

### COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday 7 August 2019 in the Esk Room at the Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

**Start: 5.45pm      Finish: 8.00pm**

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

AGENDA				
Time	Item No.	Item	Lead	Paper No.
5.45	1.0	<b>Welcome and apologies for absence</b> <i>Welcome to the public, set the context of the meeting and receive any apologies for absence.</i>	Angela Schofield, Chairman	-
5.45	2.0	<b>Declarations of Interest</b> <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Angela Schofield, Chairman	2.0
5.50	3.0	<b>Minutes of the meeting held on 1 May 2019</b> <i>To review and approve the minutes</i>	Angela Schofield, Chairman	3.0
5.55	4.0	<b>Matters arising and review Action Log</b> <i>To receive updates on progress of actions</i>	Angela Schofield, Chairman	4.0
6.05	5.0	<b>Chairman's verbal update on key issues</b> <i>To receive the verbal update for consideration</i>	Angela Schofield, Chairman	-
6.15	6.0	<b>Update from the Interim Deputy Chair of Governors on Non-Executive Director Appraisals</b> <i>To receive the verbal update for comment</i>	Emma Edgar, Interim Deputy Chair of Governors	-
6.20	7.0	<b>HDFT Constitution Review including:</b> <ul style="list-style-type: none"> <li>a) Appendix 1 Constitution Working Group Terms of Reference</li> <li>b) Appendix 2 Constitution Working Group Terms of Reference</li> <li>c) Appendix 3 Minutes of the Constitution Review Working Group meeting, 1 July 2019</li> </ul> <i>To receive the report for comment and approval</i>	Angela Schofield, Chairman	7.0

*You matter most*

Time	Item No.	Item	Lead	Paper No.
6.30	8.0	<b>Report of Remuneration, Nominations and Conduct Committee</b>	Angela Schofield, Chairman	8.0
	8.1	<b>Remuneration, Nominations and Conduct Committee Minutes 25 June 2019</b> <i>To receive the reports for comment and approval</i>		8.1
6.35	9.0	<b>Annual Report and Accounts 2018/19 (including the External Audit Assurance Report to the Council of Governors)</b> <i>To receive the reports for comment</i>	Jonathan Coulter, Deputy Chief Executive/Finance Director  Matthew Ackroyd, KPMG	9.0 - P
6.45	10.0	<b>Chief Executive's Strategic and Operational Update, including: Integrated Board Report</b> <i>To receive the update and report for comment</i>	Steve Russell, Chief Executive	10.0 – P 10.1
<b>7 pm – 7.10 – Break</b>				
7.10	11.0	<b>Audit Committee update on the External Auditor Performance</b> <i>To receive and respond to questions from the floor</i>	Chris Thompson, Non-Executive Director/Audit Committee Chair	11.0
7.15	12.0	<b>Question and Answer Session for Governors and members of the public</b> <i>To receive and respond to questions from the floor</i>	Angela Schofield, Chairman	-
7.50	13.0	<b>Any other relevant business not included on the agenda</b> <i>By permission of the Chairman</i>	Angela Schofield, Chairman	-
7.55	14.0	<b>Evaluation of meeting</b>	Angela Schofield, Chairman	-
8.00	15.0	<b>Close of meeting</b>	Angela Schofield, Chairman	-

**Date and time of next meeting –**

**Wednesday, 6 November 2019 at 5pm (public meeting commences at 5.45 pm). Venue to be confirmed.**

*You matter most*

### COUNCIL OF GOVERNORS DECLARATION OF INTERESTS

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

Name	Governor Status	Interests Declared	
Angela Schofield	Chairman	<b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>	Volunteer with Helping Older People (charity).
Dr Pamela Bagley	Stakeholder	<b>Any connection with a voluntary or other organisation contracting for NHS services</b>  <b>Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks</b>	Dean – Faculty of Health Studies, University of Bradford. Education services to NHS staff including HDFT student placements within HDFT.  The Trust provides placements for University of Bradford students but this is financed through Health Education England
Ian Barlow	Public elected	<b>Other</b>	Owner of non-profit website 'Harrogate Guide'
John Batt	Public Elected	<b>Other</b>	Member of the Conservative Party

1 (updated August 2019)

*You matter most*

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

2 (updated August 2019)

You matter most

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

3 (updated August 2019)

You matter most

Name	Governor Status	Interests Declared	
Heather Stuart	Staff elected	NONE	
Steve Treece	Public elected	<b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	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).

4 (updated August 2019)

### **Council of Governors' Meeting**

Minutes of the public Council of Governors' meeting held on 1 May 2019 at 18:00 hrs  
at the Harrogate Masonic Hall, Station Avenue, Harrogate, HG1 5NE

Present:

- Angela Schofield, Chairman
- Sarah Armstrong, Non-Executive Director
- John Batt, Public Governor
- Cath Clelland, Public Governor
- Angie Colvin, Corporate Affairs and Membership Manager
- Jonathan Coulter, Deputy Chief Executive/Finance Director
- Robert Cowans, Public Governor
- Clare Cressey, Stakeholder Governor
- Martin Dennys, Public Governor
- Tony Doveston, Public Governor
- Sue Eddleston, Public Governor
- Emma Edgar, Staff Governor
- Dr Sheila Fisher, Public Governor
- Andrew Forsyth, Interim Company Secretary
- Jill Foster, Chief Nurse
- Rob Harrison, Chief Operating Officer
- Carolyn Heaney, Stakeholder Governor
- Pat Jones, Public Governor
- Neil Lauber, Staff Governor
- Mikalie Lord, Staff Governor
- Dr Christopher Mitchell, Public Governor
- Laura Robson, Non-Executive Director
- Steve Russell, Chief Executive
- Dr David Scullion, Medical Director
- Richard Stiff, Non-Executive Director
- Maureen Taylor, Non-Executive Director
- Chris Thompson, Non-Executive Director
- Steve Treece, Public Governor
- Angela Wilkinson, Director of Workforce and Organisational Development

In attendance: 3 members of the public

#### **1. Welcome and apologies for absence**

Angela Schofield welcomed Steve Russell to his first public Council of Governors' meeting as Chief Executive.

There was a moment of silence to remember Rosemary Marsh who died suddenly in March. Rosemary was a great supporter of the NHS; she had previously held the position of Chair for the Patient Voice Group and more recently a Public Governor. She would be greatly missed.

Angela Schofield was delighted to see members of the public at the meeting and offered them a warm welcome.

Apologies were received from Dr Pam Bagley, Stakeholder Governor, Ian Barlow, Public Governor, Cllr John Mann, Stakeholder Governor, Cllr Samantha Mearns, Stakeholder Governor, Helen Stewart, Staff Governor, and Lesley Webster, Non-Executive Director.

Angela Schofield summarised the content of the meeting and looked forward to the presentation on the Strategic Plan.

## **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 26 January 2019**

The minutes of the last meeting held on 26 January 2019 were agreed as a true and accurate record subject to further agreement of the wording at page 11, relating to the response to the question about wheelchairs.

A detailed discussion took place on the wording of the minute. There was a difference in recollection of the discussion at the meeting and it was therefore not possible to confirm the Minute. A further discussion would take place outside the meeting and it was agreed to defer confirming the full set of minutes until this wording was agreed. It was noted that the actions related to wheelchairs were reported in the supplementary Governor briefing which had been circulated.

### Post Meeting Note

Minute of 26 January 2019 considered at meeting 1 May 2019 to stand:

Mrs Webster echoed Mr Coulter's comments and provided additional background confirming they were designed as porters' chairs. She acknowledged they could be difficult to manoeuvre and felt there weren't many alternatives. She assured Governors that porters would be happy to assist patients if requested and acknowledged that instruction on how to use the wheelchairs and how to seek help could be improved.

Dr Tolcher suggested that the Trust could look again at alternative models but agreed that better signage about seeking help and instructions to confirm they are meant to be pulled could be actioned.

Proposed addition to the minute:



At the meeting on the 1 May 2019 the Public Governors sought to amend the minutes to better record their recollection of the response from the Trust regarding the availability of push wheelchairs in the health sector.

The points at issue being:

1. The Trust's suggestion that push wheelchairs were not readily available.
2. A perceived reluctance of the Trust to procure push rather than pull wheelchairs for public use to assist patients, reduce the current reliance on hospital porters and as a more cost effective solution.

At the 1 May meeting a far more coherent and considered response was provided by the CEO of the Trust which was greatly appreciated by the Public Governors and served to move the matter forward in a positive manner.

#### 4. Matters arising and review of action log

Steve Russell referred to the Governor Briefing circulated prior to the meeting which reflected an up to date position on the issues outstanding. He thanked Jill Foster, Jonathan Coulter, Rob Harrison and their teams for the work carried out to date and was happy to take further questions. The following points were confirmed in discussion:

Coffee Shop – Jonathan Coulter confirmed that a business case was being developed by HIF to include future opportunities from managing the coffee shop. The business case would be expected at an upcoming HIF Board and Governors would be kept updated.

Wheelchairs – Steve Russell confirmed that HIF would be testing a range of wheelchairs to help agree the right model/mix of wheelchairs for a rolling replacement programme.

Support for bereaved relatives – In addition to the dedicated room in main reception, Steve Russell mentioned the ongoing work taking place to improve the corridors. Cath Clelland appreciated the update and commented on the focus to provide a better experience for patients and their families.

Ripon Community Hospital – Sue Eddleston confirmed the scaffolding had been removed that day and the entrance was now accessible. She commented that the hospital environment had improved. Angela Schofield thanked Sue Eddleston for further updates in relation to Ripon Hospital and the coffee shop.

Mikalie Lord commented briefly on wider estates issues; she did not expect a response at this meeting, but asked if there was a strategy for other properties managed by NHS Property Services going forward.

Emma Edgar thanked Steve Russell for his brief which gave clarity to outstanding issues.

Angela Schofield confirmed that Dr Ros Tolcher had dealt with the issues reported by Mr Andrew Newton regarding collecting splints.

#### Action:

- **Council of Governors to be kept updated on the issues noted in the supplementary briefing.**

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

Angela Schofield thanked Pamela Allen who had recently stepped down from her role as a Public Governor and Deputy Chair of Governors. She also thanked and offered best wishes to Dr Sheila Fisher who would be re-locating to another area and was therefore no longer eligible to continue in her role as a Public Governor for the Wetherby and Harewood area. Similarly, Helen Stewart, Staff Governor – Nursing and Midwifery would also be re-locating in June and therefore standing down from the Council. Elections would be taking place between May and July with two seats for Harrogate and surrounding villages, one seat for Wetherby and Harewood, and two seats for Staff Governors – one for Medical Practitioners and one for Nursing and Midwifery. As a consequence of Governor vacancies, membership of the Remuneration, Nominations and Conduct Committee and the Constitution Review Working Group would be reviewed.

Following the recent Care Quality Commission (CQC) inspection, Angela Schofield had made contact with the Chair of the CQC regarding the overall rating of 'Good'. There was frustration and disappointment that areas previously rated as requiring improvement had not been re-inspected therefore the overall rating could not have been upgraded to 'Outstanding'. The CQC confirmed there was nothing that could be done to amend this decision. The Trust remained extremely proud of the overall results of the inspection; staff had worked incredibly hard to ensure continuous improvement in providing the highest quality of patient care.

Regarding other recent matters, Angela Schofield was delighted to report that the Board had met with the Youth Forum on 19 March to launch their 'Hopes for Healthcare'. She also thanked the Nutritional Team for their extremely informative Medicine for Members' event in March. Governors would be asked to provide feedback for Non-Executive Directors' appraisals and they would be receiving an invite to undertake annual reviews with the Chairman.

Finally, dates coming up included the next Board to Board meeting on Wednesday 29 May, a Governor Development Session on Monday 24 June, and the Annual Members' Meeting on Wednesday, 24 July.

## 6. Timetable for Non-Executive Director appointments

Paper 6.0 outlined the timetable and process for the appointment of two new Non-Executive Directors to the Board.

Mikalie Lord commented on Chris Thompson's position as Director on HIF Board and asked if one of the new Non-Executive Directors would take up this role. It was confirmed that it would be for the Trust Board to discuss and nominate a replacement Director on HIF Board.

An election would be held as soon as possible to fill the two Governor vacancies on the Remuneration, Nominations and Conduct Committee in order that the Committee could progress with the recruitment process.

## 7. Quality Priorities 2019/20

Referring to the quality priorities for 2019/20 detailed in paper 7.0, Jill Foster summarised the content of the Quality Account. An executive summary would be produced as the document was considerably lengthy.

Laura Robson assured Governors that the Quality Report would be agreed by the Board at the end of May and was overseen by the Quality Committee. She encouraged everyone to take the opportunity to read it.

Governors supported the proposed priorities.

## 8. Presentation – Strategic Plan Development

Richard Stiff and Jonathan Coulter presented the development of Harrogate and District NHS Foundation Trust (HDFT) 5 year strategic plan - the slides would be made available on the Trust website at:

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

Richard Stiff summarised Governors' involvement throughout the year including continued regular updates at Council of Governors' meetings and at the Annual Members' Meeting to give the wider membership the opportunity to contribute.

It was agreed that a session dedicated to seeking Governor input into this work would be scheduled.

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

Steve Russell was pleased to be able to provide a brief review of 2018/19, reflect on the first four weeks in his role as Chief Executive, and then take a look at some areas of focus for the Trust in 2019/20. He recorded his thanks to all staff across the Trust for their hard work and achievements and for making him feel so welcome. He particularly wanted to thank his fellow executives for their patience and support.

Dr Sheila Foster raised a question in reference to a couple of recent issues in the national media about tooth decay and measles vaccination in areas of deprivation and asked about the reputational risk for the Trust providing children's services. She acknowledged the question was detailed and would be happy for a response at a later date.

Steve Russell confirmed there had been conversations about these issues when visiting Health Visitors; Information was available regarding the measles vaccination in North Yorkshire and it was agreed to re-visit this issue and provide a response in more detail.

Dr Sheila Foster commented on the IBR and given that the core of patient safety was good clinical care she requested that safety should be looked at in a more holistic way linked to technology and staffing. Angela Schofield agreed this would be looked at.

