

The meeting of the Board of Directors held in public will take place on
Wednesday 29 March 2017 Boardroom, Harrogate District Hospital, HG2 7SX

Start: 9.00am Finish: 12.15pm

AGENDA			
Item No.	Item	Lead	Paper No.
09.00am – 11.00am			
1.0	Welcome and Apologies for Absence <i>To receive any apologies for absence</i>	Mrs S Dodson, Chairman	-
2.0	Declarations of Interest and Register of Interests <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs S Dodson, Chairman	2.0
3.0	Minutes of the Board of Directors meetings held on 22 February 2017 <i>To review and approve the minutes</i>	Mrs S Dodson, Chairman	3.0
4.0	Review Action Log and Matters Arising <i>To provide updates on progress of actions</i>	Mrs S Dodson, Chairman	4.0
5.0	Report by the Chief Executive Including the Integrated Board Report <i>To receive the report for comment</i>	Dr R Tolcher, Chief Executive	5.0
6.0	Report by the Finance Director <i>To receive the report for comment</i>	Mr J Coulter, Deputy Chief Executive/ Finance Director	6.0
7.0	Operational Plan 2017/18 – 2018/19 <i>To be considered and noted by the Board</i>	Mr J Coulter, Deputy Chief Executive / Finance Director	7.0
11.00am – 11.10am – Break			
11.10am – 12.15pm			
8.0	Report from the Chief Operating Officer <i>To receive the report for comment</i>	Mr R Harrison, Chief Operating Officer	8.0
9.0	Report from the Chief Nurse <i>To receive the report for comment</i>	Mrs J Foster, Chief Nurse	9.0
10.0	Report from the Medical Director <i>To receive the report for comment</i>	Dr D Scullion, Medical Director	10.0
11.0	Report by the Director of Workforce and Organisational Development <i>To receive the report for comment</i>	Mr P Marshall, Director of Workforce & Organisational	11.0

		Development	
12.0	Oral Reports from Directorates <i>11.1 Planned and Surgical Care</i> <i>11.2 Children's and County Wide Community Care</i> <i>11.3 Long Term and Unscheduled Care</i>	Dr K Johnson Clinical Director Dr N Lyth, Clinical Director Mr A Alldred, Clinical Director	- - -
13.0	Committee Chair Reports <i>To receive the report from the Quality Committee meeting held 1 March 2017</i> <i>To receive the report from the Audit Committee meeting held 9 March 2017</i>	Mrs L Webster, Non-Executive Director / Quality Committee Chair Mr C Thompson, Non-Executive Director / Audit Committee Chair	13.1 13.2
14.0	Freedom of Information Act Requests Annual Report 2016 <i>To receive and consider the report</i>	Mr Andrew Forsyth, Compliance and Revalidation Manager	14.0
15.0	Procurement Transformation Plan <i>To receive the report for comment</i>	Mr J Coulter, Deputy Chief Executive / Finance Director	15.0
16.0	Other matters relating to compliance with the Trust's Licence or other exceptional items to report, including issues reported to the Regulators <i>To receive an update on any matters of compliance:</i>	Mrs S Dodson, Chairman	-
17.0	Any other relevant business not included on the agenda <i>By permission of the Chairman</i>	Mrs S Dodson, Chairman	-
18.0	Board Evaluation	Mrs S Dodson, Chairman	-
Confidential Motion – the Chairman to move: <i>Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly 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	<ol style="list-style-type: none"> 1. Specialist Adviser to the Care Quality Commission 2. Member of NHS Employers Policy Board
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	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 2. Charity Trustee of Acomb Methodist Church, York
Mr Phillip Marshall	Director of Workforce and Organisational Development	<ol style="list-style-type: none"> 1. Member of the Local Education and Training Board (LETB) for the North
Mr Neil McLean	Non-Executive Director	Director of: <ul style="list-style-type: none"> - Northern Consortium UK Limited (Chairman) - Ahead Partnership (Holdings) Limited - Ahead Partnership Limited - Swinsty Fold Management Company Limited - Acumen for Enterprise Limited
Professor Sue Proctor	Non-Executive Director	<ol style="list-style-type: none"> 1. Director and owner of SR Proctor Consulting Ltd 2. Chair, Safeguarding Board, Diocese of York 3. Member – Council of NHS Staff College (UCLH) 4. Associate – Good Governance Institute 5. Associate – Capsticks

Dr David Scullion	Medical Director	1. Member of the Yorkshire Radiology Group
Mrs Maureen Taylor	Non-Executive Director	None
Mr Christopher Thompson	Non-Executive Director	1. Director – Neville Holt Opera 2. Member – Council of the University of York
Mr Ian Ward	Non-Executive Director	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

March 2017

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in public on Wednesday 22 February 2017
8.45 a.m. in the Board Room, Trust Headquarters, Harrogate District Hospital.

