

COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Saturday 26 January 2019 in the Fountains Room at The Civic Centre, Harrogate Borough Council, St Lukes Avenue, Harrogate, HG1 2AW

Start: 10.00am Finish: 12.15pm
(Private discussion for Governors and the Board will commence at 9.30am)

AGENDA				
Time	Item No.	Item	Lead	Paper No.
10.00	1.0	Welcome and apologies for absence <i>Welcome to the public, set the context of the meeting and receive any apologies for absence.</i>	Mrs A Schofield, Chairman	-
10.00	2.0	Declarations of Interest <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs A Schofield, Chairman	2.0
10.05	3.0	Minutes of the meeting held on 7 November 2018	Mrs A Schofield, Chairman	3.0
	3.1	Minutes of the Annual Members' Meeting held on 3 September 2018 <i>To review and approve the minutes</i>		3.1
10.10	4.0	Matters arising and review Action Log <i>To receive updates on progress of actions</i>	Mrs A Schofield, Chairman	4.0
10.10	5.0	Chairman's verbal update on key issues <i>To receive the verbal update for consideration</i>	Mrs A Schofield, Chairman	-
10.25	6.0	Update on Quality Account Process <i>To receive the verbal update for consideration</i>	Mrs J Foster, Chief Nurse	6.0
10.30	7.0	Audit Committee Terms of Reference <i>To receive for consideration</i>	Mr C Thompson, Non-Executive Director and Chair of Audit Committee	7.0
10.35	8.0	Presentation – The NHS 10 Year Plan	Dr R Tolcher, Chief Executive	ppt
10.50	9.0	Chief Executive's Strategic and Operational Update, including Integrated Board Report <i>To receive the update and report for comment</i>	Dr R Tolcher, Chief Executive	9.0 IBR – to follow
11.05 am - 11.15 – Break				
11.15	10.0	Update from Senior Independent Director <i>To receive the verbal update for consideration</i>	Mrs Lesley Webster, Non-Executive Director / Senior Independent Director	-

You matter most

11.25	11.0	Question and Answer Session for Governors and members of the public <i>To receive and respond to questions from the floor</i>	Mrs A Schofield, Chairman	-
12.05	12.0	Any other relevant business not included on the agenda <i>By permission of the Chairman</i>	Mrs A Schofield, Chairman	-
12.10	13.0	Member Evaluation	Mrs A Schofield, Chairman	-
12.15	14.0	Close of meeting	Mrs A Schofield, Chairman	-

Date and time of next meeting – Wednesday, 1 May 2019 at 5.00 pm (public meeting commences at 5.45 pm). Venue to be confirmed.

You matter most

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	
Mrs Angela Schofield	Chairman	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer with Helping Older People (charity).
Ms Pamela Allen	Public elected		NONE
Dr Pamela Bagley	Stakeholder	Any connection with a voluntary or other organisation contracting for NHS services Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks	Dean – Faculty of Health Studies, University of Bradford. Education services to NHS staff including HDFT student placements within HDFT. The Trust provides placements for University of Bradford students but this is financed through Health Education England
Mr John Batt	Public Elected		AWAITED
Mr Ian Barlow	Public elected		NONE

1 (updated January 2019)

Name	Governor Status	Interests Declared	
Mrs Cath Clelland MBE	Public elected	<p>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</p> <p>Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS</p> <p>A position of Authority in a charity or voluntary organisation in the field of health and social care</p>	<p>Owner/Director - Canny Consultants Ltd Non-Executive Director - York St John University, York</p> <p>Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant)</p> <p>Non-Executive Director - York St John University</p>
Mr Robert Cowans	Public elected		NONE
Ms Clare Cressey	Stakeholder		NONE
Mr Martin Dennys	Public elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Employee of Department of Health and Social Care's agencies – arm's length body: NHS Digital
Mr Tony Doveston	Public elected	<p>A position of Authority in a charity or voluntary organisation in the field of health and social care</p> <p>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</p>	<p>Volunteer for Yorkshire Air Ambulance</p> <p>A Director of Oakdale Golf Club Limited</p>
Miss Sue Eddleston	Public elected		NONE
Mrs Emma Edgar	Staff elected		NONE

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Name	Governor Status	Interests Declared	
Dr Sheila Fisher	Public elected	<p>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)</p> <p>A position of Authority in a charity or voluntary organisation in the field of health and social care</p>	<p>Governor (by definition a Director) of Bolton School Ltd</p> <p>Chair, HRA Yorkshire & Humber Leeds (West) Research Ethics Committee member and Trial Steering/Management Group for NIHR funded studies (currently 3 studies)</p>
Ms Carolyn Heaney	Stakeholder	<p>A position of Authority in a charity or voluntary organisation in the field of health and social care</p> <p>Other</p>	<p>Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group</p> <p>Independent Trustee of the ASDA Foundation.</p> <p>Community Governor of Rossett Academy School in Harrogate</p> <p>Employed by the Association of the British Pharmaceutical Industry (ABPI) as NHS Engagement Partner, North and Supporting NHS System Transformation and Medicines Optimisation Lead</p>
Mrs Pat Jones	Public elected		NONE
Mr Neil Lauber	Staff elected		NONE
Mrs Mikalie Lord	Staff elected		NONE
Cllr John Mann	Stakeholder	Position of authority in a local council or Local Authority	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Mrs Rosemary Marsh	Public elected		NONE

3 (updated January 2019)



Name	Governor Status	Interests Declared	
Cllr Samantha Mearns	Stakeholder	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	Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council Self-employed consultant to Stockwell Road Surgery, Knaresborough
Dr Christopher Mitchell	Public elected	NONE	
Mrs Helen Stewart	Staff elected	AWAITED	
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

4 (updated January 2019)


 You matter most

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 7 November 2018 at 17:45 hrs
at The Civic Centre, Harrogate Borough Council, St Lukes Avenue, Harrogate, HG1 2AE

Present:

Mrs Angela Schofield, Chairman
Ms Pamela Allen, Public Governor/Deputy Chair of Council of
Governors
Mrs Sarah Armstrong, Non-Executive Director
Dr Pam Bagley, Stakeholder Governor
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mr Robert Cowans, Public Governor
Ms Clare Cressey, Stakeholder Governor
Mrs Liz Dean, Public Governor
Miss Sue Eddleston, Public Governor
Mrs Emma Edgar, Staff Governor
Dr Sheila Fisher, Public Governor
Mr Andrew Forsyth, Interim Company Secretary
Mr Rob Harrison, Chief Operating Officer
Ms Carolyn Heaney, Stakeholder Governor
Mr Neil Lauber, Staff Governor
Mrs Rosemary Marsh, Public Governor
Mr Andy Masters, Staff Governor
Cllr Samantha Mearns, Stakeholder Governor
Dr Christopher Mitchell, Public Governor
Mrs Laura Robson, Non-Executive Director
Dr Daniel Scott, Staff Governor
Dr David Scullion, Medical Director
Mr Richard Stiff, Non-Executive Director
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Mr Steve Treece, Public Governor
Mrs Lesley Webster, Non-Executive Director
Ms Angela Wilkinson, Director of Workforce and Organisational
Development

In attendance: 11 members of the public

Mr Mike Forster, Operational Director, Long Term and Unscheduled
Care Directorate
Dr Matt Shepherd, Consultant and Lead Clinician, Emergency
Medicine

1. Welcome and apologies for absence

Mrs Schofield was delighted to see members of the public at the meeting and offered them a warm welcome. She hoped they would find the meeting interesting and informative.

Mrs Schofield introduced Mrs Sarah Armstrong, Non-Executive Director, and Ms Angela Wilkinson, newly appointed Director of Workforce and Organisational Development to their first Council meeting.

Apologies were received from Mr Ian Barlow, Public Governor, Mr Tony Doveston, Public Governor, Mrs Jill Foster, Chief Nurse, Mrs Pat Jones, Public Governor, Mrs Mikalie Lord, Staff Governor, Cllr John Mann, Stakeholder Governor, Mrs Zoe Metcalfe, Public Governor and, Dr Ros Tolcher, Chief Executive.

2. Minutes of the last meeting held on 1 August 2018

The minutes of the last meeting on 1 August were agreed as a true and accurate record subject to the following amendment:

Item 12, page 14, first paragraph to read – ‘Mrs Webster, Non-Executive Director, added that HHFM had provided an update to the Trust’s Board, where it was confirmed that the benefits of the new company pay structure had enabled them to fill a number of long standing vacancies enabling them to focus on the backlog in maintenance.’