The slides would be made available on the Trust's website at:

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

**Actions:**

- **Trust response regarding measles vaccination at the next meeting.**
- **Review of IBR.**

**10. Update on the Quality Committee**

Laura Robson provided an overview of the Quality Committee; the primary mechanism by which the Board gains assurance regarding the safety and quality of services. Governors attended the Committee on a rota basis and more recently Laura Robson highlighted that staff would attend to provide updates on patient stories. As discussed earlier, the Committee would be monitoring the quality priorities within the Quality Report as well as receiving a wide range of detailed information in the quality dashboard.

**11. 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 member of the public.

Emma Edgar confirmed Governors had met on 18 April and everyone had the opportunity to discuss and agree the following five questions to be submitted:

**“What are the plans for IT after January 2020, beyond which time Microsoft will no longer support windows 2007? What assurances can be given in relation to impacts for staff and patients?”**

Rob Harrison confirmed that the Trust was working closely with NHS Digital regarding centrally provided licences and our upgrade plan. The licences for Windows 10 were expected from NHS Digital and once received the project could be progressed.

The Trust was planning for the migration to start in June to complete around December 2020 however, this was flexible depending upon NHS Digital negotiations for Microsoft to provide Windows 7 extended support from January 2020 for a year, extending our deadline for the Windows 10 migration by 12 months.

From the total desktop and laptop estate, 15% required hardware replacement and could not be upgraded. Approximately 20% were already running Windows 10.

Chris Thompson highlighted that IT was a piece of work that internal audit would be looking at over the next year.

**“What impacts are expected from new housing in the wider Trust area and how are these being planned for and is there additional funding? Are we being proactive in this with the planning authority?”**

In response, Jonathan Coulter explained the funding received by the CCG based on demographics. This linked clearly to the presentation earlier and the discussions around the Strategic Plan which included assessing the impact of the growth in population. The Trust was able to input to discussions between the planning authority and the CCG and was aware of ongoing developments.

Richard Stiff also commented on the support from the Trust's internal planning team and the much wider footprint for the Trust.

**“Are the Trust's efforts to attract workforce proving successful. If not, what is being done to improve the situation and is there an impact on cost and quality of care?”**

Angela Wilkinson described a number of initiatives the Trust had in place to attract the best candidates to join the workforce however, there was a national shortage in some clinical areas. In addition to NHS Jobs, other methods of recruitment included overseas recruitment, social media campaigns and recruitment events. The Trust monitored all vacancies and had a recruitment plan for the coming 18 months focussed around 'hot spot' areas and forecasting recruitment needs. Angela Wilkinson agreed to circulate the plan to Governors following the meeting.

Clare Cressey asked about the consequences for the Global Health Exchange if nurses didn't go back to India after three years.

Angela Wilkinson confirmed it was each individual nurse's choice to return to India and the Trust was supportive if their choice was to stay. The Trust had had approved a business case to recruit 25 nurses through this route.

Maureen Taylor provided assurance that the Resources Committee would be receiving a regular detailed workforce report.

Steve Russell commented on the national Workforce Plan which could provide some flexibility and opportunities.

**Action:**

- **Circulate the recruitment plan to Governors.**

**“As we move to the ICS model how do we ensure patients have a seamless service and the transfer of care between different organisations do not leave the patient without the service they need eg transport, mental health, social care?”**

Following a further discussion, it was recognised that the question had not been interpreted as it was intended. It was agreed to respond to this question at the next meeting and it was felt useful to provide Governors with a briefing on the Harrogate Alliance from the new Director, Chris Watson.

Cath Clelland commented on the importance of this topic and suggested engaging with the public in a discussion at the Annual Members' Meeting.

Sue Eddleston referred to the challenges for patients requesting hospital transport which could lead to patients not attending appointments.

**Actions:**

- **Trust response to question at next meeting.**
- **Provide Governors with a briefing on the Harrogate Alliance.**

**“In the current climate, non-disclosure agreements are becoming very topical. Can we have assurance from the Trust that these are not common place within the Trust?”**  
**Angela Wilkinson confirmed the Trust does not use non-disclosure agreements.**

Angela Wilkinson confirmed the Trust does not use non-disclosure agreements.

There were no further questions.

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

There were no other items of business

**13. Member Evaluation**

Angela Schofield sought views about the meeting.

It was agreed that although the meeting ran over, the time was well spent with good discussion. There was no hearing loop at the venue.

**14. Close of meeting**

Angela Schofield closed the meeting. She thanked everyone for attending and confirmed the next public meeting would take place on Wednesday, 7 August 2019 at 5.45 – 8.00pm (to note, the private meeting would take place at 5.15 – 5.45pm), venue to be confirmed.

Paper 4.0



### **HDFT Council of Governor Meeting Actions Log – August 2019**

#### **Completed Actions**

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

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

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



### HDFT Council of Governor Meeting Actions Log – August 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	7 August 2019 – see Actions Update	26.01.19 - When wheelchairs are due for replacement. 01.05.19 - Governor Briefing provided. HIF to test a range of wheelchairs in preparation when due for replacement. Welcome Governor involvement.
2	26 January 2019	Signage for wheelchair use	Rob Harrison, Chief Operating Officer	1 May 2019 7 August 2019 – see Actions Update - Complete	01.05.19 - Governor Briefing provided. HIF to produce better information to guide users and how to ask for help
3	26 January 2019	Follow-up the concerns in relation to the fridge and the café closing early	Rob Harrison, Chief Operating Officer	1 May 2019 7 August 2019 – see Actions Update	Governor Briefing provided 1 May 2019. Opening hours changes put in place and random checks will take place in coming weeks.



					Update Governors on business plan when available.
4	1 May 2019	Support for bereaved relatives	Rob Harrison, Chief Operating Officer	7 August 2019 – see Actions Update - Complete	Governor Briefing provided 1 May 2019. Minor further works required for room to be completed
5	1 May 2019	Ripon Hospital <ul style="list-style-type: none"> <li>• Reception cover review</li> <li>• Improved signage</li> <li>• Response awaited from NHS Property Services (NHSPS)</li> </ul>	Dawn Benson, Site Operational Group	7 August 2019 – see Actions Update - Complete	Governor Briefing provided 1 May 2019. Reception cover continues to be reviewed. Signage to be completed. Response awaited from NHS Property Services
6	1 May 2019	Strategy for other properties covered by NHSPS	Rob Harrison, Chief Operating Officer	7 August 2019 – see Actions Update - Complete	Response circulated to Governors on bulletin 31.07.19
7	1 May 2019	Agree wording of minutes 26.01.19 to reflect the discussion about wheelchairs	Angela Schofield, Chairman	7 August 2019 – Complete	
8	1 May 2019	Expressions of interest for Remuneration, Nominations and Conduct Committee	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 - Complete	
9	1 May 2019	Expressions of interest for Constitution Review Group	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 - Complete	
10	1 May 2019	Circulate date for Governor Working Group, Membership Development and Engagement	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 – meeting arranged 21 May cancelled due to low numbers. To be re-scheduled following this meeting - Complete	

11	1 May 2019	Circulate feedback forms for Chairman and Non-Executive Director (NED) appraisals to Governors	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 - Complete	
12	1 May 2019	Governor 1:1's with the Chairman	Angela Schofield, Chairman	7 August 2019 - Ongoing	
13	1 May 2019	Governor Development Day	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 – held on 24 June - Complete	Arranging a further session, 9 December tbc
14	1 May 2019	Further updates for Governors on the Strategic Plan	Jonathan Coulter, Deputy Chief Executive and Richard Stiff, NED	7 August 2019 – Board to Board 29 May - Complete	
15	1 May 2019	Circulate presentations or provide hard copies at meetings	Angie Colvin, Corporate Affairs and Membership Manager	Ongoing	As necessary
16	1 May 2019	Look at Integrated Board Report (IBR) with a view to safety for people	Rob Harrison, Chief Operating Officer	7 August 2019 – see Actions Update - Complete	
17	1 May 2019	Circulate Vacancy Plan (copies given out at meeting)	Angie Colvin, Corporate Affairs and Membership Manager	7 August 2019 – see Actions Update - Complete	1 May 2019 – vacancy plan handed out at meeting in support of response to question submitted.
18	1 May 2019	Response to ICS model question	Steve Russell, Chief Executive	7 August 2019 – question submitted	Governor to re-submit question for meeting 7 August
19	1 May 2019	Briefing on Harrogate Alliance – invite new Alliance Director	Rob Harrison, Chief Operating Officer	7 August 2019 – see Actions Update	
20	1 May 2019	Response regarding measles vaccination	Rob Harrison, Chief Operating Officer	7 August 2019 – see Actions Update -	

<b>Date of Meeting:</b>	7 August 2019	<b>Agenda item:</b>	7.0								
<b>Report to:</b>	Council of Governors										
<b>Title:</b>	Report of Constitutional Review Group										
<b>Sponsoring Director:</b>	Mrs Angela Schofield, Chairman										
<b>Author(s):</b>	Mr Andrew Forsyth, Interim Company Secretary										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion/ Consultation	✓	Assurance		Information	
Decision	✓	Discussion/ Consultation	✓	Assurance		Information					
<b>Executive Summary:</b>	<p>The Constitution Review Group met on 1 July to:</p> <ul style="list-style-type: none"> <li>consider proposed amendments to its Terms of Reference</li> <li>consider proposed changes to the eligibility of Governors permitted to stand for the position of Deputy Chairman of the Council of Governors</li> <li>consider proposals for the process of electing the Deputy Chairman of the Council of Governors and</li> <li>consider a proposal to change the title of the role from Deputy Chairman of Governors to Lead Governor</li> </ul>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td></td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	None identified.										
<b>Legal / regulatory:</b>	<p>The Constitution of the Trust, article 11.7.1, requires the Trust to elect a Deputy Chairman of the Council of Governors from amongst the elected Governors;</p> <p>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;</p> <p>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;</p>										
<b>Resource:</b>	None identified.										
<b>Impact Assessment:</b>	Not applicable.										
<b>Conflicts of Interest:</b>	None identified.										

<b>Reference documents:</b>	The Constitution of Harrogate and District NHS Foundation Trust (a Public Benefit Corporation) dated 1 August 2018
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#### Action Required by the Council of Governors:

The Council of Governors is recommended to:

- **approve** the amended Terms of Reference for the Constitutional Working Group;
- **approve** the amendment to the eligibility of Governors to be elected as Deputy Chairman of Governors;
- **approve** the proposed process for the election of the Deputy Chairman of Governors
- **approve** the proposal that an election be held in October 2019; with the appointed Deputy Chairman taking up the role on 1 January 2020
- **approve** the proposal that Mrs Edgar continues in the role of interim Deputy Chairman until 31 December 2019 and
- **approve** the change of title from Deputy Chairman of Governors to Lead Governor.

#### Terms of Reference

1. The Review Group considered a number of proposed amendments to the Terms of Reference. These included a change in the number of Governors as members from three to five, the inclusion of the Corporate Affairs and Membership Manager as a member, increasing the quorum of any meeting (reflecting the increased number of members), some minor changes to the purposes of the Review Group and a change from biannual to biennial review of the Terms of reference themselves.
2. The Review Group made some minor changes to the proposed amendments and agreed to the final proposed amendments as shown in the attachment at Appendix 1, with a proposed final version at Appendix 2.
3. The Council of Governors is recommended to approve the amended Terms of Reference.

#### Eligibility

4. The Trust Constitution specifies only that 'elected Governors' are eligible for election as the Deputy Chairman of the Council of Governors. This precludes stakeholder Governors from being eligible to stand for election as Deputy Chairman and effectively creates a two tier Council. It would also create a bigger pool of eligible Governors.
5. As stakeholder Governors are nominated and appointed by stakeholders, the Review Group considered whether there may be a potential conflict of interest; if so then, as with all Governors, they would be required to declare this. Some Trusts do have stakeholder Governors, and some do not; there was no specific guidance in relation to this. It was noted that only two stakeholder Governors regularly attend meetings so may be time constrained.
6. The Review Group agreed to recommend that the Council of Governors approves the amendment to 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.'

## **Election Process**

7. Whilst Article 11.7.1 of the Trust Constitution specifies that there should be an election process for the post of Deputy Chairman of the Council of Governors, the detail of the process was not been defined. On the last occasion that the Trust appointed a Deputy Chairman, a series of informal discussions had taken place with the Chairman of the Trust seeking expressions of interest. Only one expression of interest was received and the candidate had been appointed by the Council of Governors. The Review Group discussed proposed arrangements which sought to formalise and establish an open and transparent process, using a preferential voting system and giving all Governors the opportunity to take part.
8. The Group agreed that it was a more democratic way of electing a Deputy Chairman and it was noted that Governors would have two votes, therefore in the event of a tie second preferences would be taken into account. The Governor with the most votes would be elected.
9. The Group agreed that the proposed process for electing the Deputy Chairman of the Governors be recommended to the Council of Governors.

## **Proposed dates and Interim Arrangements**

10. The Working Group agreed to recommend to the Council of Governors that an election be held in October 2019, with the elected Deputy Chairman taking up the role on 1 January 2020. This would enable a period of handover/shadowing with the interim Deputy Chairman.
11. It also agreed to recommend that Mrs Edgar continues in the role of interim Deputy Chairman until 31 December 2019. This would provide a period of continuity for the Council and was considered to be a reasonable timeframe as Mrs Edgar's term finishes in December. Mrs Edgar had confirmed she would be agreeable to this proposal. The Review agreed to recommend these arrangements to the Council of Governors.

## **Change of Title**

12. The Review Group discussed the proposal to change the title of the Deputy Chairman of the Council of Governors to 'Lead Governor'. Whilst the current title had been appropriate when the Trust Constitution was first agreed, and had not been the subject of previous discussion, it was now more usual to describe the role as that of Lead Governor. This was the term recognised by NHS Providers and other external bodies.
13. Taking the opportunity presented by the previous amendments, the Review Group agreed to recommend to the Council of Governors that the title of Deputy Chairman of Governors be changed to Lead Governor.
14. In the event that the Council of Governors approves the recommendation, all references in the Trust Constitution to the current title will require amendment. These amendments would be brought to the Council of Governors for ratification at the November meeting of the Council.

