarborough and in the community in Northallerton. Appreciation has been sent to all staff and consultants who have given their time to offer work experience to students.

Very positive feedback is coming from the schools, and their parents. It is apparent that the Trust is offering far more work experience than neighbouring Trusts and that there is a demand from students in these areas.

## Education Liaison

Outwood school in Ripon had over 60 students to a talk on a career in healthcare. Emma Edgar, Cardiac Specialist Nurse also gave a talk to the Youth Forum on her work, before they all tried their hand at taking pulses, blood pressures and trying out an echocardiogram.

Work is under way for this year's Medical Mock Interviews and Preparing for Medical School talks.

Feedback from two successful applicants to medical schools in Nottingham and Birmingham have been received; saying how they gained confidence from the interviews and how the experience enabled them to strengthen their answers.

<b>Date of Meeting:</b>	1 November 2017	<b>Agenda item:</b>	Paper 6.2								
<b>Report to:</b>	Council of Governors										
<b>Title:</b>	Governor Working Group – Membership Development and Communications										
<b>Author(s):</b>	Ms Pamela Allen, Public Governor										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion/ Consultation		Assurance		Information	✓
Decision		Discussion/ Consultation		Assurance		Information	✓				
<b>Executive Summary:</b>	<p><b>This report summarises the items discussed at the last meeting of the Governor Working Group for Membership Development and Communications, held on 23 October 2017.</b></p> <p><b>The purpose of the group is to oversee the delivery of the Foundation Trust’s Membership Development Strategy, including membership recruitment and engagement.</b></p> <p><b>Ms Allen will highlight Governor Elections.</b></p>										

## Youth Forum Update

The one year of the Youth Forum is approaching, and the group continues to grow in number and is currently working with the Children's and County Wide Community Care Directorate in creating a strategy for children and young people's involvement in health care provision and engagement for this age group.

## Governor Elections 2017

There are seven seats for the upcoming election; and the elected Governors will be in post by 1 January 2018.

*Group Action:* Carry out the membership's election process during the autumn of 2017 via electronic ballot or by posted ballot.

## Medicine for Members' events

A very successful event about Sepsis was held on 11 October and again on 18 October. Many thanks to the speakers, Dr. Dave Earl, Consultant Anaesthetist, and Cath Clelland, Public Governor, for their well-received presentations.

*Group Action:* Explore the possibilities for funding creation of a video on the topic for educational purposes on internet websites. Also, determine the Medicine for Members activities for 2018.

## Annual Members Meeting, 21 September

The meeting had a good turn out and the attendees were enthusiastic and engaged. The entry way informational stands, panel discussions and table discussions were well-received. The attendees' overall satisfaction score was 4.5 out of 5.

*Group Action:* Future planning for the 2018 Annual Members' Meeting.

## Membership Recruitment/Engagement

Recruitment activities are carried out on an ongoing basis. Some examples from the last quarter are: an NHS campaign at the Harrogate Job Centre, promotion and leaflets available at the Public Council of Governors meeting, and a Careers Fair at Harrogate College.

*Group Action:* Continue active recruitment of members through a variety of mechanisms.

<b>Date of Meeting:</b>	1 November 2017	<b>Agenda item:</b>	Paper 6.3								
<b>Report to:</b>	Council of Governors										
<b>Title:</b>	Patient and Public Involvement – Learning from Patient Experience Group										
<b>Author(s):</b>	Miss Sue Eddleston, Public Governor										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table>			Decision		Discussion/ Consultation		Assurance		Information	✓
Decision		Discussion/ Consultation		Assurance		Information	✓				
<b>Executive Summary:</b>	<p><b>This report summarises the items discussed at the last meetings of the Learning from Patient Experience Group, held on 11 October 2017.</b></p> <p><b>The purpose of the group is to understand, monitor, challenge and seek to improve the quality of the experience of users of services provided by HDFT, both in hospital and in the community, taking into account the values of the NHS Constitution and the Trust’s Values and Behaviours.</b></p> <p><b>Miss Eddleston will highlight the work of the Equality and Diversity Group and improving access and facilities for patients with a hearing impairment.</b></p>										

## Quality and Patient Experience Reports – Quarter 2

Pressure ulcers – discussion around avoidable pressure ulcers and reporting continues and is seen as a priority for the Trust.

The Matron for Long Term and Unscheduled Care Directorate outlined designated Matron Clinics on wards to improve communication and address issues in their early stages; the Group supported this positive approach.

The Trust's Tissue Viability Nurses are preparing for 'Pressure Ulcer Month' scheduled to take place in November.

### Chief Nurse's Report

Highlights included:

- Welcoming the arrival of the nurses on the Global Exchange Programme.
- Assurance that work continues regarding pressure ulcers.

### Equality and Diversity Group

The Group was pleased to hear that posters would be displayed throughout the hospital detailing the aids available for the hearing impaired.

The Trust's Dementia Awareness programme had been re-launched recently promoting the 'About Me' document and the 'Butterfly scheme'. It was noted that participation in the Butterfly scheme required the consent of the patient.

### Update from Patient Voice Group (PVG)

PVG provided a detailed paper to the Group regarding their visits to Wensleydale, Farndale, Littondale and Nidderdale and the value of these findings was acknowledged.

Further discussions would be taking place between the Chair of PVG and the Chief Nurse in relation to feedback from wards based on their findings.

### Other business

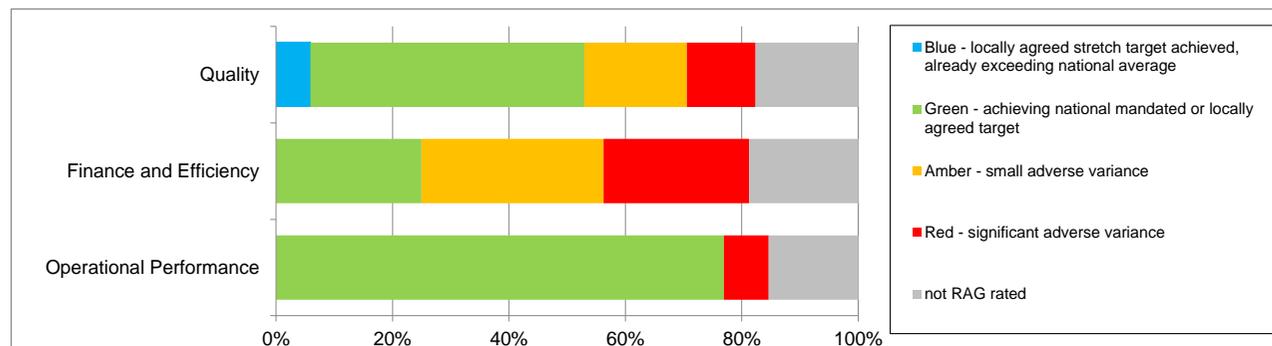
The Group discussed some areas of concern in relation to the hospital entrance off Knaresborough Road; some of which would be resolved following the completion of the Endoscopy building works.

