

COUNCIL OF GOVERNORS' MEETING (held in PUBLIC)

Tuesday, 29 September 2020 from 2.30 – 4.00pm
(via MS Teams / Dial in facility)

AGENDA

Time	Item No.	Item	Lead	Action	Paper
2.30	1.0	Welcome and apologies for absence <i>Welcome to the public, set the context of the meeting and receive any apologies for absence.</i>	Angela Schofield, Chairman	Note	Verbal
	2.0	Declarations of Interest <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Angela Schofield, Chairman	Note	Attached
	3.0	Minutes of the meeting held on 23 June 2020 <i>To review and approve the minutes</i>	Angela Schofield, Chairman	Approve	Attached
	4.0	Matters arising and review Action Log <i>To receive updates on progress of actions</i>	Angela Schofield, Chairman	Discuss Note	Attached
2.45	5.0	Chairman's Verbal update on key issues <i>To receive the written update for consideration</i>	Angela Schofield, Chairman	Note	Verbal
2.50	6.0	Chief Executive's Strategic and Operational Update	Steve Russell, Chief Executive	Note	Presentation
	6.1	Integrated Board Report <i>To receive the update and report for comment</i>			Attached
3.00	7.0	Executive Director Briefing <i>To receive the verbal update for comment</i>	Executive Directors	Note	Verbal
3.05	8.0	Deputy Chair/Non-executive Director/Chair of Resource Committee Report	Maureen Taylor, Non Executive Director	Note	Verbal
3.10	9.0	Annual Report and Accounts 2019/20 <i>To receive the report for comment</i>	Steve Russell, Chief Executive/ Jonathan Coulter, Director of Finance	Note	Attached
	9.1	Independent Auditors report <i>To receive the report for comment</i>	Amy Thomas, KPMG	Note	Attached
3.30	10.0	Governor Development & Membership Engagement Committee	Clare Cressey, Lead Governor	Note	Attached
	10.1	Chair's Report <i>To receive the Chair's Log from the GDMEC meeting held on 21 September 2020</i>			

You matter most

Time	Item No.	Item	Lead	Action	Paper
	10.2	APPROVED Minutes of GDMEC Meeting <i>To receive Minutes of GDMEC Meeting held on 14 July 2020</i>	Clare Cressey, Lead Governor	Note	Attached
3.40	11.0	Question and Answer Session for Governors and members of the public <i>To receive and respond to questions submitted or from the floor</i>	Clare Cressey, Lead Governor	Note	Attached
3.55	12.0	Any other relevant business not included on the agenda <i>By permission of the Chairman</i>	Angela Schofield, Chairman	Note	Verbal
3.55	13.0	Evaluation of meeting	Angela Schofield, Chairman	Note	Verbal
4.00	14.0	Date and Time of Next Meeting Monday 14 th December 2020, 4.30pm – 6.30pm	Angela Schofield, Chairman	Note	Verbal
	15.0	Close of meeting			

In light of the Government's guidelines in relation to COVID-19, Harrogate and District NHS Foundation Trust has taken a decision to not hold face to face meetings of the Council of Governors in Public whilst the guidance on social distancing is in place, these will instead take place via video conferencing.

The minutes and papers will continue to be published on the Trust website. This decision will be reviewed as the guidance evolves with further communication published on the Trust's website in due course.

Details of the Government response can be found at: <https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>

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	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer with Helping Older People (charity).
Dr Pamela Bagley	Stakeholder	Other	Dean of the Faculty of Health Studies, University of Bradford. Deliver education for NHS Trust staff
Ian Barlow	Public elected	Other	Owner of non-profit website 'Harrogate Guide'
John Batt	Public Elected	Other	Member of the Conservative Party
Cath Clelland MBE	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS A position of Authority in a charity or voluntary organisation in the field of health and social care	Owner/Director - Canny Consultants Ltd Non-Executive Director - York St John University, York Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant) Non-Executive Director - York St John University (Involvement/Link with Mental Health Provision in York)

1 (updated June 2020)

You matter most

Name	Governor Status	Interests Declared	
Robert Cowans	Public elected	NONE	
Clare Cressey	Stakeholder	NONE	
Martin Dennys	Public elected	Other	Employed by NHS Digital, The Health and Social Care Information Centre, an arms length body to the Department of Health and Social Care.
Tony Doveston	Public elected	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer for Yorkshire Air Ambulance
Sue Eddleston	Public elected	NONE	
William Fish	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)	Owner/Director – Manulytica Ltd
Carolyn Heaney	Stakeholder	A position of Authority in a charity or voluntary organisation in the field of health and social care	<p>None. However, for transparency, I would like to put on record that I am employed by the Association of the British Pharmaceutical Industry (ABPI), which is the trade body for the British pharmaceutical industry.</p> <p>My role as NHS Engagement Policy partner involves representing the interests of the pharmaceutical industry in the context of strategic engagement with Government and related health bodies such as NICE and other ALBs and NHS organisations. ABPI does deliver NHS services and therefore does not contract with NHS organisations.</p>
Samantha James	Public elected	NONE	
Dr Loveena Kunwar	Staff elected	NONE	
Neil Lauber	Staff elected	NONE	

2 (updated June 2020)

You matter most

Name	Governor Status	Interests Declared	
Cllr John Mann	Stakeholder	Position of authority in a local council or Local Authority	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Sam Marshall	Staff Governor		NONE
Doug Masterton	Public elected	Position of authority in a local council or Local Authority	Member of Harewood Parish Council
Kathy McClune	Staff Governor		NONE
Cllr Samantha Mearns	Stakeholder	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) Position of authority in a local council or Local Authority Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Director of RHM Pension Trust Limited Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council Self-employed consultant to Stockwell Road Surgery, Knaresborough
Dr Christopher Mitchell	Public elected		NONE
Heather Stuart	Staff elected		NONE
Dave Stott	Public elected	Other	Patient and Carer Representative at the Royal College of GPs Lay Member at the Academy of Medical Royal Colleges (Involved as a simulated patient in the training and assessment of trainee doctors in the following Medical Schools: Norwich, Leeds, Liverpool, Hull and York)

3 (updated June 2020)

You matter most

Name	Governor Status	Interests Declared	
Steve Treece	Public elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services Other	Employee of NHS Digital (until 30/06/2020) Chair of Institute of Risk Management Health and Care Special Interest Group (The IRM is a professional body, providing risk management qualifications, education etc.)

