Council of Governors' Meeting - 2 August 2017 - All Documents

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NHS
Harrogate and District
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday, 2 August 2017 in The Hatcher Room, next to Constance Green Hall, St. Aidan's Church of England High School, Oatlands 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**	**Welcome and apologies for absence** *Welcome to the public and setting the context of the meeting*	Mrs Sandra Dodson, Chairman	-
5.45	**2.0** **2.1**	**Minutes of the meeting held on 3 May 2017** **Minutes of the Extra-Ordinary Council of Governors' meeting held on 31 May 2017** *To review and approve the minutes*	Mrs Sandra Dodson, Chairman	2.0 2.1
5.50	**3.0**	**Matters arising and review of action log** *To provide updates on progress of actions*	Mrs Sandra Dodson, Chairman	3.0
5.55	**4.0**	**Declarations of interest** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Mrs Sandra Dodson, Chairman	4.0
5.55	**5.0**	**Chairman's verbal update on key issues including:** • **Changes to the Council of Governors** • **Governor elections** *To receive the verbal update for consideration*	Mrs Sandra Dodson, Chairman	
6.00	**6.0** **6.1** **6.2** **6.3**	**Governor Sub-Committee Reports** *To receive the reports for comment* **Governor Working Group - Volunteering and Education** **Governor Working Group - Membership Development and Communications** **Patient and Public Involvement – Learning from Patient Experience Group**	Mrs Sandra Dodson, Chairman Mrs Jane Hedley, Public Governor Ms Pamela Allen, Deputy Chair of the Council of Governors/ Public Governor Miss Sue Eddleston, Public Governor	 6.1 6.2 6.3

6.15	**7.0**	**Annual Report and Accounts 2016/17 (including the External Audit Assurance Report to the Council of Governors)** *To receive the reports for comment*	Mr Jonathan Coulter, Deputy Chief Executive/Finance Rashpal Khangura, KPMG	7.0 Presentation
6.25	**8.0**	**Update from the Deputy Chair of Governors on Non-Executive Director Appraisals** *To receive the update for consideration*	Ms Pamela Allen, Deputy Chair of the Council of Governors	
6.30	**9.0** **9.1** **9.2** **9.3** **9.4** **9.5** **9.6**	**Reports from the Nominations Committee** *To receive the report for comment and approval:* • **Minutes of the meeting held 19 July 2017** • **Terms of Reference** • **Re-appointment of Mrs Maureen Taylor, Non-Executive Director** • **Ratification of the appointment of a new Non-Executive Director** • **Extension to the term of office of the Chairman** **Update from the Nominations Committee on the Chairman's recruitment process** *To receive the verbal update on progress*	Mrs Sandra Dodson, Chairman Ms Pamela Allen, Deputy Chair of Governors/Public Governor	9.0 9.1 9.2 9.3 9.5
6.40	**10.0**	**Presentation – Inpatient Falls and Safety Huddles**	Dr Jo McCreanor, Consultant Geriatrician Carmel Lister, Falls Prevention Co-ordinator	Presentation
Break – 6.55 – 7.05				
7.05	**11.0**	**Chief Executive's Strategic and Operational Update, including Integrated Board Report** *To receive the update and report for comment*	Dr Ros Tolcher, Chief Executive	11.0
7.25	**12.0**	**Question and Answer Session for members of the public and Governors** *To receive and respond to questions from the floor relating to the agenda*	Mrs Sandra Dodson, Chairman	-
7.40	**13.0**	**Audit Committee update on the External Auditor Performance** *To receive the update for consideration*	Mr Chris Thompson, Non-Executive Director/Audit Committee Chair	13.0
7.55	**14.0**	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs Sandra Dodson, Chairman	-
8.00	**15.0**	**Close of meeting**	Mrs Sandra Dodson, Chairman	-

Date and time of next meeting –
Wednesday, 1 November 2017 at 5.45 pm (private meeting commences at 5.15 pm) to be held at St. Aidan's Church of England High School, Harrogate

Harrogate and District NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 3 May 2017 at 17:45 hrs at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:

Mrs Sandra Dodson, Chairman
Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
Cllr. Bernard Bateman, Stakeholder Governor
Dr Sally Blackburn, 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
Mr Tony Doveston, Public Governor
Miss Sue Eddleston, Public Governor
Mrs Jill Foster, Chief Nurse
Mrs Joanne Harrison, Deputy Director of Workforce and Organisational Development
Mr Rob Harrison, Chief Operating Officer
Mrs Jane Hedley, Public Governor
Mrs Ann Hill, Public Governor
Cllr. Phil Ireland, Stakeholder Governor
Mrs Pat Jones, Public Governor
Mr Neil McLean, Non-Executive Director
Mrs Sally Margerison, Staff Governor
Mrs Zoe Metcalfe, Public Governor
Mr Peter Pearson, Public Governor
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:

20 members of the public
Mrs Shirley Silvester, Head of Learning and Organisational Development
Mrs Sharon Wilkes, Clinical Workforce Transformation Lead

1. Welcome and apologies for absence

Apologies were received from Mrs Yvonne Campbell, Staff Governor, Mrs Cath Clelland, Public Governor, Dr Sarah Crawshaw, Stakeholder Governor, Mrs Emma Edgar, Staff Governor, Mrs Beth Finch, Stakeholder Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development, 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 11 on the agenda to be submitted during the break.

Mrs Dodson was also delighted to introduce Mrs Silvester and Mrs Wilkes, who would be talking about apprenticeships at item 9 on the agenda and she welcomed Mrs Katherine Roberts, newly appointed Company Secretary who would be joining the Trust on 30 May.

2. Minutes of the last meeting, 18 February 2017

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

3. Matters arising and review of action schedule

Mrs Harrison provided a further update regarding the Global Health Exchange Programme; item 1 on the outstanding action schedule.

In collaboration with Health Education England, the Trust was supporting the development of a Global Health Exchange programme. Based on the three fundamental principles of learn, work and return, the programme would offer up to three years' work-based educational experience in the UK for registered nurses.

Mrs Harrison was pleased to report that that first candidate on the Global Health Exchange programme had now passed their English language test and had started competency assessments with a further three nurses in the process of a re-examination and awaiting results. She also confirmed that a second cohort of registered nurses was being identified and twenty applications of interest had been submitted.

Governors would be kept up to date with further progress.

There were no questions for Mrs Harrison.

Item 2 on the outstanding action schedule – Mr Harrison confirmed that seating had been made available by the maternity entrance and was already available in certain areas including the main entrance, opposite Cardiology on the ground floor and outside the Clinical Assessment Team on the first floor. Discussions were taking place with the Fire Officer regarding further seating, particularly around Wensleydale Ward and Nidderdale Ward on the first floor.

Item 3 on the outstanding action schedule would be covered under item 7 on the agenda.

There were no other matters arising.

ACTION:

- **Further update on the Global Health Exchange programme at the next meeting on 2 August.**
- **Further update on seating at the next meeting on 2 August.**

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.

5. Chairman's verbal update on key issues

5.1 Update on Governors' terms of office

Following a review of Governors' terms of office, and those with tenures expiring mid-year, Mrs Dodson and Ms Allen had met with Dr Blackburn, Mrs Hedley and Mr Pearson individually to discuss extending their term of office until 31 December 2017. This would create both cost and resource efficiencies and bring the election process back in line with annual Council of Governor elections rather than the need to hold two elections this year.

Each of these Governors agreed to this proposal and therefore Mrs Dodson now required the approval of the Council of Governors to extend the terms of office for:

Dr Sally Blackburn, Public Governor for Harrogate and surrounding villages, second term of office 1 August 2014 to 31 December 2017.

Mrs Jane Hedley, Public Governor for Wetherby and Harewood including Otley and Yeadon, Adel and Wharfedale and Alwoodley wards, second term of office 1 July 2014 to 31 December 2017.

Mr Peter Pearson, Public Governor for Ripon and west district, first term of office 1 August 2014 to 31 December 2017.

Mrs Jones asked what would have been the outcome if any of the Governors had disagreed with the proposal, to which Mrs Dodson confirmed their existing term of office would have remained.

There were no further questions and all Governors present were in agreement with the extensions to the terms of office until the end of 2017. The annual election process would therefore commence in the autumn.

Finally, Mrs Dodson wished to announce that Dr Sarah Crawshaw, Stakeholder Governor representing Leeds University had stood down from the Council with immediate effect. Dr Crawshaw had demonstrated a real interest in all aspects of the Trust and had contributed to the research strategy. On behalf of the Council of Governors, Mrs Dodson wished to thank Dr Crawshaw for her commitment and contribution.

Mrs Dodson would now discuss the opportunity of representation from a different provider of education with Dr Tolcher in order to secure a replacement Stakeholder on the Council.

ACTION:

- **Mrs Dodson to discuss a replacement Stakeholder Governor with Dr Tolcher.**

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 large number of students who had applied to shadow a doctor and the large number of consultants who had offered work experience ensuring the success of the programme.

Mrs Hedley thanked the Corporate Support Team who were working hard to process the number of students applying for a Work Experience placement including 55 students who had applied to shadow a doctor. She also thanked the 15 consultants who had agreed to support the programme.

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 next Medicine for Members' presentations taking place on Thursday 18 May and again on Thursday 25 May in the Lecture Theatre, Strayside Education Centre, 3rd Floor, Harrogate District Hospital.

The Diabetes Nurses would be talking about recent work undertaken to sustain and promote safe insulin management. They would also be sharing information about the transition service; a service to help young people aged 16-25 and their families to live with diabetes as well as how the Trust supported older people with diabetes and the work with GPs and Practice Nurses to help with their knowledge and understanding of diabetes.

There were no questions for Ms Allen.

6.3 Patient and Public Involvement – Learning from Patient Experience

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

Mrs Dean highlighted three areas from her report: unannounced Directors' Inspections, complaints and nurse recruitment.

Mrs Dean reported that the Learning from Patient Experience Group had discussed the increase in complaints and they were aware that a lot of work had been undertaken to encourage feedback, both positive and negative. The Group received assurance that the Directorates were dealing with these and would continue to monitor and receive further updates at each meeting.

Finally, Mrs Dean confirmed that nurse recruitment was discussed at each meeting. She was pleased to report that the Nursing Team and HR were working extremely hard and thinking outside the box with innovative ways to engage with people interested in a career in healthcare.

There were no questions for Mrs Dean.

Mrs Dodson thanked each Governor for their update and confirmed how the sub-committees helped them to deliver their constitutional responsibilities and gain assurance on the quality of patient care. She described other ways in which Governors could triangulate information including, Board meetings, Patient Safety Visits and engaging in Quality of Care Teams, to name a few.

7. Update on Quality of Care Teams

Mrs Foster's report was circulated prior to the meeting and taken as read. The report provided Governors with information and assurance on the regularity and effectiveness of Quality of Care Teams across the Trust.

Due to the level of complexity in undertaking Quality of Care Team meetings across the Trust, it was agreed not be prescriptive but allow Directorates to determine the formatting and frequency of meetings. Mrs Foster referred to the tables in her report listing the number and effectiveness of each Quality of Care Team meeting against set criteria in each Directorate and the standards expected of each local arrangement.

It was concluded that not all areas were complying with meetings or the required standards and Directorates were being asked to provide a further update to the Learning from Patient Experience Group on 10 May.

Mrs Dean asked for clarification regarding the Governor link criteria in the report tables. Mrs Foster confirmed this was to identify which teams had a Governor assigned to them but it was not a requirement for all teams as there were not enough Governors to attend each one.

There were no further questions for Mrs Foster.

Mrs Dodson stated that Mrs Colvin would progress to work with Directorates and reassign Governors to their preferred Quality of Care Teams.

ACTION:
- **Mrs Colvin to review Governors assigned to Quality of Care Teams.**

7.1 Quality Priorities for 2017/18

Mrs Foster outlined the purpose of the Quality Account, an integral part of the Annual Report and Account, which reflected both on the highest priorities of the Trust for the forthcoming year and reported on progress made in the past year.

Mrs Foster highlighted the importance of stakeholder engagement in producing the Quality Account and the priorities for improvement in 2017/18 would be:

- Improve learning from incidents, complaints and good practice.
- Improve the patient experience of discharge processes.
- Reduce the morbidity and mortality related to sepsis.
- Provide high quality stroke care demonstrated by improvement in national indicators.
- Strengthen the voice of children, young people and families by seeking patient reported experience and using this in the development of a number of services.

Ms Allen commented that Governor and stakeholder involvement in the Quality Priorities process had been very interesting. She confirmed that Governors had met with the Chief Nurse, Deputy Director of Governance and the External Auditor for a robust discussion and staff had worked extremely hard to pull the document together. On behalf of the Council of Governors, Ms Allen fully endorsed the Quality Priorities for 2017/18 and the Quality Account.

Mrs Dodson added that the Quality Account would continue to be monitored through the Quality Committee.

There were no questions.

8. Report from the Nominations Committee

Mrs Dodson's report regarding the recruitment of a new Non-Executive Director and appointment of a new Vice Chair was circulated prior to the meeting and taken as read.

She referred to the minutes of the Nominations Committee held on 12 April and confirmed that Governors were unanimous with the view to seek a Non-Executive Director with a clinical background to replace Professor Proctor. In addition, she commented on the recommendation from the Care Quality Commission and NHS Improvement's Well-Led Framework to have a Non-Executive Director with a clinical background.

Dr Scott asked if no-one had applied with a clinical background, would the Trust have re-advertised? Mrs Dodson thanked Dr Scott for his question and confirmed this was a Governors' appointment however, if no-one had applied with the required skill set, another Nominations Committee would have reviewed the recruitment process and current market. She reminded Governors that a similar situation happened four years ago when looking for a Non-Executive Director with accountancy expertise; it took two recruitment processes to appoint a suitable Non-Executive Director.

Mrs Dodson asked Mr Thompson to leave the room at this stage in the meeting.

She then went on to explain that when Professor Proctor left the Trust, this left a vacancy for Vice Chair as well as the vacancy for a new Non-Executive Director. Again, referring to the minutes of the Nominations Committee held on 12 April, she highlighted that the appointment of the Vice Chair was the constitutional responsibility of the Council of Governors. The Nominations Committee agreed to recommend the nomination of Mr Thompson as Vice Chair of the Board of Directors and Mrs Dodson asked if there were any further questions.

There were no further questions and the Council of Governors approved the minutes of the Nominations Committee held on 12 April and unanimously approved the recommendation of the Nominations Committee to appoint Mr Thompson as Vice Chair of the Board of Directors for the remainder of his second term of office until 29 February 2020.

Mr Thompson returned to the room at this stage in the meeting and Mrs Dodson congratulated him on the appointment of Vice Chair.

Mr Thompson thanked the Council of Governors and expressed his appreciation in their confidence. He looked forward to supporting the Board of Directors, the Council of Governors and the new Chair, as well as supporting Mrs Dodson in her remaining term of office.

8.1 Update from the Nominations Committee on the Chairman's recruitment process

Ms Allen provided an update from the Nominations Committee on the recruitment process for a new Chair as Mrs Dodson's final term of office came to an end on 31 September. With the support of Mr Ward, Senior Independent Director, Ms Allen had been co-chairing the process for the appointment which was a constitutional responsibility of the Council of Governors.

She confirmed the advertisement was published on 3 March and listed on Gatenby Sanderson's website; the recruitment specialists appointed by the Governors to facilitate the recruitment process. There had been over 80 expressions of interest lodged through Gatenby Sanderson's microsite and seven applications submitted by the closing date of 3 April.

Gatenby Sanderson held initial informal discussions with each applicant and comments and recommendations were forwarded to the Interview Panel.

The Interview Panel then met on 12 April to longlist six candidates; Ms Allen commented that all six were male. One candidate withdrew from the process after longlisting but before shortlisting.

Gatenby Sanderson then undertook detailed interviews with each candidate and the Interview Panel met on 2 May to consider their reports. Three candidates were shortlisted for the interview process on 22 May.

Gatenby Sanderson would be undertaking psychometric testing on the candidates prior to interview and the candidates would be offered the opportunity to meet with key Board members during the week 15 May.

The interview process would involve a presentation to an audience of around 90 people (including Governors, Non-Executive Directors, representatives of acute and community staff, stakeholders, trade unions, Patient Voice Group and the Youth Forum), in the Lecture Theatre at Harrogate Hospital followed by two discussion groups and then a formal interview. Governors would be involved in each part of the process. An extra-ordinary Council of Governors' meeting had been arranged on 16 June to ratify the appointment of the new Chair and Mrs Colvin would circulate these details to all Governors.

There were no questions for Ms Allen.

9. Presentation – Apprenticeships

Mrs Dodson welcomed Mrs Silvester and Mrs Wilkes to present about the new apprenticeship scheme.

Mrs Silvester thanked Mrs Dodson for the opportunity to present the launch of the apprenticeship scheme at the meeting; 'Get in, Get on, Go further' – a national drive to recruit apprentices.

She explained what an apprenticeship was; a real job with real training meaning people could earn while they learn and gain a nationally recognised qualification. 80% of the time would be spent in the workplace and 20% of the time would be spent off-the job training. There would usually be an exam at the end of the training to ensure the standard had been reached.

Mrs Silvester talked about the Government drive to increase apprenticeships across all industries to address skill shortages nationally, not just in the NHS. There would be an Apprenticeship Levy to raise £3 billion by 2020 to support the development of

staff through the apprenticeship framework. Target apprenticeship numbers had been set at 2.3% for the public sector.

Mrs Silvester showed a short film at this stage in the presentation produced by Health Education England titled *NHS - The Apprenticeship Journey. The film showed apprentices giving their thoughts on a wide range of apprentice opportunities in the NHS including Pharmacy Technician, Theatre Assistants, Business Administration and Healthcare Assistants. Mrs Silvester described a career for life in the NHS using a flowchart; a journey starting out as an Apprenticeship Care Support Worker at entry level working up the ranks including positions such as Senior Care Support Worker, Registered Nurse, Matron, with the possibility to reach as high as a Chief Nurse.

Mrs Wilkes highlighted the benefits to the apprentice including:

- Opportunity to earn and learn at the same time.
- A genuine job – paid employment.
- All training and assessment costs paid for through Apprenticeship Levy.
- Alternative route into training and employment for people of all backgrounds and ages.
- Supported by high quality education providers.
- Guarantee of a job once apprenticeship successfully completed.
- Excellent career prospects thereafter.

She also talked about the benefits to the Trust which could:

- Increase the number of young people working in the NHS.
- Allow the Trust to 'grown our own'.
- Develop skilled, motivated and qualified workers – linked to excellent patient care and patient experience.
- Provide opportunities for an older workforce.
- Make the NHS a really attractive place to work and stay.

Finally, Mrs Wilkes provided an update on next steps. She confirmed the target for the Trust was 100 apprentices per year with the aim to have 40 Care Support Worker Apprentices during year one commencing in July.

The Trust would be working in partnership with Harrogate College as the educational provider and a new West Yorkshire Excellence Centre led by Bradford District Care NHS Foundation Trust and Leeds Teaching Hospitals NHS Trust to improve the quality and accessibility of training for the region's healthcare support workforce.

Finally, Mrs Silvester asked everyone to 'spread the word'. The scheme would be promoted with schools, at careers fairs, on social media and further information was available in the information sheets and on the website.**

Mrs Dodson opened up questions from the floor.

Mrs Jones asked for clarification on the starting age. Mrs Silvester confirmed this was 18 for a Care Support Worker but 16 for other schemes. Mrs Jones went on to ask what would be the outcome if the apprentice did not receive the required standard. Mrs Silvester confirmed the apprentice would have undergone an

assessment as part of the application process which could include their ability to achieve GCSE in English and Maths as part of the scheme.

Mrs Margerison asked if the plan was to roll out apprenticeships across the whole Trust, including the community. Mrs Wilkes confirmed this was the plan and in addition to Care Support Workers opportunities would be available in Estates, Catering and Domestic Services to name a few.

Mrs Hill asked for clarification regarding the guarantee of a job and Mrs Silvester confirmed this was the criteria for the scheme.

Mrs Dean asked for further detail on the length of the apprenticeships. Mrs Silvester explained that depending upon the role/level, the scheme could be from 12 months to four years. She confirmed that the Trust was currently discussing workforce planning and taking this into account.

Dr Blackburn commented on staff capacity to teach apprentices. Mrs Wilkes confirmed the apprentice would attend college one day a week, undertake theory and practical courses and there would be Clinical Skills Trainers employed to support apprentices in the Trust. They would also be given support from ward staff in the same way as any other member of staff.

Mrs Hedley asked, if someone joined the scheme as an apprentice and did not progress, could they still be employed. Mrs Silvester responded that individual circumstances, skills and ability would be considered.

In response to Ms Cressey's question asking if existing staff could use the scheme, Mrs Wilkes confirmed they could as long as they were using different skills, looking to expand and develop their career.

There were no further questions for Mrs Silvester and Mrs Wilkes and Mrs Dodson thanked them for such an informative presentation.

10. Chief Executive's Strategic and Operational Update, including Integrated Board Report and Operational Plan 2017/18

Dr Tolcher presented the following headlines:

<u>Overview of 2016/17</u>

Dr Tolcher highlighted four key areas:

- A strong sustained operational performance – despite many challenges the Trust sustained safe and effective services and excellent feedback from patients and service users.
- The busiest year ever and, in fact, in early January the busiest day ever in the history of the organisation!
- Sustainability and transformation – plans locally and across the West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP); the third largest STP in the country.
- A celebration of the team effort from all staff who demonstrate a passion for high quality care.

Dr Tolcher gave an overview of some of the achievements. All NHS Constitution standards were achieved including waiting times and cancer pathways and, over the 12 months, more than 95% of people attending Emergency Department were seen and treated, admitted or discharged within four hours. The Trust had received a 'Good' Care Quality Commission rating and achieved a 'Bronze' level in Investors in People; a critical success factor in recruiting and retaining high quality staff. She highlighted the reduction in serious incidents, falls and hospital acquired pressure ulcers, and cases of C.Difficile infection and confirmed a 15% growth in revenue due to new business won and defended.

She went on to talk about the financial position and confirmed that, despite a huge collective effort, the Trust did not achieve the target required to receive the last quarterly payment of national 'sustainability and transformation' (S&T) funding. This meant the final position at the end of the year was a surplus of £3.7m, including the first three quarterly payments of S&T funding, £3.1m below plan. The Trust had planned for a £6.8m surplus, crucial to re-invest in patient care, infrastructure and equipment, therefore this position created significant challenges moving into 2017/18.

