Harrogate and District NHS Foundation Trust

# COUNCIL OF GOVERNORS' MEETING

**A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday 6 November 2019 in the Calder room at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ**

**Start: 5.15pm Finish: 7.30pm**
***(Private discussion for Governors and the Board will commence at 7.30pm)***

| | | AGENDA | | |
|---|---|---|---|---|
| **Time** | **Item No.** | **Item** | **Lead** | **Paper No.** |
| **5.15** | **1.0** | **Welcome and apologies for absence**<br>*Welcome to the public, set the context of the meeting and receive any apologies for absence.* | Angela Schofield, Chairman | - |
| **5.15** | **2.0** | **Declarations of interest**<br>*To declare any interests relevant to the agenda and to receive any changes to the register of interests* | Angela Schofield, Chairman | 2.0 |
| **5.20** | **3.0** | **Minutes of the meeting held on 7 August 2019**<br>*To review and approve the minutes* | Angela Schofield, Chairman | 3.0 |
| **5.25** | **4.0** | **Matters arising and review Action Log**<br>*To receive updates on progress of actions* | Angela Schofield, Chairman | 4.0 |
| **5.35** | **5.0** | **Chairman's verbal update on key issues**<br>*To receive the verbal update for consideration* | Angela Schofield, Chairman | - |
| **5.45** | **6.0** | **Chief Executive's Strategic and Operational update, including:**<br>**Integrated Board Report**<br>*To receive the update and report for comment* | Steve Russell, Chief Executive | 6.0 |
| **6.05** | **7.0** | **Question and Answer Session for Governors and members of the public**<br>*To receive and respond to questions from the floor* | Angela Schofield, Chairman | - |
| **6.45** | | **Break** | | |
| **6.55** | **8.0** | **Update on Non-Executive Director Appraisals**<br>*To receive the verbal update* | Emma Edgar, Interim Lead Governor | - |
| **7.00** | **9.0** | **Resources Committee update**<br>*To receive the verbal update for comment* | Mrs Maureen Taylor, Non-Executive Director/Chair of Resources Committee | - |
| **7.10** | **10.0** | **Constitution Review 2019 – Update**<br>*To consider and approve the amended Trust Constitution and make a recommendation to the Trust Board* | Angela Schofield, Chairman | 10.0 |

You matter most

| Time | Item No. | Item | Lead | Paper No. |
|---|---|---|---|---|
| **7.15** | **11.0** | **Draft Minutes of the Annual Members' Meeting held on 24 July 2019**<br>*To receive the draft minutes* | Angela Schofield, Chairman | 11.0 |
| **7.20** | **12.0** | **Any other relevant business not included on the agenda**<br>*By permission of the Chairman* | Angela Schofield, Chairman | - |
| **7.25** | **13.0** | **Evaluation of meeting** | Angela Schofield, Chairman | - |
| **7.30** | **14.0** | **Close of meeting** | Angela Schofield, Chairman | - |

**Date and time of next meeting – to be confirmed**

Harrogate and District NHS Foundation Trust

**COUNCIL OF GOVERNORS**
**DECLARATION OF INTERESTS**

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

| Name | Governor Status | Interests Declared | |
|---|---|---|---|
| **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). |
| **Dr Pamela Bagley** | Stakeholder | **Any connection with a voluntary or other organisation contracting for NHS services**<br><br>**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.<br><br>The Trust provides placements for University of Bradford students but this is financed through Health Education England |
| **Ian Barlow** | Public elected | **Other** | Owner of non-profit website 'Harrogate Guide' |
| **John Batt** | Public Elected | **Other** | Member of the Conservative Party |

| Name | Governor Status | Interests Declared | |
|---|---|---|---|
| **Cath Clelland MBE** | Public elected | **Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** | Owner/Director - Canny Consultants Ltd<br>Non-Executive Director - York St John University, York |
| | | **Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS** | Owner/Director - Canny Consultants Ltd<br>Owner/Director – City Kipping Ltd (dormant) |
| | | **A position of Authority in a charity or voluntary organisation in the field of health and social care** | Non-Executive Director - York St John University |
| **Robert Cowans** | Public elected | NONE | |
| **Clare Cressey** | Stakeholder | NONE | |
| **Martin Dennys** | Public elected | **Other** | Employed by NHS Digital, The Health and Social Care Information Centre, an arms length body to the Department of Health and Social Care. |
| **Tony Doveston** | Public elected | **A position of Authority in a charity or voluntary organisation in the field of health and social care** | Volunteer for Yorkshire Air Ambulance |
| | | **Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** | A Director of Oakdale Golf Club Limited |
| **Sue Eddleston** | Public elected | NONE | |
| **Emma Edgar** | Staff elected | NONE | |

| Name | Governor Status | Interests Declared | |
|---|---|---|---|
| **Carolyn Heaney** | Stakeholder | **A position of Authority in a charity or voluntary organisation in the field of health and social care**<br><br>**Other** | Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group<br><br>Independent Trustee of the ASDA Foundation.<br><br>Community Governor of Rossett Academy School in Harrogate<br><br>Employed by the Association of the British Pharmaceutical Industry (ABPI) as NHS Engagement Partner, North and Supporting NHS System Transformation and Medicines Optimisation Lead |
| **Samantha James** | Public elected | NONE | |
| **Pat Jones** | Public elected | NONE | |
| **Dr Loveena Kunwar** | Staff elected | AWAITED | |
| **Neil Lauber** | Staff elected | NONE | |
| **Mikalie Lord** | Staff elected | **Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services** | Covance Clinical and Periapproval Services Ltd |
| **Cllr John Mann** | Stakeholder | **Position of authority in a local council or Local Authority** | Harrogate Borough Council Councillor for Pannal<br>North Yorkshire County Council for Harrogate Central |
| **Doug Masterton** | Public elected | **Position of authority in a local council or Local Authority** | Member of Harewood Parish Council |
| **Cllr Samantha Mearns** | Stakeholder | **Position of authority in a local council or Local Authority**<br><br>**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services** | Councillor – Harrogate Borough Council<br>Councillor – Knaresborough Town Council<br><br>Self-employed consultant to Stockwell Road Surgery, Knaresborough |

| Name | Governor Status | Interests Declared | |
|---|---|---|---|
| **Dr Christopher Mitchell** | Public elected | NONE | |
| **Dave Stott** | Public elected | NONE | |
| **Heather Stuart** | Staff elected | NONE | |
| **Steve Treece** | Public elected | **Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services** | Employee of NHS Digital (trading name of the Health and Social Care Information Centre, an arms length body of the Department of Health and Social Care). |

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**Paper 3.0**

Harrogate and District NHS Foundation Trust

## Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 7 August 2019 at 17:45 hrs at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

| | |
|---|---|
| Present: | Angela Schofield, Chairman<br>Sarah Armstrong, Non-Executive Director<br>Dr Pam Bagley, Stakeholder Governor<br>John Batt, Public Governor<br>Angie Colvin, Corporate Affairs and Membership Manager<br>Jonathan Coulter, Deputy Chief Executive/Finance Director<br>Robert Cowans, Public Governor<br>Clare Cressey, Stakeholder Governor<br>Martin Dennys, Public Governor<br>Sue Eddleston, Public Governor<br>Emma Edgar, Staff Governor<br>Andrew Forsyth, Interim Company Secretary<br>Carolyn Heaney, Stakeholder Governor<br>Samantha James, Public Governor<br>Pat Jones, Public Governor<br>Mikalie Lord, Staff Governor<br>Cllr John Mann, Stakeholder Governor<br>Doug Masterton, Public Governor<br>Cllr Samantha Mearns, Stakeholder Governor<br>Dr Christopher Mitchell, Public Governor<br>Laura Robson, Non-Executive Director<br>Steve Russell, Chief Executive<br>Dr David Scullion, Medical Director<br>Richard Stiff, Non-Executive Director<br>Dave Stott, Public Governor<br>Heather Stuart, Staff Governor<br>Maureen Taylor, Non-Executive Director<br>Chris Thompson, Non-Executive Director<br>Steve Treece, Public Governor<br>Lesley Webster, Non-Executive Director<br>Angela Wilkinson, Director of Workforce and Organisational Development |
| In attendance: | 2 members of the public<br>Matthew Ackroyd, KPMG |

## 1. Welcome and apologies for absence

Angela Schofield welcomed members of the public and introduced the newly elected Governors – Samantha James and Dave Stott, Public Governors for Harrogate and surrounding villages, Doug Masterton, Public Governor for Wetherby and Harewood, and Heather Stuart, Staff Governor, Nursing and Midwifery.

Apologies were received from Ian Barlow, Public Governor, Cath Clelland, Public Governor, Tony Doveston, Public Governor, Jill Foster, Chief Nurse, Rob Harrison, Chief Operating Officer, Dr Loveena Kunwar, Staff Governor, and Neil Lauber, Staff Governor.

## 2. Declarations of Interest

There were no further declarations of interest in addition to paper 2.

It was noted Jonathan Coulter and Chris Thompson were Directors of Harrogate Healthcare Facilities Management (HHFM), trading as Harrogate Integrated Facilities (HIF).

## 3. Minutes of the last meeting held on 1 May 2019

The minutes of the last meeting held on 1 May 2019 were agreed as a true and accurate record.

## 4. Matters arising and review of action log

Steve Russell referred to the Governor Briefing (Actions Update) circulated prior to the meeting which reflected an up to date position on the issues outstanding. The Action Log would be updated accordingly.

Item 1, wheelchairs – in addition to the briefing, Steve confirmed he had communicated direct with Cath Clelland regarding her review of one alternate wheelchair on 9 July. Heather Stuart suggested including children and young people in any future trial of wheelchairs.

Items 2-5 - complete.

Item 6, Trust-wide property strategy – complete. In addition to the briefing, Jonathan Coulter confirmed that further discussions regarding property would take place at the Board Workshop in a few weeks.

Mikalie Lord asked about exploring existing GP properties as part of primary care networks. Jonathan confirmed some primary care properties had been identified and a new Harrogate Public Sector Estates Group had been set up to look at sharing properties with the police and fire service in addition to primary care.

In response to Heather Stuart's question about whether the property strategy included the 0-19 Children's Services, Jonathan confirmed that each locality would be reviewed in relation to property and service provision, and discussions would take place with staff to ensure they were able to undertake their role.

Items 7-14, complete.

Item 15 (to be renumbered as item 2 on the Action Log) would remain ongoing as a reminder to circulate presentations or provide hard copies at the meeting.

Item 16 (to be renumbered as item 3 on the Action Log), Integrated Board Report (IBR) – this item was expected to be completed by November.

Item 17 (to be renumbered as item 4 on the Action Log), Vacancy Plan – Steve Russell confirmed that a further updated vacancy plan would be circulated when additional information had been finalised. Clare Cressey requested recruitment timescales to be included in the update following the Rapid Process Improvement Workshop.

Item 18 - 20, complete.

Governors confirmed they found the Briefing very helpful in addition to the Action Log. It was agreed to upload this document to the website alongside the meeting agenda and papers.

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

Angela Schofield reflected on the Annual Members' Meeting and gave thanks to Angie Colvin and Andrew Forsyth for organising the event, to everyone who attended, and to Pat Jones who gave a presentation on behalf of the Council of Governors. Maureen Taylor & Sue Eddleston commented that the stands provided a good range of information. Steve Treece felt the timing of the meeting was better in July than September and Doug Masterton commented on the incredible contribution received from volunteers.

In respect of the arrangements for Governors' questions, Emma Edgar confirmed that following the meeting held on 17 July for Governors to discuss and agree the questions to be submitted to the Council of Governors, there had also been a number of questions submitted outside of the meeting and these had been answered via the Governors' email bulletin. Emma felt that this process was working well and it gave all Governors the opportunity to submit questions and receive a timely response. Emma and Angie Colvin would be working on a 'flowchart' style guidance document to inform Governors of the many different ways questions could be asked. It was also agreed that the questions and responses submitted outside of the meeting would also be uploaded to the website.

Angela thanked Emma for her help in leading this positive approach.

Angela reminded Governors that following the Governor Development Session in June, Steve Russell had suggested that Governors would receive a Chief Executive and Chairman's Update Report following the Board Workshop held every alternate month; she hoped Governors were finding this useful.

Angela confirmed the following seats would be included in the elections to commence in October:

- Public Governor for Harrogate and surrounding villages – one seat.
- Public Governor for Ripon and West District – one seat.
- Public Governor for Wetherby and Harewood – one seat.
- Staff Governor for Nursing and Midwifery – one seat.
- Staff Governor for Non-Clinical – one seat.

There were some seats where Public Governors would be eligible for re-election if they chose to re-stand.

Angela summarised the key points raised from the 1:1's with Governors over recent months and thanked everyone for their contributions. These included:

- To review the induction process for new Governors including follow-ups at three and six months. There would be an opportunity for a small group of Governors to work with Angie Colvin on this review. Martin Dennys confirmed that he would like to be involved in this review.
- To provide reminders to Governors about the purpose of each scheduled meeting. This information was available in the Governors' Resource File, but in addition, a reminder would be included on the weekly Governors' email bulletin when referring to a scheduled meeting.
- Governors requested opportunities for informal 'get togethers'. It was agreed for Governors to arrange these themselves.
- Governors requested opportunities for more visits to services provided across the Trust. A number of visits had already been arranged prior to the scheduled Informal Governors' Briefings however numbers of attendees had been low. Governors were reminded of these arranged visits and to let Angie know if there were any further requests.
- To review the membership newsletter content and frequency.

In addition to the above points, Angela also mentioned there would be a review of the Non-Executive Directors' appraisal process and Angie had sent out a short questionnaire to Governors regarding future Saturday morning meetings which also included the suggestion to hold a future meeting in the North East.

There were no questions.

**Actions:**

- **Review Governor Induction process**
- **Review membership newsletter content and frequency**
- **Review of Non-Executive Directors' appraisal process**
- **Survey of Governors regarding future Saturday morning and North East meeting**

**6. Update from the Interim Deputy Chair of Governors on Non-Executive Directors' Appraisals**

Emma Edgar provided an update on the Non-Executive Directors' appraisals, including the Chairman. Emma had carried out seven appraisals in total, six with Angela Schofield for each Non-Executive Director and the Chairman's appraisal she carried out with Lesley Webster, Senior Independent Director. Feedback from Governors and Board colleagues had been requested prior to undertaking the appraisals but Emma had only received responses from six Governors. She was pleased to report that comments reflected on Non-Executive Directors being committed to their work and that they demonstrated support to the Council of Governors.

Following a detailed discussion about a range of issues with the current process, it was agreed that a review was required, particularly regarding anonymity of Governors' feedback.

**7. HDFT Constitution Review**

Angela Schofield referred to Paper 7.0 which detailed a number of approvals required by the Council of Governors based on proposals made by the Constitution Review Group who met on 1 July. Angela summarised each proposal and received approval from the Council of Governors. Andrew Forsyth advised that the proposals would now go to the Trust Board for agreement before any changes were made.

On behalf of the Council, Angela thanked Emma Edgar for continuing as interim Deputy Chairman (proposed to be retitled Lead Governor) until 31 December 2019. Martin Dennys raised the term of office for an elected Deputy Chairman as a topic for discussion which Emma Edgar noted.

**8. Report of Remuneration, Nominations and Conduct Committee**

Angela Schofield summarised the report from the Remuneration, Nominations and Conduct Committee circulated prior to the meeting at Paper 8.0. There were no further comments and the Council of Governor noted the ongoing process to recruit two new Non-Executive Directors and approved the revised Terms of Reference referred to in the report.

**9. Annual Report and Accounts 2018/19 (including the External Audit Assurance Report to the Council of Governors)**

Matthew Ackroyd from KPMG presented the annual External Audit Report 2018/19, summarising the role of external auditor and the findings in the report which had been circulated prior to the meeting. He highlighted the following key messages:

- Financial Statements Audit – a clean unqualified audit opinion was issued to the Trust and the report concluded that the Annual Report and Annual Governance Statement were consistent with financial statements and complied with the Group Accounting Manual. The audit identified a couple of differences and some minor presentational changes however, these were not material to the overall opinion. There were also three 'amber' rated recommendations; one of which was the general ledger transfer however, KPMG acknowledged there were challenges across the NHS due to the introduction of a new finance and procurement system.
- Use of resources - the audit identified no significant issues identified at year-end and an unqualified use of resources opinion for 2018/19.
- Quality Report - the content of the Quality Report complied with the requirements set out within NHS Improvement's guidance and a clean limited assurance opinion was given on the two mandated indicators tested.

Angela Schofield invited questions from Governors.

Cllr John Mann asked for further clarification regarding the £3.865m unadjusted audit differences referred to on slide 2. This related to two items. Firstly the receipt of £1.2m charitable income where the Board and Audit Committee felt that it was appropriate to account for the income in 2018/19 as the formal commitment had been made in March. Secondly, the amount of £2.6m in respect of recoverable business rates. This was also included in the 2017/18 financial statements as the Board and Audit Committee were sufficiently confident that the amount would, in due course, be received. It was again included in the 2018/19 financial statements because there continued to be confidence that it would be received.

Mikalie Lord asked how this report compared with previous reports. Jonathan advised that the Trust had always received a clean opinion in the external audit report. Matthew highlighted that it was unusual for Trusts to have a clean opinion across the three audit domains; most Trusts would have at least one adjustable audit difference.

Doug Masterton referred to the clean limited assurance opinion on the two mandated indicators within the Quality Report. Angela confirmed that Governors could also be assured from a wide range of reports providing quality data, such as the IBR. Chris Thompson added that Internal Audit provided ongoing assurance and confirmed that Governors could gain this assurance by attending Audit Committee.

In relation to the £1.2m unadjusted audit difference concerning charitable income, Heather Stuart asked for clarification, in particular that the receipt of income was not at risk. Jonathan confirmed that the charitable income was income received directly to the Trust from a third party charitable source and not income donated through the Harrogate Hospital & Community Charity. He confirmed that the funding was not at risk; the issue raised through the audit was a matter of timing rather than certainty of receipt.

Laura Robson commented on the terminology of 'limited assurance' used in the report. She sought assurance from Matthew that this was nationally agreed terminology and he confirmed that a clean limited assurance was the best opinion the Trust could achieve.

Angela acknowledged the work of the Trust's Finance Team and thanked them on behalf of the Board and Council.

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

Steve Russell presented his update to Governors which included a summary of the Trust's performance for Quarter 1 (April to June 2019), an update on the work with Harrogate and Rural District Clinical Commissioning Group, an update on some of the key people priorities, a look at the Trust's focus for Quarter 2 (July to September 2019), and some key areas of success and celebration.

The slides would be made available on the Trust's website at:
https://www.hdft.nhs.uk/about/council-of-governors/governors-meetings/

In response to Cllr John Mann's question regarding the downward trend of activity from Leeds Clinical Commissioning Group, Steve confirmed there had been changes made to referrals from GP practices that were part of Leeds CCG. The impact on HDFT was unintentional, but at this point had created a significant financial loss for the Trust. Discussions were taking place with colleagues in Leeds Trust and Leeds CCG to ensure that patients who wished to have treatment at Harrogate could continue to be referred to Harrogate rather than being referred to Leeds.

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

Chris Thompson referred to his report at Paper 11.0 circulated prior to the meeting and highlighted the following points:

He confirmed that the Audit Committee considered the performance of the External Auditor in May following completion of the larger part of the 2018/19 external audit work. The External Audit Effectiveness Assessment demonstrated an average rating of 4.48 for 2019 (the maximum score was 5.0) compared with last year's average rating of 4.47. Chris noted that the assessment had taken place prior to the finalisation of the accounts, and there had been some issues in the intervening period. It had therefore been agreed that the evaluation would therefore be reconsidered at the September Audit Committee meeting.

Angela Schofield thanked Chris for his report and his reflective comments.

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

Angela Schofield moved to the tabled questions submitted prior to the meeting. There were no questions from members of the public. Emma Edgar confirmed Governors had met on 17 July and everyone had the opportunity to discuss and agree the following questions to be submitted:

***"We know that there are considerable waiting list issues with services such as Autism (2years) Paediatric Dental (1yr), how assured are Non-Executive Directors that there is sufficient attention being paid to managing waiting lists (in general) that would be deemed unacceptable, the potential impact on patients and that there is a more robust strategy going forward?"***

In addition to the formal response provided at appendix 1, Laura Robson provided additional assurance that discussions at Board continued about that this topic and that the data provided in the IBR and Quality Dashboard was scrutinised regularly at Quality Committee.

Mikalie Lord highlighted the impact this had on patients and asked what information was being passed to patients to manage their expectations.

Laura confirmed that Non-Executive Directors had visited the autism service; they had discussed how the service was managing the waiting list and how this was being fed back to the patients.

Steve highlighted the rapid improvement week described in the formal response and confirmed that the service was being open with patients about the waiting list.

With regards to dentistry, there was further work ongoing to reduce waiting times and, in response to Mikalie's concerns, Steve confirmed the issues were assessed through the Directorate Risk Register.

***"In the context of current plans for the UK to leave the EU on 31 October, what assurance can the Trust give that appropriate plans are in place to ensure continuity of supply in relation to all medicines and medical supplies in the event of a no-deal scenario and that patients will not be negatively affected?"***

In addition to the formal response at appendix 1, Steve Russell confirmed that the Board would continue be updated with any guidance that was received.

***"Can the Non-Executive Directors assure the public how the Trust continuously improves services in a responsive manager following patient feedback, complaints***

***and serious incidents; it would help to have regular supporting statistics, examples of improvements and typical elapsed times from being raised to embedding change."***

In addition to the formal response at appendix 1, Richard Stiff commented that the Trust's process around complaints compared to that of local government. He acknowledged concerns with the timeline and the complexity of investigating complaints. Richard added that the Trust should not overlook the wide range of feedback channels received, many that were significantly positive.

Emma Edgar expressed her concerns from the perspective of an investigator regarding the length of time it was taking to hear back after completing a report.

Steve Russell confirmed some initial changes had taken place prior to a scheduled rapid process improvement workshop in September.

***"How are the Non-Executive Directors assured regarding the Trust's preparations for a significant increase in influenza cases in the coming winter period, in light of the current experience in Australia, which tends to be repeated in the UK?"***

In addition to the formal response at appendix 1, Maureen Taylor expressed the Board's concerns about the vaccination rate for frontline workers and noted that this would be discussed further at the August Board workshop.

Dr David Scullion confirmed that one out of three unimmunised medical staff was unacceptable and he would be working hard to influence an improvement this winter.

Following a detailed discussion about the multiple reasons why someone would not choose to be vaccinated, Steve Russell confirmed that the Trust would be encouraging an improvement in take up by focussing on culture and the use of peer vaccinators to encourage uptake.

***"Can a study be undertaken to look at the possibility of adding A&E, Minor Injuries Units and Medical Centres to the App for the Harrogate area and possibly encouraging York, Leeds and Bradford to add their facilities to the App?"***

John Batt had submitted the final question however, he had to leave the meeting before it was raised. He expressed he was dissatisfied with the response in appendix 1 however, it was agreed by fellow Governors that the response was final.

The formal responses to each question are available on the Trust's website at:

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

Angela thanked Governors for their questions and hoped they had found the discussion helpful in addition to the formal response document which had been provided.

**13. Any other relevant business not included on the agenda**

There were no other items of business.

## 14. Member Evaluation

Angela Schofield sought views about the meeting.

Feedback included the importance of the agenda running to time. It was noted that members of the public had left before questions at item 12 therefore Governors discussed the option to rearrange the agenda and have the private session after the public meeting. Governors liked the venue and seating arrangements. It was the first time a formal response to the submitted questions had been provided and Governors found this helpful. It was agreed to commence the public meeting at 5.15pm with the Chief Executive Update and Questions and then continue with the remaining business. The private meeting would commence at 7.30pm and close at 8pm.

## 15. Close of meeting

Angela Schofield closed the meeting, thanking everyone for attending and confirmed the next public meeting would take place on Wednesday, 6 November 2019 (venue to be confirmed).

**Paper 4.0**

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## HDFT Council of Governor Meeting Actions Log – November 2019

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 | 26 January 2019 | Look at alternative wheelchair models | Rob Harrison, Chief Operating Officer | 6 November | Evaluation of a range of wheelchairs to take place. RH to schedule with HIF. Arranged 29.10.19 |
| 2 (prev 15) | 1 May 2019 | Circulate presentations or provide hard copies at meetings | Angie Colvin, Corporate Affairs and Membership Manager | Ongoing | As necessary |
| 3 (prev 16) | 1 May 2019 | Review Integrated Board Report (IBR) | Rob Harrison, Chief Operating Officer | end November 2019 | 7 August 2019 – Governor Briefing provided. Views to be sought from Governors as part of the process. |

| | | | | | |
|---|---|---|---|---|---|
| 4 (prev 17) | 1 May 2019 | Circulate updated information on vacancies. | Angela Wilkinson, Director of Workforce and Organisational Development | 6 November 2019 | To be shared at 6 November meeting |
| 5 (prev 19) | 1 May 2019 | Briefing on Harrogate Alliance – invite new Alliance Director | Rob Harrison, Chief Operating Officer | 6 November 2019 | Scheduled for 6 November at 4.30pm |
| 6 | 7 August 2019 | Review Governor induction process | Angie Colvin, Corporate Affairs and Membership Manager | 6 November 2019 | Scheduled for 27 November following Board to Board |
| 7 | 7 August 2019 | Review membership newsletter content and frequency | Angie Colvin, Corporate Affairs and Membership Manager | 6 November 2019 | |
| 8 | 7 August 2019 | Review of NED appraisal process | Emma Edgar, Lead Governor | 6 November 2019 | Scheduled for 28 October |
| 9 | 7 August 2019 | Survey of Governors regarding future Saturday morning and North East meeting | Angie Colvin, Corporate Affairs and Membership Manager | 6 November 2019 | |
| 10 | 7 August 2019 | Reformat public meeting agenda and reschedule private session following public meeting | Angela Schofield, Chairman | 6 November 2019 | |

Harrogate and District NHS Foundation Trust

## Integrated board report - September 2019

### Key points this month

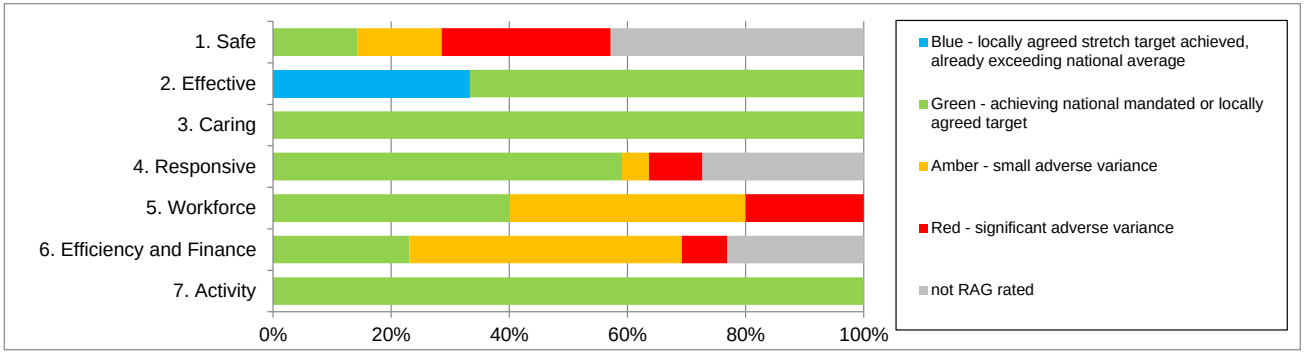
1. The Trust reported a deficit position in September of £158k. This was £112k favurable to plan. This deficit position increased the year to date deficit to £2,386k.