**Integrated board report - September 2017**

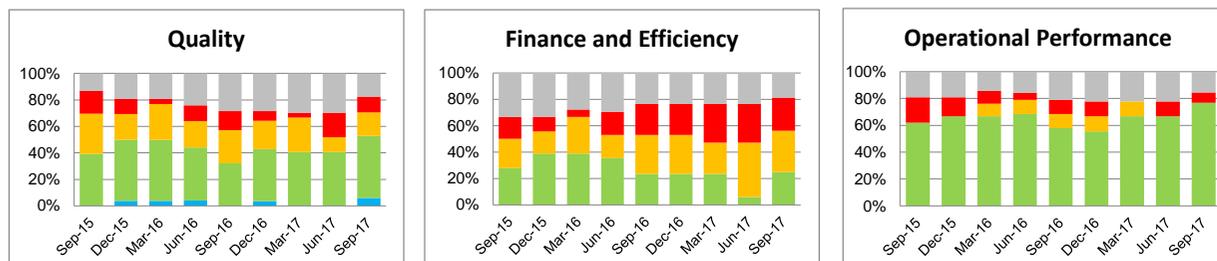
**Key points this month**

1. The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in September, against an expected rating of 2. The Trust's financial position remains a significant risk, with the year to date position a deficit of £5,575k. The in month position has improved, but it is vital that the Trust starts to achieve a surplus monthly position.
2. In Quarter 2, HDFT was above the required level for all 4 key operational performance metrics in NHS Improvement's Single Oversight Framework. However delivery of the 18 weeks standard is becoming increasingly challenging with the Trust reporting a performance of 92.0% in both August and September, in line with the minimum performance standard.
3. There were 2 hospital acquired C. diff cases reported in September. These are the first hospital acquired cases reported in 2017/18.
4. The latest published data on incident reporting shows that HDFT's low:high harm reporting ratio was 22 - this is an improvement on the last publication but HDFT remains in the bottom 25% of Trusts nationally.
5. The final returns during the appraisal period have been completed with 84.6% compliance achieved in comparison to 79% as at the end of March 2017.
6. Theatre utilisation increased in September. Sterile Services returned on site during the month which has had a positive impact, as well as a number of other initiatives being carried out by Planned & Surgical Care Directorate
7. HDFT's performance against the A&E 4-hour standard was 94.2% in September. However Trustwide performance for Quarter 2 overall was above the required 95% standard.

**Summary of indicators - current month**



**Summary of indicators - recent trends**



Quality - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Pressure ulcers - hospital acquired</b></p>	<p>The chart shows the cumulative number of category 3, category 4 or unstageable hospital acquired pressure ulcers in 2017/18. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.</p>		<p>There were 4 hospital acquired unstageable or category 3 pressure ulcers reported in September, with the year to date total now at 21. Of these, 10 are still under root cause analysis (RCA), 4 have been assessed as avoidable and 7 as unavoidable. No category 4 hospital acquired pressure ulcers have been reported in 2017/18 to date.</p> <p>In 2016/17, 33 hospital acquired category 3 or unstageable pressure ulcers were reported. Of these, 19 were deemed to be avoidable.</p>
	<p>The chart includes category 2, 3 and 4 and unstageable hospital acquired pressure ulcers. The data includes hospital teams only.</p>		<p>The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in September was 21, an increase on recent months.</p>
<p><b>Pressure ulcers - community acquired</b></p>	<p>The chart shows the cumulative number of category 3, category 4 or unstageable community acquired pressure ulcers in 2017/18. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.</p>		<p>There were 10 community acquired category 3 (or unstageable) pressure ulcers reported in September, bringing the year to date total to 37. Of these, 21 are still under root cause analysis (RCA), 3 have been assessed as avoidable and 13 as unavoidable. No category 4 community acquired pressure ulcers have been reported in 2017/18 to date.</p> <p>In 2016/17, 79 community acquired category 3 or 4 or unstageable pressure ulcers were reported (including 3 category 4 cases) of which, 42 were deemed to be avoidable.</p>
	<p>The chart includes category 2, 3 and 4 and unstageable community acquired pressure ulcers. The data includes community teams only.</p>		<p>The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in September was 21 cases, compared to 15 last month.</p>

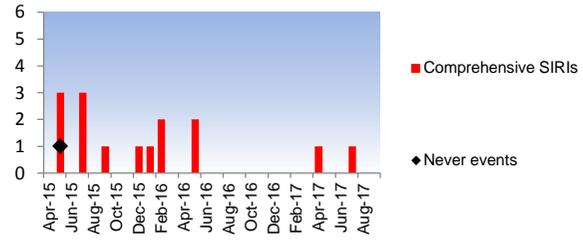
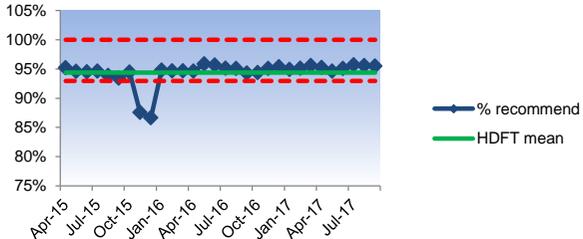
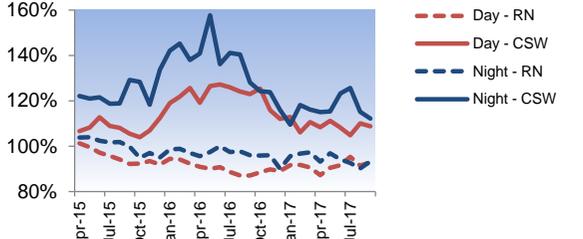
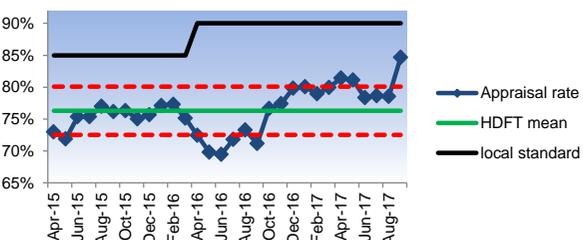
Quality - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Safety Thermometer - harm free care</b></p>	<p>Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.</p>		<p>The harm free percentage for September was 96.3%, remaining above the latest national average.</p>
<p><b>Falls</b></p>	<p>The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.</p>		<p>The rate of inpatient falls was 6.49 per 1,000 bed days in September, a small increase on last month and just above the average HDFT rate for 2016/17. There were 3 falls causing moderate harm in September (3 last month), 2 of which resulted in a fracture.</p> <p>In 2016/17, 697 inpatient falls were reported (including those not causing harm), a 14% reduction on the number of inpatient falls reported in the previous year.</p>
<p><b>Infection control</b></p>	<p>The chart shows the cumulative number of hospital apportioned C. difficile cases during 2017/18. HDFT's C. difficile trajectory for 2017/18 is 12 cases, no change on last year's trajectory. Cases where a lapse in care has been deemed to have occurred would count towards this.</p> <p>Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2017/18. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.</p>		<p>There were 2 cases of hospital apportioned C. difficile reported in September. Both cases are still under root cause analysis and are due to be reviewed with HARD CCG in November.</p> <p>No hospital apportioned MRSA cases have been reported in 2017/18 to date.</p>
<p><b>Avoidable admissions</b></p>	<p>The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.</p>		<p>There were 173 avoidable admissions in August, a reduction on last month. This metric is seasonal with less avoidable admissions in the summer compared to the winter months. However this is significantly below the level reported in August last year (203).</p> <p>Adult admissions (excluding CAT attendances) also decreased significantly this month and are now at the lowest level since this metric was introduced in 2014.</p>