## **Amendments to the Trust Constitution**

15. If approved, the recommendations will require that a number of changes are made to the Trust Constitution. Amendments to the Constitution 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).

16. 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).
17. Any amendments agreed at this meeting of the Council of Governors will be placed before the Board of Directors in September for its approval.

## CONSTITUTION REVIEW WORKING GROUP

### TERMS OF REFERENCE

#### 1. Accountability

The Group is accountable to the Council of Governors of Harrogate and District NHS Foundation Trust.

#### 2. Membership

The Group shall consist of:

- The Chairman
- ~~Five~~ Three ~~Governors of whom at least one shall be a Public Governor~~
- The Chief Executive
- One Non-Executive Director
- ~~The~~ Company Secretary
- Corporate Affairs and Membership Manager (Minutes)

The Group may co-opt other members as required.

~~Administrative support shall be provided by the Corporate Affairs and Membership Manager~~ Membership & Corporate Affairs Manager.

#### 3. Quorum

The quorum shall be five members including at least ~~two~~ three Governors.

#### 4. Frequency of Meetings

The Group will meet as and when required to consider proposed amendments to the Constitution.

#### 5. Working Group Purpose

To review the Constitution of the Trust ~~for~~:

- As directed by the Council of Governors:
- ~~To make s~~Statutory changes to the Constitution arising from amendments to the Health and Social Care Act 2012 and any other legislation;
- To make changes~~General changes~~ to the Constitution as directed and required by regulatory bodies e.g. NHS Improvement, the Care Quality Commission;
- To make changes~~Changes~~ due to inaccuracies or changes of title/organisation;
- Any other matters agreed by the Group

#### 6. Review of Terms of Reference

~~July 2019~~ July 2018

You matter most



**Harrogate and District**  
NHS Foundation Trust

These Terms of Reference are to be reviewed at least  
biennially. ~~biannually~~.

July 2019

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July 2019 ~~July 2018~~

You matter most



## **CONSTITUTION REVIEW WORKING GROUP**

### **TERMS OF REFERENCE**

#### **1. Accountability**

The Group is accountable to the Council of Governors of Harrogate and District NHS Foundation Trust.

#### **2. Membership**

The Group shall consist of:

- The Chairman
- Five Governors of whom at least one shall be a Public Governor
- The Chief Executive
- One Non-Executive Director
- The Company Secretary
- Corporate Affairs and Membership Manager (Minutes)

The Group may co-opt other members as required.

#### **3. Quorum**

The quorum shall be five members including at least three Governors.

#### **4. Frequency of Meetings**

The Group will meet as and when required to consider proposed amendments to the Constitution.

#### **5. Working Group Purpose**

To review the Constitution of the Trust:

- As directed by the Council of Governors;
- To make statutory changes to the Constitution arising from amendments to the Health and Social Care Act 2012 and any other legislation;
- To make changes to the Constitution as directed and required by regulatory bodies e.g. NHS Improvement, the Care Quality Commission;
- To make changes due to inaccuracies or changes of title/organisation;
- Any other matters agreed by the Group

#### **6. Review of Terms of Reference**

These Terms of Reference are to be reviewed at least biennially.

July 2019

July 2019

*You matter most*

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**Minutes of the Constitution Review Working Group**  
**Held on Monday 1 July 2019, 12.00 noon - 1.00pm**  
**In the Boardroom, Trust HQ, Harrogate District Hospital**

**Members present:** Maureen Taylor, Non-Executive Director (Chair)  
 Angela Schofield, Chairman (joined the meeting at item 2)  
 Cath Clelland, Public Governor  
 Emma Edgar, Staff Governor  
 Andrew Forsyth, Interim Company Secretary  
 Mikalie Lord, Staff Governor  
 Steve Russell, Chief Executive

**In attendance:** Sue White, Corporate PA (minutes)

No	Item
1.	<b>Welcome and apologies for absence</b>
1.1	Mrs Taylor welcomed everyone to the meeting and introductions were made.
1.2	Apologies were noted from Ian Barlow, Public Governor; Clare Cressey, Stakeholder Governor and Angie Colvin, Membership, Corporate Affairs and Membership Manager.
2.	<b>Terms of Reference – proposed amendments</b>
2.1	Mr Forsyth summarised the changes made to the terms of reference, which were shown as “tracked” changes, and these were considered:- <ul style="list-style-type: none"> <li>• 2. Membership - An increase was proposed from three to five governors, at least one of which to be a public governor. It was agreed at least two members should be public governors;</li> <li>• 3. Quorum – It was proposed the quorum should be five members including at least three governors. It was agreed that the quorum should be five members including one staff governor and one public governor of the three governors;</li> <li>• 5. Working Group Purpose - The Group was happy with the purpose of the working group as set out and with the proposed amendments;</li> <li>• 6. Review of Terms of Reference - It was agreed the terms of reference would be reviewed every two years.</li> </ul>
3.	<b>Proposed amendment to the Constitution – inclusion of all Governors as eligible for election as Deputy Chairman of the Council of Governors</b>
3.1	The proposed amendment to the Constitution was considered. Currently the Trust Constitution specifies only ‘elected Governors’ are eligible for election as the Deputy Chairman of the Council of Governors; this precludes stakeholder Governors from eligibility. It was proposed that all governors, including stakeholder governors, should have equal status with regard to eligibility for election as Deputy Chairman. It would also create a bigger pool of eligible governors.
3.2	It was noted stakeholder governors are nominated and appointed by stakeholders. The group considered whether there may be a potential conflict of interest. It was agreed that all governors may have a conflict of interest and are required to declare this. Mr Forsyth noted that some Trusts do have stakeholder governors, and some do not; there is no specific

guidance in relation to this. It was noted that only two stakeholder governors regularly attend meetings so may be time constrained.

- 3.3 It was also proposed that any governor when elected or appointed by others should be able to put themselves forward as Lead Governor/Deputy Chairman. The requirements for the role/duties of stakeholder governor are the same as for governors. This would be reflected in the induction programme for stakeholder governors.
- 3.4 The Working Group agreed to recommend that the Council of Governors approves the amendment to 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.'

**It was agreed to recommend that the Council of Governors approves the amendment to 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.'**

- 4. **Proposed amendments to the Constitution – draft procedure for electing the Deputy Chairman of the Council of Governors**
- 4.1 The proposed process for the election of the Deputy Chairman of the Council of Governors was considered – Mrs Edgar left the meeting for this discussion due to a conflict of interest as she was currently acting as Deputy Chairman of the Council of Governors in an interim capacity.
- 4.2 The Trust Constitution specifies that there should be an election process but the detail of the process had not been defined. On the last occasion that the Trust appointed a Deputy Chairman, a series of informal discussions had taken place with the Chairman of the Trust seeking expressions of interest. Only one expression of interest was received and the candidate had been appointed by the Council of Governors. The proposed process sought to formalise and establish an open and transparent process, using a preferential voting system and give all governors the opportunity to take part.
- 4.3 The Group agreed that it was a democratic way of electing a Deputy Chairman and it was noted that governors would have two votes therefore in the event of a tie; second preferences would be taken into account. The governor with the most votes would be elected.
- 4.4 The Group agreed that the proposed process for electing the Deputy Chairman of the Governors be recommended to the Council of Governors.
- 4.5 The Working Group agreed to recommend to the Council of Governors that an election be held in October 2019; with the appointed Deputy Chairman taking up the role on 1 January 2020. It also agreed to recommend that Mrs Edgar continues in the role of interim Deputy Chairman until 31 December 2019. This would enable a period of handover/shadowing with Mrs Edgar. It was also felt to be a reasonable timeframe as Mrs Edgar's term finishes in December. Mrs Edgar had confirmed she would be agreeable to this proposal.
- 4.6 It was suggested that the rationale for this timeline be included in the paper to the Council of Governors as some may question why the process was not taking place sooner.
- 4.7 Mrs Edgar rejoined the meeting. It was confirmed that the process had been agreed; with Mrs Edgar to continue in the role until the end of December 2019. Mrs Schofield noted her gratitude to Mrs Edgar for agreeing to do this.

**It was agreed to recommend to the Council of Governors:**

- **the proposed process for electing the Deputy Chairman of the Governors;**
- **that an election be held in October 2019; with the appointed Deputy Chairman taking up the role on 1 January 2020;**
- **that Mrs Edgar continues in the role of interim Deputy Chairman until 31 December 2019.**

**5. Role Description for Deputy Chairman of the Council of Governors and renaming as Lead Governor**

5.1 The role description had been reviewed and the five proposed changes were noted and considered.

5.2 Mrs Clelland referred to the requirement to act as the principal point of contact between NHS Improvement, the CQC and the Trust's Senior Independent Director (SID) and queried how this would operate. Mrs Schofield explained that a principal point of contact is a standard requirement; to enable contact with the Non-Executive Directors and Governors without the Chairman always being the conduit. The rationale behind this is that the Chairman chairs both the Board of Directors and the Council of Governors - it would not undermine the relationship with the Chairman and Lead Governor. This would be principally for collective council issues. It was expected that the Lead Governor and SID would discuss any concerns relating to the Board of Directors or Council of Governors. All governors would have access to the SID. The Lead Governor would have responsibility for briefing governors. It was agreed that this would be clarified and expanded on to reflect that the Lead Governor is always acting on behalf of the Council of Governors.

5.3 It was also clarified how point 7. would work; 'lead the Council of Governors in holding the Non-Executive Directors to account'. The Lead Governor would be a focal point for the Council of Governors as a whole, gathering views, and would have greater contact with the Non-Executive Directors. The role involved participating in their appraisals, and therefore the Lead Governor would be more likely to become aware of any issue relating to a Non-Executive Director. However, all governors have a duty to hold Non-Executive Directors to account. Mrs Clelland was concerned that it might be a little constraining. It was clarified that governors would take any concerns to the Lead Governor, who would then canvass other governors and take forward in a more formal way through the SID/Chairman.

5.4 It was agreed that the role description would be amended to include bullet pointed sub-headings, reflecting the discussion under 5.3, and would be circulated to members of the Working Group for approval.

5.5 It was noted that it would be necessary to change the terms of reference for the Remuneration, Nominations and Conduct Committee if this change was agreed, but it would be a relatively minor change and could be done at the Council of Governors meeting on 7 August 2019 through a recommendation from this Working Group.

**It was agreed that the role description would be amended to include bullet pointed sub-headings and would be circulated to members of the Working Group for approval.**

**6. Next steps**

6.1 Mrs Schofield noted that the recommendations, minutes from this meeting and revised role description would be received by the Council of Governors at the meeting on 7 August 2019 for their approval.

7. **Any other business**

- 7.1 Mrs Edgar noted that one of the duties of the Deputy Chairman of Governors is to give a report at the Annual Members' Meeting, however due to a prior commitment she would be unable to do so at the meeting on 24 July. Mr Forsyth confirmed that arrangements were in place for this meeting and the current draft programme shows Pat Jones, Neil Lauber and Clare Cressey confirmed to present an overview of the year.

The meeting closed at 12.55pm.

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<b>Date of Meeting:</b>	7 August 2019	<b>Agenda item:</b>	8.0								
<b>Report to:</b>	Council of Governors										
<b>Title:</b>	Report of Remuneration, Nominations and Conduct Committee										
<b>Sponsoring Director:</b>	Mrs Angela Schofield, Chairman										
<b>Author(s):</b>	Mr Andrew Forsyth, Interim Company Secretary										
<b>Report Purpose:</b>	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td></td> <td>Information</td> <td></td> </tr> </table>			Decision	✓	Discussion/ Consultation	✓	Assurance		Information	
Decision	✓	Discussion/ Consultation	✓	Assurance		Information					
<b>Executive Summary:</b>	<p>The Remuneration, Nominations and Conduct Committee met on 25 June 2019 to:</p> <ul style="list-style-type: none"> <li>consider proposed amendments to its Terms of Reference</li> <li>consider the process for recruitment of two Non-Executive Directors to replace two who have indicated that they would leave on 31 December 2019 and 28 February 2020</li> <li>consider an indicative timetable, a statement of personal criteria and a draft advertisement</li> </ul>										
<b>Related Trust Objectives</b>											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td></td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:		To ensure clinical and financial sustainability:	✓						
<b>Key implications</b>											
<b>Risk Assessment:</b>	None identified.										
<b>Legal / regulatory:</b>	The Trust is required to have a minimum of six Non-Executive Directors. If the recruitment is unsuccessful the number of appointed Non-Executive Directors will fall to four.										
<b>Resource:</b>	The Trust will identify resources to allow the Committee to recruit Non-Executive Directors of appropriate standing.										
<b>Impact Assessment:</b>	Not applicable.										
<b>Conflicts of Interest:</b>	None identified.										
<b>Reference documents:</b>	The Constitution of Harrogate and District NHS Foundation Trust (a Public Benefit Corporation) dated 1 August 2018 Articles 16.1.1.2 and 16.2										
<b>Action Required by the Council of Governors:</b>											
<p>The Council of Governors is recommended to:</p> <ul style="list-style-type: none"> <li><b>approve</b> the revised Terms of Reference</li> <li><b>note</b> the process adopted and the current situation</li> </ul>											

### Terms of Reference

1. The Committee undertook the annual review of its Terms of Reference, which were approved by the Council of Governors in August 2018. The Committee agreed not to make any changes at this time other than to include the Deputy Chair of Governors in the membership. This would amend item 2.1, second bullet point, to read:
  - a. 'A minimum of five Governors, at least two being public, including the Deputy Chair of Governors.'
2. The Council of Governors is recommended to approve this change.

### Quoracy

3. The Committee was not quorate but it was decided that, in order to make necessary progress with putting timely arrangements for the process in place, discussions would continue and that proposed decisions would be endorsed at a later opportunity.