2. HDFT's performance against the A&E 4-hour standard was below 95% reported at 93.9%, a slight improvement on last month.

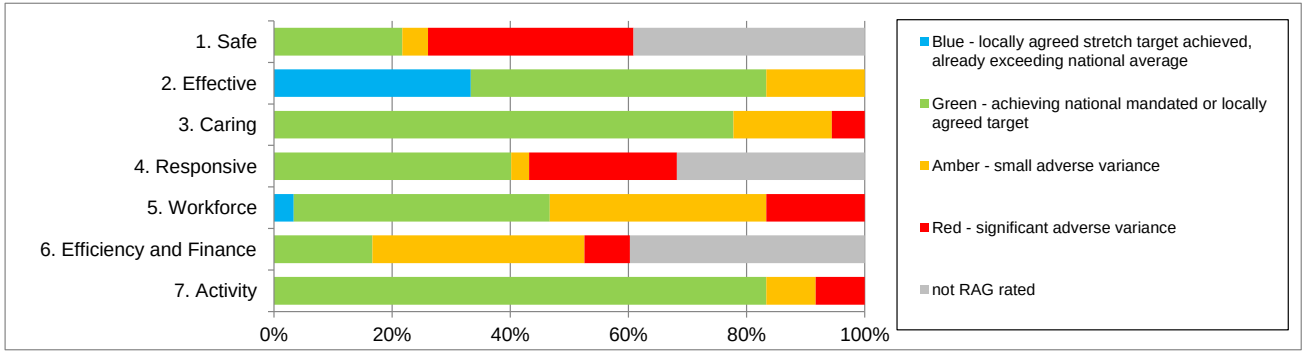
3. RTT - the total number of patients waiting at the end of September was 15,474. This is below the trajectory of 16,244.

4. Provisional data indicates that all applicable cancer waiting times standards were achieved in September, with the 14 day breast symptom standard delivered for the first time since February of this year.

### Summary of indicators - current month




### Summary of indicators - year to date



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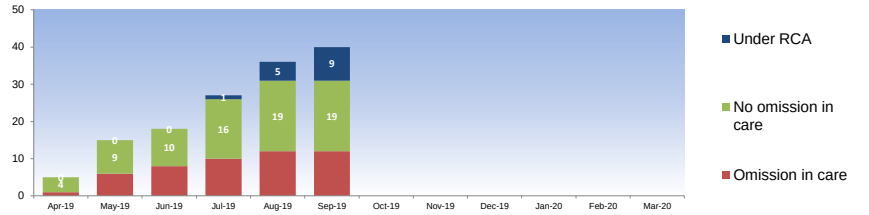
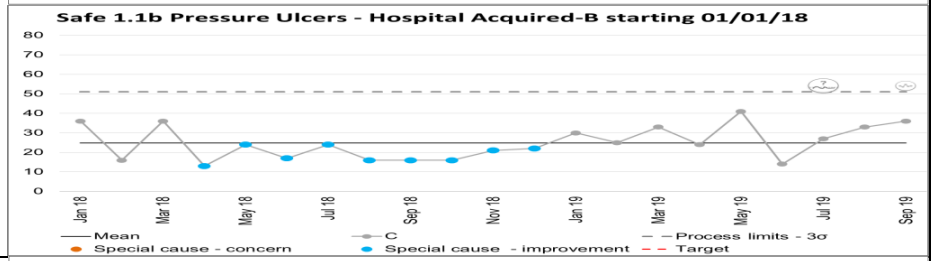
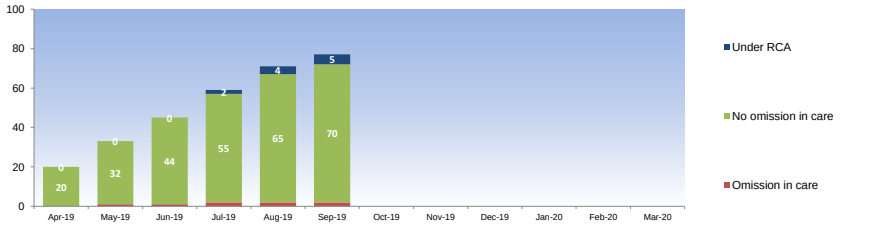
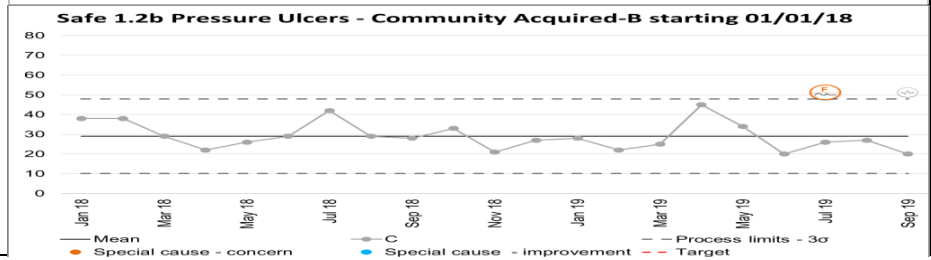
## Section 1 - Safe - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 1.1a | Pressure ulcers - hospital acquired |  | There were 4 hospital acquired category 3 and above pressure ulcers reported in September (including device related and device related mucosal). This is lower than last year with an average of 6 per month reported in 2018/19.<br><br>Of the 10 reported there were 0 omission in care, 1 no omission in care and 9 under RCA. |
| 1.1b | |  | The number of hospital acquired category 2 and above pressure ulcers reported in September was 36. The reported number is inclusive of device related and device related mucosal pressure ulcers. |
| 1.2a | Pressure ulcers - community acquired |  | There were 6 community acquired category 3 and above pressure ulcers reported in September (including device related and device related mucosal). The average per month reported in 2018/19 was 11.<br><br>Of the 6 reported there were 4 under RCA. |
| 1.2b | |  | The number of community acquired category 2 and above pressure ulcers reported in September was 20. The number reported is inclusive of device related and device related mucolsal pressure ulcers. |

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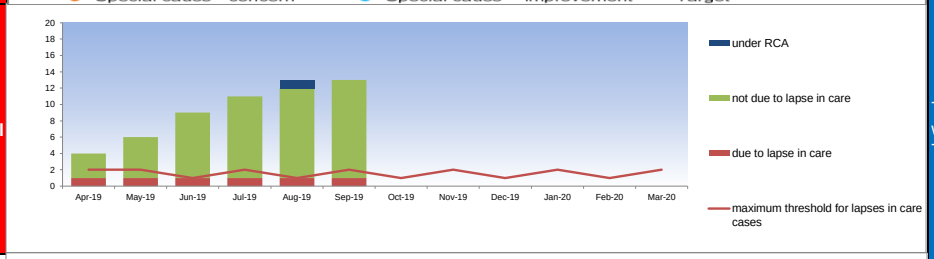
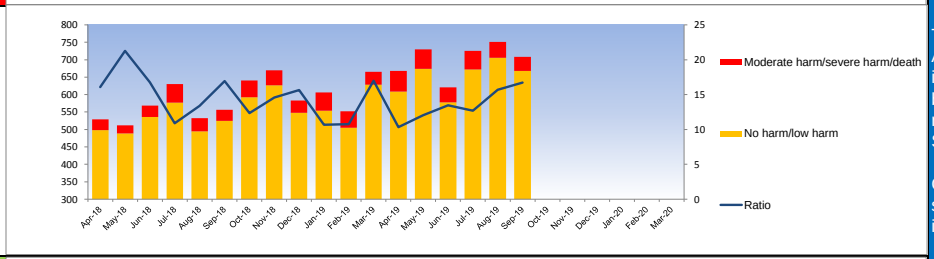
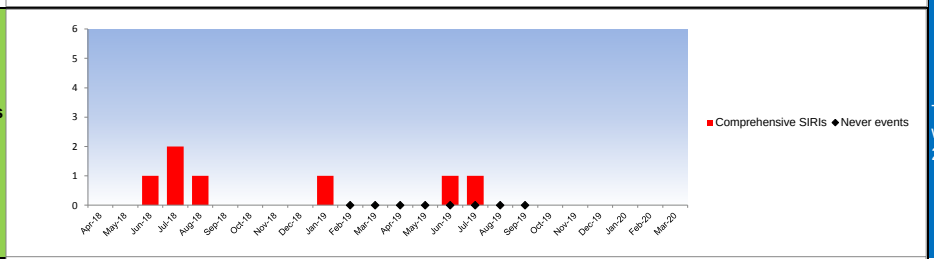
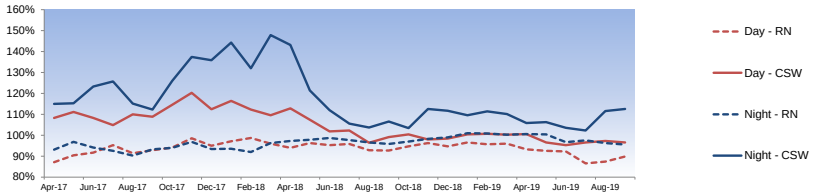
## Section 1 - Safe - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 1.3 | Falls  |  | The rate of inpatient falls was 5.81 per 1,000 bed days in September. This is lower than the average HDFT rate for 2018/19 (6.01) |
| 1.4 | Infection control  |  | There was 1 case of hospital apportioned C. difficile reported in September which was not due to a lapse in care. No MRSA cases have been reported in 19/20. The annual maximum threshold for lapses in care cases for 2019/20 is 19. |
| 1.5 | Incidents - all  |  | The latest published national data (for the period Apr 18 - Sept 18) shows that Acute Trusts reported an average ratio of 46 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 22, an increase on the last publication but remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for September gives a ratio of 16 a slight increase on the August position of 15.<br><br>CCCC is continuing to focus on its reporting culture. There are now 4 DATIX super-users and a focus on reporting and learning. CCCC is showing improvements in its reporting culture and there is a focus on response rates. |
| 1.6 | Incidents - SIRIs and never events  |  | There was one comprehensive SIRI in June and one in July but no Never Events were reported for the quarter. No Never Events were reported in 2017/18 or 2018/19. There were no SIRIs in September. |

## Section 1 - Safe - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 1.7 | Safer staffing levels  |  | In September staff fill rates were reported as follows: Registered Nurses Day 89.8% and Night 95.5%, Care Staff Day 96.5% and Night 112.6%. Reported care hours per day per patient was 7.81 hours per day. |

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## Section 1 - Safe - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|

**Safer staffing**

The table below summarises the average fill rate on each ward during September 2019. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the "Care Hours per Patient Day" (CHPPD) metric. Our overall CHPPD for September was 7.81 care hours per patient per day.

| | Sep-2019 | | | | | | |
|---|---|---|---|---|---|---|---|
| | Day | | Night | | Care hours per patient day (CHPPD) | | |
| Ward name | Average fill rate - registered nurses/ midwives | Average fill rate - care staff | Average fill rate - registered nurses/ midwives | Average fill rate - care staff | Registered nurses/ midwives | Care Support Workers | Overall |
| Byland | 84.3% | 95.4% | 80.0% | 108.3% | 2.40 | 3.18 | 5.58 |
| Farndale | 91.7% | 92.8% | 100.0% | 113.3% | 3.15 | 4.03 | 7.18 |
| Granby | 96.1% | 121.7% | 100.0% | 105.0% | 3.18 | 3.21 | 6.39 |
| Harlow | 102.5% | 93.3% | 100.0% | - | 6.94 | 1.84 | 8.78 |
| ITU/HDU | 93.3% | - | 98.0% | - | 22.89 | 2.30 | 25.19 |
| Jervaulx | 91.7% | 88.1% | 81.3% | 127.8% | 2.62 | 3.33 | 5.95 |
| Lascelles | 99.2% | 92.7% | 100.0% | 100.0% | 4.18 | 3.62 | 7.80 |
| Littondale | 90.9% | 93.9% | 92.2% | 140.0% | 4.03 | 2.65 | 6.68 |
| Maternity | 88.5% | 68.3% | 98.9% | 86.7% | 14.21 | 3.49 | 17.70 |
| Medical Assessment Unit | 82.2% | 106.7% | 99.2% | 101.7% | 4.63 | 3.07 | 7.71 |
| Medical Short Stay | 96.0% | 98.6% | 98.3% | 121.1% | 4.38 | 2.88 | 7.26 |
| Nidderdale | 91.3% | 106.1% | 94.4% | 183.3% | 3.51 | 2.69 | 6.21 |
| Oakdale | 88.9% | 88.3% | 93.3% | 121.1% | 3.57 | 3.90 | 7.47 |
| Special Care Baby Unit | 87.6% | 40.0% | 90.0% | - | 25.53 | 3.55 | 29.08 |
| Trinity | 97.6% | 98.7% | 100.0% | 100.0% | 3.39 | 3.83 | 7.22 |
| Wensleydale | 85.7% | 109.2% | 100.0% | 106.7% | 3.56 | 2.64 | 6.20 |
| Woodlands | 76.1% | 78.3% | 92.2% | 73.3% | 9.18 | 2.43 | 11.60 |
| **Trust Total** | **89.8%** | **96.5%** | **95.5%** | **112.6%** | **4.66** | **3.14** | **7.81** |

## Section 1 - Safe - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|

**Further information to support the September safer staffing data**

On the wards: Byland, Jervaulx, MAU, Oakdale, Littondale and Wensleydale where the Registered Nurse (RN) fill rate was less than 100% against planned; this reflects current band 5 Registered Nurse vacancies and is reflective of the local and national position in particular regarding the difficulties in recruiting Registered Nurses. The Trust is engaged in an extensive recruitment plan in response to this.

The planned staffing levels on Farndale ward were adjusted in September to reflect the closure of beds in this area in response to activity levels.

The ITU /HDU day and night staffing levels which appear as less than planned are flexed when not all beds are occupied and staff assist in other areas. National standards for RN's to patient ratios are maintained.

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. Some of the Registered Midwife gaps were due to vacancy and sickness and the care staff gaps due to sickness in September; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

In some wards the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In September this is reflected on the wards; Byland, Farndale, Granby, Jervaulx, MAU, MSS, Oakdale, Littondale, Wensleydale and Nidderdale

For the Special Care Baby Unit (SCBU) although the day and night time RN and daytime care staff hours appear as less than planned it is important to note that the bed occupancy levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of both babies and families.

On Woodlands ward the day and night time RN and care staff hours are less than 100% in September, however the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review.

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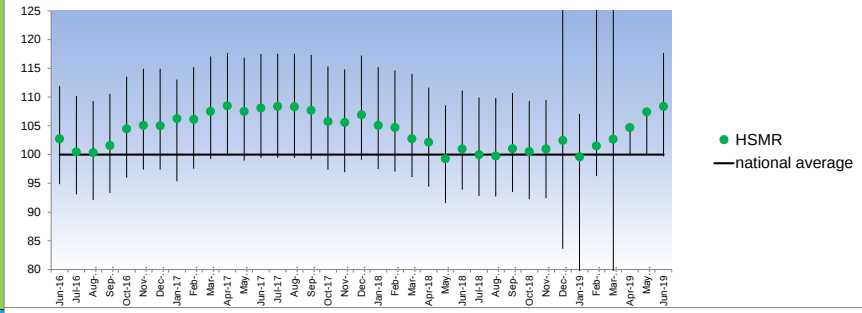
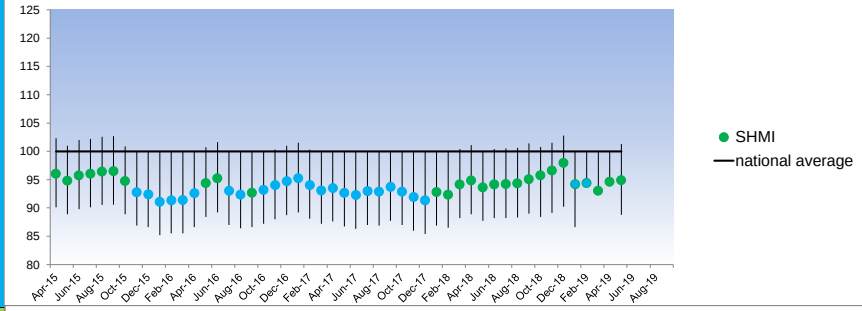
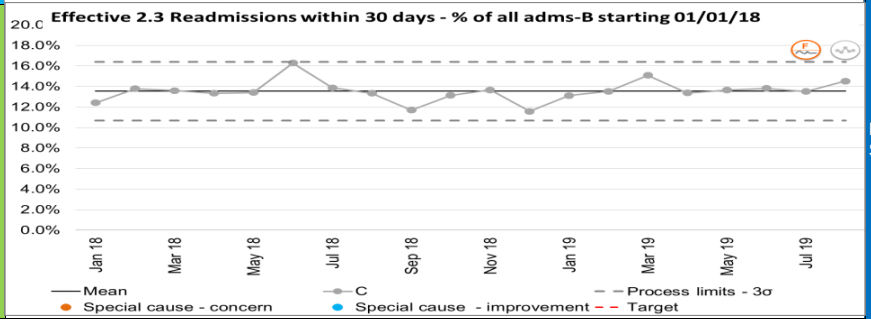
**Section 2 - Effective - September 2019**

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 2.1 | Mortality - HSMR DQ |   | HDFT's HSMR has increased to 108.38 for the rolling 12 months ending June 2019.<br><br>Three specialties have a higher than expected standardised mortality rate: Anaesthetics, Geriatric Medicine and General Medicine.<br><br>We are analysing the data further to understand the recent increase. |
| 2.2 | Mortality - SHMI DQ |   | HDFT's SHMI for the rolling 12 months ending May 2019 is 94.89, remaining below expected levels.<br><br>At specialty level, five specialties (Trauma and Orthopaedics, Gastroenterlogy, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels. |
| 2.3 | Readmissions DQ |   | Emergency Readmissions increased from 13.6% in August to 14.5% in September. This is slightly above the 2018/19 average of 13.5%. |

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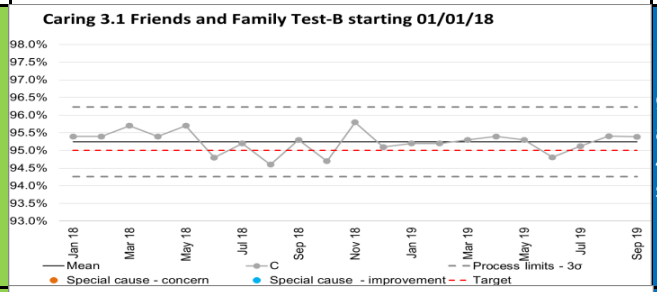
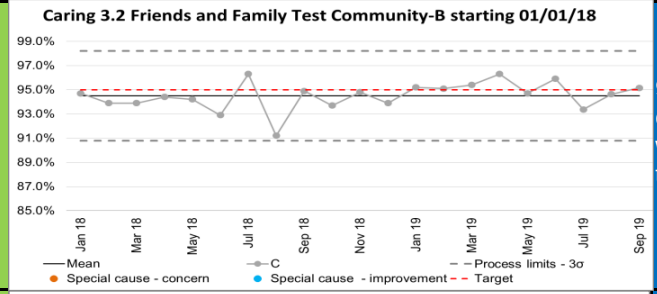
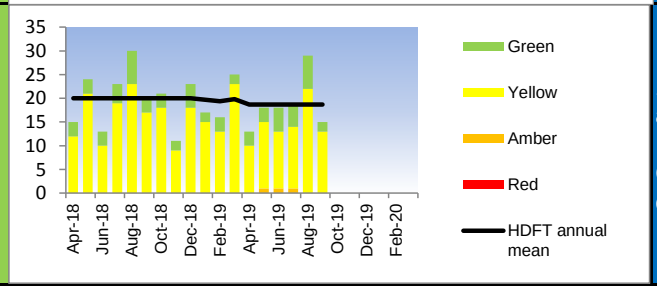
## Section 3 - Caring - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 3.1 | Friends & Family Test (FFT) - Patients DQ |   | 95.4% of patients surveyed in September would recommend our services remaining above the latest published national average (93.6%). 4,512 patients responded to the survey this month of which 4,304 would recommend our services. |
| 3.2 | Friends & Family Test (FFT) - Adult community services DQ |   | 96.2% of patients surveyed in September would recommend our services, an increase on last month (94.6%). Current national data (March) shows 95% of patients surveyed would recommend the services. 364 patients from our community services responded to the survey this month of which 350 would recommend our services. |
| 3.3 | Complaints DQ |   | 15 complaints were received in September which is 14 lower than August and below the average for 2018/19. None of the complaints were classified as amber or red this month.<br><br>CCCC has now introduced a weekly tracker to monitor timeliness and stage of the complaints process. |

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## Section 4 - Responsive - September 2019

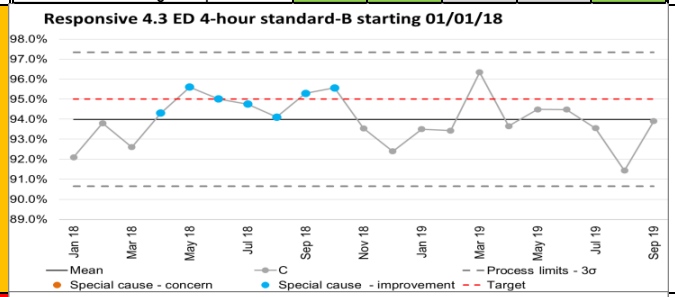
**NHS Improvement Single Oversight Framework**

**4.1 NHS Improvement Single Oversight Framework** — DQ

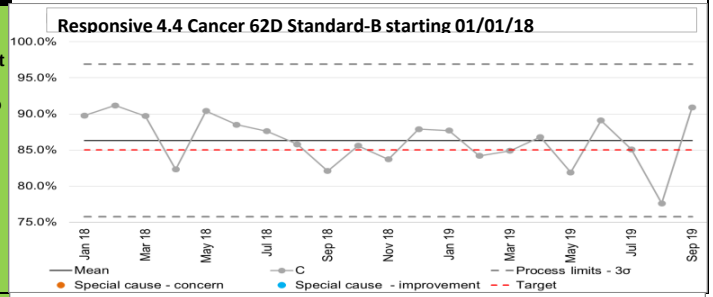
| Standard | Q1 | Q2 | Q3 | Q4 | YTD |
|---|---|---|---|---|---|
| RTT incomplete pathways | 88.5% | 88.4% | | | 88.5% |
| A&E 4-hour standard | 94.2% | 92.8% | | | 93.5% |
| Cancer - 62 days | 85.5% | 84.4% | | | 85.0% |
| Diagnostic waits | 99.4% | 98.96% | | | 99.2% |
| Dementia screening - Step 1 | 93.4% | 94.7% | | | 94.0% |
| Dementia screening - Step 2 | 96.6% | 100.0% | | | 98.5% |
| Dementia screening - Step 3 | 100.0% | 100.0% | | | 100.0% |

**4.2 RTT Incomplete pathways performance** — DQ

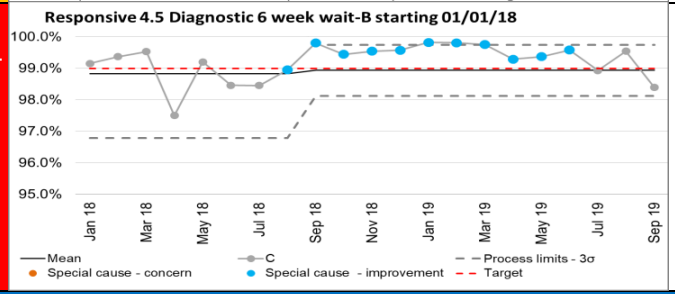
**4.3 A&E 4 hour standard** — DQ



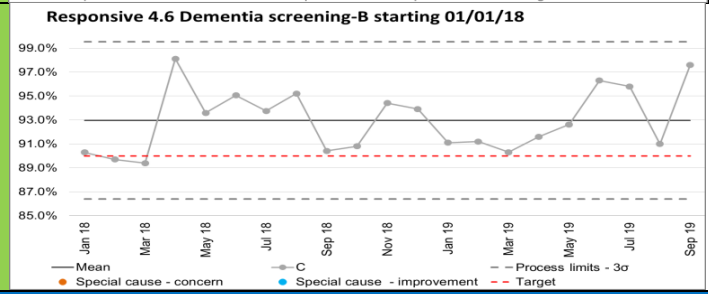

**4.4 Cancer - 62 day wait for first treatment from urgent GP referral to treatment** — DQ




**4.5 Diagnostic waiting times - 6-week standard** — DQ




**4.6 Dementia screening** — DQ




**Narrative**

Performance against the 62 day cancer standard was delivered in September with provisional performance at 90.9% (see a more detailed summary below). As a result of the Trust's recovery plan, performance against the 2WW breast symptomatic standard was delivered in September for the first time since February this year with performance at 95.2%.

Diagnostic waiting times were not delivered in September with 98.4% of patients waiting less than 6 weeks at month end. This was primarily due to the DEXA scan room being used to accomodate additional breast imaging as a result of the extra breast clinic, leading to a reduction in the capacity for DEXA scans. This has also been exacerbated by an increase in referrals for DEXA imaging.

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## Section 4 - Responsive - September 2019

**Cancer waiting times standards**

| | | | | | |
|---|---|---|---|---|---|
| 4.7 | Cancer - 14 days max wait from urgent GP referral for suspected cancer | DQ | Responsive 4.7 Cancer 14D Standard-B starting 01/01/18 | 4.8 | Cancer - 14 days maximum wait from GP referral for symptomatic breast patients | D | Responsive 4.8 Cancer 14D Breast Sympton Standard-B starting 01/01/18 |
| 4.9 | Cancer - 31 days maximum wait from diagnosis to treatment for all cancers | DQ | Responsive 4.9 Cancer 31D First Treatment-B starting 01/01/18 | 4.10 | Cancer - 31 day wait for second or subsequent treatment: Surgery | DQ | Responsive 4.10 Cancer 31D Subsequent Surgery-B starting 01/01/18 |
| 4.11 | Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug | DQ | Responsive 4.11 Cancer 31D Subsequent Drugs-B starting 01/01/18 | 4.12 | Cancer - 62 day wait for first treatment from urgent GP referral to treatment | DQ | Responsive 4.12 Cancer 62D Standard-B starting 01/01/18 |
| 4.13 | Cancer - 62 day wait for first treatment from screening service | DQ | Responsive 4.13 Cancer 62D Screening-B starting 01/01/18 | 4.14 | Cancer - 62 day wait for first treatment from consultant upgrade | DQ | Responsive 4.14 Cancer 62D Cons Upgrade-B starting 01/01/18 |

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## Section 4 - Responsive - September 2019

**Narrative**

Provisional data indicates that all of the cancer waiting times standards were achieved in September, with the 14 day breast symptom standard delivered for the first time since February of this year.