4 (updated June 2020)

You matter most

Paper 3.0

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 23 June 2020 at 13.00,
 via MS teams Video conference

Present: Angela Schofield, Chairman
 Jackie Andrews, Medical Director
 Sarah Armstrong, Non Executive Director
 Jonathan Coulter, Director of Finance
 Clare Cressey, Stakeholder & Lead Governor
 Jeremy Cross, Non Executive Director
 Martin Dennys, Public Governor
 Tony Doveston, Public Governor
 Sue Eddleston, Public Governor
 William Fish, Public Governor
 Rob Harrison, Chief Operating Officer
 Carolyn Heaney, Stakeholder Governor
 Sam Marshall, Staff Governor
 Doug Masterton, Public Governor
 Kathy McClune, Staff Governor
 Samantha Mearns, Stakeholder Governor
 Andy Papworth, Non Executive Director
 Laura Robson, Non Executive Director
 Steve Russell, Chief Executive
 Wallace Sampson, Non Executive Director
 Richard Stiff, Non Executive Director
 Dave Stott, Public Governor
 Maureen Taylor, Non Executive Director
 Steve Treece, Public Governor
 Angela Wilkinson, Director of Workforce & Organisational Development

In attendance: Elaine Culf, Interim Corporate Affairs and Membership Manager
 Lynn Hughes, Interim Company Secretary

1. Welcome and apologies for absence

Angela welcomed everyone to the meeting, the first formal CoG meeting to be held virtually, following national instructions from NHS England relating to face to face meetings during the Covid pandemic. A warm welcome was extended to Jackie Andrews, the Trust's newly appointed Executive Medical Director.

Apologies were received from: Pam Bagley, Stakeholder Governor; Ian Barlow, Public Governor; Cath Clelland, Public Governor; Robert Cowans, Public Governor; Jill Foster, Chief Nurse; Loveena Kunwar, Staff Governor; Neil Lauber, Staff Governor; Cllr John Mann, Stakeholder Governor; Heather Stuart, Staff Governor.

2. Declarations of Interest

There were no further declarations of interest in addition to those in paper 2. It was noted that Sarah Armstrong and Jonathan Coulter are Directors of Harrogate Healthcare Facilities

Management (HHFM), trading as Harrogate Integrated Facilities (HIF), and Clare Cressey, Lead Governor also has an interest in HIF.

3. Minutes of the last meeting held on 22 January 2020

The minutes of the last meeting held on 22 January 2020 were agreed as a true and accurate record, subject to the following amendment:

- Page 4, Item 5, Chairman's Verbal Update – remove "his" from the first sentence, now to read "Chris Thompson's last Council of Governors meeting".

4. Matters arising and review of action log

There were no matters arising.

The Action Log was discussed and updated accordingly, it was noted that some items had been paused during Covid.

5. Chairman's written update on key issues

Angela Schofield, Chairman, had provided a written update which had been circulated, key highlights were:

- Governance arrangements during the period when face to face meetings have not been possible, including monthly Board meetings (instead of bimonthly), regular briefings for governors from the Chief Executive and members of the Board. The Board also receive regular reports from the Chief Operating Officer, Rob Harrison, relating to decisions taken in Gold Command.
- Appraisals for Non Executive Directors (NEDs) were paused at the start of the pandemic. They will now take place at the beginning of July and a report will be provided to the Remunerations, Nominations and Conduct meeting in late August/early September. The RNCC will report back to the Council on 29 September. Angela asked CoG to note that as three NEDs were new in post, the appraisal process this year will be for four NEDs only.
- Angela reported that the Harrogate Hospital and Community Charity has been very active, being the main focus of contact between the Trust and external organisations, acknowledging and distributing a large number of gifts.
- Regrettably, having found it difficult to recruit new members, the Patient Voice Group has disbanded. It was acknowledged that this group had provided valuable feedback to the Trust from patients.
- Angela confirmed that Chris Thompson will be leaving as Chairman of Harrogate Integrated Facilities (HIF) at the end of the month, and thanked him for stepping into the role. A new Chairman, Mark Chamberlain, has been appointed.
- Angela reminded everyone that there will be several events taking place to mark the 72nd Anniversary of the NHS on 5th July, partly to celebrate and partly to express regret at the loss of lives during the Covid pandemic, and also to take the opportunity to express thanks to NHS colleagues during this difficult time.

Angela invited comments from Governors:

- Clare Cressey confirmed that she and the Chairman had been holding regular one to one meetings, and endeavoured to keep in good communications with all governors during this time. Angela confirmed that, though this form of meeting is not ideal, or appropriate for all, this is the only available option at the moment. This is being kept under close review.
- Dave Stott expressed his sadness about PVG, and asked whether the Trust would explore other options. Angela confirmed discussions had been underway to support the group with a recruitment drive, but this had not been possible in the circumstances. She confirmed that PVG had been a genuinely independent voice and this will be revisited in future, to see how something can be set up. Carolyn Heaney confirmed she would welcome being involved in discussions about a revival of such a group.

6 Chief Executive's Strategic and Operational update

Steve Russell, Chief Executive, had provided a written update which had been circulated, including the Integrated Board report. Key highlights were:

- Firstly, Steve expressed thanks to colleagues who have supported the Trust through the Covid pandemic:
 - Fran Taylor from Harrogate Scrubbers, who with 700 volunteers across the district, had produced 2000 sets of scrubs, PPE and 500 scrub hats, Supporters of the Harrogate pop up shop, which had received many donations.
 - Colleagues at North Yorkshire County Council and Harrogate Borough Council for their involvement in managing the response to the pandemic.
 - On behalf of the Executive Team, Steve thanked board colleagues and governors
 - Steve expressed his personal thanks to the Executive Team and clinical directors, including Rob Harrison and Mike Forster for their work on recovery planning.
 - Steve thanked 5000 colleagues who make up HDFT, including those groups who are more behind the scenes, such as domestic colleagues, , estates colleagues, those in catering and IT colleagues to give just a few examples. Without their contribution, and that of many others the Trust would not have been able to meet the needs of patients of relatives during the COVID-19 response.
- Steve drew attention to the Month 2 summary, focusing on the IBR and the coronavirus response, noting that the number of non Covid patients is now starting to increase, and confirmed that the Trust had continued to treat patients with an urgent clinical need. There had been some delays in line with national guidance on clinical priorities.
- All colleagues who work in the hospital environment need to wear a facemask unless they are in an space where they are socially distant, with ventilation, commenting that introduction has gone very well and compliance appears to be high. The Trust is offering antibody testing to colleagues, which will tell whether they are likely to have had the virus. So far, 429 colleagues have had the test, positive results of 86 broadly in line with other NHS organisations.