### Process

4. The Committee considered the options to run the process internally or to employ a recruitment consultant, taking into account feedback from the CQC on the well-led element of their latest report regarding diversity on the Board. There was a detailed discussion regarding the advantages of employing an external recruitment consultant; these included expertise and knowledge in finding suitably qualified and diverse candidates across a wider geographical area, engagement with the Trust (including Governors) to meet the required specifications, and the significant support provided in managing such a detailed process. The cost implications were also discussed at length as well as the value and importance the Non-Executive Directors bring to the Board.
5. The Committee agreed to go ahead with the process to recruit two Non-Executive Directors using an external recruitment consultant. This proposed decision would be raised with the members of the Committee who could not attend the meeting for their comments. A number of companies would be invited to tender and a recommendation circulated to the Committee for final decision by the end of this week.
6. The proposed timetable for the process was discussed, noting that the final version would be discussed and finalised with the appointed recruitment consultant. All Governors would be invited to be part of the process in some way. Members of the Committee would form the interview panel, in accordance with the delegation from the Council of Governors.
7. A draft Person Specification had been prepared which reflected the knowledge and experience required for the two posts – financial expertise for one post and experience of digital/organisational transformation for the second post. Some re-wording of particular bullet points was agreed and it was noted that the recruitment consultants would be able to offer advice on the final wording.
8. The Committee discussed the wording of an advertisement which would be used as the basis of the final advertisement which would be used, in various ways, by the recruitment consultants. It was agreed that candidates should be aware that the roles would entail travel across the whole of the Trust's operating.

### **Confirmation of process**

9. The Committee had not been quorate and it was therefore decided that the proposed decisions should be considered at the Governor briefing on 3 July. There was further discussion on a number of the points and the proposed decisions were endorsed.

### **Recruitment Consultancy**

10. After a procurement process, Gatenby Sanderson was selected, from three tenders, to support the recruitment process.

### **Progress**

11. A number of meetings have been held with Gatenby Sanderson to finalised details. The notice of the vacancies was published on 26 July on a microsite within Gatenby Sanderson's recruitment site and will be advertised in the Times/Sunday Times for the following two weeks. The closing date is Tuesday 27 August.
12. The date of longlisting is 4 September; shortlisting will take place on 30 September and interviews will take place on 14 October. All Governors who are available will be involved in the final interview process.



## **Remuneration, Nominations and Conduct Committee**

Minutes of the Remuneration, Nominations and Conduct Committee held on 25 June 2019 at  
9.30 – 10.30am in the Classroom, Strayside Education Centre, 3<sup>rd</sup> Floor,  
Harrogate District Hospital

- Present:** Angela Schofield, Chairman  
Sue Eddleston, Public Governor  
Emma Edgar, Staff Governor
- Ex-officio:** Andrew Forsyth, Interim Company Secretary  
Steve Russell, Chief Executive  
Lesley Webster, Senior Independent Director/Non-Executive Director  
Angela Wilkinson, Director of Workforce and Organisational  
Development
- Angie Colvin, Corporate Affairs and Membership Manager (minutes)

### **1. Welcome and apologies for absence**

Apologies were received from Clare Cressey, Stakeholder Governor, Tony Doveston, Public Governor, and Steve Treece, Public Governor.

The Committee referred to the Terms of Reference and discussed the quorum. The meeting was not quorate however, it was agreed that Andrew would contact the members of the Committee, unable to attend, to seek their comments with a view to making progress in line with the proposed timetable.

**Action: Email to Committee members absent from meeting to seek comments – Andrew Forsyth**

### **2. Declarations of interest**

There were no declarations of interest.

### **3. Annual Review of Terms of Reference**

Angela Schofield referred to paper 3.0, the Terms of Reference, previously agreed in August 2018. The Committee agreed not to make any changes at this time other than including the following addition to item 2.1, second bullet point, to read:

‘A minimum of five Governors, at least two being public, including the Deputy Chair of Governors.’

The Committee noted that a further discussion would take place at the Constitution Review Group the following week to propose a change from the term Deputy Chair of Governors to Lead Governor. This would be reflected in the Remuneration, Nominations and Conduct Committee Terms of Reference to be approved by the Council of Governors on 7 August.

#### 4. Recruitment of Non-Executive Directors

##### 4.1 Process

Angela Schofield referred to paper 4.0, circulated prior to the meeting, and highlighted the action required by the Committee to approve the process, the indicative timetable, and arrangements for the appointment of two Non-Executive Directors to fill the two anticipated vacancies on the Board of Directors. Lesley Webster and Chris Thompson had both indicated that they would not be seeking an extension to their terms of office of 31 December 2019 and 29 February 2020 respectively.

Andrew summarised the detail provided in the draft timetable, draft person specification, draft role description, and draft advertisement attached with paper 4.0.

The Committee considered the options to run the process internally or to employ a recruitment consultant, taking into account feedback from the CQC on the well-led element of their latest report regarding diversity on the Board. The Committee held a detailed discussion regarding the advantages to employing an external recruitment consultant; these included expertise and knowledge in finding suitably qualified and diverse candidates across a wide geographical area, engagement with the Trust (including Governors) to meet the required specifications, and the significant support in managing such a detailed process. The cost implications were also discussed at length and recognition of the value and importance the Non-Executive Directors bring to the Board.

Andrew assured the Committee that potential recruitment consultants would be required to meet specific criteria and each submission would be scored before a final decision was made.

Following detailed consideration of the options, the Committee agreed to go ahead with the process to recruit two Non-Executive Directors using an external recruitment consultant. This would be raised with the members who could not attend the meeting for their comments.

Andrew confirmed he would work with Angela Wilkinson to evaluate a number of companies and would circulate a recommendation to the Committee for final decision by the end of this week.

8.1

***Action: Committee to be notified of preferred external recruitment agency by the end of this week – Andrew Forsyth***

#### 4.2 Timetable

Andrew referred to the proposed timetable at appendix A which would need to be discussed and finalised with the appointed recruitment consultant. He confirmed that all Governors would be invited to be part of the process. Members of the Committee would form the interview panel which would include the attendance of the Chief Executive, Director of Workforce and Organisational Development, and Interim Company Secretary. An interview date of 1 October was suggested and Emma expressed the importance of confirming the interview date to all involved as soon as possible. All candidates would be given the opportunity to visit the Trust and talk to Governors and members of the Board and the interview date would be non-negotiable.

The Committee was happy with the proposed timetable.

***Action: Interview date to be confirmed and circulated by the end of this week – Andrew Forsyth***

#### 4.3 Personal criteria

Angela Schofield referred to the Person Specification at appendix B and highlighted the required knowledge and experience for the two posts – financial expertise for one post and experience of digital/organisational transformation for the second post.

Lesley commented on the 'Other specific requirements' list and suggested re-wording the second, third and fourth bullet points in this section to read: demonstrate an ability to understand. Emma suggested the third bullet point could be re-worded to read: Awareness of public, patient and stakeholder expectations of the NHS.

The Committee was happy with the proposed changes to the Person Specification.

***Action: The Person Specification would be updated reflecting the comments regarding 'Other specific requirements' – Andrew Forsyth***

#### 4.4 Advertisement

Angela Schofield confirmed the draft advertisement would be discussed with the appointed recruitment consultant who may wish to apply their expertise to the final version.

Lesley suggested that potential candidates should be informed of the required business travel as part of the role. The Committee agreed this could feature in the role description.

Andrew provided a copy of the draft Role Description to the Committee which was based on the standard version suggested by NHS Improvement. Again the appointed recruitment consultant would engage in the proposed final version to be approved by the Committee.

***Action: Advertisement and role description to be finalised – Andrew Forsyth***

## 5. Next steps

The Committee agreed to the following actions:

- Andrew would email Clare, Tony, and Steve following the meeting to seek their comments on the outcome of the discussions with a view to the proposed timetable for the appointments.
- Committee to be notified of preferred external recruitment agency by the end of the week.
- Interview date to be confirmed and circulated by the end of the week.
- Consult with external recruitment agency on timetable and process detail.
- The Person Specification would be updated.
- Logistical arrangements for the interview date to commence.

## 6. Any other business

There were no other items of business. Angela Schofield thanked everyone for attending and closed the meeting.

8.1





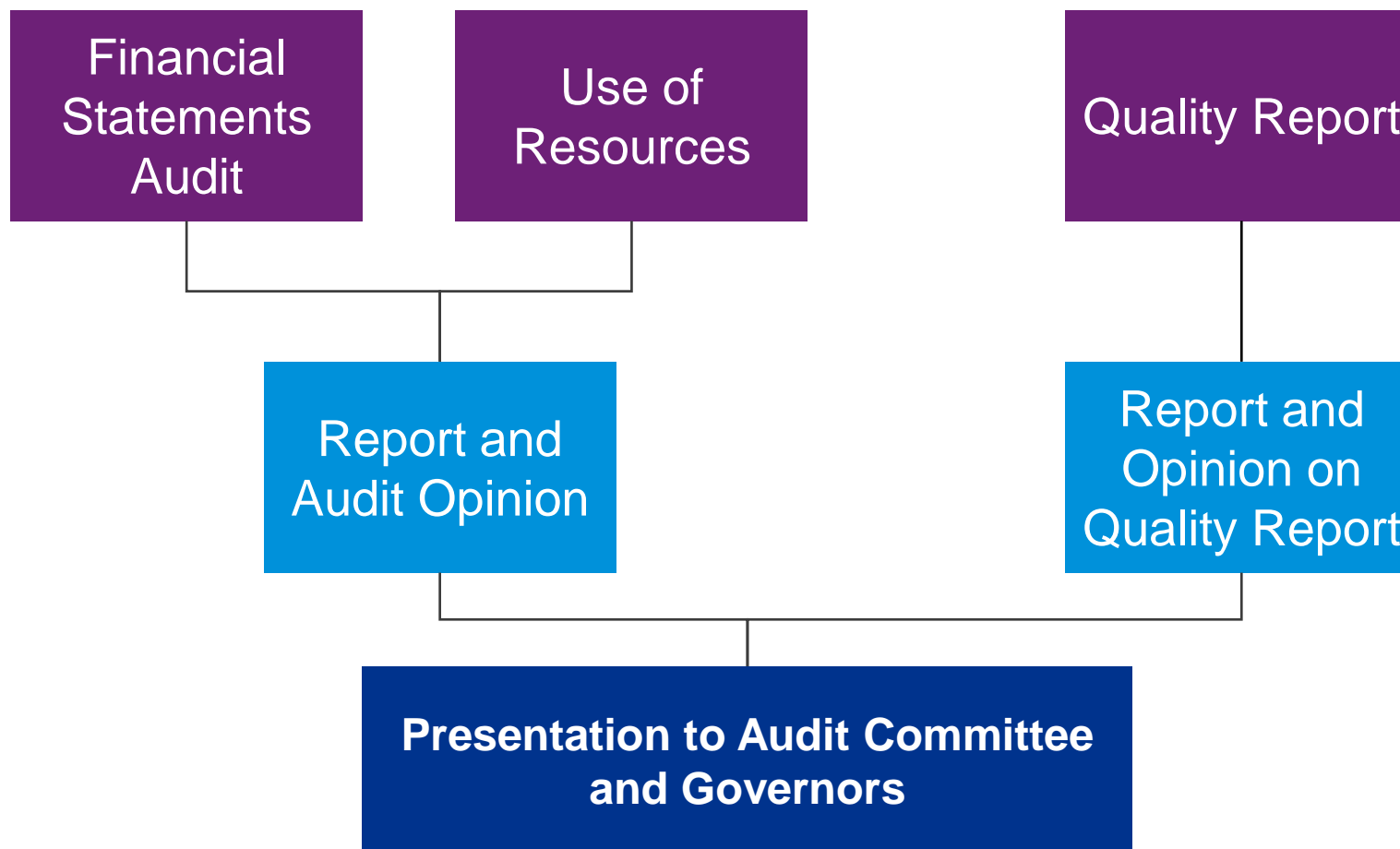
# External Audit – 2018/19

Harrogate and District NHS Foundation Trust

Presentation to the Council of Governors

7 August 2019

# The Role of External Audit



# Summary of audit outcomes

## Financial Statements Audit

- Key areas of focus:
  - Valuation of Land & Buildings
  - Revenue Recognition
  - Expenditure Recognition
  - Implementation of new General Ledger
- Clean, unqualified audit opinion issued
- 2 unadjusted audit differences with a total value of £3.865m. Relating to an overstatement of charitable income received and an overstatement of income receivable in relation to business rates
- Some minor presentational changes

# Summary of audit outcomes

## Financial Statements Audit

- 3 'amber' rated recommendations raised with regards:
  - General Ledger Transfer / NEP – loss of some of the historic audit trail and difficulties in interrogating data.  
Delay in audit opinion – issued June 7<sup>th</sup>.
  - Challenge of Trust's valuation
  - Related Parties / Declarations of Interest – some outstanding declarations.
- Annual Report and Annual Governance Statement consistent with financial statements and comply with the Group Accounting Manual



# Summary of audit outcomes

## Use of resources

- Assessed against three criteria:
  - Informed decision making
  - Sustainable resource deployment
  - Working with partners and third parties
- Key focus area:
  - Medium/long term financial sustainability
- No significant issues identified at year-end
- Unqualified Use of Resources opinion for 2018/19

# Summary of audit outcomes

## Quality Report

- The content of the Quality Report complies with the requirements set out within NHSI's guidance
- The content of the Quality Report is not inconsistent with other information sources as specified by NHSI
- Clean limited assurance opinion on the two mandated indicators tested:
  - 62 Day cancer referral to treatment
  - A&E: 4 hour target
- One low priority recommendation raised in relation to A&E – 4 hour target during 16/17 is still 'live'
- No indications that data for the local indicator is not produced in line with national guidance:
  - Summary Hospital Level Mortality Indicator (SHMI).