3. Matters arising and review of action log

There were no matters arising.

4. Declaration of interests

There were no further declarations of interest in addition to paper 4.

It was noted Mr Coulter and Mr Thompson were Directors of Harrogate Integrated Facilities (HIF – previously known as Harrogate Healthcare Facilities Management - HHFM). No agenda items were planned which would present a conflict of interest. It was however agreed that Mr Coulter and Mr Thompson could participate fully in any items which included reference to HIF.

5. Chairman's verbal update

Mrs Schofield paid tribute to the Governors who were leaving the Council at the end of the year; Mrs Dean, Public Governor for Harrogate and surrounding villages, Mrs Metcalfe, Public Governor for Knaresborough and East District, Mr Masters, Staff Governor for Nursing and Midwifery and Dr Daniel Scott, Staff Governor for Medical Practitioners. She wished them all well for the future and hoped they would continue to remain engaged through Trust membership activities.

Mrs Schofield confirmed that Mrs Webster had now taken over the role as Senior Independent Director; duties which included maintaining regular contact with the Council of Governors and a named contact in the Speaking Up Policy.

Referring to the Annual Members' Meeting held in September, Mrs Schofield thanked Mrs Colvin for organising such a well-attended and successful event. The next meeting would be planned through the Governor Working Group for Membership Development and Engagement.

As a result of feedback from Governors, Mrs Schofield confirmed that the Council of Governors' meeting agenda had been reviewed to allow more time for questions. She also reminded Governors about the training session taking place on 11 December and hoped they would find the day beneficial.

Mrs Schofield was happy to announce that Mrs Helen Stewart, Ward Manager on Granby Ward, had been elected unopposed as the new Staff Governor for Nursing and Midwifery. She looked forward to welcoming Helen at the next meeting in January 2019.

Finally, Mrs Schofield confirmed that inspectors from the Care Quality Commission (CQC) had arrived the previous day to undergo an inspection of the Trust. They were expected to be on site until Thursday afternoon with inspections also taking place at Ripon Community Hospital and Selby Minor Injuries Unit. She was pleased to report that everything appeared to be going well following initial feedback and staff were reacting positively to the visit.

Following a request from Mr Cowans, Mrs Schofield described the CQC; the independent regulator of health and social care in England ensuring health and social care services provided people with safe, effective, compassionate and high-quality care.

The CQC would also be visiting the Trust during the first week in December to undergo a well-led review; based on a framework for making judgements about how leadership, management and governance of the organisation assured the delivery of high quality care for patients, support learning and innovation and to promote an open and fair culture. This visit would also include the CQC meeting with Governors and further information would be available at the Board to Board meeting on 28 November.

6. Chief Executive Recruitment Update

Mr Forsyth referred to Paper 6.0 which had been circulated prior to the meeting and taken as read.

He summarised the Chief Executive recruitment process to date and thanked Governors who would be attending the candidates' presentations and those involved in the focus groups. An extraordinary meeting of the Council of Governors would be convened on 19 December to receive and approve the recommendation of the preferred candidate from the Remuneration Committee.

There were no questions and Mrs Schofield thanked Mr Forsyth for his involvement in the process.

7. Governor Working Group – Membership Development and Engagement

Ms Allen provided a verbal update in relation to the newly merged Governor Working Group which met on 16 October. She described how the two groups (previously known as the Governor Working Group for Membership Development and Communications and the Governor Working Group for Volunteering and Education) had come together and the Terms of Reference had been updated. The group would continue to be responsible for overseeing the delivery of the Foundation Trust's membership development strategy including membership recruitment and engagement. Members of the Corporate Team would attend on a rota basis to update the group on volunteering, education liaison and work experience related topics. Ms Allen would remain on the group however, Mrs Jones would be taking over as Chair from January 2019.

There were no questions for Ms Allen.

8. Presentation – Winter Planning

Mrs Schofield welcomed Dr Matt Shepherd and Mr Mike Forster who presented the Trust's emergency care winter challenges (slides available on the Trust's website at <https://www.hdft.nhs.uk/about/council-of-governors/governors-meetings/>).

The presentation summarised the national Accident and Emergency four hour target; a measure of the percentage of patients who are either treated and discharged or admitted from the Emergency Department within four hours.

Dr Shepherd provided examples of what impacted on the four hour target during winter as opposed to any other time of the year highlighting the focus to support patient flow through the hospital and into the community. He referred to a chart demonstrating the number of Emergency Department attendances and percentages of admissions by month over the past three years which demonstrated peaks in December and January each year.

Mr Forster went on to talk about the range of winter pressures faced by the NHS and how these impacted on performance across the country. He described the Trust's 'all year round' approach, detailed on slide 8, focussing on three patient pathways to improve discharge.

He summarised some key actions taking place over the winter period which included a partnership approach and a focus on emergency work. 'Every Hour Matters' would

take place again at the beginning of the New Year; a two week period focussed on a partnership approach to achieve improved outcomes in patient flow, discharge and quality.

Mrs Schofield took questions from the floor.

Mrs Clelland thanked Dr Shepherd and Mr Forster for their informative presentation and asked:

“Have you reviewed the forward plan for the coming winter in the knowledge of where we have resource challenges at this point compared to the year before and are you satisfied there are sufficient funds to meet that plan?”

In response, Mr Forster reflected on system resilience. He reported that nursing was the largest resource pressure and traditionally, the plan was to increase bed capacity to deal with more patients. He explained the impact this created on staffing and, by default, the length of stay would then generally increase. In order to minimise this effect, Mr Forster described the opportunities to create support for patients across community settings including in people’s homes and this was starting to ease some of the pressure off hospital ward staff. He described how the Trust had invested in building community capacity to try to reduce the inevitable high cost related to agency staff.

Mr Coulter reiterated that each year winter would cost the organisation in the region of £1-£1.5m and the Trust was investing around £400k from West Yorkshire and Harrogate funding.

Dr Shepherd also referred to the new ambulatory care unit which was now located near to the Emergency Department. He explained how this, and further creative ways of working in the Emergency Department, would make a huge logistical and cost-effective difference in improving patient flow, reducing admissions and improving the patient experience.

Dr Fisher’s question related to the resilience of support services including radiology and diagnostic tests, equally critical to patient care.

Dr Shepherd talked about minimising the ‘weekend effect’ and confirmed he was confident in how the Trust managed such services.

Mr Harrison added that the organisation had embraced seven day working with Radiologists working over seven days and the Pathology Department achieving exceptional turnaround times.

Mr Lauber referred to improvement made during last year’s ‘Every Hour Matters’ week and stated that Pathology Department wanted to continue providing the high level of turnaround for urgent pathways. Mr Forster thanked him for this information.

Mr Treece asked about the 100% flu target for front line clinical staff. In response, Mr Harrison confirmed the Trust was currently at 43% and there was further work to do.

9. Chief Executive's Strategic and Operational Update, including Integrated Board Report (IBR)

Mr Coulter presented the following headlines:

Operational Performance

The Integrated Board Report (IBR) circulated prior to the meeting provided further detailed information to support Mr Coulter's summary.

Mr Coulter reported that the Trust was doing well in challenging circumstances achieving three out of the five national standards in Q2 of the financial year (July – September 2018). The referral to treatment time's standard was just below the 92% national target at 90.9% and, whilst just below the national standard this year, the A&E 4-hour standard of 95% had been achieved in September and October, even though Emergency Department attendances had been significantly above plan.

Moving on to the next slide in his presentation, Mr Coulter was delighted to confirm that community children's services continued to perform well. The data now included services provided in Stockton-on-Tees however, Sunderland and Gateshead services would be reported from October.

In relation to Q2 finances, the year to date position showed a deficit of £3.6m compared to a small planned surplus. Mr Coulter confirmed that financial recovery actions had been initiated however, risks included winter pressures, the contract with Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and the staff pay award. He explained how financial risk impacted on service risk with minimal opportunity for capital investments.

Strategic Developments

Mr Coulter went on to talk about strategic developments including the regional West Yorkshire and Harrogate Integrated Care System 5 year plan which would mirror the NHS 10 Year Plan currently being developed. The focus would be to continue working with other organisations and partners to improve quality and productivity in providing safe, robust and resilient services.