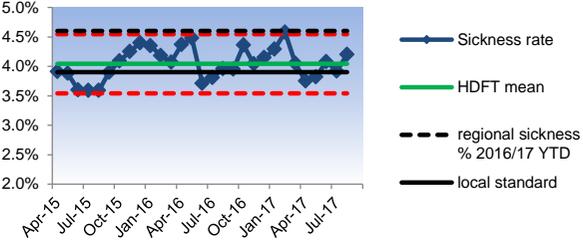
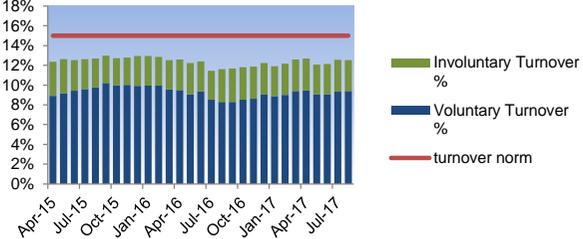
Quality - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Mortality - HSMR</b></p>	<p>The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.</p>		<p>HDFT's HSMR increased to 108.6 for the rolling 12 months ending July 2017 but remains within expected levels.</p> <p>At specialty level, one specialty (Geriatric Medicine) continues to have a standardised mortality rate above expected levels. A clinical case note review of a sample of 30 cases from Geriatric Medicine is in progress.</p>
<p><b>Mortality - SHMI</b></p>	<p>The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.</p>		<p>HDFT's SHMI remains unchanged at 89.9 for the rolling 12 months ending June 2017, remaining below expected levels.</p> <p>At specialty level, two specialties (Geriatric Medicine and Gastroenterology) continue to have a standardised mortality rate above expected levels.</p>
<p><b>Complaints</b></p>	<p>The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.</p>		<p>16 complaints were received in September, compared to 22 last month, with no complaints classified as amber or red. The main subjects referenced in the complaints received were communication / attitude and delay / failure / dispute over diagnosis.</p> <p>For the complaints received in 2017/18 to date, 23% are still under investigation. Of those completed, 63% were upheld and 37% were not upheld.</p>
<p><b>Incidents - all</b></p>	<p>The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture</p>		<p>The latest published national data (for the period Oct-16 to Mar-17) shows that Acute Trusts reported an average ratio of 39 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's ratio was 22, an improvement on the last publication but remaining in the bottom 25% of Trusts nationally. The focus going forward is to improve our incident reporting rate particularly encouraging staff to report no harm/ near miss incidents. Options to improve the Datix system to simplify the incident reporting process are being explored.</p>

Quality - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Incidents - SIRIs and never events</b></p> 	<p>The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.</p> <p>Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the pressure ulcer / falls indicators above.</p>		<p>There were no comprehensive SIRIs or Never Events reported in September. There have been 2 comprehensive SIRIs and no Never Events in 2017/18 to date.</p>
<p><b>Friends &amp; Family Test (FFT) - Patients</b></p> 	<p>The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.</p>		<p>95.5% of patients surveyed in September would recommend our services, no change on last month and remaining above the latest published national average (94%).</p> <p>Around 4,100 patients responded to the survey this month.</p>
<p><b>Safer staffing levels</b></p> 	<p>Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.</p>		<p>Overall staffing compared to planned was at 99.3% in September, an increase on last month. Care Support Worker staffing remains high compared to plan - this is reflective of the increased need for 1-1 care. Whilst safer staffing levels for registered nurses remains below 100%, the staffing level achieved still enables the delivery of safe care. Achieving safe staffing levels remains challenging and requires the increasing use of temporary staff through the nurse bank and agencies.</p>
<p><b>Staff appraisal rates</b></p> 	<p>The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.</p>		<p>The final returns during the appraisal period have been completed and as a Trust we have achieved 84.6% in comparison to 79% as at the end of March 2017.</p> <p>A review of the effectiveness of the appraisal period is currently being undertaken and recommendations will be taken to the Workforce and OD Steering Group in November.</p>

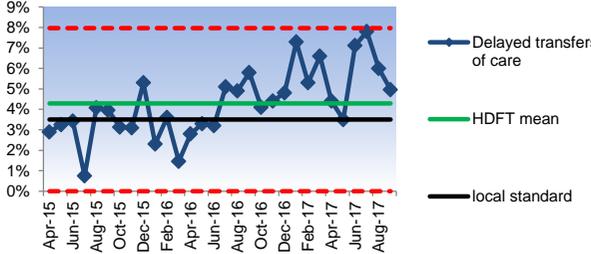
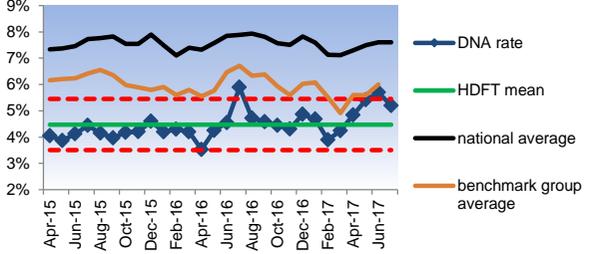
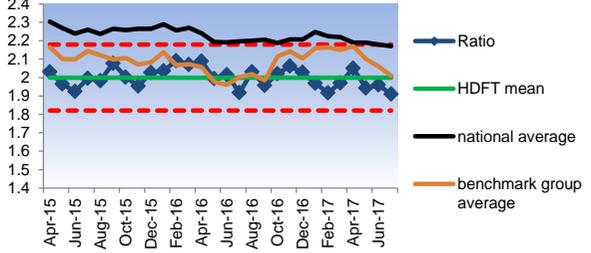
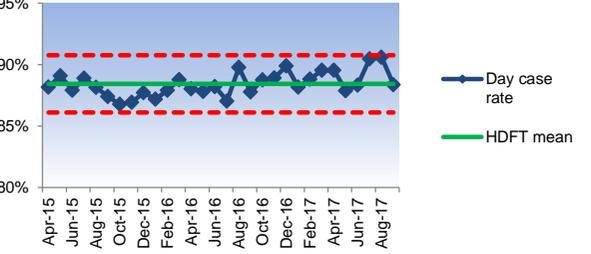
Quality - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																
<p><b>Mandatory training rates</b></p> 	<p>The table shows the most recent training rates for all mandatory elements for substantive staff.</p>	<table border="1"> <thead> <tr> <th>Competence Name</th> <th>% Completed</th> </tr> </thead> <tbody> <tr> <td>Equality, Diversity and Human Rights - Level 1</td> <td>89</td> </tr> <tr> <td>Fire Safety Awareness</td> <td>75</td> </tr> <tr> <td>Infection Prevention &amp; Control (Including Hand Hygiene) 1</td> <td>100</td> </tr> <tr> <td>Infection Prevention &amp; Control (Including Hand Hygiene) 2</td> <td>79</td> </tr> <tr> <td>Data Security Awareness</td> <td>81</td> </tr> <tr> <td>Prevent Basic Awareness (December 2015)</td> <td>100</td> </tr> <tr> <td>Safeguarding Children &amp; Young People Level 1 - Introduction</td> <td>93</td> </tr> </tbody> </table>	Competence Name	% Completed	Equality, Diversity and Human Rights - Level 1	89	Fire Safety Awareness	75	Infection Prevention & Control (Including Hand Hygiene) 1	100	Infection Prevention & Control (Including Hand Hygiene) 2	79	Data Security Awareness	81	Prevent Basic Awareness (December 2015)	100	Safeguarding Children & Young People Level 1 - Introduction	93	<p>The data shown is for the end of September and includes the staff who were TUPE transferred into the organisation on the 1st April 2016. The overall training rate for mandatory elements for substantive staff is 87%.</p> <p>The new follow up procedure is now in place for Directorates to use and we hope to see a positive impact on compliance going forward.</p>
Competence Name	% Completed																		
Equality, Diversity and Human Rights - Level 1	89																		
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<p><b>Sickness rates</b></p> 	<p>Staff sickness rate - includes short and long term sickness.</p> <p>The Trust has set a threshold of 3.9%. A low percentage is good.</p>		<p>Sickness absence is currently above the Trust target at 4.2% predominantly driven by an increase in absence within the Planned and Surgical Care Directorate and Children's and County Wide Directorate. The hotspot areas continue to focus on developing managers to ensure consistency and the effective management of staff back to work. Theatres and Day Surgery have been added to the hotspot reviews.</p>																
<p><b>Staff turnover rate</b></p> 	<p>The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust.</p> <p>Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.</p>		<p>Labour Turnover remains static at 12.54%. A review of the save/exit interview pilot is underway with an analysis of the feedback received. This will be taken to the Nurse Recruitment and Retention group for consideration and incorporated into plans as appropriate.</p>																