Provisional data report that there were 55.0 accountable 62 day standard treatments in the month with 5.0 breaches, meaning performance was above the standard at 90.9%. Of the 11 tumour sites, 2 had performance below 85% in September - Gynaecology (2 actual breaches, 1.0 accountable), and Urological (3 actual breaches, 3.0 accountable). 1 patient waited over 104 days for treatment in September - this was due to a combination of pathway complexity, patient choice, and breast outpatient capacity.

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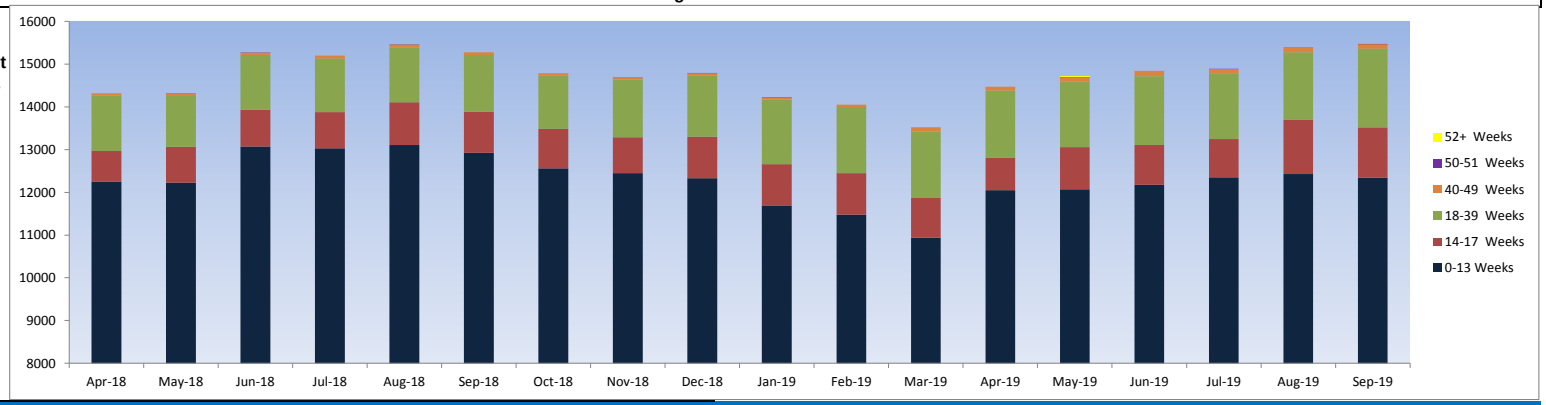
## Section 4 - Responsive - September 2019

**RTT waiting list metrics**

| | | |
|---|---|---|
| 4.15 | RTT waiting list split by weeks | DQ |




**Narrative**

There were a total of 15,474 patients on the RTT waiting list at the end of September, this is below our agreed trajectory of 15,852. There were no patients waiting over 52 weeks at the end of the month.

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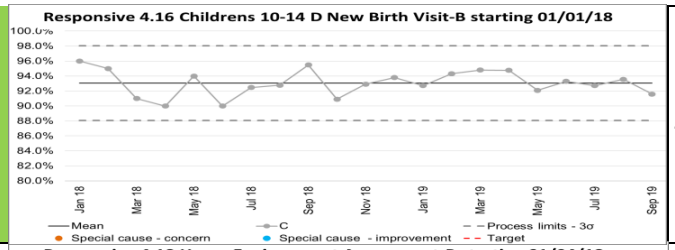
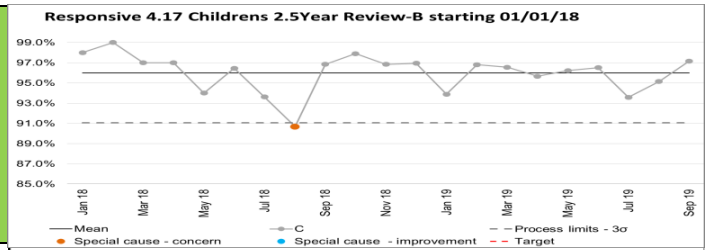
## Section 4 - Responsive - September 2019

### Children's Services metrics

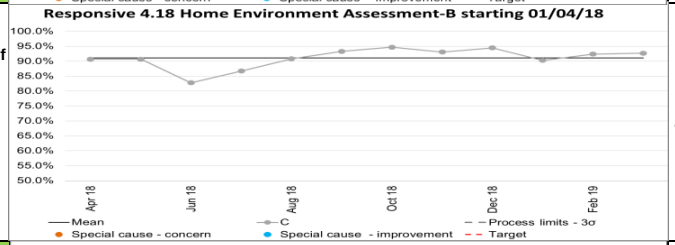
**4.16 Children's Services - 10-14 day new birth visit** — DQ



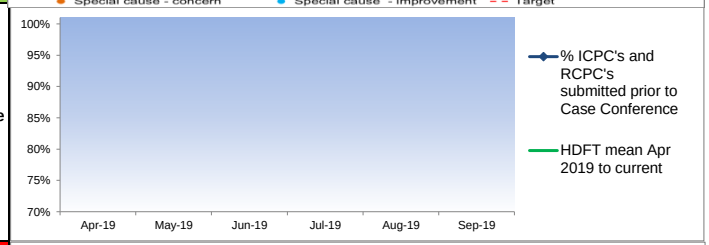

**4.17 Children's Services - 2.5 year review** — DQ



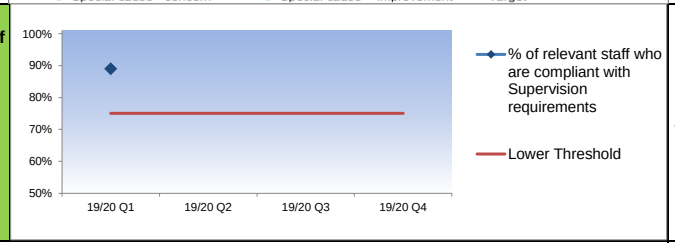

**4.18 Children's Services - Use of the Home Environment Assessment Tool** — DQ



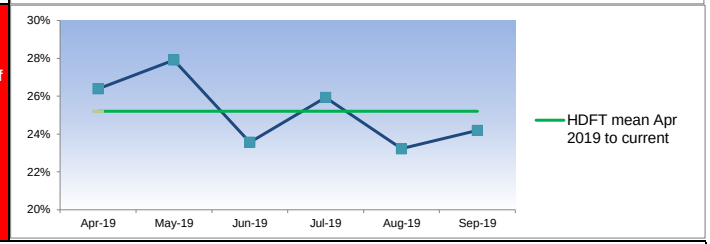

**4.19 Children's Services - Reports for Initial and Review Child Protection Case Conferences** — DQ




**4.20 Children's Services - Staff compliance with Safeguarding Supervision.** — DQ

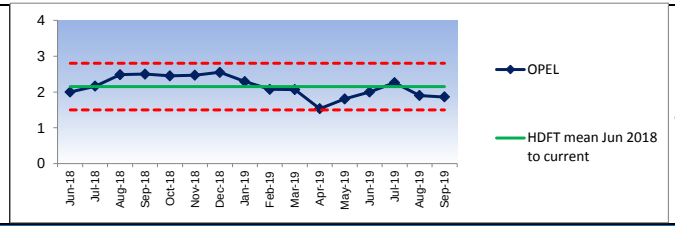



**4.21 Children's Services - Reports for Achievement of KPI for Breast Feeding Prevalence.** — DQ

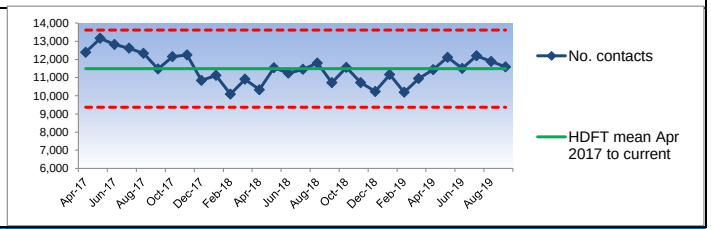



### Adult Community Services metrics

**4.22 OPEL level - Community Care Teams** — DQ




**4.23 Community Care Teams - patient contacts** — DQ




**Narrative**

The Community Care Teams have now commenced mobilisation to form the new Harrogate and Rural Alliance community teams with partners in the Local Authority. The current metrics will therefore be reviewed to reflect the new ways of working and the integrated model of delivery.

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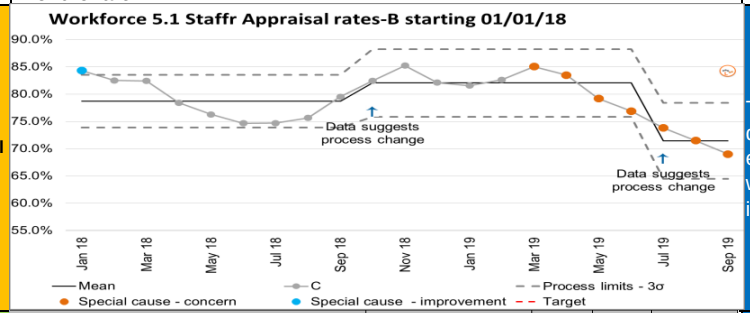
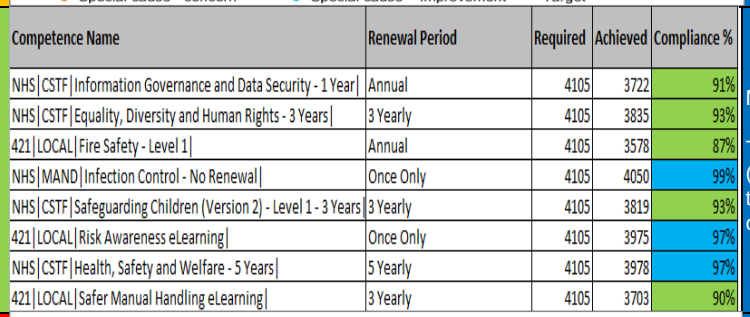
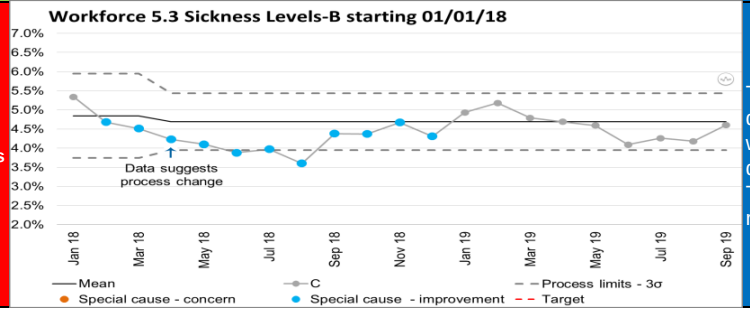
## Section 5 - Workforce - September 2019

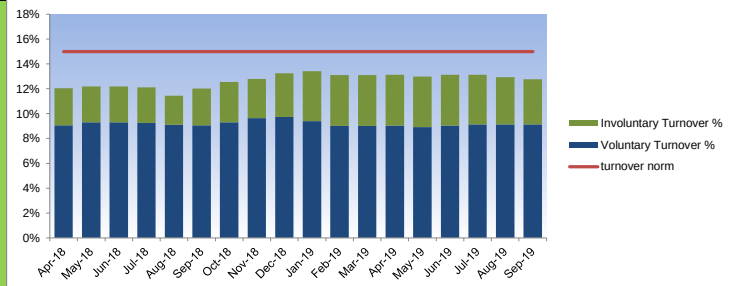
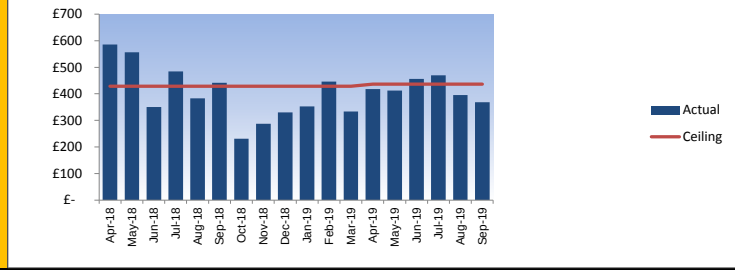
| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 5.1 | Staff appraisal rates DQ |  | The appraisal window has closed the end of September and the overall uptake has decreased. There will be a review of the current approach and a review with Directorates to ensure reporting mechanisms are correct. Future developments with Manager Self Service will allow managers information on due dates for direct reports and the ability to directly record information. |
| 5.2 | Mandatory training rates DQ |  | Mandatory % Report – Trust exc HIF 01.10.19<br><br>The data shown is for the end of September and excludes the Harrogate Integrated Facilities (HIF) staff who transferred into the new organisation on the 1st March 2018. The overall training rate for mandatory elements for substantive staff is 93% which is just below the level of the last reporting cycle which was 94%. |
| 5.3 | Sickness rates DQ |  | The Trusts sickness absence rose in September to 4.6% there is historically an increase during this time of year. The Flu campaign has started and seen a positive uptake in the first week. The Managing Attendance, Health and Well Being policy is being reviewed with a multi-disciplinary group to take a different look at how we manage attendance and support staff. The Personal resilience programme and Mental Health first aid programmes are also being rolled out wider. |



| Competence Name | Renewal Period | Required | Achieved | Compliance % |
|---|---|---|---|---|
| NHS\|CSTF\|Information Governance and Data Security - 1 Year\| | Annual | 4105 | 3722 | 91% |
| NHS\|CSTF\|Equality, Diversity and Human Rights - 3 Years\| | 3 Yearly | 4105 | 3835 | 93% |
| 421\|LOCAL\|Fire Safety - Level 1\| | Annual | 4105 | 3578 | 87% |
| NHS\|MAND\|Infection Control - No Renewal\| | Once Only | 4105 | 4050 | 99% |
| NHS\|CSTF\|Safeguarding Children (Version 2) - Level 1 - 3 Years | 3 Yearly | 4105 | 3819 | 93% |
| 421\|LOCAL\|Risk Awareness eLearning\| | Once Only | 4105 | 3975 | 97% |
| NHS\|CSTF\|Health, Safety and Welfare - 5 Years\| | 5 Yearly | 4105 | 3978 | 97% |
| 421\|LOCAL\|Safer Manual Handling eLearning\| | 3 Yearly | 4105 | 3703 | 90% |

Harrogate and District NHS Foundation Trust

## Section 5 - Workforce - September 2019

| Indicator number | Indicator name / data quality assessment | Trend chart | Interpretation |
|---|---|---|---|
| 5.4 | Staff turnover rate<br>DQ |  | Turnover in September has decreased for the 4th month in a row. There is a paper for SMT this month summarising options and prioritising retention initiatives for consideration to further reduce voluntary turnover. |
| 5.5 | Agency spend in relation to pay spend<br>DQ |  | Agency expenditure remains a concern despite the improvement in September. |

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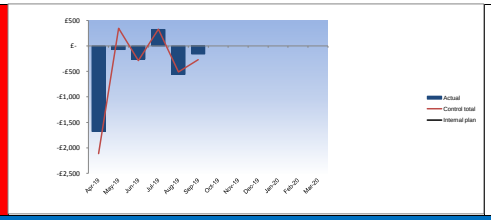
**Section 6 - Efficiency and Finance - September 2019**

6.1 **Surplus / deficit and variance to plan**




6.2 **NHS Improvement Single Oversight Framework - Use of Resource Metric**

Finance

| Element | Plan | Actual |
|---|---|---|
| Capital Service Cover | 4 | 4 |
| Liquidity | 1 | 1 |
| I&E Margin | 4 | 4 |
| I&E Variance From Plan | | 1 |
| Agency | 1 | 1 |
| **UoR Rating** | **3** | **3** |

6.3 **Capital spend**


**Narrative**

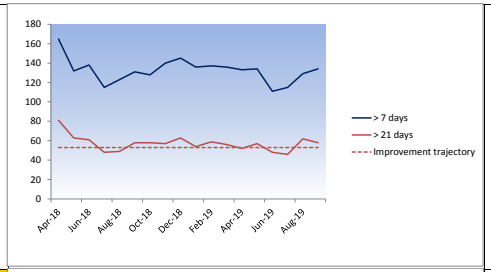
The Trust reported a deficit position in September of £158k. This was £112k favurable to plan. This deficit position increased the year to date deficit to £2,386k.

The Trust reported a UoR rating of 3 in September.

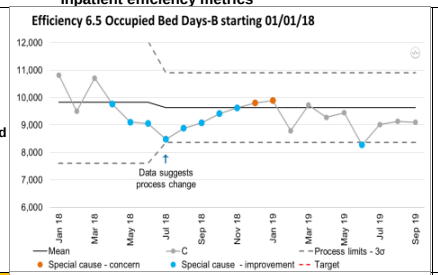
Further changes in relation to capital resources have been communicated, with the lifting of the previously communicated control total to the Trusts original planned level of expenditure. While this is positive, there remains a risk of being able to manage within this level of resource given proposed additions to the programme.

**Inpatient efficiency metrics**

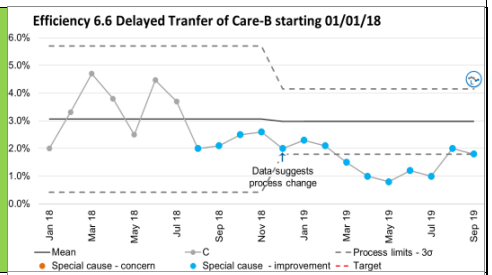
6.4 **Long stay patients**



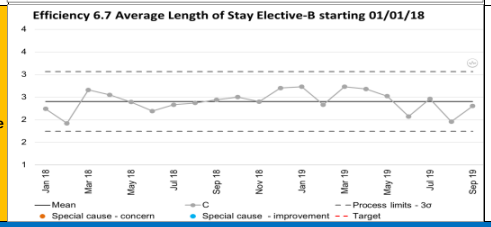

6.5 **Occupied bed days**



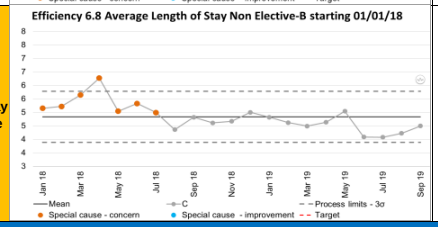

6.6 **Delayed transfers of care**



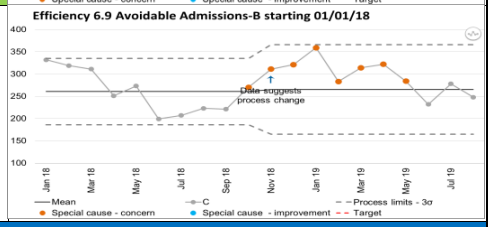

6.7 **Length of stay - elective**




6.8 **Length of stay - non-elective**




6.9 **Avoidable admissions**




**Narrative**

Non Elective Length of stay was above the national and benchmark group average in September at 4.49 days.

NHSI/E have written to the Trust setting a 42% improvement target for the number of patients in a hospital bed over 21 days. In order to monitor our progress against this target NHSI/E will require that each Trust establish a team, headed up by a senior manager, to undertake a weekly review of every patient in hospital more than 21 days. These will need to take place on the wards with the outcomes captured and coded and then submitted nationally. For HDFT this process needs to be in place by Sept 19 and we will need to adjust the board report to reflect the trajectory submitted.

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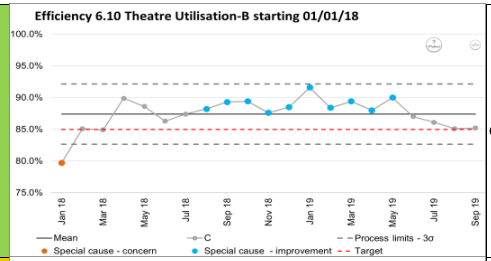
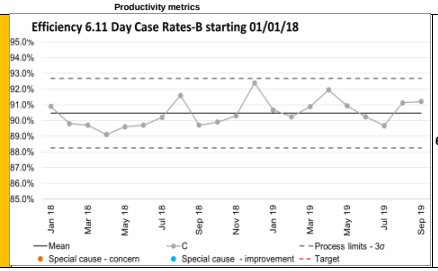
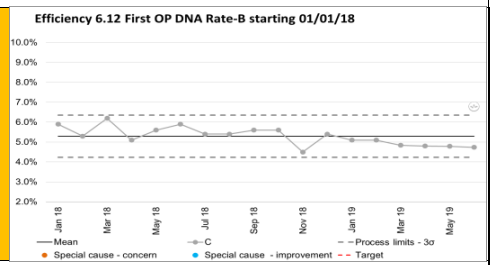
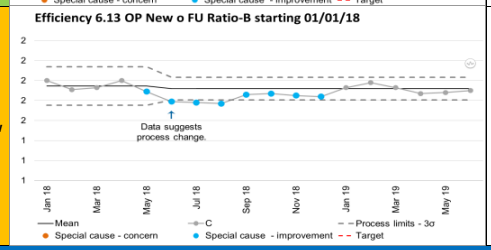
**Section 6 - Efficiency and Finance - September 2019**

Productivity metrics

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6.10 | Theatre utilisation |  | 6.11 | Day case rate |  | 6.12 | Outpatient DNA rate |  |
| 6.13 | Outpatient new to follow up ratio |  | | | | | | |



**Narrative**

New to Follow-up ratio's increased slightly in June to 1.9 but is at a similar level to the HDFT mean from April 2016 to current and is lower than the benchmark group and national average. The planned care group have plans to continue to focus on this through different elements of the programme and therefore it is expected they will begin to fall again.

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## Section 7 - Activity - September 2019

**Narrative**

The tables below show activity by Point of Delivery by Contract Type: HaRD AIC; All Other CCGs (PbR); NHSE, Yorkshire Hub Cost per Case.

Trust total activity is above commissioned levels, with activity in general in line with capacity available. When broken down to contract level, the HaRD AIC contract that is significantly over-performing and other PbR / cost per case contracts under-performing against commissioned levels. This continues to remain a concern as a result of the risk associated with significantly over-performing against an AIC contract.

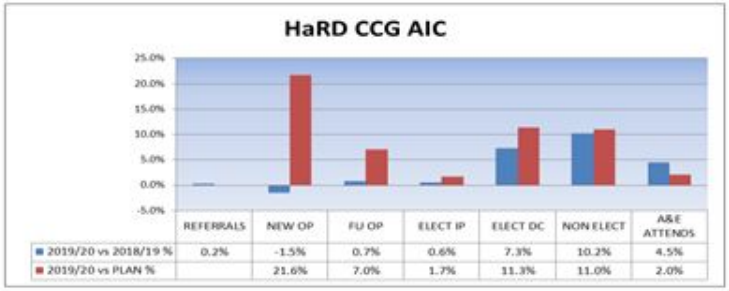
Discussions with Leeds CCG alongside LTHT have resulted in agreement transfer of patients back to HDFT from Leeds, and also to pursue a longer term solution that ensures the future flow of work from the Leeds area. This flow of work to HDFT is supported by LTHT and Leeds CCG, and actions are being take to work together to enable this to happen. There have now been 321 patients transferred to HDFT in September in Colorectal Surgery, Rheumatology, Dermatology and Urology and we would expect to see these convert to activity in the coming months.

Non elective activity is above plan and also the same period last year.