Moving on to explain the local Harrogate system, Mr Coulter's described the aims of working with HaRD CCG to reduce demand for hospital services at the same time as reducing the cost of providing hospital services and to use the money available to provide the best care for residents of Harrogate, in hospital or in the community. He summarised some of the challenges under discussion and acknowledged that challenging times would no doubt have a knock on effect on services.

Key Risks

Mr Coulter summarised the top scoring strategic and operational risks for the Trust; there were no surprises and these were regularly reviewed through risk registers and the Board Assurance Framework.

Finally, Mr Coulter highlighted other key issues including the flu campaign and the CQC inspection referred to earlier in the meeting.

Mrs Schofield thanked Mr Coulter for his presentation and asked for questions.

In response to Ms Cressey's question about HIF staff receiving the same three year pay deal as Trust staff, Mr Coulter confirmed there would be funding to cover this.

Mrs Marsh referred to the increasing number of patients referred to in the data provided. Mr Coulter confirmed there was an 8-10% increase in minor attendance rather than majors therefore, the number was increasing, but not all of these patients were requiring admission. The population continued to grow year on year and Mr Harrison also added that the Trust was able to provide services to patients in north Leeds.

Mrs Edgar asked about the risks relating to follow-up on the top scoring key operational risks in the organisation. Mr Coulter confirmed there was a safety net in relation to follow-ups but there had been some issues highlighted in some specialities where patients had not been called back in a timely fashion and there was still a backlog which meant it was flagged on the risk register.

Dr Scott asked for further detail in relation to the red flags on the cancer indicator on the IBR. Mr Harrison described some of the challenges facing cancer services including patient choice around time for treatment and the impact of tertiary care provided at other organisations. Mr Harrison also noted that there had been an increase in referrals for prostate cancer as more men had attended their GP following Bill Turnbull's diagnosis in the media. He was pleased to confirm that some additional investment had been received and he expected to see performance targets improve in this area.

Ms Heaney wanted further clarification regarding the reported 43% of clinical staff receiving the flu vaccination and asked how this compared to this time last year. Mr Coulter confirmed this was not because of a shortage of vaccine. The figures were improved on this time last year but there was still a way to go. Actions in place involved asking staff to declare whether or not they had had the vaccine and to give a reason if not; it was hoped that this would provide a positive prompt to staff.

Mr Masters asked about access to stroke services and whether there would be a potential delay for patients. Dr Scullion confirmed that patients would be sent to a central unit of expertise and this would enable them to receive the best care. Once fit and stable, they would then be transferred back for rehabilitation.

Mrs Clelland asked how Governors and members could be assured that essential capital expenditure could be managed, what were the Trust priorities and how could we achieve what we need.

Mrs Taylor reiterated Mr Coulter's earlier comments regarding the Trust's ability to invest in capital which relied on achieving the financial plan. She confirmed there were no high risk backlog maintenance items and the Trust continued to allocate money to HIF to cover the ongoing work. In terms of priorities for equipment, this formed part of the planning process and Directorates' priorities were assessed along with contingency plans. The Trust was always actively looking to secure additional funding and had been successful this year for work in ED, some digital work, and for the ambulatory care unit. Mrs Taylor also referred to fundraising campaigns through

Harrogate Hospital and Community Charity however these tended to be for specific pieces of equipment. The key message was to focus on the financial plan in order to invest.

Mr Coulter highlighted two key areas requiring capital; the cardiac cath lab and a new CT scanner.

There were no further questions for Mr Coulter.

10. Resources Committee Update

Mrs Taylor reminded Governors that the Resources Committee (formally known as the Finance Committee) was a committee of the Board of Directors of Harrogate and District NHS Foundation Trust with oversight of the development and delivery of the financial plan of the organisation.

The Committee was now meeting on a monthly basis and would be forward focussed, scrutinising the Trust's monthly financial performance, operational activity levels and the workforce plan. The Committee would look at proposals for investment and use Model Hospital data to focus on areas for improvement. Mrs Taylor was pleased to report that Ms Wilkinson would be a member of the Committee.

Mrs Taylor summarised the latest committee meeting agenda held on 29 October to give a flavour of what had been discussed. This included detailed updates around performance against the current Annual Financial Plan, contract issues with HaRD CCG, service updates, and a project business case for the replacement of computer servers, prior to the full business case being submitted to the Board for approval. From November the Committee would be looking at planning for 2019/20 in addition to the in-month scrutiny.

There were no questions for Mrs Taylor.

Mrs Schofield thanked Mrs Taylor for her informative update and thanked her for chairing the Resources Committee.

11. Question and Answer session for Governors and members of the public

Mrs Schofield moved to the tabled questions submitted prior to the meeting.

Mrs Marsh, Public Governor, had submitted the following question:

“How are Non-Executive Directors addressing the challenges around recruitment, both clinical recruitment and the wider support/non-clinical staff recruitment (including Harrogate Integrated Facilities staff)?”

Mrs Robson confirmed that Non-Executive Directors received a variety of information and assurance about recruitment which featured high on the risk register through Quality Committee and Board. There was lots of innovative activity ongoing throughout the organisation including the Global Health Exchange Programme,

previously reported to Governors, apprentice schemes, and reported by staff via safety visits.

Mr Thompson confirmed that new arrangements were still being put in place with regards to the new company, HIF, however at the end of September the overall average turnover of staff was at 18% with estates staff at 36% and domestic staff at 14%. As the new company was able to offer flexible terms and conditions this was proving attractive to staff such as tradesmen, joiners and electricians, so this was a positive step forward. There was also a re-structure being put in place in Sterile Services with clear career progression routes for staff. Finally, Mr Thompson confirmed the company Board was considering a staff survey, as for NHS staff, as an instructive aid to recruitment.

Mrs Schofield provided a positive story about a young person who had been a member of the Youth Forum; he had commenced an apprentice role at the Trust and had now secured a full time role. He had recently been nominated by his colleagues and had won a 'Making a Difference Award', for his personable approach.

Miss Eddleston commented about the question she raised at the public meeting in August and was happy to report to members of the public that the reception area at Ripon Community Hospital was now staffed.

Mrs Edgar, Staff Governor, raised the following question on Mr Doveston's behalf:

“Are the Non-Executive Directors confident that the recruitment department are actively seeking solutions to managing the high volume of applications and to reducing the time between interview and start dates?”

Mrs Edgar also highlighted a situation when there had been a long period of time between recruitment and start date for a prospective employee.

Mrs Schofield requested Ms Wilkinson to respond to this question as Non-Executive Directors would not be sighted on such level of detail.

Ms Wilkinson acknowledged this was an issue and commented that she would be examining the process as a matter of urgency. She reported similar challenges at the Trust she had recently moved from due to the robust pre-employment checks required and the resource available in the recruitment team. This situation was being reviewed by colleagues across the West Yorkshire Association of Acute Trusts in order to streamline the process and reduce expenditure. She agreed to provide an update for Governors at the next meeting in January.

Action: Ms Wilkinson to provide an update on the recruitment process at the meeting in January 2019.

Mrs Marsh, Public Governor, submitted the following question:

“What are the Non-Executive Directors considering to encourage UK recruitment by supporting the training and development of the next generation of sector staff, ie bursaries for nursing, physio, nutritionist, theatre staff etc?”

In response, Mrs Webster did not feel that Non-Executive Directors were involved with this level of planning. She referred to the detail provided in the IBR in addition to Non-Executive Directors involvement in regular discussions regarding nurse staffing and, as a result of changes to Board meetings, there were opportunities for Board members to visit staff in their workplace across the Trust. She referred to a recent visit to see Podiatrists and Speech and Language Therapists in Northallerton and Scarborough where she heard about difficulties with local recruitment in those specialities.

Mrs Dean commented on the opportunity to be creative and innovative with bursaries, but acknowledged the difficulty in accessing specialist courses. She asked about the possibility of having an Academy.

Mrs Webster confirmed that academies had been discussed however, there were the obvious challenges around resources and funding to consider.

Mrs Schofield commented on the importance of staff in training having a good experience in order for the Trust to be able to retain those staff as future employees.

Dr Fisher added that, given the magnitude of the Trust's staff budget and staff being the Trust's key asset, it was good to have such a discussion at the meeting and the need to focus on future staff development.

Mrs Clelland commented on opportunities in building partnerships with other organisations including local universities.