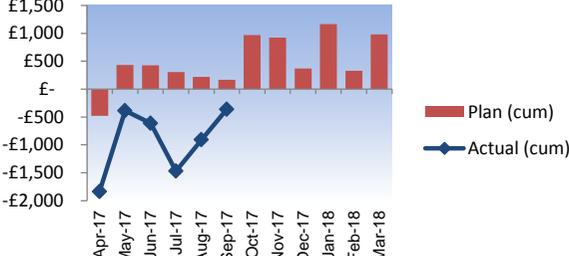
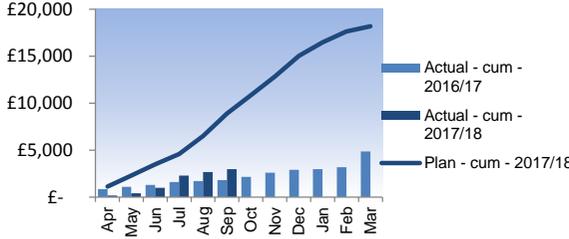
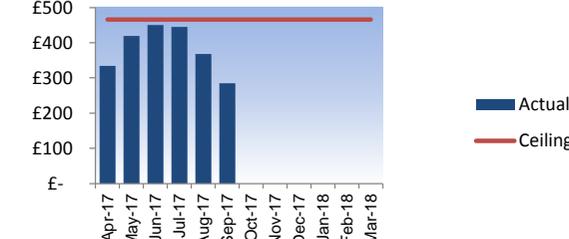
Finance and Efficiency - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Readmissions</b></p>	<p>% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.</p>		<p>The number of readmissions increased in August when expressed as a percentage of all emergency admissions and remains above the HDFT average rate for 2016/17.</p> <p>The review undertaken with HARD CCG has still to be finalised and the changes to the readmissions reimbursement agreed. This is very important to ensure that the Trust is appropriately paid for patients who are readmitted appropriately.</p>
<p><b>Length of stay - elective</b></p>	<p>Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.</p>		<p>The average elective length of stay for September was 2.5 days, a decrease on the previous month and in line with the benchmark group average.</p>
<p><b>Length of stay - non-elective</b></p>	<p>Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.</p>		<p>The average non-elective length of stay for September was 4.7 days, a decrease on last month, remaining above the benchmark group average but below the national average.</p> <p>The implementation of the SAFER care bundle, which supports discharge processes is now being supported by a live information dashboard, which enables ward level length of stay, morning discharges and use of planned discharge dates to be monitored at the daily bed meeting. Directorates are then progressing with targeted reductions in length of stay by ward area.</p>
<p><b>Theatre utilisation</b></p>	<p>The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of this. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.</p>		<p>Theatre utilisation increased to 86.0% in September and the number of cancelled sessions decreased to 7.1%. Sterile Services returned on site during September which has had a positive impact on theatre utilisation, as well as a number of initiatives being carried out by Planned &amp; Surgical Care Directorate as detailed in the Chief Operating Officer Report.</p> <p>A new theatre utilisation dashboard is being developed and the metric used in this report will be aligned with this going forward.</p>

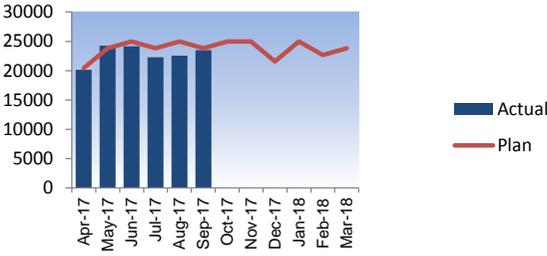
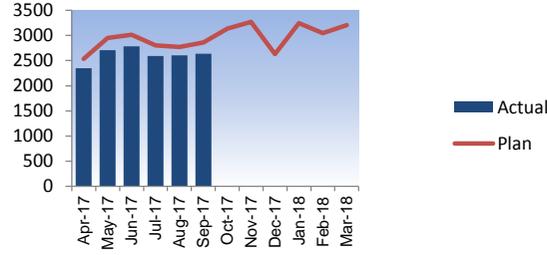
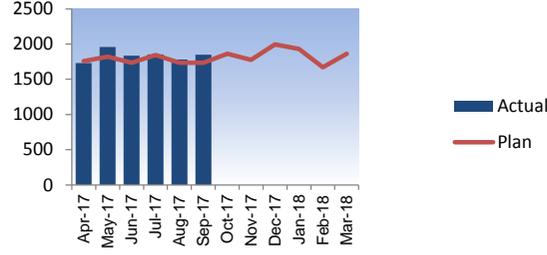
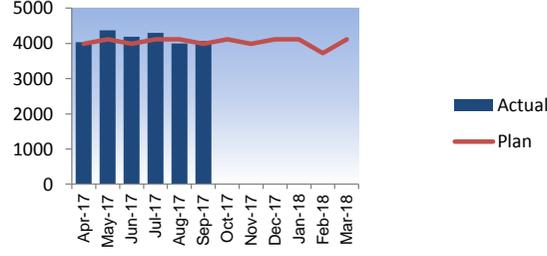
Finance and Efficiency - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Delayed transfers of care</b></p> 	<p>The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable.</p> <p>A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.</p>		<p>Delayed transfers of care decreased to 5.0% when the snapshot was taken in September, but remains above the maximum threshold of 3.5% set out in the contract. This remains a significant concern going into winter.</p>
<p><b>Outpatient DNA rate</b></p> 	<p>Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance.</p> <p>A low percentage is good. Patient DNAs will usually result in an unused clinic slot.</p>		<p>As anticipated, HDFT's DNA rate decreased to 5.2% in July following a number of months of increase. A similar upward trend was seen in the same period last year with the DNA rate peaking at 5.9% in July last year.</p> <p>HDFT's DNA remains below that of both the benchmarked group of trusts and the national average.</p>
<p><b>Outpatient new to follow up ratio</b></p> 	<p>The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.</p>		<p>Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio was 1.91 in July, remaining below both the historical average for HDFT and also below both the national and benchmark group average. As part of the financial recovery plan, outpatient clinic templates are being adjusted to increase the number of new slots where changes can be made to reduce the number of patients being booked for follow up. It remains essential that the Clinical Directorate teams monitor the waiting times for patients booked for follow up to ensure that they receive timely care where they do need to return.</p>
<p><b>Day case rate</b></p> 	<p>The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight.</p> <p>A higher day case rate is preferable.</p>		<p>The day case rate decreased to 88.4% in September.</p>