Dr Tolcher went on to summarise activity trends over the last four years; looking at elective (planned) inpatient and day case activity, non-elective (emergency admissions) activity, and Emergency Department attendances and this showed that each year more patients were treated than the year before so the activity continued to grow year on year.

Looking at quality trends over the last four years, serious incidents had reduced. There had been two high category incidents in comparison to 11 last year; still two too many, but a positive reduction. Complaints had been consistent over the last four years, inpatient falls had gone down and the Trust continued to work hard to drive further improvements in this area. Dr Tolcher reported positive patient Friends and Family Test results and confirmed that the Trust continued to monitor appraisal rates. With two year's data to compare, pressure ulcers, hospital acquired avoidable grade three or four had reduced. Pressure ulcers community acquired avoidable grade three or four had gone up however, Dr Tolcher confirmed these were difficult to interpret and there had been a considerable amount of work in the nursing teams to improve and encourage the reporting of pressure ulcers.

Dr Tolcher then presented some statistics which showed a downward trend since 2013/14 including Emergency Department attendances, referral to treatment percentage incomplete pathways within 18 weeks, A&E 4 hour performance and cancer 62 day performance; standards which continued to be a challenge to meet consistently.

Dr Tolcher provided further information on the top scoring risks:

The top scoring strategic risks for the Trust related to:

- Lack of medical, nursing and clinical staff. This was the single biggest challenge to the organisation and created financial pressures. The Trust was looking at a variety of innovative ways to improve this ongoing challenge.

- Ability to deliver integrated models of care; working with partners to make changes in how healthcare is delivered.
- System level financial risks.
- Lack of integrated IT structure.
- Risk that critical infrastructure is not fit for purpose.

The top scoring operational risks in the organisation at the current time was:

- Risks to service delivery due to lack of experienced registered nurses for recruitment to vacancies.

The year ahead

Finally, Dr Tolcher highlighted three key areas for the year ahead; maintaining services safe and sound, clinical transformation – finding new ways of delivering care, and business development and strategy.

These key areas would shape the work for the Executive Team and Directorates going forward.

Dr Tolcher ended her presentation by thanking the Council of Governors for their engagement over the last 12 months.

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

Mrs Dean referred to Dr Tolcher's comment regarding workforce gaps and expressed concerned that the apprenticeship scheme could add to the significant pressure on the workforce as inexperienced apprentices would require more support. She referred to conversations from the Learning from Patient Experience Group regarding challenges around nursing staff.

Mrs Silvester responded that the Trust would be looking at having 40 Care Support Workers throughout the hospital. Ward managers would continue to review the balance of staff and take into account the one or two apprentices. There would also be Clinical Skills Trainers employed and funded through the Apprenticeship Levy to help take pressure off ward staff.

Mrs Harrison added that a workshop with all the Directorates had been held in May and the apprenticeship scheme formed part of the Clinical Workforce Strategy. She reassured Governors that this would continue to be monitored.

11. 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 Margerison, Staff Governor, had submitted the following question:

'Given that the community contract had been reduced in value further by the Clinical Commissioning Group and that community services were about to go through another rapid period of change due in part to Vanguard not achieving

the expected outcomes, could the Non-Executive Directors assure Governors that patient safety and staff welfare were at the top of the Trust's agenda? Also, how would the Board and Community Leaders going to keep staff engaged and informed during this difficult time?'

Mr McLean responded stating that the Vanguard was a trial to try to do things in a different way and he pointed out the complexity and time spent on this. He commented that Non-Executive Directors regularly challenged the Executive Directors about the process, achievements and outcomes and it had become apparent that some new ways of working were not going as well as expected so there was a need to take stock and review. He acknowledged this would have an impact on staff and highlighted the need to reflect as part of the review and consider how the Trust would react to what it was being commissioned and paid to deliver. He confirmed there had been lengthy discussions at Board meetings which included the impact on staff and further quality impact assessments would have to be signed off by the Chief Nurse and Medical Director. He recognised that staff were a valuable asset and understood how this period of further change would unsettle teams. He stated that there would be absolute transparency and focus at Board and the Non-Executive Directors would continue to have the best interest of the Trust and its staff in mind.

Dr Tolcher emphasised the focus on the quality of care to patients and she expressed the importance of keeping engaged with the workforce. There had been a listening event for staff with further events planned. Work was underway on the current level of risk to patients and how staff were dealing with this. She explained that historically the nursing teams had provided care for patients that the Trust was not being paid for. The review would look at using staff time effectively and promote the use of quality frameworks to report quality of care issues.

Mrs Lennon, Chair of The Patient Voice Group, commented that patient feedback confirmed how much staff were valued in the community and she expressed the importance of a positive and honest message to confirm patient expectations and assure them that safety would not be compromised. She highlighted the voluntary sector and stated the positivity of change rather than a focus on cut backs.

Mr Treece, Public Governor, had submitted two questions, but felt one had been answered already under item 6:

'What steps are being taken to improve incident reporting, especially no harm or near miss incidents?'

Dr Tolcher thanked Mr Treece for his question and confirmed that that Trust had done lots of work to raise awareness on the reporting of incidents and the value of learning from this. She acknowledged there were issues with the current system for reporting incidents and a review was underway to look at enhancements in IT.

Dr Scott, Staff Governor, commented on the increase in Emergency Department attendances.

Dr Tolcher commented on the general context driving the increased attendances including the growing frail population, lack of alternatives, Local Authority cuts, increasing trend for people requiring mental health support, and reduction in social infrastructure.

A member of the public commented on delayed transfers of care and asked what the Trust was doing about this.

Dr Tolcher agreed that delayed transfers of care created a huge 'ripple effect' in the system. She explained the meaning of 'delayed transfers of care' – the patient was medically fit for discharge and did not require a bed, but for another reason, there was a delay in discharge. The term 'bed blocking' was often used and Dr Tolcher confirmed figures had gone up and were high in this area. Some of the reasons were patients waiting for social care, waiting for their choice of ongoing nursing care, ability to discharge safely to community services, and homeless people with complex needs.

Mr Harrison highlighted the recent 'Every Hour Matters' week held at the beginning of March to try to work through some of the discharge issues and recognise access to packages of care in the community. He acknowledged the team effort put in by staff and external stakeholders including North Yorkshire County Council, Tees, Esk and Wear Valley NHS Foundation Trust, Yorkshire Ambulance Service, the Red Cross and Commissioners. He was pleased to report that following the week, delayed transfers went down, however there was further work to do.

Mrs Roberts, Patient Voice Group member, submitted the following question:

'I wanted to raise an issue particularly in relation to 'Blue Badge' parking spaces Sometimes with the lack of available spaces for patients specifically attending for outpatient appointments, we understand that some patients turn up very early to park in order to secure a place in time for their appointment. They then go for a coffee whilst waiting and, although his means that they make their appointment on time, the consequence can be that spaces are blocked making the parking solution even harder. Is there any way that the Trust could ease this situation to ensure as much appropriate availability of all the parking spaces and ease the constant stress of parking for 'Blue Badge' holders.'

In response, Mr Harrison highlighted that the Trust continued not to charge a parking fee for 'Blue Badge' holders. He confirmed that any space in the car park could be accessed free of charge by a person carrying a disabled 'Blue Badge' as not all disabled people required a wider parking space. He agreed to discuss this further with the Estates Team to communicate this better to patients and service users.

He also confirmed that the Trust followed national guidelines and had more than the recommended number of disabled parking spaces in relation to the overall number of parking spaces.

ACTION:
- **Mr Harrison to discuss the use of parking spaces for 'Blue Badge' holders to the Estates Team.**

Mr Andrews, a member of the public, asked the following question:

'There is intense pressure on Trusts to abolish hospital Chaplains. Is this likely to happen?'

Dr Scullion commented that he had not heard of this action. He expressed that he would not support this and was not sure such an instruction could be imposed. Mrs Dodson also confirmed that such an action could not be imposed.

Miss Sue Eddleston, Public Governor, submitted the following questions:

'New Meet & Greet System at Ripon Hospital - Do we have any news as to when the new system is going to be starting and what help will be available for patients having difficulty understanding the new technology that is being installed.'

Mr Harrison confirmed that the Trust would be introducing check-in kiosks for patients attending Harrogate Hospital and Ripon Community Hospital. The kiosks would be similar to the ones used in GP surgeries and now most hospitals had them. Volunteers would be available to help patients who required assistance and the reception desk at Harrogate Hospital would also remain for those patients wishing not to use the kiosks. The timeline for the kiosks to be in use would be around July.

'I would like an update on stroke care for patients in the Harrogate area and what they can expect from Harrogate District as to their care. Some patients have expressed concern that Harrogate will no longer be caring for stroke patients and they believe they will be sent to York and Leeds. They wonder why this should happen. Plus allaying patients worries that their long-term outcome would not be compromised by having to travel further distances. Plus they express worries of added difficulties in visiting their loved ones so far away. Also one lady, living in Boroughbridge, has a husband who has had three strokes, is at home now, but the patients has not had any after care or help whilst at home and is struggling. What is available for this gentleman in that area regards aftercare and rehabilitation. His wife is herself struggling from ongoing cancer treatment so she is finding it difficult to help herself and her husband.'

Mr Harrison confirmed that stroke care was a key priority for the West Yorkshire and Harrogate Sustainability Transformation Partnership. Working with Healthwatch, an independent organisation of the NHS, they were seeking views from the general public, people who had had a stroke and their carers, and were asking themto provide comments regarding about the service they had received and how best this could be further improved in the future.

Overwhelmingly patients and the public wanted to know that they would receive the best possible care with the best possible outcome as near to home as possible. Mr Harrison commented that most people suffering a heart attack would know they would go to Leeds if they required immediate intervention and then return to Harrogate as soon as possible. The same could be said for stroke patients, but nothing had been decided as yet. Realistically, Harrogate would never be able to provide the skillset available in a regional specialist centre, but the Trust could support ongoing care, similarly for heart attacks, major trauma and neurology where initial treatment in a specialist centre had improved outcomes in these areas.

Dr Scullion echoed Mr Harrison's comments and stated that every hospital could not provide every service for every patient. He expressed the importance of getting the best outcome for the patient. He confirmed there was lots of work ongoing at a regional level and decisions were still to be made. The Trust was still accepting

patients with acute stroke until system changes were confirmed. This would be a service improvement and not a service cut.

Mr Pearson, Public Governor, submitted the following questions:

'Anyone wishing to have an X-ray at Ripon needs an appointment which involved phoning a Harrogate number (for transfer). Callers have had difficulties getting a response when calling. This contrasts with Harrogate which provides a drop in service.'

Mr Harrison confirmed that it was not cost effective to provide the same service in Ripon as it was in Harrogate due to the size of hospital and the number of patients requiring this service. Ripon Community Hospital managed a drop in service for Minor Injuries Unit, inpatients and Ripon outpatient clinics and bookable appointments for patients wishing to choose to have their scan in Ripon.

With reference tothe telephone number, there had been some issues, but this had improved and a Harrogate number had been set up on the digital system to go straight through to Ripon Hospital.

Mr Harrison was pleased to report positive feedback received from a recent Radiology Customer Service Satisfaction Survey and patients were often contacted and seen before their appointment time. Patients did also have the option of using the Harrogate drop in service.

'The surface of the car park at Ripon is in a terrible state. I have mentioned this previously. I have since inspected it and can confirm that the surface is poor. It would appear to be a serious health and safety risk, especially as many of the legitimate users are elderly or otherwise infirm.'

Mr Harrison confirmed the car park and Ripon Community Hospital was the property of NHS Property Services and the Trust was reliant on them for the upkeep of the hospital and grounds. The car park was reported to NHS Property Services last year and this feedback would be re-referred to them.

ACTION:

- **Mr Harrison to re-refer the state of Ripon Hospital car park to NHS Property Services.**

'Is Ripon Hospital, including the services provided, under review?'

Dr Tolcher reaffirmed that the Trust was committed in providing services in Ripon where it was appropriate to do so. Ripon Community Hospital as a building was no longer fit for purpose and discussions had been underway for some time about how to re-provide services in Ripon. Dr Tolcher confirmed it would be more expensive to refurbish the hospital and work was being led by commissioners in dialogue with NHS England and NHS Property Services. Dr Tolcher updated Governors that, to the best of her knowledge, commissioners were not asking the Trust to stop providing any services already provided, but that bed based care was being reviewed as part of the new models of care project.

12. Assurance on challenges for 2017/18 and reflection on performance 2016/17

On behalf of the Non-Executive Directors, Mrs Dodson endorsed Dr Tolcher's update and referred to Mr McLean's response to Mrs Margerison's question regarding community contracts and staff welfare. Due to time in this meeting, Mrs Dodson suggested Governors could discuss further with Non-Executive Directors when there was more time.

13 Any other business

Mrs Hedley wished to thank and congratulate Dr Tolcher on her letter sent to staff which Governors had sight of regarding the topics covered in her update.

A member of the public wished to remark that the Trust was well-led.

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, 2 August at 5.45pm at St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR.

* https://www.youtube.com/watch?v=a3yWXipMOk4

** https://www.stepintothenhs.nhs.uk/
https://www.gov.uk/apply-apprenticeship
Email: Learning&development@hdft.nhs.uk

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Harrogate and District NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 31 May 2017 at 17:45 hrs
at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present:
Mrs Sandra Dodson, Chairman
Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors (Chair)
Dr Sally Blackburn, Public Governor
Ms Clare Cressey, Staff Governor
Mrs Liz Dean, Public Governor
Mr Tony Doveston, Public Governor
Miss Sue Eddleston, Public Governor
Cllr. Phil Ireland, Stakeholder Governor
Mrs Pat Jones, Public Governor
Mrs Zoe Metcalfe, Public Governor
Mr Peter Pearson, Public Governor
Dr Daniel Scott, Staff Governor
Mr Steve Treece, Public Governor (via telephone)

In attendance:
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mrs Katherine Roberts, Company Secretary
Dr Ros Tolcher, Chief Executive
Mrs Angie Colvin, Corporate Affairs and Membership Manager (minutes)

1. Apologies for absence

Apologies were received from Mrs Cath Clelland, Public Governor, Mrs Emma Edgar, Staff Governor, Mrs Beth Finch, Stakeholder Governor, Mrs Ann Hill, Public Governor, and Mrs Sally Margerison, Staff Governor.

2. Report from Remuneration Committee

Ms Allen summarised her report which had been circulated prior to the meeting and taken as read.

She reminded Governors that the NHS Foundation Trust Code of Governance clearly states that the Council of Governors is responsible for setting the remuneration of Non-Executive Directors and the Chairman.

The Remuneration Committee had met on 26 May 2017 and held a detailed discussion regarding the remuneration for the Chair and Non-Executive Directors in the coming 2017/18 financial year.

The Council of Governors were required to approve the Terms of Reference, consider and approve the recommendation of the Remuneration Committee, and members of the Remuneration Committee would be asked to ratify the minutes of the meeting held on 26 May.

Ms Allen commented that the Committee had been provided with a detailed report including a list of responsibilities for the Chair and Non-Executive Directors, confirmation of performance reviews, and comparative salary benchmark data collected by CAPITA from 2015/16 Annual Reports and Accounts and by NHS Providers from the 2016 annual remuneration survey which they were able to analyse and debate before agreeing to the recommendation.

The recommendation of the Remuneration Committee was as follows

1. Remuneration:

    - Non-Executive Director to remain at the basic salary of £13,130 per annum.
    - The additional responsibility payment for Non-Executive Directors who chair the Quality Committee and Finance Committee to be increased by £500 from £1,010 to £1,510. The total payment for these individuals will therefore increase to £14,640 per annum.
    - The additional responsibility payment for Non-Executive Directors with statutory responsibilities for the Audit Committee, SID and Vice Chair will remain at £3,535. The total payment will remain at £16,665 per annum.
    - The Committee recognised the current Chair of the Audit Committee has also undertaken the additional statutory responsibility of the Vice Chair and recommended remuneration to reflect both positions. Therefore, two additional responsibility allowances of £3,535 will be paid to reflect the two roles and will increase the total payment for this individual to £20,200.
    - Chairman to remain at £48,985.

2. To apply a cost of living uplift of 1% to the Non-Executive Directors and Chair of the Trust, consistent with the Agenda for Change terms and conditions of service and medical and dental terms of service from 1 April 2017.

Members of the Remuneration Committee reassured fellow Governors that the recommendation came out of a very lengthy and detailed discussion.

A further detailed discussion followed, supported by Dr Tolcher and Mr Marshall with some Governors seeking further clarification of the recommendation and the reasons why the Remuneration Committee had taken the decision to propose that the current Chair of the Audit Committee, who had also undertaken the additional statutory responsibility of the Vice Chair, should receive remuneration to reflect both positions.

Mrs Dean acknowledged that Governor colleagues on the Remuneration Committee had undertaken a detailed conversation before reaching the recommendation.

In response to a query from Mr Doveston, Mrs Dodson reminded Governors that it was the responsibility of the Council of Governors to set the remuneration for Non-Executive Directors and the Chair, and any position undertaken by Non-Executive Directors carried no expectation of uplift in salary.

Based on the information provided, and a further detailed discussion, the Council of Governors was in favour of the recommendation of the Remuneration Committee with ten

approvals and two opposed. The Terms of Reference were approved and the Remuneration Committee minutes were ratified.

3. Process and next steps for recruitment of Chair

Mrs Dodson then went on to provide an update on the recruitment process for a new Chair following the unsuccessful appointment on 22 May.

Mrs Dean expressed some concerns about the brief to Gatenby Sanderson of what the organisation was looking for and the timing of the next stage in the process to recruit over the summer, based on her experience in this field.

Dr Tolcher confirmed that the bar was set very high to find a new Chair for the Trust, rightly so. She commented that Gatenby Sanderson had put appropriate candidates forward for the position however it was testimony to such a robust recruitment process that the decision not to appoint at that stage and go back out to advert to be made.

Governors had a detailed discussion regarding the recruitment process and the timing; on reflection they were all in favour to go out to advert again quickly and Ms Allen confirmed a meeting with Gatenby Sanderson would follow.

4. Any other business

There was no other business.

Harrogate and District NHS Foundation Trust

HDFT Council of Governor Meeting Actions Schedule – August 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 three meetings 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	29 July 2015	Update on progress of Nutritional Assistants	Mrs Jill Foster, Chief Nurse		Update provided 18 May 2016 Update provided 2 November 2016 Update provided 18 February 2017 - Complete
2	2 November 2016	Signage for telephone near emergency maternity entrance to Harrogate District Hospital	Mr Rob Harrison, Chief Operating Officer		Update provided 18 February 2017 - Complete
3	2 November 2016	Volunteers assisting patients with mobility difficulties entering the hospital near emergency maternity entrance	Mrs Sandra Dodson, Chairman		Update provided 18 February 2017 - Complete
4	2 November 2016	Thanks to Dr Leigh for presentation at Medicine for Members' Event	Mrs Sandra Dodson, Chairman		Update provided 18 February 2017 - Complete

HDFT Council of Governor Meeting Actions Schedule – 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 2 August 2017	Update provided 18 February 2017 Update provided 3 May 2017
2	2 November 2016	Seating arrangements to be made available	Mr Rob Harrison, Chief Operating Officer	Further update due 2 August 2017	Update provided 18 February 2017 Update provided 3 May 2017
3	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
4	3 May 2017	Replacement Stakeholder Governor for Leeds University	Mrs Sandra Dodson	2 August 2017	

5	3 May 2017	Raise awareness of the use of parking spaces for ‘Blue Badge’ holders	Mr Robert Harrison, Chief Operating Officer	2 August 2017	
6	3 May 2017	Re-refer the state of Ripon Hospital car park to NHS Property Services	Mr Robert Harrison, Chief Operating Officer	2 August 2017	

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Harrogate and District NHS Foundation Trust

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	
Ms Pamela Allen	Public elected	NONE	
Dr Sally Blackburn	Public elected	NONE	
Mrs Cath Clelland MBE	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).**	Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant) Non-Executive - York St John University, York
Ms Clare Cressey	Staff elected	NONE	
Mrs Liz Dean	Public elected	NONE	
Mr Tony Doveston	Public elected	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Volunteer for Yorkshire Air Ambulance
Miss Sue Eddleston	Public elected	NONE	
Mrs Emma Edgar	Staff elected	NONE	
Mrs Beth Finch	Stakeholder	**A position of Authority in a charity or voluntary organisation in the field of health and social care** **Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	Operational Senior Service Manager, British Red Cross Independent living (Yorkshire Area) Operational Senior Service Manager, British Red Cross Independent Living (Yorkshire Area)

Name	Governor Status	Interests Declared	
Mrs Jane Hedley	Public elected	NONE	
Mrs Ann Hill	Public elected	**Other**	Chair of Harrogate District over Fifties Forum (HDOFF) Harrogate representative on North Yorkshire Forum for Older People (NYFOP)
Cllr Phil Ireland	Stakeholder	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** **A position of Authority in a charity or voluntary organisation in the field of health and social care** **Position of authority in a local council or Local Authority** **Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	Ingenium Lighting Ltd Trustee – Relate Yorkshire Member – Harrogate Borough Council, Knaresborough King James Ward Relate Yorkshire
Mrs Pat Jones	Public elected	**Position of authority in a local council or Local Authority** **Position of authority in a charity or voluntary organisation in health and social care**	Conservative Councillor representing Stray Ward Trustee at Harrogate CVS Governor at Harrogate Ladies College
Mrs Zoe Metcalfe	Staff elected	**Position of authority in a local council or Local Authority** **Position of authority in a charity or voluntary organisation in health and social care**	Conservative Harrogate Borough Councillor Trustee at Hollytree Foundation Charity

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

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Harrogate and District NHS Foundation Trust

Report to the Trust Council of Governors: 2nd August 2017	
Title	**Appendix 6.1 Governor Working Group – Volunteering and Education**
Author(s)	**Mrs Jane Hedley, Public Governor**
Report Purpose	**For information**

This report summarises the items discussed at the last meeting of the Governor Working Group for Volunteering and Education, held on 18 July 2017

The purpose of the group is to monitor, promote, develop and support the Volunteer Programme, Work Experience and Education Liaison and relevant workforce issues.

Mrs Hedley will highlight the need for more publicity for non-clinical roles at the Trust

Volunteering

We have 538 active volunteers; of these 310 are over 25 years of age and 144 under 25 years of age, with 84 community volunteers in Durham, Darlington & Middlesbrough.

Forty-five new volunteers attended an induction with a further 21 new meal time volunteers trained.