Mr Harrison referred to Dr Tolcher's role as Co-Chair of the Local Workforce Action Board and the focus on ensuring health and care services were built around the needs of people in Yorkshire and the Humber area. Local providers and commissioners were working together to produce Sustainability and Transformation Plans (STP) and the Trust also had a local workforce strategy.

As a result, a range of initiatives include Operating Department Practitioners, Certificate of Eligibility for Specialist Registration (CESR), Global Health Exchange Programme and, more recently, Advanced Practitioners in Pathology.

Mr Treece, Public Governor, submitted the following question:

"I would be interested to understand more about the Trust's overall medicines policy (e.g. use of generic and alternative medicine – in the latter respect, I have in mind recent developments regarding treatments for macular degeneration.)"

Dr Scullion confirmed the policy was to use the most cost effective and clinically effective medicines.

With reference to treatments for macular degeneration, Mr Harrison confirmed the Trust had not made any changes as the new treatment required increased patient visits to hospital.

Mrs Clelland, Public Governor, asked for an update in relation to savings which had emerged from partnership working, in particular the cost of medicines.

Mr Coulter commented on the Yorkshire collaborative; partnership working and joint procurement which had saved in the region of £1.2m and approximately £100k for the Trust.

Mr Dennys, member of the public, referred to the incidents data in the IBR and asked how the moderate harm/severe harm statistics for this Trust compared with other trusts.

Dr Scullion commented that, in terms of numbers of moderate/serious harm, this Trust was in line with other trusts and the numbers were very low; less than 1% of reportable incidents. In relation to low/no harm, the Trust was working on improving the reporting software to continue encouraging a reporting culture.

There were no further questions.

12. Any other relevant business not included on the agenda

12.1 Calendar of meetings – 2019

The calendar of meetings for 2019 had been circulated prior to the meeting and Mrs Schofield asked everyone to note these in their diaries.

12.2 Governor Elections

Mrs Schofield confirmed that the Governor Elections process was well underway and she was pleased to have some candidates present at the meeting. She wished everyone good luck and encouraged members to use their vote.

12.3 Remuneration, Nominations and Conduct Committee

Mrs Schofield confirmed that, following a vote by Governors, the following would be assigned to the Remuneration, Nominations and Conduct Committee – Ms Allen, Mr Doveston, Miss Eddleston, Mrs Edgar, and Dr Fisher. She thanked those Governors who had put their name forward to join the Committee and to those who had voted. The Committee would meet as and when required.

13. Member Evaluation

Mrs Schofield sought views about the meeting. Feedback included positive remarks about the venue and Governors would like to use the room again. It was reported that the sound system was excellent, parking was good, and there was a good amount of time allocated to questions on the agenda.

There were no further comments.

14. Close of meeting

Mrs Schofield closed the meeting. She thanked everyone for attending and confirmed the next public meeting would take place on Saturday, 26 January 2019 at 10:00am – 12:15pm (private meeting 9:30 – 10:00am), venue to be confirmed.

UNCONFIRMED

ANNUAL MEMBERS' MEETING – 2017/18

The Harrogate and District NHS Foundation Trust Annual Members' Meeting held on Monday 3 September 2018 at 6.00pm in the Calder Room, The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

Present

Ms Pamela Allen, Public Governor / Deputy Chair of the Council of Governors	Dr Pamela Bagley, Stakeholder Governor
Mr Ian Barlow, Public Governor	Mrs Cath Clelland MBE, Public Governor
Mr Robert Cowans, Public Governor	Ms Clare Cressey, Stakeholder Governor
Mr Tony Doveston, Public Governor	Miss Sue Eddleston, Public Governor
Dr Sheila Fisher, Public Governor	Ms Carolyn Heaney, Stakeholder Governor
Mrs Pat Jones, Public Governor	Mrs Mikalie Lord, Staff Governor
Mrs Rosemary Marsh, Public Governor	Mrs Zoë Metcalfe, Public Governor
Dr Christopher Mitchell, Public Governor	Dr Daniel Scott, Staff Governor
Mr Steve Treece, Public Governor	

In attendance

Mrs Claire Arditto, Head of Therapies	Mr Jonathan Coulter, Deputy Chief Executive/ Finance Director
Mrs Angie Colvin, Corporate Affairs and Membership Manager	Mrs Jill Foster, Chief Nurse
Mr Andrew Forsyth, Interim Company Secretary	Mrs Joanne Harrison, Deputy Director of Workforce & Organisational Development
Mr Robert Harrison, Chief Operating Officer	Dr David Scullion, Medical Director
Mrs Laura Robson, Non-Executive Director	Dr Ros Tolcher, Chief Executive
Mrs Angela Schofield, Chairman	
Mr Chris Thompson, Non-Executive Director/Vice Chairman	
Mr Ian Ward, Non-Executive Director/Senior Independent Director	Mrs Lesley Webster, Non-Executive Director

Members in attendance

Julia Anderson, Brian Anderson, Sylvia Bagnall, Anne Bailey, Stella Barclay, Lisa Bevan, Sally Blackburn, Mary Ann Bradley, Kenneth Bradley, Cheryl Caine, Cllr Jim Clark, Amy Clarke, Denis Cleaver, Esme Court-Johnston, Angela Court-Johnston, Jessica Crombie, Elaine Culf, Catherine Culligan, Martin Dennys, Sandra Dodson, Clem Dye, Beverley Harrison, T Farrar, Clodagh Forshaw, William Forshaw, John Foster, Sue Foster, Jonny Hammond, Barrug Hardy, Mary Ann Hargreave, Susan Hobbs, Tom Kirk, Robyn Precious, Yamini Kejriwal, James Hughes, Andrew

Kingsley, Brian Latty, Joyce Latty, Michael Lawn, Carmen Lawn, Michael Laycock, Alastair Lumley, Fiona Maylan-Jacques, Sue Meredith, F Price, Phillip Mitchell, Wendy Mitchell, Anne Moore, Mark Oldfield, Yvette Patterson, Stephanie Porter, Ian Proudler, Clare Ray, Emily Reid, Sue Roberts, David Plews, Clive Sabel, Mark Smith, Rodney Stanyon, David Stephenson, Philip Sturdy, Josephine Tate, Oliver Stables, Tim Wilkinson, Dr Sylvia Wood, Jamie Wright.

1. Welcome and Apologies for absence

The Chairman, Mrs Schofield, welcomed all attendees including Governors, staff, volunteers and partner organisations. She noted that this was her first Annual Members' Meeting and she felt honoured to follow Sandra Dodson, who was attending the meeting, as Chairman. She was keen to hear the views of members especially in the 70th year of the NHS, which was the theme of the meeting. She said that the establishment of the NHS, not as a charity, had relieved many people of financial worries in times of illness.

She looked forward to hearing the reports on performance at the Trust over the previous financial year but remarked that she had been impressed with the standards of care which it delivered to patients and the way that staff, from across the wide geographical spread, embraced Trust values. The slide show which had been running before the meeting, said Mrs Schofield, gave a flavour of the wide variety of services which the Trust provided.

Apologies for absence had been received from: Brendan Brown (Airedale NHS Foundation Trust), Richard Cooper (Harrogate Borough Council), Lindsey Cook, Liz Dean (Public Governor), Emma Edgar (Staff Governor), Rachel Howitt, Dr Alistair Ingram (HaRD CCG), Neil Lauber (Staff Governor), Dr Natalie Lyth (Clinical Director), John Mann (Stakeholder Governor), Phillip Marshall (Director of Workforce and Organisational Development), Colin Martin (Tyne, Esk and Wear Valleys NHS Foundation Trust), Andy Masters (Staff Governor), Samantha Mearns (Stakeholder Governor), Janet Probert (Hambleton, Richmondshire & Whitby CCG), Wallace Sampson (Harrogate Borough Council), Dr Chunda Sri-Chandana (Deputy Medical Director), Richard Stiff (Non-Executive Director), Sue Symington (Chair, York NHS Foundation Trust), Maureen Taylor (Non-Executive Director) and Karen Weaver (Harrogate and Ripon CVS) and a number of members.

2. Confirmation of Minutes of the Annual Members' Meeting 2016/17

It was noted the minutes of the 2016/17 Annual Members' Meeting, held on 21 September 2017, had been presented as draft to the Council of Governors' meeting on 1 November 2017.

Mrs Cath Clelland, Public Governor, proposed their acceptance as a true record and Ms Sue Eddleston, Public Governor seconded the proposal. There were no objections.