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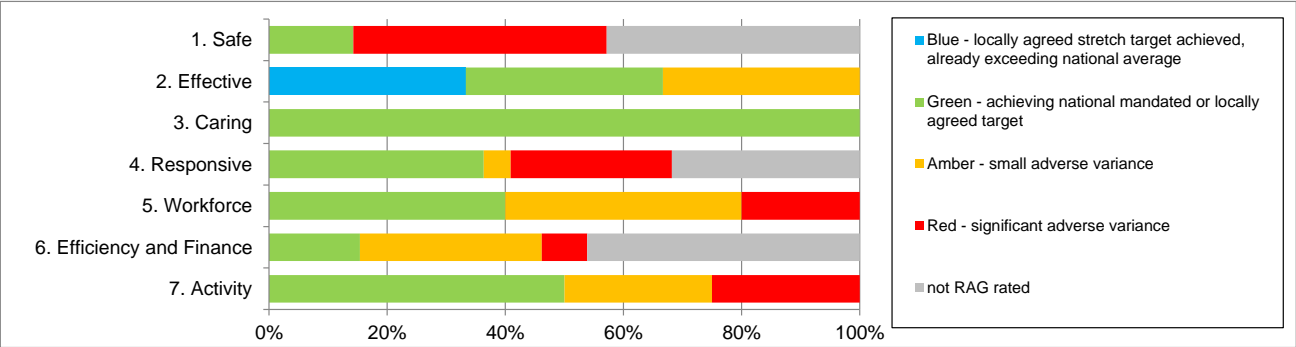
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Integrated board report - June 2019

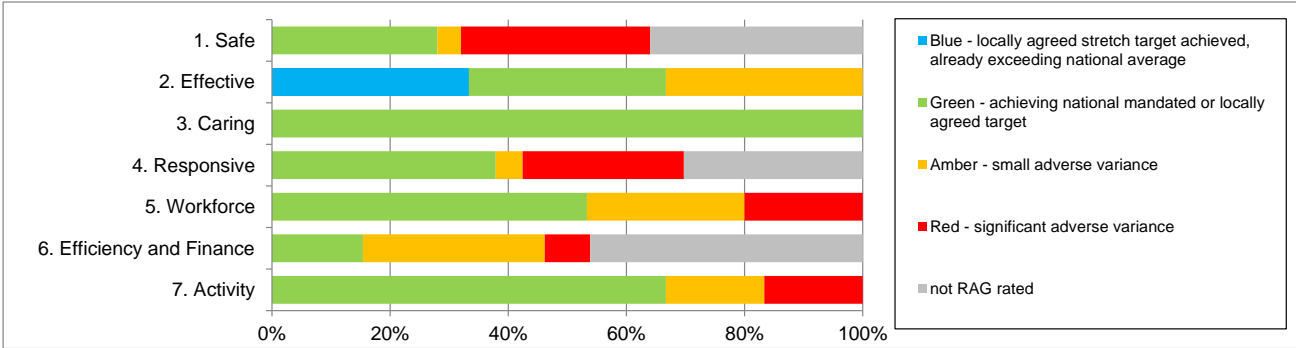
Key points this month

- 1. The IBR has been updated to transition to the use of the new run chart tool. Further work will be done with the tool in the next month to update reset control limits to reassess the variation (see key on p20 below).
- 1. The Trust reported a deficit in June taking the year to date deficit to £2m.
- 2. HDFT's performance against the A&E 4-hour standard was below 95% reported at 94.5%.
- 3. The Trust's 18 weeks performance remained below the 92% standard in June with performance at 88.3%.
- 4. Provisional data indicates that 5 of the 8 cancer waiting times standards were achieved in June and Q1, with the standards for both 14 day standards and the 62 day Screening not delivered - 14 day breast symptomatic standard (6.5%), the 14 day suspected cancer standard (87.9%), and the 62 day Screening (66.7%).

Summary of indicators - current month




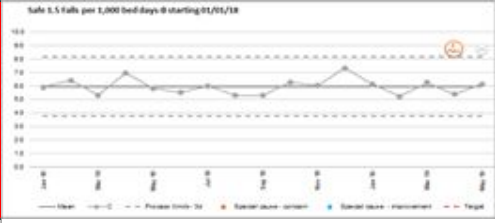

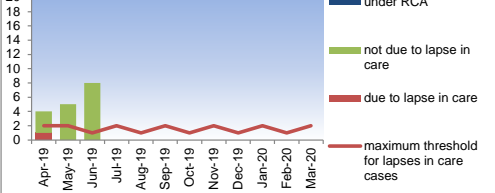
Summary of indicators - year to date



**Section 1 - Safe - June 2019**

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	<p><b>DQ</b></p> <p><b>Pressure ulcers hospital acquired</b></p>	<p>■ Under RCA ■ No omission in care ■ Omission in care</p>	<p>There were 2 hospital acquired category 3 and above pressure ulcers reported in June (including device related and device related mucosal). This is lower than last year with an average of 6 per month reported in 2018/19.</p> <p>Of the 3 reported there were 0 omission in care, 0 no omission in care and 3 under RCA.</p>
1.1b	<p><b>DQ</b></p>		<p>The number of hospital acquired category 2 and above pressure ulcers reported in June was 13. The reported number is inclusive of device related and device related mucosal pressure ulcers.</p>
1.2a	<p><b>DQ</b></p> <p><b>Pressure ulcers community acquired</b></p>	<p>■ Under RCA ■ No omission in care ■ Omission in care</p>	<p>There were 12 community acquired category 3 and above pressure ulcers reported in June (including device related and device related mucosal). The average per month reported in 2018/19 was 11.</p> <p>Of the 12 reported there were 2 no omission in care and 10 under RCA.</p>
1.2b	<p><b>DQ</b></p>		<p>The number of community acquired category 2 and above pressure ulcers reported in June was 21. The number reported is inclusive of device related and device related mucosal pressure ulcers.</p>

**Section 1 - Safe - June 2019**

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.5	<b>Falls</b> 		<p>The rate of inpatient falls was 6.09 per 1,000 bed days in May. This is slightly higher than the average HDFT rate for 2018/19 (6.01)</p>
1.6	<b>Infection control</b> 		<p>There were 3 cases of hospital apportioned C. difficile reported in June, none of which were 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.</p>

## Section 1 - Safe - June 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Incidents - all DQ		<p>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 May gives a ratio of 11, a slight improvement on the April position of 10.</p> <p>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.</p>
1.8	Incidents - SIRIs and never events DQ		<p>There was one comprehensive SIRI in June but no Never Events were reported for the quarter. No Never Events were reported in 2017/18 or 2018/19.</p>
1.9	Safer staffing levels DQ		<p>In June staff fill rates were reported as follows: Registered Nurses Day 92.2% and Night 96.6%, Care Staff Day 95.3% and Night 103.5%. Reported care hours per day per patient was 8.55 hours per day.</p>

### Narrative

#### Safer staffing

The table below summarises the average fill rate on each ward during June 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 June was 8.55 care hours per patient per day.

**Section 1 - Safe - June 2019**

Indicator number	Indicator name / data quality assessment	Trend chart			Interpretation			
		Jun-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		92.9%	94.2%	95.3%	120.0%	2.93	3.54	6.47
Farnedale		95.8%	82.8%	100.0%	101.7%	3.39	3.76	7.14
Granby		95.3%	106.7%	100.0%	93.3%	3.79	3.39	7.18
Harlow		106.7%	96.7%	100.0%	-	7.11	1.91	9.01
ITU/HDU		93.4%	-	95.3%	-	24.59	3.09	27.68
Jervaulx		94.7%	91.9%	93.3%	115.6%	3.02	3.52	6.54
Lascelles		100.6%	92.7%	98.3%	100.0%	5.04	4.36	9.39
Littondale		95.4%	91.1%	96.7%	140.0%	4.35	2.66	7.02
Maternity		88.8%	87.9%	93.9%	87.5%	14.36	4.16	18.52
Medical Assessment Unit		89.1%	105.6%	101.7%	100.0%	5.98	3.70	9.68
Medical Short Stay		98.5%	94.8%	97.9%	101.1%	4.58	2.75	7.33
Nidderdale		87.9%	93.9%	97.8%	103.3%	3.82	2.33	6.16
Oakdale		88.9%	82.9%	98.9%	103.3%	4.04	3.90	7.94
Special Care Baby Unit		88.3%	61.4%	93.3%	-	46.88	8.55	55.43
Trinity		97.4%	106.0%	100.0%	100.0%	3.81	4.51	8.32
Wensleydale		91.8%	102.5%	100.0%	98.3%	3.89	2.55	6.44
Woodlands		78.7%	71.7%	85.6%	66.7%	12.06	2.95	15.01
Trust Total		92.2%	95.3%	96.6%	103.5%	5.23	3.32	8.55



## Section 1 - Safe - June 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
<b>Further information to support the June safer staffing data</b>			
<p>On the wards: Oakdale, Byland, Jervaulx, MAU, Farndale 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.</p> <p>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.</p> <p>The planned staffing levels on Farndale ward were adjusted in June to reflect the closure of beds in this area in response to activity levels. 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 and care staff gaps were due to sickness in June; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.</p> <p>On Nidderdale ward although the daytime RN and care staff hours were less than planned in June, the occupancy levels varied in this area throughout the month which enabled staff to assist in other areas.</p> <p>In some wards the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In June this is reflected on the wards; Byland, Jervaulx, Littondale, MAU, Trinity and Oakdale.</p> <p>For the Special Care Baby Unit (SCBU) although the 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.</p> <p>On Woodlands ward the day and night time RN and care staff hours are less than 100% in June, 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.</p>			

**Section 2 - Effective - June 2019**

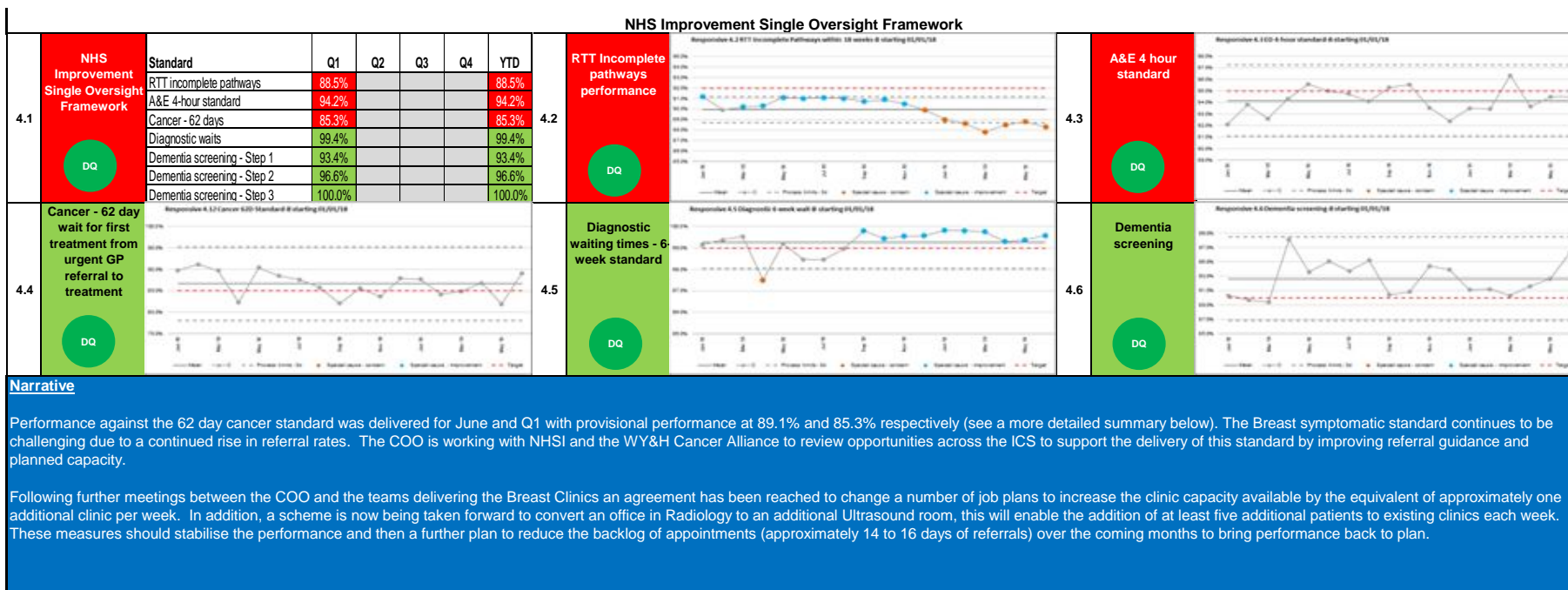
Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	<b>Mortality - HSMR</b> DQ	<p>● HSMR — national average</p>	Our HSMR has increased to 103.1 for the last 12 months up to March 2019 (1000.68 the previous month). Three specialties have a higher than expected standardised mortality rate: Anaesthetics, Geriatric Medicine and General Medicine. The trust is performing above national average which is currently 99.2.
2.2	<b>Mortality - SHMI</b> DQ	<p>● SHMI — national average</p>	SHMI data is now available on HED up to end of December 2018. HDFT's SHMI for the most recent rolling 12 months was 94.11. This remains below expected levels. No new SHMI data is currently available, so it is still currently sitting at 94.11  At specialty level, 5 specialties (Trauma and Orthopaedics, Gastroenterology, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.
2.3	<b>Readmissions</b> DQ	<p>Effective 2.3 Readmissions within 30 days - % of all admissions starting 01/01/18</p>	Emergency Readmissions increased slightly in May to 13.6%. This is at the same level as the 2018/19 average. The increase in March was largely due to an increase in the number of patients readmitted following admissions under Urology, General Surgery, and General Medicine.
<b>Narrative</b>			