**Activity Summary**

HaRD CCG AIC

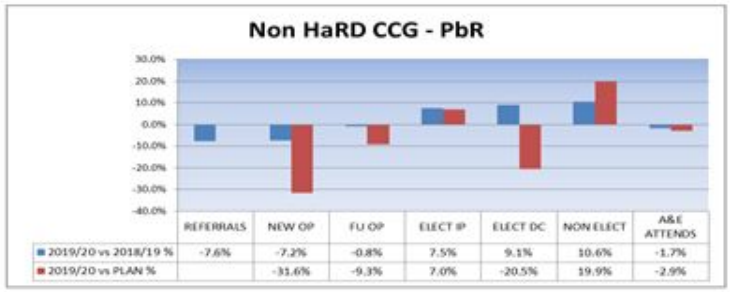
| GROUP | 2018/19 SEP | 2019/20 SEP PLAN | 2019/20 SEP ACTUAL | 2018/19 YTD | 2019/20 YTD PLAN | 2019/20 YTD ACTUAL | 2019/20 vs 2018/19 | 2019/20 vs PLAN | 2019/20 vs 2018/19 % | 2019/20 vs PLAN % |
|---|---|---|---|---|---|---|---|---|---|---|
| REFERRALS | 2996 | | 3173 | 19145 | | 19184 | 39 | | 0.2% | |
| NEW OP | 5,556 | 4,642 | 5,552 | 33,782 | 27,358 | 33,272 | -510 | 5,914 | -1.5% | 21.6% |
| FU OP | 1,688 | 10,466 | 10,757 | 65,496 | 61,647 | 65,969 | 473 | 4,322 | 0.7% | 7.0% |
| ELECT IP | 174 | 181 | 172 | 1,087 | 1,075 | 1,093 | 6 | 18 | 0.6% | 1.7% |
| ELECT DC | 1,627 | 1,628 | 1,677 | 10,033 | 9,673 | 10,765 | 732 | 1,092 | 7.3% | 11.3% |
| NON ELECT | 1,398 | 1,379 | 1,564 | 8,277 | 8,217 | 9,123 | 846 | 906 | 10.2% | 11.0% |
| A&E ATTENDS | 3,117 | 3,126 | 3,191 | 18,759 | 19,211 | 19,604 | 845 | 393 | 4.5% | 2.0% |




Non-HaRD CCG - PbR*

| GROUP | 2018/19 SEP | 2019/20 SEP PLAN | 2019/20 SEP ACTUAL | 2018/19 YTD | 2019/20 YTD PLAN | 2019/20 YTD ACTUAL | 2019/20 vs 2018/19 | 2019/20 vs PLAN | 2019/20 vs 2018/19 % | 2019/20 vs PLAN % |
|---|---|---|---|---|---|---|---|---|---|---|
| REFERRALS | 1,656 | | 1,430 | 10,175 | | 9,398 | -777 | | -7.6% | |
| NEW OP | 2,305 | 3,342 | 2,236 | 14,615 | 19,807 | 13,557 | -1,058 | -6,250 | -7.2% | -31.6% |
| FU OP | 3,999 | 4,471 | 3,842 | 24,129 | 26,385 | 23,943 | -186 | -2,442 | -0.8% | -9.3% |
| ELECT IP | 113 | 104 | 101 | 613 | 616 | 659 | 46 | 43 | 7.5% | 7.0% |
| ELECT DC | 673 | 869 | 768 | 4,048 | 5,559 | 4,418 | 370 | -1,141 | 9.1% | -20.5% |
| NON ELECT | 426 | 394 | 46 | 2,537 | 2,339 | 2,805 | 268 | 466 | 10.6% | 19.9% |
| A&E ATTENDS | 1,230 | 1,213 | 1,118 | 7,361 | 7,454 | 7,239 | -122 | -215 | -1.7% | -2.9% |

*Non-HaRD CCGs: Hambleton and Richmondshire CCG, Leeds CCG, Vale of York CCG, All Other CCGs



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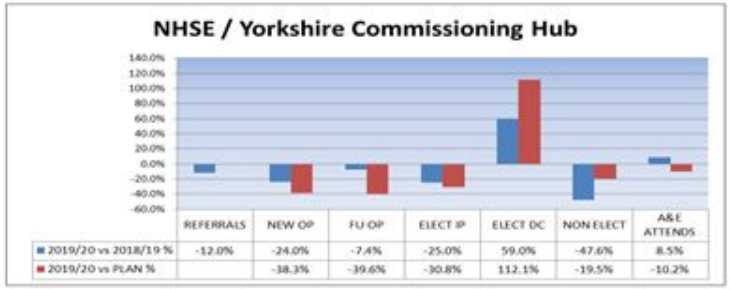
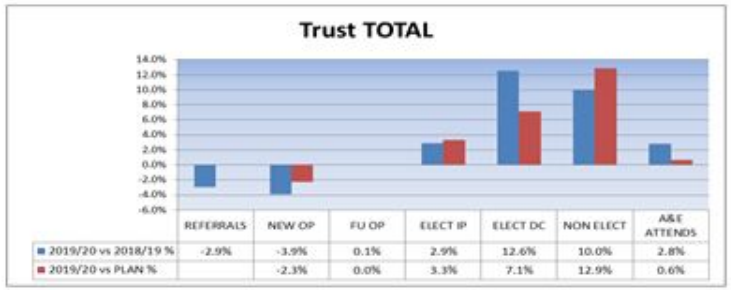
**NHSE / Yorkshire Commissioning Hub**

| GROUP | 2018/19 SEP | 2019/20 SEP PLAN | 2019/20 SEP ACTUAL | 2018/19 YTD | 2019/20 YTD PLAN | 2019/20 YTD ACTUAL | 2019/20 vs 2018/19 | 2019/20 vs PLAN | 2019/20 vs 2018/19 % | 2019/20 vs PLAN % |
|---|---|---|---|---|---|---|---|---|---|---|
| REFERRALS | 200 | | 212 | 1,375 | | 1,210 | -165 | | -12.0% | |
| NEW OP | 240 | 343 | 218 | 1,636 | 2,016 | 1,244 | -392 | -772 | -24.0% | -38.3% |
| FU OP | 451 | 791 | 519 | 3,035 | 4,655 | 2,810 | -225 | -1,845 | -7.4% | -39.6% |
| ELECT IP | 2 | 2 | 1 | 12 | 13 | 9 | -3 | -4 | -25.0% | -30.8% |
| ELECT DC | 223 | 75 | 202 | 1,434 | 1,075 | 2,280 | 846 | 1,205 | 59.0% | 112.1% |
| NON ELECT | 15 | 7 | 10 | 63 | 41 | 33 | -30 | -8 | -47.6% | -19.5% |
| A&E ATTENDS | 17 | 21 | 23 | 106 | 128 | 115 | 9 | -13 | 8.5% | -10.2% |




**Trust Total**

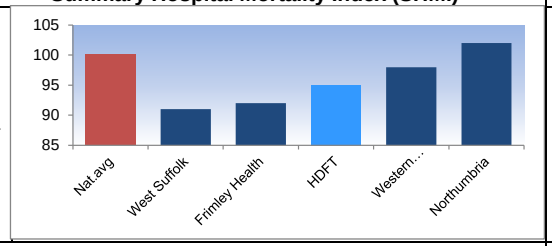
| GROUP | 2018/19 SEP | 2019/20 SEP PLAN | 2019/20 SEP ACTUAL | 2018/19 YTD | 2019/20 YTD PLAN | 2019/20 YTD ACTUAL | 2019/20 vs 2018/19 | 2019/20 vs PLAN | 2019/20 vs 2018/19 % | 2019/20 vs PLAN % |
|---|---|---|---|---|---|---|---|---|---|---|
| REFERRALS | 4,852 | | 4,815 | 30,695 | | 29,792 | -903 | | -2.9% | |
| NEW OP | 8,101 | 8,327 | 8,006 | 50,033 | 49,181 | 48,073 | -1,960 | -1,108 | -3.9% | -2.3% |
| FU OP | 6,138 | 15,728 | 15,118 | 92,660 | 92,687 | 92,722 | 62 | 35 | 0.1% | 0.0% |
| ELECT IP | 289 | 287 | 274 | 1,712 | 1,704 | 1,761 | 49 | 57 | 2.9% | 3.3% |
| ELECT DC | 2,523 | 2,567 | 2,708 | 15,515 | 16,307 | 17,463 | 1,948 | 1,156 | 12.6% | 7.1% |
| NON ELECT | 1,839 | 1,780 | 1,620 | 10,877 | 10,597 | 11,961 | 1,084 | 1,364 | 10.0% | 12.9% |
| A&E ATTENDS | 4,364 | 4,360 | 4,332 | 26,226 | 26,793 | 26,958 | 732 | 165 | 2.8% | 0.6% |



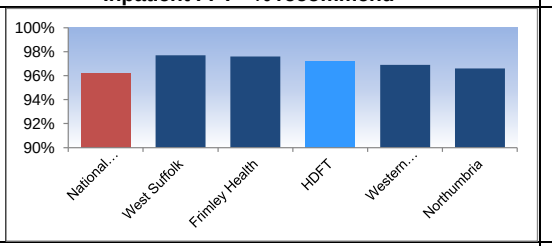
Harrogate and District NHS Foundation Trust

## Section 8 - Benchmarking - September 2019

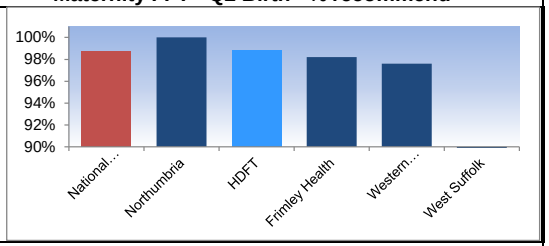
**8.1 Summary Hospital Mortality Index (SHMI)**



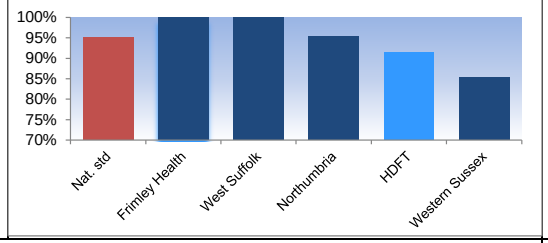

**8.2 Inpatient FFT - % recommend**




**8.3 Maternity FFT - Q2 Birth - % recommend**

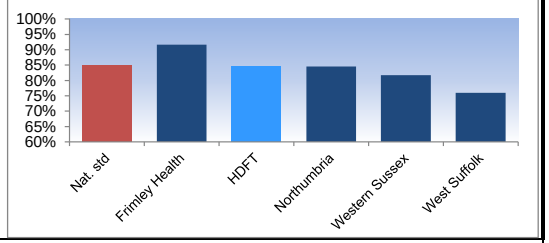



**8.4 Emergency Department 4 hour standard**

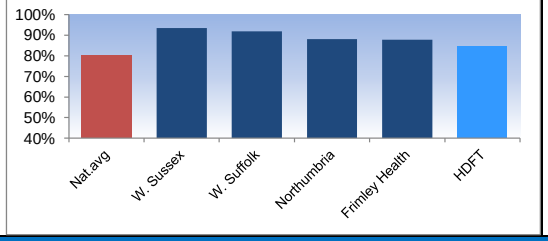



**8.5 RTT incomplete pathways**

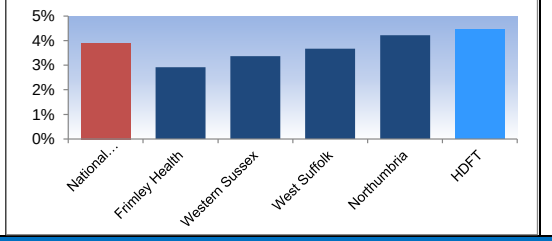
**8.6 Cancer 62 days**



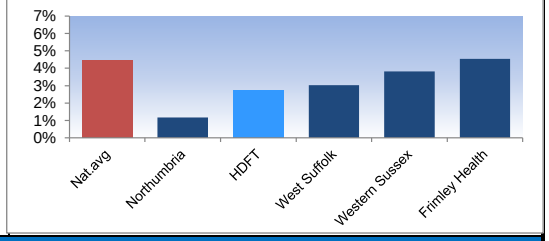

**8.7 Staff FFT - % recommend (place to work)**




**8.8 Sickness absence**




**8.9 Proportion of temporary staff**




**Narrative**

The charts above show HDFT's latest published performance benchmarked against small Trusts with an outstanding CQC rating. The metrics have been selected based on a subset of metrics presented in the main report where benchmarking data is readily available. For the majority of metrics, the data has been sourced from NHSE Website, Data Statistics.

Harrogate and District NHS Foundation Trust

## Integrated board report - August 2019

### Key for SPC charts

| Icon | Description |
|---|---|
|  | Special cause variation - cause for concern (indicator where high is a concern) |
|  | Special cause variation - cause for concern (indicator where low is a concern) |
|  | Common cause variation |
|  | Special cause variation - improvement (indicator where high is good) |

| Icon | Description |
|---|---|
|  | Special cause variation - improvement (indicator where low is good) |
|  | The system is expected to consistently fail the target |
|  | The system is expected to consistently pass the target |
|  | The system may achieve or fail the target subject to random variation |

Harrogate and District NHS Foundation Trust

# Data Quality - Exception Report

| Domain | Indicator | Data quality rating | Further information |
|---|---|---|---|
| Safe | Pressure ulcers - community acquired - grades 2, 3 or 4 | **Amber**  | The observed increase in reported cases over the last two years may be partly due to improvements in incident reporting during the period. |
| Caring | Friends & Family Test (FFT) - Adult Community Services | **Amber**  | The number of patients surveyed represents a small proportion of the community based contacts that we deliver in a year. |
| Efficiency and Finance | Theatre utilisation | **Amber**  | This metric has been aligned with the new theatre utilisation dashboard from December 2017. Further metrics from the new dashboard are being considered for inclusion in this report from April 2018.<br><br>The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc.<br><br>There are some known data quality issues with the utilisation data but it is anticipated that increased visibility of the data via the new dashboard will help to resolve these in the coming months. |
| Responsive | OPEL level - Community Care Teams | **Amber**  | This indicator is in development. |
| Activity | Community Care Teams - patient contacts | **Amber**  | During 2017/18, there were a number of restructures of the teams within these services and a reduction to baseline contracted establishment as the Vanguard work came to an end. This will have impacted upon the activity levels recorded over this period. Therefore caution should be exercised when reviewing the trend over time. |

**Indicator traffic light criteria**

Harrogate and District NHS Foundation Trust

| Indicator number | Domain | Indicator | Description | Traffic light criteria | Rationale/source of traffic light criteria |
|---|---|---|---|---|---|
| 1.1 | Safe | Pressure ulcers - hospital acquired | The chart shows the number of category 2, category 3, category 4 or unstageable hospital acquired pressure ulcers in 2018/19. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only. | tbc | tbc |
| 1.1 | Safe | Pressure ulcers - hospital acquired | The chart shows the number of category 2, category 3, category 4, unstageable and DTI hospital acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes hospital teams only. | | |
| 1.2 | Safe | Pressure ulcers - community acquired | The chart shows the number of category 2, category 3, category 4 or unstageable community acquired pressure ulcers in 2018/19. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only. | tbc | tbc |
| 1.2 | Safe | Pressure ulcers - community acquired | The chart shows the number of category 2, category 3, category 4, unstageable and DTI community acquired pressure ulcers, including device related and device related mucosal for 2019/20. The data includes community teams only. | | |
| 1.3 | Safe | Safety thermometer - harm free care | Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice. | Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95% | National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%. |
| 1.4 | Safe | Safety thermometer - harm free care - community care teams | As above but including data for community teams only. | | |
| 1.5 | Safe | Falls | The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good. | Blue if YTD position is a reduction of >=50% of HDFT average for 2018/19, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2018/19, Amber if YTD position is a reduction of up to 20% of HDFT average for 2018/19, Red if YTD position is on or above HDFT average for 2018/19. | Locally agreed improvement trajectory based on comparison with HDFT performance last year. |
| 1.6 | Safe | Infection control | HDFT's C. difficile trajectory for 2019/20 is 19 cases, an increase of 8 on last year's trajectory. This increase takes into account the new case assignment definitions. Cases where a lapse in care has been deemed to have occurred would count towards this. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2019/20. The last reported case of hospital acquired MRSA at HDFT was in Oct-12. | Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year. | NHS England, NHS Improvement and contractual requirement |
| 1.7 | Safe | Incidents - all | The number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture | Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25% | Comparison of HDFT performance against most recently published national average ratio of low to high incidents. |
| 1.8 | Safe | Incidents - comprehensive SIRIs and never events | The number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above. | Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month. | |
| 1.9 | Safe | Safer staffing levels | Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website. | Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%. | The Trusts aims for 100% staffing overall. |
| 2.1 | Effective | Mortality - HSMR | The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good. | Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval). | Comparison with national average performance. |
| 2.2 | Effective | Mortality - SHMI | The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good. | | |
| 2.3 | Effective | Readmissions | % of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data. | Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2018/19, Amber if latest month rate > HDFT average for 2018/19 but below UCL, red if latest month rate > UCL. | Locally agreed improvement trajectory based on comparison with HDFT performance last year. |
| 3.1 | Caring | Friends & Family Test (FFT) - Patients | The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good. | Green if latest month >= latest published national average, Red if < latest published national average. | Comparison with national average performance. |
| 3.2 | Caring | Friends & Family Test (FFT) - Adult Community Services | The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good. | | |

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| Indicator number | Domain | Indicator | Description | Traffic light criteria | Rationale/source of traffic light criteria |
|---|---|---|---|---|---|
| 3.3 | Caring | Complaints | The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services. | Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2017/18, Amber if on or above HDFT average for 2017/18, Red if above UCL. In addition, Red if a new red rated complaint received in latest month. | Locally agreed improvement trajectory based on comparison with HDFT performance last year. |
| 4.1 | Responsive | NHS Improvement governance rating | NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section. From 1st April 2018, dementia screening perfromance forms part of this assessment. | As per defined governance rating | |
| 4.2 | Responsive | RTT Incomplete pathways performance | Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good. | Green if latest month >=92%, Red if latest month <92%. | NHS England |
| 4.3 | Responsive | A&E 4 hour standard | Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. | Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%. | NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%. |
| 4.4 | Responsive | Cancer - 62 day wait for first treatment from urgent GP referral to treatment | Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good. | Green if latest month >=85%, Red if latest month <85%. | NHS England, NHS Improvement and contractual requirement |
| 4.5 | Responsive | Diagnostic waiting times - 6-week standard | Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good. | Green if latest month >=93%, Red if latest month <93%. | NHS England, NHS Improvement and contractual requirement |
| 4.6 | Responsive | Dementia screening | The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good. | Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3. | NHS England, NHS Improvement and contractual requirement |
| 4.7 | Responsive | Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals | Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good. | Green if latest month >=93%, Red if latest month <93%. | NHS England, NHS Improvement and contractual requirement |
| 4.8 | Responsive | Cancer - 14 days maximum wait from GP referral for symptomatic breast patients | Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good. | Green if latest month >=93%, Red if latest month <93%. | NHS England, NHS Improvement and contractual requirement |
| 4.9 | Responsive | Cancer - 31 days maximum wait from diagnosis to treatment for all cancers | Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good. | Green if latest month >=96%, Red if latest month <96%. | NHS England, NHS Improvement and contractual requirement |
| 4.10 | Responsive | Cancer - 31 day wait for second or subsequent treatment: Surgery | Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good. | Green if latest month >=94%, Red if latest month <94%. | NHS England, NHS Improvement and contractual requirement |
| 4.11 | Responsive | Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug | Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good. | Green if latest month >=96%, Red if latest month <96%. | NHS England, NHS Improvement and contractual requirement |
| 4.12 | Responsive | Cancer - 62 day wait for first treatment from urgent GP referral to treatment | Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good. | Green if latest month >=85%, Red if latest month <85%. | NHS England, NHS Improvement and contractual requirement |
| 4.13 | Responsive | Cancer - 62 day wait for first treatment from consultant screening service referral | Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good. | Green if latest month >=90%, Red if latest month <90%. | NHS England, NHS Improvement and contractual requirement |
| 4.14 | Responsive | Cancer - 62 day wait for first treatment from consultant upgrade | Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good. | Green if latest month >=85%, Red if latest month <85%. | NHS England, NHS Improvement and contractual requirement |
| 4.15 | Responsive | RTT waiting list split by weeks | Number of referred patients waiting for treatment broken down into weeks. | tbc | tbc |
| 4.16 | Responsive | Children's Services - 10-14 day new birth visit | The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good. | Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%. | Contractual requirement |
| 4.17 | Responsive | Children's Services - 2.5 year review | The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good. | Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%. | Contractual requirement |
| 4.18 | Responsive | Children's Services - Use of the Home Environment Assessment Tool | The % of eligible children in Durham who had a HEAT assessment. The performance target is 95%. | Green if latest month >=95%, Amber if between 90% and 94%, Red if <90%. | Contractual requirement |
| 4.19 | Responsive | Children's Services - Reports for Initial and Review Child Protection Case Conferences | The % of reports submitted prior to Case Conferences (where reports are reqeusted earlier than 48 hours before Case Conference.) | Green if latest month >=95%, Red if <95%. | Contractual requirement |
| 4.20 | Responsive | Children's Services - staff compliance with Safeguarding Supervision. | % of community staff achieving 80% compliance for Safeguarding Supervision. | Green if latest month >=100%, Red if <100%. | Locally agreed metric |
| 4.21 | Responsive | Children's Services - % achievement against KPI for Breast Feeding Prevalence at 6-8 weeks. | % of children breast fed at the 6-8 week review. Charted against Prevalence targets for all 0-5 services. | Green if latest month >=100%, Amber if between 90% and 99%, Red if <90%. | Contractual requirement |
| 4.22 | Responsive | OPEL level - Community Care Teams | The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoted the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month. | tbc | Locally agreed metric |
| 4.23 | Responsive | Community Care Teams - patient contacts | The number of face to face patient contacts for the community care teams. | tbc | Locally agreed metric |
| 5.1 | Workforce | Staff appraisal rate | Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good. | Annual rolling total - 90% green. Amber between 70% and 90%, red<70%. | Locally agreed target level based on historic local and NHS performance |
| 5.2 | Workforce | Mandatory training rate | Latest position on the % substantive staff trained for each mandatory training requirement | Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%. | Locally agreed target level - no national comparative information available until February 2016 |
| 5.3 | Workforce | Staff sickness rate | Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good. | Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average. | HDFT Employment Policy requirement. Rates compared at a regional level also |

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| Indicator number | Domain | Indicator | Description | Traffic light criteria | Rationale/source of traffic light criteria |
|---|---|---|---|---|---|
| 5.4 | Workforce | Staff turnover | The staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned. | Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%. | Based on evidence from Times Top 100 Employers |
| 5.5 | Workforce | Agency spend in relation to pay spend | Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff. | Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill. | Locally agreed targets. |
| 6.1 | Efficiency and Finance | Surplus / deficit and variance to plan | Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month. | Green if on plan, amber <1% behind plan, red >1% behind plan | Locally agreed targets. |
| 6.2 | Efficiency and Finance | NHS Improvement Financial Performance Assessment | From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4. | Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating. | as defined by NHS Improvement |
| 6.3 | Efficiency and Finance | Capital spend | Cumulative Capital Expenditure by month (£'000s) | Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan | Locally agreed targets. |
| 6.4 | Efficiency and Finance | Long stay patients | This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good. | tbc | as defined by NHS Improvement |
| 6.5 | Efficiency and Finance | Occupied bed days | Total number of occupied bed days in the month. | tbc | Locally agreed targets. |
| 6.6 | Efficiency and Finance | Delayed transfers of care | The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG. | Red if latest month >3.5%, Green <=3.5% | Contractual requirement |
| 6.7 | Efficiency and Finance | Length of stay - elective | Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay. | Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%. | Comparison with performance of other acute trusts. |
| 6.8 | Efficiency and Finance | Length of stay - non-elective | Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay. | | |
| 6.9 | Efficiency and Finance | Avoidable admissions | The number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children. | tbc | tbc |
| 6.10 | Efficiency and Finance | Theatre utilisation | The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal. | Green = >=85%, Amber = between 75% and 85%, Red = <75% | A utilisation rate of around 85% is often viewed as optimal. |
| 6.11 | Efficiency and Finance | Day case rate | The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable. | Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%. | Comparison with performance of other acute trusts. |
| 6.12 | Efficiency and Finance | Outpatient DNA rate | Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot. | | |
| 6.13 | Efficiency and Finance | Outpatient new to follow up ratio | The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place. | | |
| 7.1 | Activity | Outpatient activity against plan (new and follow up) | The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led. | Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%. | Locally agreed targets. |
| 7.2 | Activity | Elective activity against plan | The position against plan for elective activity. The data includes inpatient and day case elective admissions. | | Locally agreed targets. |
| 7.3 | Activity | Non-elective activity against plan | The position against plan for non-elective activity (emergency admissions). | | Locally agreed targets. |
| 7.4 | Activity | Emergency Department attendances against plan | The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and pateints who are streamed to primary care. | | Locally agreed targets. |

**Data quality assessment**

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

Harrogate and District NHS Foundation Trust

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|---|---|---|---|
| **Date of Meeting:** | 6 November 2019 | **Agenda item:** | 10.0 |
| **Report to:** | Council of Governors | | |
| **Title:** | Constitution Review 2019 – Update | | |
| **Sponsoring Director:** | Mrs Angela Schofield, Chairman | | |
| **Author(s):** | Mr Andrew Forsyth, Interim Company Secretary | | |

**Report Purpose:**

| Decision | ✓ | Discussion/ Consultation | ✓ | Assurance | | Information | |
|---|---|---|---|---|---|---|---|

**Executive Summary:**

At the meeting on 7 August 2019, the Council of Governors approved the following changes to the Trust Constitution:

- Article 11.7.1 of the Trust Constitution to delete the word 'elected' from the sentence 'The Council of Governors shall elect a Deputy Chairman from amongst the elected Governors.'
- Change the title 'Deputy Chair/Chairman of Governors' to 'Lead Governor' throughout the Constitution.
- Trust Board approved the changes on 25 September 2019.
- Final amended version is presented for approval.

**Related Trust Objectives**

| 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:** | The Constitution of the Trust, article 27.1.1, requires more than half of the members of the Council of Governors of the Trust voting to approve amendments to the Constitution;<br>The Constitution of the Trust, article 27.1.2, requires more than half of the members of the Board of Directors voting to approve amendments to the Constitution; |
| **Resource:** | None identified. |
| **Impact Assessment:** | Not applicable. |
| **Conflicts of Interest:** | None identified. |
| **Reference** | The Constitution of Harrogate and District NHS Foundation Trust (a |

| **documents:** | Public Benefit Corporation) dated 1 August 2018 |
|---|---|

| **Action Required by the Council of Governors:** |
|---|
| The Council of Governors is recommended to:<br><br>• **approve** the amended Constitution in accordance with Article 27.1.1<br>• **recommend** that the Trust Board approves the amended Constitution |

**Amendments to the Trust Constitution**



1. At the Council of Governors' meeting held on 7 August 2019, the Council of Governors approved a number of changes to the Constitution.

2. Under the Constitution the recommended changes can only be made if more than half of the members of the Council of Governors of the Trust voting approve the amendments (Article 27.1.1). This requirement was met at that meeting.

3. Also under the Constitution, following a vote by the Council of Governors to make amendments, the Trust Board of Directors must approve them, again with more than half of the members of the Board voting to approve them (Article 27.1.2). This requirement was met at the meeting of the Trust Board on 25 September 2019.

4. The required amendments have now been made to the Trust Constitution and the final, amended, version is laid before the Council of Governors for approval.

5. If approved, the amended Trust Constitution will be laid before the Trust Board of Directors on 27 November 2019 for approval and thereafter a copy will be deposited with NHS Improvement.

6. An amended copy of the Constitution, showing the changes, is attached.

Harrogate and District NHS Foundation Trust

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**ANNUAL MEMBERS' MEETING – 2018/19**

**The Harrogate and District NHS Foundation Trust Annual Members' Meeting held on Wednesday 24 July 2019 at 5.45pm in the Calder Room, The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ**



**Governors Present**

Dr Pamela Bagley, Stakeholder Governor
Mr John Batt, Public Governor
Mr Robert Cowans, Public Governor
Ms Clare Cressey, Stakeholder Governor
Mr Martin Dennys, Public Governor
Miss Sue Eddleston, Public Governor
Ms Carolyn Heaney, Stakeholder Governor
Mrs Pat Jones, Public Governor
Mr Neil Lauber, Staff Governor
Ms Samantha Mearns, Public Governor
Mr Steve Treece, Public Governor

**In attendance**

Ms Sarah Armstrong, Non-Executive Director
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Mr Jonathan Coulter, Deputy Chief Executive/ Finance Director
Mr Mike Forster, Operational Director, Long-Term and Unscheduled Care
Mr Andrew Forsyth, Interim Company Secretary
Mrs Jill Foster, Chief Nurse
Mr Robert Harrison, Chief Operating Officer
Dr Natalie Lyth, Operational Director, Children's and Countywide Community Care
Mrs Laura Robson, Non-Executive Director
Mr Steve Russell, Chief Executive
Mrs Angela Schofield, Chairman
Dr David Scullion, Medical Director
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director/Vice Chairman
Mrs Lesley Webster, Non-Executive Director
Ms Angela Wilkinson, Director of Workforce and Organisational Development
Mr Andrew Gold, Chair, Airedale NHS FT
Mr Alex Day, Healthwatch North Yorkshire

**Members in attendance**

Christine Andrews, Michael Andrews, Anne Bailey, Joanna Barker, Christopher Binks, Patricia Binks, Mary Ann Bradley, Amy Clarke, Denis Cleaver, Elaine Culf, Andrew Dangerfield, Peter Doyle, Richard Eastoe, John Edwards, Frances Elliot, Jane Farquharson, Dr Sheila Fisher, Nicola George-Powell, Charles Gibson, Charly Gill, Cllr Michael Harrison, Samantha James, Andrew Kingsley, Carmen Lawn, Michael Lawn, Judy Lennon, Anne Mann, Doug Masterton, Maggie Peat, Robyn Precious, Jules Preston, Clare Ray, Emily Reid, Sue Roberts, Stephanie Robinson, Elizabeth Ruddle, Wallace Sampson, David Smith, Rodney Stanyon, Heather Stuart,

Helen Sturdy, Anne Taylor, Roger Taylor, Arthur Unitt, Lynne Unitt, Irvana Urdal, Peter Watson, Dr Rebecca Watt, Andrew Wilkinson, Tim Wilkinson.

