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The next public meeting of the Board of Directors of Harrogate and District NHS Foundation Trust will take place:

On: Wednesday 27 January 2016

Start: 0900 Finish: 1230

**In: The Boardroom, Harrogate District Hospital, Lancaster Park Road,
Harrogate HG2 7SX**

AGENDA			
Item No	Item	Lead	Paper Number
0845 Transformation Programme update by Ms Karen Barnett			
0900 General Business			
1.0	Welcome and Apologies for absence: <i>To receive any apologies for absence:</i> Mr Neil McLean	Chairman – Mrs Sandra Dodson	
2.0	Declarations of Interest and Board of Directors Register of Interests <i>To declare any interests relevant to the agenda for the meeting and to receive any changes to the register of interests pursuant to section 6 of the Board Standing Orders</i>	Chairman – Mrs Sandra Dodson	2.0
3.0	Minutes of Board of Directors meeting held on 25 November 2015 <i>To review and approve the Minutes</i>	Chairman – Mrs Sandra Dodson	3.0
4.0	Review of Actions schedule and Matters Arising <i>To review the actions schedule and provide updates on progress of actions to the Board of Directors.</i>	Chairman – Mrs Sandra Dodson	4.0
0915 - 1045			
5.0	Report by the Chief Executive <i>To be considered and any Board directions defined</i>	Chief Executive – Dr Ros Tolcher	5.0
6.0	Integrated Board Report <i>To be considered for comment</i>	Chief Executive – Dr Ros Tolcher	6.0
7.0	Report by the Director of Finance <i>To be considered for comment</i>	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.0
7.1	CIP 2015-16 and 2016-17 Updates <i>To be considered and noted by the Board</i>	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.1
7.2	Business Plan 2016-17 <i>To be considered and noted by the Board</i>	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.2
7.3	Strategic KPIs	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.3
1045 – 1100 BREAK			

8.0	Oral Reports by Directorates <i>i. Urgent, Community and Cancer Care</i> <i>ii Elective Care</i> <i>iii Integrated Care</i>	Clinical Director – Mr Andrew Alldred Clinical Director – Dr Kat Johnson Clinical Director - Dr Natalie Lyth	
9.0	Report by Chairman of Quality Committee <i>To include Minutes from meetings dated 4 November 2015 and 2 December 2015</i>	Chairman – Mrs Lesley Webster, Non-Executive Director	9.0
10.0	Report by the Medical Director <i>To be considered for comment</i>	Medical Director – Dr David Scullion	10.0
10.1	Quarterly Claims Report <i>To be noted and considered for comment</i>	Medical Director – Dr David Scullion	10.1
11.0	Report by the Chief Nurse <i>To be considered for comment</i>	Chief Nurse – Mrs Jill Foster	11.0
11.1	Patient Safety Visits – Annual Report 2016 <i>To be received and considered for comment</i>	Chief Nurse – Mrs Jill Foster	11.1
12.0	Report by the Chief Operating Officer <i>To be considered for comment</i>	Chief Operating Officer – Mr Robert Harrison	12.0
13.0	Report by the Director of Workforce and Organisational Development <i>To be considered for comment</i>	Director of Workforce and Organisational Development – Mr Phillip Marshall	13.0
1215 - 1230			
14.0	Reports: <i>To receive reports from Board Committees:</i> <i>i. Finance Committee</i>	Committee Chairman - Mrs Maureen Taylor, Non-Executive Director	14.0
	<i>ii. Audit Committee</i>	Committee Chairman – Mr Chris Thompson, Non-Executive Director	14.1
15.0	Matters relating to compliance with the Trust's Licence or other exceptional items to report or that have been reported to Monitor and/or the Care Quality Commission <i>To receive an update on any matters reported to regulators.</i>	Chairman – Mrs Sandra Dodson	
16.0	Any Other Relevant Business <i>By permission of the Chairman</i>	Chairman – Mrs Sandra Dodson	
17.0	Board Evaluation	Chairman – Mrs Sandra Dodson	
18.0	Confidential Motion The Chairman to move: <i>'That members of the public and representatives of the press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.</i>		

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

This is the current register of the Board of Directors of Harrogate and District Foundation Trust and their declared interests.

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	<ol style="list-style-type: none"> 1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (A charity raising funds for a South African Township.) 3. Trustee of Yorkshire Cancer Research 4. Chair of Red Kite Learning Trust – multi-academy trust
Dr Ros Tolcher	Chief Executive	Specialist Adviser to the Care Quality Commission
Mr Jonathan Coulter	Finance Director/Deputy Chief Executive	None
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	<ol style="list-style-type: none"> 1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church
Mr Phillip Marshall	Director of Workforce and Organisational Development	None
Mr Neil McLean	Non-Executive Director	Director of: <ol style="list-style-type: none"> 1. Northern Consortium UK Limited (Chairman) 2. Ahead Partnership (Holdings) Limited 3. Ahead Partnership Limited 4. Swinsty Fold Management Company Limited 5. Acumen for Enterprise Limited 6. Yorkshire Campaign Board Chair Maggie's Cancer Caring Centres Limited
Professor Sue Proctor	Non-Executive Director	<ol style="list-style-type: none"> 1. Director and owner of SR Proctor Consulting Ltd 2. Member – Council of University of Leeds 3. Member – Council of NHS Staff College (UCLH) 4. Associate – Good Governance Institute 5. Associate - Capsticks
Dr David Scullion	Medical Director	None
Mrs Maureen Taylor	Non-Executive Director	<ol style="list-style-type: none"> 1. Independent Non Executive Member (Audit Group) – British Showjumping
Mr Christopher Thompson	Non Executive Director	<ol style="list-style-type: none"> 1. Director/Trustee of Community Integrated Care Limited and Chair of the Audit Committee
Mr Ian Ward	Non-Executive Director	<ol style="list-style-type: none"> 1. Vice Chairman and Senior Independent Director of Charter Court Financial Services Limited, Charter Court Financial Services Group Limited, Exact Mortgage Experts Limited, Broadlands Financial

		Limited and Charter Mortgages Limited 2. Chairman of the Board Risk Committee and a member of the Remuneration and Nominations Committee, the Audit Committee and the Funding Contingent Committee for the organisations shown at 1. above 3. Director of Newcastle Building Society, and of its wholly owned subsidiary IT company – Newcastle Systems Management Limited 4. Member, Leeds Kirkgate Market Management Board
Mrs Lesley Webster	Non-Executive Director	None
Mr Andrew Alldred	Clinical Director UCCC	None
Dr Kat Johnson	Clinical Director EC	None
Dr Natalie Lyth	Clinical Director IC	None
Dr David Earl	Deputy Medical Director	1. Private anaesthetic work at BMI Duchy hospital
Dr Claire Hall	Deputy Medical Director	1. Trustee, St Michael's Hospice Harrogate
Mrs Joanne Harrison	Deputy Director W & OD	None
Mr Jordan McKie	Deputy Director	1. Familial relationship with NMU Ltd, a company providing services to the NHS.
Mrs Alison Mayfield	Deputy Chief Nurse	None
Mr Paul Nicholas	Deputy Director Performance and Infomatics	None

January 2016

Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors meeting held on Wednesday 25 November 2015 at 9.00am in the Derwent Room, The Pavilions, Wetherby Road, Harrogate.

Present:

- Mrs S Dodson, Chairman
- Mr J Coulter, Director of Finance and Deputy Chief Executive
- Mrs J Foster, Chief Nurse
- Mr R Harrison, Chief Operating Officer
- Mr N McLean, Non-Executive Director
- Mr P Marshall, Director of Workforce and Organisational Development
- Professor S Proctor, Non-Executive Director
- Dr D Scullion, Medical Director
- Mrs M Taylor, Non-Executive Director
- Mr C Thompson, Non-Executive Director
- Dr R Tolcher, Chief Executive
- Mr I Ward, Non-Executive Director
- Mrs L Webster, Non-Executive Director

In attendance:

- Mr A Alldred, Clinical Director, Urgent, Community and Cancer Care Directorate
- Dr C Hall, Joint Deputy Medical Director
- Dr K Johnson, Clinical Director, Elective Care Directorate
- Dr N Lyth, Clinical Director, Integrated Care Directorate
- Mr A Forsyth, Interim Head of Corporate Affairs (Minutes)
- One Governor of the Trust, one observer from Deloitte.

Mrs Dodson welcomed members to the meeting and was delighted to welcome Dr Hall, the Lead Governor and the observer from Deloitte. She noted that this would be the last meeting which the Lead Governor, Rev Dr Willshaw, would attend as he was standing down at the end of the calendar year. She thanked him for his regular attendance at Board meetings. Mrs Dodson reminded members that Mr Steven Picken, from Deloitte, was observing the Board meeting as part of the Well-Led Review, which was in progress, and noted that the Board was always striving to be better.

1. Apologies for Absence

There were no apologies for absence.

2. Declarations of Interest

There were no declarations of interest relevant to items on the agenda for the meeting. Professor Proctor indicated that she had now resigned from the Leaf Multi-

Academy Trust. Dr Johnson said that she had no interests to register.

Action: Mr Forsyth

3. Minutes of the meeting of the Board of Directors on 28 October 2015

3.1 The draft Minutes of the meeting were accepted as a true record, subject to the following amendments:

Page 1 under welcoming remarks line 2

After: 'Governors'
Insert: 'member of the public'

Minute 6.5 Line 4: **Delete:** 'McClelland'
Insert: 'Hutchinson'

Minute 6.9 Line 4: **After:** 'thresholds'
Insert: 'for the Quality Key Performance Indicators'

Minute 7.10 line 4: **Delete:** 'There was a...previous month.'
Insert: 'There was a huge amount of work underway to improve this service, yet none of this was referred to in the Integrated Report; we are merely presented with many of the same comments month on month. She wanted to see appropriate comments in this Report to be assured that progress was being made.'

Minute 8.5 Line 6: **Delete:** 'In May'
Insert: 'Since May, in the Integrated Care Directorate,'

Minute 9.2 Line 8: **Delete:** 'she'
Insert: 'the Committee'

Minute 11.1.3 line 1: **After:** 'Mr Thompson'
Insert: 'had previously'

4. Review of Actions Schedule and Matters Arising

Action 1 – Included at Item 4.1 of the Agenda. Board action complete.

Action 2 – Included in Mr Marshall's report at Item 13 of the Agenda. Board action complete.

Action 3 – Board action complete.

Action 4 – Dr Lyth reported that the staff had been very pleased. Board action complete.

Action 5 – Mrs Foster said that there were more visits in the forward programme. Board action complete.

Action 6 – Dr Scullion said that the answer was broadly that the Trust could not have anticipated these claims. It was often the nature of claims that they were received a considerable time after the events took place, and that they had not been recorded as an incident at the time. There was a new process in place whereby solicitors requested the medical notes before making a decision whether or not to pursue a claim. When this happened the consultant of care was asked to recall as much as possible and often this did not indicate that there had been a recognised issue at the time. Mrs Dodson said that the Action could be closed. Board action complete.

Action 7 – Mrs Dodson said that following some investigative work it was clear that other Trusts put draft Minutes into the public domain before their Board meetings. Circulating them beforehand so that the draft was as good as possible would be the routine but if changes are necessary then they will be reflected in the following minutes. There might still be some nuances which were best teased out at the Board meeting. Board action complete.

Action 8 – This was included in the CEO report at Item 5. Board action complete.

There were no other Matters Arising.

4.1 National Quality Board Report

4.1.1 Mrs Dodson indicated that this report would be considered alongside the report by the Chief Nurse at Item 11 of the Agenda.

4.1.2 Mrs Dodson said that the Non-Executive Directors had identified three key areas on which they would be seeking particular assurance. These were Quality, particularly around mortality and the Root Cause Analysis of Falls causing harm, and pressure ulcers, the financial sustainability of the Trust, and the impact of New Models of Care (NMOC) on activity and costs.

5. Report by the Chief Executive

5.1 Dr Tolcher's report had been circulated in advance of the meeting and was taken as read. She said that she wished to draw the Board's attention to some significant issues.

5.2 Dr Tolcher said that the Quality Charter was designed to bring a systematic methodology to the improvement of quality across the Trust. She had discussed the outline at SMT and there were high ambitions, both at a strategic level and at service level. The key was strengthened engagement built on sound governance. She noted that Wrightington, Wigan and Leigh NHS Foundation Trust had turned around a more challenging position by empowering and supporting staff and she intended that HDFT use this transferable methodology to build upon. The Partnership forum had endorsed this approach and she would take proposals to the Quality Committee in January.

5.3 Moving on to nurse recruitment and staffing, Dr Tolcher said that it was the subject of considerable focus on a day-by-day and shift-by-shift basis. The Trust was using the workforce as flexibly as necessary within the national guidelines. Staff were a good 'smoke detector', and would often provide earlier warning of particular issues than Incident reports, which would be reported to the Quality Committee through the Quality dashboard. Staff concerns were triangulated with the results from the Friends and Families Test (FFT) and harms information. As an example, there had recently been a rise in falls and a reduction in positive FFT scores for Byland and Granby

wards, at the same time as a rise in reported Incidents, and this was being investigated. The Head of Nursing for Integrated Care was devising a 'red flag' system for wider use, which would identify increased acuity and the need for more staff.

5.4 Dr Tolcher noted that there had been a higher level of spend on 1:1 and other staffing, as a result of an increase in complex, dependent patients.

5.5 The Vision and Mission statements had been reworked following comments from a range of respondents and considerable discussion. Dr Tolcher was pleased to report that SMT had recommended the final versions shown in her report. Mrs Dodson said that the discussions had been very fruitful; work on producing a graphic was progressing and she invited comments from the Board members. There were no further comments and the Board **approved** the Vision and Mission, and supporting statements, as presented. In Mrs Dodson's view the devil was now in the engagement strategy rather than the words which had been approved. Dr Tolcher agreed and said that the schematic which was in preparation would bring all the various elements together in a way which was accessible for staff, service users and stakeholders.

5.6 Turning to the impending industrial action by junior doctors, Dr Tolcher said that the British Medical Association (BMA) vote had demonstrated overwhelming support for industrial action, first on 1 December (when only emergency cover would be provided – as on Christmas Day or a Sunday) and then on 8 and 16 December when full strike action was envisaged during the working day. She said that it was a decision for each individual doctor but the Trust was undertaking detailed planning on the worst-case ie full participation. The safety and wellbeing of patients and staff during an action was the highest priority. The Trust was planning to run almost normal services and to keep elective work going. First indications were that this would be possible on 1 December.

5.7 Mrs Dodson asked about the financial implications for the Trust. Mrs Taylor was interested in this and also in the practical implications; clearly these would be different on 1 December, and 8 and 16 December. What was the general feel about how many would strike? Dr Johnson said that she believed that the vast majority would take part in the industrial action. They had the support of most consultants, and they were prepared to pick up the work and provide cover. She was looking at plans specialty by specialty in Elective Care. Mr Alldred echoed this and said that the main effect would be in the Emergency Department (ED) but that the consultant body would be providing cover. He anticipated that almost all the junior doctors in his Directorate would join the action.

5.8 Dr Scullion said that the issue of cover had been discussed at the recent consultant engagement event. Whilst junior doctors were not obliged to inform the Trust of their intentions, soft intelligence led to an assumption that almost all would join it. He was confident that there would be minimal impact on elective work and expected the staff grades and consultants to step in and cover. Dr Johnson said that patients on the wards would be the priority, followed by clinics but that cancellations would only take place if patient safety was at risk. For the sake of clarity, Dr Lyth emphasised that the term 'junior doctor' covered any doctor under training, even with up to six years' experience. Her Directorate was trying to be measured in its' approach but some clinics would be affected. Mr Harrison, as the Emergency Planning lead for the Trust, said that the industrial action would be treated as a Critical Incident, with a command and control structure in place, overseen by him. Plans had been co-ordinated between the Directorates, the Director of Workforce

and Organisational Development and himself and staff would be used flexibly to maintain patient safety. The priorities would be theatres, then clinics and then two-week referrals ahead of routine work. He estimated that between 80% and 90% of the junior doctors in the Trust would take part. Some general surgery, trauma and orthopaedics, gastroenterology and respiratory work could be reduced on the three days. Elective operating would not be cancelled and he expected that available Middle Grades would provide cover. The Trust would be providing assurance to NHS England (NHSE), both ahead of the action and on each day of it.

5.9 Mr Marshall said that he had met with the BMA representative about the practical implications around picketing and ensuring that there was no animosity either towards those taking part in the action or to those who chose not to, and came to work as usual. No more than six pickets would be allowed at any one entrance/exit point. He had attended a meeting of HR Directors in Leeds and the view was that resolution in advance of the action was unlikely, since the SofS had not accepted the invitation to attend ACAS with the BMA. It had been made clear by both Health Education England and NHSE that in the event of a major incident the junior doctors could be recalled. Mr Marshall also noted that guidance on professional responsibilities which had been issued by the General Medical Council (GMC).

5.10 Mrs Webster wondered how this was being communicated to patients – it was important that they understood the position. Mr Harrison said that this was being done proactively – he had delivered clear messages during a radio interview with BBC Radio York and an accompanying press release had emphasised that patient safety was the priority for the Trust. It also carried the message that ED services would be available as usual and that the Trust intended to keep disruption to a minimum and operate as normal. However, those with minor illness who could delay should do so or consult a GP. For elective patients, they should come to the hospital as planned if they had an appointment but if there were any individuals who should not come they would be contacted – patients should not come if they are told not to do so. Dr Tolcher noted that elective patients attending the Pre-Assessment Unit ahead of a procedure would be given this information. Dr Scullion added that most operations were undertaken by senior doctors and so would be largely unaffected.

5.11 Professor Proctor said that the Trust should make full use of the website and of social media as well as briefing the Patient Experience Team, whilst Mrs Dodson said it was important to work closely in partnership with primary care providers. Mr Harrison responded that the aim was to use the Trust GPs in ED but that the action would have an effect on GP practices where GP junior doctors may join the action. The Trust was working in a co-ordinated way with the Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) which had countersigned the Trust plans. Mrs Dodson said that the meeting on 1 December on the Well Led Review with Deloitte and the Board would go ahead as planned.

5.12 Mrs Taylor pressed her point about the financial implications of the action and Mr Coulter said that lost clinic work would have no material effect, whilst cancelling swathes of elective work would clearly be financially adverse. Mr McLean said that there could be a positive media story for the Trust, in that it maintained care despite the action and he wondered whether there was an opportunity to invite in the local media order to demonstrate in real time how the trust was coping. Mr Harrison said that the Trust was working proactively with the local media and that there could be a 'how did it go' story to tell – any media interest on the days of action would be handled through the Critical Incident room. Dr Lyth reminded Board members that whilst consultants would step in to provide cover, other non-medical staff would be used in additional roles to provide support.

5.13 Finally Mr Marshall commented that some junior doctors had apparently not realised that they would not be paid for the days on which they took action and confirmed to Mrs Taylor that there was a robust system in place to capture the detail of those who took part. He said that whilst they would be deprived of pay the trust would provide support to the junior doctors because this was a national dispute and not one with the Trust locally.

5.14 Moving on to the Partnership section of her report, Dr Tolcher drew attention to the Clinical Board being established by HaRD CCG, and said that this was devised to examine the issue that the commissioners could not afford to pay for the current levels of elective activity. NMOC was focussed primarily on non-elective activity; managing elective work was of much bigger scope financially. It was important that the link between cost and expenditure was properly understood. The Clinical Board had agreed draft Terms of Reference and Dr Scullion would lead for the Trust, along with Dr Johnson and Mr Harrison. Linked with this was work now in train at NHS Improvement (the new organisation formed from Monitor and the Trust Development Authority) to revisit clinical sustainability of Trusts. Dr Tolcher was confident that the Trust catchment population generated sufficient revenue and activity to provide sustainable services. However, she had directed that the sustainability work from two years ago be revisited and updated. This included a marker from HaRD CCG around elective activity – if this was to reduce then the focus may have to shift.

5.15 On the Vanguard work, Dr Tolcher said that the Harrogate Health Transformation Board was widening its scope to include the new Clinical Board and the Ripon Partnership, as integral parts of the local health economy. She updated the meeting on the position of Yorkshire Health Network Limited (YHN) which had previously stepped away from the partnership. She was pleased to report that YHN was back at the table – the previous lead GP had held an incompatible role as chairman of the Local Medical Committee and so had given way to two other GPs. YHN had not yet clarified the new role it would play but had indicated that it did not wish to be responsible for the GP input into NMOC. The vision however was unchanged. At practice level the local GPs were fully engaged in the forthcoming NMOC pilots.

5.16 The other element of Vanguard work was with the West Yorkshire Urgent and Emergency Care project, which was nationally the largest Vanguard project. The partnership included 11 commissioners (including HaRD CCG), acute and mental health providers and Yorkshire Ambulance Service. The Value Proposition was being developed for submission by the end of December 2015. Dr Tolcher said that she would be providing an update of this at the subsequent Board-to-Board meeting with the Council of Governors later in the day.

5.17 Turning to the Leeds alliance meeting, Dr Tolcher said that this had included executives and senior clinicians from both Leeds and the Trust, and had discussed what was suitable for collaboration and what was not, by specialty area. Radiology, surgery and maternity were considered to be areas where collaboration would be advantageous. The idea was to look at the potential for developing horizontal networks where this offered benefits to patients and clinical sustainability.

5.18 Mrs Dodson invited comments on the partnership section of Dr Tolcher's report. Mrs Taylor asked what were the early impressions – what was different and what were the implications? Dr Tolcher replied that there would not be an immediate,

'big bang' change; this was about moving more care into the community, with different clinical skills being brought under a single management, with shared protocols and pathways. In the longer term there would be a single medical record. Pharmacists and Advanced Care Practitioners would work together in teams, with the latter releasing GP time, whilst the elderly care physicians would be more involved. The changes would be incremental.

5.19 Responding to Mrs Taylor's further enquiry about the WYAAT Vanguard project, Dr Tolcher said that the acute bid had been refused but the Urgent and Emergency Care bid had been successful and was moving forward. Mr Alldred added that there was a close association between the acute and urgent and emergency care work and developing wraparound services which could be maintained in the community. Mrs Dodson said that the Urgent and Emergency Care project was bigger and more complex than the unsuccessful acute bid had been.

5.20 Moving to the HHTB, Professor Proctor was interested in the governance framework and how it addressed statutory relationships. Dr Tolcher said that there was a governance framework with clear lines of responsibility and reporting into accountable bodies. There were constituted sub-groups and working groups. Key messages were agreed and there was a regular report out to the constituent bodies. Whilst there was no non-executive scrutiny as yet, this was because the delivery vehicle had not been agreed – there could be an entirely new entity with its own governance structure, which could include non-executive oversight and an independent chairman. At present the latter rotated annually and she was the current incumbent; there was currently no appetite for an independent chairman. There would be a need for a detailed conversation around the organisational form once the delivery vehicle had been agreed. Professor Proctor believed that non-executive scrutiny would be necessary and Mrs Dodson said that it was important to learn from other Vanguard projects and it was important to regularly review the governance framework.

5.21 Mr Thompson praised the greater collaboration which was taking place but was concerned about 'organisational schizophrenia' and how greater links with Leeds might affect the links with York – was there a danger of too many collaborations? Dr Tolcher said that these were longstanding alliances which reinforced historical allegiances and clinical links and networks and she considered that there were no special risks attached to them. Mr Coulter added that they would work on a specialty-by-specialty basis to get the best outcome for patients. Leeds THT had a big catchment area and there was capacity overload with which HDFT could assist. This would help to address financial sustainability in a national as well as local context. The longer-term view of clinical pathways would be robust and very coherent, with engagement in many different places.

5.22 Dr Scullion noted that the alliances were all about improving quality of care. The link with York worked well – if this changed then the position would be re-examined; there was some work with York which was not undertaken with Leeds and *vice versa*. Mr Ward was pleased to see this approach and expected the Board to be kept posted on emerging opportunities. Mr Coulter added that whilst HaRD CCG was looking to reduce elective work, some 30% currently went to providers other than HDFT, some of which could be captured. Mr McLean was supportive of the alliances provided the patient remained at the centre, which Dr Scullion confirmed would always be the case. Dr Tolcher confirmed that there would be an unwavering focus on quality of care. NMOC would reduce the number of medical beds at HDFT and it was right that the Trust should seek the right additional elective care to assure financial resilience – for example, Leeds THT currently used NHS-funded private

care, which could be available, without being fatal to the Leeds model. The Trust was not a direct competitor because Leeds was not a district general hospital but concentrated on tertiary pathways. The willingness of Leeds THT to work with HDFT was not part of a masterplan to 'sweep up' the Trust; it was a trusting relationship.

5.23 Mr Harrison recalled that the Dalton Review had encouraged a networking approach and that different providers had different expertise available to provide pure networks; York, for example, provided head and neck expertise whilst that for cardiology and cancer was a speciality available at Leeds. It was matter of agreeing bilateral arrangements where specialities were best aligned. It might be possible to repatriate Paediatric trauma and orthopaedics, for example, to HDFT, which would aid sustainability and provide more local care. It was a matter of balancing quality of care and capacity in the right place, which is what networks achieved.

5.24 Turning to NMOC, Mrs Webster asked about the reporting arrangements for the new structures from January, especially around funding, staffing and Friends and Family Test. Mr Coulter said that these would be visible; the commissioners would disburse the funding and detail would be available. The benefits would be mapped over a two and a half to three year period but these would be more around how has care changed, which was more challenging than just following the money. The way this was achieved was very much part of being a Vanguard project. Mrs Dodson added that it was important to look at how the footprint and sustainability were integrated and she received an assurance from Dr Tolcher that this would be covered in the Board strategy session in February, as part of the annual planning session.

Action: Mr Coulter

5.25 On the financial position, Dr Tolcher reported that whilst the Trust had a deficit of around £800,000 (c£2m behind plan) she considered the position retrievable and that there would be a return to surplus by year-end. The capital programme was under review; it was already risk-assessed with items defined as either operational or financial risk. Any changes would not compromise safety or quality of patient care. This would, however, provide some short-term cash benefit to offset the revenue pressure.

5.26 Mr Coulter added that Monitor was now moving to become NHS Improvement and the financial position of the NHS was under review; organisations had been asked to review their capital spend in the short term with a view to freeing up cash. The Department of Health must remain within the Vote granted by Parliament so any reduction in capital spend would be helpful. This was a live issue and he expected to know whether there would be any incentive to Trusts to reduce capital spend within the forthcoming weeks. The Trust was £1.4m overcommitted at present due to our own revenue position and would be looking to hold the programme regardless of the NHS Improvement proposals.

5.27 Mr Ward was concerned about the ability of the Trust to turn around the financial position. It was usually an issue around costs which was of concern but this time the issue was around income; increased costs had been anticipated but income had not increased to match. He had compared the figures for the same four-month period in this and the last financial years. Mr Thompson said that the Board needed robust figures looking 12 months ahead on a rolling basis.

5.28 In response, Mr Coulter said that the position differed from month to month but that the transfer of the OOH service to York had reduced income (and cost), as had the Tariff deflator (the latter by around £400,000 per month). The coding of non-elective work had also improved since the report had been written by £120,000. The

figures for October may also have been affected by the implementation of the FLIP project because of a shorter-stay discount in accordance with the national tariff rules. The implementation of the new risk metrics for Monitor in August had made the regulatory position more challenging and he expected to have the same discussion with the Board in January at the end of Quarter 3. Looking forward, however, he expected the efficiency saving requirement for 2016-17 to be 2% rather than the previously anticipated 3.5%, which was more encouraging for providers. Mr Coulter expected the CoSR to be 3 at the end of the quarter even though at month 7 it was close to being a 2.

5.29 Mrs Dodson said that despite the financial implications, FLIP was good for patient care and Mr Harrison added that since its implementation daily bed occupancy had been running at 85-90%; at the same time last year the Trust had 21 escalation beds open.

5.30 Mr Coulter said that overall costs were satisfactory but that income was down and had been for two months; there was a need to get ahead again. Mr Ward asked what the forecast looked like over the next five months. Mr Harrison replied that whilst outpatient attendances were 4% up on last year they were 1000 fewer in number against plan. This was an area of focus relating to capacity and recruiting to posts, especially in ophthalmology, gastroenterology and dermatology and the plan to date had not been achievable. Elective work was 7% up on the previous year to date (500 cases more than the plan) but there were issues around the casemix, although income was positive against the plan. Non-elective work was 4% (241) above the plan but critical care was down against both the plan and for income, although this was turning round in November. Additional income of £400,000 for paediatric HDU had not been obtained as anticipated. However the Trust was delivering activity and improving sustainability.

5.31 Mrs Taylor asked what was available through the possible capital scheme. Mr Coulter said that if £1m were to be taken out of the capital budget then potentially the Department of Health would make this available as income. Dr Tolcher said that it was an opportunity to be explored and grasped if available, but one which would need to be explained to stakeholders and staff, accompanied by careful message management at year-end. She was confident that it would be understood. Mr Coulter added that the Trust must reduce the capital spend anyway and that the Directorates must manage it down effectively.

5.32 Mrs Dodson said that this national development was coincidental and that the Trust must take a pragmatic view, even though there may be more funding available. Mrs Webster was concerned about keeping the pressure on with staff. Mr Coulter said that in this respect nothing would change. The capital deferrals were about the current position and there would be no let-up in the drive to achieve the CIP; if the financial position recovered then funding for capital could be released for Directorate priorities.

5.33 Turning to infection control, Professor Proctor asked about the potential for penalties – what were the risk and scales. Mr Coulter said that for *Clostridium difficile* this would be £10,000 per case. The ambition for 2015-16 had been 12 cases and there had been 17 by the end of Q2. Root Cause Analysis had, however, established lapses of care in only two cases. The contract and the guidance on penalties differed, however, and the CCG could levy penalties on any cases over the 12. NHSE had advised CCGs to levy the penalties but they had discretion and it was not yet clear whether HaRD CCG would do so. There was no budgetary provision to

cover this eventuality because to have made one would have been planning for failure – and in terms of lapses in care we had not failed the ambition.

5.34 Mrs Dodson asked whether there were any other aspects of the Finance report which could be discussed at this point. Mr Coulter asked the Board to note the CIP position. Mr Thompson wondered whether stripping out the distortion to the cash balance position caused by the advance payment from the HaRD CCG revealed anything about the debtors' position. Mr Coulter said that the key figure for Monitor is the liquidity indicator rather than simply cash but that in future he would strip out the distortion to reveal the true position.

Action: Mr Coulter

5.35 Dr Tolcher updated the Board on the position with Internal Audit recommendations and work on the updating of policies. There were 65 outstanding, of which 27 had been in place for less than three months. 17 had been closed since the last report and the deadline was the end of November. The introduction of an electronic database had presented some challenges and there was evidence that some recommendations had been completed but not signed off on it. The target was 100% compliance and she would report again at the next Board. The Audit Committee was monitoring progress.

5.36 With respect to updating of policies, Dr Tolcher said this was a major housekeeping project to identify obsolete, duplicate and out of date policies. Of 1372, around 500 had been identified immediately as obsolete and work was in progress on the remainder; around 200 had yet to be updated. Some would need ratification which would take them beyond the deadline at the end of November and the aim was to seize the opportunity given by the move to a new website in the New Year. She would maintain a focus on the work. Dr Scullion emphasised that there was considerable effort going into this hard task including some where external endorsement of changes would be needed.

5.37 Moving to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), Dr Tolcher noted that the total number of risks on the BAF remained at 16, with updates on 12 of them this month. There had been an Executive 'deep dive' on BAF4 (IT) which had resulted in an adjustment to this risk.

5.38 In the CRR Dr Tolcher drew attention to the risk around mental health and the Mental Capacity Act, about which staff were not always confident. Mrs Foster said that there had recently been a mental health awareness week, with communications, cards and training, and further training was planned for January (although one session had been postponed due to the planned industrial action by junior doctors). Dr Tolcher said that the Trust currently did not have a Mental Capacity Act subject matter expert but that it was hoped to rectify this soon. Two other risks had been reduced (one around ward attenders) following significant action and COR64, around the backlog of ophthalmology patients, had been discussed in detail at SMT. She reassured the Board that adjustment of action plans was not undertaken lightly and only if the plan to mitigate the risk would not achieve the desired progress over the original timescale. The December meeting of the Corporate Risk Review Group would address this in detail.

5.39 Mrs Dodson noted that there had been no Board discussion about the risk around the safety of premises - Mr Harrison said that progress was being made towards assurance with the remaining significant concern around *Legionella* certification. He emphasised that this risk was around non-inpatient premises.

5.40 Dr Tolcher reported that Mr Leinhardt had stood down as Clinical Lead for Strategy after a number of years. Mrs Dodson said that she would write and thank him on behalf of the Board.

Action: Mrs Dodson

6. Integrated Board Report

6.1 The report had been circulated in advance of the meeting and was taken as read.

6.2 Dr Tolcher pointed out the introduction of a new, blue, rating which denoted where exceptional and/or stretch targets had been met. She noted that the safety thermometer standards achieved in October had been the highest ever.

6.3 Mrs Taylor said that whilst there were 14 pressure ulcers subject to Root Cause Analysis there was no equivalent figure for falls causing harm. Mrs Foster said that there were three in this category and that since the new national reporting requirements had been introduced the Trust had achieved 100% compliance. The 60 day target was important since memories fade and, importantly, the context of the incident could be lost if the process was extended and she would like to establish an internal target within this national requirement; this would be discussed at the Pressure Ulcer Steering Group. There had been an increased number of falls causing harm which may in part be linked to both increased activity levels and higher acuity of patients. Strenuous efforts to reduce falls continue.

6.4 Mrs Dodson was concerned about the depth of learning from analyses and the trajectory, suggesting that it was a matter for scrutiny by the Quality Committee. Mrs Foster, however, felt that the Pressure Ulcer Steering Group should make recommendations through the Fundamental Standards of Care Group to SMT.

6.5 Dr Tolcher reminded the Board that the in-year target was to reduce pressure ulcers by 50% and that currently the Trust was running at just below this level. Clear progress was being made. Mrs Foster agreed and said that huge strides had been made from a position behind many other Trusts. There was, however, a need to properly embed lessons learned. Mr McLean endorsed the view that faster analysis would lead to more relevant learning points which would be actioned faster. Mrs Foster replied that it was a question of limitation of resources, rather than a reluctance to improve care, which was affecting speed of analysis.

6.5 Mrs Dodson noted that it was the impact on improving care which was most important and wondered whether more Board focus on pressure ulcers and SIRIs would see more radical change. Dr Tolcher replied that the Quality Committee sees the overall trajectory and the appropriate funnel diagram. Mrs Webster said that an improvement was needed. Dr Tolcher said that the Board needed to see where it was, where it is and the trend over a number of years. Mrs Foster would produce a paper showing this for the January meeting of the Quality Committee. There were many variables and better analysis was needed. Dr Scullion agreed and said that the current metric was confusing.

6.6 Moving to maternity indicators, Professor Proctor asked how these were benchmarked with similar providers, especially around 3rd and 4th degree tears and emergency Caesarean sections. Dr Johnson said that the Royal College of Obstetrics and Gynaecology 2013-14 clinical indicators were used and the Trust was an outlier for 3rd and 4th degree tears with operative vaginal delivery and for forceps delivery, but not for Ventous. She had noted a spike in the rate of 3rd and 4th degree tears with water deliveries and the Head of Midwifery was checking with other

providers to gauge their views; there had been a rise in water deliveries following the opening of the upgraded facilities. The changes in statistics had been noticed and there was a meeting planned for the following week to discuss actions which needed to be taken, including encouraging Middle Grade doctors to move towards more Ventous deliveries rather than using forceps. Professor said that it would be helpful to receive a report on the number of emergency and elective Caesarean sections every six months.