Finance and Efficiency - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																					
<p><b>Surplus / deficit and variance to plan</b></p> 	<p>Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.</p>		<p>The Trust financial position remains a significant risk, with the year to date position a deficit of £5,575k. The in month position has improved, with a number of the recovery actions starting to show a benefit. This optimism needs to be tempered with the Trust still reporting a loss in month, and it is vital that the Trust starts to achieve a surplus monthly position.</p>																					
<p><b>NHS Improvement Single Oversight Framework - Use of Resource Metric</b></p> 	<p>From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.</p>	<table border="1" data-bbox="808 603 1408 786"> <thead> <tr> <th>Element</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Cover</td> <td>2</td> <td>4</td> </tr> <tr> <td>Liquidity</td> <td>2</td> <td>1</td> </tr> <tr> <td>I&amp;E Margin</td> <td>1</td> <td>4</td> </tr> <tr> <td>I&amp;E Variance From Plan</td> <td>1</td> <td>4</td> </tr> <tr> <td>Agency</td> <td>1</td> <td>1</td> </tr> <tr> <td><b>Financial Sustainability Risk Rating</b></td> <td><b>2</b></td> <td><b>3</b></td> </tr> </tbody> </table>	Element	Plan	Actual	Capital Service Cover	2	4	Liquidity	2	1	I&E Margin	1	4	I&E Variance From Plan	1	4	Agency	1	1	<b>Financial Sustainability Risk Rating</b>	<b>2</b>	<b>3</b>	<p>The Trust will report a rating of 3 for September. This is behind the plan of 2 and is a result of the variance from plan for income and expenditure.</p>
Element	Plan	Actual																						
Capital Service Cover	2	4																						
Liquidity	2	1																						
I&E Margin	1	4																						
I&E Variance From Plan	1	4																						
Agency	1	1																						
<b>Financial Sustainability Risk Rating</b>	<b>2</b>	<b>3</b>																						
<p><b>Capital spend</b></p> 	<p>Cumulative Capital Expenditure by month (£'000s)</p>		<p>Capital expenditure is behind plan. However it is anticipated that expenditure will increase to planned levels as the year progresses.</p>																					
<p><b>Agency spend in relation to pay spend</b></p> 	<p>Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.</p>		<p>Year to date agency expenditure is 2.95% of total employee expenses. Although this continues to be below the agency ceiling, there is still work underway to drive down agency usage and cost. This is being led through the Workforce Efficiency Group. Improvements were seen in September to this position.</p>																					

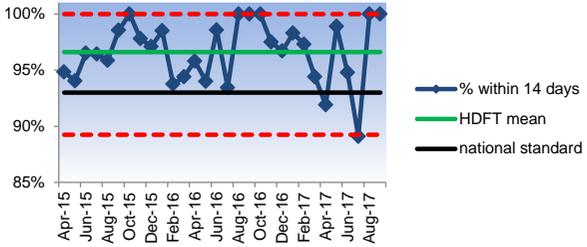
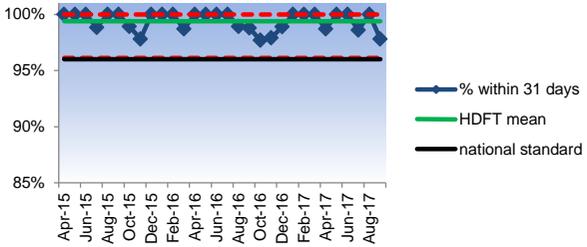
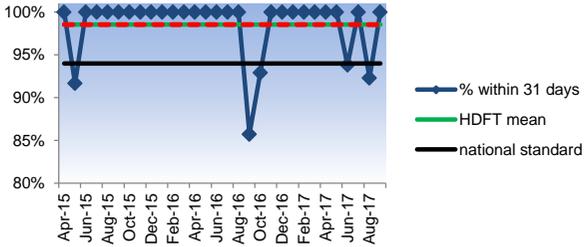
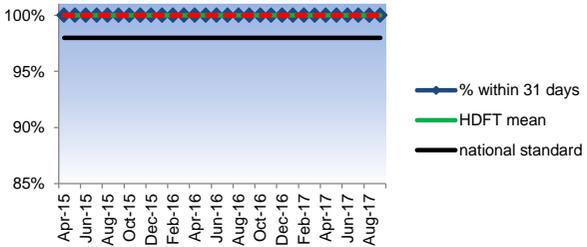
Finance and Efficiency - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Outpatient activity against plan</b></p> 	<p>The chart shows the position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.</p>		<p>Outpatient activity was 1.3% below plan in the month of September and 3.5% below plan year to date. This is an improvement on last month's position. A number of actions are being undertaken by Planned &amp; Surgical Care Directorate to improve this position further, as detailed within the Chief Operating Officer's Report.</p>
<p><b>Elective activity against plan</b></p> 	<p>The chart shows the position against plan for elective activity. The data includes inpatient and day case elective admissions.</p>		<p>Elective activity was 7.7% below plan in the month of September and 7.5% below plan year to date. A number of actions are being undertaken by Planned &amp; Surgical Care Directorate to improve this position. Financial recovery plans are also discussed in detail at Operational Delivery Group. Further information is provided within the Chief Operating Officer's Report.</p>
<p><b>Non-elective activity against plan</b></p> 	<p>The chart shows the position against plan for non-elective activity (emergency admissions).</p>		<p>Non-elective activity was 6.5% above plan in the month of September and 3.6% above plan year to date.</p>
<p><b>A&amp;E activity against plan</b></p> 	<p>The chart shows the position against plan for A&amp;E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&amp;E.</p>		<p>A&amp;E attendances were 2.0% above plan in the month of September and 2.6% above plan year to date.</p>

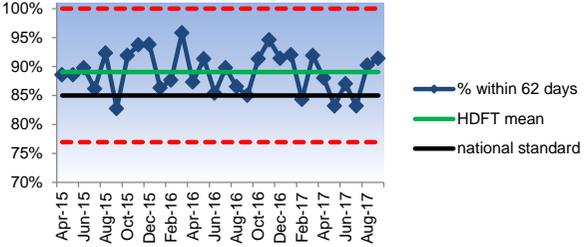
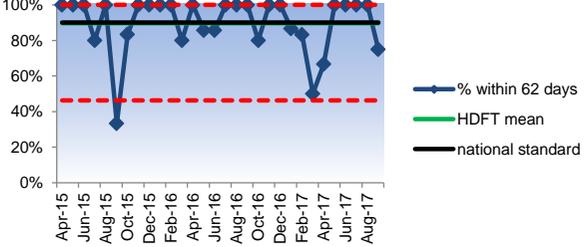
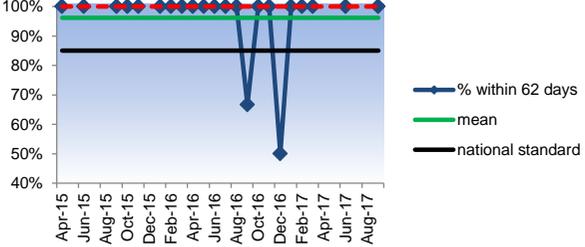
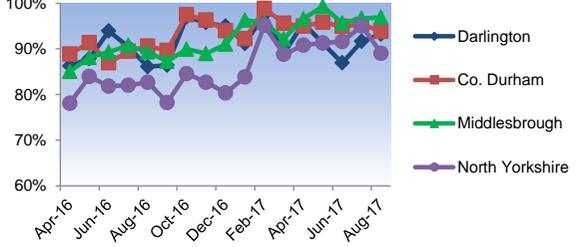
**Operational Performance - September 2017**