**1. Welcome and Apologies for absence**

The Chairman, Mrs Schofield, welcomed all attendees including Governors, staff, volunteers and partner organisations. She was particularly pleased to see so many people at the meeting, all sharing an interest and commitment to the NHS locally.

Apologies for absence had been received from: Ian Barlow (Public Governor), Cath Clelland (Public Governor), Tony Doveston (Public Governor), Emma Edgar (Deputy Chair of Governors, Public Governor), Richard Flinton (North Yorkshire County Council), Tim Franklin (Inspector, CQC), Mikalie Lord (Staff Governor), Rashpal Khangura (KPMG, Trust External Auditor), Loveena Kunwar (Staff Governor), Cllr John Mann (Stakeholder Governor), Phil Mettam (York CCG), Richard Stiff (Non-Executive Director), Richard Webb (North Yorkshire County Council), Dr Nigel Wells (York CCG) and a number of members.



**2. Confirmation of Minutes of the Annual Members' Meeting 2017/18**

It was noted the minutes of the 2017/18 Annual Members' Meeting, held on 25 September 2018, had been presented as draft to the Council of Governors' meeting on 26 January 2019.

Miss Sue Eddleston, Public Governor proposed the acceptance of the Minutes and Ms Clare Cressey 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 this was an important event, where the Trust reported formally to the members for the performance of the Trust in the year 2018/19 and the Board and Council members were keen to hear the views of members during the session later. The meeting had been moved forward so that it was closer to the end of the year to which it referred. She hoped that everyone had taken time to watch the presentation which had been shown before the meeting, as it included some interesting information about the Trust.

The meeting offered an opportunity to celebrate the achievements of the Trust and to ask questions of the Board of Directors and Council of Governors Some of the issues affecting the Trust currently and some of the future plans would also be covered.

There had been a significant change in the membership of the Board of Directors – Dr Ros Tolcher had retired at the end of March, having been Chief Executive for almost five years. She was an outstanding leader who was enormously admired and embodied the values of Trust – You Mater Most and Excellence Every Time. Mrs Schofield was pleased to welcome Steve Russell who took up post as Chief Executive on 1 April 2019. He brings a wide range of experience from his NHS career.

Whilst the Annual Members' Meeting was being held in Harrogate it was important to remember the services provided for children and families in the community in Harrogate and District, North Yorkshire, County Durham, Darlington, Middlesbrough, Gateshead, Stockton-on-Tees and

Sunderland. The Trust was proud of the important work of providing care for families and it was good to see them showcasing this work at the meeting.

Mrs Schofield said that the theme of the meeting was 'There's no place like home'. Whilst hospitals were important they were only one part of the package of care. On her walks around the hospital, patients always looked forward to going home. The presentations later in the meeting would demonstrate the steps taken to support patients on the journey from hospital to home – and the efforts made to avoid admission to hospital unless it is absolutely necessary. It would be an opportunity to learn about and give thoughts on the service provided by community teams, working with GPs, hospital teams and social care.

Mrs Schofield said she wanted to thank the members of the Board of Directors and the Council of Governors for their absolute commitment to the Trust and ensuring that the governance arrangements are clear and effective. The Governors gave their time freely and with great generosity; she said that she would particularly wish to thank Emma Edgar who was doing a fantastic job as Deputy Chairman of the Council of Governors, a role she took over mid-year. Board members and Governors were accolated to tables around the room and Mrs Schofield encouraged members to ask them questions.



There had been a number of changes to the Board of Directors during the year. Ian Ward, Non-Executive Director, left in September, after six years and Philip Marshall, Director of Workforce and Organisation Development, had completed 12 years when he moved to a new role at Mid-Yorkshire NHS Trust. Mrs Schofield thanked them both for their outstanding contributions. Sarah Armstrong joined the Board as a Non-Executive Director in October and Angela Wilkinson took up the post of Director of Workforce and Organisational Development in early November.
Mrs Schofield thanked the organisers of the meeting, especially Angie Colvin, the teams who provided the interesting stands, those who raise funds for the Trust's services and other individuals who support the Trust. She made special mention of the Youth Forum, and their work on Hopes for Healthcare for young people, and the more than 600 volunteers doing a wide variety of jobs in support of patients and staff. And finally, the Chairman thanked every member of the amazing team of staff at the Trust.

Introducing Pat Jones, Mrs Schofield said that she was well known, having been a Governor for nine years, a Harrogate Borough Councillor for many years and as Mayor of Harrogate. Pat was coming to the end of her term of office as a Governor for Harrogate and surrounding villages and the Trust would greatly miss her wisdom, humour and absolute commitment.

**4. Council of Governors' Overview of the Year – Mrs Pat Jones, Public Governor for Harrogate and Surrounding Villages**

Mrs Jones said that she was sad to be coming to the end of her term of office but all good things come to an end. It had been a great privilege and she had been highly honoured. She would miss the Trust but intended to volunteer.

She said it was a pleasure to present the Council of Governors' overview of 2018-19. Mrs Jones started with a huge thank you and farewell to Pamela Allen, Liz Dean, Zöe Metcalfe, Dr Sheila Fisher, Dr Daniel Scott, Andy Masters and Helen Stewart, all of whom had stepped down as Governor during the year. She echoed Mrs Schofield's thanks to Emma Edgar, who was doing an excellent job as Deputy Chairman of the Council of Governors.

Mrs Jones asked the meeting to remember Rosemary Marsh, who had died suddenly in March. She had been a great supporter of the Trust, both as a member of the Patient Voice Group and as a Public Governor for Harrogate and surrounding villages – she was greatly missed.

New Governors had been elected in July and December; three Public Governors were elected in July (Bob Cowans, Dr Christopher Mitchell and Ian Barlow) as well as Neil Lauber, a new Staff Governor. At the end of the year Tony Doveston was re-elected and Martyn Dennis and John Batt were elected as Public Governors. Additionally one Staff Governor (Helen Stewart) was elected in December.

Mrs Jones said that she was delighted to welcome those who had been successful in the latest elections, of which the results had just been announced. Dave Stott, Samantha James and Doug Masterton had been elected as Public Governors and they made themselves known. Additionally two new Staff Governors had been elected – Dr Loveena Kunwar and Helen Stuart and she welcomed them. The next round of elections would be in the autumn and Mrs Jones urged anyone who was interested in standing to contact the Foundation Trust office.



The roles and responsibilities of the Governors were rewarding and included statutory duties, seeking assurance and engaging with the community and Trust membership, Mrs Jones said, and there was a range of meetings and events that Governors could attend to fulfil their role. She noted that the Governors had appointed Sarah Armstrong and Richard Stiff as Non-Executive Directors. She highlighted the presentations given as part of the Medicine for Members and encouraged members to attend as they were always interesting – details were on the Trust website.

Mrs Jones reported that the Trust had 18,209 members and the Membership Development Strategy was designed to attract and retain members. The Trust had provided over 100 work placements during the year, more than 600 volunteers had provided their time and she described the Youth Forum as amazing; the members, aged between 13 and 19, provided valuable feedback on healthcare for young people. Amongst other engagement events the Trust had run a stall at the Harrogate Pride Festival.

One of the most important tasks for Governors was to ask questions of the Board of Directors on behalf of the members. This usually took place at the Council of Governors' meeting in public and she invited members to attend the next meeting on 7 August.

In closing Mrs Jones said that more information was always available from the Trust website or the Foundation Trust office, and hoped that members would enjoy the meeting.

**5. Harrogate and District NHS Foundation Trust Annual Report and Accounts 2017/18 –Steve Russell, Chief Executive and Jonathan Coulter, Deputy Chief Executive and Director of Finance**

Steve opened by thanking colleagues across the Trust for a very warm welcome and for sharing their views and experience with him since starting in April 2019.
Referencing the Trust's strategic objectives of delivering high quality healthcare, working with partners to integrate care and ensuring clinical and financial sustainability he highlighted the following key achievements for 2018/19 whilst referencing the Annual Report summary which went into more detail.

- The Trust had been rated 'Good' overall by the CQC for Quality, with caring rated as Outstanding.
- The Trust had treated 2% more outpatients, 10% more elective patients, and had seen 1% more attendances to the Emergency Department.
- 94.5% of patients attending the ED had been treated within four hours, 86% of patients on a cancer pathway were treated within 62 days, and 90.2% of patients waiting for elective treatment were waiting under 18 weeks.
- The Trust had met its financial plan and was rated as Good for Use of Resources by NHS Improvement.
- A number of new services had been introduced such as the Supported Discharge Service and the Natural Health School, which was unique nationally and new facilities such as the Endoscopy Unit and the Assessment Unit had been completed and opened.
- The Trust had worked in partnership with the local CCG, mental health Trust and the County Council to design a new integrated community service which would launch in 19/20.
- Following the opening of the new Endoscopy Unit it had received JAG accreditation which is a marker of quality.



Steve highlighted that these achievements were due to the hard work of the Trust's staff, those in Harrogate Integrated Facilities, our volunteers and apprentices. Noting the importance of the experience of staff he highlighted some of the positive results from the staff survey in which the experience of staff at HDFT was better than the national average in 9 of the 10 key elements, and average in the 10th. Despite many positives, he noted that there were important messages on areas on which the Trust would need to focus attention in 2019/20. He emphasised the importance of staff health and wellbeing, and the support for first line leaders, and highlighted the Making a Difference awards scheme for which there had been more than 300 nominations and 150+ winners.

Through the efforts of the staff, the Trust was striving to get better all the time through the Trust's Quality Improvement approach. Steve noted the 500 Quality of Care Champions who had been trained in improvement and 34 Fairness Champions – who had a role to support the designated Freedom to Speak Up Guardian to help staff to feel safe, supported and treated fairly.

Jonathan Coulter presented the Trust's financial performance for 2018/19. The Trust's income had been £15m higher than the previous year and had spent the money it received from commissioners, generating a surplus of £401,000. He highlighted the achievement of the Trust living within its means and delivering its plan. This meant that the Trust had qualified for national incentive funding of nearly £8m which would support the Trust's capital investment programme. The Trust's cash balance was £2.9m which represented around 4 days of spend. Jonathan highlighted the Use of Resources rating noting that this provided assurance that the Trust was managing its resources well. The review had identified some areas for further improvement but had also identified areas of outstanding practice.

The Trust's External Auditors had examined the Accounts and confirmed that they were satisfactory and there were no significant issues. Jonathan highlighted the work of the Trust's charity, Harrogate Hospital and Community Charity, which had undertaken a huge volume of work to generate funds to enhance care for patients and he thanked all those who had been involved.

Finally, Jonathan summarised the 2018/19 Quality Report which provided considerable assurance about performance against the Trust's quality priorities. Some quality priorities were being included for a further year, and he confirmed that the Quality Report had also been audited externally.

**6. There's no place like home' - The Supported Discharge Service Team**



Mr Harrison, Chief Operating Officer, introduced the presentation. He said spending periods in hospital had a number of effects on patients and the Supported Discharge Service (SDS) provided a way of getting people home as soon as possible. The Trust had talked about it 18 months earlier and was passionate about it; there had been a pilot then a business case and Board approval.

Dr Rebecca Watt said that people should only be in hospital when they were acutely unwell; when this need had passed they needed to go home as soon as possible, with wrap round services for convalescence at home. Fear was removed by the support team. Whilst hospital stays were risky the balance shifted once acute care was complete. She then showed a story about a patient which illustrated the point. The intention of the SDS was to make the process more streamlined – to get patients out of hospital and into home as soon as possible.

Nikki George-Powell, the lead therapist for the SDS said that the teams worked to make the 'Yellow Brick Road' between hospital and home as short as possible. She led an experienced and focused team; there was a Ward-based team to identify suitable patients so that the SDS team could support their return home as soon as possible. Team members were able to offer range of treatments and could manage up to 15 patients at a time. The main assessment of patients took place at home and only one was needed. The services available were constantly reviewed to return patients to independence and normal life as soon as possible. Feedback from both patients and staff to date had been positive.

As far as the future of the SDS the Trust needed to be brave, thinking and doing differently to benefit future generations. It was important to spread the message that home is best – and bust the myth that it was scary to go home – it should become the default option. She was asked a question about how much attention was given to the partner/carer as part of support package and said this was essential as soon as possible, and built into the assessment – with the consent of the patient – so that it was seen as single package so support was provided for the package. Services were provided from day one – SDS was a temporary bridge to community services.

Asked about care during the evening when concerns might fall out of hours, Ms George-Powell said that the risk would be assessed up to 8pm. Assessments needed to be right and the package tailored to minimise risk; there was constant assessment. The SDS might have to take a risk but it would manage the risk of being at home. The SDS worked with existing services – temporary or permanent – and with social care to minimise ongoing needs.

## 7. What's important to you - supporting people at home?

Mrs Scofield invited comments and questions from the floor. Mrs Taylor, a Non-Executive Director, said that with people living alone it was a question of developing confidence around the practicalities of normal life; Mr Russell said making sure patients had access to a handyman to help with grab rails etc could be helpful. Ms Clelland (Public Governor) noted that she felt it was all about maximising independence and identifying services to help patients to continue the journey around mobility, mobility, comms and who to call and when. Mr Treece (Public Governor) said this was more than a 'one stop shop' by taking an holistic view to integrate with social services on a non-transactional basis. In Dr Lyth's view it was about clear communication, advice and signposting, whilst Mrs Webster (Non-Executive Director) said that delays often made conditions worse and stressed the immediate positive effect of care delivered quickly. Ms Bagley (Stakeholder Governor) identified the importance of the patient passport in following the patient from hospital whilst Mr Cowans (Public Governor) emphasised the importance of the carer. In Ms Heaney's view the patient needed to have certainty that things would get better whilst Mrs Schofield said that the comments would be summarised and sent to the SDS team.

## 8. Question and Answer Session

Following a break Mrs Schofield introduced the panel to answer questions from delegates:

Steve Russell, Chief Executive
Robert Harrison, Chief Operating Officer
Mike Forster, Operational Director, Long-term and Unscheduled Care Directorate
Dr Rebecca Watt, Consultant Geriatrician
Stephanie Robinson, Occupational Therapist
Nicola George-Powell, Occupational Therapist.

Mrs Schofield invited questions from those attending the meeting, whether specifically on what they had heard or more general questions. Responding to a question about the interface between Home from Hospital and the SDS, Mr Harrison said that the latter needed to work better to connect up with the voluntary sector to be more effective and not duplicate services. He noted the development of HARA and cited this as a way of improving the SDS – Mr Forster added that a meeting to examine this was imminent.

Moving away from the SDS, Dr Fisher asked about the integration of services. Mr Russell said that WYAAT and WY&H HCP were already working together in programmes such as Scan for Safety (a barcoding system) and on pathology services in the future which would encompass greater automation and digital pathology.

A member asked about agency spending on staff and how would it be reduced. Mr Coulter said that the Trust had an agency ceiling set for it by NHSI and was well below it. The key thing was to recruit our own staff to reduce reliance on agency staff, which had financial, quality and continuity implications. There were national shortages but the Trust tried to grow its own staff. Mrs Foster (Chief Nurse) added that as far as the quality of agency staff as concerned, they all worked for agencies on the Framework, were qualified and trained and underwent a Trust induction. If they did not perform to the required standard then they were reported to their agency and may not be permitted to work again in the Trust.

Asked about the internal development of staff resources, Mrs Foster said that as well as recruiting from elsewhere in the UK, the Trust was engaged in the Global Learners programme which brought qualified staff in from India; they were then assisted to achieve Nursing and Midwifery Council registration, working as Care Support Workers in the meantime, and this included language requirements. Mrs Schofield emphasised that the intention was to fill every vacancy on a permanent basis.

A member asked why there were not different levels of nurse – why did all nurses need a degree to register. Mrs Foster replied that there was a need for a skill mix on wards to provide the full range of services. Ms Bagley (Stakeholder Governor and Dean of the Faculty of Health Studies at the University of Bradford) said that evidence showed that nurses having degrees reduced mortality rates. There were now Nursing Associates who studied for two years rather than three and these were another asset to patient care and opened opportunities for those who could not do full degree immediately. There was a need for critically-thinking registered staff with degrees. Mrs Schofield added that there were now much better opportunities for graduate nurse to progress within healthcare.



**9. Any Other Business**

There was no other business. However, in closing Mrs Schofield thanked everyone for attending and hoped that the meeting had been both interesting and useful for all those attending. The Trust appreciates the extra dimension that interacting with members brought and she looked forward to seeing many members throughout the year and at the 2020 meeting.

Mrs Schofield closed the meeting at 7.56pm.

Harrogate and District NHS Foundation Trust

# CONSTITUTION OF HARROGATE AND DISTRICT NHS FOUNDATION TRUST

# (A PUBLIC BENEFIT CORPORATION)



**Updated in line with the requirements of the Health and Social Care Act 2012**

**With effect from 1 August 2018**

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August 2018

## 1. Interpretation and definitions

1.1. Unless otherwise stated, words or expressions contained in this constitution shall bear the same meaning as in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012.

1.2. Words importing the masculine gender only shall include the feminine gender; words importing the singular shall include the plural and vice-versa.

1.3. In this constitution:

| | |
|---|---|
| “the 2006 Act” | is the National Health Service Act 2006; |
| “the 2012 Act” | is the Health and Social Care Act 2012; |
| "Accounting Officer" | means the person who from time to time discharges the function specified in section 25(5) of Schedule 7 to the 2006 Act; |
| "Annual Members' Meeting" | is defined in paragraph 15 of this constitution; |
| “area of the Trust” | means the areas specified in Annex A; |
| “Board of Directors” | means the Board of Directors as constituted in accordance with this constitution; |
| “CCGs” | means Clinical Commissioning Groups; |
| “Chairman” | means the individual appointed by the Council of Governors to provide leadership to and chair meetings of the Board of Directors and the Council of Governors; |
| “Company Secretary” | means the individual appointed to perform the duties of the Secretary to the Trust as defined in section 17 of this constitution; |
| “constitution” | means this constitution and all annexes to it; |
| “Council of Governors” | means the Council of Governors as constituted in accordance with this constitution; |
| “~~Deputy Chairman of~~ Lead Governor | means the person appointed to preside over |

| | |
|---|---|
| ~~Governors~~ “” | meetings of the Council of Governors in the absence of the Chairman and Vice Chairman. |
| “Director” | means a member of the Board of Directors; |
| “elected Governors” | means those Governors elected by the public constituencies and the classes within the staff constituency; |
| “financial year” | means each successive period of twelve months beginning with 1 April; |
| "Governor" | means a member of the Council of Governors and either being a Public Governor, Staff Governor or Stakeholder Governor; |
| “Licence” | means the Trust’s licence granted by Monitor under the 2012 Act; |
| "Medical Practitioners' Staff Class" | means the staff class of the staff staff constituency defined in paragraph 7.3.3 of this constitution; |
| “NHS Improvement” (formally known as Monitor) | is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act; |
| "Nursing and Midwifery Staff Class" | means the staff class of the staff constituency defined in paragraph 7.3.2 of this constitution; |
| "Other Clinical Staff Class" | means the staff class of the staff constituency defined in paragraph 7.3.4 of this constitution; |
| "Non-Clinical Staff Class" | means the staff class of the staff constituency defined in paragraph 7.2.5 of this constitution; |
| “Local Authority Governor” | means a member of the Council of Governors appointed by one or more local authorities whose area includes the whole or part of the area of the Trust; |
| “member” | means a member of the Trust; |
| “the Trust” | means Harrogate and District NHS Foundation Trust; |

| | | |
|---|---|---|
| | "Public Governor" | means a member of the Council of Governors elected by members of the public constituencies; |
| Trust | | |
| | "Senior Independent Director" | means the individual appointed by the Board to act as the Senior Independent Director in accordance with section 16.5 of the constitution; |
| | "Staff Governor" | means a member of the Council of Governors elected by the members of the relevant class within the staff constituency; |
| | "Stakeholder Governor" | means those members of the Council of Governors appointed by the appointing organisations; |
| | "Vexatious Complainant" | a definition can be found within the Trust's Making Experiences Count Policy; |
| | "Vice Chairman" | means the individual appointed by the Council of Governors, to chair in the absence of the Chairman, meetings of the Board of Directors and the Council of Governors. |



## 2 Name

2.1 The name of the foundation Trust is Harrogate and District NHS Foundation Trust (the Trust).

## 3 Principal purpose

3.1 The principal purpose of the Trust is the provision of goods and services for the purposes of the health service in England.

3.2 The Trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.

3.3 The Trust may provide goods and services for any purposes related to:

3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

3.3.2 the promotion and protection of public health.

3.4 The Trust may also carry out activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

## 4 Powers

4.1 The powers of the Trust are set out in the 2006 Act, subject to any restrictions in its Licence.

4.2 In particular it may:

4.2.1 acquire and dispose of property;

4.2.2 enter into contracts;

4.2.3 accept gifts of property (including property to be held on Trust for the purposes of the Trust or for any purposes relating to the health service); and,

4.2.4 employ staff.

4.3 Any power of the Trust to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of, pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).

4.4 The Trust may borrow money for the purposes of or in connection with its functions subject to any restrictions imposed by NHS Improvement from time to time.

4.5 The Trust may invest money (other than money held by it as Trustee) for the purposes of or in connection with its functions subject to any guidance provided by NHS Improvement. The investment may include investment by:

4.5.1 forming, or participating in forming bodies corporate;

4.5.2 otherwise acquiring membership of bodies corporate.

4.6 The Trust may give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions.

4.7 The Trust may raise charitable funds and in doing so, appeal for any contribution, donation, grant, gift money or property.

## 5 Commitments

5.1 The Trust shall exercise its functions effectively, efficiently and economically.

5.2 Representative membership

5.2.1 The Trust shall at all times endeavour to procure membership that, taken as a whole, is representative of those eligible for membership, and in deciding which areas are to be areas of the Trust, have regard to the need for those eligible for such membership to be representative of those to whom the Trust provides goods and services. The Trust shall at all times have in place and pursue a Membership Development Strategy which shall be approved by the Council of Governors, and which shall be reviewed by them from time to time, and in any event, at least every three years.



5.2.2 The Council of Governors shall present to each Annual Members' Meeting:

5.2.2.1 a report on steps taken to procure that, taken as a whole, the actual membership of its constituencies is representative of those eligible for such membership;

5.2.2.2 the progress of a Membership Development Strategy; and,

5.2.2.3 any changes to the Membership Development Strategy.

5.3 Co-operation with external organisations

5.3.1 In exercising its functions the Trust shall co-operate with other NHS bodies (as defined in Section 275 of the 2006 Act) including the National Institute for Health and Clinical Excellence, NHS Digital, Local Authorities, NHS Improvement, the Care Quality Commission and with other non-health organisations, both statutory and voluntary.

5.4 Respect for rights of people

5.4.1 In conducting its affairs, the Trust shall respect the rights of members of the community it services, its employees and people dealing with the Trust as set out in the Charter of

Fundamental Rights of the European Union and the NHS Constitution.

5.5 Openness

5.5.1 In conducting its affairs, the Trust shall have regard to the need to provide information to members and conduct its affairs in an open and accessible way.

## 6 Framework

6.1 The affairs of the Trust are to be conducted by the Board of Directors, the Council of Governors and the members in accordance with this constitution. The members, the Council of Governors and the Board of Directors are to have the roles and responsibilities set out in this constitution.



## 7 Membership and constituencies

7.1 The members of the Trust are those individuals whose names are entered in the membership database. Every member is either a member of one of the public constituencies or a member of one of the classes of the staff constituency. Subject to this constitution, membership is open to any individual who:

7.1.1 is 16 years of age and over; and

7.1.2 is entitled under this constitution to be a member of a public constituency or a member of the appropriate class within the staff constituency as applicable; and

7.1.3 if applying to be a member of a public constituency, has completed a public membership application form; or

7.1.4 if applying to be a member of a class within the staff constituency, chooses to opt in to the staff membership scheme.

7.2 Public constituencies

7.2.1 There are six public constituencies covering the area of the Trust as set out in Annex A. Membership of each of the public constituencies is open to individuals:

7.2.1.1 who live in an area of the Trust;

7.2.1.2 who are not eligible to be members of the staff constituency;

7.2.1.3 who meet the criteria and have completed the application referred to in paragraph 7.1 above; and

7.2.1.4 who are not otherwise disqualified from membership under paragraph 8 of this constitution.

7.2.2 The minimum number of members in each of the public constituencies is:

200 in Harrogate and surrounding villages;

120 in Ripon and West District;

120 in Knaresborough and East District;

120 in Wetherby and Harewood including Otley and Yeadon, Adel and Wharfedale and Alwoodley Wards;

100 in the rest of North Yorkshire and York; and

50 in the Rest of England.

7.2.3 Those individuals who live in an area of the Trust are referred to collectively as a public constituency.

7.3 Staff constituency

7.3.1 The staff constituency is to be divided into four classes of individuals as follows:

The Nursing and Midwifery Staff Class;

The Medical Practitioners' Staff Class;

The Other Clinical Staff Class; and

The Non-Clinical Staff Class.

The classes are collectively referred to as the staff constituency. In the case of employment covering a dual role, the primary appointment will determine the relevant class of the staff constituency.

7.3.2 The members of the Nursing and Midwifery Staff Class are individuals who are members of the staff constituency whose regulatory body falls within the remit of the Council for Healthcare Regulatory Excellence established by section 25 of the NHS Reform and Health Care Professions Act 2002 and who are registered with the Nursing and Midwifery Council, and unregistered nursing staff who are employed by the Trust.

7.3.3 The members of the Medical Practitioners' Staff Class are individuals who are members of the staff constituency who are fully registered persons within the meaning of the Medical Act 1983 or the Dental Act 1984.