Action: Dr

Johnson

Dr Tolcher said that the overall rate of Caesarean sections was high at 31%, to which Dr Johnson replied that it was variable and it was not unusual to see spikes in the numbers. All emergency sections were reviewed on a daily basis to confirm whether the decision was correct or not; the emergency rate was average for the age 20-35 cohort.

6.7 Professor Proctor noted the position on spending on agency staff over the last couple of months and asked about the implications of a cap on agency fees. Mr Marshall said that the Trust had responded to the consultation, which affected all agency rates and agreed with the NHS Providers view that it should be supported but with the caveat that the patient safety implications of it not working should be considered. He said that it would come into force soon but that the Trust was ahead of the curve in having the Comensura arrangement which already had similar rates to those proposed. He had written to Comensura to confirm the new rates. Payment of agency rates above the cap could be made if there was a patient safety issue but the governance around this was significant. His team was currently working through to identify the staff earning over the new, capped, rates to manage them. Mr Marshall welcomed the capping, which he considered introduced a long overdue change and should see a reduction in spend on agency staff. He also believed that it would help to drive a more flexible use of non-registered care staff (eg care support workers).

6.8 Mr Thompson noted that the rating for the GP OOHs service was again Red, and that for the newborn visits by Health Visitors was of concern. He asked what progress was being made with the review of the GP OOH service and Mr Alldred said that a detailed paper was being prepared for the Quality Committee. Mrs Webster felt that whilst a verbal update was helpful there needed to be more detail in the 'Interpretation' column to reflect work underway and the trajectory for progress.

6.9 Mr Harrison said that it was challenging to achieve a balance between the details for community and acute metrics. Some were combined so it was important that the report made this clear. He noted that the report on newborn visits was against the contracted metric – the figures reported to North Yorkshire County Council (NYCC) were 10% better.

6.10 Mr McLean said that with the expansion of the Trust's footprint it would be important to devise better ways to demonstrate delivery of services.

6.11 Turning to the Emergency Department four-hour standard, Mr Ward asked what progress was being made. Mr Alldred said that it was busy on a daily basis but was under control. Much work had been undertaken and the department was now concentrating on the follow-through. Recruitment of an additional nurse and care support worker was in train (Mrs Foster interjected that they would start work in January) and agreements made had been put into practice across a wide range of areas. The number of admissions of patients over age 65 was rising again and the reasons seem to be multifactorial; they were receiving focus and attention. Mr Harrison endorsed this view noting that November figures were better and that the

Trust should deliver the 95% target. The huge work, including that by the consultant body, was starting to translate into better performance.

6.12 Mr McLean asked about the metric for CQUINs where the graph and interpretation did not seem to match. Mr Harrison said that the interpretation reflected the quarterly position for July, August and September combined, whilst the graph showed the results of the monthly audit, and reflected progress.

6.13 Mrs Dodson wished to be assured about the position around mortality at Ripon. Dr Scullion said that work had shown that the figures were well within the accepted funnel plot although the indices had crept up. The SHMI lags behind the HSMR. At Ripon the mortality rate was higher, although predictable, in the context of 53% of deaths being of terminally ill cancer patients. A combined team of Dr Watt and a GP (Dr Willoughby) were starting a case note review on 26 November and this should yield early results. Meanwhile the Mortality Review Group (MoRG) was continuing its rolling review of deaths at the Trust, numbers of which mirrored those across Yorkshire and Humber. However, it was not really about the number of deaths but the quality of those deaths and whether they were avoidable – the Board should be reassured that this figure was under 1%. Whilst he could not predict future mortality, Dr Scullion expected that there would be a rise in the number of acute medical deaths over the next couple of months. He believed that the reasons for this would be multifactorial but that the monthly MoRG meetings were not finding lapses in care at this stage. He also believed that there could be coding issues which were skewing the figures.

6.14 6.14 Mr Harrison said that the national average for coding deaths with specialist palliative care input was significantly above HDFT, which is about 13%. The inclusion of specialist palliative care support increases the relative risk of expectation of death, which can increase the relative risk by as much as 50%. Work was continuing to understand the relative risk scores for the patients cared for at Ripon alongside the clinical review. Dr Scullion said that palliative care resources had been lower but the recent increase had probably not yet been captured in the indices. Often specialist palliative care had not been requested and general palliative care, which was not reflected in the coding, had been given. The structured casenote review with Professor Hutchinson, due to start in January, would provide a better view. He said that the vast majority of cases reviewed by the MoRG were care of the elderly and that Dr Claire Taylor was undertaking a 'deep dive' into the figures.

6.15 Mrs Dodson hoped that the GPs would be involved in any training which took place at Ripon, which Mr Alldred confirmed. They were already involved and the training would capture wider issues around care provided by all, including the GPs, at Ripon. Dr Tolcher said that this was an important matter and investigations would continue until a satisfactory understanding was achieved. While the apparent outlier data might be due to coding issues all other possible explanations must be explored at a granular level, unpacking issues at a specialty level was needed. She said that the Trust did not yet have a clear enough picture and would continue to pursue the issue.

6.16 Concluding the discussion on the Integrated Report, Dr Tolcher thanked the Directorates for achieving 98% of the CIP stretch targets for the year – execution of this was a key part of the plan for the year. Mrs Dodson said that the discussion had been substantive and rightly revolved around the key elements of the reports of the Chief Executive and the Director of Finance, and on the Integrated Board Report.

7. Business Plan 2016-17

7.1 Mr Coulter's paper had been circulated in advance of the meeting and was taken as read.

7.2 Mr Coulter said that he had two points to make. Firstly he expected the funding announcement to confirm that the efficiency requirement would be 2% rather than 3.5%, which added realism to delivery and would bring a benefit to the Trust of around £2m in year. On the CIP for 2016-17 he said that based on the original (3.5%) target the efficiency requirement would have been £8.9m of which some 68% had been confidently identified. Work continued in the Directorates to identify the remainder and by the end of December he expected all the ground work to have been completed. It would then be a matter of undertaking work on interactions between measures, the effects on capital spending, reviewing changes to service delivery and carrying out quality impact assessment. Mrs Dodson said that the Finance Committee would examine progress in January.

8. Oral reports by Directorates

8.1 Mr Alldred said that his Urgent, Community and Cancer Care Directorate was making preparations for the CQC Inspection in February. Otherwise he had covered his points earlier in the meeting. All *Clostridium difficile* Root Cause Analyses had now been completed with lapses of care identified in three of them – in each case revolving around antibiotic stewardship and review. Clinical Leads were being tasked with providing evidence of daily reviews having been undertaken. There was a big focus in his Directorate on the NMOC work.

8.2 Dr Johnson echoed Mr Alldred in having a big push with Clinical Leads on antibiotic stewardship and review in the Elective Care Directorate. It was a question of how to make clinicians carry it out – the 'stick' approach had clearly not worked. This tied in with the approach to TACCORD. She had tasked her Clinical Leads to explain the position to her by the end of November. On other issues she was looking at possible service developments including consultant-delivered specialist anaesthetic ICU care out of hours and seven day consultant orthopaedic cover. She was also looking at undertaking more maternity work from Leeds. She was considering whether more paediatric surgery could be undertaken, which would help sustainability, and more gynaecological work. The risks were the engagement of staff and their ability to see the bigger picture. Finally, she noted that the timeout with the theatre staff had been very positive and they had been challenged to think of solutions to staffing issues, including succession planning.

8.3 The Integrated Care Directorate had recruited a high calibre consultant rheumatologist who had been a clinical lead elsewhere and decided to come to Harrogate, reported Dr Lyth. Unfortunately a consultant paediatrician had withdrawn from a recruitment process and a second candidate was no longer available. Consultant absence was causing some challenges, with Comensura unable to provide any cover, and this had had some repercussions on elective care. Dr Brotheridge had given notice as Clinical Lead – whilst he was committed to the idea he believed that he was not the right person; he was, however, being positive with his colleagues.

8.4 Dr Lyth was pleased to report that a project to improve therapeutic care on the wards had passed the first stage of scrutiny for lottery funding. A number of fall sensors had proved to be successful and would be introduced on to Byland Ward by the end of the week. There were gaps in nursing cover on the wards but they were

workable. She was taking steps to make the implementation and utilisation of TACCORD more robust.

8.5 On a less positive note for the Directorate, Dr Lyth confirmed to the Board that her Operational Director, Karen Barnett, would be leaving the Trust for a higher level post, as Assistant Director (Community Services), at Calderdale and Huddersfield NHS Foundation Trust. Ms Barnett would leave at the end of February. Mrs Dodson said that the Trust should celebrate her success and that it demonstrated the value of sound succession planning. Dr Lyth said that she would look again at the succession plan which had been agreed in October. Dr Tolcher said that it was fantastic news for Ms Barnett, who was star who would spread a good word about the Trust. There was now an opportunity to re-examine the Directorate structure, especially around the expanding Children's Services which were spread across two Directorates. However, the time was not right and a contingency plan would be put in place prior to full reassessment at the end of February – Mrs Dodson said that the Board would wish to be involved with this.

9. Report by the Chairman of the Quality Committee

9.1 Mrs Webster reported that the minutes of the September meeting had been signed off. She said that the Quality Committee had picked up the responsibility for gaining assurance in respect of Clinical Audit and the first task was to examine and sign off the new Clinical Audit policy. At the next meeting it was intended to have an update on the plan for this important work and to progress how to effectively gain assurance for this new area of scrutiny for the Committee.

9.2 The Committee received the NICE compliance report for Q1 and Q2 and heard that there remain some areas of non-compliance on which it will continue to remain focussed, through the Directorates, in the coming months.

9.3 Mrs Webster reported that proposed revisions to the RAG ratings for some elements of the Quality section of the Integrated Board Report were debated; whilst some had already been incorporated the Committee agreed a change to the threshold for appraisals, which may have a future effect on the current Amber rating. In addition, three indicators were agreed for the important area of maternity in the Integrated Board Report.

9.4 The latest monthly report on Quality Improvement Priorities was received. This month there had been pleasing progress on improving communication and on improving the experiences of the frail elderly, both for the individuals and for their carers and families.

9.5 Finally Mrs Webster reported that the Committee had received an excellent annual report from the North Yorkshire Safeguarding Adults Board.

10. Report by the Medical Director

10.1 Dr Scullion's written report had been circulated in advance of the meeting and was taken as read.

10.2 Dr Scullion said that more than 50 consultants had attended the senior staff engagement event, where the mood had been very good. The gathering had discussed the forthcoming junior doctor industrial action as well as the connection between safe, high quality care and the long-term financial sustainability of the Trust. The statement that these were difficult times was received. Dr Johnson said that the

position had been put into context by the senior team and that the door was open for further discussion, which Dr Scullion said would be followed up, using the engagement event as a foundation. He said that the event had been enjoyable and there had been robust dialogue.

10.3 Mr Coulter said that the consultants had been recognised as senior leaders of the organisation and shown how they can influence how well the Trust can do. There was a need to ensure that the discussions continued. Mrs Dodson said that it was equally important to try and engage those who did not attend and Dr Scullion said that there was a good breadth of attendance with key members from most specialties. In Dr Tolcher's view the event had been very successful and achieved what it had set out to achieve. The attendance had exceeded her expectations and not all those attending were the 'converted'. She had explained the three-legged stool of Quality, Performance and Financial sustainability and the pride which the Trust has in maintaining high quality; retaining the future destiny of the Trust in its own hands relies on keeping all three legs in balance and the senior clinical staff has a major role to play in ensuring this happens.

11. Report by the Chief Nurse

11.1 Mrs Foster's written report had been circulated in advance of the meeting and was taken as read.

11.2 Mrs Foster noted the three Patient Safety Visits which had taken place and that more were planned, including some into the community. On Director Visits the Red-rated area (cannula care) had been revisited and was now rated Green. The Emergency Department had been rated Amber-Red and there were environmental concerns which needed to be rectified.

11.3 The butterfly Scheme had been relaunched, with training provided which had been well-received. Further work was underway to embed the principles in everyday working.

11.4 Mr Ward asked whether the frustrations expressed about a lack of sufficient action following the Director Visit to would be monitored and Mrs Foster said that actions put in place would be monitored by the SMT. Mr Alldred said that the action plans sat in directorates and he would brief Mr Ward outside the meeting on the actions taken in respect of Ripon. **Action: Mr Alldred**

11.5 On nurse recruitment, Mrs Foster said that a second event had taken place, jointly with the NMOC recruitment, and a further recruitment event was planned for January. There had been a big response from the Leeds area and conditional offers had been made to 10 candidates. It made sense to focus on areas other than York and gain their commitment before they qualified; last year York had only provided six recruits.

11.6 Mrs Foster reiterated that the actual vs planned nurse staffing figures must be seen by the Board and published on the trust website monthly, as a result of the Mid-Staffordshire Inquiry. The Board should understand that this was originally recommended for adult in-patients areas only therefore excluding large parts of the organisation, including the Emergency Department, paediatrics, maternity and community. In future she would also provide these figures. **Action: Mrs Foster**

The October figures showed a reduction in staffing levels in frail elderly and acute areas, which reflected the vacancies in those areas. They were being managed day

by day and shift by shift. A group to consider and decide how staff were moved around to cover gaps and vacancies was meeting every 7 – 10 days.

11.7 Mrs Webster asked whether there was evidence of staff moving from the wider Trust to the NMOC. Mrs Foster said that none had moved from community services and that it was hoped to manage this by minimising surprise moves. Mr Harrison said that there were 30 posts, across a range of specialities, and that two-thirds of the posts had been filled. A number were training posts and Mrs Foster said that, for example, CSW training would be towards the National Care Certificate.

11.8 Professor Proctor drew attention to Table 9 of the report which in the forward look showed night time staffing as predominantly CSWs and day time staffing as predominantly registered staff. She asked whether this deduction was correct and what were the risks. Mrs Foster said that the percentage fill rate was down although staffing was to agreed levels. The percentage of CSWs was greater and this related to 1:1 care over and above agreed staffing levels. There should be a reduction as confidence in not having 1:1 care increases. Success around falls reduction is a question of leadership and culture including focussing on times of highest risk. It was a matter of having confident, capable and competent staff. NICE and College guidance was for a ratio of 65%/35% and the Trust was now moving towards the best staffing model. Professor Proctor looked forward to receiving the revised Nursing and Midwifery strategy in January and hoped that it would address forecasting around the future workforce.

11.9 Mr Harrison added that the key was the percentage fill rate against establishments and that the trust had not filled all the shifts including new posts which had been added to the establishment. The overriding priority was to achieve safer staffing levels.

12. Report by the Chief Operating Officer

12.1 Mr Harrison's report had been circulated in advance of the meeting and was taken as read.

12.2 Mr Harrison was pleased to confirm that the trust had won the bid to provide Children's Services (0 – 19) in Middlesbrough for the next 10 years from April 2016. The Directorate bid team had done a good job. This was now moving into mobilisation phase with the setting of a mobilisation strategy. Mr Harrison said that this was a big step on the road to the Trust's £30m growth ambition. Mr Thompson asked about the requirement to transfer staff under TUPE arrangements and Mr Harrison confirmed that this would number around a 100 in total.

12.3 Mrs Dodson informed the Board that due to an oversight, after discussion of the and MT Strategy at the Board meeting in July 2014 which had been properly recorded in the minutes of the meeting, the Strategy itself had not been approved. She asked those Board members who had been present to agree a recommendation that it be approved retrospectively. **Approval** was given.

13. Report by the Director of Workforce and Organisational Development

13.1 Mr Marshall's report had been circulated prior to the Board and was taken as read.

13.2 Mr Marshall requested Board approval for the Human Resources strategy for the forthcoming five years, and the supporting action plan, which had been supported by the Partnership forum. The Board **approved** the strategy.

13.3 Mr Marshall was pleased to report that the Trust was now a Living Wage employer from 1 November and all effected staff would receive a personal letter informing them of their new pay level. This was a good news story which needed to be highlighted. Mr Ward asked whether the Trust had a choice and Mr Marshall confirmed this, noting that some 20-30% of Trusts had adopted similar arrangements. The adoption of the Living Wage was voluntary and should not be confused with the lower level set for compulsory imposition from 1 April 2016 by the Government. Dr Tolcher said that this had been signed off at SMT and did not require Board approval, costing in the region of £40,000 p.a. She believed that it would reduce turnover and attract staff and had been supported by the Trades Unions. The Board **endorsed** the decision to pay the Living Wage to eligible staff.

13.4 Moving on Mr Marshall noted that the LETB was hosting an event for CEOs in the Yorkshire and Humber region in January to address the next 10 years. The Trust had been positively singled out by ACPs and others for its training. The LETB cannot fund places nor fill the cohorts at present. It may be necessary to move to another University to reap maximum benefit. Gaps in filling places by the Deanery are now recorded on its Corporate Risk Register.

13.5 The new junior doctor contract would require every doctor to have an individual job plan, stated Mr Marshall, and this would affect the SAS doctors. He was researching how to resource the requirement to put this in place and how to manage the influx of staff following success in the bid for expanded Children's Services. He welcomed the new appraisal threshold which the Quality Committee had agreed for reporting through the Integrated Board Report.

13.6 Mr Thompson noted that the staff turnover, at 11-13%, was below the expected norm and wondered what exit questionnaires were revealing. Mr Marshall said that the voluntary turnover was increasing, with Band 5 staff staying between 12 and 24 months at the Trust. The number of exit questionnaires returned was low. He would provide an update in his January report. **Action: Mr Marshall**

Mr Harrison reminded the Board that there was a surplus of vacancies in the NHS.

13.7 Mrs Webster wondered whether enhanced Rosterpro had gone live yet and when would efficiency gains be realised. Mr Marshall said this was happening ward by ward. Mr Coulter said that the work by Ocean's Blue was underway and would provide detail in due course.

13.8 Mr Coulter wished the Board to be aware that there would be a significant change to National Insurance rates for staff and the Trust from 1 April 2016, with the abolition of the rebate. NHS Pension Scheme members would each pay an extra 1.4% contribution which would be matched by a £1.8m increase in the Trust contribution – he expected the latter to be met through the 2016-17 Tariff and to have no nett effect for the Trust. However, he believed that as knowledge of the changes grew, it would become a growing issue for staff. Mrs Dodson invited him to consider whether or not it should be recorded as a risk for the Trust.

Action: Mr Coulter

14. Report from the Chairman of the Finance Committee

14.1 Mrs Taylor had no report at this meeting as the Committee had not met since the last Board meeting.

15. Serious Complaints/Incidents/matters that have been reported to Monitor and/or the Care Quality Commission

15.1 Mrs Dodson confirmed that a response to the monitor letter had been despatched.

16. Any Other Business

16.1 The Board received the Minutes of the Council of Governors' meeting of 29 July 2015.

16.2 There was no other relevant business.

17. Board Evaluation

17.1 Mrs Dodson asked whether the Board considered the meeting to have progressed the strategic aims of the Trust.

17.2 Mrs Taylor said that much of the meeting had been around the report by the Chief Executive and she believed that there had been a good discussion. Mr McLean endorsed this view, considering that there was value in drawing in topics for discussion rather than concentrating on working through papers. He believed the meeting to have been better integrated than on previous occasions.

17.3 Mr Coulter emphasised the early framing of the discussion whilst Professor Proctor thought that the debate had aligned well to the strategic aims. Mr Harrison noted the alignment of the workforce to the necessary structure rather than simply following the national line. Dr Tolcher believed that looking at the bigger picture provided triangulation. She gained Board agreement that there was no need to adjust anything on the BAF as a result of discussion at the Board meeting.

17.4 Turning to the NED 360° pilot process which was underway Mrs Dodson asked for views as to whether it was appropriate to let it run on and whether the Trust should sign up to it.

17.6 Mr Harrison requested the inclusion of a discussion on clinical sustainability in a future Board strategy session.

Action: Mr Forsyth

18. Confidential Motion

The Chairman moved 'that members of the public and representatives of the press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'

The Board agreed the motion unanimously.

The meeting closed at 1.05pm.

HDFT Board of Directors Actions Schedule – January 2016

Completed Actions

This document logs actions Completed items agreed for action at Board of Director meetings.
Completed items will remain on the schedule for three months and then be removed.

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

Item Description	Director/ Manager Responsible	Date of completion/progress update	Confirm action Complete
Investigate the incidence of deaths which took place within 24 or 48 hours of admission on Thursdays or Fridays	Dr Scullion, Medical Director	September 2015 (July 2015)	Complete
Report on overarching review of growth charts and associated issues in	Dr Johnson, Clinical Director, Elective Care	September 2015	Complete
Mr Lavalette, NCEPOD Ambassador, to report biannually (Mar/Sep) on progress of NCEPOD work	Dr Scullion, Medical Director	September 2015	Complete
Report progress on GPOOH service	Mr Alldred, Clinical Director, Acute and Cancer Care	September 2015	Complete
Update on immunisation screening of staff	Mr Marshall, Director of Workforce and Organisational Development	September 2015	Complete
Examine the possibility of seconding a substitute IPC nurse to Director Team visits when required	Mrs Foster, Chief Nurse	September 2015	Complete
Arrange a session on risk assessment for Non-Executive Directors	Mr Coulter, Director of Finance/Deputy Chief Executive	September 2015	Complete
Investigate linkage between HDF research nurse and Leeds University project on pressure ulcers	Mrs Foster – Chief Nurse	September 2015	Complete
Report on outcome of Clinical Lead discussions	Dr Johnson, Clinical Director, Elective Care	September 2015	Complete
Write to Nursing and Midwifery Council re concern about lack of statutory replacement	Mrs Foster, Chief Nurse	September 2015	Complete
Provide Board members with link to data underlying report	Mr Marshall, Director of Workforce and Organisational Development	September 2015	Complete
Circulate Healthwatch report on	Mr Alldred, Clinical	September 2015	Complete

York Wheelchair service to Board members	Director, Acute and Cancer Care		
Update the Board on progress with managing transfers of nursing staff to cover shortages (5.8)	Dr Ros Tolcher – Chief Executive	October 2015	Complete
Report on implementation of action plans from Internal Audits (5.22)	Dr Ros Tolcher – Chief Executive	October 2015	Complete
Update the Board on issues around surgical care of the elderly (7.1.5)	Dr David Scullion – Medical Director	October 2015	Complete
Reply to letter on cancer pathways from Chairman of LTHT (7.4)	Mrs Sandra Dodson - Chairman	October 2015	Complete
Brief the Board on discussions with chairman of regional mortality group (7.7)	Dr David Scullion – Medical Director	October 2015	Complete
Develop and circulate a consistent narrative and direction of travel for the Trust (4.1.2)	Dr Tolcher - Chief Executive	October 2015	Complete
Board Paper on Admissions (including readmissions) (10.5)	Dr Lyth - Clinical Director, Integrated Care Directorate	October 2015 (July 2015)	Complete
Report to the Board on outcomes of National Emergency Laparotomy audit (7.3)	Dr Scullion - Medical Director	October 2015	Complete
Bring National Quality Board report to the Board (8.6)	Mrs Jill Foster – Chief Nurse	November 2015	Complete
Medical Director paper on HSMI and SHMI to be placed in Reading Room (6.8)	Mr Andrew Forsyth – Interim Head of Corporate Affairs	November 2015	Complete
Convey thanks of Board to team involved in executing FLIP project (8.7)	Dr Natalie Lyth – Clinical Director, Integrated Care Directorate	November 2015	Complete
Report on Ocean's Blue – Barnacles work with Ward Managers/Line Managers (5.12)	Mr Phillip Marshall – Director of Workforce and Organisational Development	November 2015	Complete
Refresh plan for reducing ophthalmology patient backlog (5.13)	Mrs Barron – Operational Director, Elective Care Directorate	November 2015	Complete
Increase the number of Patient Safety Visits to community services (10.7)	Mrs Jill Foster – Chief Nurse	November 2015	Complete
Examine whether 10 unexpected claims (of 21) could or should have been anticipated (11.1.2)	Dr David Scullion – Medical Director	November 2015	Complete
Draft Minutes of Board meetings to be published in advance of final papers (17.2)	Mr Andrew Forsyth – Interim Head of Corporate Affairs	November 2015	Complete

Update the Board on progress with review and archiving of policies (5.16)	Dr Ros Tolcher – Chief Executive	November 2015	Complete
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HDFT Board of Directors Actions Schedule – Outstanding Actions

January 2016

This document logs items agreed at Board meetings that require action following the meeting. Where necessary, items will be carried forward onto the Board agenda in the relevant agreed month. Board members will be asked to confirm completion of actions or give a progress update at the following Board 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 Board or when a confirmation of completion/ progress update is required	Detail progress and when item to return to Board if required
1	June 2015	Investigate potential for HDFT to instigate Beacon Wards scheme (4.0)	Mrs Foster - Chief Nurse	January 2016 (September 2015)	
2	October 2015	Update report on reducing avoidable admissions (4.1.7)	Dr Lyth – Clinical Director, Integrated Care	January 2016	
3	November 2015	Adjust report to show true figures without distortion from advance cash payment (5.33)	Mr Coulter – Director of Finance	January 2016	
4	November 2015	Write to thank Mr Leinhardt for his service as Clinical Lead for Strategy (5.39)	Mrs Dodson - Chairman	January 2016	
5	November 2015	Brief Mr Ward re actions taken around Ripon Hospital (11.4)	Mr Alldred – Clinical Director, Urgent, Community and Cancer Care Directorate	January 2016	
6	November 2015	Provide figures for non-statutory actual v planned nurse staffing figures eg ED, community, paediatrics, maternity (11.6)	Mrs Foster – Chief Nurse	January 2016	
7	November 2015	Provide update on staff turnover and exit questionnaire information (13.6)	Mr Marshall – Director of Workforce and Organisational Development	January 2016	

8	November 2015	Consider whether changes in NI payments from 1 Apr 2016 should be recorded as a risk to the Trust (13.8)	Mr Coulter – Director of Finance	January 2016	
9	November 2016	Consider inclusion of clinical sustainability in future Board strategy session (17.4)	Mr Forsyth – Interim Head of Corporate Affairs	January 2016	
10	November 2015	Integration of Footprint and sustainability to be covered at February strategy session (5.24)	Mr Coulter – Director of Finance	February 2016	
11	November 2015	Report on number of emergency and elective Caesarean sections performed (6.6)	Dr Johnson – Clinical Director, Elective Care Directorate	May 2016	

Report to the Trust Board of Directors: 27 January 2016	Paper No: 5.0
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Title	Report from Chief Executive
Sponsoring Director	Dr Ros Tolcher
Author(s)	Dr Ros Tolcher
Report Purpose	To update the Board of Directors on significant strategic, operational and performance matters

<p>Key Issues for Board Focus:</p> <ul style="list-style-type: none"> • Forward Planning Guidance issued • Launch of the Trust Vision and Mission • Progress on working in partnership • Staffing pressures remain on medical wards and are being robustly managed.
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Related Trust Objectives	
1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	
Legal implications/ Regulatory Requirements	

<p>Action Required by the Board of Directors</p> <ul style="list-style-type: none"> • To note progress on strategic matters and the implications of the National Planning Guidance. • To approve formally arrangements for delegation of responsibility for sign off of monthly reports in respect of the Agency Cap • To note correspondence from external sources
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1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

Patient Safety Visits

Reports on Patient Safety Visits and Directors Inspections are covered in the Chief Nurse report.

2.0 STRATEGIC UPDATE

2.1 Delivering the Forward View: NHS Planning guidance 2016/17-2020/21

This year, organisations within the NHS will be required to produce two plans:

- A one year FT operational plan for 2016/17
- A system-wide five year sustainability and transformation plan (STP), covering the period October 2016 to March 2021

Local health and care systems are asked to consider their planning footprint and make proposals to NHS England and NHS Improvement by 29 January 2016. Footprints should be based on natural communities, existing working relationships, patient flows and take account of the scale needed to deliver the services, transformation and public health programmes required. Systems need to agree the 'place based plan' collaboratively and to establish leadership and governance to deliver these. Our HHTB and the new Harrogate Clinical Board will fulfil this requirement. We are in dialogue with other stakeholders about the optimum footprint in which to base local, place- based plans.

The planning guidance goes on to stipulate nine must-do's, which include returning systems to an aggregate financial balance and addressing variations in quality. Specific requirements include seven day services and driving cost efficiency improvement.

2.2 Launch of HDFT Vision and Mission statements.

'Excellence Every Time' was agreed as our Vision statement following the Board of Directors' meeting in November. The new Vision and Mission statements complement our existing values, strategic objectives and annual goals and have been communicated widely across the Trust and to external partners and stakeholders.

2.3 Harrogate Clinical Board.

This new collaboration between the Trust and Harrogate and Rural District CCG will go live next month following a scoping meeting in early January. Its remit is to ensure clinically led, shared plans for service redesign in elective care. A number of clinical specialties have been selected for the first phase of work, namely gynaecology, gastroenterology, paediatrics, dermatology and MSK and orthopaedics.

2.4 National communications received and acted upon.

2.4.1 New framework arrangements to tackle agency costs and support staff back into substantive and bank roles

Letter from Jim Mackey, Chief Executive, NHS Improvement dated 15 January 2016 confirming more robust arrangements including a reduction in the price caps on 1 February, all agency procurement – for doctors, nurses and all other staff groups – to be via approved frameworks and making it a core condition of the Sustainability and

Transformation Fund that Trusts are compliant with all the agency rules to receive funding.

2.4.2 2015/16 Outturn and 2016/17 Plan including Sustainability and Transformation Fund

Letter from Stephen Hay, Deputy Chief Executive, Monitor confirming that, as announced in the recent Spending Review, the government has committed to provide an additional £8.4 billion real-terms funding for the NHS by 2020/21. The increase in funding available for 2016/17 totals £3.8 billion in real terms, a £5.4 billion cash increase.

The settlement is dependent on the NHS provider sector delivering a deficit of not more than £1.8 billion in 2015/16 and breaking even in 2016/17 after application of the fund. To realise this settlement, the letter sets out what the Board must do, urgently, during the remainder of the 2015/16 financial year.

The offer of payment to the Trust from the Sustainability and Transformation Fund, to be made by our lead commissioner, is for a limited period only. The Trust must confirm by 8 February 2016 that it accepts this offer and in doing so agrees to the conditions.

2.4.3 CQC and NHS Improvement working together on a single national framework

Joint letter from Jim Mackey, CEO of NHS Improvement and Sir Mike Richards, Chief Inspector of Hospitals, CQC, setting out a joint approach to financial and quality improvement. Aware that the NHS, and providers specifically, have been under great pressure as we seek to improve quality outcomes for patients within the financial resources available, but that the size of this year's provider sector deficit makes it clear that, collectively, there must be more focus on financial rigour as one of the routes to excellent quality.

They recognise that both their organisations – NHS Improvement and the CQC – have an important role in enabling every trust to deliver that balance. They also recognise that how they do their work, the signals they send and how they work together, are an important influence on whether Trusts can deliver that balance or not. It is clear that, from their perspective, quality and financial objectives cannot trump one another and they clearly and unequivocally state, with the full support of their other arms' length body colleagues, that our task as provider leaders is to deliver the right quality outcomes within the resources available.

That is how NHS Improvement and CQC will both measure success and that is how the NHS Improvement regulatory framework and the CQC inspection regime will be framed going forward. Regulators and commissioners need to rely on each other's work, rather than duplicating effort, and they want to create a single unified framework with a single way of measuring success that they all use. Success, they emphasise, is delivering the right quality outcomes within the resources available.

3.0 WORKING IN PARTNERSHIP

3.1 New Models of Care (Vanguard Programme)

Work continues on developing the updated Value Proposition, which is due for submission by 8 February. A GP engagement event was held on 12 January with a high level of representation from practices.

3.2 Report from the West Yorkshire Association of Acute Trusts (WYAAT).

The Trust continues to participate in the development of the Acute hospital element of the West Yorks Urgent and Emergency Care Vanguard project. The initial Value Proposition is under development.

3.3 Harrogate Health Transformation Board

I will give a verbal update to the Board on the most recent meeting of the Harrogate Health Transformation Board. The latest report out is at Annex to this paper.

4.0 FINANCIAL POSITION

The Trust reported a deficit in December of £253k, £354k behind plan. This was before the consolidation of charitable funds. The year to date deficit therefore increased to £689k, £2,267k behind plan.

The variance in relation to clinical income has increased gradually since September. The variance represents an underperformance of £1.3m. Although this is significant and a number of plans are in place to recover this position, it represents 1.3% variance to plan and demonstrates the margins the Trust works to.

Pay expenditure is also adverse with significant overspends in medical staffing and ward nursing. We are working within the guidelines of the price cap rules that have been introduced by Monitor with some early indications of a downturn in costs.

An increase in expenditure levels across non pay also occurred during December. This increase has been seen in previous years in month 9 and will need to be carefully managed over the final quarter of the year.

The Trusts Monitor risk rating remains 3, however, as detailed in the Finance Director's report, this is weaker than the Trust planned. As previously discussed, plans have been put into place to defer capital expenditure where appropriate in order to manage our cash position.

Recovery plans continue to be monitored to ensure the actions outlined are having an impact.

Details in relation to the finance position and the impact upon our Monitor risk rating is contained with the Integrated Board Report and the report from the Finance Director

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 9 December 2015 and 20 January. Key issues discussed and for noting by the Board of Directors are as follows:

- Staffing pressures remain on our medical wards. The robustness of existing measures to protect patients was reviewed. A range of actions to improve recruitment to full establishment are underway including a major recruitment event. Staff across all directorates are working flexibly to ensure safe levels of staffing. The opening of ten new community beds (which are staffed) in February will enable a reduction in HDH beds further relieving staffing pressures. See also CRR and finance sections.

- Compliance with Internal Audit recommendation action plans. Now stands at >90% with the aim of achieving and maintaining 100%.
- Progress on the updating of policy documents saved on the intranet.
- There are now 25 cases of C. difficile year to date. No further lapses in care have emerged from RCA and assiduous pursuit of ribo-typing continues. There have been no instances of patient to patient transmission. Timeliness of RCA completion is much improved at around 13 days on average. A review commissioned from PH England Yorks and Humber colleagues made some helpful recommendations and concluded that: “The increase in cases is most likely to be caused by changes to sampling and testing methodologies (i.e. ascertainment) in conjunction with the natural variation around the mean. It was also interesting to note that there had been a simultaneous rise in Harrogate & Rural CCG.”
- Fundamental standards discussed. There is positive evidence of impact in relation to falls and pressure ulcers. Year to date there has been a 42% reduction in category 2, 3 and 4 pressure ulcers compared to 2014/15 against a target of 20% reduction. There have been 12 falls causing harm year to date compared to 27 the same period last year. December 2015 recorded the lowest number of falls year to date.
- An analysis of mortality information was presented. The review of mortality relating to Ripon Community Hospital has found no concerns relating to care. Recommendations relating to the role of GPs as accountable clinicians are being taken forward.
- The Chief Nurses presented to outline Nursing and Midwifery Strategy which was supported by SMT.
- A comprehensive paper on Medicines Optimisation was presented and supported. The paper describes 12 statements of strategic intent showing how the strategy underpins patient safety and the Trust’s overall strategic objectives.
- Formalisation of arrangements for sign off in relation to the Agency Cap. All trusts, including foundation trusts that are not in breach of their licence conditions, are required to report weekly on the number of shifts where they have made payments in excess of the price caps introduced in November. It was agreed that this information will be collated on the Monday following the reporting week and discussed at the weekly Operational Delivery Group (ODG). Following this discussion the Chief Operating Officer or Chief Nurse will sign off the return by midday on the Wednesday in line with requirements. Work has commenced to address areas where the Trust is not currently compliant with the agency gap.
- The December SMT ratified the updated Trust Risk Management Strategy.