Among many new volunteer opportunities there are now six in the Chaplaincy team and two volunteers from the Motor Neurone Disease Association are assisting in the monthly clinics.

RVS café update - 30 of the 60 volunteers who ran the café have chosen to transfer to HDFT and this has involved further training to ensure that everyone is following the Trust's volunteer standards and processes.

Work Experience

Sixty-seven placements have been completed and certificates issued to successful students, inclusive of medical, clinical and non-clinical placements. Forty-five have been unsuccessful, due to the student declining or withdrawing their offer or because their application could not be allocated for various reasons.

Thirty placements will be taking place during July and August. The total including those still to be processed is 166 this year. The team work very hard to accommodate all applicants and students need to be aware of this when keeping to deadlines and sending contracts which are often delayed.

The Group heard a case study from Miguel Bendoy, an A level student from Harrogate Grammar School who has completed work experience in various non- clinical roles. Miguel does not wish to go to University but wishes to gain employment in the Trust and he was encouraged to undertake work experience under a trial Employer Mentoring Programme. This was a great success and several members of staff came to the meeting to testify on his behalf. He stated that a non-clinical role was his preferred choice, but he is quite clear that these roles also play their part in patient care across the Trust.

Education Liaison

The team is increasingly being asked to supply help with Health & Social Care exam students. As a result Harrogate College and King James School have had lessons and interviews involving Trust staff. The Living Library has also been used and is proving very successful. Outwood School in Ripon has had a talk on healthcare careers.

It is clear that much useful work is being done by these members of staff going into schools and the Group is aware of their efforts.

Helen Degnan, Infection Prevention and Control nurse, values the visit too as she says "it was a really good opportunity to pass on some valuable information whilst people are still keen to learn."

Members of the Corporate Team and colleagues from Recruitment have had a stand and visited the Job Centre to promote a national campaign to promote NHS jobs as well as membership, work experience, volunteering and the new Apprenticeship scheme for Care Support workers.

Harrogate and District NHS Foundation Trust

Report to the Trust Council of Governors: 2 August 2017

Title	**Paper 6.2 Governor Working Group – Membership Development and Communications**
Author(s)	**Ms Pamela Allen, Public Governor**
Report Purpose	**For information**

This report summarises the items discussed at the last meeting of the Governor Working Group for Membership Development and Communications, held on 10 July 2017.

The purpose of the group is to oversee the delivery of the Foundation Trust's Membership Development Strategy, including membership recruitment and engagement.

Ms Allen will highlight the forthcoming Governor Elections.

Governor Elections

The Council of Governors' Election process will commence in the autumn with a timetable as follows:

- Notice of Election, 6 October.
- Deadline for receipt of Nominations, 24 October.
- Notice of Poll – issue of ballot packs to members, 8 November.
- Close of Poll, 1 December.
- Count and Declaration of Result, 4 December.

The seats for election include:

- Public Governor for Harrogate and surrounding villages – 1 seat.
- Public Governor for Ripon and west district – 1 seat.
- Public Governor for Wetherby and Harewood etc – 1 seat.
- Public Governor for Rest of North Yorkshire and York – 1 seat.
- Public Governor for the Rest of England – 1 seat.
- Staff Governor, Non-Clinical – 1 seat.
- Staff Governor, Nursing and Midwifery – 1 seat

Further details are available on the website at:

https://www.hdft.nhs.uk/about/council-of-governors/governor-elections/

Medicine for Members' Event

Positive comments were received from members who attended the Medicine for Members' event on Diabetes held on 18 and 25 May.

The next Medicine for Members' Event will be about 'Sepsis' will be held in October (date still to be confirmed), and details will be available on the website:

Angie also presented the Group with the suggestion that the Youth Forum hold their own Medicine for Members' Event following a discussion about holding a conference at the last Youth Forum meeting. Angie proposed a Medicine for Members' style event with a sub-group from the Youth Forum to assist her with planning and publicising the event with their peers. The event would be advertised to members in the usual ways, including website, social media, and an email to members, as well as inviting members of the North Yorkshire Youth Executive and other key stakeholders.

The Group agreed with this suggestion and Angie would feed this back to the Youth
For further details including how to book a place, please visit the website or contact the Foundation Trust Office on 01423 554489:

https://www.hdft.nhs.uk/about/membership/calendar/

Youth Forum Update

A summary of recent Youth Forum activities are as follows:

- The group had come up with 14 topics which they felt could help to improve services and access to healthcare for children and young people.
- The group were prioritising these topics to come up with three to five key topics to be consulted on and to form the basis of the Children and Young People's Strategy.
- The group were in the process of agreeing the Terms of Reference.
- The group was represented at the North Yorkshire Youth Executive.
- Representatives from the group would again be present in the audience for the recruitment of a new Chair.
- Mrs Reid had met with youth leads from the Police and Crime Commissioner and North Yorkshire County Council to communicate the group's plans and explore joint working opportunities.

Governors are delighted with the enthusiasm and value that the members of the Youth Forum bring to the Trust.

Further details about the Youth Forum can be found on the Trust website at:

https://www.hdft.nhs.uk/about/education-liaison/youth-forum/

Membership Recruitment and Engagement

Through the work of this group, we continue to develop a representative and vibrant membership, offering innovative and active engagement across the organisation. For further details, visit the website at:

https://www.hdft.nhs.uk/about/membership/calendar/

Annual Members' Meeting 2017

The next Annual Members' Meeting will take place on:

Thursday, 21 September at 6 – 8 pm with registration and refreshments from 5.30 pm.

The agenda is yet to be confirmed, but the meeting will take place at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ.

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Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Council of Governors: 2 August 2017

Title	**Paper 6.3** **Patient and Public Involvement - Learning from Patient Experience**
Author(s)	**Sue Eddleston, Public Governor**
Report Purpose	**For information**

This report summarises the items discussed at the last meetings of the Learning from Patient Experience Group, held on 12 June 2017.

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.

As a Governor attending the meetings of the Learning from Patient Experience Group - I have found this to be a large, proactive Group diligently observing and reporting accurately day to day concerns within the Trust and beyond. Matters brought to the meeting are robustly examined and discussed and if necessary, matters are directed to the appropriate person to follow up and report back to the Group the following month as to the action taken.

Chief Nurse Report

The Chief Nurse presents a report to each meeting and the following key points regarding nurse recruitment were highlighted:

Nurse recruitment

Nurse recruitment and workforce retention continues to be high on the Trust's agenda including:

- Maximising effective rostering.
- The next recruitment event was planned for 20 June 2017.
- Planned and Surgical Care Directorate had employed a Practice Educator to provide support to newly qualified and new to the Trust Registered Nurses. The next 'keeping in touch' event for student nurses and Registered Nurses aiming to work for the Trust took place on 5 July.

Nurse revalidation: the Chief Nurse was pleased to report that the new nurse revalidation awareness programme and supporting framework had enabled all the Trust's nurses and midwives to successfully revalidate.

Complaints

In addition to the Chief Nurse's report, the Head of Risk Management presented a report on Meeting Complaint Performance Deadlines to the Group. Key items highlighted were:

- In April the Trust received 16 complaints compared to 18 in 2016/17 and 26 in 2015/16. The total number of complaints in 2016/17 was 234 compared to 213 in 2015/16.
- The Patient Experience Team had carried out intelligence gathering from other Trusts and had undertaken discussions at network meetings regarding performance deadlines. Similar feedback was received that deadlines were challenge to meet.
- A focus on encouraging more people to train to become Lead Investigators.
- A document called "My Expectations" published by the Parliamentary and Health Service Ombudsman was circulated to the Group for information. The document promotes a user led vision for raising concerns and complaints.

  The importance of the corporate message from the Trust that complaints and feedback were high on the agenda was discussed.

Equality and Diversity

The Learning from Patient Experience Group has the responsibility of overseeing the Equality and Diversity agenda for the Trust.

The Chief Nurse was pleased to report that the Trust's Equality and Diversity Stakeholder Group had grown in terms of stakeholders attending meetings and representing a diverse and inclusive community.

National Surveys

Updates were received regarding progression upon actions.

Inpatient Survey 2016 - CQC Results

The Group was informed that the results for the above survey had changed slightly due to the inclusion of age and gender. With regards to the Friends and Family Test a comparison to other Trusts was being sought to assess how HDFT patients accessed the survey. The key question being "d*uring your hospital stay, were you ever asked to give a view over the quality of your stay*". It information was sought about how patients were approached, the timings of this approach and whether patients fully understood the reason and importance of this question in order to enhance patients quality of care for the future. It was reported that further investigation would take place as to when and where these questions were being asked, along with seeing if further improvements could be made.

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KPMG

External Audit Report

Harrogate & District NHS Foundation Trust

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26 May 2017

I confirm that this is the final version of our ISA 260 Audit Memorandum relating to our audit of the 2016/17 financial statements for Harrogate & District NHS Foundation Trust. This document was discussed and approved by the Trust's Audit Committee on 18 May 2017.

.....

Rashpal Khangura

Director for and on behalf of KPMG LLP, Statutory Auditor
Chartered Accountants
Leeds

26 May 2017

Our audit opinions and conclusions:	
Financial Statements: unqualified	Use of resource: clean
Quality Accounts (content): clean	Quality Report (indicators): qualified

Content

The contacts at KPMG in connection with this report are:

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Important Notice

This report is presented under the terms of our audit engagement letter. Circulation of this report is restricted. The content of this report is based solely on the procedures necessary for our audit. This report is addressed to Harrogate & District NHS Foundation Trust (the Trust) and has been prepared for your use only. We accept no responsibility towards any member of staff acting on their own, or to any third parties. The National Audit Office (NAO) has issued a document entitled Code of Audit Practice (the Code). This summarises where the responsibilities of auditors begin and end and what is expected from the Trust. External auditors do not act as a substitute for the Trust's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and

Basis of preparation: We have prepared this External Audit Report (Report) in accordance with our engagement letter dated 29 November 2016.

Purpose of this report: This Report is made to the Trust's Audit Committee (and for the quality report work we will share the findings with governors) in order to communicate matters as required by International Audit Standards (ISAs) (UK and Ireland), and other matters coming to our attention during our audit work that we consider might be of interest, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone (beyond that which we may have as auditors) for this Report, or for the opinions we have formed in respect of this Report.

Restrictions on distribution: This Report is subject to disclosure restrictions as set out in our Engagement Letter.

Limitations on work performed: This Report is separate from our long form audit report and does not provide an additional opinion on the Trust's financial statements, nor does it add to or extend or alter our duties and responsibilities as auditors. We have not designed or performed procedures outside those required of us as auditors for the purpose of identifying or communicating any of the matters covered by this Report. The matters reported are based on the knowledge gained as a result of being your auditors. We have not verified the accuracy or completeness of any such information other than in connection with and to the extent required for the purposes of our audit.

Status of our audit:

- Financial Statements audit: Our audit is complete.
- Value for money: Our audit is complete.
- Quality Accounts: Our audit is complete.

Summary

Section One

Summary

Financial Statements Audit

We intend to issue an unqualified audit opinion on the accounts following the Audit Committee adopting them and receipt of the management representations letter.

We have completed our audit of the financial statements. We have also read the content of the Annual Report (including the Remuneration Report) and reviewed the Annual Governance Statement (AGS). Our key findings are:

- There are no unadjusted audit differences, explained in section 2 and appendix 2.
- We have agreed presentational changes to the accounts with Finance, mainly related to compliance with the Group Accounting Manual (GAM).
- We have reviewed the annual report and have no matters to raise with you.

Quality Accounts

We have completed our audit of the Trust's Quality Accounts:

- You have achieved a clean limited assurance opinion on the content of your Quality Report which could be referenced to supporting information and evidence provided. This represents an unmodified audit opinion on the Quality Report.
- This year we have also tested 'percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period' and the 'percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge' as the two mandated indicators. Our work on the two mandated indicators has concluded that there is not sufficient evidence to provide a limited assurance opinion in respect of the 18 week indicator. This is due to errors where completed pathways have been included in the Trust's reported data at month end and errors where pathways appearing in the data tested should not have been included. Whilst the effect of these errors is to understate the Trust's performance, the findings nevertheless indicate deficiencies in the validity of data underpinning the reported performance for this indicator.
- Our work on the local indicator 'All cancers: 14 day target' as selected by Governors has indicated that that we did not identify any issues that would have an impact on our ability to issue a limited assurance opinion in respect of this indicator if we were required to give one.

Value for money and audit certificate

Based on the findings of our work, we have concluded that the Trust has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.

We are required to certify that we have completed the audit of the Trust financial statements in accordance with the requirements of the Code. If there are any circumstances under which we cannot issue a certificate, then we must report this to those charged with governance. There are no issues that would cause us to delay the issue of our certificate of completion of the audit.

Other Matters

We intend to issue an unqualified Group Audit Assurance Certificate to the NAO regarding the Whole of Government Accounts submission, made through the submission of the summarisation schedules to NHS Improvement (NHSI).

We have identified no prior year recommendations that require further action by management. We have made no recommendations as a result of our 2016/17 work.

In auditing the accounts of an NHS body auditors must consider whether, in the public interest, they should make a report on any matters coming to their notice in the course of the audit, in order for it to be considered by Trust members or bought to the attention of the public; and whether the public interest requires any such matter to be made the subject of an immediate report rather than at completion of the audit. There are no matters that we wish to report.

KPMG

Financial Statements Audit

Section Two

Financial Statements Audit

We audit your financial statements by undertaking the following tasks:

Work Performed	Accounts production stage		
	Before	During	After
1. Business Understanding: review your operations	✓	✓	–
2. Controls: assess the control framework	✓	–	–
3. Prepared by Client Request (PBC): issue our prepared by client request	✓	–	–
4. Accounting standards: agree the impact of any new accounting standards	✓	✓	–
5. Accounts Production: review the accounts production process	✓	✓	✓
6. Testing: test and confirm material or significant balances and disclosures	–	✓	✓
7. Representations and opinions: seek and provide representations before issuing our opinions	✓	✓	✓

We have completed the first six stages shown above and report our key findings below:

1. Business Understanding	In our 2016/17 audit plan we assessed your operations to identify significant issues that might have a financial statements consequence. We confirmed this risk assessment as part of our audit work. We have provided an update on each of the risks identified later in this section.
2. Assessment of the control environment	We have assessed the effectiveness of your key financial system controls that prevent and detect material fraud and error. We found that the financial controls on which we seek to place reliance are operating effectively. We have made no recommendations as part of our audit. We have reviewed the work undertaken by Harrogate & District NHS FT your internal auditors, in accordance with ISA 610 and used the findings to inform our planning and audit approach. We have chosen not to place reliance on their work due to the approach we adopted for the financial statements audit.
3. Prepared by client request	We produced this document to summarise the working papers and evidence we ask you to collate as part of the preparation of the financial statements. We discussed and tailored our request with the Head of Financial Accounts and this was issued as a final document to the finance team. The quality of the documentation received was of a high standard and was received in a timely manner.
4. Accounting standards	We work with you to understand the changes to accounting standard and other technical issues. For 2016/17 these changes have related to: • Updates to the content of the annual report; • Removing the separation of some Directors benefits disclosures; and • Applying a consistent £5K limit for capitalisation of assets.

Section Two

Financial Statements Audit

5. Accounts Production	We received complete draft accounts by 26 April 2017 in accordance with NHSI's deadline. The accounting policies, accounting estimates and financial statement disclosures are in line with the requirements of ARM and GAM. We will debrief with the Finance team to share views on the final accounts audit. Hopefully this will lead to further efficiencies in the 2017/18 audit process. In particularly we would like to commend Trust finance staff who were available throughout the audit visit to answer our queries. We thank the finance team for their co-operation throughout the visit which allowed the audit to progress and complete within the allocated timeframe.
6. Testing	We have summarised the findings from our testing of significant risks and areas of judgement within the financial statements on the following pages. During the audit we identified only presentational issues which have been adjusted as they have no material effect on the financial statements.
7. Represent-ations	You are required to provide us with representations on specific matters such as your going concern assertion and whether the transactions in the accounts are legal and unaffected by fraud. We provided a draft of this representation letter to the Deputy Chief Executive/Finance Director on 15 May 2017. We draw your attention to the requirement in our representation letter for you to confirm to us that you have disclosed all relevant related parties to us.

We are required under ISA 260 to communicate to you any matters specifically required by other auditing standards to be communicated to those charged with governance; and any other audit matters of governance interest. As the Trust is required to comply with elements of the UK Corporate Governance Code through the Foundation Trust Code of Governance, ISA 260 also requires us to communicate to you any information that we believe is relevant to understanding our rationale and the supporting evidence for the exercise of our professional judgement. This includes our view of: Business risks relevant to the financial reporting objectives, the application of materiality and the impact of our judgements on these areas for the overall audit strategy and audit plan; significant accounting policies; management's valuations of the Trust's material asset and liabilities and the related disclosures; the quality of management's assessment of the effectiveness of the system of internal control included in the AGS; and any other matters identified during the course of the audit.

To ensure that we have provided a comprehensive summary of our work, we have over the next pages set out:

- The results of the procedures we performed over 'valuation of land buildings' and 'valuation of NHS income and receivables' which were identified as significant risks within our audit plan and which will form a part of our audit opinion;
- The results of our procedures to review the required risks of the fraudulent risk of revenue recognition and management override of control; and
- Our view of the level of prudence you have applied to key balances within your financial statement

Financial Statements Audit

SIGNIFICANT audit risk	Account balances effected	Summary of findings
Valuation of Land and Buildings **Accounts notes affected:** Property, plant and equipment and impairments	Property, plant and equipment and impairments CY £87.6m, PY £85.7m	Land and buildings are initially recognised at cost. Non-specialised property assets in operational use are subsequently recognised at current value in existing use (EUV). Specialised assets (such as hospitals) where a market value is not readily ascertainable, are subsequently recognised at the depreciated replacement cost (DRC) of a modern equivalent asset value (MEAV) that has the same service potential as the existing property. Trusts are responsible for ensuring their land and buildings are fairly valued. Guidance from GAM has suggested that Trusts typically achieve this by performing an annual review for impairment, a periodic desk top valuation (usually every three years) and a full valuation (usually in five yearly intervals). The asset valuation and impairment review processes both use estimates and assumptions and therefore present a significant risk to the audit. There is significant judgement involved in determining the appropriate basis (EUV or DRC) for each asset according to the degree of specialisation, as well as over the assumptions made in arriving at the valuation . In 2015/16, the value of land and buildings in the financial statements was £85.7m. This consisted land value of £3.4m and building valuation of £82.3m. The valuation of these land and buildings were based on desk top valuation for the last 4 years. In line with GAM, the Trust has undertaken a full valuation of its land and buildings during 2016/17. The Trust communicated with Her Majesty's Valuation Office (HMVO) regarding scope and timing of this valuation, which was completed by 31 March 2017. Our audit procedures have included: • **Critical Assessment of the external valuer**: We assessed the competence, capability, objectivity and independence of the Trust's external valuer to carry out the valuation objectively and competently • **Testing of information provided to the external valuer:** We agreed the information provided to the valuer by the Trust to underlying records of the NHS Estate held by the Trust to assess whether all land and buildings had been valued; • **Critical Assessment of assumptions:** We critically assessed the valuation method and the reasonableness of the assumptions used by the valuer to arrive at the final valuations; • **Consideration of the consistency of the valuation approach with the GAM :** We inspected the valuation report, terms of engagement of, and the instructions issued to the valuer to confirm consistency with the requirements of the GAM; • **Agreement of the external valuer's report to the financial statements:** We agreed the valuer's report to the financial statements to assess whether valuation movements are applied correctly both in total and at an individual asset level; • **Additions and disposals testing:** We tested material additions and disposals during the year to supporting documentation including invoices; and

Financial Statements Audit

SIGNIFICANT audit risk	Account balances effected	Summary of findings
		• **Assessment of accounting entries:** We assessed whether the impairments and revaluations had been correctly accounted for in line with applicable accounting standards and the GAM. • **Assessment of disclosures:** We assessed the adequacy of the disclosures about the key judgements and degree of estimation involved in arriving at the valuation and the related sensitivities There are no matters arising from this work that we need to bring to your attention.
Valuation of NHS income and receivables **Accounts notes affected:** NHS income and NHS receivables	NHS income and NHS receivables NHS Income: CY £180.5m, PY £176m NHS Receivables: £13.5m PY £11.7m	We have added this as a new risk in 2016/17 due to an increased risk of misstatement relating to the estimation of income from Sustainability and Transformation Funding (STF) in Quarter 4.of 2016/17. This is in addition to existing risks relating to the estimation of under or over-activity against NHS contracts and estimates of income due for delivering quality measures (CQUIN). Contract income is agreed with commissioners and NHS England based on expected activity levels, but billing is based on actual activity. Over or under- performance against contracted levels of activity is agreed with the relevant commissioner at the end of the year based on submitted activity from the SLAM system. CQUIN income is based on the delivery of quality targets. The Trust receives STF based on the delivery of Key Performance Indicators (KPIs) – with 70% of the STF based on achievement of the financial control total agreed with NHS Improvements (NHSI) and 30% based on achievement of operational trajectories for key performance indicators agreed with NHSI. The Trust accrues the expected level of STF income in Quarter 4 based on its estimated performance against each of the targets. All NHS organisations take part in an agreement of balances (AoB) exercise (income, expenditure, payables and receivables) at the end of the year, which is facilitated by NHSI. A mismatch report is produced by NHSI showing where balances are not agreed between parties. It is expected that where there are variances they will be resolved between the two parties prior to finalising their accounts. There is a risk that the Trust may seek to maximise its income receivable in order to deliver its control total. As such, there is an increased risk that the AoB exercise will identify mismatches between NHS income/receivables recognised by the Trust and NHS expenditure/creditors recognised by commissioners, and that these mismatches will not be resolved by the date we sign our opinion. Our audit procedures have included: • **Assessment of the results of the AoB exercise:** We inspected the information provided by the Trust as part of the 2016/17 AoB exercise to agree that it is consistent with the information in the accounts covering both NHS income and NHS receivables**;**

Financial Statements Audit

SIGNIFICANT audit risk	Account balances effected	Summary of findings
		• **Corroboration of Sustainability and Transformation Funding:** we agreed the receipt of STF monies, including the basis for agreement of Quarter 4 funding based on relevant financial and performance measures, and confirmed the treatment is in line with guidance from the NHS Improvement. • **Investigation of mismatches: We i**dentified any mismatches (both income and receivables) with Commissioners and obtained explanations for the mismatches; • **Corroboration of the Trust's estimates:** We agreed any disputed NHS income or receivables to documentation which supported the Trust's estimates, including contract documentation and evidence of the achievement of required activity levels or performance measures; • **Review of adjustments:** We assessed whether any adjustments to balances agreed with other NHS organisations had been appropriately reflected in the accounts; and • **Corroboration of accrued and/or deferred income balances:** We agreed any accrued or deferred income balances to supporting documentation to confirm they had been recorded appropriately. • **Assessment of disclosures:** We assessed the adequacy of the disclosures about NHS income and receivables alongside the associated notes to the financial statements. There are no matters arising from this work that we need to bring to your attention.