Present: Mrs Sandra Dodson, Chairman
Dr Ros Tolcher, Chief Executive
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mrs Jill Foster, Chief Nurse
Mr Phillip Marshall, Director of Workforce and Organisational Development
Professor Sue Proctor, Non-Executive Director
Mr Neil McLean, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Mr Ian Ward, Non-Executive Director
Mrs Lesley Webster, Non-Executive Director
Mrs Maureen Taylor, Non-Executive Director

In attendance: Mr Brian Courtney, Interim Company Secretary
Mr Andrew Alldred, Clinical Director for Long Term and Unscheduled Care
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services
Dr Claire Hall, Deputy Medical Director
Mr Paul Nicholas, Deputy Chief Operating Officer
Dr Chunda Sri-Chandana, Deputy Clinical Director / Consultant Anaesthetist

1. Welcome and Apologies for Absence

Apologies for absence were received from Dr David Scullion, Medical Director, Mr Robert Harrison, Chief Operating Officer and Dr Kat Johnston, Clinical Director. Mrs Dodson welcomed to the meeting two elected Governors, two trainee nurses and Paul Widdowfield, Marketing and Communications Manager.

2. Declarations of Interest and Board Register of Interests

There were no declarations of interest relevant to items on the agenda.

3. Minutes of the meetings of the Board of Directors on 25 January 2017

The draft minutes of the meetings held on 25 January 2017 were considered.

APPROVED:

- **The Board of Directors approved the minutes of the meetings held on 25 January 2017 as accurate records of proceedings, subject to three minor changes.**

4. Review of Action Log and Matters Arising

Completed actions were noted.

Items 2, 5, 7, 9, and 10 were closed

Item 6 – was deferred to May.

Item 8 – was deferred to March.

Item 19 – deferred to March.

Item 1 – regarding Quality of Care Teams. Mrs Foster advised that the review had been completed; however it was felt a further report should be made to the Quality Committee in three months' time, before being brought back to the Board. The annual review would also give the opportunity to review the governor membership. It was also felt that a briefing note for governors would assist understanding their role more fully.

Item 9 – Dr Tolcher advised that following a review the Informatics team was felt to be the right size and therefore the item was closed

ACTION:

- **Actions 1, 2, 5, 7, 9, and 10 were closed.**
- **A report of the effectiveness of Quality of Care Teams to be brought to the Quality Committee in three months.**
- **A briefing note on the role of Governors in Quality of Care Teams to be produced.**

Overview by the Chairman

Mrs Dodson passed her congratulations to Mr Thompson on the unanimous support for his re-appointment as a Non-Executive Director at the recent Council of Governors meeting. She also congratulated Professor Proctor on her appointment as Chair of the Leeds and York Partnership NHS Foundation Trust. Professor Proctor will take up the role on 1 April 2017 and Mrs Dodson thanked her for her contribution to the Board at Harrogate and stated that she would be greatly missed. Mrs Dodson then set out three themes for the meeting - firstly financial performance, secondly patient flow management, including Delayed Transfers of Care (DToC) and finally recruitment and retention, with particular focus on the specialist clinical workforce.

5. Report by the Chief Executive including the Integrated Board Report (IBR)

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

5.1 Dr Tolcher highlighted the considerable operational pressures the hospital was still facing. DToC had increased with particular issues having arisen in Leeds over the Christmas period due to Community Support teams being closed to referrals over the holiday period. Dr Tolcher confirmed that the Trust was currently part of a CQC inspection in respect of "Looked after Children" services in North Yorkshire. Early indications from the visit were encouraging with no serious concerns raised.

5.2 In respect of the contract with the HaRD CCG, Heads of Terms had been agreed, although it has yet to be signed.

5.3 In relation to New Models of Care, Value Proposition funding of £1.5m for the final year has now been confirmed. Feedback from the NHS England New Care Models team visit had highlighted the need to accelerate the pace at which elements of the model were being implemented. The proposal came with some significant challenges as the national team were looking for substantial local investment linked to specific and tangible actions. The CCG was unable to commit to local investment due to its current deficit position.