The minutes from SMT meetings are available in the BoardPad Reading Room.

Recommendation: the Board of Directors is asked to **approve** delegated authority arrangements to enable the Chief Operating Officer or the Chief Nurse to sign off returns to NHS Improvement in respect of Agency Cap compliance.

6.0 BOARD ASSURANCE AND CORPORATE RISK

The summary current position of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) is presented below. There will be an opportunity to discuss both the BAF and CRR during the confidential session of the Board, due to the detail of their content.

6.1 Board Assurance Framework (BAF)

The Board Assurance Framework was reviewed by the Executive Directors on 10 December 2015 and 20 January 2016. No new risks were added and none removed. All risks have comprehensive Action Plans to address the Gaps in Controls; some changes in Progress Scores were identified. A number of new Key Controls have been added, as a result of the completion of Action Plans.

The strategic risks are as follows:

Ref	Description	Risk score	Movement since last month and progress score
BAF#1	Lack of Medical, Nursing and Clinical staff	Amber 9	unchanged at 2
BAF#2	High level of frailty in local population	Red 12	unchanged at 2
BAF#3	Failure to learn from feedback and incidents	Amber 9	unchanged at 2
BAF#4	Lack of integrated IT structure	Red 12	unchanged at 2
BAF#5	Service Sustainability	Amber 8	unchanged at 2
BAF#6	Understanding the market	Amber 8	unchanged at 2
BAF#7	Lack of robust approach to new business	Yellow 4	unchanged at 2
BAF#8	Visibility and reputation	Amber 8	unchanged at 1
BAF#9	Failure to deliver the Operational Plan	Red 12	unchanged at 2
BAF#10	Loss of Monitor Licence to operate	Amber 10	unchanged at 2
BAF#11	Risk to current business	Yellow 4	unchanged at 1
BAF#12	External funding constraints	Yellow 4	unchanged at 2
BAF#13	Focus on Quality	Amber 8	unchanged at 2
BAF#14	Delivery of integrated models of care	Amber 8	improved at 2
BAF#15	Misalignment of strategic plans	Amber 8	improved at 2
BAF#16	Assurance of building safety in non-trusted owned premises	Red 12	unchanged at 2

Key to Progress Score on Actions:

- 1 Fully on plan across all actions
- 2 Actions defined - some progressing, where delays are occurring interventions are being taken
- 3 Actions defined - work started
- 4 Actions defined - but work not started/behind plan

6.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meetings of the Corporate Risk Review Group on 11 December 2015 and 18 January 2016. There were no new risks to add to the register and two risks were removed. The mitigated score for one risk (CR5: nurse staffing) was increased at the January meeting and is now the top scoring risk.

The risks that were removed were:

- CR4: Risk of delays to patient care due to failure of chemo isolator**
The risk score was reduced in December 2015 to C4 x L2 = 8 when a new chemo isolator was commissioned and in place. Urgent, Community and Cancer Care directorate will continue to manage any on-going risk.
- CR6: Risk to the quality of service delivery due to failure of medical devices and equipment**
The risk score was reduced in December 2015 to C3 x L3 = 9 when there was sufficient assurance that the new maintenance contract with Avensys was in

place with a robust training programme for hospital based POCT devices. Avensys had undertaken surveys of medical equipment, with gaps around maintenance contracts addressed and in place. Further work will continue to be managed by Estates.

The top-scoring risk is:

CR5 - Risk of patient harm due to lack of experienced qualified nurses due to a national shortage in registered nurses.

Risk score was increased in January to C3 x L5= 15 due to significant concerns raised by trained staff on the medical wards. Strengthened controls have been put in place and the risk for patients is being closely managed.

There are currently no risks with progress behind plan.

7.0 DOCUMENTS SIGNED AND SEALED

On 8 January 2016 the Chairman and I signed a Deed of Variation in relation to a contract for public health services (smoking cessation) with York City Council.

Dr Ros Tolcher
Chief Executive
January 2016

Harrogate Health Transformation Board

Key messages 2nd December 2015

Agenda Item	Key messages
System leadership workshop	<p>HHTB members took part in a system leadership workshop on the 20th November, facilitated by Allison Trimble, Senior Consultant, Leadership Development at The Kings Fund. The session supported HHTB to clarify and develop its role including:</p> <ul style="list-style-type: none"> • HHTB to re-adopt the Terms of Reference updated to reflect its role as the lead for developing place-based systems of health and social care for Harrogate and Rural District • Clarity on its approach to dealing with extra-ordinary situations and escalation of issues arising from the New Care Model Delivery Group and HHTB itself • Connecting in key related work-streams relating to place-based systems of care, e.g. Ripon project, Clinical Board and equivalent projects from mental health and social care services • Its role in leading on the sustainability of the health and care system • The importance of the primary care strategy in place-based leadership • Dedication of more time to transformation of health and care services • Clarification on the parameters of the Task and Finish Groups delivering the New Model of Care
Memorandum of understanding	<p>HHTB considered an example of a MoU from another Vanguard site which sets out in some detail the future model of care and organisational, contractual and financial mechanisms to deliver it.</p> <p>HHTB will develop its own MoU after some detailed workshops to take place in the New Year. As an interim approach, HHTB will develop a statement of intent as to how the partners will work constructively together to achieve the transformational change necessary to sustain the local health and care system.</p>
Developing the future place-based strategy	<p>Following on from the Deloittes and Hempsons session on 29th October, there is a significant amount of work necessary to develop the local place-based approach to our new care model. This includes developing the collective approach to commissioning and contracting the new system and understanding the future organisational form/s of the delivery entity.</p> <p>HHTB have committed to a full development day on the 22nd January, to develop its collective strategy on place-based leadership. This will be followed up by the two workshops mentioned above. HHTB also agreed to commission legal advice to support this process.</p>
Updates from subgroups:	<ol style="list-style-type: none"> a. New Care Models Delivery Group <ul style="list-style-type: none"> • Detailed process mapping workshops taking place 1st-3rd December with front-line staff to work through the detail of delivering the pilot integrated care service in Knaresborough, Green Hammerton and Boroughbridge • Work on contracts and currencies has commenced • Primary care engagement is a significant risk, with practices struggling to commit to the programme because of high levels of demand on their services. Work is taking place to support practices develop creative and practical approaches to free up capacity b. Ripon <ul style="list-style-type: none"> • Programme Initiation Document ‘plus’ now developed • Recognition that the partnership needs to provide a consistent briefing to local

Harrogate Health Transformation Board

	<p>politicians</p> <ul style="list-style-type: none"> • Extra care housing will no longer feature in the design following detailed needs analysis indicating that additional facilities are not required • Nursing care capacity is an issue locally • Supported living facilities for people with learning disabilities are part of the scheme
Transitional funding and preparation for the submission of the Value Proposition on 8 th January	<ul style="list-style-type: none"> • A Financial working group has been established to ensure that the funding gets to the right part of the system rapidly, to enable the new care model to be implemented. The group will provide information and advice to the NCM Delivery Group and provide a monthly financial report to HHTB • The spend for 15/16 is being clarified and re-profiled by the finance group following which funding can flow to providers • NHS England want to see clear evidence of the local health and care economy's strategy for meeting the estimated £26m funding gap. This is expressed in the partner organisation's cost improvement/efficiency/QIPP programmes and will be collated to reflect the emerging place-based approach. Generating the full picture will help identify risks and interdependencies. • The Value Proposition for 16/17 and beyond must be submitted by 8th January. Support is being provided by Bain and Co to develop a 'Value Generation Hypothesis Tree' which will enable partners to demonstrate value within their proposition and weigh up the outcomes against resources. • Bain and Co will provide two workshops (via Web-Ex) to enable partners to demonstrate and quantify: <ul style="list-style-type: none"> ○ Clinical outcomes ○ Patient experience ○ Safety and quality of care ○ Resource sustainability • The VP will be signed off by HHTB at an extra-ordinary meeting on the 6th or 7th January • HaRD CCG has received the first half of the £2.4m allocation to the project for 2015/16.
Communications and engagement	<p>An engagement group has been established to focus on development and delivery of the engagement plan including staff, patients, local people and other key stakeholders. HHTB agreed to go ahead with a public-facing website to support communications with about the new care model.</p> <p>Branding for the new care model has also been developed. This will be 'soft tested' with stakeholders and then finalised.</p>
Programme governance	<p>HHTB reviewed the current governance arrangements for the New Care Models programme and agreed the formation of a number of new groups and a realignment of existing groups to better deliver the programme outcomes.</p>
Forward plan 21 st January 2016	<ol style="list-style-type: none"> 1. Financial report (Standing Item - SI) 2. Briefing/updating (SI) 3. BCF formal evaluation 4. Arrangements for monitoring patient experience 5. Letter of agreement (interim pending MoU) 6. Financial report 7. Re-adoption of ToR

Contact for enquiries: Cath Doman, Programme Director

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Harrogate Health Transformation Board

Key messages 21st January 2016

Agenda Item	Key messages
1. Updates from the sub-groups	<p>a) New Care Models Delivery Group</p> <ul style="list-style-type: none"> • Community Care Team for Knaresborough, Boroughbridge and Green Hammerton is starting 1st February. The new team will be based at Fysche Hall, Illes Lane, Knaresborough and Church Lane surgery, Boroughbridge • Teams in Harrogate, Ripon and Nidderdale will start to commence from June • Response and Overnight Service will start to operate in the pilot area in February, with a gradual increase of staff. The service will expand across the patch in June 2016 • Additional four community beds at Ripon Community Hospital and up to three additional beds will be available at Station View in February, with an additional three beds in Station View available in March. • Work has commenced on developing the prevention model within the new care model. This will involve all partners and will identify where connections can be made across prevention activities for agencies to work together to have greater impact. This links closely with the strategic work being led by the Public Sector Leadership Board <p>b) Systems Resilience Group</p> <ul style="list-style-type: none"> • SRG approved BCF Voluntary Sector Schemes funding for 2016/17 • SRG continuing to monitor care home capacity <p>c) Ripon Project</p> <ul style="list-style-type: none"> • Modelling underway to ascertain the affordability and sustainability of the project
2. Communications and engagement	<ul style="list-style-type: none"> • Engagement activity is picking up to support the launch of the new team in Knaresborough, Green Hammerton and Boroughbridge, with a week-long programme of activity the week commencing 22nd February • The Voluntary and Community Sector are working with partners to support the development of the role of the VCS in the new care model • The programme now has a new brand to represent partners working together to improve health and wellbeing in Harrogate and rural district • A joint public event will be planned for September to feedback on progress and to include stories from local people experiencing the new model and from staff
3. Interim letter of agreement and re-adoption of TOR	<p>HHTB are finalising a letter of agreement describing the way they will work together to deliver the new care model and health and social care generally.</p>
4. New Care Model value proposition 2016/17 progress	<ul style="list-style-type: none"> • The Value Proposition is due for submission to NHS England on 8th February and partners are working closely to finalise it. • The finance teams have undertaken detailed work on the costing of the new care model and have identified a funding gap of £3.2m covering 17/18 and 18/19. The senior operational and finance leads will review the model to bring it within original cost envelop to ensure that the model is sustainable when transitional funding ends. • HHTB also challenged partners to address the prevention angle and also consider even more opportunities for innovation in the delivery of the new care model

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Report to the Trust Board of Directors: 27th January 2016	Paper No: 6.0
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Title	Integrated Board Report
Sponsoring Director	Dr. Ros Tolcher, Chief Executive
Author(s)	Rachel McDonald, Head of Performance & Analysis
Report Purpose	For information

Key Issues for Board Focus:

- Agency spend in relation to pay spend remained high at 3.25% in December.
- For the patient FFT survey, the % recommending our services dropped in November and December. This was due to a technical problem with the automated phone calls which has now been corrected.
- The harm free percentage reported in this month's Safety Thermometer was 97.5%, the second highest score ever reported by the Trust.
- The proportion of patients waiting less than 18 weeks reduced in December but remains above the 92% standard.
- Performance against the A&E 4 hour standard was above the required 95% level in December at Trust level and for Harrogate ED.

Related Trust Objectives

1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	The report triangulates key performance metrics covering quality, finance and efficiency and operational performance, presenting trends over time to enable identification of improvements and deteriorations.
Legal implications/ Regulatory Requirements	The Trust is required to report its operational performance against the Monitor Risk Assessment Framework on a quarterly basis and to routinely submit performance data to NHS England and Harrogate & Rural District CCG.

Action Required by the Board of Directors

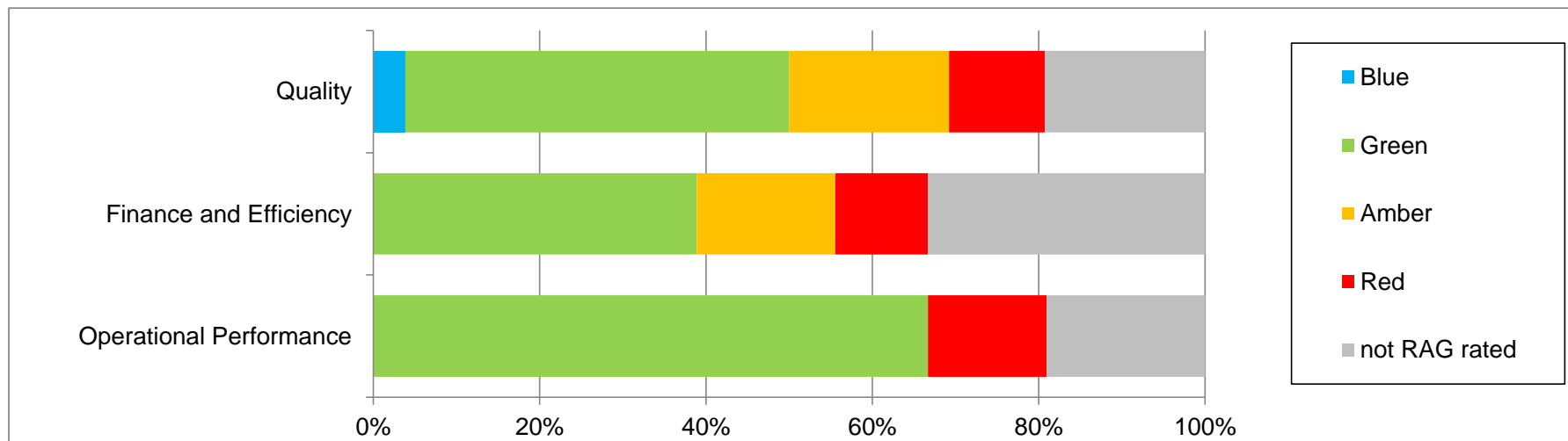
To note current performance.

Integrated board report - December 2015

Key points this month

1. Agency spend in relation to pay spend remained high at 3.25% in December.
2. For the patient FFT survey, the % recommending our services dropped in November and December. This was due to a technical problem with the automated phone calls which has now been corrected.
3. The harm free percentage reported in this month's Safety Thermometer was 97.5%, the second highest score ever reported by the Trust.
4. The proportion of patients waiting less than 18 weeks reduced in December but remains above the 92% standard.
5. Performance against the A&E 4 hour standard was above the required 95% level in December at Trust level and for Harrogate ED.

Summary of indicators



Quality - December 2015

Indicator	Description	Trend chart	Interpretation
Safety thermometer - harm free care	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		The harm free percentage for December was 97.5%, an increase on last month and the second highest score ever reported by HDFT. The latest available national data shows that HDFT remains above the national average of 94.2%.
Pressure ulcers - hospital acquired	The chart shows the cumulative number of grade 3 or grade 4 hospital acquired pressure ulcers in 2015/16. The data includes hospital teams only. A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.		As at end December 2015, there were 29 hospital acquired grade 3 or grade 4 pressure ulcers year to date, of which 12 were deemed avoidable, 10 unavoidable and 7 were still under root cause analysis (RCA).
Pressure ulcers - community acquired	The chart shows the cumulative number of grade 3 or grade 4 community acquired pressure ulcers in 2015/16. The data includes community teams only.		As at end December 2015, there were 45 community acquired grade 3 or grade 4 pressure ulcers year to date, of which 1 was deemed avoidable, 23 unavoidable and 21 were still under root cause analysis (RCA).
Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls was 5.6 per 1,000 bed days in December 2015, a reduction on the previous month, below the average HDFT rate during 2014/15 and the lowest rate since April 2013. A trial of falls sensors was carried out on Byland and Jervaulx wards during December and this will now be rolled out to other ward areas.

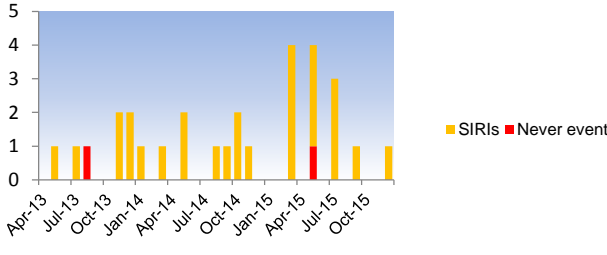
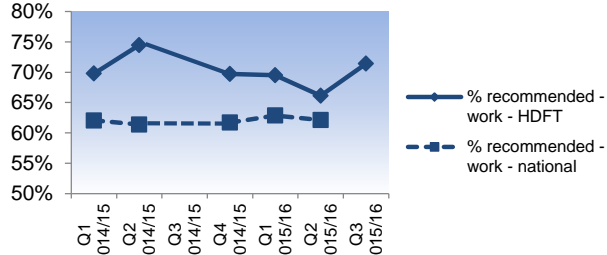
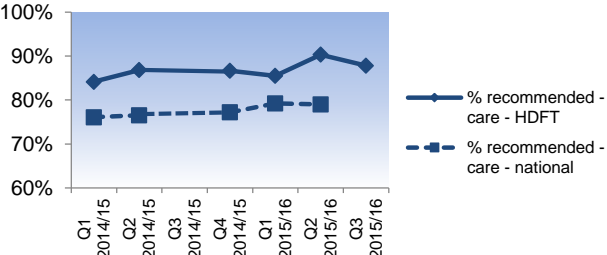
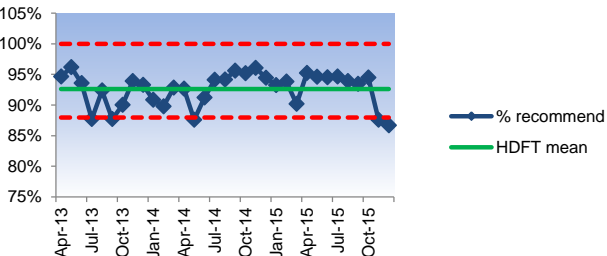
Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Falls causing harm</p>	<p>The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The data includes falls causing moderate harm, severe harm or death. A low rate is good.</p>		<p>The rate of inpatient falls causing significant harm was 0.21 per 1,000 bed days in December 2015, no change on the previous month and just below the average HDFT rate during 2014/15.</p> <p>There have been 14 inpatient falls causing moderate or severe harm in 2015/16 to date, of which 12 resulted in a fracture.</p>
<p>Infection control</p>	<p>The chart shows the cumulative number of hospital acquired C. difficile cases during 2015/16. HDFT's C. difficile trajectory for 2015/16 is 12 cases. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.</p>		<p>There was 1 case of hospital acquired C. difficile reported in December, bringing the year to date total at end December to 21 cases. Significant improvements have been made in the timeliness of completing root cause analyses (RCAs). Of the 20 cases reviewed to date, provisional RCA results indicate that 4 cases were deemed to be due to a lapse in care and 16 were not due to a lapse in care.</p> <p>No cases of hospital acquired MRSA have been reported in 2015/16 to date.</p>
<p>Avoidable admissions</p>	<p>The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.</p>		<p>The number of avoidable admissions increased in November 2015, but is lower than last November. The chart demonstrates some seasonality with this metric, so we would expect to see more avoidable admissions occurring over the winter period in the next few months.</p> <p>An admission avoidance/urgent care project group has been established and the Trust is working with HARD CCG to develop care models and pathways that support patients to stay in their own home and reduce the risk of hospital admissions.</p>
<p>Reducing readmissions in older people</p>	<p>The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services. A high figure is good. <i>This indicator is in development.</i></p>		<p>For patients discharged in September, 55% were still in their own home at the end of December, an increase on the previous month.</p>

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Mortality - HSMR</p>	<p>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.</p>		<p>HDFT's HSMR decreased in October to 105.32. It is above the national average but within expected levels. At specialty level, there are 3 specialties (Geriatric Medicine, Respiratory Medicine and Gastroenterology) with a standardised mortality rate above expected levels. Looking at the data by site, Ripon hospital has a higher than expected mortality rate. The Medical Director has carried out a retrospective clinical case note review of a sample of deaths from Ripon Hospital. No clinical concerns were identified.</p>
<p>Mortality - SHMI</p>	<p>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.</p>		<p>HDFT's SHMI increased slightly in September to 96.49 but remains below the national average and within expected levels. At specialty level, the same 3 specialties as the HSMR (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels and looking at the data by site, Ripon hospital has a higher than expected mortality rate, as with the HSMR.</p>
<p>Complaints</p>	<p>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.</p>		<p>12 complaints were received in December (1 of which was classified as amber) compared to 9 last month.</p>
<p>Incidents - all</p>	<p>The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture</p>		<p>There were 420 incidents reported in December 2015. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced during 2015/16. The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for 2015/16 to date is 20.6.</p>

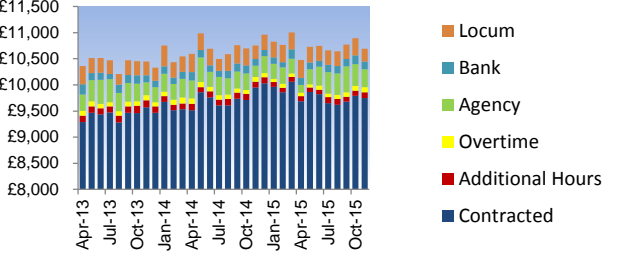
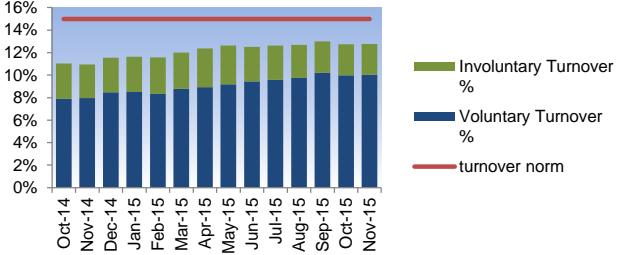
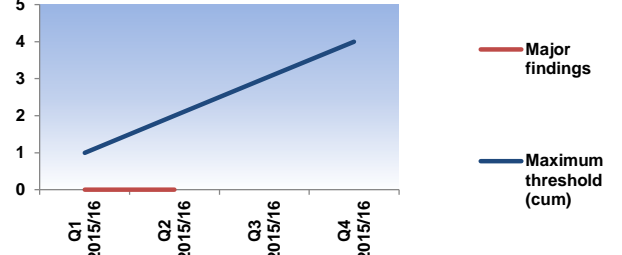
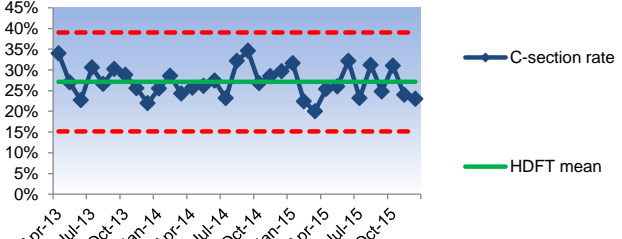
Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Incidents - SIRIs and never events</p>	<p>The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.</p>		<p>There was 1 SIRI reported in December 2015. There were no never events reported this month.</p>
<p>Friends & Family Test (FFT) - Staff - % recommend as a place to work</p>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>		<p>In Q3 2015/16, all staff within HDFT were surveyed. 71% of staff surveyed would recommend the Trust as a place to work, compared to the most recently published national average of 62%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 32 out of 146 acute trusts in Q2. 12% of HDFT staff would not recommend the Trust as a place to work to friends and family compared to the most recently published national average of 19%. Values based appraisal and the roll out of staff engagement initiatives linked to the Quality Charter should assist with further increasing our performance in this area.</p>
<p>Friends & Family Test (FFT) - Staff - % recommend as a place to receive care</p>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>		<p>88% of HDFT staff surveyed during Q3 would recommend the Trust as a place to receive care compared to the most recently published national average of 79%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 27 out of 146 acute trusts in Q2. 3% of HDFT staff would not recommend the Trust as a place to receive care compared to the most recently published national average of 7%.</p>
<p>Friends & Family Test (FFT) - Patients</p>	<p>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.</p>		<p>As can be seen from the chart, the % recommending our services reduced in November and December. It was identified that this was caused by a change in the recorded message used for the automated phone call surveys which resulted in some patients being unsure how to respond to the FFT question. Once this was identified as an issue, the original phone call message was reinstated in late December and in January to date, the % recommend is at 95%. The latest published national average for % recommend is 92.9%.</p>

Quality - December 2015

Indicator	Description	Trend chart	Interpretation																											
Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.		Registered nurse/midwife (RN) staff levels decreased slightly in December but this was compensated for with additional care support worker (CSW) shifts. Overall staffing compared to planned was at 101.3%, compared to 99.7% last month. Care support worker (CSW) staffing at night remains very high compared to plan - this is reflective of the increased need for 1-1 care for some inpatients. A significant focus is being placed on recruitment of RN staff including open events and targeted recruitment campaigns including the use of social media.																											
Staff appraisal rates	The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 85% of staff appraised. A high percentage is good.		The locally reported cumulative appraisal rate for the 12 months to end December 2015 was 75.7%, a slight increase on the previous month. Data from the 2014 national staff survey suggested that 87% of HDFT had been appraised within the last 12 months. HR Business Partners are briefing at Directorate boards on compliance levels to ensure that this remains a focus during the winter months. Values based appraisal has been launched this month with sessions taking place across hospital and community settings.																											
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.	<table border="1"> <thead> <tr> <th>Competence Name</th> <th>Total Employees</th> <th>% completed</th> </tr> </thead> <tbody> <tr> <td>Equality and Diversity - General Awareness</td> <td>3425</td> <td>95</td> </tr> <tr> <td>Fire Safety Awareness</td> <td>3425</td> <td>89</td> </tr> <tr> <td>Health & Safety</td> <td>1425</td> <td>98</td> </tr> <tr> <td>Infection Prevention & Control 1</td> <td>661</td> <td>100</td> </tr> <tr> <td>Infection Prevention & Control 2</td> <td>2716</td> <td>87</td> </tr> <tr> <td>Information Governance: Introduction</td> <td>3157</td> <td>87</td> </tr> <tr> <td>Information Governance: The Beginners Guide</td> <td>258</td> <td>79</td> </tr> <tr> <td>Safeguarding Children & Young People Level 1</td> <td>3425</td> <td>92</td> </tr> </tbody> </table>	Competence Name	Total Employees	% completed	Equality and Diversity - General Awareness	3425	95	Fire Safety Awareness	3425	89	Health & Safety	1425	98	Infection Prevention & Control 1	661	100	Infection Prevention & Control 2	2716	87	Information Governance: Introduction	3157	87	Information Governance: The Beginners Guide	258	79	Safeguarding Children & Young People Level 1	3425	92	The data shown is for end December 2015. The overall training rate for mandatory elements for substantive staff is 91%, compared to 90% last month. The Information Governance toolkit requires us to achieve 95% for both information governance training elements. Both remain below the standard - corrective action will be taken in Q4 to improve the position.
Competence Name	Total Employees	% completed																												
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Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		HDFT's staff sickness rate increased to 4.3% in November 2015, which usually occurs during winter months. There is a clear focus on progressing sickness absence cases with the attendance lead in HR. Elective Care Directorate has higher levels of sickness than other directorates. Drop in sessions are being held for managers in this directorate to assist with managing sickness absence.																											

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Temporary staffing expenditure - medical/nursing /other</p>	<p>The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. <i>The traffic light criteria applied to this indicator is currently under review.</i></p>		<p>The proportion of spend on temporary staff during 2015/16 to date is 7.4%, compared to 7.3% last year. It is to be noted that the total staffing spend is in line with budgeted spend in month. However concern remains regarding the number of registered nurse vacancies and the impact this is having on agency spend. Sickness will also be a driver of increased use of temporary and agency staff. Registered Nurses have recently been added to the National Shortage Occupation List given that the current demand is greater than supply nationally. An open day as part of a strategic recruitment campaign is due to take place; a further review of vacancies and next steps is to be undertaken by the Chief Nurse after this event.</p>
<p>Staff turnover rate</p>	<p>The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.</p>		<p>The staff turnover rate increased slightly to 12.8% for the rolling 12 months to November 2015 (compared to 12.7% last month), with 10.0% voluntary turnover and 2.8% involuntary turnover. HDFT's turnover rate has generally increased over the last two years but remains below the turnover norm of 15%. The Exit questionnaire return has been reviewed and the 'other/unknown' voluntary resignation reason has been removed from the form to enable more informative data to be gathered about the reasons why people are leaving the Trust. Compliance with exit interview completion is a focus of attention.</p>
<p>Research internal monitoring</p>	<p>The Trust internally monitors research studies active within the Trust. The department mirrors the MHRA categorisation of critical, major and other findings (departures from legislative or GCP requirements). The department has set a standard of no critical and no more than four major findings per annum. Major and other findings are non-notifiable and dealt with locally.</p>		<p>There were no critical or major findings reported in the year to date.</p>
<p>Maternity - Caesarean section rate</p>	<p>The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month, but looking longitudinally it is a barometer for the care we provide antenatally and in labour.</p>		<p>HDFT's C-section rate in December was 23% of deliveries, a decrease on the previous month. Of the C-sections carried out, 51% were elective (planned) and 49% were non-elective (emergency).</p>

Quality - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Maternity - Rate of third and fourth degree tears</p>	<p>Third and fourth degree tears are a source of short term and long term morbidity. A previous third degree tear can increase the likelihood of a woman choosing a caesarean section in a subsequent pregnancy. Recent intelligence suggested that HDFT were an outlier for third degree tears with operative vaginal delivery. Quality improvement work is being undertaken to understand and improve this position and its inclusion on this dashboard will allow the Trust Board to have sight of the results of this.</p>		<p>The rate of 3rd/4th degree tears reduced to 2.7% of deliveries in December.</p> <p>The maternity team carry out a full review of all cases of 3rd/4th degree tears. Consideration is currently being made to a clinical re-audit of 3rd/4th degree tears occurring with normal deliveries.</p>
<p>Maternity - Unexpected term admissions to SCBU</p>	<p>This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour.</p>		<p>The chart shows the number of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). The maternity team carry out a full review of all term admissions to SCBU.</p> <p>There were 5 term admissions to SCBU in December, an increase on last month but lower than the average number over the last two years.</p>

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions fell in November, both actual numbers and as a percentage of all emergency admissions. The figure is now just below the average for 2014/15. An audit of 60 patient notes was undertaken in November 2015 - the findings indicated that no patients from the sample were readmitted to hospital due to failure to prepare for discharge on the initial admission. The main reasons for readmission were new medical problems, exacerbation of existing medical problem or planned investigations, treatments or reviews.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidities etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		The standardised readmission rate for HDFT for Aug-15 (latest data available) was 92.6, a decrease on the previous month. This is below the national average and within expected levels.
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.		The average elective length of stay for Dec-15 was 3.0 days, an increase on the previous month. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery. Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.
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.		The average non-elective length of stay for Dec-15 was 5.3 days, an increase on the previous month. An increase in non-elective length of stay is often seen during the winter months. Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Non-elective bed days</p>	<p>The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. A lower figure is preferable.</p>		<p>As can be seen, the number of non-elective bed days for patients aged 18+ has remained fairly static over the last two years. Further analysis of this new indicator will be completed to look at the demographic changes during this period and the number of admissions for this group will assist in understanding this further.</p>
<p>Theatre utilisation</p>	<p>The percentage of time utilised during elective theatre sessions only (i.e. those planned in advance for waiting list patients). A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.</p>		<p>Theatre utilisation decreased in December 2015 but remains above 85%. This was achieved despite a significant amount of annual leave over the Christmas period. The utilisation calculation has been reviewed with Elective Care Directorate and amended to give a more accurate picture of elective list utilisation. The calculation now excludes Main Theatre 2 (emergency theatre) and operating lists that are planned not to go ahead due to annual leave or study leave etc.. The data has been refreshed back to April 2015.</p>
<p>Delayed transfers of care</p>	<p>The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.</p>		<p>Delayed transfers of care rose to 5.3% when the snapshot was taken in December, above the maximum threshold of 3.5% set out in the contract. The number of patients waiting on the day that the snapshot was taken was higher than normal - this will be monitored closely in the coming weeks to ensure that this is not a long term trend.</p>
<p>Outpatient DNA rate</p>	<p>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.</p>		<p>The DNA rate increased to 4.9% in December. This will continue to be monitored. The content of the appointment reminder text message sent to patients is being reviewed with a view to including the actual cost of a missed appointment. DNA rates at outreach clinics continue to be monitored to ensure that they are not significantly higher than clinics on the main site. During Q3, the DNA rate for first outpatient appointments at outreach clinics was 5.1%, compared to 4.5% on the main Harrogate site. Directorate teams will be asked to focus on why offsite rates are higher if this persists.</p>

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Outpatient new to follow up ratio</p>	<p>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.</p>		<p>Actions with HARD CCG continue and are on plan.</p>
<p>Day case rate</p>	<p>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.</p>		<p>The Day Surgery Transformation group continues their work and are on plan.</p>
<p>Surplus / deficit and variance to plan</p>	<p>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.</p>		<p>The Trust reported a deficit of £253k in month, £354k behind plan. Our year to date position is a deficit of £679K, and actions are being taken to deliver a year end surplus. Expenditure improved in month with a favourable variance of £150k. Income was behind plan for December, in particular in relation to non-elective income. This is partly explained by the success of the FLIP project which has reduced length of stay but also reduced income levels. Action is being taken by directorates to deliver the elective and outpatient activity to plan in Q4.</p>
<p>Cash balance</p>	<p>Monthly cash balance (£'000s)</p>		<p>The increase in cash is positive, however, as the profile suggests there will be no more monthly contract payments in relation to the acute contract, only overtrade payments which are yet to be finalised. This will be carefully managed until the end of the financial year. The underlying liquidity of the Trust remains a 3 using Monitor's risk ratings, which represents a more accurate indicator of the Trust's cash position.</p>

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation																		
Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating now includes four components, as illustrated in the table to the right. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	<table border="1"> <thead> <tr> <th>Element</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Capacity rating</td> <td>4</td> <td>3</td> </tr> <tr> <td>Liquidity rating</td> <td>4</td> <td>3</td> </tr> <tr> <td>I&E Margin rating</td> <td>3</td> <td>2</td> </tr> <tr> <td>I&E Margin Variance rating</td> <td>2</td> <td>2</td> </tr> <tr> <td>Financial Sustainability Risk Rating</td> <td>3</td> <td>3</td> </tr> </tbody> </table>	Element	Plan	Actual	Capital Service Capacity rating	4	3	Liquidity rating	4	3	I&E Margin rating	3	2	I&E Margin Variance rating	2	2	Financial Sustainability Risk Rating	3	3	<p>The Trust will report a risk rating of 3 for the year to December. This is in line with the Trust plan following the introduction of the new metrics previously discussed.</p> <p>Despite still being a 3, the Trust's current position means this is weaker than initially planned.</p>
Element	Plan	Actual																			
Capital Service Capacity rating	4	3																			
Liquidity rating	4	3																			
I&E Margin rating	3	2																			
I&E Margin Variance rating	2	2																			
Financial Sustainability Risk Rating	3	3																			
CIP achievement	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.		<p>91% of plans have been actioned by directorates. A further 9% of plans are in place at present following risk adjustment.</p>																		
Capital spend	Cumulative Capital Expenditure by month (£'000s)		<p>Capital Expenditure is behind plan. This is due to a delay in relation to the Carbon Energy Fund Scheme. All other schemes are on plan. Work has been done to assess schemes that can be safely deferred due to the Trust's financial position, and this action is now being taken. The capital programme will therefore underspend this year.</p>																		
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.		<p>Pay Expenditure remains high. The position for December is 3.25% of pay spend on agency, no change on the November position. Significant work to try and adhere to the agency rate cap is being carried out but is challenging in some areas where the demand for locums nationally significantly exceeds the supply.</p>																		