- Steve highlighted that the recovery of services is challenging. Different arrangements have to be put in place to keep staff and patients safe, noting that the use of PPE and cleaning times means that fewer patients can be seen. It was important to note that the Trust has not returned to a normal level of activity, with a lot of planning in both West Yorkshire & Harrogate and Humber, Coast & Vale ICS to consider how to increase levels of activity. Steve spoke about key of services where recovery planning was taking place:
 - The Emergency Department is now a single footprint, and the Trust is being asked to consider increasing capacity in critical care to support potential surges in activity. There will be a new combined assessment unit in Harlow/Farndale in July.
 - Theatre capacity at the BMI Duchy will be available until September, and once capital works are concluded at HDH, there will be further theatre capacity available.
 - Endoscopy are using 3 rooms which equates to 1.5 rooms of former activity and the Trust is purchasing additional equipment which will assist in increasing activity following the changes in guidance on colonoscopy.
 - In Outpatients, the Trust is continuing with the model of advice and guidance, including virtual consultations were possible, as well as maximising the use of offsite locations to reduce footfall and maintain social distancing
 - 0-19 Services are planning Vaccination and Immunisation catch ups; safeguarding arrangements have changed, with a 6 day virtual safeguarding model in place.
- There has been a particular focus on colleagues from a BAME background, following the PHE national review which showed that people from that background could be potentially more likely to suffer adverse consequences of the virus, and are less likely to speak up about concerns. The Trust has held listening events with BAME members of staff and a taskforce has been set up to ensure specific focus on the issues of concern to BAME colleagues Our approach has been that staff members who should be shielding are doing so, with support, including working from home, in line with national guidance. . Planning for next steps to provide further support is underway.
- Steve updated Governors on the Independent Review of Culture and Leadership. He confirmed that colleagues had been briefed and a summary of findings had been shared throughout the Trust, with further plans and resources to help take the work forward, such as a staff governor chaired Question & Answer session. The work will be overseen by the People & Culture committee, with oversight from the Board. The Council of Governors will continue to be updated.
- Angela thanked Steve for the comprehensive and thorough briefing.

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

The Chairman moved to the questions from Governors which had been submitted and circulated prior to the meeting. In addition to the updates provided as part of the CEO's presentation, the Questions and Responses provided are attached as Appendix 1.

Additional questions were raised, some via the MS Teams 'chat' function, as below:

1. Martin Dennys asked about the cancer support services that was set up as a separate research/charity organisation operating out of a local facility. It was confirmed that the Active Against Cancer team have been supporting services across the Trust, and had tried to keep in touch with patients, including an online set of exercises for patients at home, encouraging people to take up exercise. It was noted that Yorkshire Cancer Research had paused funding of the service during this time, however the Trust is continuing to fund the services
2. Steve Treece asked about patient response to Virtual Consultations – Rob Harrison confirmed that this scheme had been generally really positive, recognised though that this won't necessarily work long term, but positive feedback received particularly with follow ups that can be a short appointment.
3. Steve Treece asked about staff response to the publication of the independent cultural assessment. Angela asked Clare Cressey to comment. Clare confirmed that the reaction had been mostly positive, some surprise expressed at some of the outcomes, but very positive in terms of what will happen next. There had been a heightened sense of anxiety, but staff members were pleased they had been heard. Staff Governors had discussed feedback further with Angela and Steve. Staff governors will support a Q&A session with staff. Kathy McClune echoed Clare's comments, thanking her for leadership of the staff governors. She felt there has been the opportunity to ask difficult questions, and it was good to have open dialogue. She felt very reassured as a member of staff that there is a definite commitment to listen to staff and agreed with Steve that the objective must be to make HDFT the very best place to work.
4. Tony Doveston asked about eye services. Rob Harrison confirmed that throughout this period the team in Ophthalmology had kept clinics in place for urgent eye issues, such as urgent referral and IVT clinics, and a number of laser procedures for people with glaucoma have been undertaken. He confirmed that other services are starting to reopen with some reorganisation and examining different ways of working, such as checking eye pressures in a mobile method by way of a drive through. It was important to ensure that people can be treated safely at all times.
5. Clare Cressey asked what the impact could be on performance or targets if a patient refused treatment if they were not in a position to self isolate. Rob confirmed that the Trust is asking for 14 days self isolation for inpatient or day surgery cases and we are working closely with the CCG, to ensure that there is no discrimination on the basis that people cannot access care. Patients will remain under care and alternatives will be explored in case of access problems due to the isolation period.
6. Dave Stott thanked Steve Russell for the two excellent recent broadcasts, he felt that it could have been hard to get the right balance between professional gravitas and being personable, and felt that Steve had succeeded really well.

8. Any other Relevant Business not included on the Agenda

There were no other items of business.

9. Evaluation of the Meeting

Clare Cressey, as Lead Governor, invited comments about the meeting, particularly appreciating that the fact Governors had had so many more briefings and information from the Executive team throughout the pandemic.

- Tony Doveston said he was a little disappointed with the network, he always finds Zoom to be a better service.
- Difficulties with feedback experienced on MS Teams. Sam Marshall, Staff Governor and IT manager commented that this can happen when people use a device like a laptop or iPad, when the microphone picks up the sound coming from speakers, and because there is a delay with approximately 25 people on the call, the sound creates an echo. This can be resolved by staying on mute unless you are speaking.
- Martin Dennys said the extra briefings had been really helpful, commenting that some of the questions Governors have been asking were to ensure that what they hear is also made available to the public, and thanked the Executive Team. Angela responded that a lot of information is also available through the website, which was important whilst we could not undertake the usual agenda.
- Doug Masterton expressed thanks to the Board for their commitment to communicate to Governors, he felt it was important and certainly appreciated. Angela commented this was a high priority for the whole Board, and acknowledged the shortcoming with video conferencing, although more people are attending briefings as it is sometimes easier to find an hour without having to travel to the hospital.
- Samantha Mearns confirmed that the Council had also had to adapt, with briefings being made available by Livestream on YouTube, so they are available afterwards. Rob Harrison and Steve Russell noted that suggestion.

10. Close of meeting

Angela Schofield closed the meeting at 2.30pm.

APPENDIX 1

COUNCIL OF GOVERNORS MEETING 23rd June 2020

GOVERNOR QUESTIONS & RESPONSES

TOPICS RAISED:

- Elective Surgery Backlog
- Assurance for NEDs
- PPE Guidance
- CQC Rating
- Other

ELECTIVE SURGERY BACKLOG:

Martin Dennys:

1. Following the extended pause in elective procedures, can you give us and the public assurance as to how HDFT will be restarting the elective pathways and how they plan to reduce the now much larger backlog / waiting list of people needing treatment? (news headlines are indicating a doubling of the size of waiting lists)

Steve Treece:

2. What are the Trust's plans to deal with the backlog of elective surgery and other treatment that has built up as a result of needing to focus on addressing the COVID-19 situation and how might these plans be impacted by winter pressures?

Tony Doveston:

3. As a result of the COVID-19 situation the pressure on HDFT waiting lists for surgery and clinic visits will have increased dramatically. Much of the work in our clinics is to provide regular monitoring and testing of patients with ongoing conditions such as the eye clinic. If these type of tests are further delayed in may well result in rapid deterioration or even sight loss. Can the Board provide assurances that every effort will be made to reduce these backlogs at the earliest opportunity and possibly by use more innovative changes to some current work practices.