Indicator name / data quality assessment	Description	Trend chart	Interpretation																														
<p><b>NHS Improvement Single Oversight Framework</b></p>	<p>From October 2016, NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>RTT incomplete pathways</td> <td>93.8%</td> <td>92.3%</td> <td></td> <td></td> <td>93.0%</td> </tr> <tr> <td>A&amp;E 4-hour standard</td> <td>96.7%</td> <td>96.0%</td> <td></td> <td></td> <td>96.4%</td> </tr> <tr> <td>Cancer - 62 days</td> <td>86.0%</td> <td>88.8%</td> <td></td> <td></td> <td>87.5%</td> </tr> <tr> <td>Diagnostic waits</td> <td>99.8%</td> <td>99.6%</td> <td></td> <td></td> <td>99.7%</td> </tr> </tbody> </table>	Standard	Q1	Q2	Q3	Q4	YTD	RTT incomplete pathways	93.8%	92.3%			93.0%	A&E 4-hour standard	96.7%	96.0%			96.4%	Cancer - 62 days	86.0%	88.8%			87.5%	Diagnostic waits	99.8%	99.6%			99.7%	<p>In Quarter 2, HDFT's performance is above the required level for all 4 key operational performance metrics.</p>
Standard	Q1	Q2	Q3	Q4	YTD																												
RTT incomplete pathways	93.8%	92.3%			93.0%																												
A&E 4-hour standard	96.7%	96.0%			96.4%																												
Cancer - 62 days	86.0%	88.8%			87.5%																												
Diagnostic waits	99.8%	99.6%			99.7%																												
<p><b>RTT Incomplete pathways performance</b></p>	<p>Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks.</p> <p>A high percentage is good.</p>		<p>92.0% of patients were waiting 18 weeks or less at the end of September, no change on last month. Performance has deteriorated significantly recently with the Trust overall performance now at the minimum level of 92% for the second successive month. At specialty level, Trauma &amp; Orthopaedics and General Surgery were below the 92% standard. Operational Delivery Group reviews long waiting patients on a weekly basis to ensure that patients receive a date for treatment as soon as possible and the Trust maintains the national standard for RTT. Specialties with long waits are being targeted as part of the financial recovery plan and it is therefore planned to improve this position, along with income.</p>																														
<p><b>A&amp;E 4 hour standard</b></p>	<p>Percentage of patients spending less than 4 hours in Accident &amp; Emergency (A&amp;E). The operational standard is 95%.</p> <p>The data includes all A&amp;E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.</p>		<p>HDFT's Trust level performance for September was 94.2%, a reduction on last month and below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was below the 95% standard at 93.0%.</p> <p>However, Trustwide performance for Quarter 2 overall was above the required 95% standard at 96.0% and HDFT's performance remains well above the national average.</p>																														
<p><b>Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals</b></p>	<p>Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>																														

Operational Performance - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Cancer - 14 days maximum wait from GP referral for symptomatic breast patients</b></p> 	<p>Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.</p>		<p>Provisional performance is at 100% for August and September, an improvement on the July position. Performance for Quarter 2 to date is above the required 93% standard.</p>
<p><b>Cancer - 31 days maximum wait from diagnosis to treatment for all cancers</b></p> 	<p>Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p><b>Cancer - 31 day wait for second or subsequent treatment: Surgery</b></p> 	<p>Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.</p>		<p>Provisional performance is at 100% for September, an improvement on the August position. Performance for Quarter 2 to date is above the required 93% standard.</p>
<p><b>Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug</b></p> 	<p>Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>

Operational Performance - September 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p><b>Cancer - 62 day wait for first treatment from urgent GP referral to treatment</b></p> 	<p>Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.</p>		<p>Provisional performance for September is above the required 85% standard at 91.4% with 6 accountable breaches. Of the 11 tumour sites, 4 had performance below 85% in September - colorectal (3 breaches), gynaecological (0.5), head and neck (1) and lung (1.5). Three patients waited over 104 days in September. The main reasons for the delays were patient choice and outpatient capacity.</p>
<p><b>Cancer - 62 day wait for first treatment from consultant screening service referral</b></p> 	<p>Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.</p>		<p>Provisional performance for Quarter 2 is just below the required 90% standard at 89%. However there are currently less than 5 accountable pathways meaning that the Trust is below the de minimis level for reporting performance.</p>
<p><b>Cancer - 62 day wait for first treatment from consultant upgrade</b></p> 	<p>Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p><b>Children's Services - 10-14 day new birth visit</b></p> 	<p>The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good.</p> <p>Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.</p>		<p>In August, the validated performance position is that 92% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth.</p> <p>The data is reported a month in arrears so that the validated position can be shared.</p>

**Operational Performance - September 2017**

Indicator name / data quality assessment	Description	Trend chart	Interpretation																																																		
<p><b>Children's Services - 2.5 year review</b></p> 	<p>The percentage of children who had a 2.5 year review. A high percentage is good.</p> <p>Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.</p>	<table border="1"> <caption>Approximate data from the trend chart</caption> <thead> <tr> <th>Month</th> <th>Darlington (%)</th> <th>Co. Durham (%)</th> <th>Middlesbrough (%)</th> <th>North Yorkshire (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>85</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Jun-16</td><td>90</td><td>85</td><td>85</td><td>72</td></tr> <tr><td>Aug-16</td><td>95</td><td>85</td><td>85</td><td>78</td></tr> <tr><td>Oct-16</td><td>90</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Dec-16</td><td>95</td><td>85</td><td>85</td><td>78</td></tr> <tr><td>Feb-17</td><td>90</td><td>85</td><td>85</td><td>78</td></tr> <tr><td>Apr-17</td><td>95</td><td>85</td><td>85</td><td>80</td></tr> <tr><td>Jun-17</td><td>95</td><td>85</td><td>85</td><td>92</td></tr> <tr><td>Aug-17</td><td>95</td><td>85</td><td>85</td><td>95</td></tr> </tbody> </table>	Month	Darlington (%)	Co. Durham (%)	Middlesbrough (%)	North Yorkshire (%)	Apr-16	85	85	85	75	Jun-16	90	85	85	72	Aug-16	95	85	85	78	Oct-16	90	85	85	75	Dec-16	95	85	85	78	Feb-17	90	85	85	78	Apr-17	95	85	85	80	Jun-17	95	85	85	92	Aug-17	95	85	85	95	<p><b>Interpretation</b></p> <p>In August, the validated performance position is that 95% of children were recorded on Systemone as having had a 2.5 year review.</p> <p>The data is reported a month in arrears so that the validated position can be shared.</p>
Month	Darlington (%)	Co. Durham (%)	Middlesbrough (%)	North Yorkshire (%)																																																	
Apr-16	85	85	85	75																																																	
Jun-16	90	85	85	72																																																	
Aug-16	95	85	85	78																																																	
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Dec-16	95	85	85	78																																																	
Feb-17	90	85	85	78																																																	
Apr-17	95	85	85	80																																																	
Jun-17	95	85	85	92																																																	
Aug-17	95	85	85	95																																																	

## Data Quality - Exception Report

Report section	Indicator	Data quality rating	Further information
Quality	Pressure ulcers - community acquired - grades 2, 3 or 4	Amber 	The observed increase in reported cases over the last two years may be partly due to improvements in incident reporting during the period.
Finance and efficiency	Theatre utilisation	Amber 	The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of cancelled sessions.
Operational Performance	Children's Services - 10-14 day new birth visit	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Operational Performance	Children's Services - 2.5 year review	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.