Finance and Efficiency - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Research - Cost per recruitment</p>	<p>Cost of recruitment to NIHR adopted studies. The Research department has a delivery budget of £69,212 per month. A low figure is preferable.</p>		<p>The Research department has a delivery budget of £69,000 per month. The Yorkshire and Humber Clinical Research Network calculate the cost of recruitment at each NHS site. It is desired that HDFT return a cost of recruitment that is in line with previous years.</p>
<p>Research - Invoiced research activity</p>	<p>Aspects of research studies are paid for by the study sponsor or funder.</p>		<p>As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart				Interpretation
		Indicator	Q3 to date score	Indicator	Q3 to date score	
Monitor governance rating	Monitor use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the left shows how the Trust is performing against the national performance standards in the "access and outcomes metrics" section of the Risk Assessment Framework. An amended Risk Assessment Framework was published by Monitor in August 2015 - updated to reflect the changes in the way that the 18 weeks standard is monitored.	18 weeks - incomplete	0.0	Cancer - 14 days	0.0	<p>HDFT's provisional governance rating for Q3 to date is Green.</p> <p>The Trust reported 21 cases of hospital acquired C. difficile year to date at end December. Provisional RCA results indicate that 16 of these cases were not due to lapses in care and therefore these would be discounted from the trajectory for 2015/16.</p>
		A&E - 4 hour standard	0.0	Cancer - 14 days - breast symptoms	0.0	
		Cancer - 62 days to treatment	0.0	C-Difficile	0.0	
		Cancer - 62 days to treatment - screening	0.0	MRSA	0.0	
		Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0	
		Cancer - 31 day subsequent treatment - drugs	0.0	Community services data completeness - RTT information	0.0	
		Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0	
		Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0	
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.					<p>94.1% of patients were waiting 18 weeks or less at the end of December, a decrease on last month but remaining above the required national standard of 92%.</p> <p>At specialty level, one specialty (Trauma & Orthopaedics) continued to be below the 92% standard in December. The Elective Care Directorate are working on recovery plans to get this specialty above the standard as soon as possible.</p>
A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.					<p>HDFT's overall Trust level performance for December 2015 was 96.3%, above the required 95% standard and an improvement on last month. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was also above the 95% standard at 95.7%.</p> <p>For Quarter 3, Trust level performance was at 95.4% and performance of Harrogate ED at 94.7%.</p>
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.					<p>Delivery at expected levels.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Cancer - 14 days maximum wait from GP referral for symptomatic breast patients</p>	<p>Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 days maximum wait from diagnosis to treatment for all cancers</p>	<p>Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 day wait for second or subsequent treatment: Surgery</p>	<p>Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug</p>	<p>Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>Cancer - 62 day wait for first treatment from urgent GP referral to treatment</p>	<p>Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.</p>		<p>Trust total delivery at expected levels.</p> <p>Of the 11 cancer sites treated at HDFT, 9 had performance above 85% in December and 2 had performance below 85% - colorectal (2.5 breaches) and gynaecological (0.5 breach). One patient treated in December had waited longer than 104 days for treatment - this was due to clinical complexity.</p>
<p>Cancer - 62 day wait for first treatment from consultant screening service referral</p>	<p>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.</p>		<p>Delivery at expected levels.</p>
<p>Cancer - 62 day wait for first treatment from consultant upgrade</p>	<p>Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>
<p>GP OOH - NQR 9</p>	<p>NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. The data presented excludes Selby and York as these do not form part of the HDFT OOH service from April 2015. A high percentage is good.</p>		<p>Performance in December 2015 was at 77.8%, below the 95% standard. This is a continued trend and the service have been requested to do further work to improve the performance in this area.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation
<p>GP OOH - NQR 12</p>	<p>NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations (home visits) started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.</p>		<p>Performance in December 2015 was at 75.0%, a decrease on last month and remaining below the 95% standard. The direct booking of face to face contacts into OOH clinic slots by NHS111 commenced recently, it is anticipated this will strengthen performance against this measure.</p>
<p>Health Visiting - new born visits</p>	<p>The number of babies who had a new born visit by the Health Visiting team within 14 days of birth. Data is not available for 2013/14. A high percentage is good.</p>		<p>As can be seen from the chart, the performance on this metric improved significantly during 2014/15 - this was partly due to improved data capture over this period. In December 2015, 78.2% of babies had a new born visit within 14 days of birth.</p>
<p>Community equipment - deliveries within 7 days</p>	<p>The number of standard items delivered within 7 days by the community equipment service. A high percentage is good.</p>		<p>Performance above expected levels.</p>
<p>CQUIN - dementia screening</p>	<p>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.</p>		<p>Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.</p>

Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation																																							
<p>CQUIN - Acute Kidney Injury</p>	<p>Percentage of patients with Acute Kidney Injury (AKI) whose discharge summary includes four defined key items. The aim of this national CQUIN is to improve the provision of information to GPs for patients diagnosed with AKI whilst in hospital. The target for the CQUIN is to achieve at least 90% of required key items included in discharge summaries by Q4 2015/16. A high percentage is good.</p>	<table border="1"> <caption>% key items in discharge summaries</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>20%</td></tr> <tr><td>May-15</td><td>25%</td></tr> <tr><td>Jun-15</td><td>28%</td></tr> <tr><td>Jul-15</td><td>28%</td></tr> <tr><td>Aug-15</td><td>30%</td></tr> <tr><td>Sep-15</td><td>100%</td></tr> </tbody> </table>	Month	%	Apr-15	20%	May-15	25%	Jun-15	28%	Jul-15	28%	Aug-15	30%	Sep-15	100%	<p><i>There is no update of this data this month - data will be reported quarterly with Q3 reported in next month's report.</i></p>																									
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<p>CQUIN - sepsis screening</p>	<p>Percentage of patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis. A high percentage is good.</p>	<table border="1"> <caption>% eligible patients screened</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>45%</td></tr> <tr><td>May-15</td><td>35%</td></tr> <tr><td>Jun-15</td><td>75%</td></tr> <tr><td>Jul-15</td><td>80%</td></tr> <tr><td>Aug-15</td><td>50%</td></tr> </tbody> </table>	Month	%	Apr-15	45%	May-15	35%	Jun-15	75%	Jul-15	80%	Aug-15	50%	<p><i>There is no update of this data this month - data will be reported quarterly with Q3 reported in next month's report.</i></p>																											
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<p>CQUIN - severe sepsis treatment</p>	<p>Percentage of patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting. A high percentage is good.</p>	<table border="1"> <caption>% antibiotics within 1 hour</caption> <thead> <tr> <th>Month</th> <th>%</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>50%</td></tr> <tr><td>May-15</td><td>0%</td></tr> <tr><td>Jun-15</td><td>30%</td></tr> </tbody> </table>	Month	%	Apr-15	50%	May-15	0%	Jun-15	30%	<p><i>There is no update of this data this month - data will be reported quarterly with Q2 reported in next month's report.</i></p>																															
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<p>Recruitment to NIHR adopted research studies</p>	<p>The Trust has a recruitment target of 2,750 for 2015/16 for studies adopted onto the NIHR portfolio. This equates to 230 per month. A higher figure is good.</p>	<table border="1"> <caption>Recruitment to NIHR adopted research studies</caption> <thead> <tr> <th>Month</th> <th>Target (cum)</th> <th>Actual (cum)</th> </tr> </thead> <tbody> <tr><td>Apr-15</td><td>230</td><td>50</td></tr> <tr><td>May-15</td><td>460</td><td>100</td></tr> <tr><td>Jun-15</td><td>690</td><td>150</td></tr> <tr><td>Jul-15</td><td>920</td><td>200</td></tr> <tr><td>Aug-15</td><td>1150</td><td>250</td></tr> <tr><td>Sep-15</td><td>1380</td><td>300</td></tr> <tr><td>Oct-15</td><td>1610</td><td>350</td></tr> <tr><td>Nov-15</td><td>1840</td><td>400</td></tr> <tr><td>Dec-15</td><td>2070</td><td>450</td></tr> <tr><td>Jan-16</td><td>2300</td><td>500</td></tr> <tr><td>Feb-16</td><td>2530</td><td>550</td></tr> <tr><td>Mar-16</td><td>2760</td><td>600</td></tr> </tbody> </table>	Month	Target (cum)	Actual (cum)	Apr-15	230	50	May-15	460	100	Jun-15	690	150	Jul-15	920	200	Aug-15	1150	250	Sep-15	1380	300	Oct-15	1610	350	Nov-15	1840	400	Dec-15	2070	450	Jan-16	2300	500	Feb-16	2530	550	Mar-16	2760	600	<p>Recruitment has been good to date. Currently recruitment stands at 492 over its target year to date. The department currently has an online study which recruits very well - 57% of recruits in 2015/16 have been via this route.</p>
Month	Target (cum)	Actual (cum)																																								
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Operational Performance - December 2015

Indicator	Description	Trend chart	Interpretation																																										
<p>Directorate research activity</p>	<p>The number of studies within each of the directorates - included in the graph is Trustwide where the study spans directorates. The Trust has no specific target set for research activity within each directorate. It is envisaged that each clinical directorate would have a balanced portfolio.</p>	<table border="1"> <caption>Estimated data from the trend chart</caption> <thead> <tr> <th>Directorate</th> <th>N/A</th> <th>PIC</th> <th>Large Scale</th> <th>Observational</th> <th>Interventional</th> <th>Commercial</th> </tr> </thead> <tbody> <tr> <td>Elective Care</td> <td>15</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>Integrated Care</td> <td>10</td> <td>5</td> <td>15</td> <td>10</td> <td>10</td> <td>5</td> </tr> <tr> <td>Urgent Community & Cancer</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> <td>5</td> </tr> <tr> <td>Trustwide</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Corporate Services</td> <td>5</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Directorate	N/A	PIC	Large Scale	Observational	Interventional	Commercial	Elective Care	15	5	5	5	5	5	Integrated Care	10	5	15	10	10	5	Urgent Community & Cancer	5	5	5	5	5	5	Trustwide	1	0	0	0	0	0	Corporate Services	5	0	0	0	0	0	<p>The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (PIC) or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.</p>
Directorate	N/A	PIC	Large Scale	Observational	Interventional	Commercial																																							
Elective Care	15	5	5	5	5	5																																							
Integrated Care	10	5	15	10	10	5																																							
Urgent Community & Cancer	5	5	5	5	5	5																																							
Trustwide	1	0	0	0	0	0																																							
Corporate Services	5	0	0	0	0	0																																							

Indicator traffic light criteria

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Quality	Safety thermometer - harm free care	% harm free	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	Pressure ulcers - hospital acquired	No. grade 3 and grade 4 avoidable hospital acquired pressure ulcers	Green if no. avoidable cases is below local trajectory year to date, red if above trajectory year to date.	A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.
Quality	Pressure ulcers - community acquired	No. grade 3 and grade 4 community acquired pressure ulcers	tbc	tbc
Quality	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of <=50% of HDFT average for 2014/15, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2014/15, Amber if YTD position is a reduction of up to 20% of HDFT average for 2014/15, Red if YTD position is on or above HDFT average for 2014/15.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Falls causing harm	IP falls causing moderate harm, severe harm or death, per 1,000 bed days	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, Monitor and contractual requirement
Quality	Infection control	No. hospital acquired C.diff cases	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc
Quality	Avoidable admissions	The proportion of older people 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services.	tbc	tbc
Quality	Reducing readmissions in older people	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Quality	Mortality - HSMR	Summary Hospital Mortality Index (SHMI)	Blue if no. complaints in latest month is below UCL, Green if below HDFT average for 2014/15, Amber if above HDFT average for 2014/15, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Mortality - SHMI	No. complaints, split by criteria	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Complaints	Incidents split by grade (hosp and community)	Green if latest month =0, red if latest month >0.	
Quality	Incidents - all	SIRI and never events (hosp and community)		
Quality	Incidents - SIRIs and never events	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to receive care	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	Friends & Family Test (FFT) - Staff	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	Friends & Family Test (FFT) - Patients	RN and CSW - day and night overall fill rates at trust level	Annual rolling total - 85% green, Amber between 70% and 85%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	Safer staffing levels	Latest position on no. staff who had an appraisal within the last 12 months	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Staff appraisal rate	Latest position on the % staff trained for each mandatory training requirement	Green if <3.9%, amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	Mandatory training rate	Staff sickness rate	tbc	tbc
Quality	Staff sickness rate	Expenditure per month on staff types.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Quality	Temporary staffing expenditure - medical/nursing/other	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if <1 per quarter (cumulative)	Locally agreed target.
Quality	Staff turnover	No. critical or major findings reported	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	Research internal monitoring	Caesarean section rate as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	tbc
Quality	Maternity - Caesarean section rate	No. third or fourth degree tears as a % of all deliveries	tbc	tbc
Quality	Maternity - Rate of third and fourth degree tears	Admissions to SCBU for babies born at 37 weeks gestation or over.	Green if latest month < HDFT average for 2014/15, Red if latest month > HDFT average for 2014/15.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Maternity - Unexpected term admissions to SCBU	No. emergency readmissions (following elective or non-elective admission) within 30 days.	Green = better than expected or as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	Readmissions	Standardised emergency readmission rate within 30 days from HED	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.
Finance and efficiency	Readmissions - standardised	Average LOS for elective patients		
Finance and efficiency	Length of stay - elective	Average LOS for non-elective patients		
Finance and efficiency	Length of stay - non-elective			

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Non-elective bed days for patients aged 18+	Non-elective bed days at HDFT for HARD CCG patients aged 18+, per 100,000 population	Improvement trajectory to be agreed.	Improvement trajectory to be agreed.
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
Finance and efficiency	Delayed transfers of care	% acute beds occupied by patients whose transfer is delayed - snapshot on last Thursday of the month.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
Finance and efficiency	Outpatient DNA rate	% first OP appointments DNA'd		
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Day case rate	% elective admissions that are day case	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating is made up of two components - liquidity and capital service cover.	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 Monitor
Finance and efficiency	CIP achievement	Cost Improvement Programme performance	Green if achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies	Green if on or above plan, amber if less than 10% behind plan YTD, red if > 10% behind plan YTD.	Locally agreed targets.
Finance and efficiency	Research - Invoiced research activity		to be agreed	
Operational Performance	Monitor governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by Monitor
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, Red if latest month <95%	NHS England, Monitor and contractual requirement of 95% and a locally agreed stretch target of 97%.
Operational Performance	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	% urgent GP referrals for suspected cancer seen within 14 days.	Green if latest month >=93%, Red if latest month <93%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	% GP referrals for breast symptomatic patients seen within 14 days.	Green if latest month >=93%, Red if latest month <93%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	% cancer patients starting first treatment within 31 days of diagnosis	Green if latest month >=96%, Red if latest month <96%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Surgery	% cancer patients starting subsequent surgical treatment within 31 days	Green if latest month >=94%, Red if latest month <94%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	% cancer patients starting subsequent anti-cancer drug treatment within 31 days	Green if latest month >=96%, Red if latest month <96%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	% cancer patients starting first treatment within 62 days of urgent GP referral	Green if latest month >=85%, Red if latest month <85%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant screening service referral	% cancer patients starting first treatment within 62 days of referral from a consultant screening service	Green if latest month >=90%, Red if latest month <90%	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant upgrade	% cancer patients starting first treatment within 62 days of consultant upgrade	Green if latest month >=85%, Red if latest month <85%	NHS England, Monitor and contractual requirement
Operational Performance	GP OOH - NQR 9	% telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	GP OOH - NQR 12	% face to face consultations started for urgent cases within 2 hours	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	Health Visiting - new born visits	% new born visit within 14 days of birth	Green if latest month <=95%, Amber if between 90% and 95%, Red if <90%.	Contractual requirement
Operational Performance	Community equipment - deliveries within 7 days	% standard items delivered within 7 days	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	CQUIN - dementia screening	% emergency admissions aged 75+ who are screened for dementia within 72 hours of admission	Green if latest month >=90%, Red if latest month <90%	CQUIN contractual requirement
Operational Performance	CQUIN - Acute Kidney Injury (AKI)	% patients with AKI whose discharge summary includes four defined key items	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - sepsis screening	% patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - severe sepsis treatment	% patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	Recruitment to NIHR adopted research studies	No. patients recruited to trials	Green if above or on target, red if below target.	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	

Report to the Trust Board of Directors: 27 January 2016	Paper No: 7.0
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Title	Financial Position
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	Review of the Trusts financial position

Key Issues for Board Focus:

1. The Trust reported a deficit in December of £253k, £354k behind plan. This was before the consolidation of charitable funds.
2. The year to date deficit therefore increased to £689k.
3. The Trust will report a continuity of services risk rating of 3. Although this is at planned levels, the current I&E position means that it is a weaker 3 than planned.

Note - The information in this report supports the financial information contained in the integrated board report.

Related Trust Objectives

1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	There is a risk to delivery of the 2015/16 financial plan if budgetary control is not improved. Mitigation is in place through regular monthly monitoring, and discussions on improving this process are ongoing.
Legal implications/Regulatory Requirements	Submission of the Quarter 3 FSRR Monitoring Return

Action Required by the Board of Directors

The Board of Directors is asked to note the contents of this report and approve the submission of the Monitor return and CoS of 3 for quarter 3.

2015/16 Financial Position to December

Financial Performance

- The Trust reported a deficit in December of £253k, £354k behind plan. This was before the consolidation of charitable funds. The year to date deficit therefore increased to £689k.
- The year to date variance to plan currently stands at £2,267k. This relates to –
 - Acute contract income £1,347k (1.3%) adverse variance.
 - Adverse variance for non NHS clinical income of £284k.
 - Pay expenditure is £580k ahead of plan following contingency being moved from reserve into directorate positions.
 - There is a £426k adverse variance in relation to performance against the stretch cost improvement programme target.
 - The adverse variance for clinical supplies and services increased by 55% to £578k in December. An element of this will be a result of stock increases which are typical in December, however, this will be carefully managed over the next three months.

Monitor Financial Sustainability Risk Rating (FSRR)

- The table below outlines the Trusts FSRR for the year to December

Dec – 15	Plan	Actual
Capital Service Capacity rating	4	3
Liquidity rating	4	3
I&E Margin rating	3	2
I&E Margin Variance rating	2	2
Financial Sustainability Risk Rating	3	3

- The Board is asked to approve the submission of the Monitor return and FSRRR of 3 for quarter 3.
- As demonstrated above this is at planned levels, however, the adverse I&E position of the Trust means that this is a weaker 3 than planned.

Overview Income & Expenditure Position

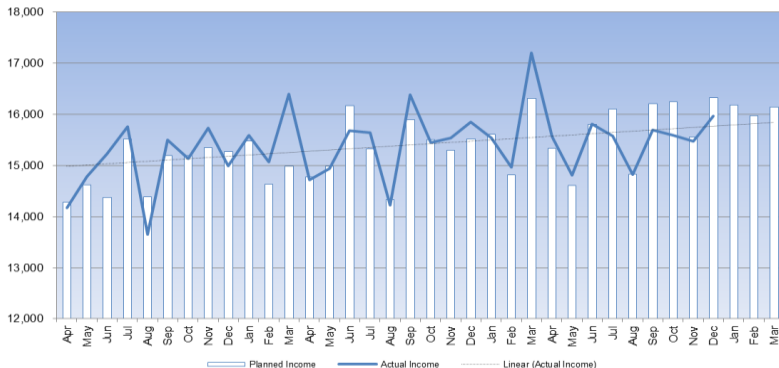
	Budget		Actual To Date £000	Cumulative Variance £000	Change in Variance £'000
	Annual Budget £000	Proportion To Date £000			
INCOME					
NHS Clinical Income (Commissioners)					
NHS Clinical Income - Acute	134,023	100,216	98,869	(1,347)	(266)
NHS Clinical Income - Community	38,822	28,710	28,564	(146)	(191)
System Resilience & Better Care Funding	569	478	443	(35)	18
Non NHS Clinical Income					0
Private Patient & Amenity Bed Income	1,854	1,387	1,231	(156)	(42)
Other Non-Protected Clinical Income (RTA)	523	392	264	(128)	(11)
Other Income					0
Non Clinical Income	12,445	9,598	9,689	91	123
Hosted Services	230	230	241	11	8
TOTAL INCOME	188,467	141,010	139,301	(1,709)	(361)
EXPENSES					
Pay					
Pay Expenditure	(127,515)	(95,971)	(96,550)	(580)	552
Non Pay					0
Drugs	(11,192)	(10,346)	(10,284)	62	(9)
Clinical Services & Supplies	(16,969)	(13,127)	(13,705)	(578)	(204)
Other Costs	(16,777)	(13,214)	(14,257)	(1,044)	(178)
					0
					0
Reserves :					
Pay	(1,548)	0	0	0	(444)
Pay savings targets	0	0	0	0	0
Other Reserves	(3,478)	(1,122)	0	1,122	(7)
High Cost Drugs	(1,672)	0	0	0	0
Non Pay savings targets	42	0	0	0	0
Other Finance Costs	(18)	(13)	(10)	4	1
Hosted Services	(239)	(239)	(241)	(2)	0
TOTAL COSTS	(179,365)	(134,031)	(135,047)	(1,017)	(289)
EBITDA	9,102	6,979	4,253	(2,726)	(649)
Profit / (Loss) on disposal of assets	0	0	(2)	(2)	0
Depreciation	(4,763)	(3,572)	(3,428)	145	26
Interest Payable	(59)	(44)	(58)	(14)	(3)
Interest Receivable	20	15	36	22	6
Dividend Payable	(2,500)	(1,800)	(1,716)	84	241
Net Surplus/(Deficit) before donations and impairment	1,800	1,578	(914)	(2,492)	(380)
Donated Asset Income	0	0	225	225	26
Impairments re Donated assets	0	0	0	0	0
Impairments re PCT assets	0	0	0	0	0
Net Surplus/(Deficit)	1,800	1,578	(689)	(2,267)	(354)
Consolidation of Charitable Fund Accounts	0	0	(214)	(214)	(214)
Consolidated Net Surplus/(Deficit)	1,800	1,578	(903)	(2,481)	(568)

Overview Total Directorate Position

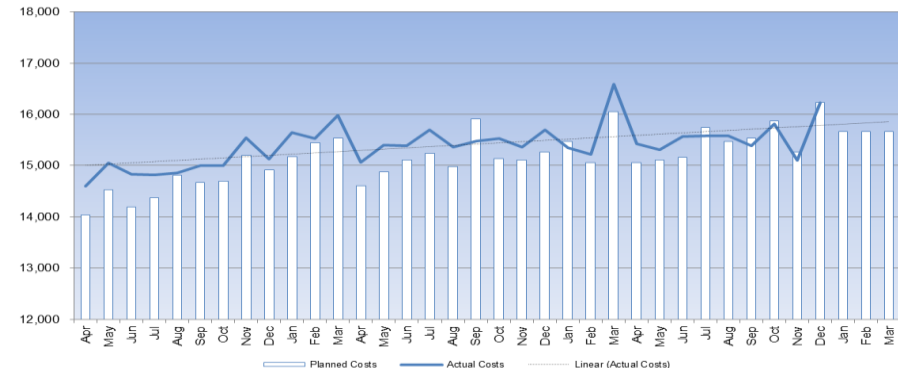
2014/15 Actual £000	Opening Budget £000		Annual Budget £000	Workforce			In Month			Cumulative		Variance (o.s)/u.s £000
				Budget wte	Contracted wte	Actual wte	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	
2,169	1,274	Non-Commissioner Income	1,356				101	129	28	1,064	1,055	(9)
(36,721)	(34,989)	Pay	(32,890)	826.75	796.50	788.64	(3,111)	(2,874)	237	(24,837)	(25,384)	(547)
(9,172)	(2,947)	Non-Pay	(7,630)				(900)	(938)	(39)	(6,872)	(7,041)	(169)
(43,724)	(36,662)	Total Integrated Care Directorate	(39,164)	826.75	796.50	788.64	(3,910)	(3,683)	226	(30,644)	(31,369)	(725)
3,180	1,764	Non-Commissioner Income	3,408				301	303	1	2,687	2,690	3
(29,388)	(28,642)	Pay	(32,954)	808.92	701.66	700.25	(2,959)	(2,716)	243	(24,510)	(24,238)	272
(12,671)	(7,202)	Non-Pay	(11,408)				(1,091)	(1,216)	(125)	(9,354)	(10,055)	(701)
(38,879)	(34,080)	Total Acute & Cancer Care Services Directorate	(40,954)	808.92	701.66	700.25	(3,749)	(3,630)	119	(31,177)	(31,603)	(426)
1,360	1,457	Non-Commissioner Income	1,549				130	114	(16)	1,148	1,115	(34)
(43,027)	(40,216)	Pay	(43,275)	913.39	897.01	886.71	(3,947)	(3,889)	59	(32,910)	(33,224)	(314)
(13,347)	(9,307)	Non-Pay	(13,022)				(1,243)	(1,373)	(130)	(10,367)	(10,780)	(413)
(55,014)	(48,066)	Total Elective Care Directorate	(54,748)	913.39	897.01	886.71	(5,060)	(5,148)	(88)	(42,129)	(42,890)	(761)
(19,852)	(18,471)	Corporate (Clinical)	(16,474)	451.63	438.04	448.40	(1,426)	(1,497)	(70)	(12,308)	(12,505)	(197)
(157,469)	(137,279)	Total Clinical Spend	(151,339)	3000.69	2833.21	2824.00	(14,145)	(13,958)	188	(116,258)	(118,367)	(2,109)
(7,626)	(7,802)	Corporate (inc. CNST)	(12,170)	151.17	146.16	147.53	(1,108)	(1,110)	(1)	(9,026)	(9,037)	(11)
(27,478)	(26,273)	Total Corporate Position	(28,644)	602.80	584.20	595.93	(2,535)	(2,606)	(71)	(21,334)	(21,542)	(208)
165,503	165,941	Commissioner Income	172,845				14,978	14,537	(441)	129,403	127,859	(1,544)
(388)	(19,158)	Central	(7,536)		(19.62)	(19.62)	377	252	(125)	(2,542)	(1,369)	1,173
21	1,702	Total before donations & impairments	1,800	3,151.86	2,959.75	2,951.91	101	(279)	(380)	1,578	(914)	(2,492)
5,297	0	Donations for Capital Expenditure	0					26	26	0	225	225
(3,340)	0	Impairments on Donated assets	0						0	0	0	0
(1,305)		Impairments on PCT assets	0						0	0	0	0
672	1,702	Trust reporting position	1,800	3,151.86	2,959.75	2,951.91	101	(253)	(354)	1,578	(689)	(2,267)
457		Charitable funds consolidation	0					(214)	(214)	0	(214)	(214)
1,129	1,702	Total Trust reported position	1,800	3,151.86	2,959.75	2,951.91	101	(467)	(568)	1,578	(903)	(2,481)

Income & Expenditure Run Charts

Planned and Actual Income Apr 2013 - Mar 2016

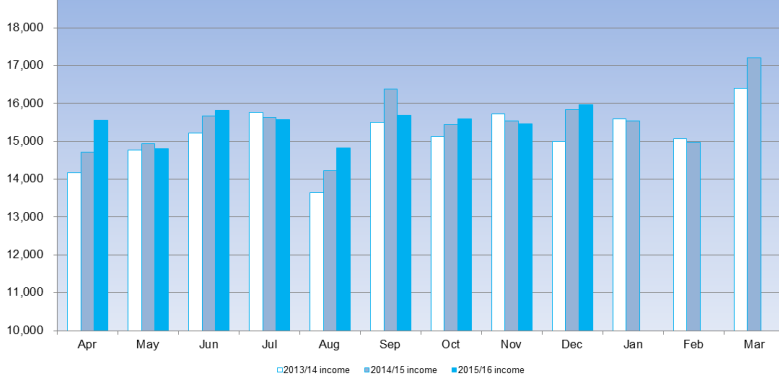


Planned and Actual Costs Apr 2013 - Mar 2016

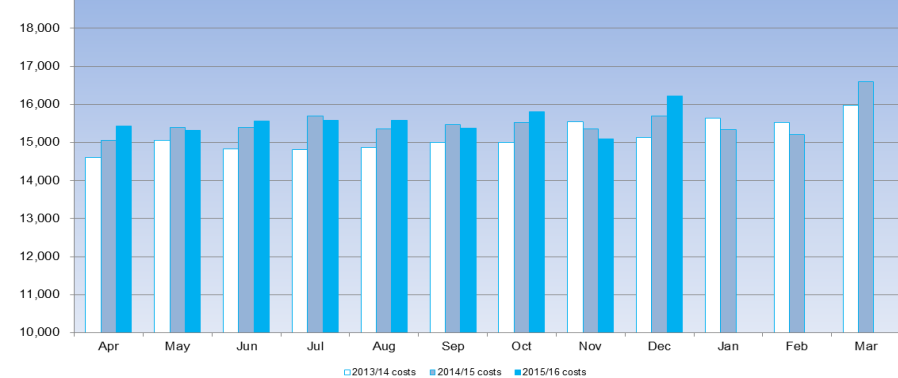


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978	2013/14 expenditure plan	14,039	14,523	14,197	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535
2013/14 income actual	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395	2013/14 expenditure actual	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2013/14 variance	-116	161	858	242	-730	314	-69	382	-290	115	436	1,417	2013/14 variance	559	528	628	446	53	329	301	343	218	469	80	448
2013/14 % variance	-0.8%	1.1%	6.0%	1.6%	-5.1%	2.1%	-0.5%	2.5%	-1.9%	0.7%	3.0%	9.5%	2013/14 % variance	4.0%	3.6%	4.4%	3.1%	0.4%	2.2%	2.0%	2.3%	1.5%	3.1%	0.5%	2.9%
2014/15 income plan	14,779	14,981	16,165	15,325	14,332	15,901	15,506	15,293	15,523	15,606	14,809	16,305	2014/15 expenditure plan	14,602	14,875	15,107	15,236	14,983	15,912	15,128	15,105	15,268	15,465	15,052	16,051
2014/15 income actual	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201	2014/15 expenditure actual	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2014/15 variance	-62	-36	-491	312	-111	487	-55	240	322	-67	158	896	2014/15 variance	456	519	280	459	379	-436	405	253	427	-119	162	540
2014/15 % variance	-0.4%	-0.2%	-3.0%	2.0%	-0.8%	3.1%	-0.4%	1.6%	2.1%	-0.4%	1.1%	5.5%	2014/15 % variance	3.1%	3.5%	1.9%	3.0%	2.5%	-2.7%	2.7%	1.7%	2.8%	-0.8%	1.1%	3.4%
2015/16 income plan	15,335	14,610	15,799	16,105	14,830	16,202	16,245	15,554	16,329	16,177	15,966	16,142	2015/16 expenditure plan	15,052	15,109	15,164	15,739	15,466	15,536	15,873	15,267	16,229	15,663	15,663	15,663
2015/16 income actual	15,564	14,802	15,810	15,578	14,826	15,689	15,595	15,467	15,968				2015/16 expenditure actual	15,427	15,314	15,572	15,584	15,584	15,384	15,806	15,099	16,222			
2015/16 variance	229	192	11	-527	-4	-513	-650	-87	-361				2015/16 variance	375	205	408	-155	118	-152	-67	-168	-7			
2015/16 % variance	1.5%	1.3%	0.1%	-3.3%	0.0%	-3.2%	-4.0%	-0.6%	-2.2%				2015/16 % variance	2.5%	1.4%	2.7%	-1.0%	0.8%	-1.0%	-0.4%	-1.1%	0.0%			

Actual Income 2013/14, 2014/15 & 2015/16

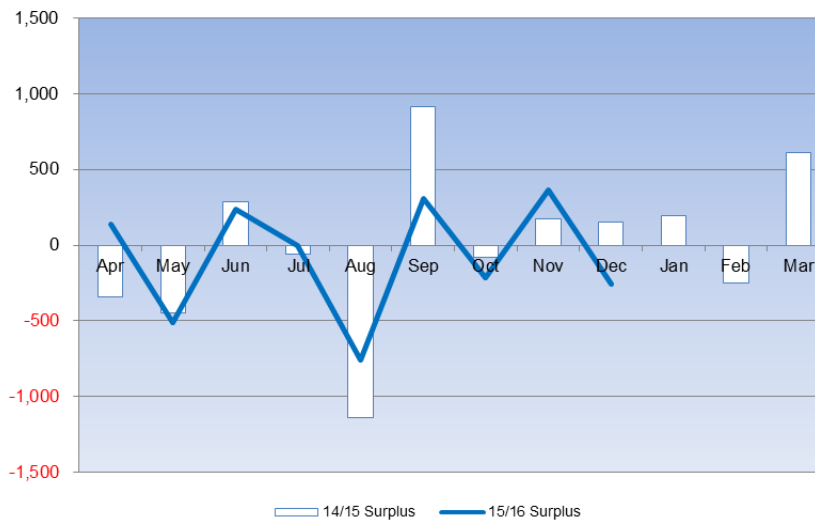


Actual costs 2013/14, 2014/15 & 2015/16

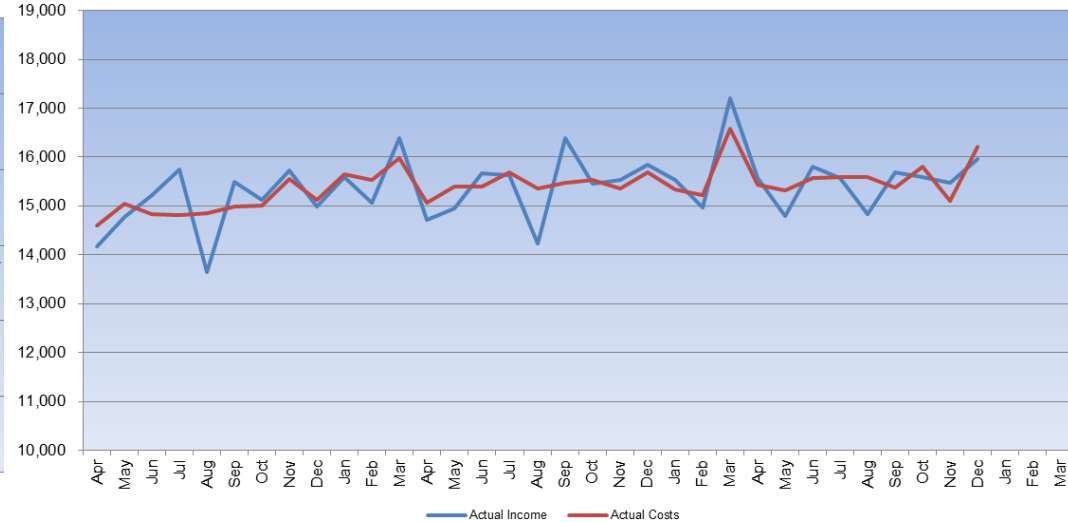


Income & Expenditure Run Charts

Comparison of monthly Surplus/(Deficit) - April 14 to March 16



Actual Income against Actual Cost April 2013 - March 2016



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2014/15 income	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2015/16 income	15,564	14,802	15,810	15,578	14,826	15,689	15,595	15,467	15,968	0	0	0
2013/14 costs	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2014/15 costs	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2015/16 costs	15,427	15,314	15,572	15,584	15,584	15,384	15,806	15,099	16,222	0	0	0
13/14 Surplus	-427	-273	402	941	-1,208	508	129	185	-139	-53	-457	412
14/15 Surplus	-341	-449	287	-58	-1,141	912	-82	175	150	193	-247	610
15/16 Surplus	137	-512	238	-6	-758	305	-211	368	-254			

Report to the Trust Board of Directors: 27 January 2016	Paper No: 7.1
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Title	Cost Improvement Programme Update
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	For information

Key Issues for Board Focus:

1. In 2015/16, directorates have actioned £9.4m of efficiencies. This is extremely positive with 3 months left to close the gap to the stretch target of £10.2m.
2. Plans are currently in place for 95% of the 2016/17 target, however, the risk adjusted value reflects the stage of planning these schemes are in.
3. The work over the coming years will be supported by the information that the Trust is currently agreeing as part of the national review into hospital efficiency undertaken by Lord Carter.