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

Mrs Schofield opened her remarks by noting that there had been changes to the Constitution of the Trust to accommodate the creation of Harrogate Healthcare Facilities Management, a wholly-owned subsidiary company which will manage estates and facilities. The Council and Governors had agreed to create a Stakeholder Governor role to represent the company and she was delighted that Ms Clare Cressey, who had been a Staff Governor before the creation of the company, had been appointed to this role. She extended a vote of thanks to the Nominations

Committee, which had been busy during the year with the recruitment of both the Chairman and Non-Executive Directors – they had devoted a lot of time to their duties.

Mrs Schofield noted that there had been changes to the Board of Directors during the year. Mrs Dodson had stood down after her maximum term of nine years as Chairman, during which she had provided excellent leadership. Mr McLean and Mr Ward had stood down as Non-Executive Directors, after three and six years' respectively, during which they had brought their expertise and perspective to the work of the Board, and Mr Phillip Marshall was leaving the Board, after 11 years as Director of Workforce and Organisational Development at the end of the week. She thanked them all for their contribution to the success of the Trust. The Board had already welcomed Ms Laura Robson and Mr Richard Stiff and Ms Sarah Armstrong would join it at the end of September, all as Non-Executive Directors. Moving on she thanked Ms Pamela Allen, Deputy Chair of the Council of Governors, and the Governors, for their hard work, those who had populated the many stands illustrating aspects of the Trust's work before the meeting, those whose efforts had raised funds for the Trust through its charity (Harrogate Hospital and Community Charity), the 600-plus volunteers whose efforts were expended in a wide variety of roles in the Trust and, of course, the staff. They were all part of an amazing team and she greatly appreciated their efforts.

The Chairman noted that there was at least one member of the Board of Directors or Council of Governors on each table, so that they could hear at first hand the views of members on the topics which would be discussed, and she looked forward to a productive meeting.

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

Ms Allen said that 2016-17 had provided quite a ride and a growth in activity. There had been a number of farewells during the year – she added her thanks to Sandra Dodson for her nine years as Chairman, and the Council had also bidden farewell to Sally Blackburn, Ann Hill, Peter Pearson, Jane Hedley, Yvonne Campbell, Bernard Bateman, Sally Margerison, Philip Ireland, Jim Woods and Beth Finch.

Moving the other way she was pleased to welcome Angela Schofield, Rosemary Marsh, Sheila Fisher, Mikalie Lord, John Man, Pam Bagley, Caroline Heaney, Clare Cressey (in her changed role), Ian Barlow, Bob Cowans, Chris Mitchell, Neil Lauber and Samantha Mearns to the Council of Governors; it had been a year of change.

The Membership Development Strategy had been developed and was in place; the Trust had 17,632 members as at 31 March 2017. The focus was on the development of representative membership, promoting inclusion and quality communication with members; she hoped that the membership would grow with the great catchment area covered by the Trust. The Youth Forum had been very active over the year and had been encouraged to articulate its views on a variety of issues. The Medicine for Members programme had continued to be popular, providing both education and information to those who attended, and the Newsletter for members had kept them up to date with developments in the Trust.

Elections had been held in a number of constituencies and she had listed the successful candidates earlier. There were upcoming elections for two public Governors in Harrogate and one in Knaresborough, and one for a Staff Governor. Potential candidates, and Governors with suggestions for candidates, were encouraged to contact Angie Colvin, the Foundation Trust

Membership Manager – Ms Allen described being a Governor as a good way to give back to the community.

As far as the statutory duties of the Governors were concerned, Ms Allen said that the Non-Executive Directors had been held to account in a number of ways, Governors had provided support to the new Chairman and Vice Chairman, appointed new Non-Executive Directors and been involved in working groups contributing to the development of the Operational Plan and the annual Quality Account. Ms Allen then invited two Governors to give a short discourse on how they had been involved in seeking assurance over the year, through being directly involved as a member of a Quality of Care team.

Ms Rosemary Marsh was a member of the Quality of Care team for the Children's 0-19 service in Darlington. She had been curious to know how the new service was developing and how the Health Visitors and School Nurses felt about being part of the Harrogate 'family'. She had been reassured, both through visiting the service and teleconferencing. The work was about moving towards empowering parents and encouraging them to manage themselves, embracing a new approach to issues. The team was very proud of having been awarded the UNICEF Gold Award for breastfeeding. She had been asked to return and had been very assured that the service was very much an effective part of the Trust.

Mr Tony Doveston had been involved in the development of the Quality Account and seeking assurance from Non-Executive Directors. He was also very involved with the Sir Robert Ogden Macmillan Centre and he said he was privileged to see the delivery of a dedicated and professional service by committed and compassionate staff. There had been some quality issues over, for example, the security system, and he had represented these at Governor meetings. He felt it was important to pass messages back to the communities in his constituency.

Ms Allen thanked the two Governors for their contribution. She said that Council of Governor meetings were open to the public and encouraged members, and others, to attend. They were an opportunity to represent the interests of members, reflect their needs and wants and ask questions of the Board members in open session. Members could interact with Governors during the refreshment break, via the Trust website and the Foundation Trust office and by contacting the Governor(s) for their area. She concluded by thanking the Council of Governors for serving the membership over the past year.

5. Harrogate and District NHS Foundation Trust Annual Report and Accounts 2017/18 – Mr Coulter, Deputy Chief Executive and Finance Director

Mr Coulter explained that the Trust's income in 2017/18 had continued to exceed £200m, but that in the context of a difficult year where the overall loss by NHS providers had been around £1bn, the Trust had made a surplus of £1.159m, including a contribution from Sustainability and Transformation funding. This was lower than in the previous year, reflecting the more challenging background in which the Trust was operating. The Trust had achieved in-year efficiencies of £8.5m and NHS Improvement had allocated the Trust a financial risk rating of '3'. Mr Coulter gave some illustrations to support the figures – less than half the Trust income was from residents of Harrogate and District and the Trust had spent around £25,000 an hour. Expenditure on staff pay amounted to £156m, of which £10m had been on agency staff, a premium of over £4m. This was necessary expenditure to ensure that the quality of services was maintained. At

1948 prices the turnover of the Trust would have been £5m, although the average annual salary was £300 and fuel was around 2p per litre.

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

Mr Coulter also acknowledged the efforts of the Trust charity, including the Friends of Harrogate Hospital. The Trust's charitable funds received income of £703,000 during the year and spent £892,000. The value of the fund stood at £1.91m at year-end. Mr Coulter explained the charity accounts were fully audited by KPMG. He detailed some examples of the way in which charitable funding had been invested during the year, ranging from a Gamma Camera in Radiology, refurbishment of the Paediatric Outpatients department and the provision of comfort bags for relatives of patients at the end of their lives.

The 2017/18 Quality Accounts provided a good read, in his opinion, and Mr Coulter said there was further information about the organisation's performance against quality priorities during the year. The quality priorities for 2018/19 had been set, with active participation from the Youth Forum and these included increasing public and patient participation especially from those who were usually heard less.

In conclusion, Mr Coulter reflected that this had been the most challenging financial year he could remember in his 13 at the Trust. It had been very much about doing more for less without compromising the quality of care given. He considered it to be a privilege and a responsibility to ensure that this continued to be the case and he gave his thanks to the staff, who were invariably positive and worked with a smile.

6. You Matter Most – Celebrating our Successes in the NHS's 70th Birthday Year – Dr Tolcher, Chief Executive

Dr Tolcher opened her presentation by noting that 2017/18 had been a year of success with many things to be proud of and to celebrate, but it had also been a year of hard work. She said that her session would be unashamedly about celebrating what the Trust did best but – in break with the usual way of delivering her remarks – she wanted to start by paying tribute and extending her personal thanks to the Trust workforce, both in Harrogate and in the community services, who had worked hard to achieve the results she would describe. She also thanked members, volunteers, Governors and Non-Executive Directors for playing their part and helping the Trust to remain true to its values and commitment to the philosophy of 'You Matter Most'.

Moving first to performance, Dr Tolcher summarised the results against the targets which are set to reflect achievement of standards in the NHS Constitution. For the full year the Trust had seen and treated 95.2% of patients in the Emergency Department within four hours, although in the most challenging part of the year (January and February, where the media featured many stories of missed targets and cancelled surgery) the Trust just missed the 95% standard. Despite the pressures at that time, the Trust took additional patients to ease the pressure on York and only cancelled a total of 70 operations, in contrast to some Trusts which were unable to undertake planned inpatient care for weeks.