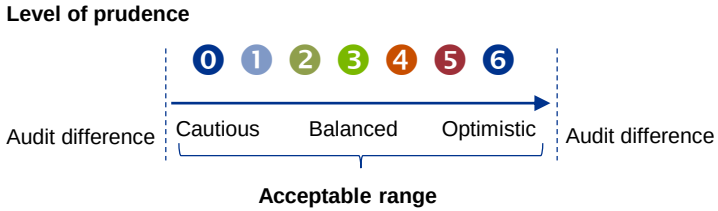
Financial Statements Audit

Risks that ISAs require us to assess in all cases	Why	Our findings from the audit
Fraud risk from revenue recognition	Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk. We do not plan to rebut this risk. We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the regulatory pressure to meet agreed control totals as well as the incentive to report the delivery of specific targets which enable the Trust to secure Sustainability and Transformation funding or CQUIN monies.	We have addressed the fraud risk from revenue recognition through our work on NHS income and receivables, as part of the AoB exercise, and other procedures completed on non-NHS income and receivables. As part of our work we have concluded that there is no specific fraud risk from revenue recognition associated with CQUIN and therefore, outside of our work completed through the AoB exercise, no specific procedures have been carried out around CQUIN monies. We have not identified any issues in relation to this risk.
Fraud risk from management override of controls	Professional standards require us to communicate the fraud risk from management override of controls as significant because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively. We have not identified any specific additional risks of management override relating to this audit.	Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified.

Financial Statements Audit

Judgements in your financial statements

We consider the level of prudence within key judgements in your financial statements. We have summarised our view below using the following range of judgement:



Assessment of subjective areas				
Asset/liability class	**Current year**	**Prior year**	**Balance (£m)**	**KPMG comment**
Valuation of land and buildings	3	3	£87.6 (PY: £85.7)	• The Trust has used the services of a professionally qualified valuation expert from Her Majesty's Valuation Office (HMVO) to value its land and buildings as at 31 March 2017. The valuation has been carried out in line with the GAM. The valuation is an estimate and involves various assumptions. • We reviewed the assumptions used by the valuation expert and the valuation report for the year ended 31 March 2017. We compared that with applicable accounting standards and consistent application of assumptions in relation to the Trust as well as the wider NHS sector. We also obtained assurance in relation to the competency and the experience of HMVO valuer to conduct such a valuation. • We determined the estimates used to be balanced. • We can confirm that the assumptions used by the valuer are reasonable and appropriate. The valuation has resulted in an increase in value of £2m which has been incorporated within the Statement of Changes in Taxpayers Equity. • We can also confirm that the valuer is professionally qualified and has the relevant expertise and experience to carry out such a valuation on Trust's land and buildings as at 31 March 2017.

Section Two

Financial Statements Audit

Annual report

We have read the contents of the Annual Report (including the Accountability Report, Performance Report and AGS) and audited the relevant parts of the Remuneration Report. We have checked compliance with the NHS Foundation Trust Annual Reporting Manual (ARM) issued by NHSI. Based on the work performed:

- We have not identified any inconsistencies between the contents of the Accountability, Performance and Director's Reports and the financial statements.
- We have not identified any material inconsistencies between the knowledge acquired during our audit and the director's statements. As Directors you confirm that you consider that the annual report and accounts taken as a whole are fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.
- The part of the Remuneration Report that is required to be audited were all found to be materially accurate;
- The AGS is consistent with the financial statements and complies with relevant guidance subject to updates as outlined within section three; and
- The report of the Audit Committee included in the Annual Report is currently being reviewed by management to ensure that it appropriately addresses matters communicated by us to the Audit Committee, and meets guidance as set out in the ARM.

Independence and Objectivity

ISA 260 also requires us to make an annual declaration that we are in a position of sufficient independence and objectivity to act as your auditors, which we completed at planning and no further work or matters have arisen since then. .

Audit Fees

Our fee for the audit was £46,940 plus VAT (£47,000 in 2015/16). This fee was in line with that highlighted within our audit plan agreed by the Audit Committee in January 2017. Our fee for the external assurance on the quality report was £7,850 plus VAT (£8,000 in 2016/17). Our fee for the external audit of the Harrogate and District NHS Foundation Trust Charitable Fund was £1,900 plus VAT (£2,000 in 2015/16). We have not completed any non-audit work at the Trust during the year.

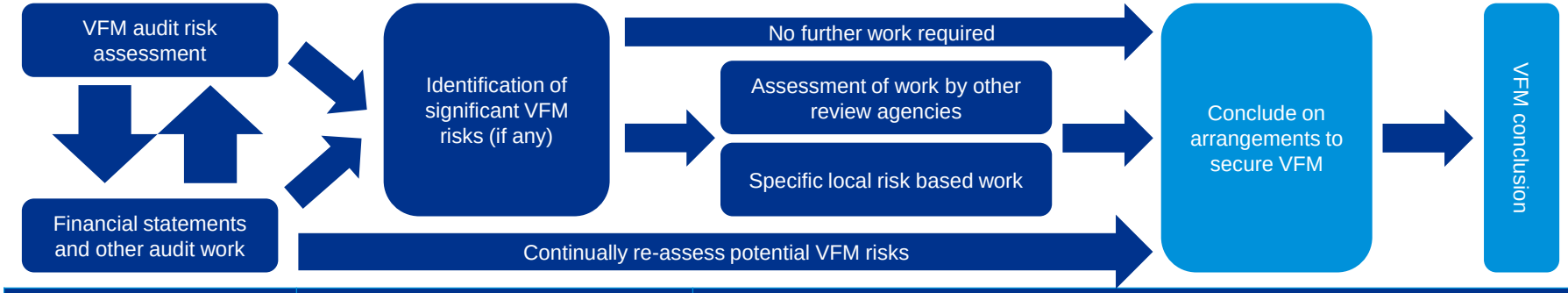
KPMG

Value for Money

Section Three

Value for Money

For 2016/17 our value for money (VFM) work follows the NAO's guidance. It is risk based and targets audit effort on the areas of greatest audit risk. Our methodology is summarised below. We identified 1 significant VFM risks which are reported overleaf. We also provide a summary below of the routine work required to issue our VFM conclusion, which is that we are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2017, based upon the criteria of informed decision making, sustainable resource deployment and working with partners and third parties.



AGS review	Regulatory review	Other matters considered in risk assessment
We reviewed the 2016/17 AGS and took into consideration the work of internal audit. We confirm that the AGS reflects our understanding of the Trust's operations and risk management arrangements.	We considered the outcomes of relevant regulatory reviews (NHS Improvement, CQC, etc.) in reaching our conclusion. The Trust's regulatory performance against Monitor's Risk Assessment Framework from April to September was Green in all categories. From October regulatory performance changed in line with NHS Improvement's Single Oversight Framework and for quarter three and quarter four, the Trust achieved a financial rating of one (best) and met all four key performance indicators for the year. The CQC rated the Trust as 'Good' overall in their inspection report dated 27 July 2016. There were no issues highlighted in this report which would prevent us from issuing a non-standard VFM conclusion.	As part of our risk assessment we reviewed various matters, including: • core assumptions in the 2016/17 Annual Plan. • recurrent cost improvement schemes are identified and delivered • current operational performance and commissioner relationships / contractual risks. • planned VS actual outturn. • Management's assessment of the Trust's ability to continue as a going concern. • partnership arrangements / relationships with key third parties.

Section Three

Value for Money

Significant risk based VFM audit work

The table below sets out the detailed findings of our significant risk based VFM work. This work was completed to address the residual risks remaining after our assessment of the higher level controls in place to address the VFM risks identified in our planning and financial statements audit work.

Value for money risk	Why this risk is significant	Our audit response and findings
Medium/Long term financial performance and position	NHS Trusts and Foundation Trusts submitted financial plans for 2016/17 that in aggregate totalled a £580 million deficit. The achievement of financial balance, whilst maintaining the quality of healthcare provision, is therefore a key objective for all organisations. Fundamental to the achievement of the Trust's targets is the successful delivery of CIP targets and plans	As part of our audit we have considered how the Trust is working with key stakeholders to help ensure the achievability of its financial plans. The Trust's Strategic Plan 2014-19 provides detail of how the Trust will work with its partners to help meet the sustainability challenges which the Trust and wider health economy face. As part of this the Trust is working with NHS Harrogate and Rural District CCG to ensure a joined up approach to financial sustainability is achieved. Furthermore, the Trust is also fully engaged in the regional STP and West Yorkshire Association of Acute Trusts that aims to address national issues as well as working locally to identify other potential opportunities. For instance, the Trust is working towards developing a collaborative bank arrangement with other local Trusts to better share staff and deal with current pressures within the system. It is also working closely with its Local Government stakeholders to develop a combined approach to community care. In relation to CIP, our work focused on the arrangements in place to identify and deliver recurrent cost improvements which have been identified and incorporated into the financial plans for 2017/18. We identified that The Trust's approach to CIP delivery is driven by the Clinical Transformation Board (CTB) and Business Development Strategy supporting Directorates to deliver Cost Improvements (CIPs). Trust has committed to delivering a surplus of £5.9m in 2017/18 and 2018/19. As part of this, the Trust has a CIP target for 17/18 of £8.9m (4% vs a national average of 2%) and therefore this represents a challenging target. However, the Trust has risk adjusted plans in place. The total risk adjusted savings identified per the original operational plan were £5.7m for 17/18. This increased to £7.2m by February 2017. The Trust is continuing to work on the delivery of its target through its governance and monitoring structures detailed above. Monitoring of performance against these plans is undertaken as part of the monthly finance and activity meetings with each directorate. The Board also receives a monthly report from the Finance Director on financial performance in its entirety supported by a quarterly report specifically on the achievement against the CIP. We did not identify any issues as part of our work which would prevent us from issuing a non-standard conclusion on VFM.

KPMG

Quality Report

Conclusion on content of quality report

Subject to carrying out our final checks to ensure you have reflected our comments in the quality report and reviewing changes made by the Trust after the date of this report, we are satisfied that there is sufficient evidence to provide a limited assurance opinion on the content of the quality report.

Work performed and findings

We consider two criteria:

- Review of content to ensures it addresses the requirements set out in the Detailed Requirements for Quality Reports for Foundation Trusts in 2016/17 issued by NHSI; and
- Review of content in the quality report for consistency with other information specified by NHSI.

Our findings are set out below:

Issue considered	Findings
Inclusion of all mandated content	The content of the quality report presented for audit was accurately reported in line with the quality report regulations.

Are significant matters in the specified information sources reflected in the quality report and significant assertions in the quality report supported by the specified information sources?	We identified that the Trust's quality report reflected its significant matters, relevant to the selected priorities from the specified information sources.
	• Significant assertions in the quality report are supported by the relevant information sources; and
	• Significant assertions in the draft of the quality report were supported by the specified information sources, although at the time of drafting this report we are awaiting the following information:
	  • Feedback from the Health and Wellbeing Board. However, the Health and Wellbeing Board was sent a copy of the Quality Account on 19th April 2017. No comment was received; and
	  • The Head of Internal Audit's annual opinion over the Trust's control environment

Quality Report

Audit of indicators within the quality account

We carried out work on two mandated indicators, which require a public opinion, as specified by NHSI in its guidance:

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

In addition, we carried out work on a locally selected indicator chosen by your Council of Governors. The indicator selected was the 'All cancers: 14 days target'. This indicator is not subject to a limited assurance opinion.

Conclusion

Our work on the two mandated indicators has concluded that there is not sufficient evidence to provide a limited assurance opinion in respect of the 18 week indicator. This is due to errors where completed pathways have been included in the Trust's reported data at month end and errors where pathways appearing in the data tested should not have been included. Whilst the effect of these errors is to understate the Trust's performance, the findings nevertheless indicate deficiencies in the validity of data underpinning the reported performance for this indicator. In relation to the A&E indicator, from our work we have concluded that there is sufficient evidence to provide a limited assurance opinion. However, for 5 of the 25 cases selected for testing, we were unable to confirm the handover time as the relevant box on the ambulance sheet was not recorded or appears blank on the scanned image. For the local indicator, 'All cancers: 14 days target', we have concluded that if required we would be in a position to provide a limited assurance opinion.

Please note that the extent of the procedures performed is reduced for limited assurance. The nature of the procedures may be different and less challenging that those used for reasonable assurance. Therefore, our work was not a reasonable assurance audit of either the performance indicators or the processes used to collate and report them.

Results of our work

We have set out overleaf the key findings from our work as described above in relation to the two mandated indicators and the locally selected indicator. In reaching our conclusions we required to have assessed the design and operational of the systems of control over the data against the six data quality dimensions defined by the NAO. In reaching our conclusion we have assessed these arrangements to consider whether they can be graded as:

- **Green**: No improvement to achieve compliance with the dimensions of data quality noted.
- **Amber**: Opportunities to achieve great efficiency or better control in compliance with the dimensions of data quality noted.
- **Red**: Concern that systems will not achieve compliance with one or more aspects of the dimensions of data quality and therefore a limited assurance opinion cannot be provided.

Quality Report

Design of system and processes and operation				Results of our sample testing	Conclusion reached
Data quality dimension	**Design**	**Operation**	**Commentary on ratings**		
Mandated Indicator: percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period Performance target: 92% Performance recorded in Quality Account: 94.9%					
Accuracy	●	●	Data entry was found to be accurate.	We have reviewed the systems and processes used by the Trust to produce the indicator. We tested a sample of 25 cases to ensure that the clock start and stop dates could be agreed back to the PAS system and to patient records. We also tested that the waiting period had been correctly calculated and that completed pathways were excluded from the following month's reported data. There were three instances where pathways appearing in the data tested should not have been included as they should have been manually removed in line with the Trust's processes. We have been informed that these relate to clerical errors that have originated through pathways being retrospectively amended on iCS PAS. The Trust has a manual process to remove these pathways from their snapshot data in these circumstances, however this process had not taken place for these cases. This indicates that there is a weakness in the systems and processes associated with removing pathways which have been retrospectively amended on iCS PAS as three pathways tested should not have been included in the month end data which the Trust submitted. There were three cases where pathways were reported as incomplete in the month of treatment and therefore were incorrectly included in monthly submitted data. This finding indicates further that there are deficiencies in the timely validation of RTT data, resulting in errors within the reported performance data that is submitted on a monthly basis.	We have found 2 issues which suggests that data may not be presented in line with national guidance.
Completeness	●	●	Data was found to be complete for the reporting period.		
Relevance	●	●	We identified three cases where pathways should not have been included within the data tested. This indicates a potential weakness associated with the systems and process relating to the removal of pathways which have been retrospectively amended in iCS.		
Reliability	●	●	Data was reliable. There has been no change in systems since prior year which helps to ensure consistency.		
Timeliness	●	●	Data was reported in a timely manner.		
Validity	●	●	We identified three cases where pathways were reported as incomplete in the month of treatment and therefore were incorrectly included in monthly submitted data. This indicates a potential weakness in the timely validation of RTT data, resulting in errors within the reported performance data that is submitted on a monthly basis.		
Overall	●	●	We have identified issues which suggests that data may not be presented in line with national guidance.		

Quality Report

Design of system and processes and operation				Results of our sample testing	Conclusion reached
Data quality dimension	**Design**	**Operation**	**Commentary on ratings**		
Mandated Indicator: percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge Performance target: 95% Performance recorded in Quality Account: 95.1%					
Accuracy	●	●	Three cases were identified where the ambulance sheet indicated a different handover time than that which was recorded on the Trust's database. The Trust's performance would have improved if the time per the ambulance sheet had been used.	We relied on the work of Internal Audit in the review of this indicator. We performed procedures to test the reliability of their work and we had no concerns. Internal Audit tested a sample of 25 cases. Their findings have been summarised below: • In 16 cases tested, the date and time of arrival and discharge was agreed to iCS, the Trust's PAS system, and to the ambulance sheet and casualty card that is printed when the patient arrives. The casualty card is used to record when the patient arrives, attends triage assessment, is seen by a doctor or emergency care practitioner, and is either referred, admitted or discharged. The casualty card is also used to record clinical information such as diagnosis and treatment. • In 1 case tested, the casualty card indicated a discharge time which was 1 minute later than that recorded on the Trust's database. This did not affect the Trust's reported indicator performance. • In 3 cases tested, the ambulance sheet indicated a different handover time than that which was recorded on the Trust's database. This did not affect the Trust's reported indicator performance. • In 5 cases tested, IA were unable to confirm the handover time as the relevant box on the ambulance sheet was not recorded or appeared blank of the scanned image. Therefore we were unable to determine the accuracy of the wait calculated through agreement to documentation. However, the arrival to discharge time was determined to be correct based on an ambulance handover time detailed within the Trust's system.	We have not comes across any indications that data for this indicator is not produced in line with national guidance.
Completeness	●	●	Data was found to be complete for the reporting period.		
Relevance	●	●	Information was relevant for the reported purpose.		
Reliability	●	●	Data was reliable. There has been no change in systems since prior year which helps to ensure consistency. However, we identified 5 cases where we were unable to confirm the handover time as the relevant box on the ambulance sheet was not recorded or appears blank on the scanned image.		
Timeliness	●	●	Data was reported in a timely manner.		
Validity	●	●	Data was valid and in line with national guidelines.		
Overall	●	●	Overall data quality was found to be adequate		

Quality Report

Design of system and processes and operation				Results of our sample testing	Conclusion reached
Data quality dimension	Design	Operation	Commentary on ratings		
Local Indicator: Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP; Maximum two-week wait for first outpatient appointment for patients referred with breast symptoms, where cancer was not initially suspected.					
Accuracy	●	●	Data entry was found to be accurate.	We relied on the work of Internal Audit in the review of this indicator. We performed procedures to test the reliability of their work and we had no concerns. Internal Audit tested a sample of 25 cases and they found no errors. In all cases, the start date was agreed to the date of GP urgent referral (paper copy/fax or electronic)/iCS record whilst the date first seen was agreed to medical notes on the patient's paper record file. Where relevant, the calculation of a clock adjustment was agreed as was the calculation of the 14 day way.	While we not required to give an opinion on this indicator, we have not comes across any indications that data for this indicator is not produced in line with national guidance.
Completeness	●	●	Data was found to be complete for the reporting period.		
Relevance	●	●	Information was relevant for the reported purpose.		
Reliability	●	●	Data was reliable. There has been no change in systems since prior year which helps to ensure consistency.		
Timeliness	●	●	Data was reported in a timely manner.		
Validity	●	●	Data was valid and in line with national guidelines.		
Overall	●	●	Overall data quality was found to be adequate		

KPMG

Appendices

Appendix 1

Recommendations raised

The recommendations raised as a result of our work in the current year are as follows:

Priority rating for recommendations					
1	Priority one: issues that are fundamental and material to your system of internal control. We believe that these issues might mean that you do not meet a system objective or reduce (mitigate) a risk.	2	Priority two: issues that have an important effect on internal controls but do not need immediate action. You may still meet a system objective in full or in part or reduce (mitigate) a risk adequately but the weakness remains in the system.	3	Priority three: issues that would, if corrected, improve the internal control in general but are not vital to the overall system. These are generally issues of best practice that we feel would benefit you if you introduced them.

#	Risk	Issue, Impact and Recommendation	Management Response / Officer / Due Date
Quality Accounts			
1	2	**18 Weeks RTT – Incomplete Pathways: Data Validation** Our testing of this indicator identified three instances where pathways appearing in the data tested should not have been included as they should have been manually removed in line with the Trust's processes. We have been informed by management that these relate to clerical errors that have originated through pathways being retrospectively amended on iCS. The Trust has a manual process to remove these pathways from their snapshot data in these circumstances, however this process had not taken place for these cases. Furthermore, we identified three cases where pathways were reported as incomplete in the month of treatment and therefore were incorrectly included in monthly submitted data. Whilst the effect of these errors is to understate the Trust's performance, the findings nevertheless indicate deficiencies in the validity of data underpinning the reported performance for this indicator. There is a risk that the Trust's validation processes do not enable it to identify in a timely manner incorrect pathway data that forms part of monthly external performance reporting. We recommend that the Trust undertakes additional validation steps, on an ongoing basis, including pathways of various different lengths (both under and over 18 weeks in duration) in order to provide assurance over the relevance and validity of the reported data. Gaining assurance over the data reported through validation constitutes a significant investment on the part of the Trust, therefore the costs and benefits of improving data quality in this area will need to be considered by the Trust.	**Management Response:**. The 18 weeks team are set to review the data processing of the 18 weeks data in the coming months, working alongside the systems development team. As part of this review, we will look at the controls and validation steps in place are appropriate, compliant and completed. **Officer:** Joe Ingle/Rachel McDonald **Due Date:** 31 December 2017

Appendix 1

Recommendations raised

#	Risk	Issue, Impact and Recommendation	Management Response / Officer / Due Date
Quality Accounts			
2	3	**A&E 4 hour wait – Ambulance Sheet data** Testing of this indicator identified 3 cases where the ambulance sheet indicated a different handover time than that which was recorded on the Trust's database. However, if the handover time per the ambulance sheet was used, the length of wait for each case would have reduced, thereby improving the Trust's performance. Furthermore, in 5 cases tested, IA were unable to confirm the handover time as the relevant box on the ambulance sheet was not recorded or appeared blank of the scanned image. Therefore we were unable to determine the accuracy of the wait calculated through agreement to documentation. However, the arrival to discharge time was determined to be correct based on an ambulance handover time detailed within the Trust's system. There is a risk that the Trust's ambulance sheet data is not correctly used to update the Trust's database and then appropriately stored to provide a sufficient audit trail to corroborate A&E wait times. We recommend that the Trust reminds staff of the importance of ensuring handover data within their database is based on ambulance sheets, which once completed are stored in an appropriate way to provide a sufficient audit trail.	**Management Response:** A review will be undertaken with a view to ensuring consistent recording of handover times, and to ensure that handover times are recorded on ambulance sheets at the time of handover where possible. **Officer:** David Haggart (Emergency Department Manager) **Due Date:** 30 June 2017

Appendix 2

Audit Differences

Under UK auditing standards (ISA (UK&I) 260) we are required to provide the Audit Committee with a summary of unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those which are 'clearly trivial', which are not reflected in the financial statements. In line with ISA (UK&I) 450 we request that you correct uncorrected misstatements. However, they will have no effect on the opinion in our auditor's report, individually or in aggregate. As communicated previously with the Audit Committee, details of all adjustments greater than £200k would be reported. We have not identified any adjustments of this nature during the course of our audit.