RESPONSE:

Steve Russell commented that this is complicated, the Trust will not be able to return to a full level of services quickly, waiting times will be longer for some time, until we are able to manage the impact of PPE, cleaning etc, so he did not want to give a misleadingly optimistic picture that we will be able to treat the backlog quickly. The Trust is ensuring that national guidance is being followed, which includes working with other Trusts to ensure that all are starting services around the same time and in the same way, so that Trusts do not suffer inequity.

ASSURANCE FOR NEDs

Steve Treece:

4. How are the NEDs obtaining assurance on decisions taken during the COVID-19 crisis, recognising that a number of these will have had to be made at pace and may require retrospective assurance?

RESPONSE:

Covid risks had been taken through bronze, silver and gold command, reporting back to the Board on a monthly basis. Quality and Resources committees had continued to meet virtually, and NEDs had led scrutiny and challenge, with all decisions reported through the Resources Committee. Steve Russell confirmed that the NHS nationally is now directing the arrangements, we have an Incident Command Centre, where gold is meeting 3 times a week. The Executive Team and SMT are taking back usual responsibilities on decision making.

Wallace Sampson commented that he had been felt it particularly helpful for NEDs to meet on a weekly basis. In addition, having the opportunity to join in some of the committee meetings, particularly hearing about clinical decisions and being able to engage in those discussions and understand some of the decisions, had also been valuable.

Laura Robson commented that the Quality Committee has representatives from clinical directorates present, along with senior nurses, and at every session they are asked if there are any specific issues that may not have reached other forums. She thanked Claire Hall, the Chair of the Clinical Advisory Group for her excellent work and feedback provided about decisions made.

Andy Papworth added that the weekly NED reviews with Steve Russell and Jonathan Coulter that had been put in place had been very useful, and kept NEDs informed on a real time, given the pace of activity over recent months.

PPE GUIDANCE

Doug Masterton:

5. I did not spot anything in the guidance or the presentations by the Exec team at our last briefing about whether or not outpatients or other visitors entering the hospital might also be required to follow the same procedures for wearing masks. To me it would appear prudent to require people coming from outside to wear masks like staff for the same reasons. I wondered if this had been considered as part of the changed procedures that came into place on Monday 15th June.

RESPONSE:

Use of PPE had been updated, and the Trust is continuing to follow national guidelines.

CQC RATING

Dave Stott:

6. The Trust has indicated that it is seeking to be 'one of the best of the best' healthcare providers nationally. What then is it planning to do more of, less of, new or differently that would justify CQC grading the Trust overall as 'Outstanding'?

RESPONSE:

Steve confirmed that our ambition is to be outstanding because we want to be the best we can be, this frames the ambition we describe, that HDFT is a good place to work, and we all want it to be the very best. We have taken steps in particular areas, including a focus on the 4 areas described in the Independent Review and will continue regular updates in briefing.

OTHER

Bob Cowans:

7. Is the Trust discriminating against older people when allocating appointments to see specialist care? A person that I know has been suffering from a medical problem which is causing quite severe pain. Their GP has referred the patient to our hospital.

Upon receipt of a letter from the appointments department the person rang and was told that they would probably have to wait about 23 weeks and then asked to state the year of birth. Why ask for this when their records must have their date of birth unless it is to be used to categorise her as a low priority for an appointment?

RESPONSE:

Rob Harrison confirmed that there is absolutely no discrimination to entitlement of services based on age. He commented that teams will ask for Dates of Birth purely for identification purposes, he has also checked that appointments teams are not asking questions that may be misleading to patients.

Ian Barlow:

8. There is a post on Twitter relating to a stolen bike from outside Harrogate Hospital, which means the member of staff can't do on-call shifts so the rest of the team are 'mucking in'. My question is that if staff are using a bike that they have bought for NHS work, should the Hospital either provide a bike or give any member of staff using their bike an allowance towards upkeep & insurance?

RESPONSE:

Following recent cycle thefts, the Trust is looking at areas where staff are able to secure their cycles that are not accessible to the public, and whilst it is not appropriate for the Trust to contribute to replacements, through social media, the stolen cycles have been replaced.

Paper 4.0

HDFT Council of Governor Meeting Actions Log – September 2020

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	Subject	Action Description	Director/Manager Responsible	Date due at CoG meeting or date when completion/ progress update is required	Comments	Status - completed is defined as confirmation that the action is completed as described
3 (prev 16)	1 May 2019	Review Integrated Board Report (IBR)	7-8-2019 – Governor Briefing provided. Views to be sought from Governors as part of the process. 6 -11- 2019 – detailed processes underway but more analysis required – likely to be out for comment end of 2019 22 -1 - 2020 – Board now considering, once consolidated, will be brought back to Governors. 23 – 6 - 2020 – Paused during Covid period, presentational issues to be worked through, and then shared with governors	<i>Was Rob Harrison, Chief Operating Officer</i>	13 May 2020	Action to be discussed at the meeting and decided if it is required to re-allocate the action	Paused during Covid-19
6	7 August 2019	Review Governor induction process	22 January 2020 Further discussion to take place at newly formed Sub-Committee – Governor Development and Membership Engagement. (GDMEC) 23 June 2020 – A meeting had been arranged in March, which had to be rescheduled, will now take place in July.	Elaine Culf, Interim Corporate Affairs and Membership Manager	13 May 2020	Induction discussions included in GDMEC July and September meetings	Ongoing

7	7 August 2019	Review membership newsletter content and frequency	22-1-2020 – As above, short newsletter to be produced as soon as practical. 23-6-2020 – Two briefings from the Chairman had been circulated, with further information planned to coincide around the NHS 72 nd anniversary	Elaine Culf, Interim Corporate Affairs and Membership Manager	13 May 2020	Newsletter produced July 2020, further planned through GDMEC	Ongoing
12	6 November 2019	Podiatry service to evaluate new way of booking appointments and report outcome	23-6-20 - Paused until later date, routine services not as normal at the present time, part of restart activities.	<i>Was Rob Harrison, Chief Operating Officer</i>	13 May 2020	Action to be discussed at the meeting and decided if it is required to re-allocate the action	Paused during Covid-19
13	22 January 2020	Patient Feedback – Meeting between Dave Stott, Jill Foster, Laura Robson and David Scullion.	23-6-20 - Meeting had been arranged for March, had to be postponed due to Covid, not rearranged as yet, until new Medical Director is in post. Will then reinstate, to include any other Governor who may wish to attend.	Elaine Culf, Interim Corporate Affairs and Membership Manager	13 May 2020	Pending – obtaining suitable date	Ongoing
15	22 January 2020	HIF financial benefits	Revisit the question of other financial benefits to the Trust since the creation of HIF	<i>Was Rob Harrison, Chief Operating Officer</i>	August 2020	Action to be discussed at the meeting and decided if it is required to re-allocate the action	Paused during Covid-19
16	22 January 2020	Investigate alternative venues for the CoG meetings	EC confirmed she had checked Christ Church online, though other events take place at the most suitable times, and set up/refreshments would need to be done ourselves. 1919 bar at Harrogate Town FC had also been checked, but there is little natural light since ground refurbishment, and parking difficult. Council offices to be revisited, not possible during Covid-19.	Elaine Culf, Interim Corporate Affairs and Membership Manager	13 May 2020	Agreed alternative venues had been considered, recognised that Pavilions is a very good venue.	Ongoing