Dr Tolcher highlighted that the Trust had met all of the national waiting time standards for cancer services and routine elective care; although there were some specialties where waiting times were longer than the overall standard. She showed a series of illustrations which showed the

position of the Trust compared with all other Trusts nationally, including Emergency Department waiting times, waiting times following GP referral and new birth 10 – 14 day visits and 30 month reviews in the children's services in the community, all of which showed the Trust as being one of the highest performers.

Moving to what patients said about the Trust, Dr Tolcher highlighted that the Trust had been rated as third (out of 146 Trusts) in the 2016 National Cancer survey, joint first (out of 137 Trusts) in the National Emergency Department survey, 45th (out of 130) in the National Maternity survey and 48th (out of 148 Trusts) in the National Inpatient survey. She said that she enjoyed reading letters of thanks from patients and their relatives, many of which referred to 'the whole team' but that she acknowledged that the Trust did not always get things right and, in these cases, everyone concerned strives to learn lessons. She reported that the number of complaints had reduced by 10% year-on-year.

Dr Tolcher emphasised that the Trust has a longstanding reputation for high quality care and the Quality Charter helped to drive up and maintain those standards. The Quality of Care Champions programme was all about identifying, training and supporting as many colleagues as possible in improvement techniques. So far there were 241 Bronze Champions, 21 Silver Champions, one Gold Champion, four Platinum Champions and five Quality Improvement teams. There had also been a Quality Conference, held at The Pavilions in Harrogate and simultaneously in satellite hubs in community venues.

Dr Tolcher said that the constant search for ways of improving services and achieving efficiencies to sustain high quality care against reducing funding had produced a number of new services, including the Supported Discharge Service, palliative care comfort bags, a carer's passport and free public Wi-Fi at Harrogate Hospital. At the same time growing demand and changing technology, as well as wear and tear, meant that, like the Forth Bridge, the Trust always has some building work in progress. In 2017/18 the Trust has opened a new Sterile Services facility (which entailed moving the service off-site for two months without a loss of continuity), a new Endoscopy suite, an upgrade to the Children's Outpatients area and expansion and upgrade to the Emergency Department.

The Trust cemented its position as the biggest provider of children's services in the UK with the acquisition of the contracts for Stockton, Sunderland and Gateshead. It achieved the attainment of UNICEF baby-friendly awards in Maternity (second in the country) and SCBU, gold in Durham and Darlington 0-5 and full accreditation in Middlesbrough. Another sign of the Trust's commitment to children and young people was the progress of the Youth Forum, which had been developing a document 'Hopes for Healthcare' which reflected the ambition to be involved with devising the Trust's strategy for children's services and was a quality priority for 2018/19 she said.

Private healthcare at Harrogate Hospital had also taken a step forward with the refurbishment and relaunch of the Harlow Suite as 'Harrogate Harlow' and Dr Tolcher confirmed that all profits made are reinvested into NHS services.

Dr Tolcher said that in March 2017 provision of estate and facilities services (including sterile services, portering, domestic services and catering) to the Trust had been moved into a wholly-owned subsidiary company – Harrogate Healthcare Facilities Management. This would in time

have the opportunity to bid for work outside the Trust as well as providing excellent support, with reinvestment of any funds generated back into NHS services.

Moving on to social media, Dr Tolcher highlighted the Trust's growing presence both as a way to increase awareness of services but also to communicate the Trust's own messages, for example during the snow earlier in the year when patients, staff and visitors were informed of the situation at the hospital and in the community. An online consent system for parents had also made a huge difference in the community.

Looking ahead, Dr Tolcher listed a number of 'big ticket' items for 2018/19 including the challenge of a £10.2m savings plan, workforce issues, estate and IT renewal and a CQC inspection, the first since 2016. She said that the work would be based on four themes – caring for our people, caring for our services and the people who use them, caring for our money and caring for our system. She highlighted working on a fair and just culture across the Trust and the development of a patient and public participation strategy as examples of how this would be put into practice.

Finally Dr Tolcher said that workforce challenges would be tackled by a combination of work in schools to promote interest in NHS careers, work across social media to develop greater knowledge, work with Higher Education Institutions to increase training places and working at Trust level to create clinical placement capacity.

7. 'Your healthcare experience at Harrogate and District NHS Foundation Trust – what make a good experience?'

Mrs Scofield said this was a round table session where all members were invited to contribute their views on their personal experience or the experience which they would hope to have when in the care of the Trust. Using the materials provided, the views expressed would be collected and used as feedback to help improve services. She suggested such things as listening to patients' feedback and ensuring that communication improved, explaining treatments in layman's terms and including families in that, and ensuring that the environment was friendly and caring and that patients and relatives had confidence in staff.

8. Question and Answer Session

Following these discussions and the collection of the written feedback, Mrs Schofield welcomed a panel to answer questions from delegates. The panel included Dr Ros Tolcher (Chief Executive), Dr David Scullion (Medical Director), Mr Robert Harrison (Chief Operating Officer), Mrs Jill Foster (Chief Nurse) and Mrs Claire Ardito (Physiotherapy Professional Advisor & Allied Health Professional Lead).

Mrs Schofield invited questions from those attending the meeting, whether specifically on what they had heard or more general questions.

The Trust had spent £10m on agency staff – what safeguards were in place around employing them?

Mrs Foster said that only staff who were employed through agencies on recognised NHS framework were engaged by the Trust. These staff met the same standards as substantive staff

in terms of registration, professional qualifications, Disclosure and Barring Service clearance and mandatory and essential training.

Had waiting times for treatment increased this year over last year?

Mr Harrison replied that in March 2018 the percentage of patients seen within 18 weeks of referral (RTT) had been 90% whereas that had been 92% in March 2017. In September 2018 the figure stood at 91%.

What proportion of the Trust's budget is earmarked for providing community services for adults?

Mr Harrison said that within the Harrogate and Rural District CCG some £10m was devoted to community services for adults in the Harrogate and surrounding area. Dr Tolcher added that this did not tell the whole story because the vast majority of the referrals from the community to the Trust were of older people, excluding children.

Sepsis was being treated nationally as a top priority – was there a specific problem in Harrogate?

Dr Scullion said that there was no specific problem in Harrogate – the increased attention was a national initiative. He said that it was difficult to diagnose and that there were two areas in the Trust where emphasis was placed – initial screening and as a life-threatening diagnosis. In each case the necessary drugs needed to be administered within 60 minutes.

Were operating facilities not being fully used because of Delayed Transfers of Care?

Mr Harrison noted that there had only been 70 inpatient procedures cancelled at the height of the winter pressures in January and February. The planning of discharges was being improved through the development of therapy-led Supported Discharge Service, which Dr Tolcher had mentioned. Mrs Arditto said that many of these patients were better being cared for in their own homes, with quality therapy interventions and support.

Discharge processes had been highlighted – what had been discovered and how are improvements going to be made?

Mrs Foster said that the key was to improve whole site flow and start by identifying a discharge date early in the patient stay. Mr Harrison said that in the previous winter beds in nursing homes had needed therapy input and that was why the Trust was developing the Supported Discharge Service, in partnership with the local authority, independent sector and the CCG. This would provide the opportunity to discharge patients into a supported setting and provide support and care in the community with Trust staff.

What was being done to identify gaps in service and improve the Trust's rankings?

Dr Tolcher said that the ambition was for the Trust to be in the top 10%; many of the Trusts with higher rankings had better fabric and environment but in terms of quality of care the feedback from patients was good and fewer mentioned their quality of care. The ranking of 48th out of 148 Trusts was evidence of progress, she felt.

What was the typical time for a child receiving care to be transferred to adult services?

Mr Harrison said that this would vary between specialities and could be short or anything up to a year. It was important that there was proper planning for the transition in order to provide continuity of care.

How did the members of the panel see the NHS looking in 70 years' time?

Dr Tolcher said that she believed there would still be an NHS but not as we knew it. She thought it would still be a state-funded system. Mrs Schofield believed that the founding principles would be maintained.

9. Any Other Business

There was no other business. However, in closing Mrs Schofield thanked everyone for attending and noted that there had been some challenges with the IT supporting the event. This had been resolved by a member of the Youth Forum, whom she thanked, and said that he would definitely care whether or not there was an NHS in 70 years' time. Mrs Schofield closed the meeting at 8.00pm.