Under UK auditing standards (ISA UK&I 260) we are required to provide the Audit Committee with a summary of adjusted audit differences (including disclosures) identified during the course of our audit. We have not identified any adjustments of this nature during the course of our audit.

We identified a number of minor presentational issues during our audit and these have all been amended by the Trust.

We are required to report any inconsistencies greater than £250,000 between the signed audited accounts and the consolidation data and details of any unadjusted errors or uncertainties in the data provided for intra-group and intra-government balances and transactions regardless of whether a Trust is a sampled or non-sampled component. We have provided details of the inconsistencies that we are reporting to the NAO as follows:

Counter party	Type of balance/ transaction	Balance as per Trust (£'000)	Balance as per counter party (£'000)	Difference (£'000)	Comments on Difference
NHS Harrogate and Rural District CCG	Income	£109,019	£105,290	£3,729	The key variance in position between the Trust and CCG relates to outturn for the Acute Contract. Certain individual invoices raised by the Trust have been disputed by the CCG and have not been accounted for in the CCG accounts. We have reconciled the Trust's initial base contract to what has been reported in the Trust's financial statements at the year end. Whilst we have been unable to obtain a detailed breakdown of the transactions which make up the dispute, we have gained sufficient assurance that the Trust's treatment of this income is appropriate through alternative procedures performed.
NHS England - Yorkshire and the Humber Local Office	Income	£7,230	6,903	£327	Trust income is outlined as per the reported position with NHS England; no disputes have been raised. We have gained sufficient assurance that the reported figure by the Trust is appropriate .

Appendix 2

Audit Differences

Counter party	Type of balance/ transaction	Balance as per Trust (£'000)	Balance as per counter party (£'000)	Difference (£'000)	Comments on Difference
0NCA-Non Contacted Activity NHSE	Income	£463	0	£463	NCA forecast represents activity which at month 12 cannot be attributed to a specific commissioner. The amount recognised by the Trust is supported by evidence and we have sufficient assurance that the reported figure by the Trust is appropriate .
NHS Vale of York CCG	Income	£6,197	£5,947	£250	There are a number of disputed invoices by the CCG in relation to Podiatry services and staff recharges. The Trust is engaged with Vale of York CCG to resolve these issues and have provided appropriate evidence to support the Trust's reported income. We have sufficient assurance that the reported figure by the Trust is appropriate .
NHS AIREDALE, WHARFDALE AND CRAVEN CCG	Income	£1,991	£1,724	£267	Airedale CCG has not accounted for the change in relation to property costs and market rent increases which have been agreed through the contracting discussions. We have sufficient assurance that the reported figure by the Trust is appropriate.
03E-NHS HARROGATE AND RURAL DISTRICT CCG	Debtor	£7,488	4,458	£3,030	The key variance in position between the Trust and CCG relates to outturn for the Acute Contract. Certain individual invoices raised by the Trust have been disputed by the CCG and have not been accounted for in the CCG accounts. We have reconciled the Trust's initial base contract to what has been reported in the Trust's financial statements at the year end. Whilst we have been unable to obtain a detailed breakdown of the transactions which make up the dispute, we have gained sufficient assurance that the Trust's treatment of this balance is appropriate through alternative procedures performed.

Appendix 2

Audit Differences

Counter party	Type of balance/ transaction	Balance as per Trust (£'000)	Balance as per counter party (£'000)	Difference (£'000)	Comments on Difference
03M-NHS SCARBOROUGH AND RYEDALE CCG	Debtor	£865	541	£324	There are a number of disputed invoices by the CCG. The Trust is engaged with Scarborough and Ryedale CCG to resolve these issues and have provided appropriate evidence to support the Trust's debtor balance. We have sufficient assurance that the reported figure by the Trust is appropriate .
03Q-NHS VALE OF YORK CCG	Debtor	£930	£289	£641	There are a number of disputed invoices by the CCG in relation to Podiatry services and staff recharges. The Trust is engaged with Vale of York CCG to resolve these issues and have provided appropriate evidence to support the Trust's balance We have sufficient assurance that the reported figure by the Trust is appropriate .
0NCA-Non Contacted Activity NHSE	Debtor	£487	£0	£487	NCA forecast represents activity which at month 12 and cannot be attributed to a commissioner. The amount recognised by the Trust is supported by evidence and we have sufficient assurance that the reported figure by the Trust is appropriate.
03E-NHS HARROGATE AND RURAL DISTRICT CCG	Creditor	£181	£535	-£354	The variance outlined relates to a differing accounting treatment between the two organisations in relation to Maternity Pathway payment. We have sufficient assurance that the reported figure by the Trust is appropriate.

Appendix 3

Audit Independence

The purpose of this Appendix is to communicate all significant facts and matters that bear on KPMG LLP's independence and objectivity and to inform you of the requirements of *ISA 260 (UK and Ireland) Communication of Audit Matters to Those Charged with Governance.*

Integrity, objectivity and independence

We are required to communicate to you in writing at least annually all significant facts and matters, including those related to the provision of non-audit services and the safeguards put in place that, in our professional judgement, may reasonably be thought to bear on KPMG LLP's independence and the objectivity of the Engagement Lead and the audit team.

We have considered the fees paid to us by the Trust for professional services provided by us during the reporting period. We are satisfied that our general procedures support our independence and objectivity.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP Audit Partners and staff annually confirm their compliance with our Ethics and Independence Manual including in particular that they have no prohibited shareholdings.

Our Ethics and Independence Manual is fully consistent with the requirements of the Ethical Standards issued by the UK Auditing Practices Board. As a result we have underlying safeguards in place to maintain independence through: Instilling professional values, Communications, Internal accountability, Risk management and Independent reviews.

We would be happy to discuss any of these aspects of our procedures in more detail. There are no other matters that, in our professional judgement, bear on our independence which need to be disclosed to the Board of Governors.

Audit matters

We are required to comply with *ISA (UK and Ireland) 260 Communication of Audit Matters to Those Charged with Governance* when carrying out the audit of the accounts.

ISA 260 requires that we consider the following audit matters and formally communicate them to those charged with governance:

- Relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement lead and audit staff.
- The general approach and overall scope of the audit, including any expected limitations thereon, or any additional requirements.
- The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the Trust's financial statements.
- The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements.
- Audit adjustments, whether or not recorded by the entity that have, or could have, a material effect on the Trust's financial statements.

Appendix 3

Audit Independence

- Material uncertainties related to event and conditions that may cast significant doubt on the Trust's ability to continue as a going concern.
- Disagreements with management about matters that, individually or in aggregate, could be significant to the Trust's financial statements or the auditor's report. These communications include consideration of whether the matter has, or has not, been resolved and the significance of the matter.
- Expected modifications to the auditor's report.
- Other matters warranting attention by those charged with governance, such as material weaknesses in internal control, questions regarding management integrity, and fraud involving management.
- Any other matters agreed upon in the terms of the audit engagement.

We continue to discharge these responsibilities through our attendance at Audit Committees, commentary and reporting and, in the case of uncorrected misstatements, through our request for management representations.

Auditor Declaration

In relation to the audit of the financial statements of the Trust for the financial year ending 31 March 2017, we confirm that there were no relationships between KPMG LLP and the Trust, its directors and senior management and its affiliates that we consider may reasonably be thought to bear on the objectivity and independence of the audit engagement lead and audit staff. We also confirm that we have complied with Ethical Standards in relation to independence and objectivity.

Appendix 4

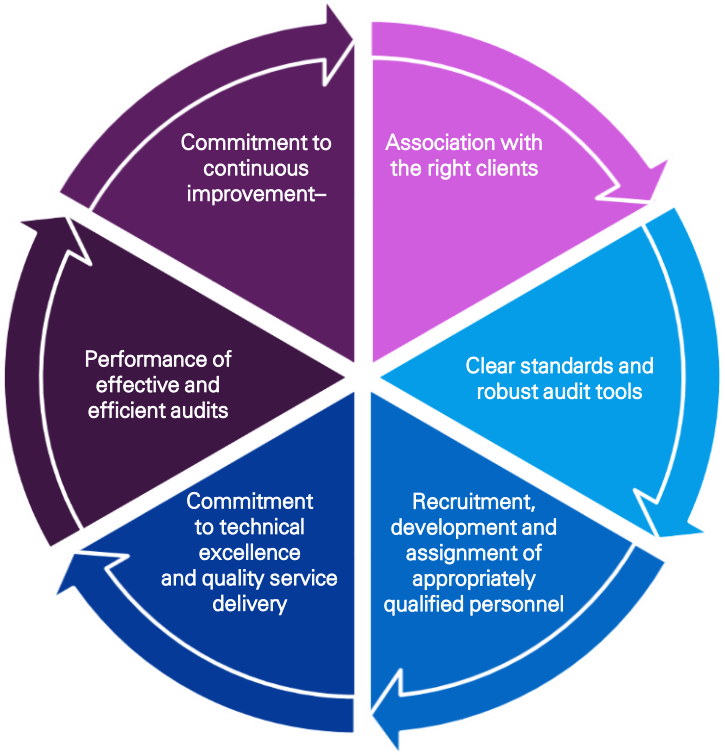
KPMG's Audit quality framework

Audit quality is at the core of everything we do at KPMG and we believe that it is not just about reaching the right opinion, but how we reach that opinion. To ensure that every partner and employee concentrates on the fundamental skills and behaviours required to deliver an appropriate and independent opinion, we have developed our global Audit Quality Framework

- Comprehensive effective monitoring processes
- Proactive identification of emerging risks and opportunities to improve quality and provide insights
- Obtain feedback from key stakeholders
- Evaluate and appropriately respond to feedback and findings

- Professional judgement and scepticism
- Direction, supervision and review
- Ongoing mentoring and on the job coaching
- Critical assessment of audit evidence
- Appropriately supported and documented conclusions
- Relationships built on mutual respect
- Insightful, open and honest two way communications

- Technical training and support
- Accreditation and licensing
- Access to specialist networks
- Consultation processes
- Business understanding and industry knowledge
- Capacity to deliver valued insights



- Select clients within risk tolerance
- Manage audit responses to risk
- Robust client and engagement acceptance and continuance processes
- Client portfolio management

- KPMG Audit and Risk Management Manuals
- Audit technology tools, templates and guidance
- Independence policies

- Recruitment, promotion, retention
- Development of core competencies, skills and personal qualities
- Recognition and reward for quality work
- Capacity and resource management
- Assignment of team members and specialists

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Harrogate and District NHS
NHS Foundation Trust

Report to the Council of Governors: 2 August 2017

Title	**Reports from the Nominations Committee**
Author(s)	**Mrs Sandra Dodson, Chairman** **Ms Pamela Allen, Deputy Chair, Council of Governors**
Report Purpose	**For approval by the Council of Governors**

This report proposes:

The Council of Governors are invited to:

- **Approve of the Nominations Committee Terms of Reference;**
- **Receive and note the minutes of the meeting held 19 July 2017;**
- **Approve the re-appointment of Mrs Maureen Taylor, Non-Executive Director;**
- **Approve the appointment of a new Non-Executive Director;**
- **Approve extension to the term of office of the Chairman.**

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Harrogate and District NHS Foundation Trust

Minutes of the Nominations Committee
held on Wednesday 19 July 2017
in the Boardroom, Trust HQ, 3rd Floor, Harrogate District Hospital

Present Members:	Ms Pamela Allen, Public Governor/Deputy Chair of Governors Mrs Sandra Dodson, Chairman Miss Sue Eddleston, Public Governor Mrs Emma Edgar, Staff Governor Mrs Ann Hill, Public Governor, Dr Daniel Scott, Staff Governor Mr Steve Treece, Public Governor (on telephone)
Ex Officio:	Mrs Joanne Harrison, Deputy Director of Workforce and Organisational Development Mrs Katherine Roberts, Company Secretary (minutes) Dr Ros Tolcher, Chief Executive

1. Apologies for absence

Mrs Dodson welcomed everyone to the meeting.

Apologies were received from Mrs Cath Clelland, Public Governor, Mrs Angie Colvin, Corporate Affairs and Membership Manager, Ms Clare Cressey, Staff Governor, Mrs Liz Dean, Public Governor, Mr Tony Doveston, Public Governor, Mrs Jane Hedley, Public Governor, Cllr Phil Ireland, Stakeholder Governor, Mrs Pat Jones, Public Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development, Mrs Zoe Metcalfe, Public Governor, and Mr Peter Pearson, Public Governor.

2. Conflicts of Interest

Mrs Dodson noted she had a conflict of interest in relation to agenda item four. It was agreed that at this point in the meeting Mrs Dodson would leave the room and Ms Allen would assume the role of chair of the meeting.

3. Terms of Reference annual review for approval

The Committee made no changes to the Terms of Reference circulated prior to the meeting.

4. Proposed re-appointment of Mrs Maureen Taylor to a second term of office

Mrs Dodson referred to her paper which had been circulated prior to the meeting and taken as read.

Mrs Taylor had expressed her wish to continue to a second term of office and Mrs Dodson confirmed it was the role of the Nominations Committee to propose the recommendation to the Council of Governors to reappoint Mrs Taylor as Non-Executive Director (including Chair of the Finance Committee) for a further term of office from 1 November 2017 until 31 October 2020.

Mrs Dodson led a discussion regarding Mrs Taylor's competency in her role as Non-Executive Director. She explained that during her term of office Mrs Taylor had assumed the role of Chair of the Finance Committee. In addition, in recent months she had broadened her involvement by attending the Quality Committee on an interim basis.

It was reported that Mrs Dodson and Ms Allen met with Mrs Taylor in June 2017 and undertook an appraisal; they reviewed her performance against agreed objectives. Mrs Dodson reflected that Mrs Taylor had an incisive and insightful method of challenging across a range of issues including quality of care. Mrs Taylor had applied learning from previous roles. It was felt that she was very good at challenging the Trust's planning processes and financial forward view. Finally Mrs Dodson noted Mrs Taylor's thorough understanding of partnership working.

Ms Allen endorsed Mrs Dodson's comments; admiring Mrs Taylor's thoughtful approach, integrity, and ability to focus on the detail of an issue. Ms Allen reflected that although quiet Mrs Taylor had a very engaging style.

Following a query from Dr Scott, Mrs Dodson confirmed the Finance Committee was not a mandatory committee for the Trust and therefore it was not a mandatory requirement that the Chair of this committee had a finance qualification.

Mrs Edgar commented Mrs Taylor's interventions at the Board of Directors were 'down to earth'; she was quick to identify and challenge the nub of an issue.

Mrs Dodson therefore recommended to the Nominations Committee that Mrs Taylor be reappointed for a second term, subject to the approval of the Council of Governors on 2 August 2017.

The Nominations Committee unanimously agreed the recommendation.

Mrs Dodson left the meeting.

5. Extension of the term of office of the Chairman

Ms Allen introduced the report, which had been circulated in advance. She noted that Mrs Dodson's term of office was scheduled to end on 30 September 2017. The Trust had made one attempt to appoint a new Chair, but this process had not been successful. Ms Allen noted a second recruitment process to appoint a new Trust Chair was underway and would culminate in interviews on 13 September 2017.

In exceptional circumstances the Council of Governors were permitted to extend the term of office for the Chair beyond the final term of office. Mrs Allen explained she was recommending an extension of one month to Mrs Dodson's term of office. She sought comments from members of the committee.

Members of the committee confirmed their strong support for the proposal.

It was noted that an additional month in the post of Trust Chairman would enable Mrs Dodson to help with the induction of the new Chair and furthermore, would enable her to carry out role of Chairman during the period employment checks were completed for the successful candidate.

Mrs Eddleston queried whether it was unusual for a Foundation Trust to extend the term of office for the Chair beyond a nine year period. Dr Tolcher confirmed it was unusual, but not unheard of.

6. Any other business

Mrs Dodson re-joined the meeting.

A discussion followed regarding the learning identified from the initial recruitment process to appoint a new Trust Chair. Dr Tolcher noted feedback from candidates, included within the first recruitment process, about the way the role had been described role and the time-commitment required. As a result the time commitment for the position had been reduced from three to a minimum of two days per week. It was noted the amended time commitment might have an impact on the commitment required from the other Non-Executive Directors. Mrs Dodson and Dr Tolcher reflected the role of Chair is a 24 hours per day, seven days per week role. Although Mrs Dodson was onsite three days per week she undertook work additional to these hours. Within the context of their other commitments, it would be important for the successful candidate to be flexible and fluid in their commitment to the Trust

There was no other business, the meeting closed at 5.35pm.

Harrogate and District NHS Foundation Trust

Council of Governors

Nominations Committee

Terms of Reference

1. Purpose

1.1 The Nominations Committee is a formal committee of the Council of Governors established in accordance with the NHS Act 2006, as amended by the Health and Social Care Act 2012, the Harrogate and District NHS Foundation Trust Constitution, and the Monitor (NHS Improvement as of 1 April 2016) NHS Foundation Trust Code of Governance.

1.2 The Committee is established for the purposes of carrying out the duties of Governors with respect to the appointment, re-appointment, and removal of the Chair and other Non-Executive Directors.

2. Membership

2.1 Members of the Committee shall be appointed by the Council of Governors as set out in the Trust's Constitution, and shall be comprised of five Governors (including the Chair), at least three of which must be Public Governors.

2.2 Governors shall be appointed to the Committee until their term of office as a Governor ends, or they choose to resign from the Committee, which shall be confirmed in writing to the Chair of the Committee.

2.3 The Chair of the Trust shall chair the Nomination Committee. In their absence, the Senior Independent Director will chair the meeting.

2.4 In the case of the appointment/re-appointment process for the Chair, the Senior Independent Director will Chair the Committee.

2.5 In the case of the appointment/re-appointment process for Non-Executive Directors, the Chair of the Trust will chair the Committee.

2.6 Other individuals may be invited to attend all, or part of the meetings, by invitation of the Chair. This shall include the Chief Executive and Director of Workforce and Organisational Development, or nominated deputy, in an advisory capacity when considering matters of appointment, re-appointment, appraisal and removal of the Chair and Non-Executive Directors.

2.7 The Company Secretary shall attend all meetings of the Committee to provide advice on matters of corporate governance, procedure and conduct.

3. Quorum

3.1 The quorum necessary for the transaction of business shall be the Chair and three Governors, two of which, must be Public Governors.

3.2 A duly convened meeting of the Committee at which a quorum is present shall be competent to exercise all, or any of the authorities, powers and discretions of the Committee.

4. Frequency of Meetings

4.1 The Committee shall meet at least twice per year, and at any other times as the Chair of the Committee shall require.

5. Duties

The Committee shall carry out the following duties and functions:

5.1 Determine a formal, rigorous and transparent procedure for the selection of candidates for the office as Chair or Non-Executive Director of the Trust, having regard to the views of the Board of Directors;

5.2 Regular review the job description and person specification of the role of the Chair and Non-Executive Directors, to ensure capabilities and competencies required by the roles remain appropriate and in line with development of the Trust;

5.3 In identifying suitable candidates for the role of Chair and Non-Executive Directors, the Committee may use open advertising and/or the services of external advisers to facilitate the search;

5.4 The Committee will identify candidates who meet the *'Fit and Proper Persons Test'* as set out in the Provider Licence. In doing so, the Committee shall be at liberty to seek advice and assistance from persons other than members of the Committee or the Council of Governors;

5.5 The Committee shall make recommendations to the Council of Governors as to potential candidates for appointment as Chair and/or Non-Executive Director.

5.6 On a regular systematic basis, the Committee shall ensure a system is in place to monitor the performance of the Chair and other Non-Executive Directors, and report the outcome of these reviews to the Council of Governors on an annual basis.

5.7 The Committee shall ensure there is a formal and transparent procedure for the appraisal of the Trust Chair and Non-Executive Directors' performance.

5.8 The Nomination Committee shall give consideration to succession planning for Non-Executive Directors, taking into account the future challenges, risks and opportunities facing the Trust, and the skills and expertise required to meet them.

5.9 The Committee will have the freedom and support to appoint independent consultants to provide advice on the appointment of the Trust Chair and Non-Executive Directors.

5.10 The Committee will establish an appointments panel for the purposes of managing the process for the appointment of a Chair and/or Non-Executive Director. The Panel shall be comprised of a majority of Governors, the majority of which are Public Governors.

6. Secretariat

6.1 The Corporate Affairs and Membership Manager shall provide secretariat support to the Committee.

6.2 The Corporate Affairs and Membership Manager shall call meetings of the Committee at the request of the Chair, not less than ten clear days prior to the meeting date. The Agenda shall be agreed by the Chair of the Committee in consultation with the Company Secretary.

6.3 Unless otherwise agreed, notice of each meeting confirming the date, time and venue, an agenda of items to be discussed and supporting documentation, shall be available to each member of the Committee, and where appropriate, other persons required to attend, no later than five clear days before the date of the meeting.

6.4 The Corporate Affairs and Membership Manager shall minute the proceedings and resolutions of the Committee, including the names of members present and others in attendance. Draft minutes shall be distributed to Committee members for approval at the following meeting of the Committee.

6.5 Details of attendance at meetings shall be reported in the Trust's Annual Report and Accounts.

7. Authority

7.1 The Committee is authorised by the Council of Governors to carry out the functions and duties set out in these Terms of Reference.

7.2 All powers and authorities exercisable by the Council of Governors, together with any delegation of such powers or authorities to any Committee or individual, are subject to the limitations imposed by the NHS Act 2006, the NHS Licence Conditions, Trust Constitution, or by any other regulatory provision.

7.3 In discharging the functions and duties set out in these Terms of Reference, the Committee is to have due regard for the applicable principles of the Trust's Code of Conduct.

8. Reporting

8.1 The Committee shall report to the Council of Governors following every meeting.

8.2 The Chair of the Committee, Senior Independent Director, or Deputy Chair of the Council of Governors, shall report the proceedings of the meeting to the Council of Governors.

9. Terms of Reference Review

9.1 At least once a year, the Committee shall review its own performance, constitution and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors.