Council of Governors

29 September 2020

Independent Auditors Report 2019/20

Agenda item number:	9.1
Presented for:	Information
Report of:	Chief Executive and Deputy Chief Executive/Finance Director
Author (s):	Executive Directors and Interim Company Secretary
Report History:	KPMG (External Auditors) Audit Committee Board of Directors NHS England/Improvement Parliament
Publication Under Freedom of Information Act:	This paper can be made available under the Freedom of Information Act 2000
Links to Trust's Objectives	
To deliver high quality care	√
To work with partners to deliver integrated care	√
To ensure clinical and financial sustainability	√

Recommendation:
The Committee is asked note the Independent Auditors Report (2019/20) which was reviewed and approved by the Audit Committee and Board of Directors before submission to NHS England/Improvement and Parliament.

9.1

INDEPENDENT AUDITOR'S STATEMENT TO THE DIRECTORS OF HARROGATE AND DISTRICT NHS FOUNDATION TRUST ON THE NHS FOUNDATION TRUST CONSOLIDATION SCHEDULES

We have examined the consolidation schedules designated TAC02 to TAC29 for tables outlined in red, excluding TAC05A, TAC23, and TAC28A of Harrogate and District NHS Foundation Trust, version 1.19.12.2B for the year ended 31 March 2020, which have been prepared by the Director of Finance and acknowledged by the Chief Executive.

This statement is made solely to the Board of Directors of Harrogate and District NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006 (the Act) and paragraph 4.2 of the Code of Audit Practice and for no other purpose.

For the purpose of this statement, reviewing the consistency of figures between the audited financial statements and the consolidation schedules extends only to those figures within the consolidation schedules which are also included in the audited financial statements.

Auditors are required to report on any differences over £300,000 between the audited financial statements and the consolidation schedules.

Unqualified audit opinion on the audited financial statements; no differences identified:

The figures reported in the consolidation schedules are consistent with the audited financial statements, on which we have issued an unqualified opinion.

KPMG LLP

KPMG LLP
1 Sovereign Square
Sovereign Street
Leeds
LS1 4DW

25 June 2020



Independent auditor's report

to the Council of Governors of Harrogate and District NHS Foundation Trust

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

1. Our opinion is unmodified

We have audited the financial statements of Harrogate and District NHS Foundation Trust ("the Trust") for the year ended 31 March 2020 which comprise the Group and Trust Statements of Comprehensive Income, Group and Trust Statements of Financial Position, Group and Trust Statements of Changes in Equity and Group and Trust Statements of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion:

- the financial statements give a true and fair view of the state of the Group and the Trust's affairs as at 31 March 2020 and of the Group and Trust's income and expenditure for the year then ended; and
- the Group and the Trust's financial statements have been properly prepared in accordance with the Accounts Direction issued under paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006, the NHS Foundation Trust Annual Reporting Manual 2019/20 and the Department of Health and Social Care Group Accounting Manual 2019/20.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Group and Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Overview

Materiality: £4.005m (2018/19:£4.005m)
Group financial statements as a whole 1.5% (2018/19: 1.6%) of total revenue

Coverage 100% (2018/19:100%) of group income

Risks of material misstatement vs 2018/19

Recurring risks	Valuation of land and buildings	◀▶
	Revenue Recognition	◀▶
	Fraudulent Expenditure Recognition	◀▶

2. Key audit matters: our assessment of risks of material misstatement

Key audit matters are those matters that, in our professional judgment, were of most significance in the audit of the financial statements and include the most significant assessed risks of material misstatement (whether or not due to fraud) identified by us, including those which had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters. In arriving at our audit opinion above, the key audit matters, in decreasing order of audit significance, were as follows:

All of these key audit matters relate to the Group and the parent Trust.

	The risk	Our response
Valuation of Property, Plant & Equipment (£94.4 million; 2018/19: £93.4 million) <i>Refer to note 1.9 (accounting policy) and note 9 (financial disclosures)</i>	<p>Subjective valuation</p> <p>Land and buildings are required to be maintained at up to date estimates of year-end market value in existing use (EUV) for non-specialised property assets in operational use, and, for specialised assets where no market value is readily ascertainable, the depreciated replacement cost (DRC), of a modern equivalent asset that has the same service potential as the existing property (MEA).</p> <p>The Trust's accounting policy requires an annual review for impairment, an annual desk top valuation every year and a full valuation at regular intervals with the last full valuation carried out in March 2017. The valuation is undertaken by an external expert engaged by the Trust, using construction indices and so accurate records of the current estate are required.</p> <p>When considering the cost to build a replacement asset the Trust may consider whether the asset would be built to the same specification or in the same location. Assumptions about changes to the asset must be realistic.</p> <p>Valuations are inherently judgmental. There is a risk that the methodology, assumptions and underlying data, are not appropriate or correctly applied.</p> <p>The effect of these matters is that, as part of our risk assessment, we determined that the valuation of land and buildings has a high degree of estimation uncertainty, with a potential range of reasonable outcomes greater than our materiality for the financial statements as a whole, and possibly many times that amount.</p> <p>Accounting Treatment</p> <p>There is a risk that valuation gains and impairment losses are not accounted for in accordance with the requirements of the Department of Health and Social Care (DHSC) Group Accounting Manual 2019/20.</p> <p>Disclosure Quality</p> <p>There is a risk that uncertainties expressed by the Trust's valuers around the impact of the Covid-19 pandemic on the values of land and buildings will be inappropriately disclosed.</p>	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Assessing valuer's credentials: We assessed the competence, capability, objectivity and independence of the Trust's external valuer and considered the information provided to the Trust in 2019/20 for consistency with the requirements of the DHSC Group Accounting Manual; — Test of detail: We critically assessed the Trust's formal consideration of indications of impairment and surplus assets within its estate, including the process undertaken. — Test of detail: We tested the accuracy of the estate base data provided to the valuer to complete the desktop valuation to ensure it accurately reflected the Trust's estate. — Methodology choice: We critically assessed the assumptions used in preparing the desktop valuation of the Trust's land and buildings to ensure they were appropriate, including assessing the reasonableness of assumptions underpinning the alternative site model used as a basis for valuation. — Methodology choice: We critically assessed the Trust's treatment of VAT in its valuation to ensure it accurately reflected the current Trust status and complied with the requirements of the Department of Health and Social Care Group Accounting Manual 2019/20. — Accounting analysis: We undertook work to understand the basis upon which any movements in the valuation of land and buildings had been classified and treated in the financial statements and determined whether they had complied with the requirements of the DHSC Group Accounting Manual 2019/20. — Assessing transparency: We considered the adequacy of the disclosures made around the uncertainty caused by the Covid-19 pandemic on market data used to underpin the valuer's assumptions, and management's consideration of these factors when arriving at the year-end valuation figures. — We assessed whether the disclosures made were in line with the requirements of the DHSC Group Accounting Manual 2019/20, supplemented by additional guidance issued by NHS Improvement in April 2020.



2. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
Fraudulent Expenditure Recognition (£75.59m million; 2018/19: £66.18m) <i>Refer to note 1.7 (accounting policy) and note 4 (financial disclosures).</i>	Effects of Irregularities As most public bodies are net spending bodies, then the risk of material misstatement due to fraud related to expenditure recognition may be greater than the risk of fraud related to revenue recognition. There is a risk that the Trust may manipulate expenditure to meet externally set targets and we had regard to this when planning and performing our audit procedures. This risk does not apply to all expenditure in the period. The incentives for fraudulent expenditure recognition relate to achieving financial targets and the key risks relate to the manipulation of creditors and accrued non-pay expenditure at year-end, as well as the completeness of the recognition of provisions or the inappropriate release of existing provisions.	Our procedures included: <ul style="list-style-type: none"> — Test of detail: We inspected all individually material items of expenditure in the final two weeks of March and all of April 2020 cashbooks to agree these had been accounted for correctly by evaluating when the service had been delivered; — Test of detail: We inspected all material items of expenditure in the April 2020 bank statements to identify if there were any unrecorded liabilities that should have been accounted for in the 2019/20 financial statements; — Test of detail: We performed a year-on-year comparison of accruals posted in 2019/20 to those posted in 2018/19 to evaluate the completeness of the accruals balance, as well as agreeing a sample to supporting documentation; — Test of detail: We considered the completeness of provisions based on our cumulative knowledge of the Trust, inquiries with Directors, and inspection of legal correspondence where relevant. We considered whether there were events that would require a contingent liability disclosure in the accounts; — Test of detail: We vouched a sample of creditor balances to supporting documentation to agree the correct treatment as a payable at year-end; and — Test of detail: We inspected confirmations of balances provided by the Department of Health as part of the AoB exercise and compared the relevant payables recorded in the Trust's financial statements to the receivables balances recorded within the accounts of other providers and other bodies within the AoB boundaries. Where applicable we investigated variances and reviewed relevant correspondence to assess the reasonableness of the Trust's approach to recognising expenditure to other providers and other bodies within the AoB boundaries.

2. Key audit matters: our assessment of risks of material misstatement (continued)

	The risk	Our response
Revenue Recognition (£269.95 million; 2018/19: £249.99m) <i>Refer to note 1.5 (accounting policy) and note 3 (financial disclosures).</i>	<p>Effect of irregularities</p> <p>There is a risk that the Trust may manipulate income to meet externally set targets and we had regard to this when planning and performing our audit procedures.</p> <p>The incentives for fraudulent revenue recognition might relate to income generated from either other NHS bodies or non-NHS third parties.</p> <p>The Group participates in the national Agreement of Balances (AoB) exercise for the purpose of ensuring that intra NHS balances are eliminated on the consolidation of the Department of Health's resource accounts. The AoB exercise identifies mismatches between receivable and payable balances recognised by the Group and its commissioners, which will be resolved after the date of approval of these financial statements. For these financial statements the Group identifies the specific cause, and accounts for the expected future resolution, of each individual difference. Mis-matches can occur for a number of reasons, but the most significant arise where :</p> <ul style="list-style-type: none"> • Activity levels are higher or lower than planned and the Group is in discussion with its commissioners over contract variations; • the Group and commissioners record different accruals for completed spells of healthcare which have not yet been invoiced; • income relating to partially completed spells of healthcare is apportioned across the financial years and the commissioners and the Group make different apportionment assumptions; and • there is a lack of agreement over proposed contract penalties for sub-standard performance. 	<p>Our procedures included:</p> <ul style="list-style-type: none"> — Test of Detail: We reviewed the information provided by the Trust as part of the Agreement of Balances (AoB) exercise to ensure it was consistent with the information in the accounts; — Test of Detail: We identified any mismatches with other NHS organisations and sought explanations for mismatches over £200,250 or significant cumulative mismatches; — Test of Detail: We agreed any disputed income or receivables over £200,250 to documentation which supported the Trust's estimates, including contract documentation and evidence of the achievement of required activity levels or performance measures; — Test of Detail: We ensured significant adjustments to balances agreed with other NHS organisations were reflected in the accounts; — Test of Detail: We agreed any significant accrued or deferred income balances to documentation to confirm they were recorded appropriately; and — Test of Detail: We assessed the appropriateness of the accounting for significant material transactions that were outside of the Trust's normal course of business or were otherwise unusual.

9.1

3. Our application of materiality and an overview of the scope of our audit

Materiality for the Group financial statements as a whole was set at £4.005 million (2018/19: £4.005 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.5%) (2018/19: 1.6%). We consider operating income to be more stable than a surplus- or deficit-related benchmark.

Materiality for the parent Trust’s financial statements as a whole was set at £4 million (2018/19: £4 million), determined with reference to a benchmark of operating income (of which it represents approximately 1.5%) (2018/19: 1.6%).

We agreed to report to the Audit Committee any corrected and uncorrected identified misstatements exceeding £200,250 (2018/19: £200,250), in addition to other identified misstatements that warranted reporting on qualitative grounds.

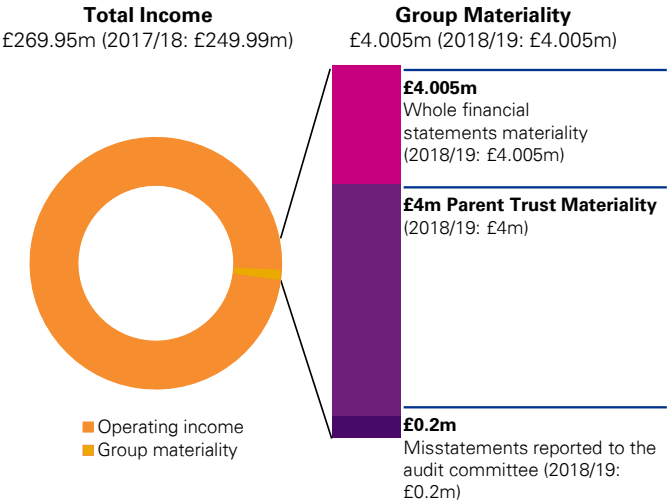
Of the group’s three (2018/19: three) reporting components, we subjected one (2018/19: one) to full scope audits for group purposes and one (2018/19: one) to specified risk-focused audit procedures. The latter were not individually financially significant enough to require a full scope audit for group purposes, but did present specific individual risks that needed to be addressed. We conducted reviews of financial information (including enquiry) at a further one (2018/19: one) non-significant component to confirm that there was no significant impact on the group position.