7.3.4 The members of the Other Clinical Staff Class are individuals who are members of the staff constituency (other than nurses or midwives referred to in paragraph 7.3.2 above) whose regulatory body falls within the remit of the Council for Healthcare Regulatory Excellence established by section 25 of the NHS Reform and Health Care Professions Act 2002, or are employed by the Trust to carry out associated clinical duties to support clinical staff.

7.3.5 The members of the Non-Clinical Staff Class are individuals who are members of the staff constituency who do not come within paragraphs 7.3.2, 7.3.3 and 7.3.4 above.

7.3.6 Members of the staff constituency are to be individuals who:

7.3.6.1 are employed by the Trust under a contract of employment which has no fixed term or a fixed term of at least 12 months; or,

7.3.6.2 have been continuously employed by the Trust for at least 12 months; and,

7.3.6.3 are not disqualified from membership under paragraph 8 below; and,

7.3.6.4 have been invited by the Trust to become a member of the relevant class of the staff constituency and have informed the Trust they wish to be a member.

7.3.7 The minimum number of members in each class of the staff constituency is:

150 will be registered in the Nursing and Midwifery Staff Class;

15 in the Medical Practitioners' Staff Class;

50 in the Other Clinical Staff Class; and

100 in the Non-Clinical Staff Class.

7.3.8 A person who is eligible to be a member of one of the classes of the staff constituency may not become or continue as a member of the public constituencies and may not become or continue as a member of more than one staff class.

## 8 Disqualification from membership

8.1 A person may not be a member of the Trust:

8.1.1 If, in the opinion of the Council of Governors after following proper procedures as required by the Trust's Standing Orders, there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the Trust;

8.1.2 If within the last five years they have perpetrated a serious incident of violence towards any of the Trust's facilities, employees or volunteers in association with their employment as defined in the Trust's Violence and Aggression Policy; or

8.1.3 If they are not eligible to be a member in accordance with paragraphs 7.2 and 7.3 of this constitution.

## 9 Termination of membership

9.1 A member shall cease to be a member if:

9.1.1 they resign by notice to the Foundation Trust Office;

9.1.2 they die;

9.1.3 they are disqualified from membership by paragraph 8;

9.1.4 being a member of a public constituency, they cease to fulfil the requirements of paragraph 7.2; or,

9.1.5 being a member of the staff constituency, they cease to fulfil the requirements of paragraph 7.3.

9.2 Upon ceasing to be a member, any benefits attaching to membership cease immediately.

## 10 The role of members

10.1 The role of members is to demonstrate their support to the Trust and should they wish to, and be eligible, stand for election to be a Public Governor or Staff Governor on the Council of Governors.

10.2 To vote on whether to approve amendments to the constitution in relation to the powers and duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Trust) and to take such other part in the affairs of the Trust as is provided in this constitution.

10.3 The surpluses or any profits of the Trust are not to be distributed either directly or indirectly in any way at all among members of the Trust.

10.4 Members will receive treatment by the Trust on exactly the same basis as any other NHS patient.



## 11 The Council of Governors

11.1 The Trust is to have a Council of Governors. It is to consist of elected Public and Staff Governors and appointed Stakeholder Governors.

11.2 The Council of Governors of the Trust is to comprise:

11.2.1 Thirteen Public Governors, which must be more than half the total membership of the Council of Governors, are to be elected by the public constituencies as follows:

Area 1 – Harrogate and surrounding villages (five Governors);

Area 2 – Ripon and West District (two Governors);

Area 3 – Knaresborough and East District (two Governors);

Area 4 – Wetherby and Harewood wards and Alwoodley, Adel and Wharfedale and Otley and Yeadon wards (two Governors);

Area 5 – The Rest of North Yorkshire and York (one Governor); and

Area 6 – the Rest of England (one Governor).

11.2.2 Five Staff Governors from each of the following four staff classes are to be elected as follows:

Medical Practitioners' Staff Class (one Governor);

Nursing and Midwifery Staff Class (two Governors);

Other Clinical Staff Class (one Governor); and,

Non-Clinical Staff Class (one Governor).

11.2.3 Six appointed Stakeholder Governors from each of the following:

11.2.3.1 Patient Experience Stakeholder Governor;

11.2.3.2 North Yorkshire County Council;

11.2.3.3 Harrogate Borough Council;

11.2.3.4 A Governor appointed by a local university or research institution;

11.2.3.5 A Voluntary Organisation Governor appointed by a local voluntary organisation; and,

11.2.3.6 A Governor appointed by Harrogate Healthcare Facilities Management Limited.

11.3 Composition of the Council of Governors, subject to the 2006 Act, shall seek to ensure that:

11.3.1 the interests of the community served by the Trust are appropriately represented; and,

11.3.2 the level of representation of the public constituencies, the staff constituency and the appointed Stakeholder Governors strikes an appropriate balance having regard to their legitimate interest in the Trust's affairs.

11.4 Elected Governors

11.4.1 Subject to the composition of the Council of Governors, members of the public constituencies may elect any of their number to be Public Governors for that constituency. Members of each of the classes in the staff constituency may elect any of their number to be Staff Governors for that class.

11.4.2 If contested, the elections will take place by secret ballot in accordance with the Trust's election rules using the single transferable vote system.

11.4.3 The model election rules for the Council of Governors, which govern the elections for elected Governors, are set out in Annex B to this constitution. Any subsequent variation of the model election rules shall not constitute a variation of the terms of this constitution for the purposes of paragraph 27 of this constitution.

11.5 Appointed Stakeholder Governors

11.5.1 The organisations set out in 11.2.3 above shall, on request, furnish the Trust the names of Governors appointed to serve and be responsible for replacement as necessary.



11.6 Council of Governors – tenure

11.6.1 Elected Governors:

11.6.1.1 shall normally hold office for a period of three years;

11.6.1.2 subject to the next sub-paragraph, are eligible for re-election after the end of that period;

11.6.1.3 may not hold office for more than nine years in total or three terms of office; and

11.6.1.4 An elected Governor who has fulfilled their term of office may not return as a Stakeholder Governor without a break of one term (three years).

cease to be a Governor if they:

11.6.1.5 cease to hold office;

11.6.1.6 cease to be a member of the public constituency to which they were elected, or;

11.6.1.7 cease to be a member of the class of the staff constituency to which they were elected.

11.6.2 Appointed Stakeholder Governors:

11.6.2.1 shall normally hold office for a maximum period of three years commencing from the date of their appointment;

11.6.2.2 subject to the next sub-paragraph, are eligible for re-appointment after the end of that period;

11.6.2.3 may not hold office for longer than nine years in total or three terms of office; and

11.6.2.4 shall cease to hold office if the appointing organisation terminates their appointment.

11.7 ~~Deputy Chairman~~Lead Governor of the Council of Governors

11.7.1 The Council of Governors shall elect a ~~Deputy Chairman~~Lead Governor from amongst the elected Governors. The ~~Deputy Chairman~~ Lead Governor shall preside in the absence of the Chairman and Vice Chairman. The Council of Governors shall operate its own procedure for electing the ~~Deputy Chairman~~ Lead Governor.

11.8 Ineligibility to be a Governor

11.8.1 A person may not become a Governor of the Trust, and if already holding such office will immediately cease to do so if:

11.8.1.1 they have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out regulated activity or providing a service elsewhere which, if provided in England would be a regulated activity;

11.8.1.2 they are a Director of the Trust, or a Governor or Director of another NHS Foundation Trust;

11.8.1.3 they are a member who shares the same household as a member of the Board of Directors of the Trust;

11.8.1.4 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

11.8.1.5 they have made a composition or arrangement with, or granted a trust deed for, their creditors and have not been discharged in respect of it;

11.8.1.6 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

11.8.1.7 they have within the preceding two years been dismissed from any paid employment with a health service body for reasons considered to be inappropriate by this Trust;

11.8.1.8 they are a person whose tenure of office as the Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

11.8.1.9 they have had their name removed, by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provision elsewhere), and has not subsequently had their name included in such a list;

11.8.1.10 they are not by reason of their health capable of properly performing tasks which are intrinsic to the office for which they are elected or appointed;

11.8.1.11 they are a vexatious complainant of the Trust, as defined by Trust policy;

11.8.1.12 they are a vexatious litigant of the Trust as defined by Trust policy;

11.8.1.13 they are a family relation or occupant of the same household of a person who is an existing Governor of the Trust;

11.8.1.14 any amount properly owing to the Trust by them remains outstanding without good cause;

11.8.1.15 they do not, or cease to, fulfil the eligibility requirements as set out in this constitution.

11.9 Termination of office and removal of Governors

11.9.1 A person holding office as a Governor shall immediately cease to do so if:

11.9.1.1 they resign by notice in writing to the Chairman;

11.9.1.2 they fail to attend half of the Council of Governor meetings in any financial year, unless the other Governors are satisfied that:

11.9.1.2.1 the absences were due to reasonable causes; and

11.9.1.2.2 they will start attending meetings of the Trust again within such a period as the Council of Governors consider reasonable,

11.9.1.3 in the case of an elected Governor, they cease to be a member of the constituency or class of the constituency by whom they were elected.

11.9.1.4 in the case of an appointed Stakeholder Governor the appointing organisation terminates their appointment;

11.9.1.5 without good reason they have failed to undertake any training which the Council of Governors or Trust requires Governors to undertake;

11.9.1.6 they have failed to sign and deliver to the Foundation Trust Office a statement in the form required by the Council of Governors confirming acceptance of the code of conduct for Governors;

11.9.1.7 they refuse to sign the declaration form that they are a member of one of the public constituencies or one of the classes of the staff constituency as the case may be and are not prevented from being a member of the Council of Governors;

11.9.1.8 their name has been placed on a register of Schedule 1 offenders pursuant to the Sex Offences Act 2003 and/or the Children and Young Persons Act 1933 and the conviction is not spent under the Rehabilitation of Offenders Act 1974;

11.9.1.9 they are removed from the Council of Governors by a resolution approved by a majority of 75% (of the remaining Governors) at a quorate meeting of

the Council of Governors . The Governor would be permitted to address the Council of Governors in person if they wish to do so but must withdraw from the discussion, decision and voting on the resolution. The Council of Governors would consider a resolution to remove a Governor on the grounds that:

11.9.1.9.1 they have committed a serious breach of the code of conduct, or;

11.9.1.9.2 they have acted in a manner detrimental to the interests of the Trust which would undermine public confidence; and,

11.9.1.9.3 the Council of Governors considers that it is not in the best interests of the Trust for them to continue as a Governor.



11.9.2 Special Provisions relating to Termination of Governors' Tenure

11.9.2.1 Any complaint or concern made in respect of a Governor on any of the grounds set out in the Constitution shall be dealt with in line with the Procedure for Management of Governor Conduct Concerns.

11.9.2.2 At any time, the Chairman is authorised to take such interim measures as may be immediately required, including the exclusion of the Governor concerned from a meeting or suspension from duties, on the basis that such measures are necessary to:

11.9.2.2.1 Enable an effective investigation to be undertaken into any concern or complaint about a Governor;

11.9.2.2.2 Address or prevent any significant disruption to

the effective operation of any part of the Trust;

11.9.2.2.3 Manage risk to the health or wellbeing of a Governor, employee, volunteer or patient of the Trust;

11.9.2.2.4 Protect the reputation of the Trust or safeguard public confidence in the Trust;

11.9.2.2.5 Give effect to a proposal by the Council to impose a sanction on a Governor.



11.10 Vacancies amongst Governors

11.10.1 Where a vacancy arises on the Council of Governors for any reason other than expiry of term of office, the following provisions will apply:

11.10.1.1 where the vacancy arises amongst the appointed Stakeholder Governors, the Chairman shall request that the appointing organisation appoint a replacement to hold office for the remainder of the term of office;

11.10.1.2 where the vacancy arises amongst the elected Governors, the Council of Governors shall be at liberty either:

11.10.1.2.1 to call an election within six months, provided that the period of the vacancy exceeds six months; or,

11.10.1.2.2 to invite the next highest polling eligible candidate for that seat at the most recent election, who is willing to take office to fill the seat until the next annual election, at which time the seat will become vacant and subject to election for any un-expired period of the term of office.

11.10.1.3 If no-one is available under 11.10.1.2.2, and the vacancy is for three months or less, the seat will remain vacant until the next scheduled election.

11.11 Expenses and remuneration of Governors

11.11.1 The Trust may pay travelling and other expenses to Governors at such rates as it decides.

11.11.2 Governors are not to receive remuneration.

11.11.3 The Chairman will agree separate arrangements with each appointing organisation in 11.2.3 to cover the reimbursement costs of the appointed Stakeholder Governor.

11.12 Disclosure of interests

11.12.1 Any Governor who has a material interest in a matter as defined in Annex E and below shall declare such interest to the Council of Governors and it shall be recorded in a register of interests. Further guidance is also available from the Trust's Conflicts of Interest Policy. The Governor in question:

11.12.1.1 shall not be present except with the permission of the Council of Governors in any discussion of the matter; and,

11.12.1.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

11.12.2 Any Governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Governors, in accordance with section 11.9.1.

11.12.3 A material interest, as defined in Annex E, is a matter of any interest held by a Governor, their spouse or partner, or member of their immediate family, in any firm or company or business which, in connection with the matter, is trading with the Trust, or is likely to be considered as a potential trading partner with the Trust. The exceptions which shall not be treated as material interests are as follows:

11.12.3.1 shares not exceeding 1% of the total shares in issue held in any company whose shares are listed on any public exchange;

11.12.3.2 an employment contract held by Staff Governors;

11.12.3.3 an employment contract with a Local Authority;

11.12.3.4 an employment contract with an educational establishment (a university or research institute) and

11.12.3.5 a contract held with a voluntary organisation.

11.12.4 An elected Governor may not vote at a meeting of the Council of Governors unless, before attending their first meeting, they have made a declaration in the form specified by the Council of Governors that they are a member of a public constituency or a member of the classes of the staff constituency and are not prevented from being a Governor of the Council of Governors. An elected Governor shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors.



## 12 Roles and responsibilities of the Council of Governors

12.1 The general duties of the Council of Governors are:

12.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors;

12.1.2 to represent the interests of the members of the Trust as a whole and the interests of the public;

12.1.3 to appoint or remove the Chairman and the other Non-Executive Directors;

12.1.4 to approve an appointment (by the Non-Executive Directors) of the Chief Executive;

12.1.5 to appoint the ~~Deputy Chairman~~Lead Governor of the Council of Governors;

12.1.6 to decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and Non-Executive Directors;

12.1.7 to appoint or remove the Trust's external auditor selected from an approved list put forward by the Board of Directors;

12.1.8 to consider the annual accounts, any report of the external auditor on them and the annual report;

12.1.9 to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the Trust's forward planning;

12.1.10 to respond as appropriate when consulted by the Board of Directors in accordance with this constitution;

12.1.11 to undertake such functions as the Board of Directors shall from time to time request and which the Council of Governors shall agree;

12.1.12 to prepare, and from time to time to review, the Membership Development Strategy, its policy for the composition of the Council of Governors and of the Non-Executive Directors;

12.1.13 to require one or more Directors to attend a meeting of the Council of Governors for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust or Directors' performance);

12.1.14 to approve any merger, acquisition, separation or dissolution application in respect of the Trust before the application is made to NHS Improvement and the entering into of any significant transactions;

12.1.15 to vote on whether to approve the referral of a question by a Governor to any panel appointed by NHS Improvement; and

12.1.16 to approve any proposals to increase by 5% or more of the Trust's proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England. The proposal may be implemented only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.

12.2 The Council of Governors will conduct its business at meetings held in accordance with this constitution.

12.3 All Governors will adhere to the policies and procedures of the Trust, acting in the best interest of the Trust at all times.

12.4 The Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.

12.5 Any amendments to the constitution in relation to the powers or duties of the Council of Governors (or otherwise in respect of the role that the Council of Governors has as part of the Trust) must be put to the vote of the members and approved at the Annual Members' Meeting in accordance with paragraphs 27.3 and 27.4 of this constitution.

## 13 Meetings of the Council of Governors

13.1 The Chairman of the Trust, or in his absence, the Vice Chairman of the Trust, or in exceptional circumstances in the absence of both the Chairman and Vice Chairman, the ~~Deputy Chairman~~ Lead Governor of the Council of Governors shall preside at a meeting of the Council of Governors.

13.2 Where a conflict of interest arises for the Chairman and Vice Chairman, the ~~Deputy Chairman~~ Lead Governorof the Council of Governors shall chair that element of the meeting. In the absence of the ~~Deputy Chairman~~Lead Governor, the Governors shall elect from their members a Governor to chair that element of the meeting. In acting as the Chairman, a Governor shall have a casting vote on that issue.

13.3 Meetings of the Council of Governors are to be open to members of the public except in the following circumstances:

13.3.1 during the consideration of any material or discussion in relation to a named person employed by or proposed to be employed by the Trust;

13.3.2 during the consideration of any material or discussion in relation to a named person who is, or has been, or is likely to become a patient of the Trust, or a carer in relation to such a patient; and,

13.3.3 during the consideration of any matter which, by reason of its nature, the Council is satisfied should be dealt with on a confidential basis.

13.4 The Chairman may exclude any person present from a meeting of the Council of Governors if they are interfering or preventing proper conduct of a meeting. In addition the Chairman may exclude any person present from a meeting of the Council of Governors for a breach of the Standing Orders relating to the conduct of meetings.

13.5 For the purposes of obtaining information about the Trust's performance of its functions, or the Directors' performance of their duties (and deciding whether to propose a vote on the Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.

13.6 The Council of Governors is to meet at least four times per year, three of which will be general meetings and one the Annual Members' Meeting.

13.7 At an Annual Members' Meeting, within six months of the end of the financial year, the Council of Governors are to receive and consider the annual accounts, any report of the external auditor on them and the annual report, see 12.1.8.

13.8 The Council of Governors is to adopt its own Standing Orders for its practice and procedure, in particular for its procedure at meetings, and these shall be in accordance with Annex D.

13.9 A Governor, whether elected to the Council of Governors by a public constituency, elected by one of the classes of the staff constituency or nominated as a Stakeholder Governor, may not vote at a meeting of the Council of Governors unless, within one month of election or appointment, he has made a declaration of eligibility in the form set out at Annex C stating which constituency or section he is a member of and is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 to the 2006 Act or under this constitution.



## 14 Council of Governors – referral to the Panel

14.1 In this paragraph, the Panel means a panel of persons appointed by NHS Improvement to which a governor of an NHS Foundation Trust may refer a question as to whether the Trust has failed or is failing:

14.1.1 to act in accordance with its constitution; or

14.1.2 to act in accordance with provision made by or under Chapter 5 of the 2006 Act.

14.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors in attendance at a quorate meeting vote to approve the referral.

## 15 Annual Members' Meeting

15.1 The Trust is to hold an annual meeting of its members (Annual Members' Meeting) within six months of the end of each financial year. The Annual Members' Meeting shall be open to members of the public.

15.2 At the Annual Members' Meeting the Council of Governors shall present to the members (and in respect of presenting the documents referred to in sub-paragraphs 15.2.1 to 15.2.4, at least one member of the Board of Directors must be in attendance):

15.2.1 the annual accounts;

15.2.2 any report of the external auditor;

15.2.3 any report of any other external auditor of the Trust's affairs;

15.2.4 the annual report;

15.2.5 forward planning information for the next financial year;

15.2.6 a report on steps taken to secure that (taken as a whole) the actual membership of its public constituencies is representative of those eligible for such membership;

15.2.7 the progress of the Membership Development Strategy;

15.2.8 subject to 15.5 below, any proposed changes to the constitution for the composition of the Council of Governors and of the Non-Executive Directors;

15.2.9 a report on the activities of the Remuneration, Nominations and Conduct Committee within the previous year; and

15.2.10 the results of elections and appointment to the Council of Governors.

15.3 The Council of Governors will invite the external auditor to the Annual Members' Meeting.

15.4 Minutes of every Annual Members' Meeting, of every meeting of the Council of Governors and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be taken at the next meeting and signed by the Chairman of that meeting. The signed minutes will be conclusive evidence of the events of the meeting.

15.5 Any amendments to the constitution in relation to the powers or duties of the Council of Governors (or otherwise in respect of the role that the Council of Governors has as part of the Trust) must be put to the vote of the members and approved at the Annual Members' Meeting in accordance with paragraphs 27.3 and 27.4 of this constitution.

## 16 Board of Directors

16.1 The Trust shall have a Board of Directors. It shall comprise of Executive and Non-Executive Directors.

16.1.1 Non-Executive Directors:

16.1.1.1 a Chairman, who is to be appointed by the Council of Governors; and,

16.1.1.2 a minimum of six Non-Executive Directors who are to be appointed by the Council of Governors.

16.1.2 Executive Directors:

16.1.2.1 a Chief Executive who is to be appointed by the Non-Executive Directors, subject to the approval of the Council of Governors;

16.1.2.2 the Chief Executive shall be the Accounting Officer;

16.1.2.3 a Finance Director;

16.1.2.4 a registered medical practitioner or a registered dentist (within the meaning of the Dentists' Act 1984);

16.1.2.5 a registered nurse or a registered midwife;

16.1.2.6 Two Executive Directors.

16.1.2.7 a Deputy Chief Executive who will be one of the above.

16.1.3 The Non-Executive Directors and Chief Executive will establish and set the Terms of Reference for a Remuneration and Nominations Committee for the appointment of Executive Directors. The committee should consist of the Chairman, the Chief Executive and other Non-Executive Directors. The removal of an Executive Director is subject to the application of the appropriate Trust policies and procedures.

16.1.4 Only members of the public constituencies who are not disqualified by virtue of paragraph 11.8.1 are eligible for appointment as a Non-Executive Director.

16.2 Appointment and removal of Non-Executive Directors

16.2.1 Non-Executive Directors (including the Chairman) are to be appointed by the Council of Governors. Removal of the Chairman and other Non-Executive Directors shall require the approval of 75% of the members of the Council of Governors at a quorate meeting.

16.2.2 The Council of Governors will establish and set the terms of reference for a Remuneration, Nominations and Conduct Committee. The Committee will normally be chaired by the Chairman. Where the Chairman has a conflict of interest, for example when the Committee is considering the Chairman's re-appointment or remuneration, the Committee will normally be chaired by the ~~Deputy Chairman of Governors~~Lead Governor.

16.2.3 That committee will recommend to the full Council of Governors no more than one individual per Non-Executive vacancy for appointment to the Board of Directors.

16.2.4 The Board of Directors will identify the skills, experience and knowledge required from time to time of any vacant post of Non-Executive Directors (including the Chairman). The Board of Directors will draw on advice from external sources as necessary.

16.2.5 The Council of Governors will have responsibility for the handling of all further aspects of the recruitment process, including any appointment.

16.2.6 The Trust shall publicly advertise the posts to be filled where determined by the Remuneration, Nominations and Conduct Committee on the basis of performance or when a Non-Executive Director is approaching their final term of office.

16.2.7 A long list for consideration will be identified by the Remuneration, Nominations and Conduct Committee. Only those candidates meeting the skills and experience agreed by the Board of Directors will be eligible for appointment.

16.2.8 For the purpose of considering the appointment of Non-Executive Directors the interview panel will include the Chairman, three Governors, at least one of whom will be a Public Governor, an independent external assessor and the Chief Executive, acting in an ex-officio capacity. The Chief Executive and the independent external assessor have no vote.

16.2.9 For the purpose of considering the appointment of the Chairman of the Trust, the interview panel will include four Governors, two of whom will be Public Governors, an independent external assessor and the Chief Executive, acting in an ex-officio capacity. The Chief Executive and the independent external assessor have no vote.

16.3 Terms of office of Non-Executive Directors

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

16.3.2 Any terms beyond two terms (six years) should be subject to annual endorsement of the continued appointment by the Council of Governors.

16.4 Board of Directors – roles and responsibilities

16.4.1 The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public.

16.4.2 The business of the Trust shall be managed by the Board of Directors who, subject to this constitution, shall exercise all the powers of the Trust including:

16.4.2.1 to act as the critical decision making body of the Trust and to be accountable for the subsequent risks and liabilities that rest with this responsibility;

16.4.2.2 to set the strategic direction of the Trust within the overall limits detailed in the Licence by NHS Improvement;

16.4.2.3 to define its annual and longer-term objectives and agree plans to achieve them;

16.4.2.4 to oversee the delivery of its plan by monitoring performance against objectives and ensuring that corrective action is taken when necessary;

16.4.2.5 to ensure effective financial stewardship through value for money, financial control, financial planning and strategy;

16.4.2.6 to ensure high standards of corporate governance and personal behaviour are maintained in the conduct of business of the Trust;

16.4.2.7 to ensure appropriate mechanisms for the appointment, appraisal and remuneration of staff;

16.4.2.8 to endeavour to ensure effective dialogue between the Trust and the local community on its plans and performance and that these are responsive to the needs of the community; and,

16.4.2.9 to work collaboratively with the Council of Governors to ensure that each body understands their respective roles and responsibilities and develop practical ways of engaging and interacting with each other.

16.4.3 A third party dealing in good faith with the Trust shall not be affected by any defect in the process by which Directors are appointed or any vacancy on the Board of Directors.

16.4.4 All Directors will adhere to the policies and procedures of the Trust and shall act in the best interests of the Trust at all times.

16.5 Appointment of the Vice Chairman and Senior Independent Director

16.5.1 For the purposes of enabling the proceedings of the Trust to be conducted in the absence of the Chairman, the Council of Governors will appoint by simple majority, following a recommendation from the Chairman, a Non-Executive Director to be Vice Chairman for such a period, not exceeding the remainder of their term as a Non-Executive Director of the Trust.

16.5.2 The Board of Directors, following a recommendation from the Chairman and in consultation with the Council of Governors, will appoint a Non-Executive Director to be Senior Independent Director for such a period, not exceeding the remainder of their term as a Non-Executive Director of the Trust.

16.6 Remuneration and Nominations Committees

16.6.1 The Remuneration and Nominations Committee of Non-Executive Directors shall decide the terms and conditions of office, including remuneration and allowances, of the Executive Directors (including the Chief Executive). The Director of Workforce and Organisational Development shall be the secretary to this Committee. The Chief Executive shall be in attendance at the request of the Committee. Neither the Director of Workforce and Organisational

Development nor the Chief Executive shall be present to the discussion of their own remuneration.

16.6.2 The Remuneration, Nominations and Conduct Committee of Governors shall recommend to the Council of Governors the terms and conditions of office, including remuneration and allowances, of the Non-Executive Directors, including the Chairman.