5.4 In relation to Stroke Services Dr Tolcher drew the Board's attention to a six week engagement exercise which commenced on 1 February. This work was being supported by the Strategic Clinical Network and was being driven by the need to optimise outcome by better coordination and improved access to hyper-acute services. The Trust supported the proposal and was working with partners across the STP (Sustainability and Transformation Planning) area. The proposal had generated significant media interest.

5.5 Updating on the work of the Harrogate Health Transformation Board (HHTB), Dr Tolcher reiterated the challenge of ensuring affordability of the New Care Model in the longer term, in the context of a large commissioner deficit. Finance Directors were to review existing investment and impact on system costs with a view to agreeing an investment profile for 2017/18.

5.6 In relation to the Trust's financial position, the January position represented a deterioration from that reported in December, with Q4 STP funding now being at risk. This position was driven by both income shortfalls and net overspending. Income deteriorated as a result of acute income being behind plan in month, including some adverse impact of changes to the community contract and casemix not being as rich as previously expected. Overspending in medical staffing continued to be high and non-pay costs had not fallen at the anticipated rate. Work was underway to support Directorates in bringing income and spending back on plan. January had seen a large increase in new referrals due to the backlog held by the CCG Referral Support Service (RSS) being cleared.

5.7 Dr Tolcher drew attention to the encouraging position in regard to SIRC numbers. There had been only two reported SIRIs in 2016/17 year to date, a significant reduction on 2015/16 when there had been eleven for the same period. This reflected positive changes to governance and learning from incidents.

5.8 In terms of the Board Assurance Framework (BAF) the current risk score for BAF#14, the risk to the delivery of integrated care, had increased to reflect the risk associated with funding of the New Care Model. As to the Corporate Risk Register (CRR), Dr Tolcher highlighted a risk that had been removed from the CRR: CR9 - Risk to the sustainability of service delivery and acute rotas due to withdrawal of trainees in Medicine by the GMC / HEE YH. The Trust had been taken off enhanced monitoring and as a result the risk relating to trainees in medicine had now been reduced and the risk had, therefore, been removed from the CRR. Dr Tolcher highlighted two other changes to the CRR. CR2- Risk to the quality of service delivery in Medicine due to gaps in rotas following the Deanery allocation process. Whilst the corporate risk score remained unchanged, the target risk score had been increased to 9 and the target date extended to December 2017. CR5- Risk to service delivery due to lack of experienced registered nurses due to the failure to fill registered nurse vacancies due to the national labour market shortage. Again, whilst the corporate risk score remained unchanged given the current workforce environment the target risk score had been increased to 9 and the target date extended to December 2017. This position was considered to more accurately reflect the level of ongoing risk. Finally Dr Tolcher highlighted a number of new risks which had been added to the CRR: CR 19 - Risk to patient safety due to lack of provision of Acute Oncology, CUP (cancer of unknown origin), Breast and Urology Oncology services. This risk was added to the Register following a notice of resignation from the Trust's lead oncologist.

HDFT had a clinical alliance with York for Oncology provision, but there had been issues in recruiting to vacant posts during last 18 months; CR 20 - Risk to patient safety due to inadequate support to junior doctors working night shifts was added to the Corporate Risk Register. Whilst it was considered likely that the risk associated with the resident surgical middle grade on call rota would be resolved soon, the current risk rating was such that escalation to the CRR was deemed appropriate.

5.9 Mr Ward commented that Mr Harrison had stated at a previous meeting that the Trust had the highest percentage of beds affected by DToC in the region and queried why this should be. Dr Tolcher commented that the issue was about patient flow and that the number of delayed transfers was dependent upon the availability of beds in the wider system. It was particularly impacted by the number of nursing home beds in the local system with Airedale, for example, having access to a far higher number of nursing home beds than Harrogate did. Dr Tolcher stressed that the figures did not indicate that the Trust was performing badly, although internal processes for managing discharge were important, it highlighted the pressures across the local system. Cuts to Social Care funding had contributed to delays in discharging people eligible for social care funding but the pressure on care home and domiciliary care was felt equally by self-funding patients.

5.10 Mrs Taylor asked how Vanguard schemes were to be evaluated. Dr Tolcher explained that money had been set aside for evaluation which would involve internal evaluation and independent third party scrutiny, a report was expected by July. Mr Thompson asked if lessons were being learnt from the work Airedale was doing around discharge and admission avoidance. Dr Tolcher commented that elements of the Airedale Care Home Vanguard work were being replicated (eg telehealth) across Harrogate district and that Harrogate already had designated GPs linked to care homes.