Related Trust Objectives

1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

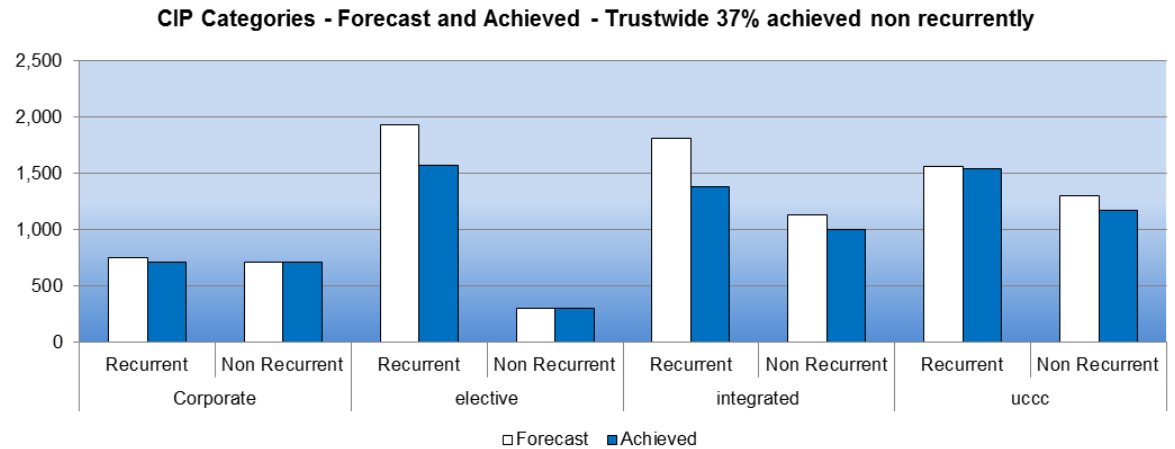
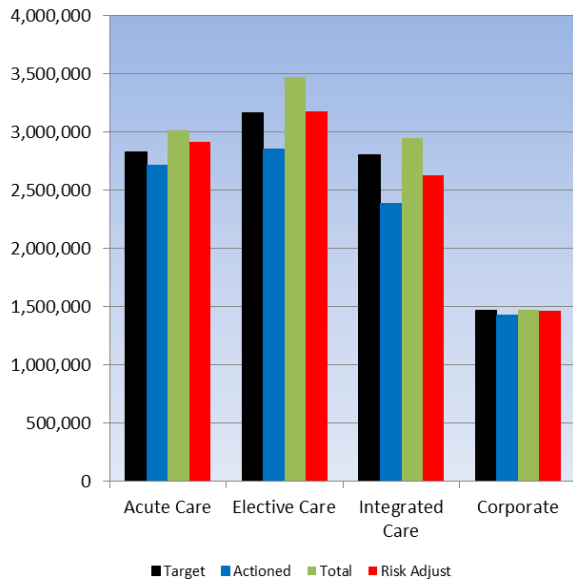
Risk and Assurance	There is a risk to delivery of the 2016/17 financial plan if a robust cost improvement plan is not put in place with the appropriate quality impact assessment process.
Legal implications/ Regulatory Requirements	

Action Required by the Board of Directors

The Board of Directors is asked to note the contents of this report

2015/16 Efficiency Update

- Performance against the cost improvement programme (CIP) in 2015/16 remains extremely positive with £9.4m of plans actioned in directorates. This is the full year effect of plans that are in place.
- Schemes are place for the full year target following risk adjustment, however, a significant proportion of those plans are high risk.
- The amount of CIP achieved non recurrently has steadily grown over the year and now stands at 37% of achievement.



Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute Care	2,823,600	2,712,230	28,700	82,670	0	3,008,337	107%	2,913,746	103%
Elective Care	3,165,500	2,851,150	102,350	49,569	162,431	3,468,619	110%	3,172,833	100%
Integrated Care	2,800,200	2,383,700	174,415	0	389,800	2,947,915	105%	2,627,354	94%
Corporate	1,463,600	1,429,560	0	43,080	0	1,472,640	101%	1,464,024	100%
Total	10,179,000	9,376,640	305,465	175,319	552,231	10,897,511	107%	10,177,957	100%
Target		10,179,000				10,179,000		10,179,000	
Variance		-802,360				718,511	107%	-1,043	100%
Target less ETO benefit		8,779,000				8,779,000		8,779,000	
Variance		597,640				2,118,511	124%	1,398,957	116%

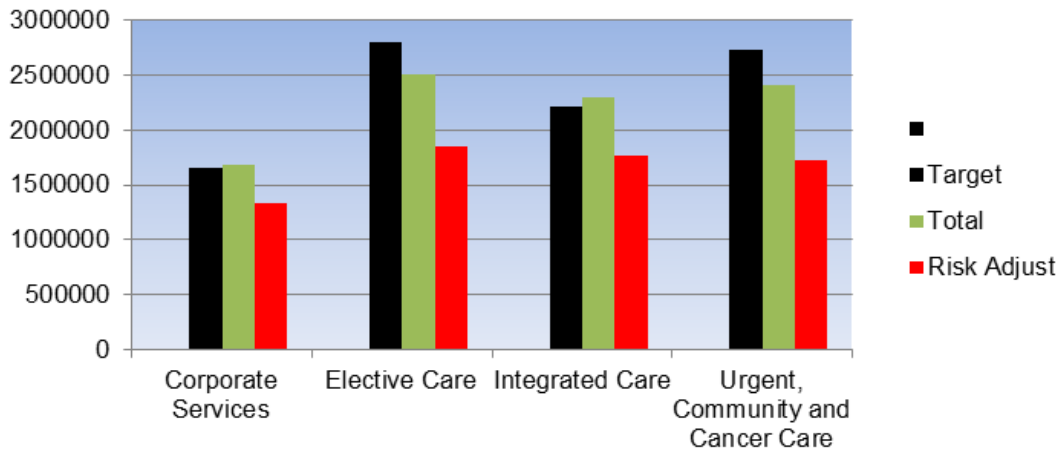
2016/17 Efficiency Planning

- Directorates have already undertaken a significant amount of work to plan for 2016/17. Of the £9.4m target currently required for the Trust financial plan, £8.9m of schemes have been developed and costed.
- Using the same risk adjusted methodology as 2015/16, this figure reduces to £6.7m. The profile of risk reflects many schemes still being in their planning phase, with directorates working to ensure efficiencies are realised from April onwards.
- The current position is summarised below.

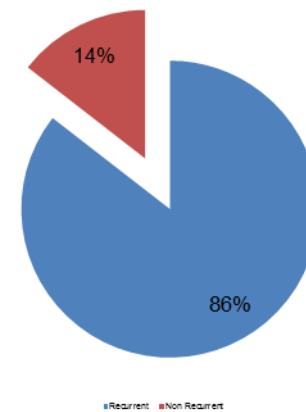
Summary	Target	Actioned	Low	Medium	High	Total	Total % age	Risk Adjust	Risk Adj % age
Corporate Services	1,650,100	0	1,214,360	141,915	331,500	1,687,775	102%	1,333,474	81%
Elective Care	2,795,200	0	667,802	1,410,800	427,000	2,505,602	90%	1,848,452	66%
Integrated Care	2,218,164	0	1,123,300	769,400	402,300	2,295,000	103%	1,763,115	79%
Urgent, Community and Cancer Care	2,731,670	0	738,550	1,141,000	532,000	2,411,550	88%	1,720,823	63%
Trustwide Total	9,395,134	0	3,744,012	3,463,115	1,692,800	8,899,927	95%	6,665,863	71%

% age of target 40% 37% 18%

CIP plans by Directorate with Risk Adjustment



Forecast CIP - Recurrent/Non Recurrent Split



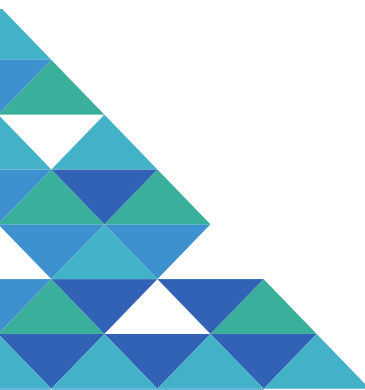
2016/17 Efficiency Planning

- The table below outlines the top 5 efficiency schemes per directorate by value.

Corporate			Elective		
Scheme	Risk	£'s	Scheme	Risk	£'s
Review of corporate overheads	low	336,960	Maternity activity review	medium	400,000
Carbon Energy Fund	low	266,000	Service Line Reporting Impact	medium	219,000
Single Sign on	high	120,000	Business Development 1	high	200,000
Estates Rationalisation	high	90,000	Repatriation of Service	medium	150,000
Clinical Coding Team	low	85,700	General Surgeon Business Case	low	128,000
Top 5 as a % of directorate overhead		53%	Top 5 as a % of directorate overhead		44%
Integrated			Urgent, Cancer and Community Care		
Scheme	Risk	£'s	Scheme	Risk	£'s
Business Development 2	low	350,000	Skill Mix Review	medium	315,000
Respiratory & Cardiology Outpatient review	low	300,000	Outstanding Staffing Reviews	medium	216,500
Review Inpatient Workstream	high	252,300	Drug Savings	low	150,000
Biosimilar Change - Rheumatology	medium	200,000	1st Managed Contract additional 2nd year savings	low	145,000
Business Development 3	low	180,000	Locum Reduction Spend	high	129,996
Top 5 as a % of directorate overhead		56%	Top 5 as a % of directorate overhead		40%

- As schemes develop this will be updated.
- The Trust is currently in the process of agreeing potential efficiencies which have come from the recent review by Lord Carter. As part of this work a Adjusted Treatment Cost (ATC) has been calculated for the Trust to reflect the potential for efficiencies. The Trusts ATC is £1.00 which reflects the national average. A high ATC would reflect more potential for efficiency. Six other Trusts were given this rating.
- Based on the ATC of £1.00, the Carter review has outlined the potential for £14.8m of savings opportunities over the next three years. This is a saving opportunity of 10%.
- We will continue to work with the national team to finalise these figures and have started to incorporate some of the findings into the Transformation programmes work.

OPERATIONAL PLAN 2016/17



2015/16 Issues

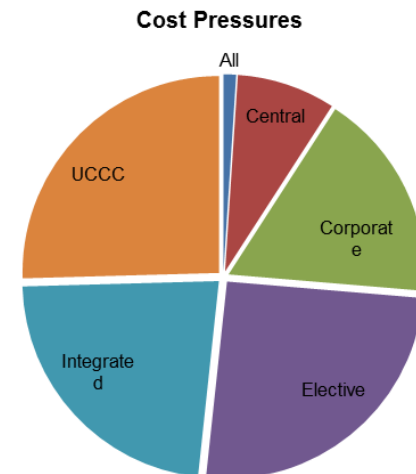
- Non Recurrent CIP achievement £3.5m

This is the current forecast non recurrent position for the 2015/16 programme. Review of schemes required to assess potential schemes to be made recurrent.

- Cost Pressures (2015/16) £1.8m

Current assessment of 2015/16 pressures outlined in the table below.

	Cost Pressures (£'000s)
All	33
Central	258
Corporate	548
Elective	808
Integrated	728
UCCC	810
Total	3,185



This figure has been reviewed by directorates and has reduced significantly (£2.4m total at present) with further work continuing to bring the total requirement down to target level.

Activity & capacity plans

Current impact of activity plans

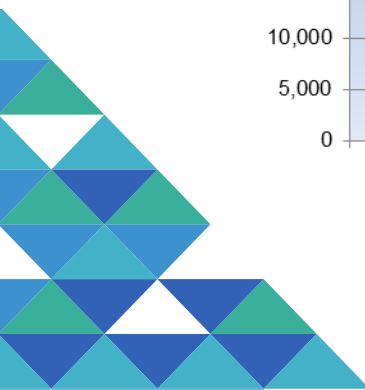
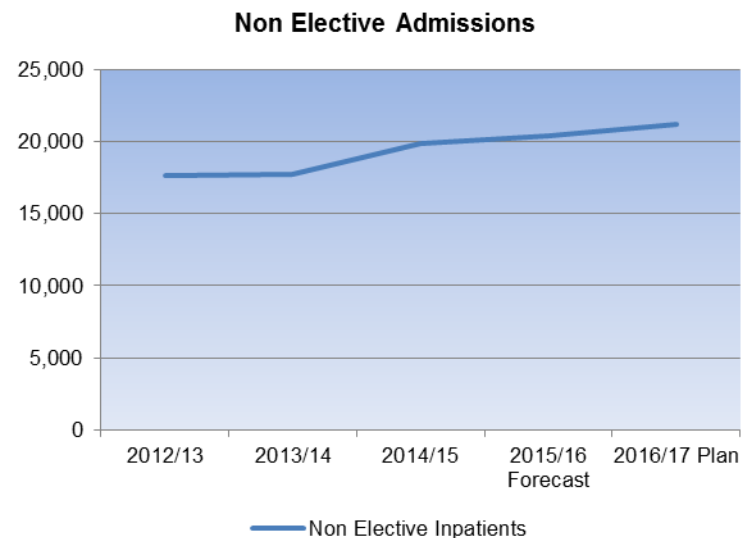
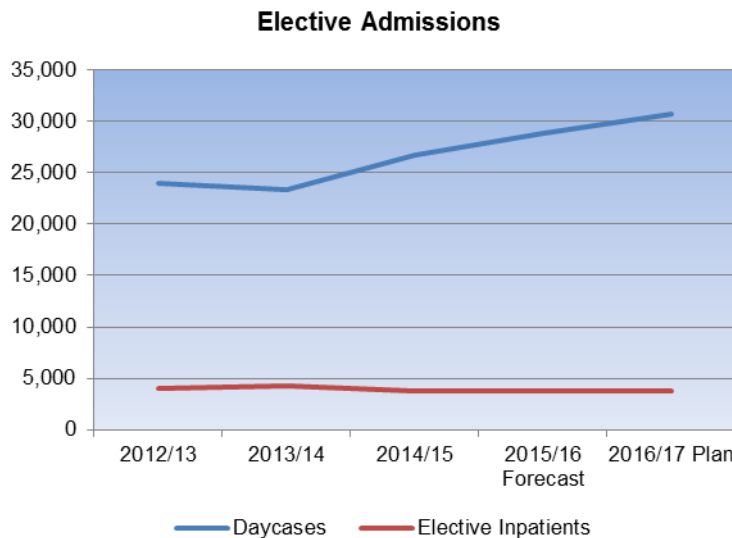
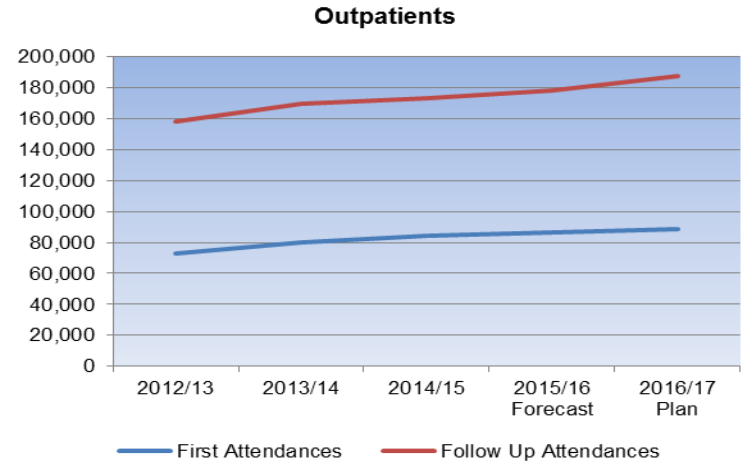
£1.8m

Expected Infrastructure requirement

£1.0m

Impact of activity planning

£0.8m



2016/17 Issues

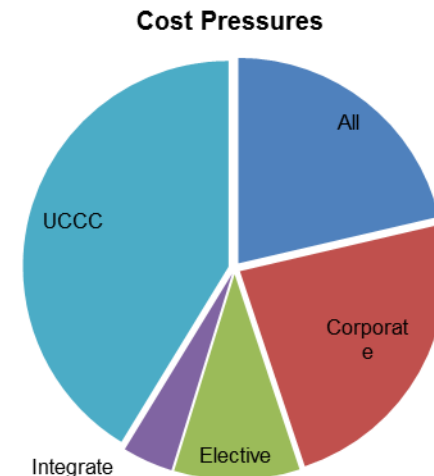
- Pay uplift, increments and NI changes £3.3m

The above estimate is based on 2015/16 calculation and a high level calculation of the impact of NI changes. It also takes into account the full year impact of the living wage.

- Cost Pressures (2016/17) £2.0m

Current assessment of 2016/17 cost pressures currently outlined just below £2m. The increase in CNST premium is not included below but increased in line with the £300k previously anticipated.

	Cost Pressures (£'000s)
All	355
Corporate	391
Elective	164
Integrated	66
UCCC	686
Total	1,662



2016/17 Efficiency programme

Summary	Target	Actioned	Low	Medium	High	Total	Total % age	Risk Adjust	Risk Adj % age
Corporate Services	1,650,100	0	1,214,360	141,915	331,500	1,687,775	102%	1,333,474	81%
Elective Care	2,795,200	0	667,802	1,410,800	427,000	2,505,602	90%	1,848,452	66%
Integrated Care	2,218,164	0	1,123,300	769,400	402,300	2,295,000	103%	1,763,115	79%
Urgent, Community and Cancer Care	2,731,670	0	738,550	1,141,000	532,000	2,411,550	88%	1,720,823	63%
Trustwide Total	9,395,134	0	3,744,012	3,463,115	1,692,800	8,899,927	95%	6,665,863	71%

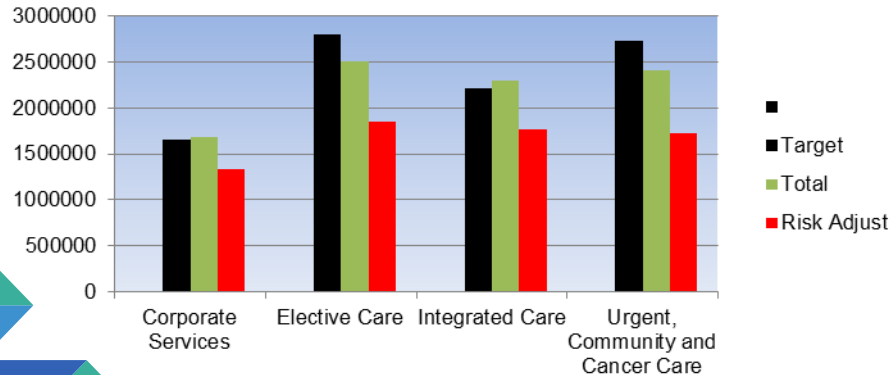
% age of target 40% 37% 18%

Current Targets

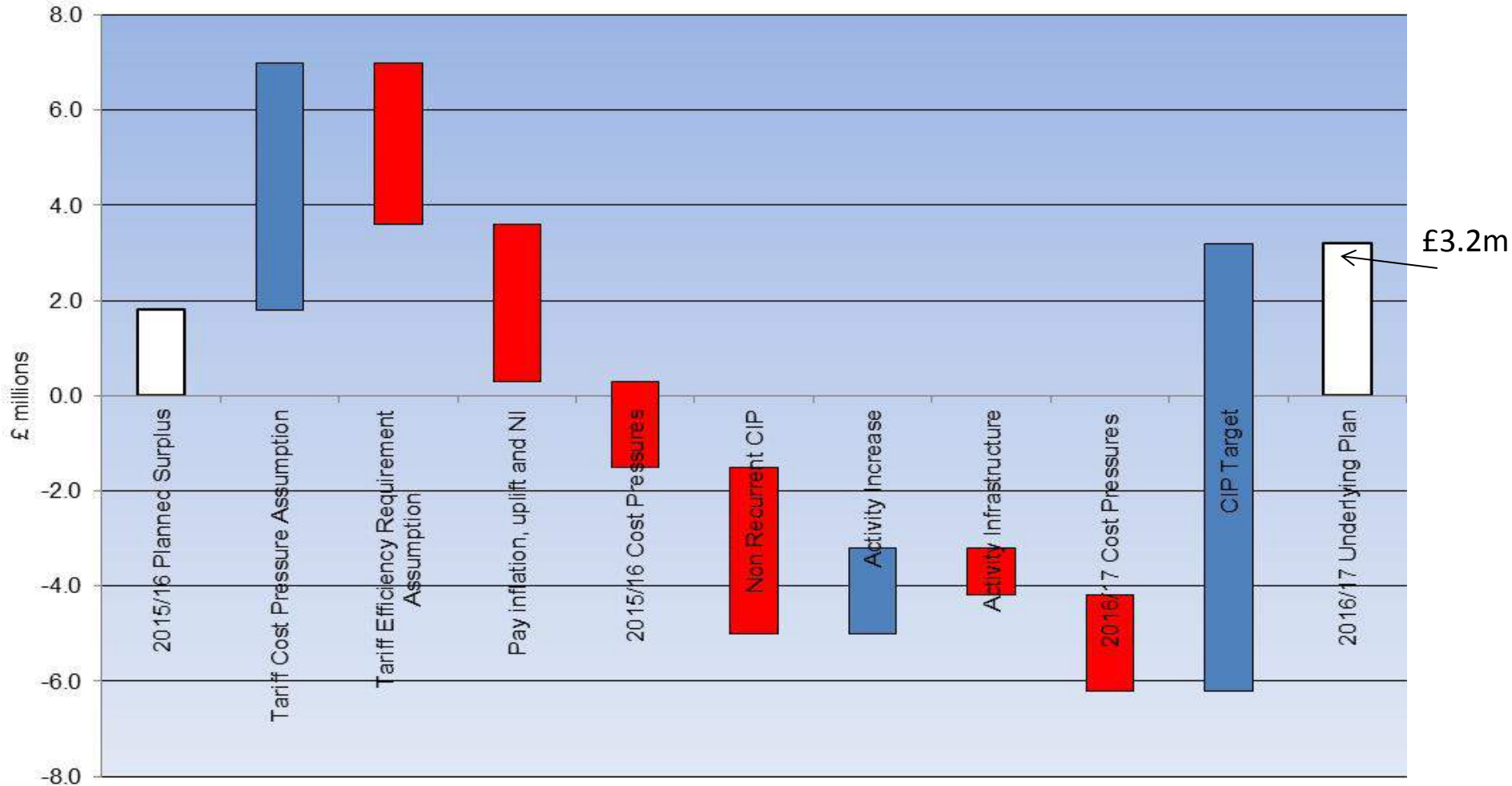
Current Plans

Risk Adjusted Plans

CIP plans by Directorate with Risk Adjustment



2016/17 Summary position



Service pressures

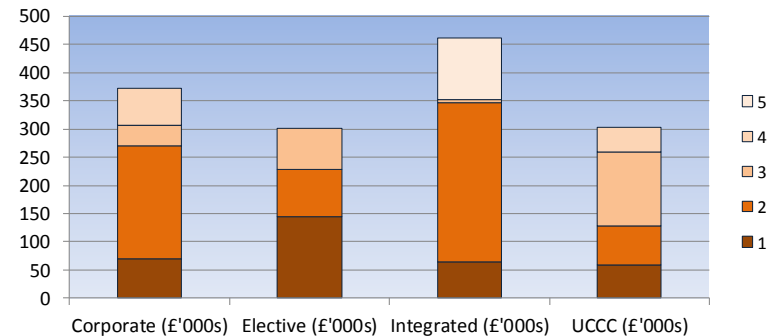
- Service Pressures

£T.B.C

Service pressures will only be funded when the efficiency programme is developed and achieved in order to make funding available.

Schemes currently total £1.5m with the following prioritised by directorates –

Priority	Corporate (£'000s)	Elective (£'000s)	Integrated (£'000s)	UCCC (£'000s)	Total (£'000s)
1	70	144	64	60	337
2	200	85	284	70	638
3	36	72	5	130	242
4	66	0	0	43	109
5	0	0	110	0	110
Total	389	301	462	302	1,453



	Corporate	Elective	Integrated	UCCC
1	Phone Replacement	Theatre Staffing	CAT medical rota	Inpatient Podiatry
2	Estates Staffing	ENT middle grade	Therapies BC	B2 to B3 retention
3	Extra toilet cleaning	Anaesthetics rota	Dermatology BC	Pharmacy weekend
4	Ripon domestics		Elderly care strategy	TTO service
5			Therapeutic SW	

Report to the Trust Board of Directors: 27 January 2016	Paper No: 7.2
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Title	Business Plan 2016/17
Sponsoring Director	Jonathan Coulter
Author(s)	Jonathan Coulter / Jordan McKie
Report Purpose	For Information

<p>Key Issues for Board Focus:</p> <ul style="list-style-type: none"> • Current position regarding the development of the plan • Sustainability and Transformation funding and conditions • Approach to funding service priorities • Our future planning 'place'

Related Trust Objectives	
1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	Quality, finance and performance risks are addressed through the development of the Business Plan.
Legal implications/ Regulatory Requirements	Guidance is awaited from Monitor; however the Trust is developing the Business Plan for March 2016 in readiness for the new financial year.

<p>Action Required by the Board of Directors</p> <ul style="list-style-type: none"> • Note the development of the Operational plan for 2016/17 and the 5 year Sustainability and Transformation Plan (STP) • Agree that the financial plan requires delivery before further investment can be made for Service Priorities, with the exception of Estates staffing • Agree the priorities that have emerged from discussions through the planning process with Directorates • Note that the Chief Executive will respond to Monitor by 29 January confirming our Place for STP purposes • Approve acceptance of the S&T funding, in line with the offer and conditions • Note that the <i>draft</i> of the Operational Plan 2016/17 will be submitted on 8th February, following approval by the Chief Executive and Finance Director • Note that the Finance Committee will review the draft Operational Plan 2016/17 at its meeting on 4th February
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1. Introduction

The Business Planning Group has been meeting frequently to take forward the development of the Operational Plan for 2016/17. Attached at **Appendix A** are slides that detail the planning position for the Trust.

2. National context

Monitor and NHS England jointly published planning guidance at the end of December which outlined the approach to be taken in relation to delivering the forward view. The key points to be aware of are:

- ▲ Two separate but connected plans are required, namely a five year Sustainability and Transformation Plan (STP) and a one year Operational Plan for 2016/17.
- ▲ We are required to agree our planning 'Place', which is where the health and care system comes together to create a blueprint for implementing the Forward View, namely the STP. This STP will be subject to formal assessment in July 2016. The STP will include planning for the whole population and will necessarily include specialised services, primary care and better integration with local authority services.

We are required to agree our planning place by the end of January, which should be based on patient flows rather than existing commissioning footprints, and should be larger rather than smaller in scale. Agreement locally (by the end of January) to have a place any different from the HaRD CCG area will be difficult, although a workshop is arranged for 22nd January to discuss further.

Clearly, whatever the outcome of local discussions, we will need to refer to and be involved in a number of STPs, including Leeds, West Yorkshire, North Yorkshire and Durham, Darlington and Middlesbrough, where we are a provider of services to the relevant populations.

- ▲ There are nine national 'must-dos' for 2016/17, which are:
 - Develop a high quality and agreed STP
 - Aggregate financial balance
 - Develop a plan to address the sustainability and quality of general practice
 - Deliver access standards for A&E and ambulance waits
 - Deliver 18 weeks standard
 - Deliver cancer standards
 - Achieve two new mental health access standards
 - Deliver actions to transform care for people with learning difficulties
 - Develop and implement an affordable plan for quality improvements, and participate in publication of avoidable mortality rates

- ▲ National efficiency requirements have been set out in line with planning assumptions discussed both at the Board session in December and the Finance Committee in January.

The national tariff will increase by 1.1%, which implies an efficiency requirement of 2%. This incorporates the cost pressure related to pension changes. The cost of CNST has been incorporated within individual HRG prices, with an average national increase in the cost of premia of 17%.

- ▲ Sustainability and transformation (S&T) funding will be available in both 2016/17 and from 2017/18 onwards. For 2016/17 only, this funding has been allocated to individual acute providers along with a control total to achieve, which will ensure that the provider sector returns to financial balance.

For HDFT, we have been allocated **£4.6m for 2016/17**, provided that

- We agree to a control total of delivering a surplus of £6.8m
- We agree to compliance with the Agency Cap rules, and work to deliver the Carter Review savings
- We deliver the access standards relating to 18 weeks, A&E and ambulance waits
- We produce an agreed STP

Effectively, we need to deliver an underlying surplus of £2.2m, whilst delivering key standards, in order to receive £4.6m of additional funding. In 2016/17 this funding will not be spent but will be cash that strengthens the balance sheet for future years.

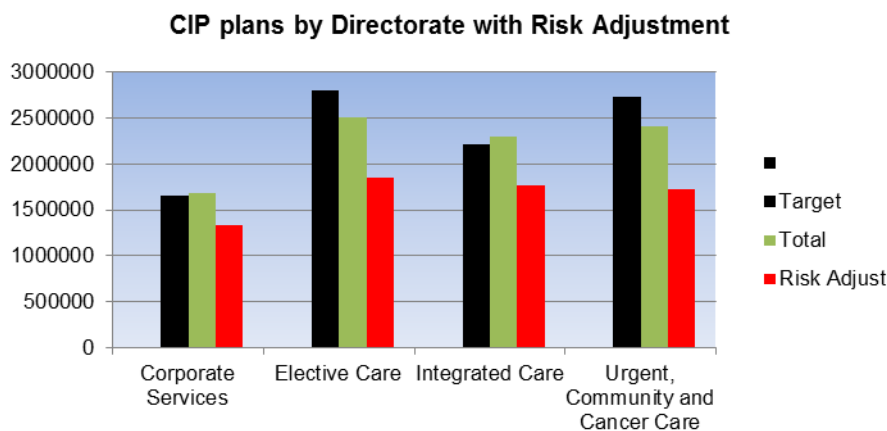
As an organisation, we need to confirm or otherwise our acceptance of the conditions attached to the S&T funding by 8th February. **My recommendation is that the offer is accepted alongside the conditions that are attached.**

- ▲ The provider sector is required to return to financial balance in 2016/17, with the support of the S&T funding outlined above. The emphasis in the guidance is on forensic cost control with reference to workforce productivity through e-rostering and agency cost reductions, as well as sharing and reporting data on non-pay items and only paying the best price available for the NHS.
- ▲ Capital funding will be limited, with encouragement of alternatives such as Managed Equipment Services, asset life extensions and asset disposals where possible.

3. Local Financial Planning

Appendix A contains a summary of the 2016/17 financial plan development.

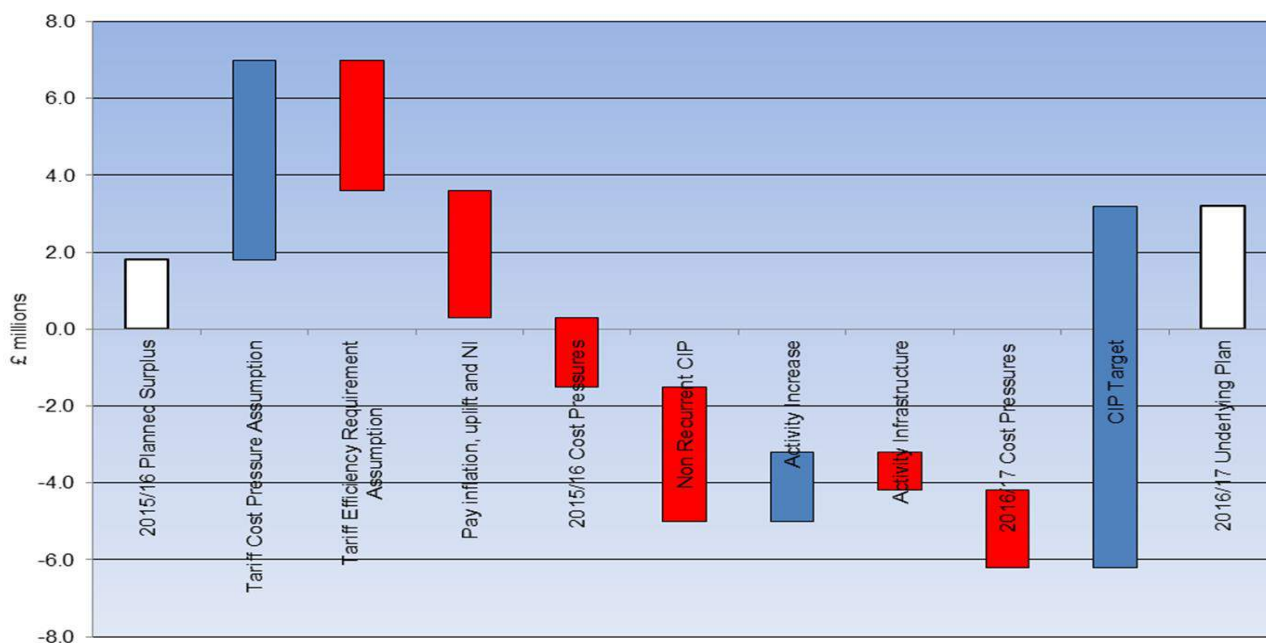
Underpinning the plan is the requirement for **efficiency savings of £9.4m, with plans in place for £6.7m following risk adjustment.** This is summarised in the tables below.



Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,650,100	0	1,214,360	141,915	331,500	1,687,775	102%	1,333,474	81%
Elective Care	2,795,200	0	667,802	1,410,800	427,000	2,505,602	90%	1,848,452	66%
Integrated Care	2,218,164	0	1,123,300	769,400	402,300	2,295,000	103%	1,763,115	79%
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Trustwide Total	9,395,134	0	3,744,012	3,463,115	1,692,800	8,899,927	95%	6,665,863	71%
		% age of target	40%	37%	18%				

The current planning assumptions result in an **underlying surplus of £3.2m** before service development funding. This is prior to the additional S&T Funding mentioned above.

Below is the bridge diagram that outlines the key components of the financial plan with the end point being a planning surplus of £3.2m.



4. Service Priorities and financial risk

A number of service developments have been prioritised by Directorates for potential funding. The prioritised service developments and costs are included in the slides as part of **Appendix A**.