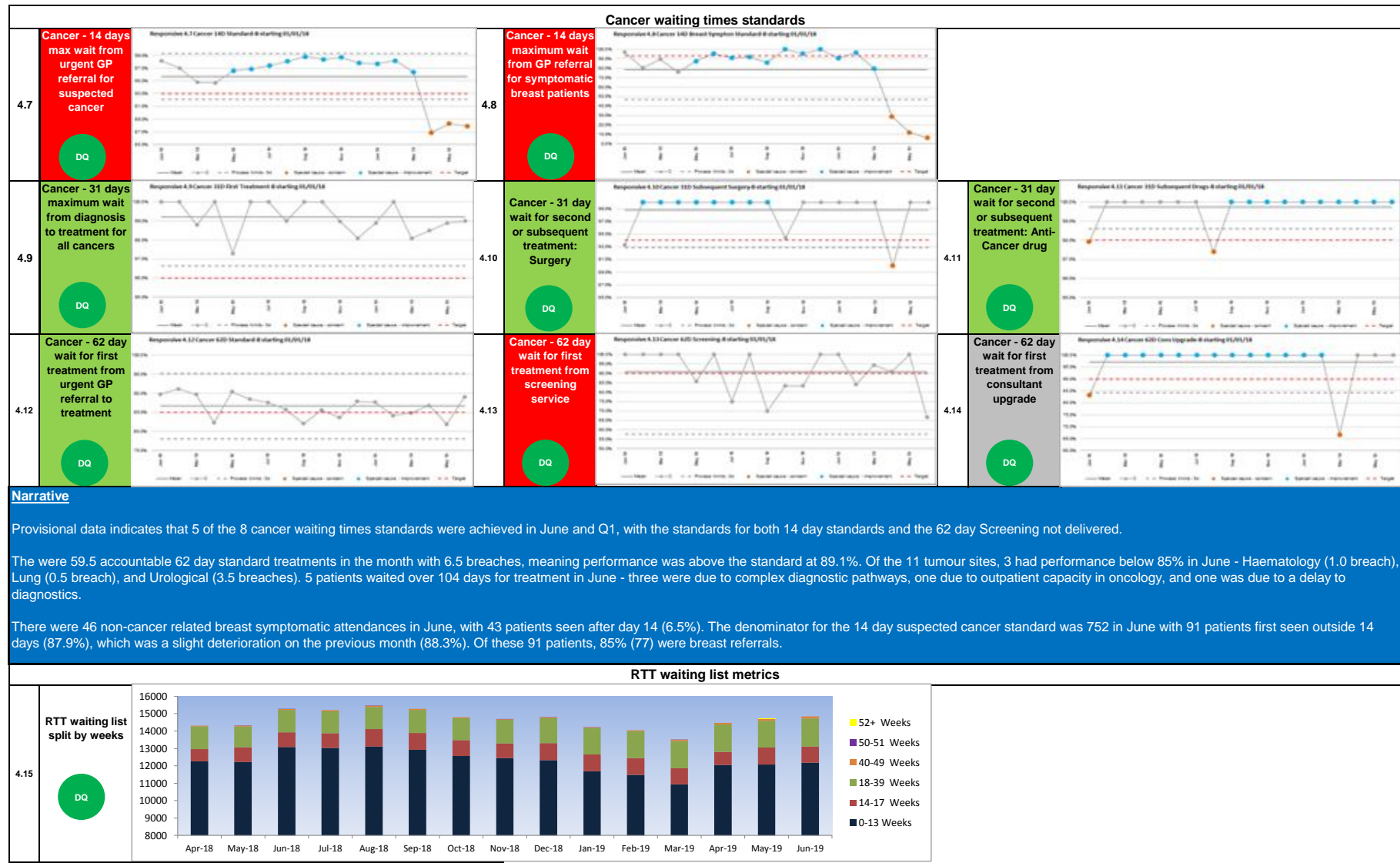
## Section 3 - Caring - May 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients DQ	<p>Caring 3.1 Friends and Family Test-B starting 01/01/18</p>	<p>94.6% of patients surveyed in June would recommend our services remaining above the latest published national average (93.6%). 5,037 patients responded to the survey this month of which 4,765 would recommend our services.</p>
3.2	Friends & Family Test (FFT) - Adult community services DQ	<p>Caring 3.2 Friends and Family Test Community-B starting 01/01/18</p>	<p>95.9% of patients surveyed in June would recommend our services, an increase on last month (94.6%). Current national data (March) shows 94% of patients surveyed would recommend the services. 416 patients from our community services responded to the survey this month.</p>
3.3	Complaints DQ		<p>18 complaints were received in June, the same as May, and above the average for 2018/19. No complaints were classified as amber or red this month.</p> <p>CCCC has now introduced a weekly tracker to monitor timeliness and stage of the complaints process.</p>
Narrative			

## Section 4 - Responsive - June 2019



**Section 4 - Responsive - June 2019**



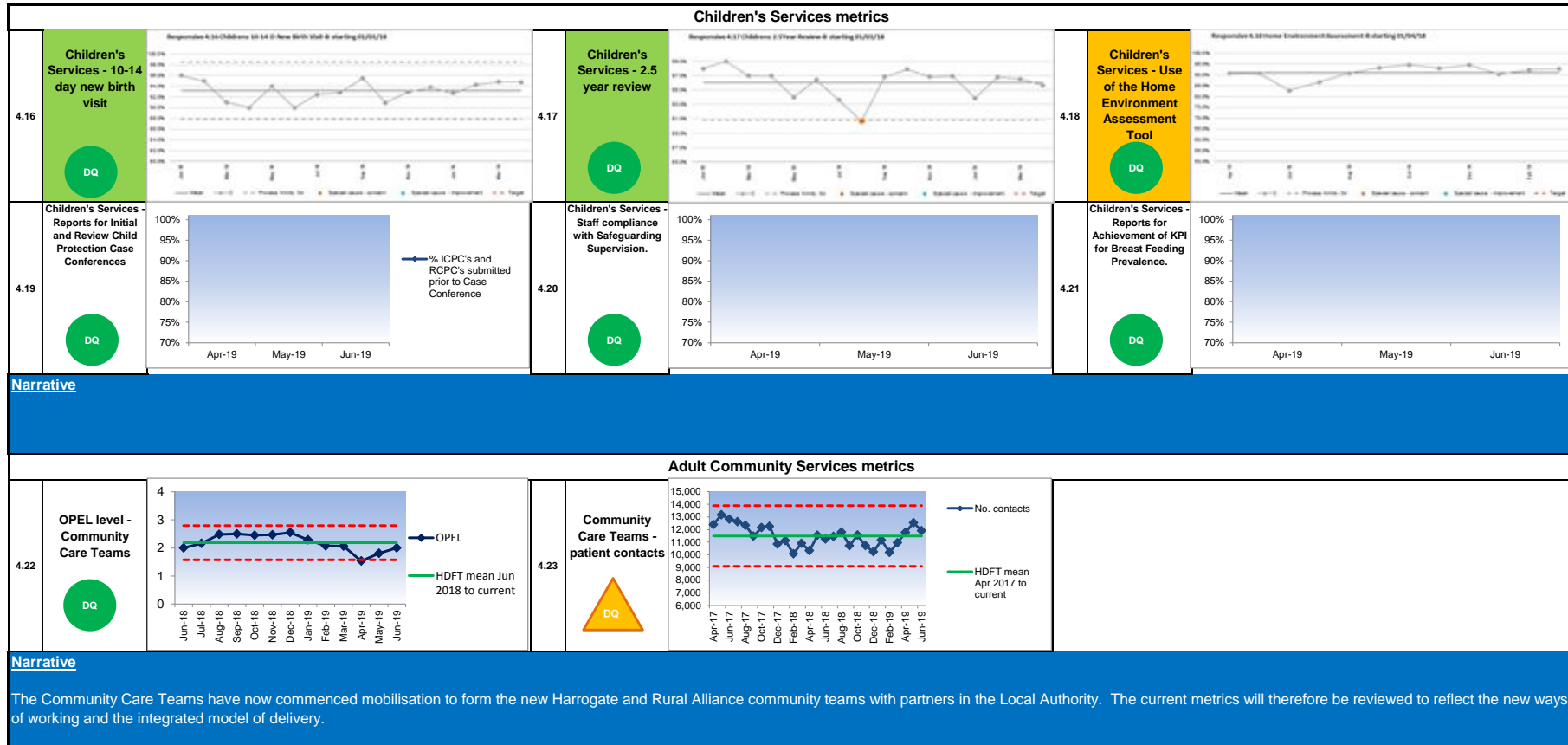


Section 4 - Responsive - June 2019

Narrative

Of the 14,841 patients on the waiting list at the end of June, 12,175 have been waiting 0-13 weeks, 929 for 14-17 weeks, 1,613 for 18-39 weeks, and 124 between 40-50 weeks. The 92nd percentile for June was 21-22 weeks.

Section 4 - Responsive - June 2019





**Harrogate and District**  
NHS Foundation Trust

## Section 5 - Workforce - June 2019


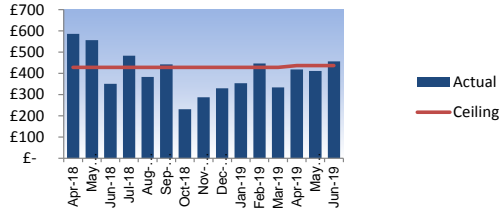
Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation																																													
5.1	Staff appraisal rates <div>DQ</div>		There has been a reduction in appraisal rates to 76.9% in June from 79.2% in May 2019. The Appraisal window opened on the 1 April 2019 and closes on 30th September 2019, with the aim of ensuring 90% of staff are appraised during this period. So far 25% of appraisals have been completed during the appraisal period which is behind our trajectory of 50% to meet our 90% compliance rate. Therefore Directorates are being asked to provide assurance that appraisals are planned in the diary during this period.																																													
5.2	Mandatory training rates <div>DQ</div>	<table><thead><tr><th>Competence Name</th><th>Renewal Period</th><th>Required</th><th>Achieved</th><th>Compliance %</th></tr></thead><tbody><tr><td>NHS(CSTF) Information Governance and Data Security - 3 Year</td><td>Annual</td><td>4058</td><td>3825</td><td>94%</td></tr><tr><td>NHS(CSTF) Equality, Diversity and Human Rights - 3 Years</td><td>3 Yearly</td><td>4058</td><td>3799</td><td>94%</td></tr><tr><td>A21(LOCAL) Fire Safety - Level 1</td><td>Annual</td><td>4058</td><td>3659</td><td>90%</td></tr><tr><td>NHS(MAND) Infection Control - No Renewal</td><td>Once Only</td><td>4058</td><td>4020</td><td>99%</td></tr><tr><td>NHS(CSTF) Safeguarding Children (Version 2) - Level 1 - 3 Years</td><td>3 Yearly</td><td>4058</td><td>3800</td><td>94%</td></tr><tr><td>A21(LOCAL) Risk Awareness eLearning</td><td>Once Only</td><td>4058</td><td>3977</td><td>98%</td></tr><tr><td>NHS(CSTF) Health, Safety and Welfare - 5 Years</td><td>5 Yearly</td><td>4058</td><td>3935</td><td>97%</td></tr><tr><td>A21(LOCAL) Manual Handling eLearning</td><td>3 Yearly</td><td>4058</td><td>3712</td><td>91%</td></tr></tbody></table>	Competence Name	Renewal Period	Required	Achieved	Compliance %	NHS(CSTF) Information Governance and Data Security - 3 Year	Annual	4058	3825	94%	NHS(CSTF) Equality, Diversity and Human Rights - 3 Years	3 Yearly	4058	3799	94%	A21(LOCAL) Fire Safety - Level 1	Annual	4058	3659	90%	NHS(MAND) Infection Control - No Renewal	Once Only	4058	4020	99%	NHS(CSTF) Safeguarding Children (Version 2) - Level 1 - 3 Years	3 Yearly	4058	3800	94%	A21(LOCAL) Risk Awareness eLearning	Once Only	4058	3977	98%	NHS(CSTF) Health, Safety and Welfare - 5 Years	5 Yearly	4058	3935	97%	A21(LOCAL) Manual Handling eLearning	3 Yearly	4058	3712	91%	<p>Mandatory % Report – Trust exc HIF 01.07.19</p> <p>The data shown is for the end of June 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 95% and has increased by 1% since the last reporting cycle.</p>
Competence Name	Renewal Period	Required	Achieved	Compliance %																																												
NHS(CSTF) Information Governance and Data Security - 3 Year	Annual	4058	3825	94%																																												
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A21(LOCAL) Manual Handling eLearning	3 Yearly	4058	3712	91%																																												
5.3	Sickness rates <div>DQ</div>		The Trust sickness absence rate for June is 4.2% which is a decrease from May's rate of 4.8%. This remains above the Trust target of 3.9%. The HR team are about to commence a review of the Managing Attendance and Promoting Health and Wellbeing policy as part of improving our people practices work. Stakeholder groups will be established to coproduce our Trust approach.																																													
5.4	Staff turnover rate <div>DQ</div>		Turnover for June shows a slight increase to 13.1% from 13.0% in May. This has remained fairly static and the recruitment and retention group continue to meet on a monthly basis to discuss a number of initiatives.																																													