Indicator traffic light criteria

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Quality	Pressure ulcers - hospital acquired	No. category 3 and category 4 avoidable hospital acquired pressure ulcers	tbc	tbc
Quality	Pressure ulcers - community acquired	No. category 3 and category 4 community acquired pressure ulcers	tbc	tbc
Quality	Safety thermometer - harm free care	% harm free	Blue if latest month $\geq 97\%$ , Green if $\geq 95\%$ but $< 97\%$ , red if latest month $< 95\%$	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of $\geq 50\%$ of HDFT average for 2016/17, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2016/17, Amber if YTD position is a reduction of up to 20% of HDFT average for 2016/17, Red if YTD position is on or above HDFT average for 2016/17.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Infection control	No. hospital acquired C.diff cases	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
Quality	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	Mortality - HSMR	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Quality	Mortality - SHMI	Summary Hospital Mortality Index (SHMI)	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2016/17, Amber if on or above HDFT average for 2016/17, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Complaints	No. complaints, split by criteria	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Incidents - all	Incidents split by grade (hosp and community)	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Incidents - comprehensive SIRIs and never events	The number of comprehensive SIRIs and the number of never events reported in the year to date. The indicator includes hospital and community data.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
Quality	Friends & Family Test (FFT) - Patients	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month $\geq$ latest published national average, Red if $<$ latest published national average.	Comparison with national average performance.
Quality	Safer staffing levels	RN and CSW - day and night overall fill rates at trust level	Green if latest month overall staffing $\geq 100\%$ , amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months	Annual rolling total - 90% green. Amber between 70% and 90%, red $< 70\%$ .	Locally agreed target level based on historic local and NHS performance
Quality	Mandatory training rate	Latest position on the % staff trained for each mandatory training requirement	Blue if latest month $\geq 95\%$ ; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Staff sickness rate	Staff sickness rate	Green if $< 3.9\%$ , amber if between 3.9% and regional average, Red if $>$ regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	Staff turnover	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Finance and efficiency	Readmissions	No. emergency readmissions (following elective or non-elective admission) within 30 days.	Blue if latest month rate $<$ LCL, Green if latest month rate $<$ HDFT average for 2016/17, Amber if latest month rate $>$ HDFT average for 2016/17 but below UCL, red if latest month rate $>$ UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	Length of stay - elective	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Length of stay - non-elective	Average LOS for non-elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = $\geq 85\%$ , Amber = between 75% and 85%, Red = $< 75\%$	A utilisation rate of around 85% is often viewed as optimal.

## Harrogate and District

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Delayed transfers of care	% acute beds occupied by patients whose transfer is delayed - snapshot on last Thursday of the month.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
Finance and efficiency	Outpatient DNA rate	% first OP appointments DNA'd		
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Day case rate	% elective admissions that are day case	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
Finance and efficiency	NHS Improvement Financial Performance Assessment	An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).		
Finance and efficiency	Outpatient activity against plan (new and follow up)	Includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
Finance and efficiency	Elective activity against plan	Includes inpatient and day case activity		Locally agreed targets.
Finance and efficiency	Non-elective activity against plan			Locally agreed targets.
Finance and efficiency	Emergency Department attendances against plan	Excludes planned followup attendances.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.
Operational Performance	NHS Improvement governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by NHS Improvement
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
Operational Performance	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	% urgent GP referrals for suspected cancer seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	% GP referrals for breast symptomatic patients seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	% cancer patients starting first treatment within 31 days of diagnosis	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Surgery	% cancer patients starting subsequent surgical treatment within 31 days	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	% cancer patients starting subsequent anti-cancer drug treatment within 31 days	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	% cancer patients starting first treatment within 62 days of urgent GP referral	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant screening service referral	% cancer patients starting first treatment within 62 days of referral from a consultant screening service	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant upgrade	% cancer patients starting first treatment within 62 days of consultant upgrade	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
Operational Performance	Children's Services - 10-14 day new birth visit	% new born visit within 14 days of birth	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
Operational Performance	Children's Services - 2.5 year review	% children who had a 2 and a half year review	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement

### Data quality assessment

Green		No known issues of data quality - High confidence in data
Amber		On-going minor data quality issue identified - improvements being made/ no major quality issues
Red		New data quality issue/on-going major data quality issue with no improvement as yet/ data confidence low/ figures not reportable

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<b>Date of Meeting:</b>	1 November 2017	<b>Agenda item:</b>	<b>Paper 11.0</b>						
<b>Report to:</b>	Council of Governors								
<b>Title:</b>	Audit Committee Terms of Reference								
<b>Sponsoring Director:</b>	Mr Chris Thompson, Chair Audit Committee								
<b>Author(s):</b>	Mrs Katherine Roberts, Company Secretary								
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>Information</td> </tr> </table>			Decision	Discussion/ Consultation	✓	Assurance	Information	
Decision	Discussion/ Consultation	✓	Assurance	Information					
<b>Executive Summary:</b>	The NHS Foundation Trust Code of Governance requires that the Council of Governors are consulted on the Audit Committee terms of reference, which should be reviewed and refreshed regularly.								
<b>Related Trust Objectives</b>									
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td></td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓
To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓				
<b>Key implications</b>									
<b>Risk Assessment:</b>	None identified.								
<b>Legal / regulatory:</b>	In line with the Foundation Trust Code of Governance the Audit Committee is required to consult the Council of Governors about its terms of reference on an annual basis.								
<b>Resource:</b>	None identified.								
<b>Impact Assessment:</b>	Not applicable.								
<b>Conflicts of Interest:</b>	None identified.								
<b>Reference documents:</b>	The NHS Foundation Trust Code of Governance: <a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf</a>								

**Action Required by the Board of Directors:**

The Council of Governors is invited to comment on, and where appropriate, propose amendments to the Audit Committee terms of reference.

## Background

The Trust's Audit Committee has terms of reference which set out the main role and responsibilities of the Committee. These terms of reference are approved by the Board of Directors and should be prepared in line with the requirements of the NHS Foundation Trust Code of Governance.

## Requirements of the NHS Foundation Trust Code of Governance

Section C.3.2 of the Code of Governance states:

*The main role and responsibilities of the audit committee should be set out in publicly available, written terms of reference. The council of governors should be consulted on the terms of reference, which should be reviewed and refreshed regularly. It should include details of how it will:*

- *Monitor the integrity of the financial statements of the NHS foundation trust, and any formal announcements relating to the trust's financial performance, reviewing significant financial reporting judgements contained in them;*
- *Review the NHS foundation trust's internal financial controls and, unless expressly addressed by a separate board risk committee composed of independent directors, or by the board itself, review the trust's internal control and risk management systems;*
- *Monitor and review the effectiveness of the NHS foundation trust's internal audit function, taking into consideration relevant UK professional and regulatory requirements;*
- *Review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process, taking into consideration relevant UK professional and regulatory requirements;*
- *Develop and implement policy on the engagement of the external auditor to supply non-audit services, taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm; and*
- *Report to the council of governors, identifying any matters in respect of which it considers that action or improvement is needed and making recommendations as to the steps to be taken.*

## Timeline for review

In December 2017 the Audit Committee will undertake an annual review of the terms of reference make recommendations to the Board of Directors in January 2018.

## Recommendation

Governors are invited to comment on, and where appropriate, propose amendments to the Audit Committee terms of reference.