KR/V1 July 2017

Harrogate and District NHS Foundation Trust

Council of Governors:	**2 August 2017**
Report Title:	**Reappointment of Mrs Maureen Taylor, Non-Executive Director**
Report from:	**Mrs Sandra Dodson, Chairman; and Ms Pamela Allen, Deputy Chair of the Council of Governors on behalf of the Nominations Committee.**
Report purpose:	**To propose the recommendation to reappoint Mrs Maureen Taylor to a second term of office**
Action required:	**For consideration and decision**

Background and context

Mrs Sandra Dodson, Chairman and Ms Pamela Allen, Deputy Chair of Council of Governors met with Mrs Maureen Taylor on 19 April 2017 to conduct an annual review and to set Mrs Taylor's objectives for the coming year.

Mrs Taylor is a highly effective Non-Executive Director using her expertise and experience of finance, estate management and capital developments in the public sector, in her role as Chair of Finance Committee, and more generally as a Non-Executive in informal and formal arenas.

Mrs Taylor's performance was considered at a meeting of the Nomination Committee on 19 July 2017. It was noted she has an incisive and insightful method of challenging, a thoughtful approach, integrity, and ability to focus on the detail of an issue.

The Nominations Committee unanimously agreed to recommend to the Council of Governors the reappointment of Mrs Taylor as Non-Executive Director for a further three year term of office.

Recommendation

Mrs Taylor's first term of office commenced on 1 November 2014 and the Council of Governors is asked to approve the recommendation 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.

Mrs Sandra Dodson
Chairman

Ms Pamela Allen
Deputy Chair of the Council of Governors

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Report to the Council of Governors: 2 August 2017

Title	**Proposed Extension to Term of Office of Chairman of the Trust**
Author(s)	**Pamela Allen – Deputy Chair of the Council of Governors** **Ian Ward – Senior Independent Director**
Report Purpose	**Seeking approval for an extension to the term of office of the Chairman of the Trust**
This report proposes extension of the term of office of the Chairman of the Trust. Mrs Dodson is scheduled to complete her term of office on 30 September 2017; it is proposed this is extended by one month, up until 31 October 2017.	

Introduction

The term of office of the Chairman of Harrogate and District NHS Foundation Trust, Mrs Sandra Dodson, will end on 30 September 2017. This follows a total of three terms of office, nine years, as Chairman of the Trust.

A recruitment process to appoint a new Chair was undertaken in spring 2017. Unfortunately this process failed to identify a candidate suitable for the position amongst those who were shortlisted. A second recruitment process is therefore being undertaken during summer 2017; this will culminate in a final interview process on 13 September 2017.

Extension to Term of Office

The role of Chairman is responsible for leadership of the Board of Directors (the Board) and the Council of Governors (the Governors), ensuring their effectiveness in all aspects of their role. It is therefore a vital role to the effective operation of the Trust.

In order to provide continuity to the Trust and ensure a thorough handover to the new Chair, it is recommended that, exceptionally, the term of office for Mrs Dodson is extended by one month, through to 31 October 2017.

It should be noted that Mr Chris Thompson, the Trust's Vice Chairman, will assume the role of Interim Chairman should the new Chair not be in a position to fill the role prior to the departure of Mrs Dodson.

Constitutional position

The Harrogate and District NHS Foundation Trust Constitution states:

16.3.1 *The Chairman and the Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office decided by the Council of Governors at a general meeting. Non-Executive Directors will serve a three year period and will not normally exceed a maximum of three terms of office except in exceptional circumstances.*

The Council of Governors thus holds the authority to agree terms of office for the Chairman and are permitted to extend the term of office beyond the maximum of three terms 'in exceptional circumstances.' The Trust commenced a recruitment process to find a new Chair in the expectation that this would provide a preferred candidate to be proposed to the Council of Governors on 2 August 2017. This would have allowed a comprehensive handover period before the completion of Mrs Dodson's normal third term of office.

As a result of a preferred candidate not being selected through this recruitment process, and the need to set a realistic timescale to conclude a second recruitment process, it is expected that the preferred candidate will not be in place in time to complete a handover before 30 September. This also takes account of the need to conclude satisfactory pre-employment checks, which can take up to six weeks. For this reason it is considered that the Trust is currently facing 'exceptional circumstances'.

The Nominations Committee considered this proposal on19 July 2017. There was unanimous agreement to recommended a proposal to the Council of Governors that the term of office for Mrs Dodson is extended by one month, up until 31 October 2017. Moreover, it was agreed to recommend to the Council of Governors that, if a new Chair is not appointed or the successful candidate is not able to take up the post by 1 November 2017, Mr Chris Thompson be appointed as interim Chair from 1 November 2017.

Recommendation

The Council of Governors is asked:

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

Ms Pamela Allen
Deputy Chair of the
Council of Governors

Mr Ian Ward
Senior Independent Director/
Non-Executive Director

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Harrogate and District NHS Foundation Trust

Integrated board report - June 2017

Key points this month

1. In Quarter 1, HDFT achieved all 4 key operational performance metrics in the NHS Improvement Single Oversight Framework.

2. The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in June, against an expected rating of 2, and is a result of the variance from plan for income and expenditure. Actions in relation to the financial recovery plan are being taken forward to improve activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues.

3. The harm free percentage reported in this month's Safety Thermometer audit improved to 95.6%.

4. There were 3 inpatient falls causing moderate harm reported in June, along with 1 comprehensive SIRI (Serious Incident Requiring Investigation).

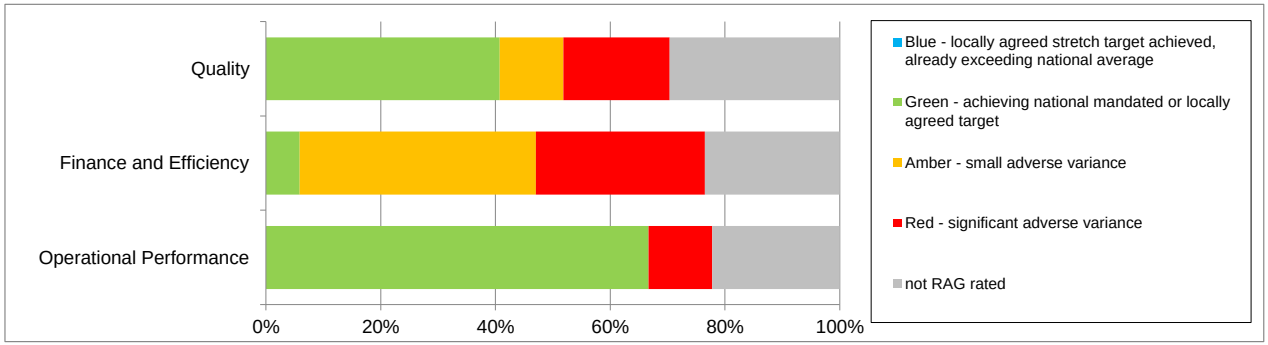
5. There have been no cases of hospital apportioned C. difficile reported in 2017/18 to date.

6. Performance against the A&E 4-hour standard improved in June with Trustwide performance at 97.0% and performance of Harrogate Emergency Department at 96.4%.

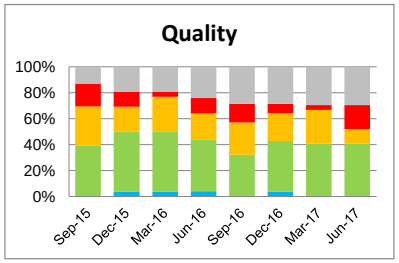
7. Provisional performance for the cancer 62 day standard is now above required 85% for Quarter 1 overall, despite concerns last month that this may not be achieved.

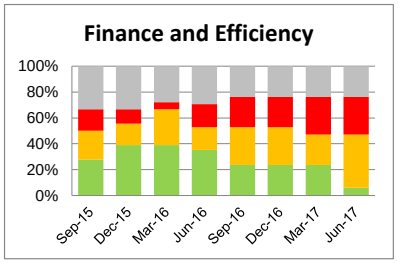
8. The Caesarean Section rate remains high at 30.2% for the 12 months ending June 2017.

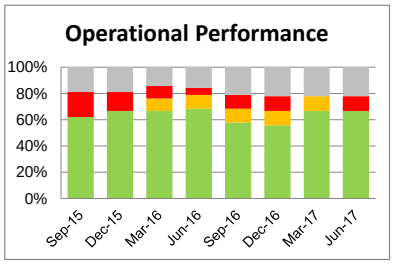
Summary of indicators - current month



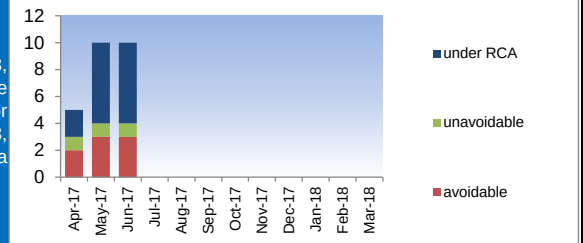
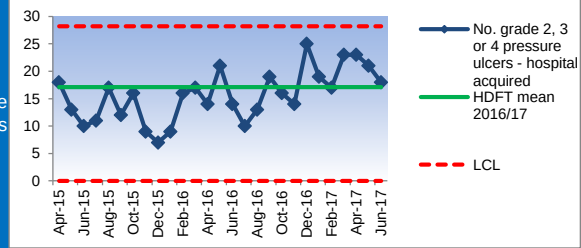
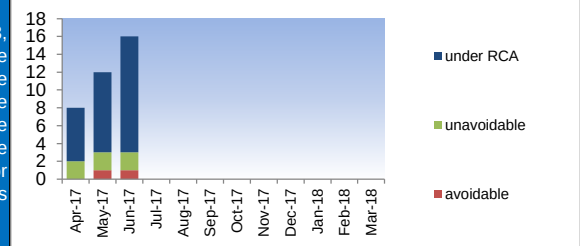
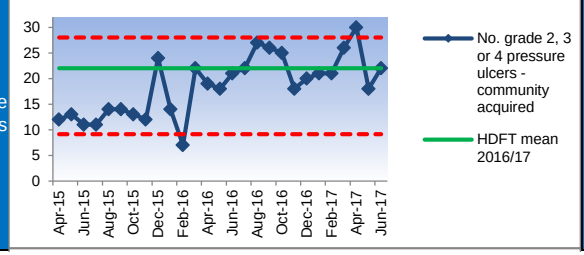
Summary of indicators - recent trends



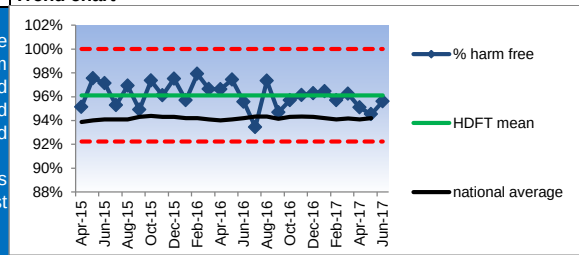
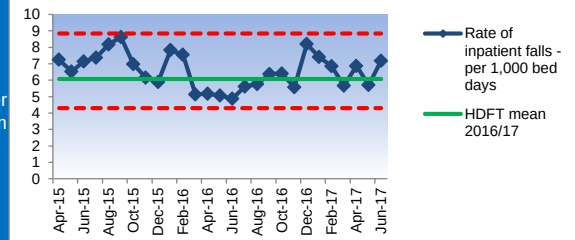
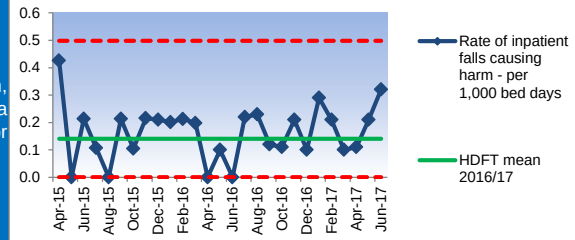
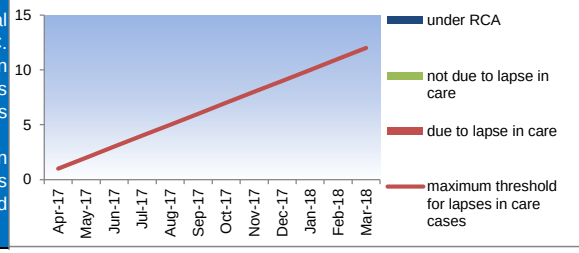




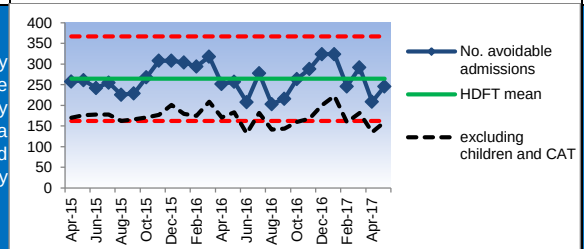
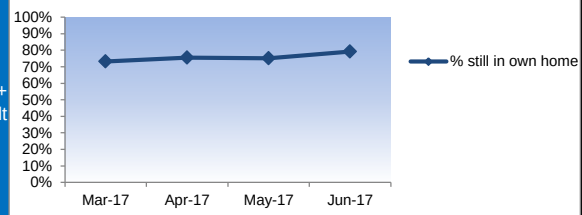
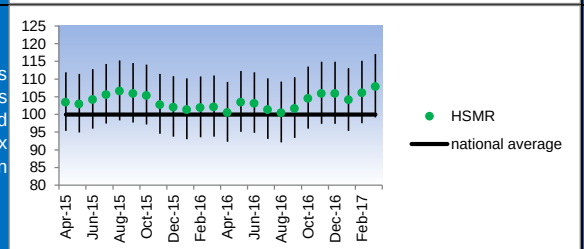
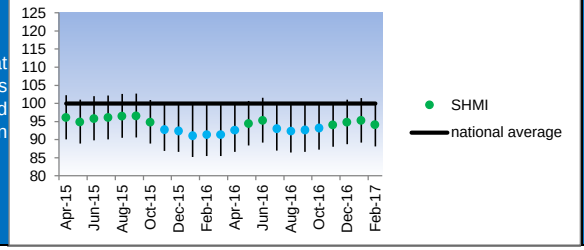
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
✓ **Pressure ulcers - hospital acquired**	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.		There were no hospital acquired unstageable or categeory 3 pressure ulcers reported in June, with the year to date total remaining at 10. Of these, 6 are still under root cause analysis (RCA), 3 have been assessed as avoidable and 1 as unavoidable. No category 4 hospital acquired pressure ulcers have been reported in 2017/18 to date. In 2016/17, 33 hospital acquired category 3 or unstageable pressure ulcers were reported. Of these, 19 were deemed to be avoidable.
✓	The chart includes category 2, 3 and 4 and unstageable hospital acquired pressure ulcers. The data includes hospital teams only.		The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in June was 18 (all category 2), compared to 21 last month. Whilst the total number of pressure ulcers reported has increased compared with the same period last year, the number of category 3, category 4 or unstageable pressure ulcers has reduced.
✓ **Pressure ulcers - community acquired**	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.		There were 4 community acquired category 3 (or unstageable) pressure ulcers reported in June, bringing the year to date total to 16. Of these, 13 are still under root cause analysis (RCA), 1 have been assessed as avoidable and 2 as unavoidable. No category 4 community acquired pressure ulcers have been reported in 2017/18 to date. 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.
▲	The chart includes category 2, 3 and 4 and unstageable community acquired pressure ulcers. The data includes community teams only.		The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in June was 18 cases, compared to 16 last month.

Quality - June 2017

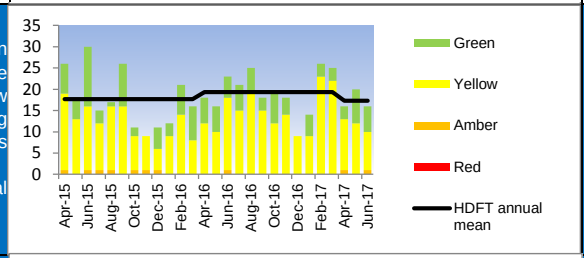
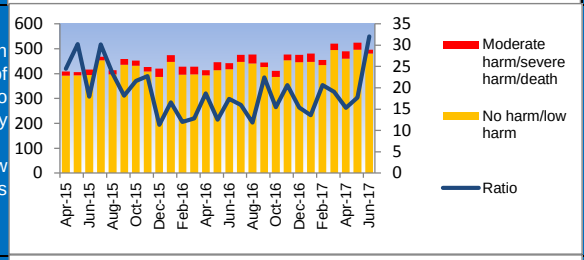
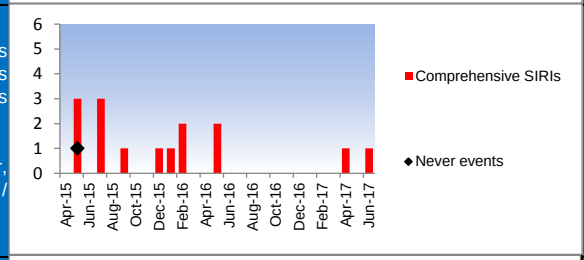
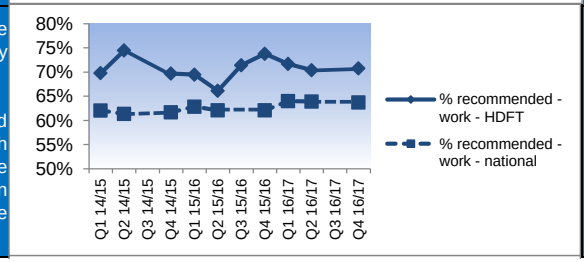
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Safety Thermometer - harm free care ✓	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in 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.		The harm free percentage for June was 95.6%, an improvement on last month and remaining above the latest national average.
Falls ✓	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.		The rate of inpatient falls was 7.18 per 1,000 bed days in June, an increase on last month and above the average HDFT rate for 2016/17. 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.
Falls causing harm ✓	The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The data includes falls causing moderate harm, severe harm or death. A low rate is good.		There were 3 inpatient falls causing moderate harm in June, compared to 1 last month. The rate per 1,000 bed days in 2017/18 to date is now above the HDFT average for 2016/17.
Infection control ✓	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. 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.		There have been no cases of hospital apportioned C. difficile or hospital apportioned MRSA reported in 2017/18 to date.

Quality - June 2017

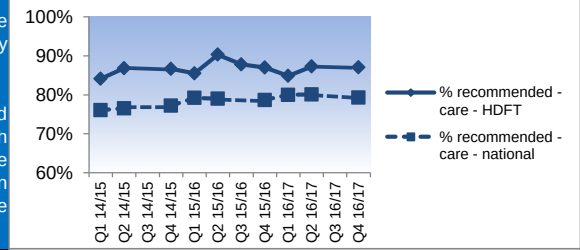
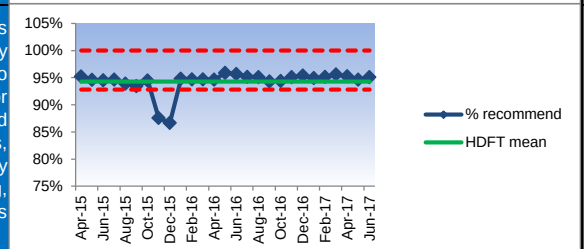
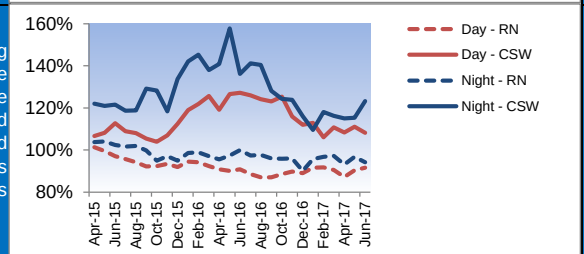
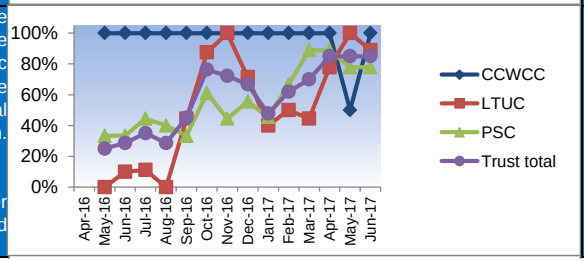
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Avoidable admissions ✓	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		There were 246 avoidable admissions in May, an increase on last month but below the level reported in May last year. This equates to 7.9 avoidable admissions per day, compared to 6.7 per day in April. Adult admissions (excluding CAT attendances) also increased this month.
Reducing hospital admissions in older people △	The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from adult community services. A high figure is good. *This indicator is in development.*		For patients discharged from adult community services in March, 79% were still in their own home at the end of June. This metric now includes patients discharged from any service within the new Integrated Care Teams, as opposed to only including patients discharged from the Fast Response Team which was presented previously. Going forward, this will provide a more robust metric involving a larger group of patients but it is not be possible to present historical trend data.
Mortality - HSMR ✓	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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's HSMR increased to 107.8 for the rolling 12 months ending March 2017 but remains within expected levels. At specialty level, one specialty (Geriatric Medicine) has a standardised mortality rate above expected levels.
Mortality - SHMI ✓	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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's SHMI decreased to 94.06, compared to 95.24 last month, remaining within expected levels. At specialty level, two specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.