4. We have nothing to report on going concern

The Accounting Officer has prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to dissolve the Group or the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over their ability to continue as a going concern for at least a year from the date of approval of the financial statements (“the going concern period”).

Our responsibility is to conclude on the appropriateness of the Accounting Officer’s conclusions and, had there been a material uncertainty related to going concern, to make reference to that in this audit report. However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor’s report is not a guarantee that the Group or the Trust will continue in operation.

In our evaluation of the Accounting Officer’s conclusions, we considered the inherent risks to the Group’s and Trust’s business model, including the impact of Brexit, and analysed how those risks might affect the Group’s and Trust’s financial resources or ability to continue operations over the going concern period. We evaluated those risks and concluded that they were not significant enough to require us to perform additional audit procedures.



Based on this work, we are required to report to you if we have anything material to add or draw attention to in relation to the Accounting Officers statement in Note 1.1 to the financial statements on the use of the going concern basis of accounting with no material uncertainties that may cast significant doubt over the Group and Trust’s use of that basis for a period of at least twelve months from the date of approval of the financial statements.

We have nothing to report in these respects, and we did not identify going concern as a key audit matter.



5. We have nothing to report on the other information in the Annual Report

The directors are responsible for the other information presented in the Annual Report together with the financial statements. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work we have not identified material misstatements in the other information.

In our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Remuneration report

In our opinion the part of the remuneration report to be audited has been properly prepared in accordance with the NHS Foundation Trust Annual Reporting Manual 2019/20.

Corporate governance disclosures

We are required to report to you if:

- we have identified material inconsistencies between the knowledge we acquired during our financial statements audit and the directors' statement that they consider that the annual report and financial statements taken as a whole is fair, balanced and understandable and provides the information necessary for stakeholders to assess the Group's position and performance, business model and strategy; or
- the section of the annual report describing the work of the Audit Committee does not appropriately address matters communicated by us to the Audit Committee; or
- the Annual Governance Statement does not reflect the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20, is misleading or is not consistent with our knowledge of the Group and other information of which we are aware from our audit of the financial statements.

We have nothing to report in these respects.

6. Respective responsibilities

Accounting Officer's responsibilities

As explained more fully in the statement set out on page 94, the Accounting Officer is responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Group and parent Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Group and parent Trust without the transfer of their services to another public sector entity.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

We have nothing to report on the statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if:

- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006.
- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit.

We have nothing to report in these respects.

We have nothing to report in respect of our work on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Under the Code of Audit Practice we are required to report to you if the Trust has not made proper arrangement for securing economy, efficiency and effectiveness in the use of resources..

We have nothing to report in this respect

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

The Trust is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of resources..

Under Section 62(1) and Schedule 10 paragraph 1(d), of the National Health Service Act 2006 we have a duty to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in the use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the specified criterion issued by the Comptroller and Auditor General (C&AG) in November 2017, as to whether the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. We planned our work in accordance with the Code of Audit Practice and related guidance. Based on our risk assessment, we undertook such work as we considered necessary.

Report on our review of the adequacy of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by guidance issued by the C&AG under Paragraph 9 of Schedule 6 to the Local Audit and Accountability Act 2014 to report on how our work addressed any identified significant risks to our conclusion on the adequacy of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. The 'risk' in this case is the risk that we could come to an incorrect conclusion in respect of the Trust's arrangements, rather than the risk of the arrangements themselves being inadequate.

We carry out a risk assessment to determine the nature and extent of further work that may be required. Our risk assessment includes consideration of the significance of business and operational risks facing the Trust, insofar as they relate to 'proper arrangements'. This includes sector and organisation level risks and draws on relevant cost and performance information as appropriate, as well as the results of reviews by inspectorates, review agencies and other relevant bodies.

The significant risks identified during our risk assessment are set out below together with the findings from the work we carried out on each area.

Significant Risk	Description	Work carried out and judgements
Medium / Long-term Financial Sustainability	<p>At the time of audit planning, the Trust was behind on its plan for delivery of non-recurrent CIP savings. These were back-loaded in the financial year according to the plan so it was likely the margin of undelivered CIPs would increase.</p> <p>We also considered whether the Business Rates debtor had been appropriately recognised as revenue. Given the debtor's significant value, there was a risk that without it the Trust may not meet its control total.</p> <p>The Trust had variances in the performance and management of different activity types, for example there might have been a lack of consistency and oversight of community service contracts based away from Harrogate and those acute services that were delivered at the main Hospital site.</p> <p>These aspects led to a risk that the Trust was unable to deliver the required quality and efficiency of service for VFM to be obtained moving forward.</p>	<p>Our work included:</p> <p>We considered how the Trust worked with key stakeholders to help ensure the achievability of its financial plans and medium to long term financial sustainability.</p> <p>In relation to the Trust's Cost Improvement Programme (CIP), our work focussed on the arrangements in place to identify and deliver recurrent cost improvements which have been identified and incorporated into the financial plans for 2020/21. We reviewed how plans were developed and managed to ensure delivery of the Trust's CIP programme. We reviewed how the shortfall in the planned CIP was managed by the Trust and whether there was any negative impact upon the achievement of the Control Total agreed with NHS Improvement.</p> <p>We critically assessed the Trust's recognition of the Business Rates debtor against revenue recognition criteria.</p> <p>We assessed the Trust's arrangements in year to deliver their community services contracts and considered the consistency and transparency of reporting of these contracts.</p> <p>Our findings on this risk area:</p> <p>The Trust worked alongside other members of the Integrated Care Service (ICS) to ensure the achievability of its financial plans and medium to long term financial strategy. The Trust met its financial target agreed with NHSI.</p> <p>The Trust had adequate arrangements in place to identify and deliver recurrent cost improvements which have been identified and incorporated into the financial plans for 2020/21. It also had adequate arrangements in place to deliver its community services contracts.</p> <p>At year end, the Trust no longer recognised a Business Rates debtor in its financial statements.</p> <p>We concluded that the Trust has adequate arrangements in place to plan its finances effectively to support the sustainable delivery of its strategic priorities and maintain its statutory functions.</p>

9.1

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006 and the terms of our engagement by the Trust. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust, as a body, those matters we are required to state to them in an auditor's report, and the further matters we are required to state to them in accordance with the terms agreed with the Trust, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.



CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of Harrogate and District NHS Foundation Trust for the year ended 31 March 2020 in accordance with the requirements of Schedule 10 of the National Health Service Act 2006 and the Code of Audit Practice issued by the National Audit Office.