## AUDIT COMMITTEE TERMS OF REFERENCE

**Accountable:** to the Board of Directors

**Reporting:** to the Board of Directors

### **Constitution**

The Board hereby resolves to establish a Committee of the Board to be known as the Audit Committee (the Committee). The Committee is a non-executive committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

### **Membership**

The Committee shall be appointed by the Board from amongst the non-executive directors of the Trust and shall consist of not less than three members. One member of the Committee should have recent and relevant experience (e.g. audit/financial accounting/financial management). One of the members will be appointed Chair of the Committee by the Board. The Chairman of the organisation shall not be a member of the Committee.

### **Quorum**

A quorum shall be two members.

### **Attendance**

The Finance Director, members of the Senior Finance Team, the Deputy Director of Governance, the Deputy Director of Corporate Affairs and appropriate internal and external audit representatives shall normally attend meetings. The Local Counter Fraud representative shall also attend twice per year and the Local Security Management Specialist on an annual basis. At least once a year the Committee should meet privately with the external and internal auditors.

The Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the annual accounts. All other executive directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

Governors are also invited to attend the Audit Committee meetings in an observational capacity.

A secretary appointed to the Committee shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

## **Frequency**

Each Committee must consider the frequency and timing of meetings needed to allow it to discharge all of its responsibilities. A benchmark of six meetings per annum at appropriate times in the reporting and audit cycle is suggested. The External Auditor or Head of Internal Audit may request a meeting if they consider that one is necessary.

## **Authority**

The Committee is authorised by the Board to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary. Details of the estimated cost of such advice should be advised to the Finance Director for budgetary, cash flow and control purposes.

## **Duties**

The duties of the Committee can be categorised as follows:

### **Governance, Risk Management and Internal Control**

The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.

In particular, the Committee will review the adequacy and effectiveness of:

- All risk and control related disclosure statements (in particular the Annual Governance Statement), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board
- The underlying assurance processes that indicate the degree of achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification
- The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the Counter Fraud and Security Management Service
- The procedures for detecting fraud and whistle blowing (HDFT's Whistle Blowing Policy) and ensure that arrangements are in place by which staff may, in confidence, raise concerns about possible improprieties in matters of financial reporting, financial control or any other matters.

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate,

concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

This will be evidenced through the Committee's use of an effective Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

### **Internal Audit**

The Committee shall ensure that there is an effective internal audit function that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- Consideration of the provision of the internal audit service, the cost of the audit and any questions of resignation and dismissal
- Review and approval of the internal audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework
- Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise audit resources
- Ensuring that the internal audit function is independent; adequately resourced and has appropriate standing within the organisation
- Annual review of the quality and effectiveness of internal audit.

### **External Audit**

The Committee shall review the work and findings of the external auditors appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- Consideration of the appointment and performance of the external auditors, and reporting annually to the Council of Governors by way of an evaluation of the external auditors' performance and whether they should be reappointed
- Recommendation of the audit fee to the Board (and Governors if a new appointment) and pre-approve any fees in respect of non-audit services provided by the external auditors and to ensure that the provision of non-audit services does not impair the independence or objectivity of the external auditor
- Discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the annual plan, and ensuring co-ordination, as appropriate, with other external auditors in the local health economy
- Discussion with the external auditors of their local evaluation of audit risks and assessment of the Trust and associated impact on the audit fee
- Review of all external audit reports, including the report to those charged with governance, agreement of the annual audit letter before submission to the Board and any work undertaken outside the annual audit plan, together with the appropriateness of management responses
- Annual review of the quality and effectiveness of external audit.

The External Auditor or Head of Internal Audit may, at any time, request a meeting if they consider it necessary.

### **Clinical Assurance**

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (for example, the Care Quality Commission, NHS Litigation Authority, etc.) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges, accreditation bodies, etc.)

The Quality Committee will provide assurance from the clinical audit function. The Audit Committee will review the work of the Quality Committee by receiving minutes, and exception reports from the non-executive director who is a member of both committees. In addition, the Deputy Director of Governance also attends both committees.

The Audit Committee will receive minutes and regular reports from the Corporate Risk Review Group.

### **Counter Fraud**

The Committee shall satisfy itself that the organisation has adequate arrangements in place for countering fraud and shall review the outcomes of counter fraud work and receive the counter fraud annual report.

### **Security Management Service**

The Committee shall satisfy itself that the organisation has adequate arrangements in place for Security Management Services and that the Committee will receive from the Local Security Management Specialist an annual report on its activities and plan for the following year.

### **Management**

The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit) as they may be appropriate to the overall arrangements.

### **Financial Reporting**

The Audit Committee shall monitor the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

The Audit Committee shall review the annual report and financial statements before submission to the Board, focusing particularly on:

- The wording in the Annual Governance Statement and other disclosures relevant to the terms of reference of the Committee
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted miss-statements in the financial statements
- Significant judgements in preparation of the financial statements
- Significant adjustments resulting from the audit
- Schedule of losses and special payments
- Letter of representation
- Qualitative aspects of financial reporting
- The going concern assumption
- The extent to which the financial statements are affected by any unusual transactions in the year and how they are disclosed
- Any reservations and disagreements between the external auditors and management which had not been satisfactorily resolved.

### **Standing Orders, Standing Financial Instructions and Standards of Business Conduct**

The Committee will review, on behalf of the Board, the operation of and proposed changes to the Standing Orders, Standing Financial Instructions, and HDFT's Code of Business Conduct, including Staff Registers of Interest.

### **Quality Account**

The Quality Committee will approve the Quality Account and present it to the Audit Committee. The Audit Committee will review the Quality Account and submit it to the Board.

### **Other Matters**

The minutes of Audit Committee meetings shall be formally recorded by the Secretary and submitted to the Board. The Chair of the Committee shall draw to the attention of the Board any issues that require disclosure to the full Board, or require executive action.

The Committee will report to the Board at least annually on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and 'embeddedness' of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self-assessment against external regulations including the Care Quality Commission.

The Committee shall also:

- Review third party assurances (both clinical and relating to financial management)
- Review Post Project Evaluations and Single Tender Actions
- Receive an annual report on procurement activity and savings
- Review the Treasury Management Policy, on behalf of the Board, and receive the annual report on treasury activity.

The Committee shall be supported administratively by the Secretary, whose duties in this respect will include:

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

Where disagreements between the Audit Committee and the Board cannot be resolved, the Audit Committee shall report the issue to the Governors. If the issue still cannot be resolved the Audit Committee shall report the issue as part of the report on its activities in the Annual report and Financial Statements.

As agreed with the Governors, the Audit Committee Chairman shall be available to attend the AGM and shall answer questions through the Chairman of the Board of Governors on the Audit Committee's activities and responsibilities.

## **Review**

These Terms of Reference will be reviewed annually, in conjunction with a review of the effectiveness of the Committee.

January 2017



## PUBLIC COUNCIL OF GOVERNOR MEETINGS

## CALENDAR 2018

Date & Time	Venue
<b>Saturday 3 February 2018</b> Private Meeting – 10.15 am Public Meeting – 10.45 am – 1.00 pm	tbc
<b>Wednesday 2 May 2018</b> Private Meeting – 5.15 pm Public Meeting – 5.45 – 8.00 pm	tbc
<b>Wednesday 1 August 2018</b> Private Meeting – 5.15 pm Public Meeting – 5.45 – 8.00 pm	tbc
<b>Wednesday 7 November 2018</b> Private Meeting – 5.15 pm Public Meeting – 5.45 – 8.00 pm	tbc

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