Quality - June 2017

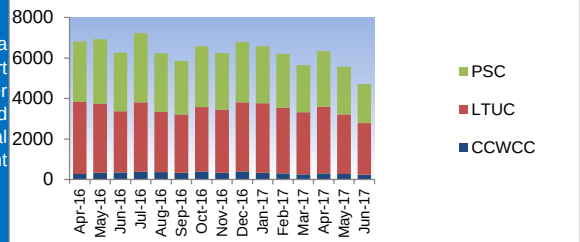
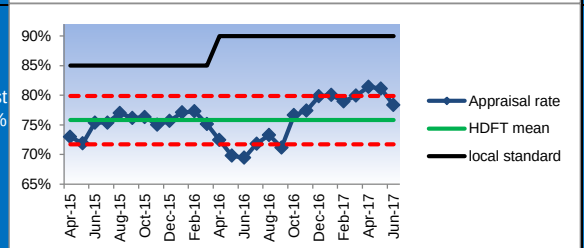
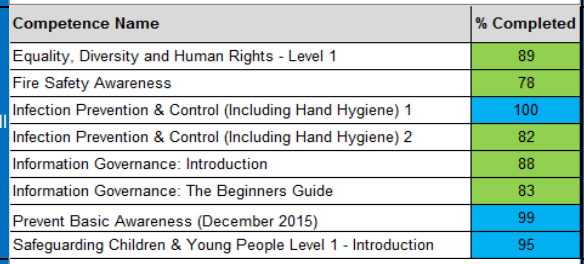
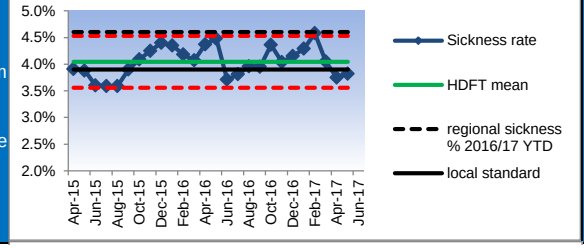
Harrogate and District NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Complaints	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.		16 complaints were received in June, compared to 20 last month, with 1 complaint classified as amber. The main subjects referenced in the complaints received in June were communication and attitude.
Incidents - all	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		The latest published national data (for the period Apr - Sep 16) shows that Acute Trusts reported an average ratio of 37 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for the same period was 18 which placed the Trust in the bottom 25% 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.
Incidents - SIRIs and never events	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. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above.		There was 1 comprehensive SIRIs reported in June.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 71% of staff would recommend the Trust as a place to work.		*There is no update of this data this month. The Quarter 1 HDFT results will be available for next month's report.* In Quarter 4, 70.8% of HDFT staff surveyed would recommend HDFT as a place to work, a slight increase on Quarter 2 (when the survey was last carried out) and remaining above the most recently published national average of 64%. The response rate at HDFT for Quarter 4 was 15%, compared to the most recently published national average of 12%.

Quality - June 2017

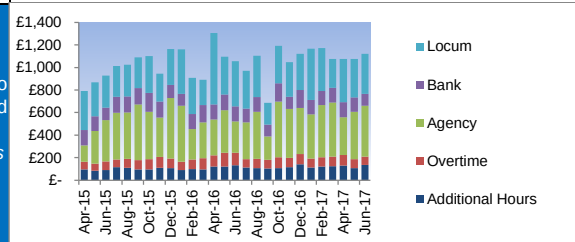
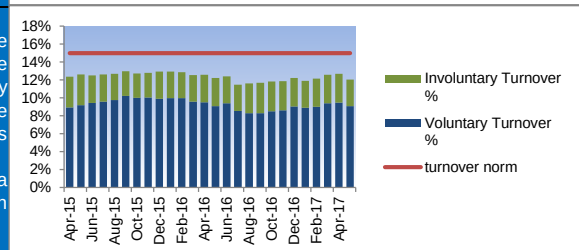
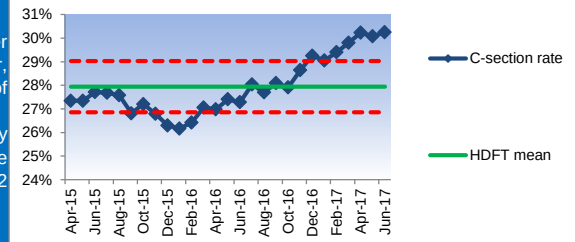
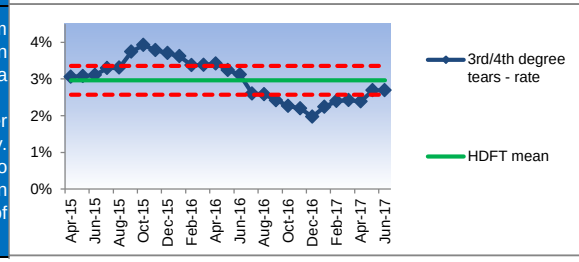
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care ✓	The Staff Friends and Family Test (FFT) gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 88% of staff would recommend the Trust as a place to work.		*There is no update of this data this month. The Quarter 1 HDFT results will be available for next month's report.* In Quarter 4, 87.0% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is a slight decrease on Q2 (when the survey was last carried out) but remains above the most recently published national average of 79%. The response rate at HDFT for Quarter 4 was 15%, compared to the most recently published national average of 12%.
Friends & Family Test (FFT) - Patients ✓	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.		95.1% of patients surveyed in June would recommend our services, an increase on last month and above the latest published national average. Around 4,900 patients responded to the survey this month, which equates to an average of 163 responses per day.
Safer staffing levels ✓	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.		Overall staffing compared to planned was at 99.6% in June, a slight 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.
Electronic rostering timeliness ▲	The chart shows the proportion of rosters that were published on time on Rosterpro (at least 4 weeks before the roster start date). It includes data for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. The data presented is split by Clinical Directorate, as well as showing the Trust overall position. A high percentage is good. Publishing electronic rosters in a timely manner improves staff morale, increases bank fill rates and reduces bank/agency costs.		This indicator has been amended to show the month on month trend, rather than a 12 month rolling position so that improvements in recent months can be more clearly seen. A Trustwide trend line has also been added which demonstrates the overall improvement on this indicator. 85% of rosters were published on time during June, compared to 29% last June. From next month, this metric will be amended to track the number of rosters published by the new deadline of 8 weeks' notice.

Quality - June 2017

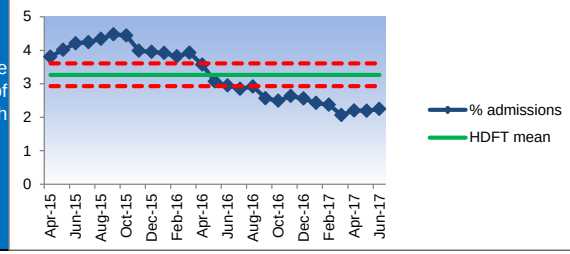
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Electronic rostering hours owed	This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 15 hours or more. Data is split by Clinical Directorate for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. A low number is good.		The number of owed hours decreased by 15.4% in June, when compared to last month. This can be attributed to the work that has been undertaken within the wards to claim hours back. A key area of focus for the month ahead is the starters and leavers process to ensure that hours are not being accrued for these reasons. This metric is being reviewed to ensure that it captures both hours owed by staff and hours owed by the Trust to staff, as well as excluding data for staff who owe less than 15 hours.
Staff appraisal rates	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.		The appraisal rate for 12 months to the end of June is 78%. An agreement has been reached to remove the Children's and Community Services within CCCC Directorate from the appraisal period. This has come following a request that this does not align with the way in which they provide services and their high compliance levels against this metric. All other services remain as part of the appraisal period and this continues to be monitored through the Directorate Reports.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff.		The data shown is for the end of June and includes the staff who were TUPE transferred into the organisation in April 2016. The overall training rate for mandatory elements for substantive staff is 89%. 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.
Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		The staff sickness rate remains below the trust target of 3.9%, with a continued focus on the hotspot areas identified within the Clinical Directorates: Farndale Ward, Adult Community Teams and Woodlands Ward.

Competence Name	% Completed
Equality, Diversity and Human Rights - Level 1	89
Fire Safety Awareness	78
Infection Prevention & Control (Including Hand Hygiene) 1	100
Infection Prevention & Control (Including Hand Hygiene) 2	82
Information Governance: Introduction	88
Information Governance: The Beginners Guide	83
Prevent Basic Awareness (December 2015)	99
Safeguarding Children & Young People Level 1 - Introduction	95

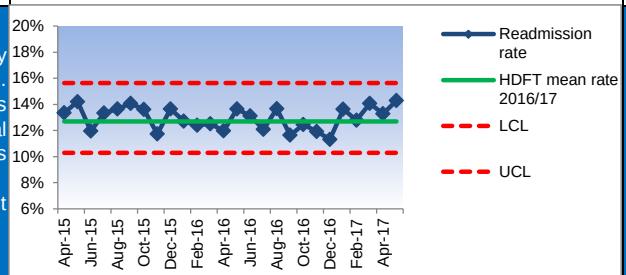
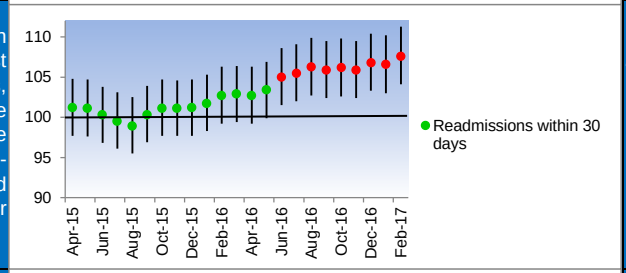
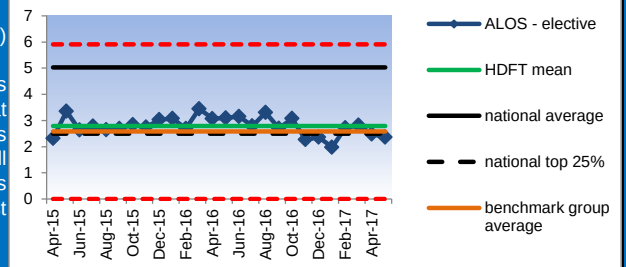
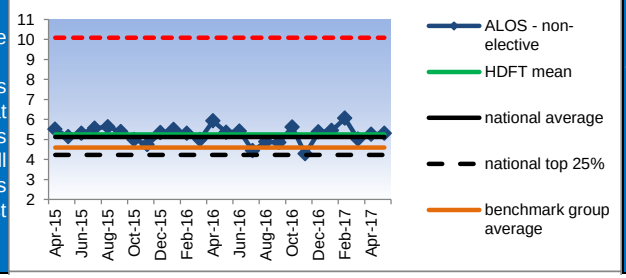
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. *The traffic light criteria applied to this indicator is currently under review.*		The Workforce Efficiency Group continues to meet bi-weekly. At the recent meeting, an agreement on the interim plans for those hard to fill medical specialties was discussed and agreed with a review coming back to the group in August. A detailed discussion on the operational metrics associated with electronic rostering was provided to the group with key areas of focus remaining: publication of rosters, verification of rosters, time recovery and annual leave.
Staff turnover rate	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. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		The total staff turnover rate remains stable at 12.07%. The pilot programme of exit interview completion is on-going for Care Support Workers and Registered Nurses in the Emergency Department, Inpatient ward areas and Theatres.
Maternity - Caesarean section rate	The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month - as a result we have amended the presentation of this indicator this month to show a 12 month rolling average position.		HDFT's C-section rate for the 12 months ending June was 30.2% of deliveries, remaining higher than average. The major contributing factor to the recent upward trend appears to be a significant increase in elective caesarean sections during 2016/17, with the emergency caesarean section rate remaining static and within expected parameters.
Maternity - Rate of third and fourth degree tears	Third and fourth degree tears are a source of short term and long term morbidity. A previous third degree tear can increase the likelihood of a woman choosing a caesarean section in a subsequent pregnancy. Recent intelligence suggested that HDFT were an outlier for third degree tears with operative vaginal delivery. Quality improvement work is being undertaken to understand and improve this position and its inclusion on this dashboard will allow the Trust Board to have sight of the results of this.		The rate of third or fourth degree tears was 2.6% of deliveries in the 12 month period ending June, no change on last month and remaining below average.

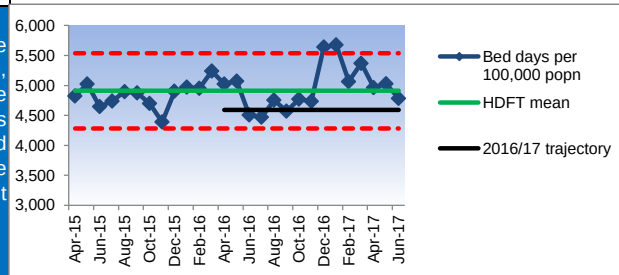
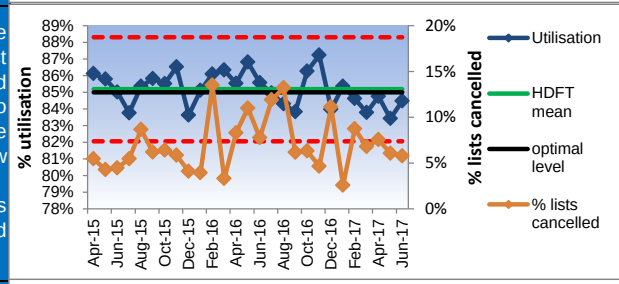
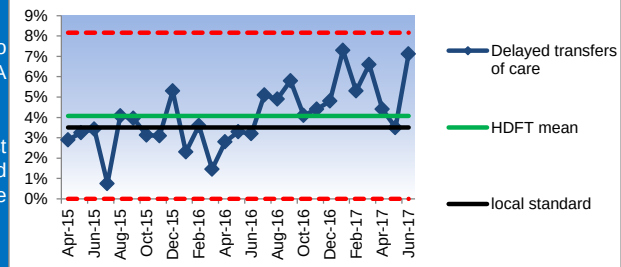
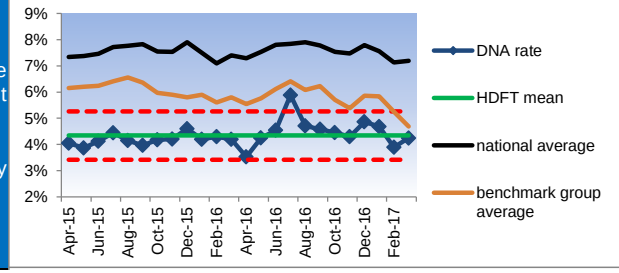
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Maternity - Unexpected term admissions to SCBU 	This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour. The charts shows a 12 month rolling average position.		The chart shows the percentage of term babies (those born at greater than 37 weeks gestation) who were admitted to the Special Care Baby Unit (SCBU). 2.3% of term babies were admitted to SCBU in the 12 months ending June, no significant change on last month and remaining well below the historical average for HDFT.

Finance and Efficiency - June 2017

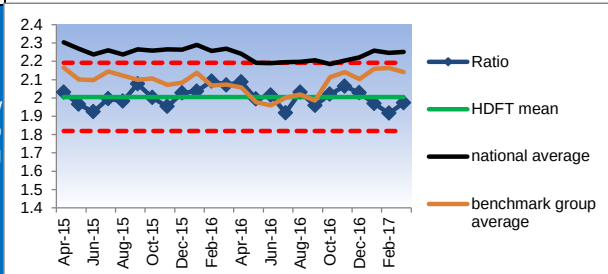
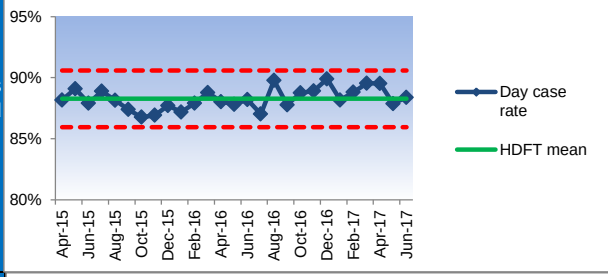
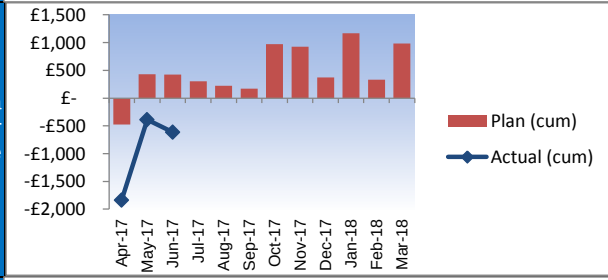
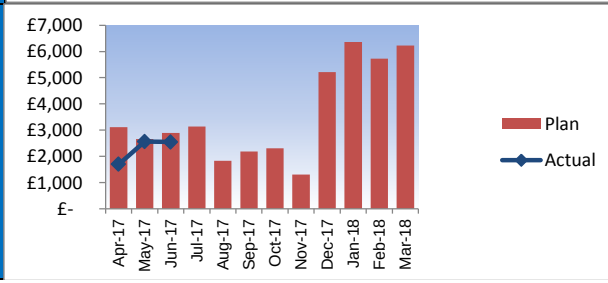
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Readmissions ✓	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical 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.		The number of readmissions increased in May, when expressed as a percentage of all emergency admissions and remains above the HDFT average rate for 2016/17.
Readmissions - standardised ✓	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidites etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's standardised readmission rate increased to 107.6 in the most recently available data on HED, remaining above expected levels. At specialty level, the same 5 specialties have a standardised emergency readmission rates above expected levels (Cardiology, Clinical Haematology, Paediatrics, Medical Oncology and Well Babies). A clinical audit of a sample of paediatric and well babies readmissions was carried out by CCCC Directorate with no significant clinical concerns identified. Further work is being done to understand how this metric is constructed and whether the reasons for the higher than expected readmission rates may be explained by data issues.
Length of stay - elective ✓	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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* The average elective length of stay for May was 2.4 days, a decrease on the previous month and below the benchmark group average.
Length of stay - non-elective ✓	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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* The average non-elective length of stay for May was 5.3 days, an increase on last month. HDFT's length of stay remains above the benchmark group average but in line with the national average. 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.

Finance and Efficiency - June 2017

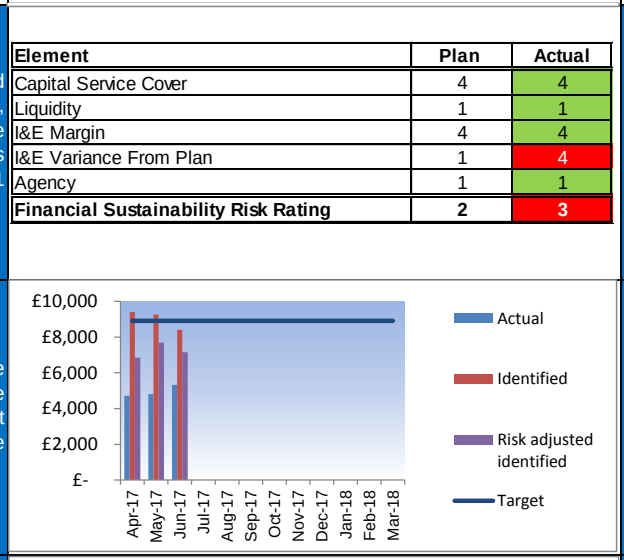
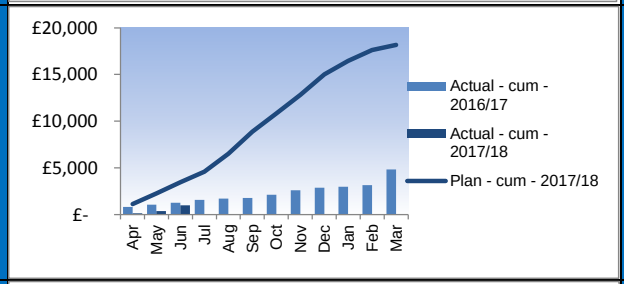
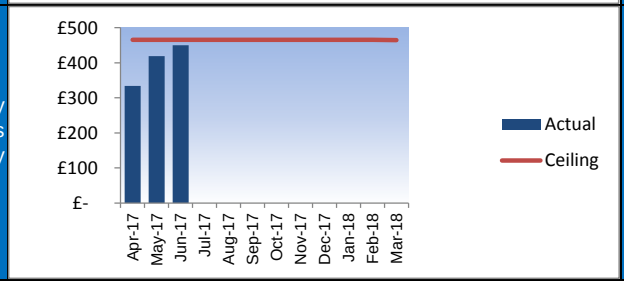
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Non-elective bed days	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. The 2016/17 trajectory was based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition. A trajectory for 2017/18 has not yet been set. A lower figure is preferable.		Non-elective bed days for patients aged 18+ decreased in June but are above the level reported in June last year. The increase in non-elective admissions experienced since April has reduced the ability to meet the bed reduction programme as non-elective bed days have not reduced to the anticipated levels. The SAFER work on the wards has enabled more non-elective patients to be managed through the existing bed base; however to deliver the required bed reduction, further length of stay reductions will be required if non-elective admissions continue at this new level.
Theatre utilisation	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.		Theatre utilisation increased to 84.5% in June, but remains below the optimal level of 85%. The number of cancelled sessions decreased to 5.8% (compared to 6.1% last month).
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. 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.		Delayed transfers of care increased to 7.1% when the snapshot was taken in June, above the maximum threshold of 3.5% set out in the contract.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's DNA rate increased to 4.2% in March but remains below that of both the benchmarked group of trusts and the national average.

Finance and Efficiency - June 2017

Harrogate and District NHS Foundation Trust

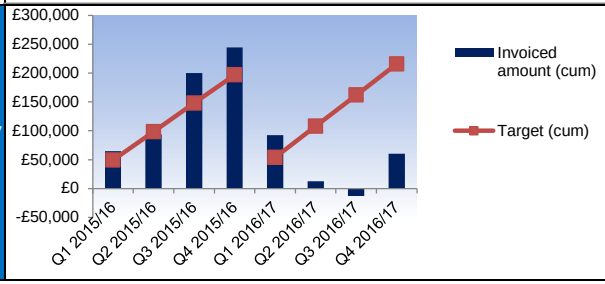
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient new to follow up ratio ✓	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio increased in March to 1.97, but remains below both the national average and the benchmark group average.
Day case rate ✓	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The day case rate was 88.4% in June, an increase on last month.
Surplus / deficit and variance to plan ✓	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.		The Trust reported a deficit of £2,836k for Quarter 1, £3,215k behind plan. Actions in relation to the financial recovery plan are being taken forward to improve activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues. These are described further in the finance report.
Cash balance ✓	Monthly cash balance (£'000s)		The cash position is £345k behind plan, with pressures relating to the I&E position and outstanding payments for 2016/17 performance still be resolved.