In summary the priorities are outlined below:

	Corporate	Elective	Integrated	UCCC
1	Phone Replacement	Theatre Staffing investment	CAT medical rota strengthen	Inpatient Podiatry investment
2	Estates Staffing investment	ENT middle grade	Therapies staffing investment	Band 2 to Band 3 retention initiative
3	Extra toilet cleaning	Anaesthetics rota strengthen	Dermatology BC	Pharmacy weekend working
4	Ripon domestics service enhancement		Elderly care strategy	TTO service
5			Therapeutic Support Workers initiative	

Following discussion at the Senior Management Team on 20 January, my proposal is that with *the exception of the Estates staffing investment of c£200,000*, these priorities receive funding only once our current financial plan for 16/17 is achieved. As referred to earlier, it is imperative that we deliver our assigned control total so that we have access to the significant additional funding available and this incentive should drive our approach to financial planning this year. So whilst in order to access the additional S&T funding an underlying surplus of £2.2m is required, my recommendation is **continue to plan for a £3.0m surplus (following investment in Estates staffing)**.

The table below outlines a number of financial risks and variables which could potentially impact on the Trust's financial position, hence the recommendation to retain effectively a contingency at present to ensure overall delivery of our control total. This planning contingency represents only 0.4% of our budget.

Financial Risk	Description
Efficiency Programme	The plan is developed on the assumption that the CIP target of £9.4m is achieved, however, <i>risk adjusted plans</i> outline a planning gap of £2.7m at present.
Historic Achievement	Despite meeting the financial challenges of the previous financial years the Trust has not achieved planned surplus. In 2016/17 this will be important in order to access additional funding.
Capital	The capital programme in recent years has been impacted by not achieving surplus plans. Holding an additional £1m contingency will provide some resilience. Additional funding will ensure a positive position in future years.
Outstanding Debtors	At present the Trust has a number of outstanding debts. It is the Trust's view that these are still collectable, however, the impact on cashflow as a result of this has a clear impact.
Resilience in future financial years	Delivering our control total will provide recurrent resilience. Delivering in excess of this will be important as the financial settlement for 17/18 and 18/19 is not as positive as 16/17, so we need to improve our underlying position whilst funding is available to do so.

If a Directorate is ahead of plan at any quarter during the year, funding will be released to fund the prioritised developments. Until this is achieved, in line with the absolute focus on delivering financial balance nationally, no further priorities will be funded at this stage without there being an absolute patient safety concern, income to support the change, or efficiency savings generated as a result.

This approach was discussed and agreed at the SMT meeting on 20 January.

5. Capital priorities

Each of the Directorates has identified the Capital priorities to be progressed in 2016/17. Capital allocations have been agreed with each of the Clinical and Corporate Directorates. Funds will be released in the first quarter of 2016/17 to progress the agreed priorities.

In addition, work is progressing to develop the capital strategy for the District Hospital Site for the next five to ten years. Initial focus is on determining our future capacity levels and bed requirements following the introduction of new care models and delivery of our business development strategy. Based on these findings it will be possible to identify a series of options for the future site configuration. A workshop is being planned for March 2016 to share initial findings.

6. Timescale

Key national dates to note are:

Task	Date
Submission of initial contract activity baseline assumptions	18 January
Submit agreed planning footprint (Place) for our 5 year STP	29 January
Volunteers for reviewing the acute medical model in smaller DGH	29 January
Submit full draft Operational Plan 16/17	8 February
Submit agreement to S&T funding and control total	8 February
Weekly contract tracker begins	8 February
National deadline for contract signing	31 March
Submit final Operational Plan 16/17	11 April
Submit 5 year STP	30 June

7. Conclusion / Action

The Board is asked to:

- ▲ Note the development of the Operational plan for 2016/17 and the 5 year STP
- ▲ Agree that the financial plan requires delivery before further investment can be made for Service Priorities, with the exception of Estates staffing
- ▲ Agree the priorities that have emerged from discussions through the planning process with Directorates
- ▲ Note that the Chief Executive will respond to Monitor by 29 January confirming our Place for STP purposes
- ▲ Approve acceptance of the S&T funding, in line with the offer and conditions
- ▲ Note that the *draft* of the Operational Plan 2016/17 will be submitted on 8th February, following approval by the Chief Executive and Finance Director
- ▲ Note that the Finance Committee will review the draft Operational Plan 2016/17 at its meeting on 4th February

Report to the Trust Board of Directors:	Paper No: 7.3
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Title	Strategic KPIs Report
Sponsoring Director	Jonathan Coulter
Author(s)	Rachel McDonald and Sam McLachlan
Report Purpose	To update the Board in relation to Strategic KPIs

Key Issues for Board Focus: Review the report

Related Trust Objectives	
1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	None
Legal implications/ Regulatory Requirements	None

Action Required by the Board of Directors To note the Strategic KPIs performance report.
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Delivering High Quality Care

Jan-16

Indicator	Description	Trend chart	Interpretation																														
<p>Strategy for frail elderly in place, with milestones agreed</p>	<p>This narrative describes progress in relation to the development of the strategy for frail elderly and associated milestones</p>	<p>Work on the frail elderly care strategy is ongoing and a draft is anticipated by mid-February. The way we care for our frail elderly population is extremely important to the organisation and the strategy highlights that a coordinated approach, putting the person and their family/carers at the heart, is what is required.</p>	<p>Contributions have been requested from members of the organisation and external partners including Age UK and Patient Voice. Their contributions will be invaluable to ensure that the strategy has meaning and shared ownership. Fourteen sections have been completed. The strategy focuses on how we are currently performing, highlighting many areas of good practice currently taking place. The strategy also includes a number of action plans detailing ideas over the next five years and what we need to achieve them. The strategy emphasises the importance of promoting our achievements and we have identified a number of measures that will demonstrate our progress.</p>																														
<p>Reduction in avoidable emergency readmissions within 30 days</p>	<p>% 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.</p>	<p>The chart shows three data series over time from April 2013 to October 2015. The y-axis ranges from 0% to 15%. The blue line represents 'Readmissions within 30 days', the green line represents 'HDFT mean 2014/15', and the black line with triangles represents 'as % of all emerg adms'. A red dashed horizontal line is at approximately 12.5%.</p>	<p>The number of readmissions fell in November, both actual numbers and as a percentage of all emergency admissions. The figure is now just below the average for 2014/15. An audit of 60 patient notes was undertaken in November 2015 - the findings indicated that no patients from the sample were readmitted to hospital due to failure to prepare for discharge on the initial admission. The main reasons for readmission were new medical problems, exacerbation of existing medical problem or planned investigations, treatments or reviews.</p>																														
<p>Proportion of Best Practice Tariff achieved</p>	<p>The chart compares each key area of Best Practice Tariffs achieved/monitored from 2014/15 to 2015/16</p>	<p>The bar chart compares five categories of Best Practice Tariff achievement between 2014/15 (blue bars) and 2015/16 YTD (red bars). The y-axis shows percentages from 0% to 120%.</p> <table border="1"> <thead> <tr> <th>Category</th> <th>14/15 (%)</th> <th>15/16 YTD (%)</th> </tr> </thead> <tbody> <tr> <td>Daycase incentivised</td> <td>~65</td> <td>~65</td> </tr> <tr> <td>Same day ambulatory care</td> <td>~40</td> <td>~45</td> </tr> <tr> <td>Fragility Hips</td> <td>~60</td> <td>~45</td> </tr> <tr> <td>Stroke</td> <td>~85</td> <td>~85</td> </tr> <tr> <td>Outpatient incentivised</td> <td>~95</td> <td>~95</td> </tr> </tbody> </table>	Category	14/15 (%)	15/16 YTD (%)	Daycase incentivised	~65	~65	Same day ambulatory care	~40	~45	Fragility Hips	~60	~45	Stroke	~85	~85	Outpatient incentivised	~95	~95	<p>The achievement in Best Practice Tariff has decreased 17% in fragility hips and slightly in daycase incentivised procedures and stroke. Whilst there have been slight increases in outpatient incentivised procedures and same day ambulatory care. The figures are taken from the latest income monitoring report which includes September 2015 YTD.</p>												
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<p>Reduction in number of complaints per 1000 contacts referencing communication</p>	<p>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.</p>	<p>The stacked bar chart shows the number of complaints per 1000 contacts by month from April 2013 to October 2015. The y-axis ranges from 0 to 35. The bars are color-coded by severity: Green (top), Yellow, Amber, and Red (bottom). A black horizontal line represents the 'HDFT mean 2014/15' at approximately 22.</p>	<p>Complaints received which referenced 'Communication' as a category within in the complaint are summarised in the table below, not all of these complaints are fully resolved/closed as yet.</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Comms complain ts all</th> <th>Comms complain ts closed</th> </tr> </thead> <tbody> <tr><td>2015 04</td><td>15</td><td>15</td></tr> <tr><td>2015 05</td><td>8</td><td>8</td></tr> <tr><td>2015 06</td><td>14</td><td>13</td></tr> <tr><td>2015 07</td><td>8</td><td>8</td></tr> <tr><td>2015 08</td><td>9</td><td>8</td></tr> <tr><td>2015 09</td><td>16</td><td>14</td></tr> <tr><td>2015 10</td><td>3</td><td>2</td></tr> <tr><td>2015 11</td><td>3</td><td></td></tr> <tr><td>2015 12</td><td>3</td><td></td></tr> </tbody> </table>	Year	Comms complain ts all	Comms complain ts closed	2015 04	15	15	2015 05	8	8	2015 06	14	13	2015 07	8	8	2015 08	9	8	2015 09	16	14	2015 10	3	2	2015 11	3		2015 12	3	
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Delivering High Quality Care

Jan-16

Indicator	Description	Trend chart	Interpretation
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.		In Q3 2015/16, all staff within HDFT were surveyed. 71% of staff surveyed would recommend the Trust as a place to work, compared to the most recently published national average of 62%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 32 out of 146 acute trusts in Q2. 12% of HDFT staff would not recommend the Trust as a place to work to friends and family compared to the most recently published national average of 19%. Values based appraisal and the roll out of staff engagement initiatives linked to the Quality Charter should assist with further increasing our performance in this area.
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.		88% of HDFT staff surveyed during Q3 would recommend the Trust as a place to receive care compared to the most recently published national average of 79%. Benchmarking data is not available for Q3. However HDFT's Q3 score would have placed them 27 out of 146 acute trusts in Q2. 3% of HDFT staff would not recommend the Trust as a place to receive care compared to the most recently published national average of 7%.
Friends and Family Test (FFT) for patients (% that would recommend HDFT)	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.		As can be seen from the chart, the % recommending our services reduced in November and December. It was identified that this was caused by a change in the recorded message used for the automated phone call surveys which resulted in some patients being unsure how to respond to the FFT question. Once this was identified as an issue, the original phone call message was reinstated in late December and in January to date, the % recommend is at 95%. The latest published national average for % recommend is 92.9%.
Senior patient reviews within 14 hours	All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant within 14 hours of arrival at hospital. - All patients to have "National Early Warning Score" established at time of admission; - Consultant involvement for patients considered "high risk"; - All patients admitted during period of consultant presence on the ward seen and assessed by a doctor promptly and seen and assessed by a consultant within 6 hours.		The Trust undertook a manual case note review of ten sets of case notes against each specialty. These were emergency patients admitted within June, July and August 2015, with 5 sets of case notes covering weekend days. The Trust average compliance with senior review within 14 hours was 77% achievement.
Proportion of high/low risks. Reporting culture. Total no incidents, % that are high	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture		There were 420 incidents reported in December 2015. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced during 2015/16. The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25.0 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's reporting ratio for 2015/16 to date is 20.6.

Working with partners to deliver integrated care

Jan-16

Indicator	Description	Trend chart	Interpretation
<p>Agreed service model in place, milestones identified, contractual arrangements in place</p>	<p>The narrative describes progress in relation to the development of the joint service model and associated milestones for the New Models of Care</p>	<p>The Value proposition and work of the New Models of Care Task and Finish Groups provides the outline of the model and the work for early implementation and mobilisation has commenced. Contractual arrangements to be developed and agreed. The first Local Integrated Team goes live on the 1st February 2016. The location of the 1st LIT is Knaresborough, Boroughbridge and Green Hammerton. In addition on this date an additional 10 community beds will be opening split between Ripon Community hospital and Station View.</p>	
<p>Harrogate residents NEL bed days/1000 (over 65s) reduced</p>	<p>The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. A lower figure is preferable.</p>		<p>As can be seen, the number of non-elective bed days for patients aged 18+ has remained fairly static over the last two years. Further analysis of this new indicator will be completed to look at the demographic changes during this period and the number of admissions for this group will assist in understanding this further.</p>
<p>Reduced avoidable admissions</p>	<p>The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.</p>		<p>The number of avoidable admissions increased in November 2015, but the number is lower than last November. The chart demonstrates some seasonality with this metric, so we would expect to see more avoidable admissions occurring over the winter period in the next few months. An admission avoidance/urgent care project group has been established and the Trust is working with HARD CCG to develop care models and pathways that support patients to stay in their own home and reduce the risk of hospital admissions.</p>
<p>Joint IT strategy agreed with agreed milestones</p>	<p>This narrative describes the progress in relation to the development of the joint IT strategy in conjunction with our partners in the Health Community</p>	<p>An IT work stream chaired by Neil Bartram (NYCC) and with representatives from each partner organisation continues to meet and take forward IT elements of the Vanguard work. In addition the work stream is reviewing and taking forward options available that will enable information to be shared and accessed by all partner organisations.</p>	
<p>Formal alliances in place</p>	<p>Formal alliances in place (LTHT, YHFT, AHFT) with governance arrangements and workplan agreed</p>	<p>LTHT - Alliance Board meetings scheduled and held regularly. Strategic Workshop was held on 16th November and a series of workstreams developed and being implemented. Programme agreed at the Alliance Board on 11th December and groups being established to take the work forward. YHFT - Clinical Alliances well established. Alliance Board meetings scheduled and held regularly. Number of work programmes being taken forward across a range of specialities. Good examples of collaborative working in place with areas of Best Practice shared across both organisations. ATHT - Alliance Board meetings scheduled 6 monthly. Focus on sharing areas of good practice and joint learning.</p>	
<p>Patient satisfaction of new model of care</p>	<p>This is not available as yet, will be developed as the Vanguard Project progresses</p>		

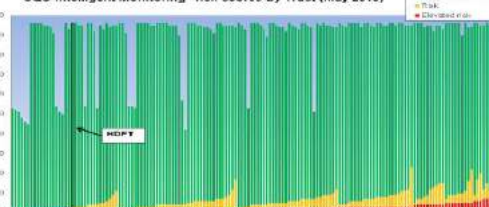
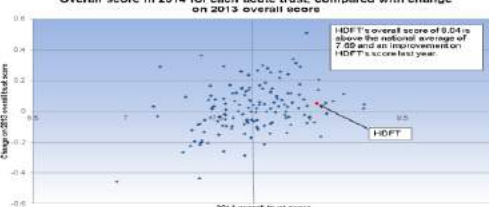
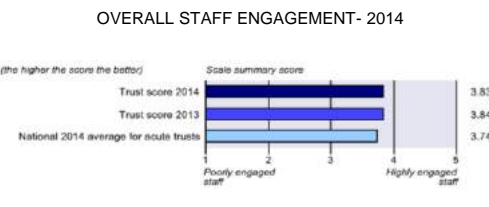
Clinical and Financial sustainability

Jan-16

Indicator	Description	Trend chart	Interpretation																														
Sustainable service strategy refreshed with milestones agreed	The narrative describes progress with regard to the sustainable service strategy and associated milestones		The Trusts Business Plan for 15/16 sits within the 5 year strategic plan which sets out the Trusts Clinical and Financial Sustainability plan, including the development of Emergency Surgery, Elderly Care, Paediatrics, Maternity and community services to deliver care closer to home. The Board also set out the intention to grow the Trusts revenue by £30m over the 5 years, with the business development plan setting out how this will be achieved through a mixture of growth in elective work, demographic growth, successful tender bids and development of private patient work. The Clinical Sustainability Review is currently being revised to take account of the latest guidance and the Trusts Workforce and Population changes, this is scheduled to be completed by the end of February.																														
Sufficient catchment population for key specialities of maternity, paediatrics and emergency surgery	This narrative describes progress in relation to the development of catchment areas for the key specialities of maternity, paediatrics and emergency surgery. The chart shows populations served by HDFT services in 2013.	<p>Populations served by HDFT services</p> <table border="1"> <thead> <tr> <th>Service</th> <th>2013</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>GP CPH</td> <td>~800,000</td> <td>~300,000</td> </tr> <tr> <td>Harrogate orthopaedics</td> <td>~800,000</td> <td>~800,000</td> </tr> <tr> <td>ONS Calderdale Services</td> <td>~800,000</td> <td>~1,400,000</td> </tr> <tr> <td>Harrogate ED</td> <td>~300,000</td> <td>~300,000</td> </tr> <tr> <td>Burton</td> <td>~200,000</td> <td>~200,000</td> </tr> <tr> <td>Emergency ortho - surgical</td> <td>~200,000</td> <td>~200,000</td> </tr> <tr> <td>Emergency ortho - medical</td> <td>~200,000</td> <td>~200,000</td> </tr> <tr> <td>Emergency ortho - trauma</td> <td>~200,000</td> <td>~200,000</td> </tr> <tr> <td>Dalton Wharfedale</td> <td>~200,000</td> <td>~200,000</td> </tr> </tbody> </table>	Service	2013	2016	GP CPH	~800,000	~300,000	Harrogate orthopaedics	~800,000	~800,000	ONS Calderdale Services	~800,000	~1,400,000	Harrogate ED	~300,000	~300,000	Burton	~200,000	~200,000	Emergency ortho - surgical	~200,000	~200,000	Emergency ortho - medical	~200,000	~200,000	Emergency ortho - trauma	~200,000	~200,000	Dalton Wharfedale	~200,000	~200,000	Work has progressed to develop catchment areas for Maternity, Paediatrics and Emergency Surgery, with new developments in community midwifery outreach into Leeds, development of Endoscopy services in Wharfedale and Surgical Outpatients in Yeadon, changes in provision of Paediatrics and Maternity to the north of Harrogate and development of Paediatric outpatient services into Leeds. There has been increases in population base in 0-19 services (127% from April 16), the Emergency Department (10%), Maternity (10%) and T&O (7%). Most other services have seen little change, with the exception of GPOOH where there has been a reduction of 50%.
Service	2013	2016																															
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Increased share of HaRD CCG, Leeds North CCG and Leeds West CCG referrals	The chart shows the proportion of first outpatient attendances from each locality that are seen at HDFT. The data is sourced from the HED (Healthcare Evaluation Data) benchmarking system and only includes specialties for which HDFT run services.	<p>Proportion of first outpatient attendances</p> <table border="1"> <thead> <tr> <th>Locality</th> <th>2014/15</th> <th>2015/16 YTD</th> </tr> </thead> <tbody> <tr> <td>LEEDS NORTH CCG</td> <td>~18%</td> <td>~18%</td> </tr> <tr> <td>LEEDS WEST CCG</td> <td>~2%</td> <td>~2%</td> </tr> <tr> <td>HARD CCG</td> <td>~87%</td> <td>~87%</td> </tr> </tbody> </table>	Locality	2014/15	2015/16 YTD	LEEDS NORTH CCG	~18%	~18%	LEEDS WEST CCG	~2%	~2%	HARD CCG	~87%	~87%	HDFT's market share in 2015/16 year to date is 87% in HARD CCG, 19% in Leeds North CCG and 2% in Leeds West CCG.																		
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CCG/Commissioners survey undertaken	CCG/Commissioners survey undertaken and actions taken in response		A survey was circulated to HARD and Leeds CCGs. There has been a good response rate from HARD GPs and a limited response rate from Leeds GP practices. The results of the survey and answers/feedback have been collated into a report by Excellence in Business and are now being analysed by the Business Development Group. The results/analysis will be circulated to the Board in due course.																														

External Monitoring

Jan-16

Indicator	Description	Trend chart	Interpretation																		
<p>Monitor continuity of services risk rating</p>	<p>The Monitor Continuity of Services (CoS) risk rating is made up of two components, liquidity and capital service cover. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.</p>	<p>Risk Rating</p> <p style="text-align: center;">Year to December</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Capacity rating</td> <td>4</td> <td>3</td> </tr> <tr> <td>Liquidity rating</td> <td>3</td> <td>3</td> </tr> <tr> <td>I&E Margin rating</td> <td>3</td> <td>2</td> </tr> <tr> <td>I&E Margin Variance rating</td> <td>2</td> <td>2</td> </tr> <tr> <td>Financial Sustainability Risk Rating before overrides</td> <td>3</td> <td>3</td> </tr> </tbody> </table>		Plan	Actual	Capital Service Capacity rating	4	3	Liquidity rating	3	3	I&E Margin rating	3	2	I&E Margin Variance rating	2	2	Financial Sustainability Risk Rating before overrides	3	3	<p>The Trust will report a risk rating of 3 for the year to November. This is in line with the Trust plan following the introduction of the new metrics previously discussed.</p> <p>Despite still being a 3, the Trusts current position means this is weaker than initially planned.</p>
	Plan	Actual																			
Capital Service Capacity rating	4	3																			
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I&E Margin Variance rating	2	2																			
Financial Sustainability Risk Rating before overrides	3	3																			
<p>CQC Intelligent Monitoring reports</p>	<p>CQC published the most recent update of their Intelligent Monitoring Reports for each Trust in May 2015. The reports include around 100 indicators and are used by CQC as part of the new inspection process to raise questions about the quality of care and were chosen by CQC to reflect the five key questions that they will ask of all services – are they safe, effective, caring, responsive and well led?</p>	 <p>CQC Intelligent Monitoring - risk scores by Trust (May 2015)</p>	<p>For the latest publication, HDFT was given an overall banding of 6, the lowest risk banding. HDFT had no indicators assessed as "elevated risk" and 3 indicators assessed as "at risk", out of 96 applicable indicators. This places HDFT joint 20th out of 155 Trusts as illustrated by the chart to the left. This is an improvement on the previous publication in December 2014, when HDFT was ranked joint 50th.</p> <p>A CQC inspection of the Trust is due to take place in February 2016.</p>																		
<p>Patient Survey</p>	<p>The national adult inpatient survey for 2014 was published by CQC in May 2015. 461 patients treated at HDFT responded in the survey this year - a local response rate of 56%, the same as last year.</p>	 <p>Overall score in 2014 for each acute trust, compared with change on 2013 overall score</p>	<p>HDFT had 7 questions rated "better than average" and the remaining 53 questions rated "about the same as average". For the fourth consecutive year, HDFT had no questions rated "significantly worse than average", placing us 5th nationally out of 140 Trusts.</p> <p>The chart below shows how each acute trust scored in 2014 and plots this against the change on their 2013 score. As can be seen, HDFT is in the top right quadrant indicating an overall score that is above average and an improved position on last year's results.</p>																		
<p>Staff Survey (Top 20%)</p>	<p>The results shown are taken from the 2014 National NHS Staff Survey. The 2015 NHS Staff Survey is currently being undertaken and the results are not yet available.</p>	<p style="text-align: center;">OVERALL STAFF ENGAGEMENT - 2014</p> <p>(the higher the score the better)</p>  <p>Scale summary score</p> <p>Trust score 2014: 3.83</p> <p>Trust score 2013: 3.84</p> <p>National 2014 average for acute trusts: 3.74</p>	<p>The figure opposite shows how HDFT compares with other acute trusts on an overall indicator of staff engagement. Possible scores range from 1 to 5, with 1 indicating that staff are poorly engaged with their work, their teams and their Trust) and 5 indicating that staff are highly engaged. The Trust's score of 3.83 was in the highest (best) 20% when compared with trusts of a similar type.</p> <p>The results of the latest staff survey will not be available until at least the end of February and the Director of Workforce and Organisational Development will report on the key findings direct to the Board thereafter.</p>																		

Board Committee report to the Board of Directors

Committee Name:	Quality Assurance Committee
Committee Chair:	LA Webster
Date of last meeting:	04/01/2016
Date of Board meeting for which this report is prepared	27/01/2016

Summary of live issues and matters to be raised at Board meeting:

January Meeting:

1. Reports are now being received from Steering Groups/individuals to provide assurance of action being taken on receipt of external reports. We will be hearing from the groups at six monthly intervals.
2. Received an update on the plan of action to progress the improvement of National Quality Requirements (NQR) ratings of the GPOOHs. In relation to current situation progress has been seen, however further work is underway to progress towards achieving all NQRs and following robust discussions it was agreed to continue to seek assurance at this committee. Next update due April 16.
3. Nurse staffing levels remain a concern, the Trust is particularly vulnerable on medical wards, and it is noted this could have a potential impact on the rest of the operation.
4. An update from Elective Care regarding nurses continued professional development highlighted a wider issue regarding the ongoing requirements of nurse training. Mrs Foster to bring a report to the February meeting to provide assurance.
5. Quality Committee formally supported the implementation of a Quality Charter on behalf of the Board.
6. This was the 6th meeting of this new committee, we consider that the level of information and the good standard of reporting we are getting from the 3 Directorates in relation to the Quality Improvement objectives is providing us with good assurance towards the progress of many initiatives.
7. We have progressed the additional work for Deloitte to look at our committee to check we are gaining assurance in all the right areas.

December Meeting:

- A. National Guidance received into the Trust
- B. Received quarter 2 Patient Experience report which was very good
- C. Identified a new risk related to the cap on agency spend
- D. We heard that the Root Cause Analysis reports in relation to Cdiff cases are being conducted in a more timely way and are moving towards the objective of these being carried out within 10 days.
- E. A concern regarding pressure sores will be addressed by a report from Mrs Foster, due February 16

Are there any significant risks for noting by Board? (list if appropriate)

- Note item 3 above from January meeting
- Note item C above from December meeting

Matters for decision

- None

Action Required by Board of Directors:

Note minutes of meeting 02/12/2015

Report to the Trust Board of Directors: 27 January 2016	Paper No: 10.0
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Title	Report by the Medical Director
Sponsoring Director	Medical Director - Dr David Scullion
Author(s)	Dr David Scullion
Report Purpose	To update the Board on current clinical issues

Key Issues for Board Focus: <ul style="list-style-type: none"> • DNACPR audit results show improvement • Some restoration of mental health services • Improved WHO checklist audit results • New Consultant appointment
--

Related Trust Objectives	
1. To deliver high quality care	YES
2. To work with partners to deliver integrated care	YES
3. To ensure clinical and financial sustainability	YES

Risk and Assurance	The Report provides assurance on clinical matters
Legal implications/ Regulatory Requirements	None

Action Required by the Board of Directors The Board of Directors is requested to receive and consider the Report
--

1. **Mortality:**

A summary paper of current position is attached including details of the recent review of mortality cases at RMH. This paper was presented to January SMT. A verbal update on the structured case note review training will follow as necessary.

No alerts have been received in the most recent notification.

The Trust has recently received a self-assessment tool for avoidable mortality from NHSE. The requested information has been returned and it is anticipated the collected data will be published. Where this will be and what recommendations arise from it remain to be seen. It dovetails nicely with our regional work on structured case note reviews. A copy of the letter from Sir Bruce Keogh is in the reading room.

2. **DNACPR (Do Not Attempt Cardiopulmonary Resuscitation):**

A copy of the most recent audit (November 2015) is in the reading room. I will be happy to discuss the results of this as felt necessary. The results have been communicated to Consultants by the Medical Director, with recommendations for action.

3. **Mental Health Services:**

The Place of Safety 136 suite has reopened at Bootham Park Hospital. All of the requirements following the CQC visit have been met and registration restored. This will alleviate some of the pressure on our own facility. Work on the facilities at Bootham Park is continuing, though the eventual aim is for a brand new facility on an alternative site. This is unlikely to be realised before 2019. At the moment a number of alternative interim inpatient and outpatient arrangements are in place, the impact on our own services being, thankfully, minimal.

As of 4 January this year, the mental health liaison service has been extended. The hours are 8am - 8pm Monday to Wednesday and Sunday, and 24hrs on Thursday, Friday and Saturday. This is welcome support for patients, and especially for our ED and acute medical teams, and hopefully will continue beyond the trial period, which runs until the end of March.

4. **Getting it right first time:**

The Trust has received a letter from Professor Tim Briggs, National Director for Clinical Quality and Efficiency. This is a follow up to the information contained within the Trust's individualised report received in 2014, following the pilot project. The current communication is timely and not unexpected following the recent recommendations of the Carter Review. The letter asks for follow up information on how the data set has been used to improve quality. Examples would include:

- Improving quality outcomes in Orthopaedics
- Low volume Orthopaedic procedures
- Cost reduction measures
- Length of stay metrics

- Complex case networks

The clinical lead for Orthopaedics is responding to the survey. Areas of good practice to report include the enhanced recovery programme, total arthroplasty tender savings of £250K with anticipated savings of £150K going forward and paired surgeons with common subspecialist interests and access to regional support for complex cases. The subject of ring-fenced Orthopaedic beds (recommended in the original report) is yet to be implemented locally. Overall the Orthopaedic department is confident of a strong response to the request for information.

5. **World Health Organisation (WHO) audit:**

A follow up snap audit by Dr Earl before Christmas showed a pleasing improvement on the original internal audit.

- Sign in 86% (47%)
- Time out 95% (85%)
- Sign out 71% (47%)
- All sections complete 64% (8%)

This is a significant improvement but requires more work by the WHO steering group to achieve the recommended standards. Significant progress has been made on rolling out checklists to non-theatre areas.

6. **Valuing and supporting Doctors in Training:**

I have recently received a letter from the RCP with a variety of suggestions in which the organisation can support Doctors in training. Much of this is already in place, but I have shared this document with CDs, ODs, the clinical lead for postgraduate training and the Director of Workforce and Organisational Development for comments. It is of particular importance that we continue to do as much as possible to support a trainee Doctor workforce who feel undervalued, and who may be experiencing a period of particularly low morale.

7. **Consultant appointments:**

I am delighted to announce the appointment of Mr Muhammad Farooq, Consultant General and Colorectal surgeon, due to start in October 2016. This brings the Consultant surgical complement to 7, moving us closer to a surgical CATT “consultant of the week” model.

Further appointments are planned in Community Paediatrics, paediatrics, Haematology and Histopathology. Additional job descriptions in Radiology, Elderly medicine and Orthogeriatric medicine are with colleges or regional advisors for approval.

8. National Bowel Cancer Audit Annual Report:

A copy of the report has been received. It confirms local performance is excellent in many areas, and overall performance well measured against almost all of the quality markers.

A copy of the report sits in the reading room for the interested reader.

Report to the Trust Board of Directors: 27 January 2016	Paper No: 10.1
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Title	Quarterly Claims Report January 2016
Sponsoring Director	Medical Director - Dr David Scullion
Author(s)	Andrea Leng
Report Purpose	For information

<p>Key Issues for Board Focus:</p> <ul style="list-style-type: none"> • Note the activity in civil claims over Q3 and the increase in the number of open cases • Theme experienced across other Trusts within the NHS
--

Related Trust Objectives	
1. To deliver high quality care	YES
2. To work with partners to deliver integrated care	-
3. To ensure clinical and financial sustainability	-

Risk and Assurance	-
Legal implications/ Regulatory Requirements	-

<p>Action Required by the Board of Directors</p> <p>For information and to be considered for comment by the Board of Directors</p>
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Report to: Board of Directors
Report From: Head of Risk Management
Report Purpose: For Information
Status: Open

QUARTERLY CLAIMS REPORT JANUARY 2016

Quarter 3 (October – December 2016)

Total Number of Claims

- 188 claim files open and investigated, 71 progressed to formal claim compared with 68 at time of last report and a total of 175 cases. 19 new cases opened in Q3.

	Number Open					Proceeded to formal					New cases Opened 2015				
	Q3	Q4	Q1 2015	Q2	Q3	Q3	Q4	Q1 2015	Q2	Q3	Q3	Q4	Q1 2015	Q2	Q3
Clinical Negligence Claims	129	134	138	151	166	42	49	50	52	54	12	12	10	18	18
Employers Liability	10	12	13	13	13	10	12	8	9	9	1	2	1	2	0
Personal Injury	5	8	8	9	9	5	8	6	7	8	0	3	2	1	1
Property Expenses Scheme	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The attached summary details the claims data of the Trust compared with the data held by the National Health Service Litigation Authority (NHSLA). This is broken down into Clinical negligence Schemes for Trusts (CNST) and Liabilities to Third Parties (LTPS) which covers Employers Liability and Personal Injury Claims. Data is held of the claims that have been reported to the NHSLA.

The NHSLA holds the financial liabilities in respect of the Trust CNST claims and the details are as follows:-

Annual statement at 31 March 2015: £31,128,000
 Quarter 1 report: £27,657,000
 Quarter 2 report: £21,975,412
 Quarter 3 report: £27,491,345

Clinical Negligence Claims

- 166 clinical negligence cases open at end of Q3 (previous report in Q2 there were 151).
- Of the 166, 54 have progressed to a formal claim (previously were 52 formal claims open)
- Top 3 specialties with most open claims are the same as reported in last three quarters:-
 - Orthopaedics/trauma (29)
 - Emergency Department (29)
 - Obstetrics (18).
- 18 new cases opened in Q3 (17 new requests for disclosure of notes / notification of investigation by claimant's solicitors and 1 letter of claim).
- 4 cases settled and damages paid by NHSLA in Q3.

Employers Liability Cases (EL)

- 13 cases open at end of Q3

Public Liability Cases (PL)

- 8 cases open at end of Q3
- 1 new case opened and closed via settlement in the period relating to a fall on a wet floor.

Property Expenses Scheme

No claims received in period.

Monitoring of Claims Policy

In all cases, key stakeholders have been given copies of new claims and asked for comments.