16.6.3 The remuneration for Directors is to be disclosed in the annual report.

16.7 Disqualification

16.7.1 A person may not become or continue as a Director of the Trust if:

16.7.1.1 they are not of good character;

16.7.1.2 they do not have the qualifications, competence, skills and experience which are intrinsic for the work for which they are to be appointed, or have been appointed;

16.7.1.3 they have been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out a regulated activity or providing a service which, if provided in England, would be a regulated activity;

16.7.1.4 they have been adjudged bankrupt or their estate has been sequestrated and in either case they have not been discharged;

16.1.7.5 they have made a composition or arrangement with, or granted a trust deed for, their creditors and have not been discharged in respect of it;

16.7.1.6 they are the subject of a bankruptcy restriction order or an interim bankruptcy restriction order or an order to like effect made in Scotland or Northern Ireland;

16.7.1.7 they are a person to whom a moratorium period under a debt relief order applied under Part VIIA (Debt Relief Order) of the Insolvency Act 1986;

16.7.1.8 they are included on the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

16.7.1.9 they are prohibited from holding the relevant office or position or from carrying on the regulated activity, by or under enactment;

16.7.1.10 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;

16.7.1.11 any amount properly owing to the Trust by them remains outstanding without good cause;

16.7.1.12 they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;

16.7.1.13 in the case of a Non-Executive Director, they are no longer a member of a public constituency;

16.7.1.14 they are a person whose tenure of office as a Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointing is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;

16.7.1.15 they have had their name removed by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provision elsewhere) and have not subsequently had their name included on such a list;

16.7.1.16 they have within the preceding two years been dismissed, for reasons considered to be inappropriate by the Trust, from any paid employment with a health service body;

16.7.1.17 in the case of a Non-Executive Director they have without good reason failed to fulfil any training requirement established by the Board of Directors;

16.7.1.18 in the case of a Non-Executive Director they have failed to sign and deliver to the Company Secretary, a statement in the form required by the Board of Directors, confirming acceptance of the code of conduct for Directors.

16.8 Meetings of the Board of Directors

16.8.1 Meetings of the Board of Directors shall be open to members of the public unless the Board of Directors decides otherwise in relation to all or part of such meetings having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. The Chairman may exclude any member of the public and representatives of the press from any meeting or part of meeting of the Board of Directors if they are interfering with or preventing the proper conduct of the meeting.

16.8.2 Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting and a copy of the draft minutes of the previous meeting to the Council of Governors.

16.8.3 The Board of Directors shall meet at the direction of the Chairman. Standing Orders govern the proceedings and business of meetings. The proceedings shall not however be invalidated by any vacancy of its membership, or defect in a Director's appointment.

16.9 Committees and delegation

16.9.1 The Board of Directors shall have a schedule of delegation. Any of the powers of the Board may be delegated, whether to a committee, group of Directors, or to an Executive Director, subject to the Board maintaining a list of powers reserved to itself.

16.9.2 The Board of Directors shall appoint an Audit Committee of Non-Executive Directors to monitor the exercise of the external auditor's functions and perform such monitoring, reviewing and other functions as the Board of Directors shall consider appropriate. The Audit Committee shall function pursuant to its terms of reference.

16.10 Conflicts of interest

16.10.1 The duties that a Director has by virtue of being a Director include in particular:

16.10.1.1 a duty to avoid a situation in which the Director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust;

16.10.1.2 a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.

16.10.2 The duty referred to in sub-paragraph 16.10.1.1 of this constitution is not infringed if:

16.10.2.1 the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or

16.10.2.2 the matter has been authorised in accordance with this constitution.

16.10.3 The duty referred to in sub-paragraph 16.10.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.

16.10.4 In sub-paragraph 16.10.1.2 of this constitution. "third party" means a person other than:

16.10.4.1 the Trust; or

16.10.4.2 a person acting on its behalf.

16.10.5 If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trust, which includes a relevant and material interest in a matter as defined in Annex E and at 16.10.10 below, the Director must declare the nature and extent of that interest to the other Directors and it shall be recorded at the earliest opportunity and before the next meeting of the Board of Directors in a register of interests. Further guidance is also available from the Trust's Conflicts of Interest Policy. The Director in question:

16.10.5.1 shall not be present except with the permission of the Board of Directors in any discussion of the matter; and,

16.10.5.1 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).

16.10.5.3 It shall be a disciplinary offence on the part of a Director wilfully to fail to disclose any interest required to be disclosed under the preceding paragraph.

16.10.6 Any declaration required by this paragraph 16.10 must be made before the Trust enters into the transaction or arrangement.

16.10.7 If a declaration under this paragraph 16.10 proves to be, or becomes inaccurate or incomplete, a further declaration must be made.

16.10.8 This paragraph 16.10 of the constitution does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.



16.10.9 A Director need not declare an interest:

16.10.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;

16.10.9.1 If, or to the extent that, the Directors are already aware of it;

16.10.9.2 If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:

16.10.9.2.1 By a meeting of the Board of Directors; or

16.10.9.2.2 By a committee of the Directors appointed for the purpose under this constitution.

16.10.10 A material interest in a matter, as defined in Annex E, is any interest held by a Director, their spouse or partner, or a member of immediate family, in any firm or company or business which in connection with the matter is trading with the Trust or is likely to be considered as a potential trading partner with the Trust. The exceptions which shall not be treated as material interests are as follows:

16.10.10.1 shares not exceeding 1% of the total shares in issue held in any company whose shares are listed on any public exchange; and,

16.10.10.2 an employment contract with an appointing organisation held by a Non-Executive Director.

16.11 Expenses

16.11.1 The Trust may pay travelling and other expenses to Executive Directors and Non-Executive Directors at such rates as it decides.

## 17 Roles and responsibilities of the Company Secretary of the Trust

17.1 The Trust shall have a Company Secretary. The Company Secretary shall not be a member of the Council of Governors or the Chief Executive or the Finance Director. The Company Secretary's functions shall include responsibility for:

17.1.1 acting as secretary to the Council of Governors and the Board of Directors and such committees as may from time to time be required by either the Board or Council;

17.1.2 summoning and attending all meetings of the Council of Governors and the Board of Directors and keeping the minutes of those meetings;

17.1.3 keeping the register of members and other registers required by this constitution to be kept;

17.1.4 publishing to members, in appropriate form, information about the Trust's affairs; and

17.1.5 preparing and sending to NHS Improvement, and any other statutory body, all returns which are required to be made.

## 18 Registers

18.1 The Trust is to have:

18.1.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;

18.1.2 a register of the Council of Governors;

18.1.3 a register of interests of the Council of Governors;

18.1.4 a register of Directors; and

18.1.5 a register of interests of the Board of Directors.

18.2 The Foundation Trust Office shall remove from the register of members the name of any member who ceases to be entitled to be a member under the provisions of this constitution, and will add the name of anyone who applies to be and becomes a member.

18.3 The Trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the Trust, if the member so requests.

18.4 So far as the registers are required to be made available:

18.4.1 they are to be available for inspection free of charge at all reasonable times; and

18.4.2 a person who requests a copy of, or extract from, the registers is to be provided with a copy or extract.

18.5 If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.



## 19 Public documents

19.1 The following documents of the Trust are to be available for inspection by members of the public at all reasonable times and shall be available on the Trust's website, in line with the Trust's Freedom of Information Policy:

19.1.1 a copy of the current constitution;

19.1.2 a copy of the latest annual accounts and of any report of the external auditor on them;

19.1.3 a copy of the report of any other external auditor of the Trust's affairs appointed by the Council of Governors;

19.1.4 a copy of the latest annual report;

19.2 The Trust shall also make the following documents relating to a special administration of the Trust available for inspection by members of the public free of charge at all reasonable times:

19.2.1 a copy of any order made under section 65D (appointment of Trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (Trusts coming out of administration) or 65LA (Trusts to be dissolved) of the 2006 Act;

19.2.2 a copy of any report laid under section 65D (appointment of Trust special administrator) of the 2006 Act;

19.2.3 a copy of any information published under section 65D (appointment of Trust special administrator) of the 2006 Act;

19.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;

19.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;

19.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHS Improvement's decision), 65KB (Secretary of State's response to NHS Improvement's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;

19.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;

19.2.8 a copy of any final report published under section 65I (administrator's final report) of the 2006 Act;

19.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and,

19.2.10 a copy of any information published under section 65M (replacement of Trust special administration) of the 2006 Act.

19.3 Any person who requests a copy of, or extract from any of the above documents, is to be provided with a copy. If the person requesting a copy or extract is not a member of the Trust, the Trust may impose a reasonable charge for doing so.

## 20 External auditor

20.1 The Trust is to have an external auditor and is to provide the auditor with every facility and all information which he may reasonably require for the purposes of his functions under Schedule 10 to the 2006 and paragraph 23 of Schedule 7 to the 2006 Act.

20.2 A person may only be appointed as the external auditor if he (or in the case of a firm of each of its members) is a member of one or more of the bodies referred to in paragraph 23 (4) of Schedule 7 to the 2006 Act.

20.3 The Council of Governors at a general meeting shall appoint or remove the Trust's external auditors.

20.4 The external auditor is to carry out his duties in accordance with Schedule 15 to the 2006 Act and in accordance with any directions given by NHS Improvement on standards, procedures and techniques to be adopted.

20.5 The Board of Directors shall nominate a list of external auditors to be considered for appointment by the Council of Governors and may resolve that external auditors be appointment to review any other aspect of the Trust's performance. Any such external auditors are to be appointed by the Council of Governors.

## 21 Accounts

21.1 The Trust must keep proper accounts and proper records in relation to the accounts.

21.2 NHS Improvement may, with the approval of the Secretary of State, give directions to the Trust as to the content and form of the accounts.

21.3 The accounts are to be audited by the Trust's external auditor.

21.4 The Trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Secretary of State direct.

21.5 The annual accounts, any report of the external auditor on them, and the annual report are to be presented and considered at a Council of Governors meeting. The Trust may combine a meeting of the Council of Governors convened for the purposes of this paragraph with the Annual Members' Meeting.

21.6 The Trust shall lay a copy of the annual accounts, and any report of the external auditor on them, before Parliament and send copies of those documents to NHS Improvement within such period as NHS Improvement may direct.

## 22 Annual reports, forward plans and non-NHS work

22.1 The Trust is to prepare annual reports and send them to NHS Improvement.

22.2 The Trust shall give information as to its forward planning in respect of each financial year to NHS Improvement. The document containing this information is to be prepared by the Directors, and in preparing the document, the Board of Directors must have regard to the views of the Council of Governors.

22.3 Each forward plan must include information about:

22.3.1 the activities other than the provision of goods and services for the purposes of the health service in England that the Trust proposes to carry on; and.

22.3.2 the income it expects to receive from doing so.

22.4 Where a forward plan contains a proposal that the Trust carry on an activity of a kind mentioned in sub-paragraph 22.3.1, the Council of Governors must:

22.4.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Trust of its principal purpose or the performance of its other functions; and

22.4.2 notify the Directors of the Trust of its determination.

22.5 A Trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the Trust voting approve its implementation.



## 23 Presentation of the annual accounts and reports to the Governors and members

23.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors for consideration:

23.1.1 the annual accounts;

23.1.2 any report of the external auditor on them; and

23.1.3 the annual report.

23.2 The documents shall also be presented to the members of the Trust at the Annual Members' Meeting with at least one member of the Board of Directors in attendance.

23.3 The Trust may combine a meeting with the Council of Governors convened for the purposes of sub-paragraph 23.1 with the Annual Members' Meeting.

## 24 Indemnity

24.1 The Council of Governors and the Board of Directors and officers of the Trust, acting honestly and in good faith, will be indemnified against personal liability incurred in the execution or purported execution of their functions, save where they have acted recklessly. Any costs arising in this way will be met by the Trust. The Trust may purchase and maintain insurance against this risk.

## 25 Execution of documents

25.1 The Trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.

25.2 A document purporting to be duly executed under the Trust's seal, or to be signed on its behalf, is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.



## 26 Dispute resolution procedures

26.1 Other than where specified in the constitution or the Standing Orders of the Council of Governors, questions of eligibility, procedure and administrative matters in relation to governorship or meetings of members or Governors shall be determined by the Company Secretary, with the right of appeal to a committee of the Council of Governors convened for the purpose of this, whose decision shall be final and binding except in the case of manifest error.

26.2 Other than where specified in the constitution or the Standing Orders for the Board of Directors, questions of procedure and administrative matters in relation to directorship or meetings of Directors shall be determined by the Company Secretary, with the right of appeal to the Board of Directors convened for the purpose of this, whose decision shall be final and binding except in the case of manifest error.

## 27 Amendment of the constitution

27.1 No amendment shall be made to this constitution unless:

27.1.1 More than half of the members of the Council of Governors of the Trust voting approve the amendments; and,

27.1.2 More than half of the members of the Board of Directors of the Trust voting approve the amendments.

27.2 Amendments made under paragraph 27.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a results of the amendment, not accord with schedule 7 of the 2006 Act.

27.3 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors, or otherwise with respect to the role that the Council of Governors has as part of the Trust:

27.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and,

27.3.2 the Trust must give the members an opportunity to vote on whether they approve the amendment.

27.4 If more than half of the members voting approve the amendment, the amendment continues to have effect, otherwise it ceases to have effect and the Trust must take such steps as are necessary as a result.

27.5 Amendments by the Trust of its constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power or duty to determine whether or not the constitution as a result of the amendments accords with Schedule 7 of the 2006 Act.



## 28 Mergers etc. and significant transactions

28.1 The Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.

28.2 The Trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the Trust voting approve entering into the transaction.

28.3 Significant transaction means a transaction which would not otherwise require the approval of the Council of Governors under paragraph 28.1 above which meets any one of the criteria below:

**Assets:**
The gross assets subject to the transaction are greater than 25% of the Trust's existing gross assets.

**Income:**
The income attributable to the assets or the contract associated with the transaction is greater than 25% of the Trust's overall income.

**Consideration to total Trust capital**

The gross capital of the company or business being acquired/divested, is greater than 25% of the total capital of the Trust following completion, or the effects on the total capital of the Trust resulting from a transaction.

28.4 For the purposes of this paragraph:

28.4.1 "gross assets" is the total of fixed assets and current assets;

28.4.2 "gross capital" is the market value of the target's shares and debt securities, plus the excess of current liabilities over current assets; and

28.4.3 "total capital" is the taxpayers' equity.

28.5 Material transaction means:

28.4.1 If a transaction meets the criteria above, but the details are greater than 10% of the assets, income or total capital of the Trust, it is considered to be a material transaction. Material transactions do not require more than half of the Council of Governors to vote to approve entering into the transaction however, the Trust would undertake consultation with the Council of Governors prior to entering into a material transaction.



## 29 Head office and website

29.1 The Trust's head office is at:

29.1.1 Harrogate and District NHS Foundation Trust, Lancaster Park Road, Harrogate, HG2 7SX.

29.2 The Trust maintains a website, the current address of which is:

29.2.1 www.hdft.nhs.uk

29.3 The Trust will display its name on the outside of its head office and at every other place at which it carries on business, and on its business letters, notices, advertisements and other publications.

29.4 Changes to the address and website will require a change to the constitution and will need to be approved by the Board of Directors and Council of Governors.

## Annex A

### 1 Area of the Trust

Eligibility to become a public member will be available to people living within the defined catchment area of the Trust. This includes residents from the following Local Authority electoral areas (as defined for the purposes of local government elections):

- Harrogate and surrounding villages
- Ripon and West District
- Knaresborough and East District
- Wetherby and Harewood
- Alwoodley
- Otley and Yeadon
- Adel and Wharfedale
- The Rest of North Yorkshire and York
- The Rest of England



Membership will remain valid whilst ever a person resides in the above catchment areas.

Public constituencies with minimum numbers as described in 7.2.2:

Public constituency area 1 – Harrogate and surrounding villages is defined by the following electoral wards of Harrogate District Council:

Killinghall, Ripley, Washburn and Harrogate (including: Stray, Hookstone, Rossett, Pannal, Harlow Moor, Saltergate, New Park, Low Harrogate, High Harrogate, Bilton, Woodfield, Granby and Starbeck).

Public constituency area 2 - Ripon and West District is defined by the following electoral wards of Harrogate District Council:

Pateley Bridge, Mashamshire, Kirkby Malzeard, Nidd Valley, Lower Nidderdale, Bishop Monkton, Wathvale and Ripon (including Spa, Minster and Moorside).

Public constituency area 3 – Knaresborough and East District is defined by the following electoral wards of Harrogate District Council:

Newby, Boroughbridge, Claro, Ouseburn, Ribston, Marston Moor, Spofforth with Lower Wharfedale and Knaresborough (including Scriven Park, East and King James).

Public constituency area 4 – Wetherby, and Harewood including Otley and Yeadon, Adel and Wharfedale and Alwoodley Wards are defined by the Wetherby and Harewood electoral Wards of Leeds City Council.

Public Constituency Area 5 – rest of North Yorkshire and York is defined as those areas not served by public constituency areas 1 – 3.

Public Constituency Area 6 – the rest of England is defined as those areas not served by public constituency areas 1 – 5.

2 Staff constituency as defined in 7.3.1, with minimum numbers as described in 7.3.7

The Nursing and Midwifery Staff Class;

The Medical Practitioners' Staff Class;

The Other Clinical Staff Class; and,

The Non-Clinical Staff Class.

## Annex B

# MODEL ELECTION RULES

*The poll*



*Procedure for receipt of envelopes, internet votes, telephone vote and text message votes*



**PART 6: COUNTING THE VOTES**



**PART 7: FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS**



**PART 8: DISPOSAL OF DOCUMENTS**

## PART 1: INTERPRETATION

### 1. Interpretation

1.1 In these rules, unless the context otherwise requires:

"*2006 Act*" means the National Health Service Act 2006;

"*corporation*" means the public benefit corporation subject to this constitution;

"*council of governors*" means the council of governors of the corporation;

"*declaration of identity*" has the meaning set out in rule 21.1;

"*election*" means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

"*e-voting*" means voting using either the internet, telephone or text message;

"*e-voting information*" has the meaning set out in rule 24.2;

"*ID declaration form*" has the meaning set out in Rule 21.1; "internet voting record" has the meaning set out in rule 26.4(d);

"*internet voting system*" means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

"*lead governor*" means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (NHS Improvement, December 2013) or any later version of such code.

"*list of eligible voters*" means the list referred to in rule 22.1, containing the information in rule 22.2;

"*method of polling*" means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

"*NHS Improvement*" means the corporate body known as NHS Improvement as provided by section 61 of the 2012 Act;

"*numerical voting code*" has the meaning set out in rule 64.2(b)

"*polling website*" has the meaning set out in rule 26.1;

"*postal voting information*" has the meaning set out in rule 24.1;

"*telephone short code"* means a short telephone number used for the

purposes of submitting a vote by text message;

"*telephone voting facility*" has the meaning set out in rule 26.2;

"*telephone voting record*" has the meaning set out in rule 26.5 (d);

"*text message voting facility*" has the meaning set out in rule 26.3;

"*text voting record*" has the meaning set out in rule 26.6 (d);

"*the telephone voting system*" means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;

"*the text message voting system*" means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

"*voter ID number*" means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

"*voting information*" means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

## PART 2: TIMETABLE FOR ELECTIONS

### 2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

| Proceeding | Time |
|---|---|
| Publication of notice of election | Not later than the fortieth day before the day of the close of the poll. |
| Final day for delivery of nomination forms to returning officer | Not later than the twenty eighth day before the day of the close of the poll. |
| Publication of statement of nominated candidates | Not later than the twenty seventh day before the day of the close of the poll. |
| Final day for delivery of notices of withdrawals by candidates from election | Not later than twenty fifth day before the day of the close of the poll. |
| Notice of the poll | Not later than the fifteenth day before the day of the close of the poll. |
| Close of the poll | By 5.00pm on the final day of the election. |



### 3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

(a) a Saturday or Sunday;

(b) Christmas day, Good Friday, or a bank holiday, or

(c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales.

## PART 3: RETURNING OFFICER

**4. Returning Officer**

4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.

4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

**5. Staff**

5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.



**6. Expenditure**

6.1 The corporation is to pay the returning officer:

(a) any expenses incurred by that officer in the exercise of his or her functions under these rules,

(b) such remuneration and other expenses as the corporation may determine.

**7. Duty of co-operation**

7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

## PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

### 8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

(a) the constituency, or class within a constituency, for which the election is being held,

(b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(c) the details of any nomination committee that has been established by the corporation,

(d) the address and times at which nomination forms may be obtained;

(e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,

(f) the date and time by which any notice of withdrawal must be received by the returning officer

(g) the contact details of the returning officer

(h) the date and time of the close of the poll in the event of a contest.



### 9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

(a) is to supply any member of the corporation with a nomination form, and

(b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

### 10. Candidate's particulars

10.1 The nomination form must state the candidate's:

(a) full name,

(b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and

(c) constituency, or class within a constituency, of which the candidate is a member.

**11. Declaration of interests**

11.1 The nomination form must state:

(a) any financial interest that the candidate has in the corporation, and

(b) whether the candidate is a member of a political party, and if so, which party,

and if the candidate has no such interests, the paper must include a statement to that effect.

**12. Declaration of eligibility**

12.1 The nomination form must include a declaration made by the candidate:

(a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,

(b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

**13. Signature of candidate**

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

(a) they wish to stand as a candidate,

(b) their declaration of interests as required under rule 11, is true and correct, and

(c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will need to be complied with by the candidate.

**14. Decisions as to the validity of nomination**

14.1 Where a nomination form is received by the returning officer in accordance

with these rules, the candidate is deemed to stand for election unless and until the returning officer:

(a) decides that the candidate is not eligible to stand,

(b) decides that the nomination form is invalid,

(c) receives satisfactory proof that the candidate has died, or

(d) receives a written request by the candidate of their withdrawal from candidacy.

14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:

(a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,

(b) that the paper does not contain the candidate's particulars, as required by rule 10;

(c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,

(d) that the paper does not include a declaration of eligibility as required by rule 12, or

(e) that the paper is not signed and dated by the candidate, if required by rule 13.



14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.

14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.

14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

**15. Publication of statement of candidates**

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing,

as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

**16. Inspection of statement of nominated candidates and nomination forms**

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

**17. Withdrawal of candidates**

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

**18. Method of election**

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:

(a) the candidates who remain validly nominated are to be declared

elected in accordance with Part 7 of these rules, and

(b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

**PART 5: CONTESTED ELECTIONS**

**19. Poll to be taken by ballot**

19.1 The votes at the poll must be given by secret ballot.

19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.

19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.

19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.

19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:

(a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;

(b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;

(c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:

(i) configured in accordance with these rules; and

(ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

**20. The ballot paper**

20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,

(f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and

(g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

**21. The declaration of identity (public and patient constituencies)**

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

(a) that the voter is the person:
(i) to whom the ballot paper was addressed, and/or

(ii) to whom the voter ID number contained within the e-voting information was allocated,

(b) that he or she has not marked or returned any other voting information in the election, and

(c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

21.2 The voter must be required to return his or her declaration of identity with his or her ballot.

21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

*Action to be taken before the poll*



**22. List of eligible voters**

22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.

22.2 The list is to include, for each member:

(a) a postal address; and,

(b) the member's e-mail address, if this has been provided

to which his or her voting information may, subject to rule 22.3, be sent.

22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

**23. Notice of poll**

23.1 The returning officer is to publish a notice of the poll stating:

(a) the name of the corporation,

(b) the constituency, or class within a constituency, for which the election is being held,

(c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

(d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,

(f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,

(g) the address for return of the ballot papers,

(h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;

(i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,

(j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,

(k) the date and time of the close of the poll,

(l) the address and final dates for applications for replacement voting information, and

(m) the contact details of the returning officer.



**24. Issue of voting information by returning officer**

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

(a) a ballot paper and ballot paper envelope,

(b) the ID declaration form (if required),

(c) information about each candidate standing for election, pursuant to rule 61 of these rules, and

(d) a covering envelope;

("postal voting information").

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

(a) instructions on how to vote and how to make a declaration of identity (if required),

(b) the voter's voter ID number,

(c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,

("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

(a) only be sent postal voting information; or

(b) only be sent e-voting information; or

(c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

**25. Ballot paper envelope and covering envelope**

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

(a) the address for return of the ballot paper printed on it, and

(b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

(a) the completed ID declaration form if required, and

(b) the ballot paper envelope, with the ballot paper sealed inside it.

**26. E-voting systems**

26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").

26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as “the telephone voting facility”).

26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as “the text message voting facility”).

26.4 The returning officer shall ensure that the polling website and internet voting system provided will:

(a) require a voter to:

(i) enter his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,

(v) instructions on how to vote and how to make a declaration of identity,

(vi) the date and time of the close of the poll, and

(vii) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet

that comprises of-

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote,

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and

(f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

(a) require a voter to

(i) enter his or her voter ID number in order to be able to cast his or her vote; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

(b) specify:

(i) the name of the corporation,

(ii) the constituency, or class within a constituency, for which the election is being held,

(iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,

(iv) instructions on how to vote and how to make a declaration of identity,

(v) the date and time of the close of the poll, and

(vi) the contact details of the returning officer;

(c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(iii) the candidate or candidates for whom the voter has voted; and

(iv) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter

with confirmation of this;

(f) prevent any voter from voting after the close of poll.

26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:

(a) require a voter to:

(i) provide his or her voter ID number; and

(ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;

(b) prevent a voter from voting for more candidates than he or she is entitled to at the election;

(d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:

(i) the voter's voter ID number;

(ii) the voter's declaration of identity (where required);

(ii) the candidate or candidates for whom the voter has voted; and

(iii) the date and time of the voter's vote

(e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;

(f) prevent any voter from voting after the close of poll.



*The poll*

**27. Eligibility to vote**

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

**28. Voting by persons who require assistance**

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

**29. Spoilt ballot papers and spoilt text message votes**

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot

be accepted as a ballot paper (referred to as a "spoilt ballot paper"), that voter may apply to the returning officer for a replacement ballot paper.

29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.

29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:

(a) is satisfied as to the voter's identity; and

(b) has ensured that the completed ID declaration form, if required, has not been returned.

29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list ("the list of spoilt ballot papers"):

(a) the name of the voter, and

(b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and

(c) the details of the unique identifier of the replacement ballot paper.

29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a "spoilt text message vote"), that voter may apply to the returning officer for a replacement voter ID number.

29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.

29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter's identity.

29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list ("the list of spoilt text message votes"):

(a) the name of the voter, and

(b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and

(c) the details of the replacement voter ID number issued to the voter.

**30. Lost voting information**

30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.

30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:

(a) is satisfied as to the voter's identity,

(b) has no reason to doubt that the voter did not receive the original voting information,

(c) has ensured that no declaration of identity, if required, has been returned.

30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):

(a) the name of the voter

(b) the details of the unique identifier of the replacement ballot paper, if applicable, and

(c) the voter ID number of the voter.

**31. Issue of replacement voting information**

31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.

31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):

(a) the name of the voter,

(b) the unique identifier of any replacement ballot paper issued under this rule;

(c) the voter ID number of the voter.

**32. ID declaration form for replacement ballot papers (public and patient constituencies)**

32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

*Polling by internet, telephone or text*

**33. Procedure for remote voting by internet**

33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.