Paper 4.0



HDFT Council of Governor Meeting Actions Log – January 2019
Completed Actions

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date of completion	Confirm action complete

HDFT Council of Governor Meeting Actions Log – No 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 of progress
1	07.11.18	Update on the recruitment process	Angela Wilkinson, Director of Workforce and Organisational Development	26.01.19	

QUALITY ACCOUNT 2018-19

TIMETABLE

6

Action	Lead	Deadline
Actions to establish quality priorities for 2019/20		
Quality Committee to discuss timetable, quality priorities for 2019/20, and link to the operational plan, directorate plans and audit plan	SW	5 Dec 18
Paper to Senior Management Team to propose <ul style="list-style-type: none"> • Timetable for 2019/20 quality priority setting alongside operational plan, directorate plans and audit plan and actions to prepare 2018/19 quality account • Outline for non-mandated content 	SW	23 Jan 19
Staff bulletin item about quality account, update on quality priorities for 2018/19 and asking for contributions for setting and supporting 2019/20 quality priorities	ME/SW	31 Jan 19
Stakeholder consultation event – to cover quality priorities and annual planning processes.	AC/JF	March 19 tbc
Agree quality priorities for 2019/20 at Senior Management Team	SW	20 March 19
Actions to prepare 2018/19 Quality Account		
Prepare outline draft of Quality Account and send out to leads	SW / ME	31 Jan 19
Draft content required from leads for each indicator (noting that Q4 data to be added as soon as available in April)	Leads	2 March 19
Governors briefed on Governor choice of indicator for internal / external audit. NB Timing dependent on guidance on indicators being published	AC	March 19 tbc
Submission of first draft of Quality Account to Internal Audit and External Auditors. Further drafts to be submitted as agreed	AF	28 March 19

You matter most

Submission of draft Quality Account to key external stakeholders (HaRD CCG, Healthwatch and NY OSC). NB Check date of OSC meeting in April	AF	3 Apr 19
Draft Quality Account to Quality Committee for comment	SW	3 Apr 19 Papers 28 March 19
Deadline for comments from external stakeholders	AF	24 April 19
Quality Committee to approve final Quality Account	JF	1 May 19
Update regarding quality priorities and progress to Council of Governors	JF	1 May 19
Annual Report (including Quality Account) to be approved by Audit Committee	JC	22 May 19
Note final Quality Account at Senior Management Team	JF	22 May 19
Merging of final Quality Account and Annual Report	AF	tbc
Annual Report (including Quality Account) to be approved by Board of Directors	CEO	29 May 19 0900
Submission of final Annual Report to NHSI	AF	29 May 19 noon
Final Quality Account to Council of Governors	AC	tbc
Annual Members' Meeting	AC	Tbc at CofG 26 Jan 24 Jul 19

Key people:

S Wood (SW), Deputy Director Governance
 J Foster (JF), Chief Nurse
 A Forsyth (AF), Interim Company Secretary
 A Colvin (AC), Corporate Affairs and Membership Manager
 M England (ME), Governance and EPRR Officer
 J Coulter (JC), Director of Finance
 CEO, Chief Executive

You matter most

Date of Meeting:	26 January 2019	Agenda item:	Paper 7.0						
Report to:	Council of Governors								
Title:	Audit Committee Terms of Reference								
Sponsoring Director:	Mr Chris Thompson, Chair Audit Committee								
Author(s):	Mr Andrew Forsyth, Interim Company Secretary								
Report Purpose:	<table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>Information</td> </tr> </table>			Decision	Discussion/ Consultation	✓	Assurance	Information	
Decision	Discussion/ Consultation	✓	Assurance	Information					
Executive Summary:	The NHS Foundation Trust Code of Governance requires that the Council of Governors are consulted on the Audit Committee Terms of Reference, which should be reviewed and refreshed regularly.								
Related Trust Objectives									
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td></td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓
To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓				
Key implications									
Risk Assessment:	None identified.								
Legal / regulatory:	In line with the Foundation Trust Code of Governance the Audit Committee is required to consult the Council of Governors about its Terms of Reference on an annual basis.								
Resource:	None identified.								
Impact Assessment:	Not applicable.								
Conflicts of Interest:	None identified.								
Reference documents:	The NHS Foundation Trust Code of Governance: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/327068/CodeofGovernanceJuly2014.pdf								
Action Required by the Board of Directors:									
The Council of Governors is invited to comment on the proposed amendments to the Audit Committee Terms of Reference.									

7



Background

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

Requirements of the NHS Foundation Trust Code of Governance

Section C.3.2 of the Code of Governance states:

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

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

Timeline for review

At its meeting on 26 January 2019, the Council of Governors is requested to consider the Terms of Reference that were approved in January 2018 and the changes which are proposed. Following this review of the Terms of Reference by the Council of Governors, the Audit Committee will consider these at its meeting on 28 January and appropriate recommendations will be made to the Board of Directors on 30 January 2019.

Recommendation

Members of the Council of Governors are invited to comment on the proposed amendments to the Audit Committee's Terms of Reference.

AUDIT COMMITTEE TERMS OF REFERENCE

Accountable: to the Board of Directors

Reporting: to the Board of Directors

Constitution

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

Membership

The Committee shall be appointed by the Board from amongst the ~~Non-Executive~~ ~~Directors~~ of the Trust and shall consist of not ~~less~~ ~~fewer~~ than three members. One member of the Committee, ~~who will be the Chairman of the Committee, is to should~~ have recent and relevant experience (e.g. audit/financial accounting/financial management) and one member of the Committee should also be a member of the Quality Committee ~~concurrently~~. One of the members will be appointed Chair of the Committee by the Board. The Chairman of the ~~Foundation Trust~~ ~~organisation~~ shall not be a member of the Committee.

Quorum

A quorum shall be two members.

Attendance

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

The Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. ~~The Chief Executive~~ ~~He or she~~ should ~~normally~~ ~~also~~ attend when the Committee considers the ~~a~~Annual ~~a~~Accounts. All other ~~e~~Executive ~~D~~irectors ~~are~~ ~~should be~~ invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that ~~e~~Director.

Governors are also invited to attend the Audit Committee meetings ~~as in an observers~~ ~~and may speak at the discretion of the Chairman of the Committee.~~ ~~ational capacity.~~

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

Frequency

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

Authority

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

Duties

The duties of the Committee can be categorised as follows:

Governance, Risk Management and Internal Control

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

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

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

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

Internal Audit

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

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

External Audit

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

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

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

Clinical Assurance

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

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

The Quality Committee will provide assurance from the clinical audit function. The Audit Committee will review the work of the Quality Committee by receiving minutes, and exception reports, from the Non-Executive Director who is a member of both committees. In addition, the Company Secretary also attends both committees.

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

Counter Fraud

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

Security Management Service

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

Management

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

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

Financial Reporting

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

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

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

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

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

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

Quality Account

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

Other Matters

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

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

The Committee shall also:

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

The Committee shall be supported administratively by the ~~S~~secretary to the Committee, whose duties in this respect will include:

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

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

As agreed with the Council of Governors, the Audit Committee Chairman shall be available to attend the Annual Members' Meeting~~GM~~ and shall answer questions on the Audit Committee's activities and responsibilities through the Chairman of the Board of Governors ~~on the Audit Committee's activities and responsibilities~~.