Clare Partridge
for and on behalf of KPMG LLP

Chartered Accountants
1 Sovereign Square
Leeds
LS1 4DA
25 June 2020

Chair's report to the Public Council of Governors

Committee Name:	Governor Development & Membership Strategy
Committee Chair:	Clare Cressey
Date of last meeting:	21 September 2020
Date of meeting for which this report is prepared	29 September 2020

<p>Summary of key issues:</p> <p>This summary follows the meeting held by the Governor Development & Membership Engagement Committee.</p> <ol style="list-style-type: none"> 1. The committee discussed Governor Development, and priorities for governor training opportunities. 2. The committee approved the membership strategy priorities, which are: <ul style="list-style-type: none"> - Membership Leaflet - Media Relations - Improve visibility 3. The Committee received details of arrangements for the forthcoming Annual Members Meeting / Annual General Meeting.
Are there any significant risks for noting by CoG? (list if appropriate)
None
Any matters of escalation for decision or noting (list if appropriate)
None

**APPROVED COUNCIL OF GOVERNORS
GOVERNOR DEVELOPMENT AND MEMBERSHIP ENGAGEMENT COMMITTEE**

**MINUTES OF MEETING HELD ON TUESDAY 14 JULY 2020
VIA MS TEAMS VIDEO CONFERENCE**

Present:

Clare Cressey, Chairman of meeting and Lead Governor
 Ian Barlow, Public Governor
 Elaine Culf, Interim Corporate Affairs & Membership Manager
 Martin Dennys, Public Governor
 Tony Doveston, Public Governor
 Lynn Hughes, Interim Company Secretary
 Samantha James, Public Governor
 Doug Masterton, Public Governor
 Kathy McClune, Staff Governor
 Angela Schofield, Trust Chairman
 Steve Treece, Public Governor
 Paul Widdowfield, Marketing & Communications Manager

Item No.	Item
1.0	Welcome and Apologies for Absence Clare Cressey welcomed everyone to this first meeting of the Committee, there were no apologies from members of the committee.
2.0	Declarations of Interest There were no new declarations of interest, nor conflicts of interest declared.
3.0	Terms of Reference The Terms of Reference for the Committee, as approved at the January 2020 Council of Governors meeting, were noted.
4.0	Governor Development Lynn Hughes highlighted provision of training for governors from NHS Providers, with further information available on their website. Clare Cressey and Tony Doveston gave feedback on the Governwell programme they had attended, and all agreed this was a valuable resource that the Trust should be using. Tony Doveston further commented that he had participated with York NHS Trust at such an event, finding the interaction between the two trusts very useful. The group noted that the basic training course offered by NHS Providers was beneficial particularly for new governors. Clare Cressey suggested that this group should consider development days and training, to cascade down to other governors. The group discussed provision of a Governors Handbook to collect all relevant information in one place, a one-stop place for all the information that is needed to be able to carry out the role of a governor successfully. It was agreed that this needed to be developed. ACTION: Lynn Hughes & Elaine Culf to escalate provision of a Governor Handbook.

You matter most

10.2

5.0	<p>Membership Development Strategy</p> <p>Clare thanked Elaine for circulating the information on membership strategies for other NHS Trusts, which had been useful to see. She asked if anyone was interested in helping to develop our membership strategy, Ian Barlow, Doug Masterton and Steve Treece offered assistance. It was agreed that a small sub-group would meet to include Ian, Doug and Steve, in order to formulate a draft membership strategy to present at the next committee meeting for approval.</p> <p>Action: EC to set up sub-group meeting to work on membership strategy for presentation/approval at the next full Committee meeting.</p> <p><u>Communications:</u></p> <p>Doug asked Angela for her perspective on interaction with governors from a Board point of view. Angela responded by commenting that some of the examples from other Trusts were similar to our own activities in the past. She commented that the Trust would look to governors to recruit and be at the forefront of communications to members, she felt it would be excellent if governors owned the membership newsletter, supporting Elaine in production.</p> <p>The meeting discussed membership further, including ways in which membership could be increased, such as:</p> <ul style="list-style-type: none"> • Social media / radio • Interviews with governors on Trust website • Improve Governor section of Trust website, to include link to each governor for members to ask questions • Picture board in hospital to include Governor contact details • Liaison with excellent HHCC work <p>It was agreed that members would send any ideas they had to EC.</p> <p>Action: ALL - membership strategy ideas to EC for circulation to sub-group.</p> <p><u>Member Events:</u></p> <p>It was acknowledged that the Trust's "Medicine for Members" events were successful, and we should reintroduce these as and when possible. Pre Covid, discussions had also been held about hosting more general meetings for members which could contain elements about particular services offered by the Trust.</p> <p><u>Annual Members Meeting:</u></p> <p>Angela confirmed that the AMM cannot take place until the 2019/20 Annual Report and Accounts had been laid before parliament, and it was expected that we will be able to hold the AMM towards the end of September.</p> <p>It was recognised that it would be difficult to plan the event to take place publicly, though we will be able to demonstrate accountability through virtual means. The group discussed hosting with presentations of annual report, accounts and arrangements during Covid, and to include return of services. A Live Teams Event, which Paul would manage, would be arranged.</p>
6.0	<p>Any Other Business</p> <p>There was no other business.</p>
7.0	<p>Evaluation of Meeting</p> <p>Clare asked for comments about this first meeting:</p> <ul style="list-style-type: none"> • Steve commented that it had been a good way to encourage thought processes, really useful. • Doug commented that the meeting had covered all the points on the Agenda, and though satisfying, not the same as being in a room together. • Kathy commented that she was enjoying the opportunity to see everybody

You matter most

	<p>regularly.</p> <ul style="list-style-type: none">• Martin suggested that, though the ToR suggest a quarterly meeting, a monthly update would be useful to keep the momentum.
8.0	<p>Date and Time of Next Meeting</p> <p>To be confirmed.</p>

You matter most

COUNCIL OF GOVERNORS MEETING 29 September 2020

GOVERNOR QUESTIONS

TOPICS RAISED:

- Response times
 - Winter pressure
 - Recovery plan for elective care
 - Response to Covid 19
 - Outpatient appointments
1. What is the current response time, target response time and the achieving the target?
 2. As winter approaches and Covid-19 may peak again, how are the Trust prepared or ready to react?
 3. Could we please have an update in the Trusts recovery of elective care, especially in priority areas such as cancer etc.? in addition what are the current plans for restoring endoscopy to previous levels?
 4. How does the trust regularly monitor key elements of the response to Covid 19, for instance sanitising regimes, PPE, staff resilience - are we in a good place?
 5. To what extent are DNA's for outpatient appointments at both Harrogate and Ripon hospital as a result of incorrect information in appointment letters being sent out to patients?