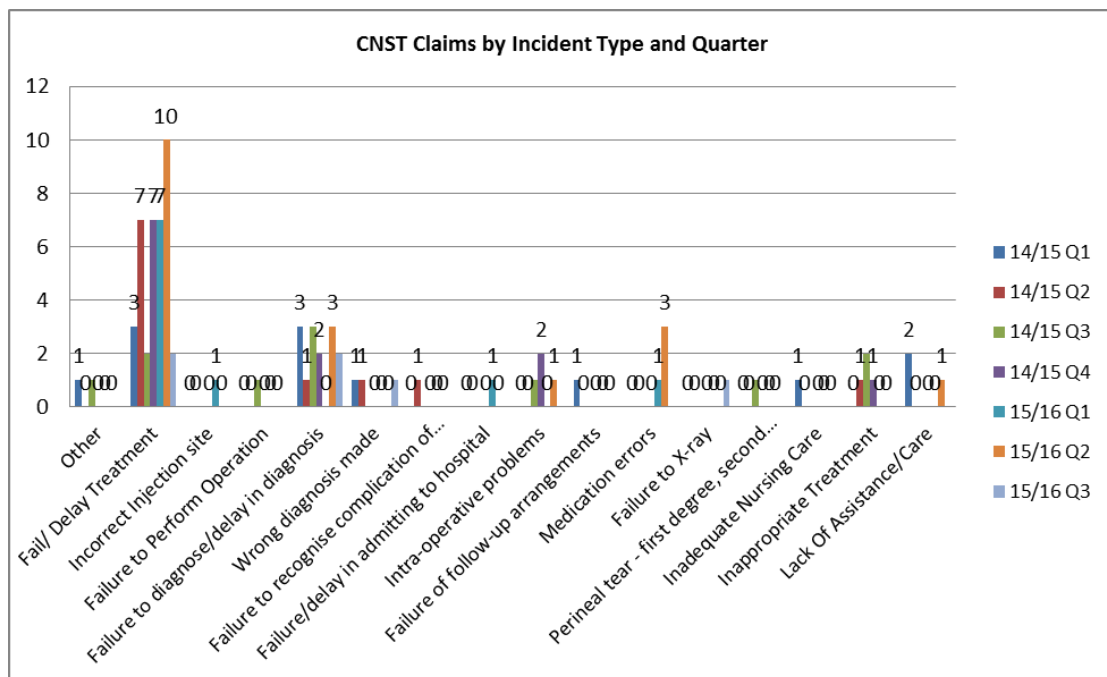
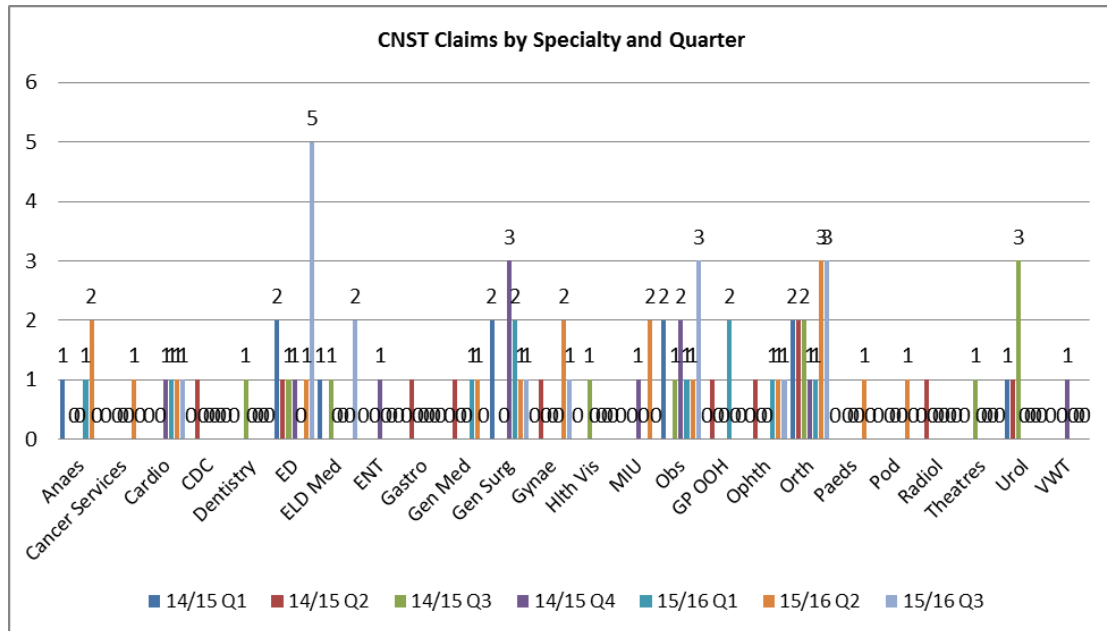
- All CNST cases where letters of claim received have been forwarded to the NHSLA.
- All disclosure requests are under investigation and will be risk assessed to determine liability.
- The new EL and PL cases were reported to the RPST section in accordance with the 21 day reporting deadline.
- Where letters of claim or proceedings have been issued, these have been forwarded to the NHSLA in accordance with their reporting timescales and staff informed and consulted.

Risk Management Issues

- 9 out of the 19 new cases have previously been investigated in accordance with the complaints procedure and / or incident reporting procedure and resulting actions implemented.
- 22 CNST cases and 3 EL/PL cases are being handled by DAC Beachcroft Solicitors – it is noted that claims are increasing nationally and the NHSLA have 1000 new claims reported per month.
- In Q3 there have been no risk management actions highlighted following review of the claims.

DATA ANALYSIS SUMMARY

1. Clinical Negligence Claims



2. Employers Liability (EL) Claims by type and location as at Q3

	Endo	Jerv	Nidd	OOH	Trinity	Other	Total
Asbestosis						1*	1
Moving and handling	2		2		1	1	6
Assault on staff member by patient		1					1
Staff slip/trip/fall				1		3	4
Work related stress						1	1
Totals	2	1	2	1	1	6	13

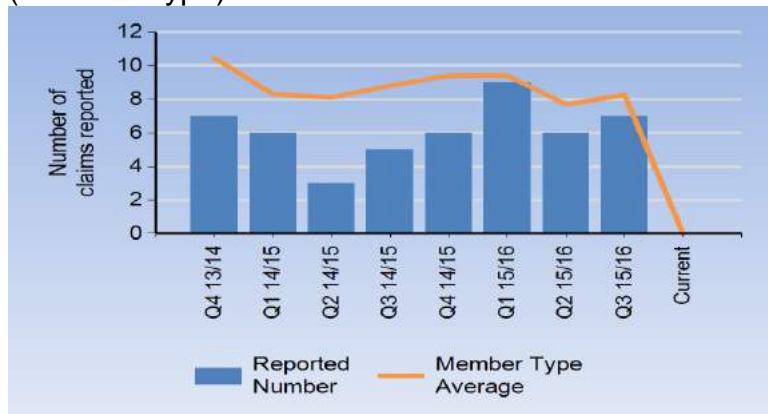
* is pre RPST scheme so handled via NHS England

3. Public Liability (PL) Claims as at Q3

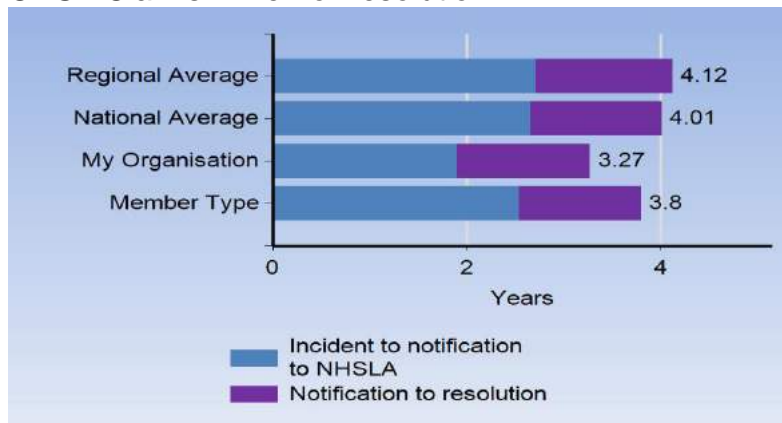
PL Claims by Incident type and Location	Main Entrance	Emergency Dept	Labour Ward	Nidderdale Ward	Wensleydale Ward	Prison (Northallerton)	Other	Total
Pt/visitor slip/ trip/fall	2	1	1		1			5
Wheelchair faulty							1	1
Medication Incident						1		1
Burn from hot drink				1				1
Totals	2	1	1	1	1	1	1	8

4. NHSLA Reported Cases as at January 2016

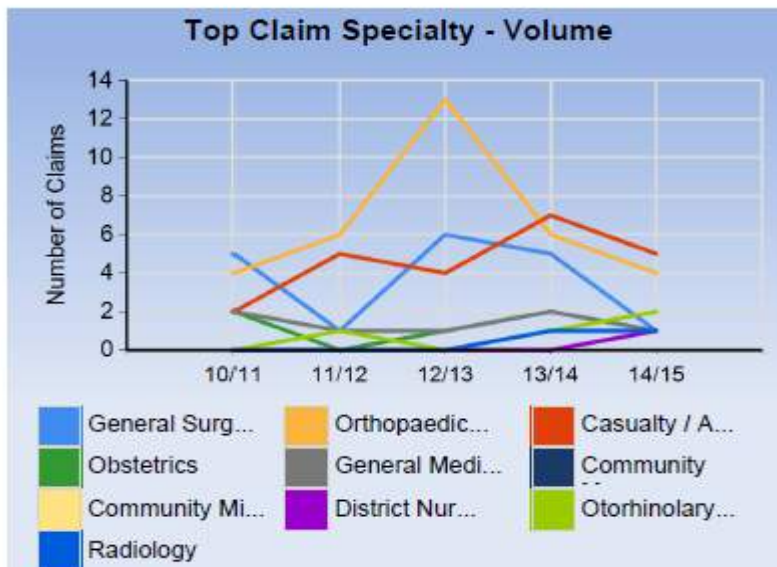
Number of CNST Claims Reported by HDFT Compared to Small Acute Trust (Member Type)



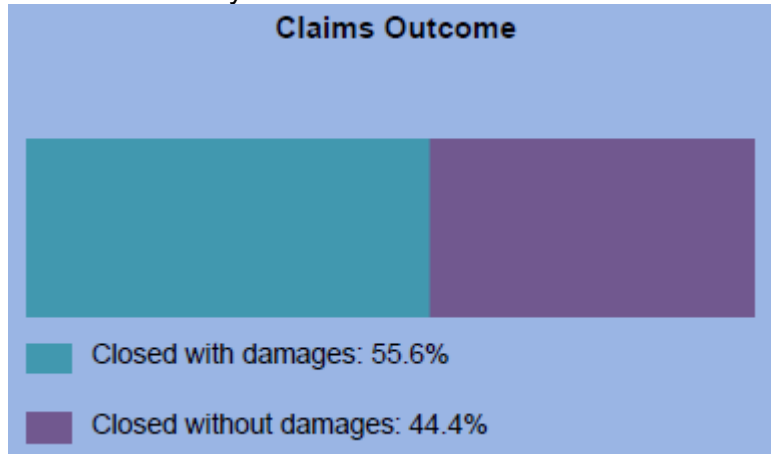
CNST Claims Time To Resolution



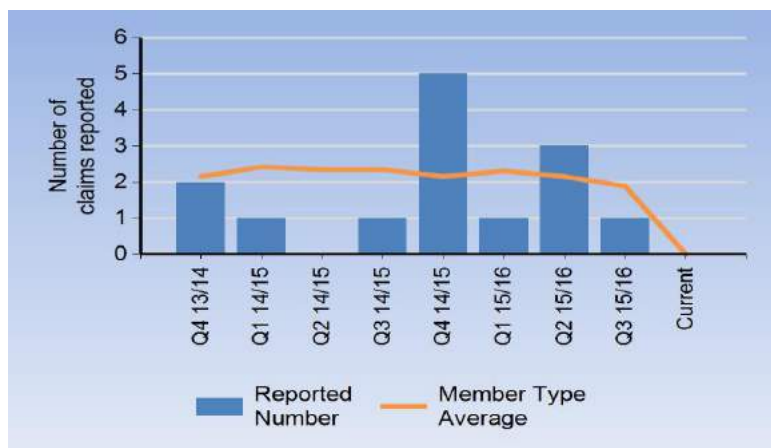
CNST Claims by Specialty



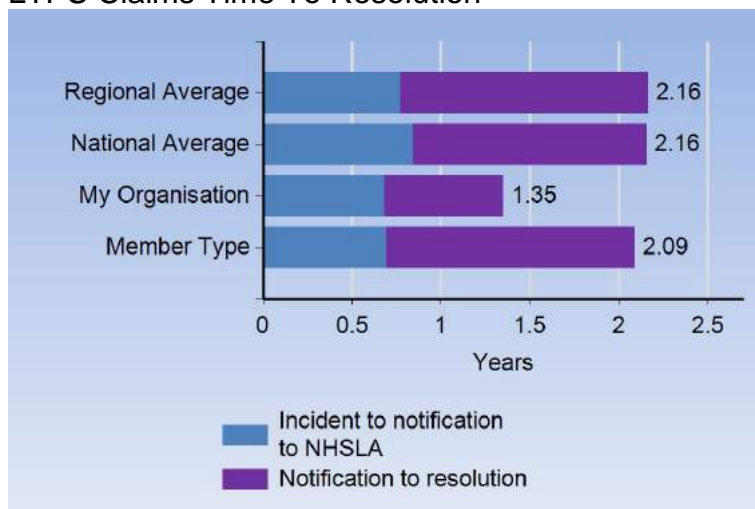
CNST Claims by Outcome



Number of Liability to Third Party Scheme (LTPS) Claims Reported by HDFT Compared to Small Acute Trust (Member Type)



LTPS Claims Time To Resolution



Report to the Trust Board of Directors: 27 th January 2016	Paper No: 11.0
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Title	Chief Nurse Report
Sponsoring Director	Chief Nurse
Author(s)	Jill Foster
Report Purpose	To receive and note the contents of the report

Key Issues:	
<ol style="list-style-type: none"> 1. There have been considerable numbers of patient safety visits and directors inspections completed. For Board to consider increasing the number of patient safety visits in the community 2. The number of complaints in Q3 is significantly smaller compared to Q1 and Q2. 3. Focus continues on ensuring safe staffing levels with careful deployment of staff, use of staff from non-ward based clinical teams and an incentive scheme and robust recruitment 4. First registrants are undergoing nurse revalidation process in three months 5. The Trust has completed a self-assessment of our services against the goals of the NHS Equality and Delivery Scheme 2 	

Related Trust Objectives	
1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	
Legal implications/ Regulatory Requirements	No additional risks

Action Required by the Board of Directors	
The Board of Directors are asked to:	
<ul style="list-style-type: none"> • To consider increasing the number of patient safety visits to the community • To note the actions being undertaken to ensure safe nurse staffing levels • To note Nurse Revalidation commences in April 2016 • To approve the Trusts self-assessment of its services against the goals of NHS EDS2. The Trust is required to publish the self-assessment on the website by January 31 2016. 	

Patient Safety Visits

Since the last report to Board the following visits have taken place:

24/11/15	Medical Day Unit
01/12/15	Nidderdale
11/12/15	cancelled
17/12/15	Skipton Podiatry

Unannounced Director's Inspections

Since the last report to Board, there have been seven inspections, two of which were re-inspections as follows:

In October two inspections were undertaken – Trinity Ward re-inspection (GREEN) and JERVAULX (GREEN).

In November two inspections were undertaken – GRANBY (GREEN) and BYLAND (RED).

In December, three inspections were undertaken – Oakdale (RED), Oakdale re-inspection (GREEN) and WOODLANDS (GREEN).

Complaints

Since the last report on complaints activity for the month of November 2015, the number of complaints received has increased slightly during the month of December 2015. The Trust received nine complaints in November 2015 and 11 in December 2015. For comparison in December 2014 the Trust received 24 complaints.

The total number of complaints received in Q3 is 32, compared to 74 in Q1 and 58 in Q2.

Of the 11 complaints received in **December 2015**:

One was graded Amber
Five were graded Yellow
Five were graded Green

Nurse Recruitment

A robust registered nurse and care support worker recruitment campaign continues. Currently in the in-patient areas there are 35.28 WTE vacancies and 12.44 WTE gaps. There are 10 registered nurses for the in-patient areas currently waiting start dates. There are 23 CSW's currently waiting to start.

Staffing the Frail Elderly Unit continues to remain a risk where, currently there are 7.81 WTE registered nurse vacancies on Byland and 5.23 WTE registered nurse vacancies on Jervaulx. The situation is monitored daily. In mitigation, registered nurses have been released from Elective Care for the next few weeks and these staff are to be commended for their willingness to help. Also going the extra mile to ensure all our patients receive safe, high quality care are the staff who have moved from Oakdale and Granby and the team of Clinical Nurse Specialists, the resuscitation team and site management team who have found innovative ways of covering their own workloads to provide shifts on these two wards. In addition agency nurses who are willing to accept a block booking of shifts have been sourced and have commenced on night duty.

This week an incentive scheme for staff offering to work over and above their normal working hours on Jervaulx and Byland has been agreed and information is being circulated to all nursing staff across the Trust. There has been a good response to this offer.

Work continues to secure registered nurses for our workforce. A recruitment event is planned for Saturday 23rd January and we are working with a social media company 'Face the Music' to advertise this and promote our current campaign. There are a number of registered nurses booked for interviews.

Actual versus planned nurse staffing - inpatient areas

The table below summarises the average fill rate on each ward during **November 2015**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

Ward name	Nov-2015			
	Day		Night	
	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - care staff
AMU	92%	94%	90%	99%
Byland	89%	117%	84%	171%
CATT	93%	101%	107%	100%
Farndale	94%	109%	100%	113%
Granby	100%	115%	100%	163%
Harlow	104%	78%	97%	-
ITU/HDU	103%	-	106%	-
Jervaulx	89%	130%	83%	194%
Lascelles	91%	94%	100%	100%
Littondale	96%	108%	94%	110%
Maternity Wards	82%	98%	98%	82%
Nidderdale	97%	97%	98%	107%
Oakdale	96%	102%	93%	127%
Special Care Baby Unit	103%	92%	115%	-
Trinity	102%	106%	102%	100%
Wensleydale	86%	109%	100%	95%
Woodlands	97%	110%	91%	97%
Emergency Dept	91%	73%	89%	90%
Trust total	95%	101%	97%	116%

The table below summarises the average fill rate on each ward during **December 2015**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

Ward name	Dec-2015			
	Day		Night	
	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - care staff
AMU	94%	109%	98%	139%
Byland	82%	128%	82%	198%
CATT	96%	100%	106%	104%
Farndale	94%	111%	100%	124%
Granby	96%	127%	100%	137%
Harlow	101%	77%	100%	-
ITU/HDU	100%	-	97%	-
Jervaulx	83%	141%	69%	214%
Lascelles	91%	106%	100%	100%
Littondale	98%	115%	98%	142%
Maternity Wards	82%	80%	96%	85%
Nidderdale	97%	112%	98%	181%
Oakdale	96%	103%	91%	161%
Special Care Baby Unit	98%	92%	102%	-

Trinity	97%	102%	100%	100%
Wensleydale	82%	110%	100%	95%
Woodlands	95%	97%	88%	100%
Emergency Dept	90%	106%	95%	80%
Trust total	93%	106%	95%	130%

Further information on November and December's data

On the medical wards Jervaulx and Byland where the Registered Nurse 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. Extra care staff were deployed to support the ward during this period and this is shown in the enhanced care staff, day and night time hours. In addition further care staff hours were required at times in both areas to provide intensive 1:1 patient support. When possible beds were left empty.

On Granby ward the increase in care staff hours above plan was to support the opening of additional escalation beds, as required. In addition further care staff hours were required at times to provide intensive 1:1 patient support.

On Harlow Suite the daytime care staff hours in November and December were less than planned due to vacancies. The bed occupancy levels fluctuate in this area and an assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of the patients.

The ITU /HDU 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.

In December the planned staffing levels on Lascelles remain adjusted to reflect the closure of two beds on the unit in response to staff sickness and vacancies in this area.

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined from March 2015 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.

For the Special Care Baby Unit (SCBU) although the daytime RN and 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.

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In November and December this is reflected on the wards; Acute Medical Unit (AMU), Byland, Farndale, Granby, Jervaulx, Littondale, Nidderdale and Oakdale wards.

On Wensleydale ward although the daytime RN hours and the night time care staff hours were less than planned in November due to sickness an assessment was undertaken on a shift by shift basis to ensure the planned staffing matched the needs of the patients. In December the ward occupancy levels varied throughout the month which enabled staff to assist in other areas.

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the day and night time staffing levels are less than 100% in December, 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.

Nurse Revalidation

The Trust has received a letter from Dr Ruth May, Chief Nurse at NHS Improvement regarding the organisation's readiness for nurse revalidation as it is now only three months until the first registrants revalidate. NHS Improvement would like to be made aware of anything anticipated that will put our plans at risk or where revalidation is likely to be a risk to business continuity.

The Trust is sending a 'Nil Return'

Equality Delivery System (EDS2) Assessment January 2016

The Board is asked to note the approach taken to meet the requirements of EDS2, and to approve the summary report for publication.

The Equality Delivery System (EDS) for the NHS was launched in November 2011 with a refreshed EDS now available – known as EDS2. The main purpose is to help NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010. There is a specific duty to publish equality information by 31 January annually.

The EDS2 guidance suggests that organisations might wish to be selective in their choice of services to review, and the EDS2 outcomes that services are assessed and graded against. Organisations can also look at particular aspects of protected characteristics. It is acknowledged that “it is better to manage a comprehensive implementation of EDS2 over three to five years, through the use of informed selective choices at any one time”.

During 2015 we have reviewed our governance arrangements and have a new Equality and Diversity Group now in place with 2 sub-groups; a Stakeholder Equality Group and a Workforce Equality Group, all with terms of reference established.

In order to arrive at our ratings for 2016, the following evidence has been assessed to build a score and has been tested with our local stakeholders:

- Service provision in relation to: 0-19 service; Specialist children’s services, Business Planning; Community Dentistry; Maternity Services; Interpretation Service; Patient Experience Team.
- NHS National A&E Survey 2014 and National Maternity Survey 2015 data
- Workforce data compared to local census data
- National Staff Survey data

We have held an engagement event with local stakeholders from the groups below. This was well attended and there was support for the approach taken and the self-assessment we presented. Ideas and comments received have been used to develop our equality objectives which will now be progressed by our Equality and Diversity Group and subgroups.

- a. HaRD CCG
- b. HDFT Stakeholder Equality Group members (this includes Patient Voice Group, Public Governor, Learning Disabilities Services, and Voluntary & Community organisation representatives).
- c. HDFT Workforce Equality Group members
- d. Healthwatch
- e. Harrogate and Ripon CVS
- f. Harrogate Borough Council
- g. North Yorkshire Equality and Diversity Strategic Partnership

Equality Objectives

Better Health Outcomes

To ensure that our services provide effective and safe treatment and care that is sensitive to people’s personal and cultural needs as well as appropriate to their clinical condition.

Improved patient access and experience

To seek effective feedback about the experiences of people with protected characteristics who use our

services in order to improve access and experience, and improve staff awareness and communications about equality.

A representative and supported workforce

To utilise the workforce equality group to deliver action plans focused on improving the availability of workforce equality information to assess our progress towards ensuring we have a representative and supported workforce.

Inclusive leadership

To ensure that Trust leaders have the right information and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.

Our self-assessment declaration can be found attached to this paper.

Jill Foster
Chief Nurse
January 2016

Equality Delivery System for the NHS

EDS2 Summary Report



Implementation of the Equality Delivery System – EDS2 is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS2 in accordance with the '9 Steps for EDS2 Implementation' as outlined in the 2013 EDS2 guidance document. The document can be found at: <http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

This *EDS2 Summary Report* is designed to give an overview of the organisation's most recent EDS2 implementation. It is recommended that once completed, this Summary Report is published on the organisation's website.

NHS organisation name:

Organisation's Equality Objectives (including duration period):

Organisation's Board lead for EDS2:

Organisation's EDS2 lead (name/email):

Level of stakeholder involvement in EDS2 grading and subsequent actions:

Headline good practice examples of EDS2 outcomes (for patients/community/workforce):

Date of EDS2 grading

Date of next EDS2 grading

Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective													
Better health outcomes	1.1	<p>Services are commissioned, procured, designed and delivered to meet the health needs of local communities</p> <table border="1"> <tr> <td data-bbox="465 411 712 703"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 411 1283 703"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 411 1942 703"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>	
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1.2	<p>Individual people’s health needs are assessed and met in appropriate and effective ways</p> <table border="1"> <tr> <td data-bbox="465 778 712 1070"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 778 1283 1070"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 778 1942 1070"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>		
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1.3	<p>Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed</p> <table border="1"> <tr> <td data-bbox="465 1177 712 1469"> <p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p> </td> <td data-bbox="712 1177 1283 1469"> <p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table> </td> <td data-bbox="1283 1177 1942 1469"> <p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div> </td> </tr> </table>	<p>↓ Grade</p> <p>Undeveloped</p> <p>Developing</p> <p>Achieving</p> <p>Excelling</p>	<p>↓ Which protected characteristics fare well</p> <table border="1"> <tr> <td>Age</td> <td>Pregnancy and maternity</td> </tr> <tr> <td>Disability</td> <td>Race</td> </tr> <tr> <td>Gender reassignment</td> <td>Religion or belief</td> </tr> <tr> <td>Marriage and civil partnership</td> <td>Sex</td> </tr> <tr> <td></td> <td>Sexual orientation</td> </tr> </table>	Age	Pregnancy and maternity	Disability	Race	Gender reassignment	Religion or belief	Marriage and civil partnership	Sex		Sexual orientation	<p>↓ Evidence drawn upon for rating</p> <div style="border: 1px solid #ccc; height: 100px;"></div>		
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective			
Better health outcomes, continued	1.4	<p>When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse</p> <table border="1"> <tr> <td data-bbox="465 300 712 587"> ↓ Grade Undeveloped Developing Achieving Excelling </td> <td data-bbox="712 300 1285 587"> ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation </td> <td data-bbox="1285 300 1942 587"> ↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div> </td> </tr> </table>	↓ Grade Undeveloped Developing Achieving Excelling	↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation	↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div>	
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1.5	<p>Screening, vaccination and other health promotion services reach and benefit all local communities</p> <table border="1"> <tr> <td data-bbox="465 699 712 986"> ↓ Grade Undeveloped Developing Achieving Excelling </td> <td data-bbox="712 699 1285 986"> ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation </td> <td data-bbox="1285 699 1942 986"> ↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div> </td> </tr> </table>	↓ Grade Undeveloped Developing Achieving Excelling	↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation	↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div>		
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Improved patient access and experience	2.1	<p>People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds</p> <table border="1"> <tr> <td data-bbox="465 1145 712 1433"> ↓ Grade Undeveloped Developing Achieving Excelling </td> <td data-bbox="712 1145 1285 1433"> ↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation </td> <td data-bbox="1285 1145 1942 1433"> ↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div> </td> </tr> </table>	↓ Grade Undeveloped Developing Achieving Excelling	↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation	↓ Evidence drawn upon for rating <div style="border: 1px solid black; height: 100px;"></div>	
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective																	
Improved patient access and experience	2.2	<p>People are informed and supported to be as involved as they wish to be in decisions about their care</p> <table border="1"> <tr> <th data-bbox="465 300 712 336">Grade</th> <th colspan="2" data-bbox="712 300 1285 336">Which protected characteristics fare well</th> <th data-bbox="1285 300 1942 336">Evidence drawn upon for rating</th> </tr> <tr> <td data-bbox="465 336 712 395">Undeveloped</td> <td data-bbox="712 336 958 395">Age</td> <td data-bbox="958 336 1285 395">Pregnancy and maternity</td> <td data-bbox="1285 336 1942 576" rowspan="4"></td> </tr> <tr> <td data-bbox="465 395 712 454">Developing</td> <td data-bbox="712 395 958 454">Disability</td> <td data-bbox="958 395 1285 454">Race</td> </tr> <tr> <td data-bbox="465 454 712 513">Achieving</td> <td data-bbox="712 454 958 513">Gender reassignment</td> <td data-bbox="958 454 1285 513">Religion or belief</td> </tr> <tr> <td data-bbox="465 513 712 576">Excelling</td> <td data-bbox="712 513 958 576">Marriage and civil partnership</td> <td data-bbox="958 513 1285 576">Sexual orientation</td> </tr> </table>	Grade	Which protected characteristics fare well		Evidence drawn upon for rating	Undeveloped	Age	Pregnancy and maternity		Developing	Disability	Race	Achieving	Gender reassignment	Religion or belief	Excelling	Marriage and civil partnership	Sexual orientation	
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Goal	Outcome	Grade and reasons for rating	Outcome links to an Equality Objective	
Inclusive leadership	4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations		
		↓ Grade Undeveloped Developing Achieving Excelling		↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation
	4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed		
↓ Grade Undeveloped Developing Achieving Excelling		↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation	↓ Evidence drawn upon for rating <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>	
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination			
	↓ Grade Undeveloped Developing Achieving Excelling		↓ Which protected characteristics fare well Age Pregnancy and maternity Disability Race Gender reassignment Religion or belief Marriage and civil partnership Sex Sexual orientation	↓ Evidence drawn upon for rating <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>

Report to the Trust Board of Directors: 27 January 2016	Paper No: 11.1
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Title	Patient Safety Visit Report: January 2015 – December 2015
Sponsoring Director	Chief Nurse – Mrs Jill Foster
Author	Deputy Director of Governance – Dr Sylvia Wood
Report Purpose	To summarise the Patient Safety Visits undertaken since the last annual report

Key Issues for Board Focus:

This report summarises the patient safety visits undertaken since the last annual report to Board of Directors in January 2015. It provides examples of issues raised and resolved since previous visits and includes detail from the patient safety visit database of issues identified as high priority, to provide assurance of action taken

Related Trust Objectives

1. To deliver high quality care	YES
2. To work with partners to deliver integrated care	YES
3. To ensure clinical and financial sustainability	YES

Risk and Assurance	Assurance regarding the effective engagement with staff about patient safety
Legal implications/Regulatory Requirements	

Action Required by the Board of Directors

To receive and consider content of the report for assurance.

Introduction

Patient Safety Visits were introduced at HDFT in 2009, in response to the national Patient Safety First Campaign (2008 – 2010). Since then, 131 patient safety visits have taken place to wards and departments across the Trust, including community services. This includes all inpatient wards, 21 community areas, and 29 other departments.

All team members who can spare time to talk are warmly invited to join the patient safety visit, and in particular we encourage allied health professionals, medical staff, domestic staff, clerks and nursing staff to participate.

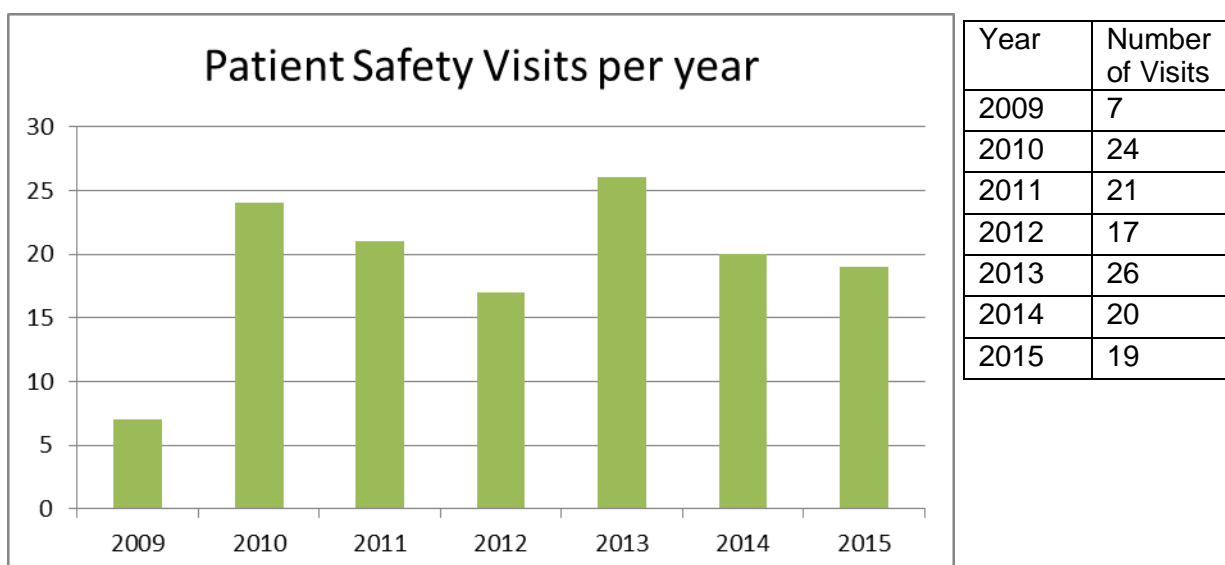
Patient safety visits have a unique purpose and value in encouraging a positive safety culture. They encourage staff to raise any concerns in a forum which is supportive, building good communication and establishing local solutions to minimise risk whenever possible. Staff are encouraged to resolve operational issues within existing departmental and directorate structures and processes. Where issues cannot be easily remedied, such as those that may require large capital expenditure it is important that these are progressed via other established structures and processes e.g. business planning and risk registers.

There are a small number of concerns raised at patient safety visits that are appropriate to be followed up as a matter of some urgency outside these established methods. These are identified at the time by the Executive lead for the visit, and recorded on the patient safety visit action log as high priority.

Patient Safety Visits 2015

At the beginning of 2015, the clinical directorates and corporate services were asked to identify services to prioritise for a visit, particularly community services that might never have been visited previously. Those identified for a visit in 2015 and the log of all visits undertaken is at appendix 1. The Governance Officer makes contact with the service, identifies the relevant lead and attempts to match an available date for a visit, with days and times that are convenient for the service.

Since January 2015, when patient safety visits were last reported to the Board of Directors, there have been visits to 19 services; 5 of these have been new visits and 14 re-visits.



New Visits

The services that have been visited for the first time during the period are:

- York Wheelchair Services
- Domestic Services
- Ophthalmology
- Medical Day Unit
- Skipton Podiatry

Revisits

The services that have had a re-visit during the period are:

- Scarborough Podiatry*
- Ripon Fast response & Rehabilitation Team (FRRT)
- Pre-Admissions Assessment Unit (PAAU)
- Therapy Services
- Day Surgery Unit
- Phlebotomy
- Jervaulx Ward
- Byland Ward
- Woodlands Ward and Special Care Baby Unit (SCBU)
- Endoscopy Unit
- Emergency Department
- Main Theatre
- Fountains Ward/Bolton Ward/AMU/CAT
- Littondale Ward
- Nidderdale Ward

* Due to unforeseen circumstances, no scribe was available to attend this visit and therefore no discussion points were formally noted.

In some circumstances, patient safety visits to certain services are combined to maximise time efficiency. For example, the patient safety visit to Jervaulx and Byland Wards was combined.

Visits that were not undertaken

The following services were identified as locations for a patient safety visit, but a visit was not undertaken for the following reasons:

Skipton Community Children's Service: A visit was arranged for 26/03/15 however the service was undergoing a change where it was being split into the *0-5 Healthy Child Programme* and *5-19 Healthy Child Programme*, with services moving into different venues. It was agreed that a visit to the 5-19 Healthy Child Programme would be more suitable following these changes.

Selby MIU: A visit was arranged for 01/10/15 and subsequently 11/12/15 but was cancelled on both occasions due to high levels of staff sickness. A director's visit has been arranged for January 2016.

Scarborough Wheelchair Service: A visit was initially arranged to be combined with the visit to Scarborough Podiatry Service however due to changing circumstances at Springhill House it was suggested that there was a shift in focus to the visit to concentrate on patient safety issues within the podiatry service across the Scarborough area. A patient safety visit to the wheelchair service was to be arranged at a later date once these changes had occurred.

Catterick & HDH GPOOH: Previously arranged dates and times available for patient safety visits were unsuitable as staff are only available out of hours when services were operational.

Patient Safety Visiting Team

An Executive Director usually leads a patient safety visit with the Deputy Director of Governance and a Non-Executive Director. Members of the Council of Governors are also invited to take part in patient safety visits.

NED		ED		Governors	
Sandra Dodson	1	Ros Tolcher	4	Emma Edgar	2
Ian Ward	3	David Scullion	3	Joyce Purkis	1
Sue Proctor	3	Jonathan Coulter	4	Jane Hedley	2
Lesley Webster	4	Jill Foster	4	Carol Cheeseborough	2
Chris Thompson	3	Phillip Marshall	3	Pamela Allen	2
Maureen Taylor	3	Rob Harrison	1	Daniel Scott	2
Neil Mclean	2			Sally Margerison	1
				Pat Jones	1
				Michael Armitage	1
				John Ennis	1
Total	19		19		15

Sample of issues raised at patient safety visits

Good practice

Jervaulx/ Byland Wards: Tea parties have been arranged for patients and relatives to encourage socialising of frail patients. The Byland Day room has been made more welcoming and staff have introduced the use of music including a donated CD player and piano. "Pets as Therapy" dogs have been introduced onto the wards for weekly visits. The wards are creating a calmer atmosphere for patients and staff have an aspiration to move the Elderly Care wards downstairs to make better use of the patient gardens. The unit is planning the introduction of caring sessions during lunch so families and relatives can help care for patients as they would normally.

York Wheelchair Service: The disabled toilet in the York Wheelchair Centre at Blue Beck House, York is fitted with state of the art equipment including overhead hoist and large changing plinth.