Review

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

January 201~~8~~9

**HARROGATE AND DISTRICT NHS FOUNDATION TRUST
GLOSSARY OF ABBREVIATIONS**

A

A&E	<i>Accident and Emergency</i>
AfC / A4C	<i>Agenda for Change</i>
AHPs	<i>Allied Health Professionals</i>
AIC	<i>Aligned Incentive Contract</i>
AMM	<i>Annual Members' Meeting</i>
AMU	<i>Acute Medical Unit</i>
AQP	<i>Any Qualified Provider</i>

B

BAF	<i>Board Assurance Framework</i>
BME	<i>Black and Minority Ethnic</i>
BoD	<i>Board of Directors</i>

C

CATT	<i>Clinical Assessment, Triage and Treatment Ward</i>
C.Diff	<i>Clostridium difficile</i>
CCCC	<i>Children's and County Wide Community Care Directorate</i>
CCG	<i>Clinical Commissioning Group</i>
CCTs	<i>Community Care Teams</i>
CCU	<i>Coronary Care Unit</i>
CE / CEO	<i>Chief Executive Officer</i>
CEA	<i>Clinical Excellence Awards</i>
CEPOD	<i>Confidential Enquiry into Perioperative Death</i>
CIP	<i>Cost Improvement Plan</i>
CLAS	<i>Children Looked After and Safeguarding Reviews</i>
CNST	<i>Clinical Negligence Scheme for Trusts</i>
CoG	<i>Council of Governors</i>
COO	<i>Chief Operating Officer</i>
CORM	<i>Complaints and Risk Management</i>
CQC	<i>Care Quality Commission</i>
CQUIN	<i>Commissioning for Quality and Innovation</i>
CRR	<i>Corporate Risk Register</i>
CSW	<i>Care Support Worker</i>
CT	<i>Computerised Tomography</i>
CT DR	<i>Core trainee doctor</i>

D

Datix	<i>National Software Programme for Risk Management</i>
DBS	<i>Disclosure and Barring Service</i>

You matter most

DNA	<i>Did not attend</i>
DoH	<i>Department of Health</i>
DoLS	<i>Deprivation of Liberty Safeguards</i>
Dr Foster	<i>Provides health information and NHS performance data to the public</i>
DSU	<i>Day Surgery Unit</i>
DToc	<i>Delayed Transfer of Care</i>

E

E&D	<i>Equality and Diversity</i>
eNEWS	<i>National Early Warning Score</i>
ENT	<i>Ear, Nose and Throat</i>
EoLC	<i>End of Life Care</i>
ERCP	<i>Endoscopic Retrograde Cholangiopancreatography</i>
ESR	<i>Electronic Staff Record</i>
EU	<i>European Union</i>
EWTD	<i>European Working Time Directive</i>

F

FAQ	<i>Frequently Asked Questions</i>
FFT	<i>Friends and Family Test</i>
FC	<i>Finance Committee</i>
FNP	<i>Family Nurse Partnership</i>
FOI	<i>Freedom of Information</i>
FT	<i>NHS Foundation Trusts</i>
FTSU	<i>Freedom to Speak Up</i>
FY DR	<i>Foundation Year doctor</i>

G

GIRFT	<i>Get it Right First Time</i>
GPOOH	<i>GP Out of Hours</i>
GWG MD&C	<i>Governor Working Group – Membership Development and Communications</i>
GWG V&E	<i>Governor Working Group – Volunteering and Education</i>

H

H@N	<i>Hospital at Night</i>
HaRD CCG	<i>Harrogate and Rural District Clinical Commissioning Group</i>
HaRCVS	<i>Harrogate and Ripon Centres for Voluntary Service</i>
HBC	<i>Harrogate Borough Council</i>
HCP	<i>Health and Care Partnership</i>
HDFT	<i>Harrogate and District NHS Foundation Trust</i>
HDU	<i>High Dependency Unit</i>
HED	<i>Hospital Episodic Data</i>
HEE	<i>Health Education England</i>
HFMA	<i>Healthcare Financial Management Association</i>
HHFM	<i>Harrogate Healthcare Facilities Management Ltd</i>
HR	<i>Human Resources</i>
HSIB	<i>Healthcare Safety Investigation Branch</i>
HSE	<i>Health & Safety Executive</i>

You matter most

HSMR	<i>Hospital Standardised Mortality Ratios</i>
I	
ICU or ITU	<i>Intensive Care Unit or Intensive Therapy Unit</i>
IG	<i>Information Governance</i>
IBR	<i>Integrated Board Report</i>
IT or IM&T	<i>Information Technology or Information Management & Technology</i>
K	
KPI	<i>Key Performance Indicator</i>
KSF	<i>Knowledge & Skills Framework</i>
L	
L&D	<i>Learning & Development</i>
LAS DR	<i>Locally acquired for service doctor</i>
LAT DR	<i>Locally acquired for training doctor</i>
LCFS	<i>Local Counter Fraud Specialist</i>
LEPs	<i>Local Education Providers</i>
LMC	<i>Local Medical Council</i>
LNC	<i>Local Negotiating Committee</i>
LoS	<i>Length of Stay</i>
LPEG	<i>Learning from Patient Experience Group</i>
LSCB	<i>Local Safeguarding Children Board</i>
LTUC	<i>Long Term and Unscheduled Care Directorate</i>
LWAB	<i>Local Workforce Action Board</i>
M	
MAC	<i>Medical Advisory Committee</i>
MAPPA	<i>Multi-agency Public Protection Arrangements</i>
MARAC	<i>Multi Agency Risk Assessment Conference</i>
MASH	<i>Multi Agency Safeguarding Hub</i>
MDT	<i>Multi-Disciplinary Team</i>
Mortality rate	<i>The ratio of total deaths to total population in relation to area and time.</i>
MOU	<i>Memorandum of Understanding</i>
MRI	<i>Magnetic Resonance Imaging</i>
MRSA	<i>Methicillin Resistant Staphylococcus Aureus</i>
MRET	<i>Marginal Rate Emergency Tariff</i>
MTI	<i>Medical Training Initiative</i>
N	
NCEPOD	<i>NCEPOD (National Confidential Enquiry into Perioperative Death)</i>
NED	<i>Non-Executive Director</i>
NHSE	<i>National Health Service England</i>
NHSI	<i>NHS Improvement</i>
NHSR	<i>National Health Service Resolution</i>
NICE	<i>National Institute for Health & Clinical Excellence</i>
NMC	<i>Nursing and Midwifery Council</i>
NPSA	<i>National Patient Safety Agency</i>

You matter most

NRLS *The National Reporting and Learning System*
NVQ *National Vocational Qualification*
NYCC *North Yorkshire County Council*

O

OD *Organisational Development*
ODG *Operational Delivery Group*
ODP *Operating Department Practitioner*
OPEL *Operational Pressures Escalation Levels*
OSCE *The Objective Structured Clinical Examination*

P

PACS *Picture Archiving and Communications System – the digital storage of x-rays*
PbR *Payment by Results*
PEAT *Patient Environment Action Team*
PET *Patient Experience Team*
PET SCAN *Position emission tomography scanning system*
PHSO *Parliamentary and Health Service Ombudsman*
PMO *Project Management Office*
PPU *Private Patient Unit*
PROM *Patient Recorded Outcomes Measures*
PSC *Planned and Surgical Care Directorate*
PST *Patient Safety Thermometer*
PSV *Patient Safety Visits*
PVG *Patient Voice Group*

Q

QC *Quality Committee*
QIA *Quality Impact Assessment*
QIPP *The Quality, Innovation, Productivity and Prevention Programme*
QPR *Quarterly Performance Review*

R

RCA *Route Cause Analysis*
RN *Registered Nurse*
RTT *Referral to Treatment. The current RTT Target is 18 weeks.*

S

SALT *Speech and Language Therapy*
SAS DR *Speciality and Associate specialist doctors*
SCBU *Special Care Baby Unit*
SHMI *Summary Hospital Mortality Indicator*
SHU *Sheffield Hallam University*
SI *Serious Incident*
SID *Senior Independent Director*
SIRI *Serious Incidents Requiring Investigation*
SLA *Service Level Agreement*

You matter most

SMR	<i>Standardised Mortality rate – see Mortality Rate</i>
SMT	<i>Senior Management Team</i>
SPF	<i>Social Partnership Forum</i>
SpR	<i>Specialist Registrar – medical staff grade below consultant</i>
ST DR	<i>Specialist trainee doctors</i>
STEIS	<i>Strategic Executive Information System</i>
STP	<i>Sustainability and Transformation Plan/Partnerships</i>
T	
TARN	<i>Trauma Audit Research Network</i>
TOR	<i>Terms of Reference</i>
TU	<i>Trade Union</i>
TUPE	<i>Transfer of Undertakings (Protection of Employment) Regulations 2006</i>
V	
VC	<i>Vice Chairman</i>
VSM	<i>Very Senior Manager</i>
VTE	<i>Venous Thromboembolism</i>
W	
WTE	<i>Whole Time Equivalent</i>
WY&H HCP	<i>West Yorkshire and Harrogate Health Care Partnership</i>
WYAAT	<i>West Yorkshire Association of Acute Trusts</i>
Y	
YTD	<i>Year to Date</i>

Further information can be found at:

NHS Providers – Jargon Buster –

<http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster>

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