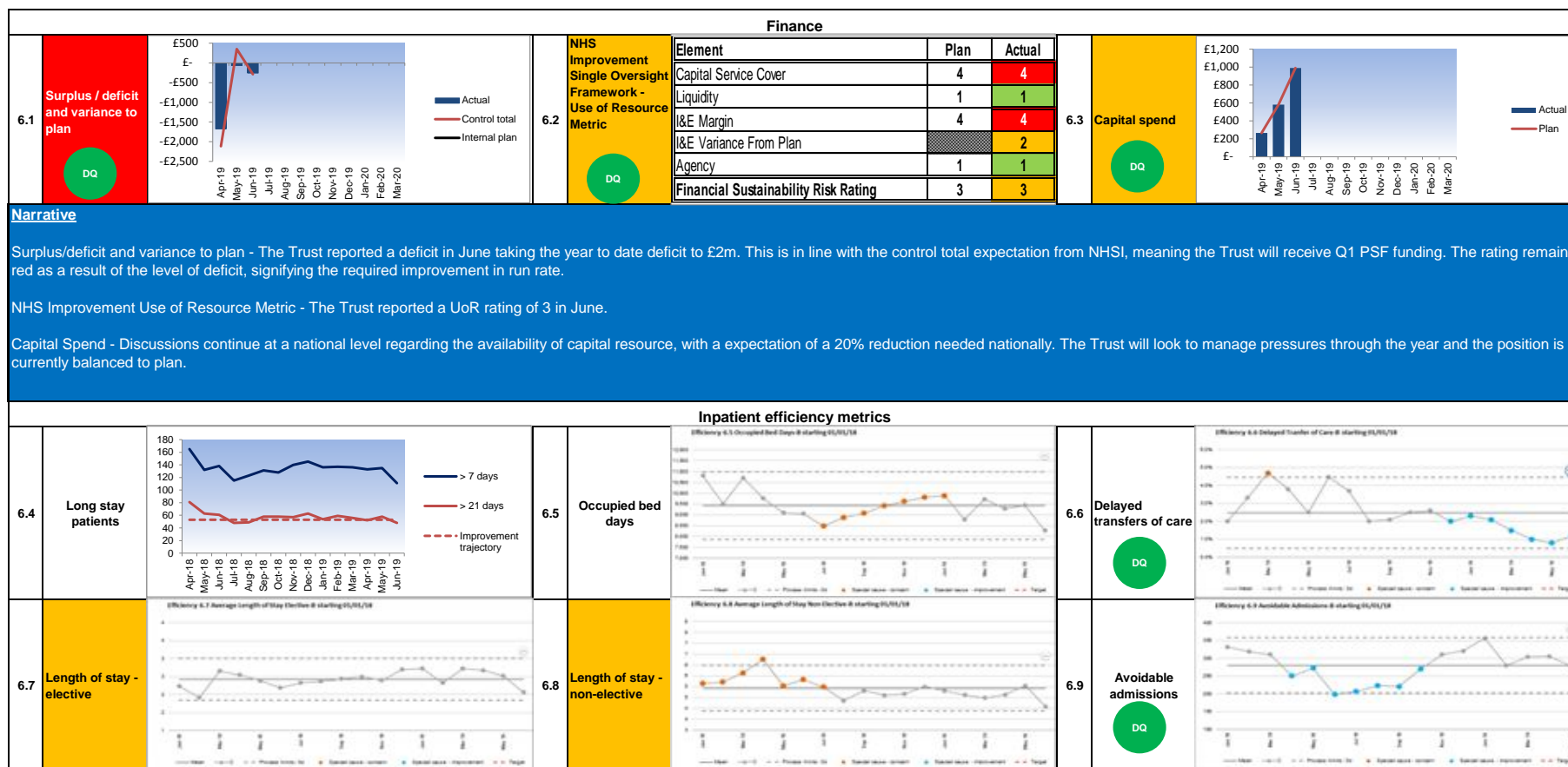


**Harrogate and District**  
NHS Foundation Trust

## Section 5 - Workforce - June 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.5	<b>Agency spend in relation to pay spend</b> 	 <p>£700 £600 £500 £400 £300 £200 £100 £-</p> <p>Apr-18 May-18 Jun-18 Jul-18 Aug-18 Sep-18 Oct-18 Nov-18 Dec-18 Jan-19 Feb-19 Mar-19 Apr-19 May-19 Jun-19</p> <p>Actual Ceiling</p>	<p>While agency expenditure remains within the ceiling to date, in month performance was adverse by £19k which is a concern.</p>
<b>Narrative</b> <p><u><b>Sickness Absence</b></u>  The Trust sickness absence rate in June was 4.17% which is a reduction from May's rate of 4.76%. This remains above the Trust target of 3.9%. The HR team are about to commence a review of the Managing Attendance and Promoting Health and Wellbeing policy as part of improving our people practices work. Stakeholder groups are being established this month to coproduce our Trust approach.</p> <p><u><b>Turnover</b></u>  Turnover for June shows a slight increase to 13.14% from 12.98% in May. This has remained fairly static and the recruitment and retention group continue to meet on a monthly basis to discuss a number of initiatives.</p> <p><u><b>Appraisal Rate</b></u>  There has been a further reduction in appraisal rates to 76.89% in June from 79.17% in May and from 83.48% in April 2019. The Appraisal window opened on the 1 April 2019 and closes on 30th September 2019, with the aim of ensuring 90% of staff are appraised during this period. So far 25% of appraisals have been completed during the appraisal period which is behind our trajectory of 50% to meet our 90% compliance rate. Therefore Directorates are being asked to provide assurance that appraisals are planned in the diary during this period.</p>			

## Section 6 - Efficiency and Finance - June 2019

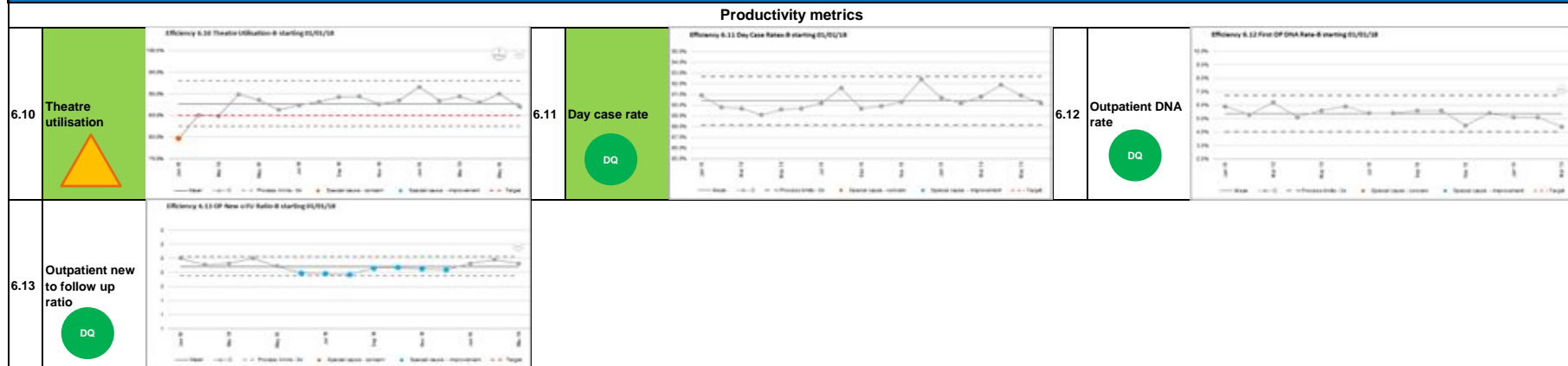


**Section 6 - Efficiency and Finance - June 2019**

**Narrative**

Non Elective Length of stay was below the national and benchmark group average in June at 4.1 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.



**Narrative**

New to Follow-up ratio's fell slightly in March 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.

During April and May there has been a lower level of % theatre session utilisation due to school holidays. Further work is ongoing to include annualised PAs for flexible operating sessions to support increased use of sessions vacated due to annual leave and a reduced reliance on premium rate lists.

## Section 7 - Activity - June 2019

### Narrative

The HaRD CCG AIC contract is over-performing in nearly all areas, this remains a concern. Whilst New Outpatient attendances are slightly lower than the same period last year, they remain significantly above this year's plan. Similarly Follow Up attendances are in line with last year, however, they also are above this year's plan. Overall Elective admissions are above plan, with elective inpatient below plan and last year being cancelled out by elective day-case over-performance.

Other CCG contracts are under plan for outpatient and overall elective admissions. This is partly owing to the circa £2m activity removed from the HaRD plan being transferred to 'other' CCGs. The position is also exacerbated by the situation in Leeds whereby the introduction of a Referral

Assessment Service has resulted in all GP referrals going into LTHT, including patients from the North of Leeds who would usually choose Harrogate as their provider. April to June 2019 shows 687 fewer referrals than the same period last year, this will result in a richer mix of HaRD CCG patients being seen in clinic and electively admitted for treatment.

Non elective activity is above both plan and the same period last year against all CCG contracts.

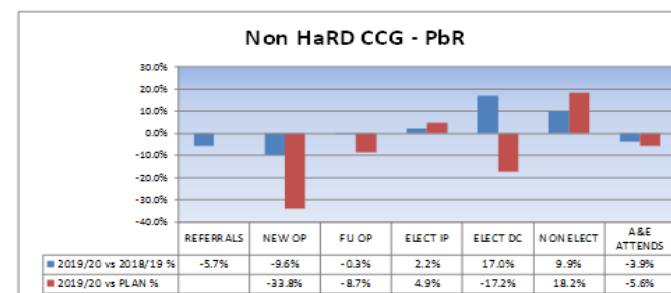
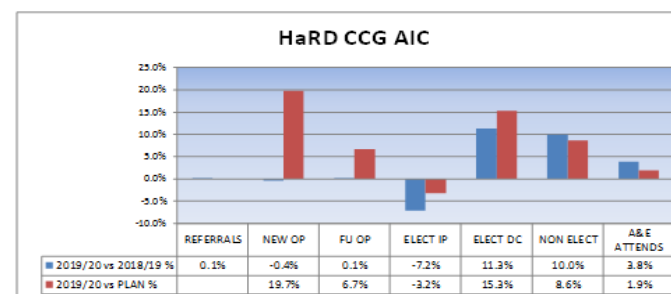
### Activity Summary

HaRD CCG AIC									
GROUP	2018/19 JUN	2019/20 JUN PLAN	2019/20 JUN ACTUAL	2018/19 YTD	2019/20 PLAN	2019/20 ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %
REFERRALS	3,173		3,119	9,543		9,556	13		0.1%
NEW OP	5,464	4,681	5,524	16,486	13,708	16,414	-72	2,706	-0.4%
FU OP	10,596	10,557	10,627	32,914	30,892	32,952	38	2,060	0.1%
ELECT IP	194	171	187	558	535	518	-40	-17	-7.2%
ELECT DC	1,584	1,523	1,738	4,914	4,743	5,468	554	725	11.3%
NON ELECT	1,297	1,342	1,456	4,048	4,097	4,451	403	354	10.0%
A&E ATTENDS	3,246	3,229	3,284	9,433	9,616	9,796	363	180	3.8%

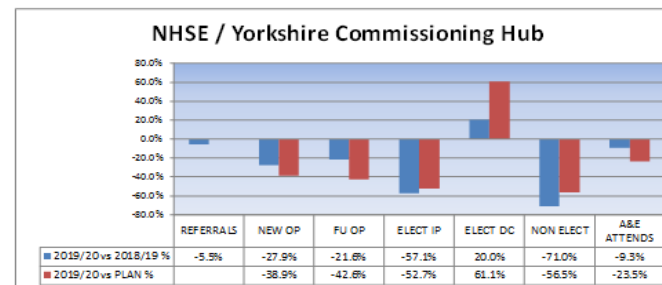
Non-HaRD CCG - PbR*									
GROUP	2018/19 JUN	2019/20 JUN PLAN	2019/20 JUN ACTUAL	2018/19 YTD	2019/20 PLAN	2019/20 ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %
REFERRALS	1,749		1,477	5,146		4,853	-293		-5.7%
NEW OP	2,500	3,361	2,221	7,261	9,917	6,564	-697	-3,353	-9.6%
FU OP	3,851	4,506	3,941	12,106	13,219	12,069	-37	-1,150	-0.3%
ELECT IP	87	98	105	315	307	322	7	15	2.2%
ELECT DC	647	869	768	1,924	2,720	2,252	328	-468	17.0%
NON ELECT	448	381	425	1,252	1,164	1,376	124	212	9.9%
A&E ATTENDS	1,265	1,253	1,114	3,661	3,730	3,520	-141	-210	-3.9%

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



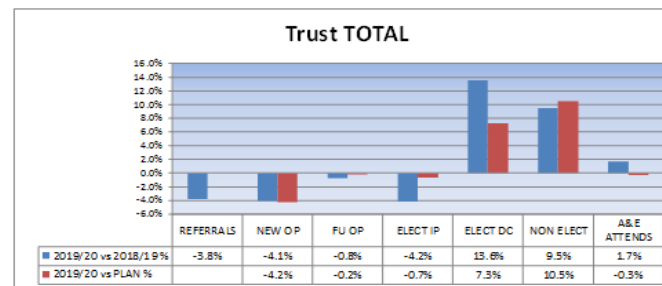
## NHSE / Yorkshire Commissioning Hub

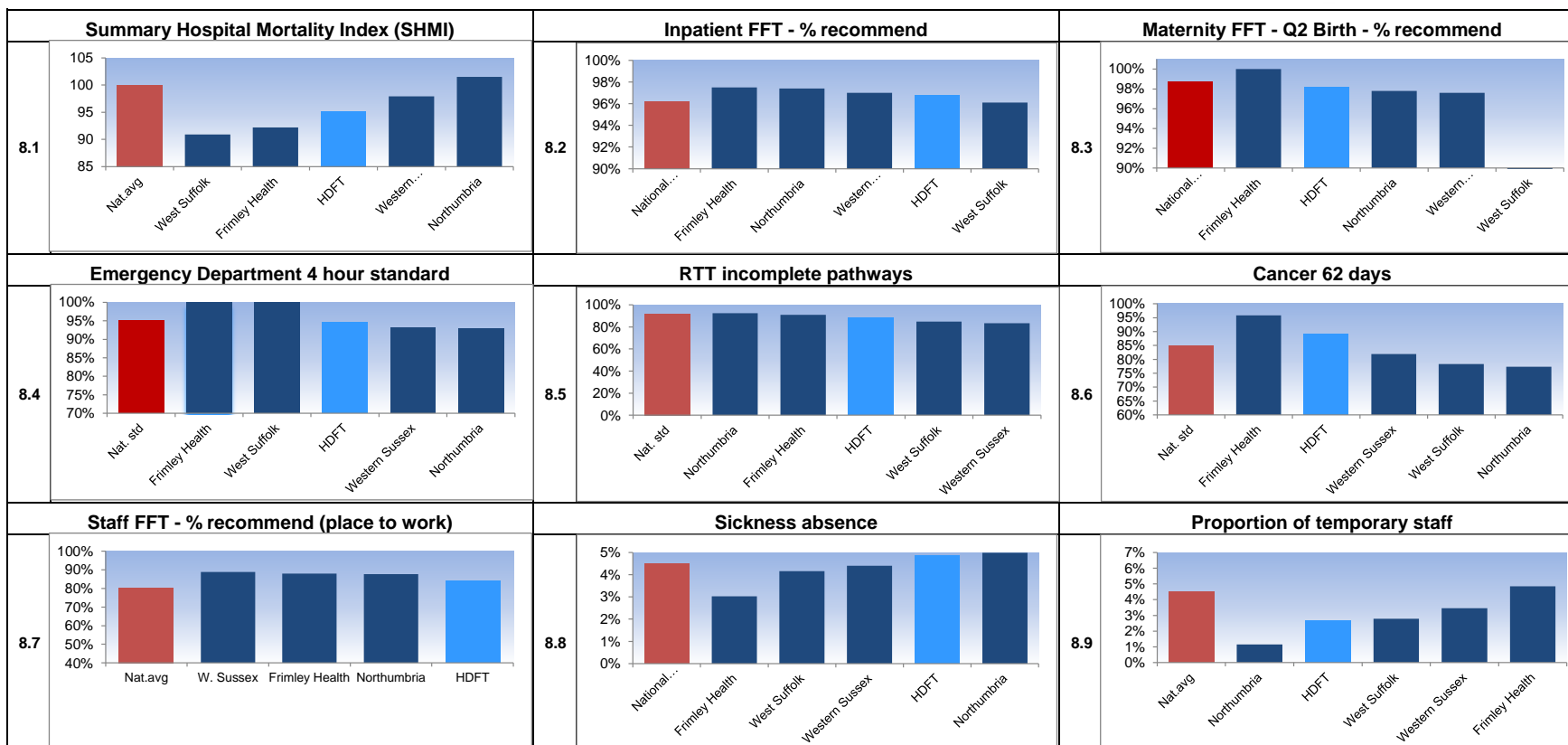
GROUP	2018/19 JUN	2019/20 JUN PLAN	2019/20 JUN ACTUAL	2018/19 YTD	2019/20 PLAN	2019/20 ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	200		203	676		639	-37		-5.5%	
NEW OP	283	346	224	856	1,010	617	-239	-393	-27.9%	-38.9%
FU OP	467	798	451	1,706	2,333	1,338	-368	-995	-21.6%	-42.6%
ELECT IP	2	2	1	7	6	3	-4	-3	-57.1%	-52.7%
ELECT DC	255	75	202	715	533	858	143	325	20.0%	61.1%
NON ELECT	12	7	7	31	21	9	-22	-12	-71.0%	-56.5%
A&E ATTENDS	23	22	24	54	64	49	-5	-15	-9.3%	-23.5%