Therapy Services: Currently piloting a hand clinic with parallel Orthopaedics and occupational therapists. The team already run parallel young adult hip clinics, shoulder clinics and ankle/foot clinics. The model provides a better high quality service for patients.

Domestic Services: Team described working hard to create a clean and safe environment for patients, and a real sense of pride in the work they do. They are a stable workforce with several staff being part of the department for many years. They feel part of the team in their areas and feel that they contribute to patient experience and patient safety. They described being safety aware and taking the initiative to improve safety. However the staff felt under pressure to reduce cost whilst increasing quality of service.

Emergency Department (ED): The new Omnicell drug dispensing cabinet has improved the efficiency and speed with which patients are seen. The finger print lock means that time isn't spent finding the person holding the keys to the drug cupboard. It is also easier and quicker for pharmacy to restock.

Themes and ongoing issues

IT Issues: Various issues have been raised across the organisation, on the acute site and in the community e.g. IT systems at York Wheelchair Service run on two servers with frequent connectivity problems with printers and internet; The ophthalmology service is very IT dependant, and due to aging computers some software only runs on certain compatible computers and runs very slowly; SystemOne runs slowly at Ripon FRT; Wi-Fi connectivity issues for SystemOne mobile devices at Skipton Podiatry Service.

Staffing: Examples of issues raised include: Recruitment process is slow; shortage of experienced health professionals to replace senior leavers; concerns around lack of confidence/experience when adult care nurses step in to cover gaps on Woodlands paediatric ward; lack of capacity to train up junior nursing staff in Ophthalmology; ED frequently running at minimum compliment which depends on having a good skill mix to function effectively; risk to quality of care by stretching staff and using staff flexibility to manage gaps on AMU & CAT rotas although it was hoped that this would be addressed following the Flip project.

Environment issues: Examples raised include: Shortage of space in PAAU and Endoscopy as referrals increase; Telephones lines do not always function properly at

York Wheelchair Service due to a divert to HDFT rather than using local line; excessive heat in the Gym and Neuro Gym in Therapy Services during the summer resulting in cancelled cardiac rehabilitation and other clinics; chairs in West Waiting in Outpatients no longer fit for purpose as the backs have become loose over time, and the cloth material and sponge cushioning cannot be wiped clean; clerical staff on ED reception are exposed and isolated with limited protection from the public.

Equipment: Examples of equipment issues are: Cross infection risk to patients from assessment units at Skipton Podiatry service due to damaged services which aren't able to be cleaned properly; Charging points for mobile devices on Littondale Ward are broken from constant use; delays in repairs to broken equipment such as Dynamaps, lack of a replacement programme for ageing equipment in ED resulting in a shortage of some key pieces of equipment including portable monitors and ventilators.

These issues are not limited to the stated sites or departments but demonstrate some recurrent themes.

Issues noted as resolved since previous visit

Pharmacy input into PAAU: Input important to start the medication prescribing process for patients as it is a nurse led department however pharmacy service input can be sporadic due to staffing issues in department.

High priority issues

These issues have been identified for any visits since February 2014. These are concerns that are identified by the Executive Director as requiring urgent follow up. Those identified and the outcomes are reported in appendix 2.

Future Planning

Clinical directorates will be asked to identify 4 to 5 sites/wards/departments each for visits in 2016 with a particular focus on those services that might not have been visited before or may be of concern. The services highlighted in 2.3 will be included as a priority for 2016. Executive Directors are also asked to consider any corporate function areas that may benefit from a patient safety visit. Visits may also be requested to a service during the year if a need arises.

Once the locations and services have been identified the planning process will be followed to identify Executive Directors, Non-Executive Directors and Governors availability. To facilitate the identification of dates and times convenient to a service, we aim to identify more potential dates than required with executive, non-executive and governor colleagues. We expect to not use all of these and some will be cancelled. We will endeavour to do this with as much notice as possible.

Directorates will be asked to provide the contact details for the service lead and an indication of whether the patient safety visit can be done within normal working hours, before the area leads are contacted to arrange the visits.

In future, prior to a visit the Governance Officer will produce a summary sheet for each site to provide the visiting team with an overview of staffing levels, staff turnover, recent incidents and complaints, any SIRI's, patient experience feedback as well as other relevant patient safety information. It is hoped that these summaries will promote focussed lines of enquiry and discussions between the directors and department staff during the visit, and strengthen the ambition of encouraging a positive safety culture.

Summary

Patient safety visits continue to be prioritised and provide valuable opportunities to encourage and support a positive safety culture. This report aims to give an overview of those visits undertaken during 2015, and expectations for patient safety visits in 2016.

Report to the Trust Board of Directors: 27th January 2016	Paper No: 12.0
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Title	Report from Chief Operating Officer
Sponsoring Director	Robert Harrison, Chief Operating Officer
Author(s)	Rachel McDonald, Head of Performance & Analysis Jonathan Green, Information Analyst
Report Purpose	For information

Key Issues for Board Focus:

1. HDFT was placed second out of all trusts nationally who participated in the maternity patient survey during 2015.
2. Significant preparations and planning ensured that patient safety and operational performance were maintained on the day of the Junior Doctors Strike action on 12th January.
3. The Trust received very positive feedback and an overall result of Outstanding from Ofsted inspectors who have been inspecting the 'No Wrong Door' service that our Speech and Language therapists provide.

Related Trust Objectives

1. To deliver high quality care	Yes
2. To work with partners to deliver integrated care	Yes
3. To ensure clinical and financial sustainability	Yes

Risk and Assurance	The report provides detail on significant operational issues and risks to the delivery of national performance standards, including the Monitor Risk Assessment Framework
Legal implications/Regulatory Requirements	The Trust is required to report its performance against the Monitor Risk Assessment Framework on a quarterly basis and to routinely submit performance data to NHS England and Harrogate & Rural District CCG.

Action Required by the Board of Directors

That the Board of Directors note the information provided in the report, and approve the submission of the Monitor RAF Governance compliance for Quarter 3.

1.0 CQC MATERNITY SURVEY 2015

Results from the national maternity survey 2015 were published by the Care Quality Commission (CQC) in December. Survey respondents were asked to answer a total of 79 questions. HDFT's response rate was 51.4%, which is higher than the national average of 40.5.

A total of 108 Trusts completed all sections of the survey, an average score was created for these trusts and HDFT comes out as the second best performing trust nationally. 133 Trusts responded to the middle section of the survey relating to Labour and Birth. An average score was created for this section and HDFT also came second in this set of results.

54 survey questions were identified by CQC as possible areas for all trusts to consider as areas for improvement. For these questions, Harrogate scored significantly better than the national average in 27 questions and about the same as national average for 27 questions. There were no questions where HDFT was significantly below the national average. For 1 question, "Did you feel that midwives and other health professionals gave you consistent advice about feeding your baby", HDFT performed below average, but not significantly below - 47.5% at HDFT responded that the advice given was not consistent compared to 45.4% nationally.

49 survey questions were used in the national benchmarking reports covering three sections Antenatal Care, Labour and Birth and Postnatal Care. The table below shows the overall grading for each subsection of these reports and how many questions made up these reports. The table also shows a breakdown of how each question was graded when compared to most other Trusts.

Question Section	No. of questions	Significantly better than average	Similar to average	Significantly worse than average	Overall HDFT Grading
The Start of Your care in Pregnancy	2	1	1	0	Average
Antenatal Check Ups	5	0	5	0	Average
During Pregnancy	5	0	5	0	Better
Labour and Birth	4	0	4	0	Better
Staff	8	2	6	0	Average
Care in Hospital After Birth	7	1	6	0	Better
Feeding	3	0	3	0	Average
Care at Home after the birth	15	6	9	0	Not Given

2.0 CARBON AND ENERGY FUND

The first of the new boilers was installed in December and connected in to the hospital system. During the testing and validation period of the new boiler, significant problems arose and the boiler was taken off line. Remedial works have been undertaken and the unit is now operational and undergoing an extended proving period. This will delay completion of the project by an expected 6 weeks. Discussions are being held with the contractor about compensation for the Trust due to the delay in realising the energy saving later than expected.

The external lighting installation across the site is now 95% complete with new lighting installed in Willaston Crescent car park which has made a significant improvement to the area. Reconfiguration of the electrical distribution is ongoing and making good progress with new transformers and switchgear installed in the load bay area and HV ring in place up to Strayside wing.

3.0 EMERGENCY PLANNING AND PREPAREDNESS

3.1 Statement of Readiness

In September the Board endorsed the statement of compliance in relation to Emergency Preparedness Resilience and Response. Following the declaration of compliance, the tragic events occurred in Paris. In light of this NHS England and the Department of Health are learning from this event and reviewing existing procedures. As such, Trusts were requested to undertake a further review of EPRR in a letter from Dame Barbara Hakin in December 2015 (Gateway Reference No. 04494). Therefore please note that in addition to the recent statement of compliance, additional assurance is given that the following are in place:

Cascade systems

Communication and cascade systems are tested regularly. The test provides assurance that support can be activated in a timely manner. In the event that the primary communications systems are not available, the Trust has alternative methods of contact i.e. analogue phone lines, mobile phone contacts and walkie-talkies. Switchboard also have access to the home phone and personal mobile phone numbers for senior management and the executive team. Doctors in training posts contact details are available from Human Resources and department rota coordinators.

Site access during a disruption to the transport infrastructure

In the event that there is a disruption to the transport infrastructure, including public transport where appropriate, the Trust would follow procedures as per the Trust's Fuel Shortage Plan, utilising Trust vehicles to support maintaining safe staffing levels, along with call in procedures for staff living within walking distance.

Increased critical care capacity

Critical care capacity will be managed regionally using the NHS North of England Critical Care Escalation Plan. This Plan facilitates a significant increase in critical care capacity and capability over a protracted period of time in response to an incident, including where patients may need to be supported for a period of time prior to transfer for definitive care. Locally this is defined within the Trust's Flu Pandemic Plan.

Specialist advice

Specialist advice in relation to the management of a significant number of patients with traumatic blast and ballistic injuries would be sought from Leeds Teaching Hospitals NHS Trust, the Major Trauma Centre for this area.

3.2 Junior Doctors Strike Action Tuesday 12 January 2016

A significant amount of planning by Clinical and Corporate Directorate teams ensured that patient safety and operational performance were maintained on the day of the Junior Doctors Strike action. Consultants, SAS Doctors and other staff provided support on the day, to ensure no elective operations were cancelled and only a small number of outpatient appointments were postponed. In addition, a number of Junior Doctors stayed late the day before, at their own initiative, to ensure discharge letters and take home prescriptions were completed for Tuesday's discharges, for which they should be commended.

Planning continues for the next dates identified by the BMA for strike action, it is anticipated that they will be managed in a similar way with similar outcomes.

3.3 Internal Critical Incident Wednesday 13 January 2016

A full unexpected test of IT and communications business continuity plans occurred for a period of 7 hours following a major failure of IT, Telephony and Pager systems on the morning of 13 January. The cause has been identified and all current network protocols are being reviewed with our suppliers, to reduce the potential for any recurrence. Teams across the organisation acted quickly and ensured patient safety was maintained. Working with the CCG, an alternative referral number was provided to GPs for urgent referrals. Business continuity plans ensured that all emergency care was maintained and most elective activity continued, with the exception of 10 outpatient appointments and 6 elective procedures. In line with standard practice, a full debrief and review of plans is taking place to identify any changes to plans.

4.0 EMERGENCY DEPARTMENT (ED)

Harrogate ED achieved the 4 hour target in December. The additional staff required to deliver the improved staffing levels agreed with the Executive Team join the Department throughout January, and in addition to the usual induction, a rapid training programme has been developed for the unqualified staff to ensure that they are able to play an active role in the Department as soon as possible. The team are also developing standard operating procedures outlining the Department's response to pressures within the system and to ensure that response is consistent and the most effective.

5.0 GP OUT-OF-HOURS (GPOOH)

GP Out-of-Hours had a busy period in late December. Flooding on the 26th/27th December affected the number of calls received from NHS111 and this contributed to the 28th December being the busiest day of the period. Changes to shift patterns and the numbers of clinicians available at peak times made this year's workload more manageable. The service is currently experiencing difficulty in filling shifts in the Northallerton area. GPs recruited via a recent recruitment drive have generally only agreed to fill a limited numbers of shifts, and there is currently an advert out for qualified ACPs to work in the service which may help with some of the gaps. The clinical lead is currently working on identifying alternative methods of attracting GPs to work in the service.

6.0 'NO WRONG DOOR' SERVICE – OFSTED INSPECTION

The Trust received very positive feedback and an overall result of Outstanding from Ofsted inspectors who have been inspecting the 'No Wrong Door' service that our Speech and Language therapists provide. The feedback included the following points; children are kept safe, children clearly have trust and an appropriate reliance on the adults that work with them. There was lots of positive feedback from other professionals, and there is clearly an embedded culture of continuous improvement. The leadership and management of the service were described by the inspector as 'inspirational', and this clearly reflects on the team that are supported and driven to deliver the very best outcomes for young people.

7.0 SERVICE ACTIVITY

Variances above or below 3% are as follows:

For 2015/16 to date at the end of December, ED attendances were 3.2% below profile. For Leeds North and West CCG, follow-up outpatient appointments were 6.6% below plan and elective admissions were 8.9% above plan for the year to date.

8.0 FOR APPROVAL

The Board is asked to approve Quarter 3 Governance section of the Risk Assessment Framework as **Green** for submission to Monitor as detailed in the Integrated Board Report.

Report to the Trust Board of Directors: 27 January 2016	Paper No: 13.0
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Title	Workforce and Organisational Development Update
Sponsoring Director	Director of Workforce and Organisational Development
Author(s)	Director of Workforce and Organisational Development
Report Purpose	To provide a summary of performance against key workforce matters

<p>Key Issues for Board Focus:</p> <p>This report provides information on the following areas:</p> <ul style="list-style-type: none"> a) Workforce Performance Indicators b) Training, Education and Organisational Development c) Service Improvement and Innovation

Related Trust Objectives	
1. To deliver high quality care	
2. To work with partners to deliver integrated care	
3. To ensure clinical and financial sustainability	

Risk and Assurance	Any identified risks are included in the Directorate and Corporate Risk Registers
Legal implications/Regulatory Requirements	Health Education England and the Local Education and Training Board have access to the Trust's workforce data via the Electronic Staff Records system. Providing access to this data for these organisations is a mandatory requirement for the Trust

<p>Action Required by the Board of Directors</p> <p>The Board is asked to note and comment on the update on matters specific to Workforce, Training and Education, Service Improvement and Innovation and Organisational Development.</p>

Key Messages for January 2016

a) Clinical Excellence Awards

The following consultants have been awarded clinical excellence awards in the 2015 review:-

Consultant	Specialty	Award Level
Dr Ann Buxton	Histopathology	6
Dr Ian Cannings	Paediatrics	3
Dr Tom Collyer	Anaesthetics	3
Dr Caroline Costello	Radiology	1
Dr Adam Culverwell	Radiology	1
Dr Claire Hall	Haematology	7
Dr Chandra Jampala	Paediatrics	1
Dr Catherine Lawson	Rheumatology	2
Mr Nick London	Trauma and Orthopaedics	8
Mrs Sarah Mackenzie	Ophthalmology	2
Dr Hilary Moss	Radiology	8
Dr Will Peat	Anaesthetics	2
Dr Katharine Scott	Microbiology	1
Mr John Simpson	General Surgery	2
Dr John Smith	Acute Medicine	3
Mr Gavin Walters	Ophthalmology	7

No appeals have been received since the results were announced.

b) Job planning

The latest job planning figures are shown below for Consultants and SAS Grades as at 31 December 2015. A target of full compliance by 31 December 2015 had previously been agreed at SMT for all Directorates. Further action is now being taken including direct communication with the doctors' concerned providing them with a copy of the job plan template for them to complete, in order to achieve full compliance.

DECEMBER JOB PLANNING CENTRAL REPORT – CONSULTANTS

Directorate	Number of Consultants	Job Plans within 12 months	%	Job Plans older than 12 months	%	Number of Consultant with no Job Plans recorded	%
Urgent Community and Cancer Care	24	17	70.83%	7	29.17%	0	0.00%
Elective Care	57	32	56.14%	14	24.56%	11	19.30%
Integrated Care	38	36	94.74%	1	2.63%	1	2.63%
Total	119	85	71.43%	22	18.48%	12	10.08%

DECEMBER JOB PLANNING CENTRAL REPORT - SAS GRADES

Directorate	Number of SAS Doctors	Job Plans within 12 months	%	Job Plans older than 12 months	%	Number of SAS Doctors with no Job Plans recorded	%
Urgent, Community and Cancer Care	5	5	100.00%	0	0.00%	0	0.00%
Elective Care	38	6	15.79%	3	7.89%	29	76.32%
Integrated Care	2	2	100.00%	0	0.00%	0	0.00%
Total	45	13	28.89%	3	6.67%	29	64.44%

c) Medical Staffing

Difficulties are currently being experienced with the provision of cover in Gastroenterology. The Integrated Care Directorate is trying a number of different initiatives to fill gaps on rotas via a variety of methods.

Gaps in middle grade rotas due to unfilled allocations by Health Education England – Yorkshire and the Humber are creating service pressures in medicine. A number of instances where consultant medical staff have provided resident on-call cover have now occurred due to the lack of availability of internal locums or agency locum doctors to cover the posts that have not been allocated to HDH or due to sickness. It is clear that consideration needs to be given to a potential new service model in medicine as the current position is not sustainable in the long term. Other specialties continue to be affected by the inability of all posts to be allocated a junior doctor in training but to a lesser extent than in medicine. A meeting was recently held by Health Education England in Yorkshire and the Humber to discuss the fill rates of junior doctor posts following their recruitment processes and the impact this was having on providers. A report from this meeting is due to be sent to providers in the near future including any actions planned at a regional level in order to deal with this matter.

d) Agency Cap Rates

Progress against the implementation of the Monitor Agency Cap rates of pay is being made across the Trust. The Trust has implemented Phase 1 of the capped rates along with an escalation process should we need to pay beyond the current Agency cap. Phase 2 of implementation takes effect from 1 February 2016 and the HR team are meeting with Comensura (the Trust's neutral vendor for the supply of agency locum medical staff) to agree the introduction of the new rates. A weekly return is being submitted to Monitor in line with the guidance. There are a number of areas escalating beyond the caps at present due to patient safety issues that could arise if the Trust did not do so. Meetings are currently being scheduled with HR and Finance to agree plans with these areas to

reduce the rates and bring into line with the agency cap where it is safe and possible to do so.

e) Recruitment

An intense focus on registered nurse and care support worker recruitment continues. Currently we have made offers to and are progressing pre-employment checks for 54 nurses and 56 Care Support Workers for all areas of the Trust including those recruited to support our Vanguard work. This nurse figure includes 17 nurses that qualify later in the year and could therefore be considered a risk due to the volatile nature of the labour market for registered nurses. A new Facebook campaign has been launched in partnership with an external agency and this has begun to identify potential candidates and these are being contacted to discuss visits and interviews. All of the recruitment content for the existing website has been reviewed and new content is being prepared in anticipation of the launch of the new Trust website – this will include specific pages on nursing and medical careers at HDFT. In addition to this a further nurse recruitment open day (also being advertised via Facebook) is planned for Saturday 23 January and members of the nursing and recruitment teams will be in attendance to support the process. A bonus payment scheme for providing additional nurse shifts on Byland and Jervaulx Wards has been introduced.

Further discussions with our main University partners for the supply of student nurses are continuing in order to try and achieve more targeted and local recruitment to these programmes.

f) Mobilisation of Darlington, Durham and Middlesbrough Contracts

Following the recent successful tenders to provide Children's Services in Darlington, Middlesbrough and Durham, the mobilisation plans are now underway to support the transition of the transferred staff and services with a contract start date of 1 April 2016. The awarding of this new contract will significantly increase the HDFT workforce. Staff presentations took place week commencing 11 January 2016 for County Durham and Darlington.

Discussions with all parties are ongoing around the workforce support required to transfer staff and support them after the transfer.

g) Junior Doctors' Industrial Action

During the 24 hour period of industrial action by junior doctors that commenced at 8.00 am on 12 January 2016 the Trust had 45 junior doctors that participated in the industrial action. There was also media coverage from HDFT that was shown on the BBC.

Many people across the Trust stepped up to allow the maintenance of an almost full level of service while respecting the right of colleagues to take industrial action. All surgery went ahead with no cancellations but a small number of outpatient appointments had to be re-scheduled. The further planned 48-hour period of industrial action in January 2016 involving emergency only cover by junior doctors has now been cancelled whilst talks involving ACAS continue in order to try and achieve a resolution to the national contract dispute. All staff involved in providing cover for the industrial action on 12 January were thanked for their contribution as well as our junior doctors who handled their period of industrial action in a professional manner.

h) Health and Wellbeing

In collaboration with Sheffield Hallam University Centre for Sport and Exercise Science, Harrogate and District NHS Foundation Trust are piloting a workforce wellness programme for 12 months. This will offer a one to one health and lifestyle review, entitled SHU Wellness.

The service consists of a one hour long appointment testing an individual's Blood Pressure, Cholesterol, body composition, lung function and aerobic fitness. Feedback will be given at the end of the session including a personalised report, and guidance on how to make positive health and lifestyle changes. This

results in the development of a personalised plan with the individual.

After a six month study in Sheffield Teaching Hospitals NHS Foundation Trust using the SHU wellness programme; there was a reduced CVD risk with fitter and healthier staff. The programme had a positive impact with 87% of the participants being motivated to make changes to their lifestyle. Harrogate and District NHS Foundation Trust hope to see similar changes so please promote this service.

i) Equality Delivery System (EDS2) – Workforce

Following the publication of our Workforce Race Equality Scheme information on the intranet, the Trust is in the process of completing an assessment against the workforce standards set out in the national EDS. This work will result in an action plan being developed in support of any areas where the Trust assesses the need for improvement or changes to be made. Progress will be reported into the Equality Group and the Workforce and OD Steering Group.

j) Progress against the Workforce and OD Strategy

The following headline actions have now been taken in line with the strategic objectives set out in the above Strategy.

Developing the best behaviours

1. The Trust's Values and Behaviours Framework was launched on 24 August 2015.
2. A Communication plan was developed to support launch of values and behaviours.
3. Work has commenced on redesigning template questions for selection of potential employees to incorporate values and behaviours into the interview and selection process.
4. Lanyards have been distributed to the workforce clearly identifying the new values.
5. Briefing sessions regarding the launch have been held.
6. The new Appraisal policy and guidance incorporating Values and Behaviours has been launched.
7. New staff recognition schemes are being developed as part of the mobilisation plan for the Quality Charter and to recognise those staff members who demonstrate they are incorporating the values into their everyday work.

Learning and Organisational development

1. A new leadership development programme called Pathway to Management took place on 19 and 20 October 2015 and was fully subscribed. Further dates have been booked for 2016.
2. OD infrastructure and capacity building opportunities have been circulated throughout the Trust including to operational directors and those involved in Clinical Transformation Board projects.
3. The Trust's Leadership Group has been established with a number of meetings now having taken place involving senior leaders from representing all staff groups.
4. The first draft of Leadership Development Strategy has now been developed and is the subject of internal consultation and consideration with finance colleagues regarding the financial implications.
5. Further Leadership Development programmes for Matrons & Senior Nurses and Consultant Medical Staff have now taken place with a further programme planned for our new colleagues from County Durham, Darlington and Middlesbrough.

Health & Wellbeing

1. The Health and Wellbeing Intranet Site was launched on NHS change day.
2. Promotion of key National Health and Wellbeing days/week e.g. Mental Health Awareness, Dry January has taken place.
3. The Trust is an active member of the NHS Employers Health and Wellbeing Network.
4. A three month Pilot Personal Resilience programme for staff and managers has now been completed. Evaluation is on-going and due to be finalised by April 2016.
5. A baseline analysis against NICE guidance for health and wellbeing has taken place and it is considered that the Trust is currently achieving all standards.
6. A Business case was developed and approved for a 12 month pilot implementation of the Sheffield Hallam University Wellness programme. An appointment has now been made to the SHU Wellness role to implement the programme.
7. Induction and orientation of SHU Wellness Advisor is now taking place along with the production of promotion materials to launch the SHU Wellness.
8. Mentally Healthy workplace training is scheduled to commence February 2016.

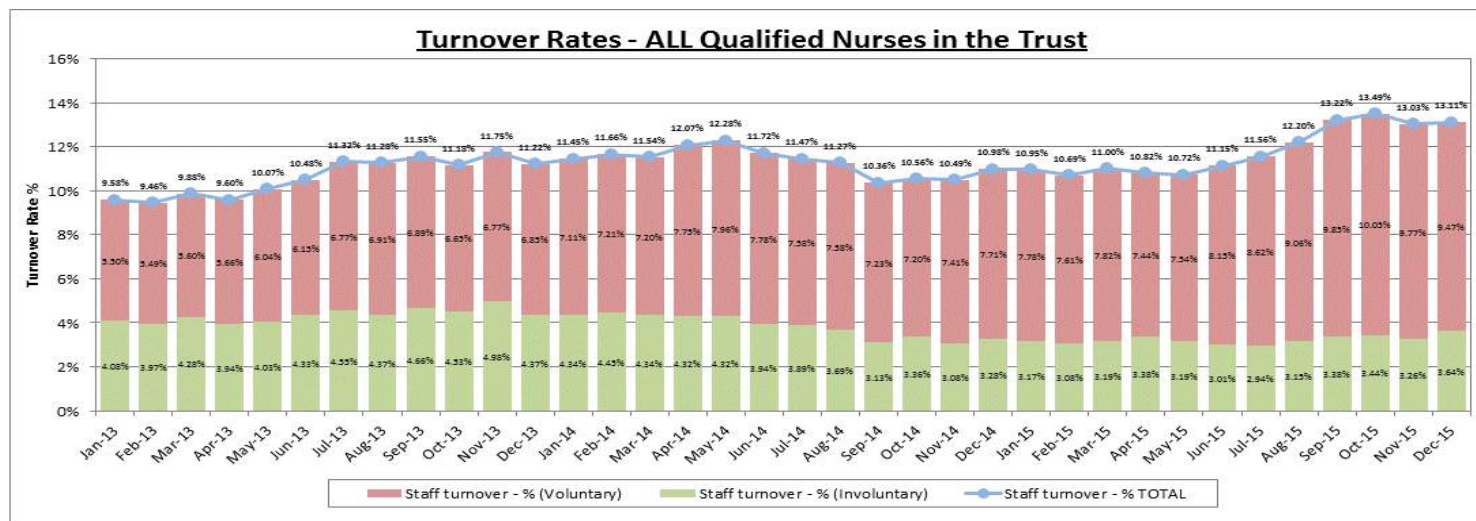
Workforce Redesign & Reward

1. A company called Ocean's Blue were commissioned to assist with finding efficiencies to implement effective rostering. Their findings are due to be reported week commencing 25 January 2016. This has involved wide stakeholder achievement.
2. New Consultant, Speciality doctor and Associate specialist job planning policies have been negotiated and agreed with the Trust's Local Negotiating Committee along with a local Schedule 15 pay-progression policy for medical staff.
3. Updated job plan compliance information is routinely shared across the Trust.
4. The Trust's Pay Progression Policy continues to be successful in assisting with appraisal and mandatory training compliance and general objective achievement.

Equality and Diversity

1. The Workforce Related Equality Scheme indicators are published on the Trust's internet site.
2. Work has progressed to self-assess against the national Equality and Delivery Scheme workforce standards
3. A Workforce Equality Group with Directorate representation has been established with wide stakeholder engagement.
4. Detailed action planning will take place via the Equality Group following the publication of the National Staff Survey results.

Turnover Rates



The Trust is tracking carefully the turnover position and improving systems to capture exit interview feedback. It should also be noted that many newly qualified member of staff are often and increasingly transient in nature following a short period of post qualification experience prior to progression through the pay bands. This situation is exacerbated by national recruitment difficulties with demand exceeding supply. A full report regarding labour turnover in all staff groups will be brought to the next meeting of the Board of Directors.

Board Committee report to the Board of Directors

Committee Name:	Finance Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	7 th January 2016
Date of Board meeting for which this report is prepared	27 th January 2016

Summary of live issues and matters to be raised at Board meeting:

1. Terms of Reference (TOR) were reviewed alongside the recommendations from the recent Well-Led Review. Updated TOR is included on this agenda for approval by the Board.
2. For 2015/16 there is confidence that the CIP will be achieved in full. The Plan was for an in year surplus of £1.8m. The year to date position at November was a deficit of £436k. At year end it is expected that there will be a break-even or small surplus position.
3. In relation to the 2016/17 Business Plan, in accordance with the National Guidance, the following deadlines have been set:
 - 29th January 2016 – localities to submit proposals for the geographical scope of their Sustainability and Transformation Plan (STP), referred to as the STP footprint.
 - 8th February 2016 – submission of full 2016/17 operational plan.
4. As the quarterly Financial Sustainability Risk Rating (FSRR) now takes account of a Trust's ability to deliver its financial plan, the forecast surplus projected for 2016/17 will need to take adequate account of identified risks and contingency requirements.
5. The Finance Committee will meet again on 4th February 2016 to review the 2016/17 Operational Plan prior to submission.

Are there any significant risks for noting by Board? (list if appropriate)

- Item 4 above.

Matters for decision

- TOR for approval elsewhere on the agenda.

Action Required by Board of Directors:

None

Terms of Reference

Finance Committee

1. **Accountable to:** Board of Directors

2. Purpose of the group

The Finance Committee is a committee of the Board of Directors of Harrogate and District NHS Foundation Trust, with oversight of the development and delivery of the financial plan of the organization.

3. Responsibilities

The key responsibilities of the group are:

- To scrutinise the development of the Trust's financial and commercial strategy, both revenue and capital.
- To scrutinise the assumptions and methodology used in developing the financial strategy, including activity modelling and efficiency assumptions.
- To recommend to the Board the 5 year financial plan and annual operational financial plan for approval and submission to Monitor / NHS Improvement
- To scrutinise and ensure appropriate due diligence is undertaken in relation to any significant transactions as defined by Monitor / NHS Improvement
- To scrutinise the annual Cost improvement Programme and review the impact on the Trust.
- To ensure that annual financial plan is consistent with financial strategy.
- To scrutinise the Trust budget prior to approval by the Board.
- To review the capital programme in line with the financial plan.
- To review the activity plans in line with the financial planning assumptions.
- To review quarterly financial performance before submission to Monitor / NHS Improvement
- To assess the impact of financial performance on the Financial Services Risk Rating
- Oversee implementation of service line reporting

- To review service line information, profitability of service lines and the impact of activity delivery on financial performance
- To undertake any relevant matter as requested by the Board of Directors

4. Audit Committee

The Audit Committee will maintain full oversight of the Annual Accounts process and also Treasury Management policy, as well as areas such as SFIs which are part of the Trust's system of control.

5. Membership

The core membership comprises:

Title	Deputy	Attendance
Mrs Maureen Taylor, Non Executive Director (Chair)	n/a	Full
Mr Ian Ward, Non Executive Director		Full
Mr Chris Thompson, Non Executive Director		Full
Mrs Lesley Webster, Non Executive Director		Full
Mr Jonathan Coulter, Director of Finance		Full
Mr Robert Harrison, Chief Operating Officer		Full
Mr Paul Nicholas, Deputy Director of Performance and Informatics		Full
Mr Jordan McKie, Deputy Director of Finance		Full
Mrs Catherine Gibson – Corporate PA (Admin support)		Full

Ad hoc attendance may be by invitation of the Chair.

6. Quorum

Quorum will be 3 members of the Committee, with at least 2 Non-Executive and 1 Executive Director at each meeting.

7. Administrative support

Admin support will be provided by Mrs Catherine Gibson, Corporate PA

8. Frequency of meetings

The Committee will meet 6 times per year.

For 2016/17 these meetings will be in April, June, September, October, December and February.

Additional meetings may be scheduled if necessary and agreed by the Chair of the Committee.

Minutes will be reported to the Board of Directors and copied to the Audit Committee.

9. Date

January 2016

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	Thursday 10 th December 2015
Date of Board meeting for which this report is prepared	Wednesday 27 th January 2016

Summary of live issues and matters to be raised at Board meeting:

1. A recent audit by Capita for Monitor of reference costing has raised some concerns and a series of recommendations. The Committee is required to monitor compliance with the recommendations and will therefore receive a progress update in April.
2. There has been excellent progress by management on the implementation of Internal Audit recommendations, with no outstanding High priority recommendations at the time of the meeting. However SMT has now been asked to focus on the speed of response by management to draft reports following instances of delayed formal response.
3. Following recent audits of medical equipment recording and travel & transport expenditure, the Committee has asked management to consider opportunities for introducing more consistent procedures and processes across directorates, with a view to reducing costs and improving efficiency.
4. The Committee were informed of the increasing prevalence of supplier related fraud and agreed the need for greater vigilance across the organisation.
5. It has been agreed that in future where Internal Audit have been asked by management to undertake work on areas of risk that they have identified, there will be a 2 stage review approach with the first stage being to support management in the identification of specific improvements and the second being to revisit the area after 3 to 6 months to assess progress with the implementation of the agreed improvements.

Are there any significant risks for noting by Board? (list if appropriate)

- The Committee considered whether there are new risks for the Trust associated with potential industrial action by junior doctors and consultants, and were reassured by management that appropriate contingency plans had been developed to manage these and other related risks.

Matters for decision

- **The Audit Committee Terms of Reference have been updated. All changes relate to the changes to the scope of work of the Committee and the attendees following the establishment of the Quality Committee.**

Action Required by Board of Directors:

The Board of Directors is asked to note the contents of this report and approve the revised Terms of Reference for the Committee.

AUDIT COMMITTEE TERMS OF REFERENCE

Accountable: to the Board of Directors

Reporting: to the Board of Directors

Constitution

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

Membership

The Committee shall be appointed by the Board from amongst the non-executive directors of the Trust and shall consist of not less than three members. One member of the Committee should have recent and relevant experience (e.g. audit/financial accounting/financial management). One of the members will be appointed Chair of the Committee by the Board. The Chairman of the organisation shall not be a member of the Committee.

Quorum

A quorum shall be two members.

Attendance

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

The Chief Executive should be invited to attend and should discuss at least annually with the Audit Committee the process for assurance that supports the Annual Governance Statement. He or she should also attend when the Committee considers the annual accounts. All other executive directors should be invited to attend, particularly when the Committee is discussing areas of risk or operation that are the responsibility of that director.

Governors are also invited to attend the Audit Committee meetings in an observational capacity.

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

Frequency

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

Authority

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

Duties

The duties of the Committee can be categorised as follows:

Governance, Risk Management and Internal Control

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

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

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

In carrying out this work the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate,

concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

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

Internal Audit

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

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

External Audit

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

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

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

Clinical Assurance

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

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

The Quality Committee will provide assurance from the clinical audit function. The Audit Committee will review the work of the Quality Committee by receiving minutes, and exception reports from the non-executive director who is a member of both committees. In addition, the Deputy Director of Governance also attends both committees.

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

Counter Fraud

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

Security Management Service

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

Management

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

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

Financial Reporting

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

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

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

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

Standing Orders, Standing Financial Instructions and Standards of Business Conduct

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

Quality Account

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

Other Matters

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

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

The Committee shall also:

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

The Committee shall be supported administratively by the Secretary, whose duties in this respect will include:

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

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

As agreed with the Governors, the Audit Committee Chairman shall be available to attend the AGM and shall answer questions through the Chairman of the Board of Governors on the Audit Committee's activities and responsibilities.

Review

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

January 2016