33.2 When prompted to do so, the voter will need to enter his or her voter ID number.

33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.

33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.

33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

**34. Voting procedure for remote voting by telephone**

34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.

34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.

34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.

34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.

34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

**35. Voting procedure for remote voting by text message**

35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.

35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.

35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

*Procedure for receipt of envelopes, internet votes, telephone votes and text message votes*



**36. Receipt of voting documents**

36.1 Where the returning officer receives:

(a) a covering envelope, or

(b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,

before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.

36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:

(a) the candidate for whom a voter has voted, or

(b) the unique identifier on a ballot paper.

36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

**37. Validity of votes**

37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.

37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) put the ID declaration form if required in a separate packet, and

(b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier on the ballot paper in a list of disqualified documents (the "list of disqualified documents"); and

(d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and

(c) place the document or documents in a separate packet.

**38. Declaration of identity but no ballot paper (public and patient constituency)[1]**

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

(a) mark the ID declaration form "disqualified",

(b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

(c) place the ID declaration form in a separate packet.

[1] It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

**39. De-duplication of votes**

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

(a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and

(b) mark as "disqualified" all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

(a) mark the ballot paper "disqualified",

(b) if there is an ID declaration form accompanying the ballot paper, mark it "disqualified" and attach it to the ballot paper,

(c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;

(d) place the document or documents in a separate packet; and

(e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

(a) mark the internet voting record, telephone voting record or text voting record (as applicable) "disqualified",

(b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;

(c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

(d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

**40. Sealing of packets**

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the

packets containing:

(a) the disqualified documents, together with the list of disqualified documents inside it,

(b) the ID declaration forms, if required,

(c) the list of spoilt ballot papers and the list of spoilt text message votes,

(d) the list of lost ballot documents,

(e) the list of eligible voters, and

(f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

## PART 6: COUNTING THE VOTES

### STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

"ballot document" means a ballot paper, internet voting record, telephone voting record or text voting record.

"continuing candidate" means any candidate not deemed to be elected, and not excluded,

"count" means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

"deemed to be elected" means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

"mark" means a figure, an identifiable written word, or a mark such as "X",

"non-transferable vote" means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

"preference" as used in the following contexts has the meaning assigned below:

(a) "first preference" means the figure "1" or any mark or word which clearly indicates a first (or only) preference

(b) "next available preference" means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a "second preference" is shown by the figure "2" or any mark or word which clearly indicates a second preference, and a third preference by the figure "3" or any mark or word which clearly indicates a third preference, and so on,

"quota" means the number calculated in accordance with rule STV46,

"surplus" means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a

combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

"stage of the count" means:

(a) the determination of the first preference vote of each candidate,

(b) the transfer of a surplus of a candidate deemed to be elected, or

(c) the exclusion of one or more candidates at any given time,

"transferable vote" means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

"transferred vote" means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

"transfer value" means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.



**42. Arrangements for counting of the votes**

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

(a) the board of directors and the council of governors of the corporation have approved:

(i) the use of such software for the purpose of counting votes in the relevant election, and

(ii) a policy governing the use of such software, and

(b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

**43. The count**

43.1 The returning officer is to:

(a) count and record the number of:

(iii) ballot papers that have been returned; and

(iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and

(b) count the votes according to the provisions in this Part of the rules

and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

**STV44. Rejected ballot papers and rejected text voting records**

STV44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word "rejected" on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

(a) on which the figure "1" standing alone is not placed so as to indicate a first preference for any candidate,

(b) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words "one", "two", "three" and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word "rejected" on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

**FPP44. Rejected ballot papers and rejected text voting records**

FPP44.1 Any ballot paper:

(a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,

(b) on which votes are given for more candidates than the voter is entitled to vote,

(c) on which anything is written or marked by which the voter can be identified except the unique identifier, or

(d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

(a) elsewhere than in the proper place,

(b) otherwise than by means of a clear mark,

(c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

(a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and

(b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

(a) does not bear proper features that have been incorporated into the ballot paper,

(b) voting for more candidates than the voter is entitled to,

(c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

(a) on which votes are given for more candidates than the voter is entitled to vote,

(b) on which anything is written or marked by which the voter can be identified except the voter ID number, or

(c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.



FPP448 A text voting record on which a vote is marked:

(a) otherwise than by means of a clear mark,

(b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

(a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and

(b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

(a) voting for more candidates than the voter is entitled to,

(b) writing or mark by which voter could be identified, and

(c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

**STV45. First stage**

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

**STV46. The quota**

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

**STV47. Transfer of votes**

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

(a) according to next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

(a) reduces the value of each vote transferred so that the total value of

all such votes does not exceed the surplus, and

(b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

(a) according to the next available preference given on those ballot documents for any continuing candidate, or

(b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

(a) a transfer value calculated as set out in rule STV47.4(b), or

(b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

(a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

(b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

**STV48. Supplementary provisions on transfer**

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

(a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and

(b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

(a) record the total value of the votes transferred to each candidate,

(b) add that value to the previous total of votes recorded for each candidate and record the new total,

(c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and

(d) compare:

(i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

**STV49. Exclusion of candidates**

STV49.1 If:

(a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and

(b) subject to rule STV50, one or more vacancies remain to be filled, the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

(a) ballot documents on which a next available preference is given, and

(b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).



STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.

STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.

STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).

STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.

STV49.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.

STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot

documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

(a) record:

(i) the total value of votes, or

(ii) the total transfer value of votes transferred to each candidate,

(b) add that total to the previous total of votes recorded for each candidate and record the new total,

(c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and

(d) compare:

(i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with

(ii) the recorded total of valid first preference votes.



STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

(a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and

(b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

**STV50. Filling of last vacancies**

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one

continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

**STV51. Order of election of candidates**

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.



STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

**FPP51. Equality of votes**

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

**FPP52. Declaration of result for contested elections**

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,

(b) give notice of the name of each candidate who he or she has declared elected:

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation; and

(c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

(a) the total number of votes given for each candidate (whether elected or not), and

(b) the number of rejected ballot papers under each of the headings in rule FPP44.5,

(c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.



**STV52. Declaration of result for contested elections**

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

(a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,

(b) give notice of the name of each candidate who he or she has declared elected –

(i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or

(ii) in any other case, to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

(a) the number of first preference votes for each candidate whether elected or not,

(b) any transfer of votes,

(c) the total number of votes for each candidate at each stage of the count at which such transfer took place,

(d) the order in which the successful candidates were elected, and

(e) the number of rejected ballot papers under each of the headings in rule STV44.1,

(f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

**53. Declaration of result for uncontested elections**

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

(a) declare the candidate or candidates remaining validly nominated to be elected,

(b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and

(c) give public notice of the name of each candidate who he or she has declared elected.

## PART 8: DISPOSAL OF DOCUMENTS

### 54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

(a) the counted ballot papers, internet voting records, telephone voting records and text voting records,

(b) the ballot papers and text voting records endorsed with "rejected in part",

(c) the rejected ballot papers and text voting records, and

(d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

(a) the disqualified documents, with the list of disqualified documents inside it,

(b) the list of spoilt ballot papers and the list of spoilt text message votes,

(c) the list of lost ballot documents, and

(d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

**55. Delivery of documents**

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

**56. Forwarding of documents received after close of the poll**

56.1 Where:

(a) any voting documents are received by the returning officer after the close of the poll, or

(b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or

(c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.



**57. Retention and public inspection of documents**

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

**58. Application for inspection of certain documents relating to an election**

58.1 The corporation may not allow:

(a) the inspection of, or the opening of any sealed packet containing –

(i) any rejected ballot papers, including ballot papers rejected in part,

(ii) any rejected text voting records, including text voting records rejected in part,

(iii) any disqualified documents, or the list of disqualified documents,

(iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

(b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

(a) persons,

(b) time,

(c) place and mode of inspection,

(d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

(a) in giving its consent, and

(b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

(i) that his or her vote was given, and

(ii) that NHS Improvement has declared that the vote was invalid.

## PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

### FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and

(b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

(a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,

(b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

(a) its contents,

(b) the date of the publication of notice of the election,

(c) the name of the corporation to which the election relates, and

(d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

**STV59. Countermand or abandonment of poll on death of candidate**

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

(a) publish a notice stating that the candidate has died, and

(b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –

(i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and

(ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

## PART 10: ELECTION EXPENSES AND PUBLICITY

*Election expenses*

### 60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to NHS Improvement under Part 11 of these rules.

### 61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

(a) personal expenses,

(b) travelling expenses, and expenses incurred while living away from home, and

(c) expenses for stationery, postage, telephone, internet(or any similar means of communication) and other petty expenses, to a limit of £100.



### 62. Election expenses incurred by other persons

62.1 No person may:

(a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or

(b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

*Publicity*

### 63. Publicity about election by the corporation

63.1 The corporation may:

(a) compile and distribute such information about the candidates, and

(b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

(a) objective, balanced and fair,

(b) equivalent in size and content for all candidates,

(c) compiled and distributed in consultation with all of the candidates standing for election, and

(d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.



63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

**64. Information about candidates for inclusion with voting information**

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

(a) a statement submitted by the candidate of no more than 250 words,

(b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility ("numerical voting code"), and

(c) a photograph of the candidate.

**65. Meaning of "for the purposes of an election"**

65.1 In this Part, the phrase "for the purposes of an election" means with a view to, or otherwise in connection with, promoting or procuring a candidate's

election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

## PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

### 66. Application to question an election

66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to NHS Improvement for the purpose of seeking a referral to the independent election arbitration panel ( IEAP).

66.2 An application may only be made once the outcome of the election has been declared by the returning officer.

66.3 An application may only be made to NHS Improvement by:

(a) a person who voted at the election or who claimed to have had the right to vote, or

(b) a candidate, or a person claiming to have had a right to be elected at the election.

66.4 The application must:

(a) describe the alleged breach of the rules or electoral irregularity, and

(b) be in such a form as the independent panel may require.

66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. NHS Improvement will refer the application to the independent election arbitration panel appointed by NHS Improvement.

66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.

66.7 NHS Improvement shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.

66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.

66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

## PART 12: MISCELLANEOUS

### 67. Secrecy

67.1 The following persons:

(a) the returning officer,

(b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

(i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,

(ii) the unique identifier on any ballot paper,

(iii) the voter ID number allocated to any voter,

(iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

### 68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

### 69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

(a) a member of the corporation,

(b) an employee of the corporation,

(c) a director of the corporation, or

(d) employed by or on behalf of a person who has been nominated for election.

**70. Delay in postal service through industrial action or unforeseen event**

70.1 If industrial action, or some other unforeseen event, results in a delay in:

(a) the delivery of the documents in rule 24, or

(b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

**Annex C**

**Form of Declaration**

Harrogate and District NHS Foundation Trust
Lancaster Park Road
Harrogate
HG2 7SX

Date:

Dear Sirs

**Election or Nomination to the Office of Governor**

I **……** confirm that I am a member of the ***staff constituency/public constituency/have been nominated by a partner organisation*** *[delete as appropriate],* and that I:



- am not a Director of the NHS Foundation Trust, or a governor of another NHS Foundation Trust;
- am not a public member who shares the same household as a member of the Board of Directors of the NHS Foundation Trust;
- have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement(whether unlawful or not) in the course of carrying out regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;
- have not been adjudged bankrupt or my estate has been sequestrated and (in either case) I have not been discharged;
- have not made a composition or arrangement with, or granted a trust deed for, creditors and have not been discharged in respect of it;
- have not within the preceding 5 years been convicted in the British Islands of any offence where a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed;
- have not within the preceding two years been dismissed from any paid employment with a health for reasons considered to be inappropriate by this Trust;
- am not a person whose tenure of office as the chairman or as a member or director of a health service body has been terminated on the grounds that my appointment was not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- have not had my name removed by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provisions elsewhere), and have not subsequently had my name included in such a list;
- am not able by reason of my health of properly performing tasks which are intrinsic to the office for which I am elected or appointed;
- have not had my name placed on a register of Schedule 1 offenders pursuant

to the Sex Offences Act 2003 and/ or the Children and Young Persons Act 1933 and the conviction is not spent under the Rehabilitation of Offenders Act 1974;

- am not a vexatious complainant of the NHS Foundation Trust, as defined by the Trust policy;
- am not a vexatious litigant of the NHS Foundation Trust, as defined by the Trust policy;
- am not a family relation or occupant of the same household of a person who is an existing Governor of the NHS Foundation Trust; and
- confirm any amount properly owing to the NHS Foundation Trust by me, if any, does not remain outstanding without good cause.

Yours faithfully

……
SIGNATURE



……
PRINTED NAME

……
DATE

**Annex D**

## Council of Governors

## Standing Orders

### 1. NOTICE

1.1 The Council of Governors is to meet at least three times in each financial year in addition to the Annual Members' Meeting. Save in the case of emergencies or the need to conduct urgent business, the Company Secretary shall give at least seven days written notice of the date and place of every meeting of the Council of Governors to all Governors.

1.2 Meetings of the Council of Governors will normally be called at the direction of the Chairman. A meeting may also be held if ten Governors give written notice to the Company Secretary specifying the business to be carried out. The Company Secretary shall send a written notice to all Governors as soon as possible after receipt of such a request. The Company Secretary shall issue notice of a meeting on at least seven but not more than twenty-eight days' notice to discuss the specified business.



1.3 Notice of the meetings of the Council of Governors is to be given:

1.3.1 by notice sent by post, or by electronic mail where the Governor has provided an email address for service, to all Governors;

1.3.2 by notice prominently displayed at the registered office and at all of the Trust's places of business;

1.3.3 by notice on the Trust's website;

1.3.4 by any other method approved by the Council of Governors at least seven clear days before the date of the meeting.

1.4 The notice must:

1.4.1 be given to the Council of Governors and the Board of Directors, and to the external auditors;

1.4.2 state whether the meeting is an Annual Members' Meeting or a Council of Governors meeting;

1.4.3 give the time, date and place of the meeting; and

1.4.4 indicate the business to be dealt with at the meeting

## 2. QUORUM

2.1 Before a Council of Governors meeting can do business there must be a quorum present. Except where these rules say otherwise, a quorum is one third of Governors in post and entitled to vote at the meeting, with the majority of Governors from the public constituencies.

2.2 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Council of Governors determine and notice of the adjourned meeting shall be circulated to members of the Council of Governors. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of Governors present during the meeting is to be a quorum.



## 3. CONDUCT OF MEETING

3.1 It is the responsibility of the Council of Governors, the Chairman of the meeting and the Company Secretary to ensure that at any meeting:

3.1.1 the issues to be decided are clearly explained;

3.1.2 sufficient information is provided to Governors to enable rational discussion to take place; and

3.1.3 where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.

3.2 The Chairman of the Trust, or in their absence, the Vice Chairman of the Trust, or in exceptional circumstances in the absence of both the Chairman and Vice Chairman, the ~~Deputy Chairman~~ Lead Governor of the Council of Governors shall preside at a meeting of the Council of Governors.

Where a conflict of interest arises for the Chairman and Vice Chairman, the ~~Deputy Chai~~Lead Governorr of the Governors shall chair that element of the meeting. In these circumstances and in the absence of the ~~Deputy Chairman~~Lead Governor, the Governors shall elect from their members, a Governor to chair that element of the meeting. In acting as the Chairman a Governor shall have a casting vote on that issue.

3.3 Where a Governor wishes to formally pose a question at the public Council of Governors meeting, they should supply this question in writing to the Company Secretary no less than 24 hours prior to the meeting. If a query arises during the meeting that is not resolved through the discussions at the meeting, any questions to be formally posed should be supplied in writing to the Company Secretary or the Chairman.

## 4. VOTING

4.1 Subject to the constitution, a resolution put to the vote at a meeting of the Council of Governors shall, except where a poll is demanded or directed, be decided upon by a show of hands.

4.2 On a show of hands or on a poll, every Governor present is to have one vote. On a poll, votes may be given either personally or by proxy under arrangements laid down by the Council of Governors, and every Governor is to have one vote. In the case of an equality of votes the Chairman of the meeting is to have a casting vote, unless there is a conflict of interest as set out in 3.2. in which case the acting chairman will have both a primary and a casting vote.



4.3 Unless a poll is demanded, the result of any vote will be declared by the Chairman and entered in the minutes of the meeting. The minutes will be conclusive evidence of the result of the vote.

4.4 A poll may be directed by the Chairman or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the Governor present at the meeting. A poll shall be taken immediately.

4.5 Subject to the following provisions of this paragraph, questions arising at a meeting of the Council of Governors shall be decided by a majority of votes.

4.5.1 no resolution of the Council of Governors shall be passed if all the Public Governors present unanimously oppose it.

4.5.2 the removal of the Chairman or another Non-Executive Director requires the approval of three-quarters of the full membership of the Council of Governors.

4.6 Save as set out in 4.2 the Chairman of the Council of Governors or Vice Chairman shall not have a vote at a meeting of the Council of Governors.

## 5 PERSONS ENTITLED TO ATTEND MEETINGS

5.1 All meetings of the Council of Governors are to be open to the public unless the Council of Governors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds as set out in the constitution. The Chairman may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.

5.2 The Council of Governors may invite the Chief Executive or any other representatives of the Board of Directors, or a representative of the Trust's external auditors or other advisors to attend a meeting of the Council of Governors.

5.3 The Chief Executive and any other Director shall have the right to attend any meeting of the Council of Governors provided that they shall not be present for any discussion of their individual relationship with the Trust.



## 6. MEANS OF ATTENDANCE

6.1 The Council of Governors may agree that its Governors can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

## 7. COMMITTEES

7.1 The Council of Governors may form advisory sub committees under written terms of reference to the Council of Governors which may include members of the Board of Directors and appropriate people (paid or unpaid) nominated by the Board of Directors and having relevant skills or experience. Those powers shall be exercised in accordance with any written instructions given by the Council of Governors. The Council of Governors will appoint the Chairman of any committee and shall specify the quorum. All acts and proceedings of any committee shall be reported to the Council of Governors.

7.2 The Council of Governors will establish a Remuneration, Nominations and Conduct Committee for the purpose of making recommendations to the Council of Governors for the appointment of the Chairman and Non-Executive Directors. In addition this committee will consider the

remuneration of the Chairman and Non-Executive Directors, and decisions will be taken at a meeting of the Council of Governors.

7.4 The Council of Governors may, through the Company Secretary, request that advisors assist them on any committee they appoint in carrying out their functions.

## 8. VALIDITY OF DECISIONS

8.1 Decisions taken in good faith at a meeting of the Council of Governors or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council of Governors attending the meeting

**Annex E**

Pursuant to Section 20 of Schedule 7 of the 2006 Act, a register of Director's and Governors' interests must be kept by each NHS Foundation Trust.

**1. Declaration of Interests By Directors and Governors**

1.1. All existing Directors (including for the purposes of this document, Non-Executive Directors) and Governors should declare relevant and material interests. Any Directors or Governors appointed or elected subsequently should do so on appointment or election.

1.2. Interests which should be regarded as "relevant and material" and which, for the avoidance of doubt, should be included in the register, are:

(a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies).

(b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS.

(c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.

(d) A position of Authority in a charity or voluntary organisation in the field of health and social care.

(e) A position of Authority in a local council or Local Authority, for example, a Councillor.

(f) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.

(g) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Trust, including but not limited to, lenders or banks.

1.3. If Directors or Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chairman.

1.4. At the time the interests are declared, they should be recorded in the Board of Director minutes or Council of Governor minutes as appropriate. Any changes in interests should be officially declared at the next Board meeting or Council of Governors meeting as appropriate following the change occurring. It is the obligation of the Director or Governor to inform the Company Secretary of the Trust in writing within 7 days of becoming aware of the existence of a relevant or material interest. The Company Secretary will amend the register upon receipt within 3 working days.

1.5. During the course of a Board of Director meeting or Council of Governor meeting, if a conflict of interest is established, the Directors or Governors concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, the majority will resolve the issue with the Chairman having the casting vote.

1.6. There is no requirement for the interests of Directors' or Governors' spouses or partners to be declared.

**2. Register of Interests**

2.1. The details of Directors and Governors interests recorded in the register will be kept up to date by means of a monthly review of the register by the Company Secretary of the Trust, during which any changes of interests declared during the preceding month will be incorporated.

2.2. Subject to contrary regulations being passed, the register will be available for inspection by the public free of charge. The Chairman will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it. Copies or extracts of the register must be provided to members of the Trust free of charge and within a reasonable time period of the request.

NHS
Harrogate and District
NHS Foundation Trust

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

# A

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

# B

| | |
|---|---|
| **BAF** | *Board Assurance Framework* |
| **BME** | *Black and Minority Ethnic* |
| **BoD** | *Board of Directors* |

8

# C

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

# D

| | |
|---|---|
| **Datix** | *National Software Programme for Risk Management* |
| **DBS** | *Disclosure and Barring Service* |
| **DNA** | *Did not attend* |
| **DoH** | *Department of Health* |

You matter most

| | |
|---|---|
| **DoLS** | *Deprivation of Liberty Safeguards* |
| **Dr Foster** | *Provides health information and NHS performance data to the public* |
| **DToC** | *Delayed Transfer of Care* |

# E

| | |
|---|---|
| **E&D** | *Equality and Diversity* |
| **eNEWS** | *National Early Warning Score* |
| **ENT** | *Ear, Nose and Throat* |
| **ERCP** | *Endoscopic Retrograde Cholangiopancreatography* |
| **ESR** | *Electronic Staff Record* |
| **EWTD** | *European Working Time Directive* |

# F

| | |
|---|---|
| **FFT** | *Friends and Family Test* |
| **FC** | *Finance Committee* |
| **FOI** | *Freedom of Information* |
| **FT** | *NHS Foundation Trusts* |
| **FY DR** | *Foundation Year doctor* |

# G

| | |
|---|---|
| **GIRFT** | Get it right first time |
| **GPOOH** | GP Out of Hours |
| **GWG MD&C** | Governor Working Group – Membership Development and Communications |
| **GWG V&E** | Governor Working Group – Volunteering and Education |

# H

| | |
|---|---|
| **HaRD CCG** | *Harrogate and Rural District Clinical Commissioning Group* |
| **HaRCVS** | *Harrogate and Ripon Centres for Voluntary Service* |
| **HBC** | *Harrogate Borough Council* |
| **HDFT** | *Harrogate and District NHS Foundation Trust* |
| **HDU** | *High Dependency Unit* |
| **HEE** | *Health Education England* |
| **HFMA** | *Healthcare Financial Management Association* |
| **HHFM** | *Harrogate Healthcare Facilities Management Ltd* |
| **HR** | *Human Resources* |
| **HSE** | *Health & Safety Executive* |
| **HSMR** | *Hospital Standardised Mortality Ratios* |

# I

| | |
|---|---|
| **ICU or ITU** | *Intensive Care Unit or Intensive Therapy Unit* |
| **IG** | *Information Governance* |
| **IBR** | *Integrated Board Report* |
| **IT or IM&T** | *Information Technology or Information Management & Technology* |

# K

| | |
|---|---|
| **KPI** | *Key Performance Indicator* |
| **KSF** | *Knowledge & Skills Framework* |

# L

| | |
|---|---|
| **LAS DR** | *Locally acquired for service doctor* |
| **LAT DR** | *Locally acquired for training doctor* |
| **LCFS** | *Local Counter Fraud Specialist* |
| **LMC** | *Local Medical Council* |
| **LNC** | *Local Negotiating Committee* |
| **LoS** | *Length of Stay* |
| **LPEG** | *Learning from Patient Experience Group* |
| **LSCB** | *Local Safeguarding Children Board* |
| **LTUC** | *Long Term and Unscheduled Care Directorate* |

# M

| | |
|---|---|
| **MAPPA** | *Multi-agency Public Protection Arrangements* |
| **MARAC** | *Multi Agency Risk Assessment Conference* |
| **MASH** | *Multi Agency Safeguarding Hub* |
| **MDT** | *Multi-Disciplinary Team* |
| **Mortality rate** | *The ratio of total deaths to total population in relation to area and time.* |
| **MRI** | *Magnetic Resonance Imaging* |
| **MRSA** | *Methicillin Resistant Staphylococcus Aureus* |
| **MTI** | *Medical Training Initiative* |

# N

| | |
|---|---|
| **NCEPOD** | *NCEPOD (National Confidential Enquiry into Perioperative Death)* |
| **NED** | *Non-Executive Director* |
| **NHSE** | *National Health Service England* |
| **NHSI** | *NHS Improvement* |
| **NHSR** | *National Health Service Resolution* |
| **NICE** | *National Institute for Health & Clinical Excellence* |
| **NMC** | *Nursing and Midwifery Council* |
| **NPSA** | *National Patient Safety Agency* |
| **NRLS** | *The National Reporting and Learning System* |
| **NVQ** | *National Vocational Qualification* |
| **NYCC** | *North Yorkshire County Council* |

# O

| | |
|---|---|
| **OD** | *Organisational Development* |
| **ODG** | *Operational Delivery Group* |
| **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* |
| **PROM** | *Patient Recorded Outcomes Measures* |
| **PSC** | *Planned and Surgical Care Directorate* |
| **PST** | *Patient Safety Thermometer* |
| **PSV** | *Patient Safety Visits* |
| **PVG** | *Patient Voice Group* |

# Q

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

# R

| | |
|---|---|
| **RCA** | *Route Cause Analysis* |
| **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* |
| **SI** | *Serious Incident* |
| **SID** | *Senior Independent Director* |
| **SIRI** | *Serious Incidents Requiring Investigation* |
| **SLA** | *Service Level Agreement* |
| **SMR** | *Standardised Mortality rate – see Mortality Rate* |
| **SMT** | *Senior Management Team* |
| **SpR** | *Specialist Registrar – medical staff grade below consultant* |
| **ST DR** | *Specialist trainee doctors* |
| **STEIS** | *Strategic Executive Information System* |
| **STP** | *Sustainability and Transformation Plan* |

# T

| | |
|---|---|
| **TOR** | *Terms of Reference* |
| **TU** | *Trade Union* |
| **TUPE** | *Transfer of Undertakings (Protection of Employment) Regulations 2006* |

# V

| | |
|---|---|
| **VC** | *Vice Chairman* |
| **VSM** | *Vey Senior Manager* |
| **VTE** | *Venous Throboembolism* |

# W

| | |
|---|---|
| **WTE** | *Whole Time Equivalent* |
| **WY&H HCP** | *West Yorkshire and Harrogate Health Care Partnership* |
| **WYAAT** | *West Yorkshire Association of Acute Trusts* |

# Y

| | |
|---|---|
| **YTD** | *Year to Date* |

**Further information can be found at:**
NHS Providers – Jargon Buster –
http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster

**March 2018**
***Corporate/Misc/Glossary of Abbreviations March 2018***