## Trust Total

GROUP	2018/19 JUN	2019/20 JUN PLAN	2019/20 JUN ACTUAL	2018/19 YTD	2019/20 PLAN	2019/20 ACTUAL	2019/20 vs 2018/19	2019/20 vs PLAN	2019/20 vs 2018/19 %	2019/20 vs PLAN %
REFERRALS	5,122		4,799	15,365		14,778	-587		-3.8%	
NEW OP	8,247	8,387	7,969	24,603	24,635	23,595	-1,008	-1,040	-4.1%	-4.2%
FU OP	14,914	15,861	15,019	46,726	46,444	46,359	-367	-85	-0.8%	-0.2%
ELECT IP	283	271	293	880	849	843	-37	-6	-4.2%	-0.7%
ELECT DC	2,486	2,567	2,708	7,553	7,995	8,578	1,025	583	13.6%	7.3%
NON ELECT	1,757	1,730	1,888	5,331	5,282	5,836	505	554	9.5%	10.5%
A&E ATTENDS	4,534	4,504	4,422	13,148	13,410	13,365	217	-45	1.7%	-0.3%











**Section 8 - Benchmarking - June 2019**

**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.

**Integrated board report - June 2019**

**Key for SPC charts**

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

## 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 	<p>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.</p> <p>The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc.</p> <p>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.</p>
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

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 pressure 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.		

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 COC 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 performance 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 requested 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

<div>  <b>Harrogate and District NHS Foundation Trust</b> </div>					Traffic light criteria	Rationale/source of traffic light criteria
Indicator number	Domain	Indicator	Description			
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.			
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.		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.
6.9	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.			
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.		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.
6.13	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.			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 patients who are streamed to primary care.		Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	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

<b>Date of Meeting:</b>	7 August 2019	<b>Agenda item:</b>	11.0
<b>Report to:</b>	Council of Governors		
<b>Title:</b>	Audit Committee update on the External Auditor Performance		
<b>Sponsoring Director:</b>	Chris Thompson, Non-Executive Director/Chair of the Audit Committee		
<b>Author(s):</b>	Chris Thompson, Non-Executive Director/Chair of the Audit Committee		
<b>Report Purpose:</b>	Decision	Discussion/ Consultation	Assurance ✓ Information
<b>Executive Summary:</b>	<ul style="list-style-type: none"> <li>The Audit Committee is responsible for evaluating the performance of the Foundation Trust's External and Internal Auditors each year. The performance of External Audit was considered by the Audit Committee at its meeting on the 8th May 2019, this assessment was undertaken following the completion of the larger part of the 2018-19 external audit work.</li> <li>The assessment incorporated the views of members of the Audit Committee, the Senior Finance Team, Governance team, Clinical Team and Internal Audit.</li> <li>Overall, the External Auditors received an average rating of 4.48 in 2019 (the maximum possible score is 5.00), compared with last year's average rating of 4.47. This reflects a very creditable pattern of consistently high scores over the last 5 years.</li> <li>The conclusion of the Audit Committee was that the performance of the External Auditors had continued to be very good and no action points were identified as a result of the analysis.</li> </ul>		
<b>Related Trust Objectives</b>			
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓ To ensure clinical and financial sustainability: ✓
<b>Key implications</b>			
<b>Risk Assessment:</b>	None identified.		
<b>Legal / regulatory:</b>	The Audit Committee is responsible for evaluating the performance of the Foundation Trust's External and Internal Auditors each year.		
<b>Resource:</b>	None identified.		
<b>Impact Assessment:</b>	Not applicable.		

<b>Conflicts of Interest:</b>	None identified.
<b>Reference documents:</b>	None.
<b>Assurance:</b>	The performance of External Audit was considered by the Audit Committee at its meeting on 8th May 2019.
<b>Action Required by the Council of Governors:</b>	
It is recommended that the Council of Governors note the content of the report.	

**Report to the Council of Governors' meeting  
7 August 2019**

**Evaluation of the performance of the External Auditors during 2018-19**

**1. Introduction**

The role of a Foundation Trust External Auditor is outlined in the National Audit Office Code of Audit Practice, which has now been introduced to replace the previous Audit Code for NHS Foundation Trusts that had been published by Monitor. The legislation around the audit requirements for Foundation Trusts is set out Schedule 6 to the Local Audit and Accountability Act of 2014. Essentially the external auditor:

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

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

In 2016, in accordance with the Constitution of Harrogate and District NHS Foundation Trust, the Governors' External Audit Panel recommended the appointment of KPMG as External Auditors for the Trust for a three year term of office commencing 1 December 2016, with an option to extend for a further two years, subject to satisfactory service and performance, which was to be reviewed on an annual basis. This proposal was endorsed by the Board of Directors at its meeting in October 2016 and was subsequently ratified by the Council of Governors at its November 2016 meeting.

**2. Evaluation of performance during 2017-18**

In accordance with best practice, the performance of External Audit is assessed on an annual basis and considered by the Audit Committee. The most recent assessment was formally undertaken following the completion of the larger part of the 2018-19 external audit work and the outcomes of the assessment were considered by the Audit Committee at its meeting on 8<sup>th</sup> May 2019. The assessment incorporated the views of members of the Audit Committee, the Senior Finance Team, Governance team, Clinical Team and Internal Audit. The outcomes from the evaluation are attached as appendices to this paper.

Overall, the External Auditors received an average rating of 4.48 in 2019 (the maximum possible score is 5.00), compared with last year's average rating of 4.47. This reflects a very creditable pattern of consistently high scores over the last 5 years.

The conclusion of the Committee was that the performance of the External Auditors had continued to be very good and no action points were identified as a result of the analysis.

**Mr Chris Thompson**  
**Non-Executive Director and Audit Committee Chair**

**External Audit Effectiveness Assessment 2017/18 (undertaken April 2018)**

Questions	Audit Committee Members			Client Management			Internal Audit	Total Score	Average Score
	1	2	3	1	2	3	1		
1. How assured are you as to the External Auditor's independence and objectivity?	5	5	5	5	5	5	4	<b>34</b>	<b>4.8</b>
2. How would you rate the External Auditor's knowledge of the organisation and the risks it faces?	5	4	5	5	4	5	4	<b>32</b>	<b>4.6</b>
3. How assured are you as to the embeddedness of External Audit's quality control procedures?	5	4	-	5	4	5	-	<b>23</b>	<b>4.6</b>
4. How would you rate the effectiveness of liaison between External and Internal Audit?	5	4	-	4	3	5	4	<b>25</b>	<b>4.2</b>
5. How would you rate the quality of the External Auditor's accounting / auditing judgements?	5	4	5	4	4	5	5	<b>32</b>	<b>4.6</b>
6. How would you rate the External Auditor's performance in relation to the timely resolution of issues?	5	4	-	4	3	5	4	<b>25</b>	<b>4.2</b>
7. How would you rate the External Auditor's communication / presentation of output?	5	4	5	5	3	5	4	<b>31</b>	<b>4.4</b>
8. How would you rate the working relationship between External Audit and management?	5	4	5	4	3	5	-	<b>26</b>	<b>4.3</b>
9. How would you rate the External Auditor's technical knowledge and expertise?	5	5	5	5	3	5	5	<b>33</b>	<b>4.7</b>
10. How would you rate the quality of the staffing of the audit team?	5	-	5	4	3	5	-	<b>22</b>	<b>4.4</b>

Comments: KPMG have provided a consistently good service

Score: 1=Low  
5=High



### External Audit Effectiveness Assessment 2018/19 (undertaken April 2019)

Questions	KPMG Average Score Year 2 of Contract 2018/19	KPMG Average Score Year 1 of Contract 2017/18	KPMG Average Score Year 5 of Contract 2016/17	KPMG Average Score Year 4 of Contract 2015/16	KPMG Average Score Year 3 of Contract 2014/15
1. How assured are you as to the External Auditor's independence and objectivity?	4.8	4.7	4.8	4.9	4.86
2. How would you rate the External Auditor's knowledge of the organisation and the risks it faces?	4.6	4.6	4.4	4.6	4.29
3. How assured are you as to the embeddedness of External Audit's quality control procedures?	4.6	4.4	4.6	4.46	4.67
4. How would you rate the effectiveness of liaison between External and Internal Audit?	4.2	4.4	4.3	4.07	4.13
5. How would you rate the quality of the External Auditor's accounting / auditing judgements?	4.6	4.3	4.5	4.5	4.5
6. How would you rate the External Auditor's performance in relation to the timely resolution of issues?	4.2	4.3	4.3	4.4	4.33
7. How would you rate the External Auditor's communication / presentation of output?	4.4	4.4	4.9	4.52	4.71
8. How would you rate the working relationship between External Audit and management?	4.3	4.3	4.4	4.4	4.57
9. How would you rate the External Auditor's technical knowledge and expertise?	4.7	4.6	4.7	4.82	4.71
10. How would you rate the quality of the staffing of the audit team?	4.4	4.7	4.7	4.36	4.57
Total Score	44.8	44.7	45.6	45.03	45.34
<b>Overall Average Score</b>	<b>4.48</b>	<b>4.47</b>	<b>4.56</b>	<b>4.50</b>	<b>4.53</b>

## HARROGATE AND DISTRICT NHS FOUNDATION TRUST GLOSSARY OF ABBREVIATIONS

### A

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

### B

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

### C

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

### D

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

*You matter most*

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

## E

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

## F

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

## G

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

## H

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

*You matter most*

**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

**L&D** *Learning & Development*

**LAS DR** *Locally acquired for service doctor*

**LAT DR** *Locally acquired for training doctor*

**LCFS** *Local Counter Fraud Specialist*

**LEPs** *Local Education Providers*

**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*

**LWAB** *Local Workforce Action Board*

## M

**MAC** *Medical Advisory Committee*

**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.*

**MOU** *Memorandum of Understanding*

**MRI** *Magnetic Resonance Imaging*

**MRSA** *Methicillin Resistant Staphylococcus Aureus*

**MRET** *Marginal Rate Emergency Tariff*

**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*

*You matter most*

<b>NRLS</b>	<i>The National Reporting and Learning System</i>
<b>NVQ</b>	<i>National Vocational Qualification</i>
<b>NYCC</b>	<i>North Yorkshire County Council</i>

## O

<b>OD</b>	<i>Organisational Development</i>
<b>ODG</b>	<i>Operational Delivery Group</i>
<b>ODP</b>	<i>Operating Department Practitioner</i>
<b>OPEL</b>	<i>Operational Pressures Escalation Levels</i>
<b>OSCE</b>	<i>The Objective Structured Clinical Examination</i>

## P

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

## Q

<b>QC</b>	<i>Quality Committee</i>
<b>QIA</b>	<i>Quality Impact Assessment</i>
<b>QIPP</b>	<i>The Quality, Innovation, Productivity and Prevention Programme</i>
<b>QPR</b>	<i>Quarterly Performance Review</i>

## R

<b>RCA</b>	<i>Route Cause Analysis</i>
<b>RN</b>	<i>Registered Nurse</i>
<b>RTT</b>	<i>Referral to Treatment. The current RTT Target is 18 weeks.</i>

## S

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

*You matter most*

<b>SMR</b>	<i>Standardised Mortality rate – see Mortality Rate</i>
<b>SMT</b>	<i>Senior Management Team</i>
<b>SPF</b>	<i>Social Partnership Forum</i>
<b>SpR</b>	<i>Specialist Registrar – medical staff grade below consultant</i>
<b>ST DR</b>	<i>Specialist trainee doctors</i>
<b>STEIS</b>	<i>Strategic Executive Information System</i>
<b>STP</b>	<i>Sustainability and Transformation Plan/Partnerships</i>

## T

<b>TARN</b>	<i>Trauma Audit Research Network</i>
<b>TOR</b>	<i>Terms of Reference</i>
<b>TU</b>	<i>Trade Union</i>
<b>TUPE</b>	<i>Transfer of Undertakings (Protection of Employment) Regulations 2006</i>

## V

<b>VC</b>	<i>Vice Chairman</i>
<b>VSM</b>	<i>Very Senior Manager</i>
<b>VTE</b>	<i>Venous Thromboembolism</i>

## W

<b>WTE</b>	<i>Whole Time Equivalent</i>
<b>WY&amp;H HCP</b>	<i>West Yorkshire and Harrogate Health Care Partnership</i>
<b>WYAAT</b>	<i>West Yorkshire Association of Acute Trusts</i>

## Y

<b>YTD</b>	<i>Year to Date</i>
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**Further information can be found at:**

NHS Providers – Jargon Buster –

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

**January 2019**