Finance and Efficiency - June 2017

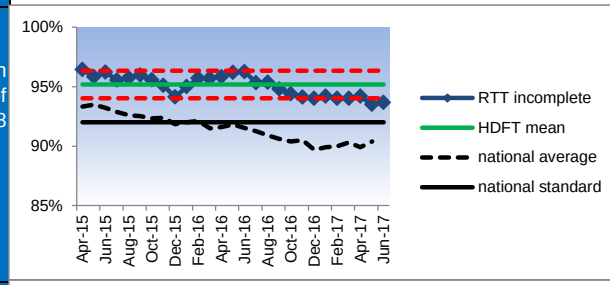
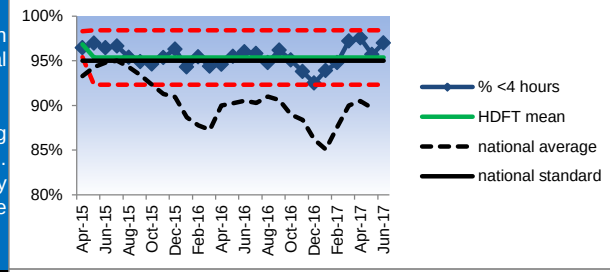
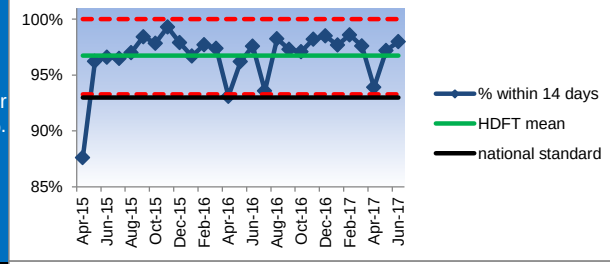
Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework - Use of Resource Metric ✓	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.		The Trust will report a rating of 3 for June. This is behind the plan of 2 and is a result of the variance from plan for I&E.
CIP achievement ✓	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.		There were a number of actions in June which affected the Cost Improvement Programme (CIP). As part of the recovery plan, Directorate targets have been increased to reflect the greater savings required across the organisation. Plans now equate to 89% of the target, with the figure reducing to 76% once risk adjusted. Directorates are working to resolve this planning gap and action additional savings.
Capital spend ✓	Cumulative Capital Expenditure by month (£'000s)		Capital expenditure is behind plan. However it is anticipated that expenditure will increase to planned levels as the year progresses.
Agency spend in relation to pay spend ✓	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.		Agency expenditure was 3.5% 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.

Element	Plan	Actual
Capital Service Cover	4	4
Liquidity	1	1
I&E Margin	4	4
I&E Variance From Plan	1	4
Agency	1	1
Financial Sustainability Risk Rating	**2**	**3**

Finance and Efficiency - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Research - Invoiced research activity 	Aspects of research studies are paid for by the study sponsor or funder.		*There is no update on this data this month.* As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.

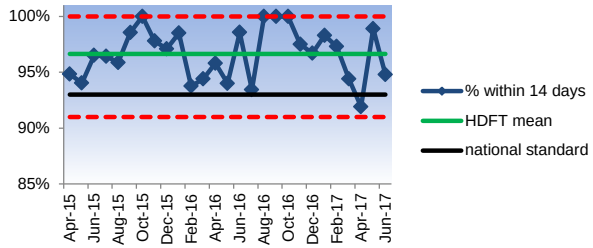
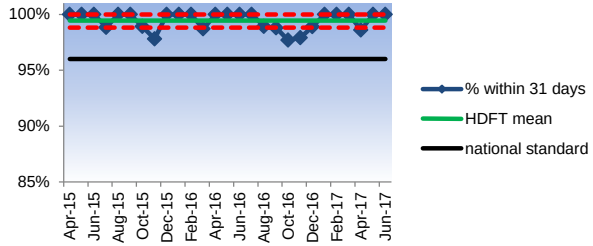
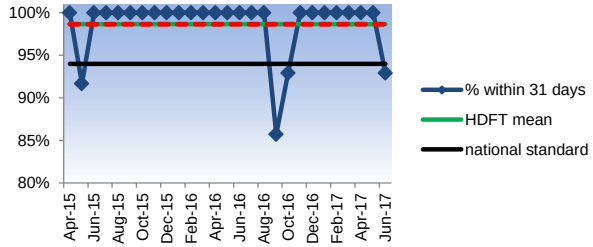
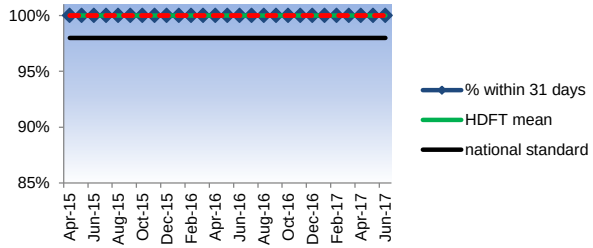
Operational Performance - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework ✓	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.		In Quarter 1, HDFT's performance is above the required level for all 4 key operational performance metrics.
RTT Incomplete pathways performance ✓	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. A high percentage is good.		93.7% of patients were waiting 18 weeks or less at the end of June, a small increase on last month's performance but remaining below historical performance levels. At specialty level, Trauma & Orthopaedics and General Surgery remain below the 92% standard. Plastic surgery specialty is also below 92% but with less than 20 pathways per month, it is below the reporting de minimis for Quarter 1. 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.
A&E 4 hour standard ✓	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&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.		HDFT's Trust level performance for May was 97.0%, an improvement on last month and remaining above the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was also above the 95% standard at 96.4%. As can be seen on the chart, HDFT's performance remains significantly above the national average.
Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals ✓	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Provisional performance is at 98.0% for June, above the required 93% standard and an improvement on last month's position. The provisional performance position for Quarter 1 is also above the standard at 96.4%.

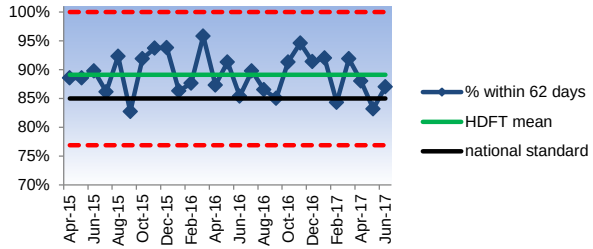
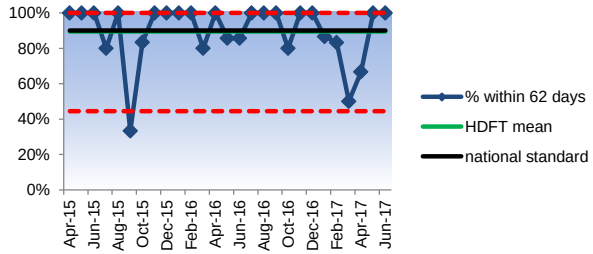
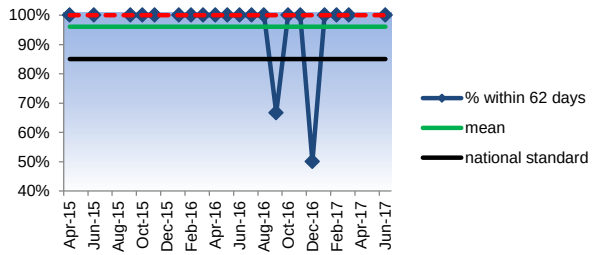
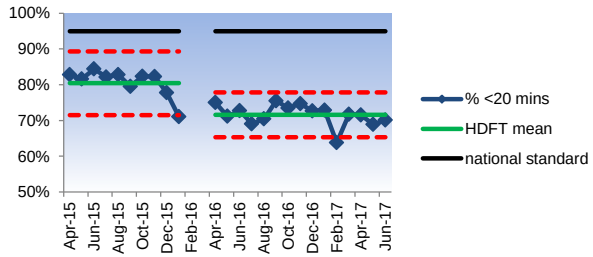
Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways	93.8%				93.8%
A&E 4-hour standard	96.7%				96.7%
Cancer - 62 days	86.0%				86.0%
Diagnostic waits	99.8%				99.8%

Operational Performance - June 2017

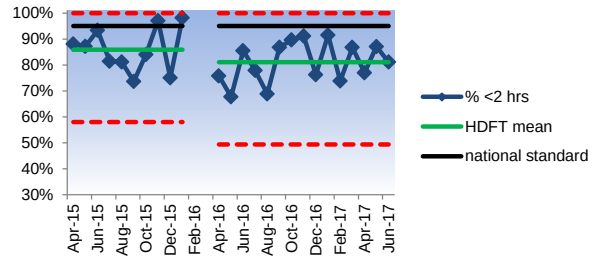
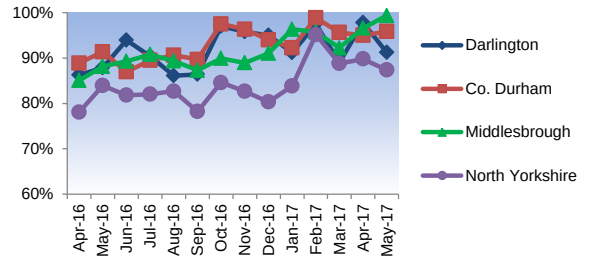
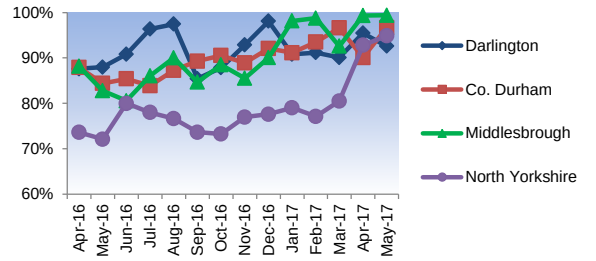
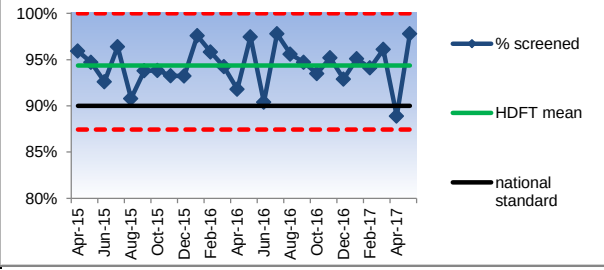
Harrogate and District NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients ✓	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		Provisional performance is at 94.8% for June, above the required 93% standard. The provisional performance position for Quarter 1 is also above the standard at 95.7%.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers ✓	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Surgery ✓	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Provisional performance is at 92.9% for June, below the required 93% standard. However the provisional performance position for Quarter 1 is also above the standard at 98.1%.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug ✓	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Delivery at expected levels.

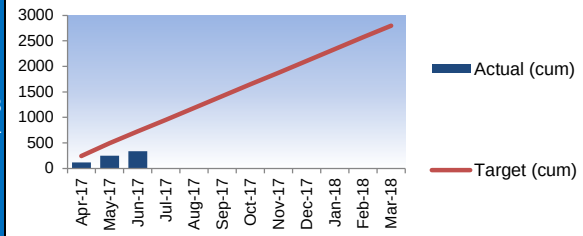
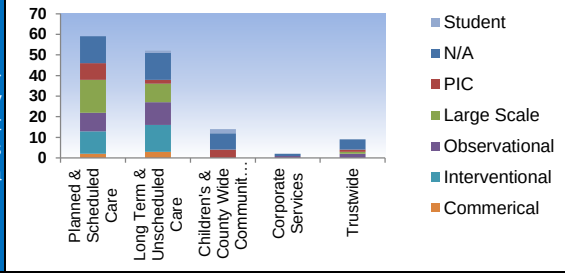
Operational Performance - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from urgent GP referral to treatment ✓	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Provisional performance for June is above the required 85% standard at 87.0% with 7.5 accountable breaches. Of the 11 tumour sites, 3 had performance below 85% in June - head and neck (2 breaches), lung (1) and upper gastrointestinal (1). Two patients waited over 104 days in June. The main reasons for the delays were clinical. Provisional performance for Quarter 1 is now 86.0%, above the 85% standard.
Cancer - 62 day wait for first treatment from consultant screening service referral ✓	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.		Performance was at 100% in June. However the provisonal performance position for Quarter 1 is at 84.2%, below the 90% standard.
Cancer - 62 day wait for first treatment from consultant upgrade ✓	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Performance was at 100% in June. With less than 5 eligible pathways during Quarter 1, the Trust is below the de minimis level for reporting this standard.
GP OOH - NQR 9 ▲	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. A high percentage is good.		Performance remains below the required 95% for this metric and was at 71% in June.

Operational Performance - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
GP OOH - NQR 12 	NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations (home visits) started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.		Performance remains below the required 95% for this metric and was at 81% in June.
Children's Services - 10-14 day new birth visit 	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. 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.		In May, the validated performance position is that 93% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth. The improvement in delivery across all localities should be noted, this has been a clear priority for all 0-19 services as part of the team's performance frameworks. The data is reported a month in arrears so that the validated position can be shared.
Children's Services - 2.5 year review 	The percentage of children who had a 2.5 year review. A high percentage is good. 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.		In May, the validated performance position is that 96% of children were recorded on Systmone as having had a 2.5 year review. The data is reported a month in arrears so that the validated position can be shared.
Dementia screening 	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.		Performance was at 98% in May, a significant improvement on last month when performance dropped below the 90% standard.

Operational Performance - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Recruitment to NIHR adopted research studies	The Trust has a recruitment target of 2,800 for 2017/18 for studies on the NIHR portfolio. This equates to 234 per month. Over recruitment is encouraged.		Provisional data indicates that recruitment to research studies during June was behind plan. However, a new study has commenced recently which should start to address this shortfall.
Directorate research activity	The number of studies within each of the directorates - included in the graph is Trustwide where the study spans directorates. The Trust has no specific target set for research activity within each directorate. It is envisaged that each clinical directorate would have a balanced portfolio.		The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (PIC) or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.

Data Quality - Exception Report

Harrogate and District NHS Foundation Trust

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.
Operational Performance	GP Out of Hours - National Quality Requirement 9	**Amber** 	Following patient pathway changes in late 2015, reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for NQR9 was incorrect. Significant work from has been carried out by information staff at HDFT and we are now able to report performance again for this metric again, based on calculations from raw data extracts from the Adastra system. The new calculations have been shared with HARD CCG.
Operational Performance	GP Out of Hours - National Quality Requirement 12	**Amber** 	
Quality	Reducing readmissions in older people	**Amber** 	This indicator is under development. We have recently amended the calculation of this indicator so that it correctly handles patients who had multiple admissions and multiple contacts with community services.
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.
Quality	Electronic rostering timeliness	**Amber** 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering hours owed	**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 >=97%, Green if >=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 >=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.	
Quality	**Falls causing harm**	IP falls causing moderate harm, sever harm or death, per 1,000 bed days		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	**Reducing hospital admissions in older people**	The proportion of older people 65+ who were still at home 91 days after discharge from rehabilitation or reablement services.	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).	
Quality	**Mortality - SHMI**	Summary Hospital Mortality Index (SHMI)		Comparison with national average performance.
Quality	**Complaints**	No. complaints, split by criteria	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	**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 - complrehensive 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) - Staff**	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally and/or the % staff recommending the Trust is above 95%, Green if in top 25% of acute trusts nationally, Amber if within the middle 50%, Red if in bottom 25%.	
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to receive care		Comparison with performance of other acute trusts.
Quality	**Friends & Family Test (FFT) - Patients**	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month >= 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 >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	**Electronic rostering timeliness**	The proportion of rosters that were published on time (4 weeks prior to roster start)	tbc	tbc
Quality	**Electronic rostering hours owed**	The sum of unused hours for staff	tbc	tbc
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 >=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	**Temporary staffing expenditure - medical/nursing/other**	Expenditure per month on staff types.	tbc	tbc
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
Quality	**Maternity - Caesarean section rate**	Caesarean section rate as a % of all deliveries	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	**Maternity - Rate of third and fourth degree tears**	No. third or fourth degree tears as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	tbc
Quality	**Maternity - Unexpected term admissions to SCBU**	Admissions to SCBU for babies born at 37 weeks gestation or over.	tbc	tbc
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 2015/16, Amber if latest month rate > HDFT average for 2015/16 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	**Readmissions - standardised**	Standardised emergency readmission rate within 30 days from HED	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.
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%.	
Finance and efficiency	**Length of stay - non-elective**	Average LOS for non-elective patients		Comparison with performance of other acute trusts.

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Non-elective bed days for patients aged 18+	Non-elective bed days at HDFT for HARD CCG patients aged 18+, per 100,000 population	Green if latest month < 2016/17 trajectory, amber if latest month below 2015/16 level plus 0.5% demographic growth but above 2016/17 trajectory, red if above 2015/16 level plus 0.5% demographic growth.	A 2016/17 trajectory has been added this month - this is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition.
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
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%.	
Finance and efficiency	Day case rate	% elective admissions that are day case		Comparison with performance of other acute trusts.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
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 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	CIP achievement	Cost Improvement Programme performance	Green if achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	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	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	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	Research - Invoiced research activity		to be agreed	
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	GP OOH - NQR 9	% telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	GP OOH - NQR 12	% face to face consultations started for urgent cases within 2 hours	Green if latest month >=95%, Red if latest month <95%.	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
Operational Performance	CQUIN - dementia screening	% emergency admissions aged 75+ who are screened for dementia within 72 hours of admission	Green if latest month >=90%, Red if latest month <90%.	CQUIN contractual requirement
Operational Performance	Recruitment to NIHR adopted research studies	No. patients recruited to trials	Green if above or on target, red if below target.	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	

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

Harrogate and District NHS
NHS Foundation Trust

Report to the Council of Governors' meeting
2 August 2017

Evaluation of the performance of the External Auditors during 2016-17

1. Introduction

The role of a Foundation Trust External Auditor is outlined in Monitor's Audit Code for NHS Foundation Trusts (the Audit Code). Essentially the external auditor:

- Provides the Council of Governors with an independent opinion on the truth and fairness of the accounts;
- Reports to the Council of Governors if they have not been able to satisfy themselves that the Foundation Trust is using its resources economically, efficiently and effectively; and
- Provides the Council of Governors with independent assurance on the Foundation Trust's annual Quality Report.

In its paper "Appointing The External Auditor: A Guide For Governors", NHS Providers state that the Audit Committee is responsible for evaluating the performance of the Foundation Trust's External and Internal Auditors each year. It supports the Council of Governors to determine and deliver the process for appointing the External Auditor every three to five years (depending on the length of contract used by the Foundation Trust). However, it is the Council of Governors who must meet and make the final decision on the appointment of the External Auditor.

The Council of Governors' at its meeting in May 2016 agreed a formal process for the appointment of the Trust's External Auditors. This incorporated an outline timetable and also a proposal for the membership of the External Auditor Selection Panel. The process was undertaken in accordance with the agreed timetable and it culminated with a series of presentations to the Panel. Following evaluation of the presentations and formal submissions, the Trust's existing external auditors, KPMG received the top score overall. In accordance with the Constitution of Harrogate and District NHS Foundation Trust, the Governors' External Audit Panel recommended the appointment of KPMG as External Auditors for the Trust for a three year term of office commencing 1 December 2016, with an option to extend for a further two years, subject to satisfactory service and performance, which was to be reviewed on an annual basis. This proposal was endorsed by the Board of Directors at its meeting in October 2016 and was subsequently ratified by the Council of Governors at its November 2016 meeting.

2. Evaluation of performance during 2016-17

In accordance with best practice, the performance of External Audit is assessed on an annual basis and considered by the Audit Committee. The most recent assessment was

undertaken following the completion of the 2016/17 external audit work and the outcomes of the assessment were considered by the Audit Committee at its meeting in May 2017. The assessment incorporated the views of members of the Audit Committee, the Senior Finance Team, Governance team, Clinical Team and Internal Audit. The outcomes from the evaluation are attached as appendices to this paper.

Overall, the External Auditors received an average rating of 4.80 in 2017 (the maximum possible score is 5.00), compared with last year's average rating of 4.60. This reflected a very creditable pattern of consistently higher scores over the last 4 years. The conclusion of the Committee was that the performance of the External Auditors had continued to be very good and no action points were identified as a result of the analysis.

Mr Chris Thompson

Non-Executive Director and Audit Committee Chair

Harrogate and District NHS
NHS Foundation Trust

External Audit Effectiveness Assessment 2016/17 (undertaken April 2017) - Draft for Discussion

Questions	Audit Committee Members				Client Management		Internal Audit		Total Score	Average Score
	1	2	3	4	1	2	1	2		
1. How assured are you as to the External Auditor's independence and objectivity?	5	5	5	5	5	5	-	-	30	**5**
2. How would you rate the External Auditor's knowledge of the organisation and the risks it faces?	5	4	4	5	5	5	-	-	28	**4.7**
3. How assured are you as to the embeddedness of External Audit's quality control procedures?	5	5	4	4	5	5	-	-	28	**4.7**
4. How would you rate the effectiveness of liaison between External and Internal Audit?	4	4	4	4	5	5	4	4	34	**4.3**
5. How would you rate the quality of the External Auditor's accounting / auditing judgements?	5	5	5	5	5	5	-	-	30	**5**
6. How would you rate the External Auditor's performance in relation to the timely resolution of issues?	5	4	5	4	5	5	-	-	28	**4.7**
7. How would you rate the External Auditor's communication / presentation of output?	5	5	4	4	5	5	-	-	28	**4.7**
8. How would you rate the working relationship between External Audit and management?	5	5	4	4	5	5	-	-	28	**4.7**
9. How would you rate the External Auditor's technical knowledge and expertise?	5	5	5	5	5	5	-	-	30	**5**
10. How would you rate the quality of the staffing of the audit team?	5	4	4	4	5	5	-	-	28	**4.7**

Comments: I am very satisfied with the performance of the external auditors. It is helpful that they act for a number of Foundation Trusts as they bring knowledge and intelligence from the sector.

Score: 1=Low
5=High

External Audit Effectiveness Assessment 2016/17 (undertaken April 2017) *Draft for Discussion*

Questions	KMPG Average Score Year 1 of Contract	KPMG Average Score Year 5 of Contract	KPMG Average Score Year 4 of Contract	KPMG Average Score Year 3 of Contract	Previous External Auditor Average Score Year 5 of Contract
1. How assured are you as to the External Auditor's independence and objectivity?	5	4.8	4.9	4.86	5
2. How would you rate the External Auditor's knowledge of the organisation and the risks it faces?	4.7	4.4	4.6	4.29	5
3. How assured are you as to the embeddedness of External Audit's quality control procedures?	4.7	4.6	4.46	4.67	4.88
4. How would you rate the effectiveness of liaison between External and Internal Audit?	4.3	4.3	4.07	4.13	4.25
5. How would you rate the quality of the External Auditor's accounting / auditing judgements?	5	4.5	4.5	4.5	5
6. How would you rate the External Auditor's performance in relation to the timely resolution of issues?	4.7	4.3	4.4	4.33	4.88
7. How would you rate the External Auditor's communication / presentation of output?	4.7	4.9	4.52	4.71	4.88
8. How would you rate the working relationship between External Audit and management?	4.7	4.4	4.4	4.57	5
9. How would you rate the External Auditor's technical knowledge and expertise?	5	4.7	4.82	4.71	4.88
10. How would you rate the quality of the staffing of the audit team?	4.7	4.7	4.36	4.57	4.75
Total Score	47.5	45.6	45.03	45.34	48.52
Overall Average Score	**4.8**	**4.6**	**4.50**	**4.53**	**4.85**