5.11 Professor Proctor highlighted the work being done in West Yorkshire and Harrogate to develop a strategic commissioning function with a single contract across bed based care. She felt it important that the Trust was in a position to respond to this development. Mr Coulter agreed and said this opened up the possibility of repatriating work from Leeds and other Trusts in West Yorkshire which potentially might be of benefit to the CCG. Mr Ward commented in relation to the HHTB that the Trust needed to concentrate on areas which would generate the greatest benefit. Mr McLean asked whether the Trust was funding the New Models of Care work above what was being commissioned. Mr Coulter responded that this was not the case and the Trust was being fully reimbursed for its investment through the community services contract and the national VP funding, and was not subsidising the New Models of Care Programme.

5.12 Mr Ward questioned what the underlying issues were resulting in the Trust's adverse financial position. Mr Coulter stated this was a combination of a number of factors. Income was £1m adverse of plan in Month 10, with costs £600k above plan. Cancelled elective operations had cost the Trust circa £100k in lost income, wards on average were overspending by circa £100k each month. Finally Medical Agency spend was running at £2.7m over budget for the year to date. Mr Coulter explained that when he had alerted NHS Improvement (NHSI) to the possibility that the year-end forecast may not be delivered he had been sent a 56 action checklist and asked to go through this; this work was currently underway. The checklist included many actions that the Trust had already taken, but some suggestions were being pursued as they potentially delivered benefits in future years. He stressed that there was still a great deal that could be done to recover the position. The Trust would spend £25m in the final two months of the year and all areas needed to look at what expenditure could be avoided. Mr Ward asked why activity such as elective day cases, was behind plan and did this reflect the introduction of the referral management system being put

in place. Mr Coulter responded that the referral management proposals had not impacted as it had only been put in place on 14 February.

5.13 Mr McLean commented that as far as the West Yorkshire and Harrogate Sustainability and Transformation Plan (WYHSTP) were concerned more attention needed to be given to communications. The reference to terms such as hyper-acute stroke only confused the public; there was a need to keep it simple.

5.14 Professor Proctor queried the rise in activity coded as re-admissions highlighted in the Integrated Board Report (IBR) and asked if the Trust understood the drivers behind the increase. The Trust was undertaking some benchmarking work to understand this better. It was suggested that re-admissions should be subject to a deep dive at the Board Strategy Day on 15 March and that the benchmarking data should be shared with the Board prior to 15 March. Mr Alldred agreed to do this. It was also suggested that the narrative in the IBR should include more interpretation and explanation. Case note review of activity coded as readmissions had not raised any concerns in respect of clinical care.

Action:

- **Re-admission rates to be the subject of a deep dive at the Board Strategy Day on 15 March 2017.**
- **Benchmarking data on re-admissions to be shared with the Board prior to 15 March.**

5.15 Mr Ward queried the “new to follow up” ratio and could the Trust be assured that patients were not being adversely affected by the reduction in follow up appointments. Mr Nicholas commented that the need for follow-ups was being built into the pathways of care. Mr Alldred stressed that any changes to follow-ups was clinically-led. Dr Hall stated it was important to empower patients to come back and seek a follow up if they were in any way concerned about their treatment.

5.16 Mrs Taylor asked about the incidence of falls and was there a rising trend? Mrs Foster stated that both December and January recorded the number of falls at the high end of the range normally seen at the Trust. Mrs Foster highlighted that three falls had led to fractures and these had been investigated which had led to some revised protocols relating to blood pressure. The Trust took the incidence of falls very seriously and the position was monitored constantly, she highlighted that the total number of falls was 16% down on last year.

5.17 Mr Thompson asked about staff turnover rates and whether it was increasing and did the Trust know why. He asked if exit interviews were being undertaken with staff and was advised that staff leaving the Trust were given a questionnaire. Mr Marshall stated he would highlight work currently underway in this area in his next report to the Board.

5.18 Theatre utilisation rates were discussed. It was agreed that this metric required further development to reflect not only use of planned sessions but overall resource utilisation rates.

5.19 Dr Tolcher asked for the Board’s views on the IBR. Mr McLean felt there was a danger that the IBR was becoming too complex with too much emphasis on national data and not enough emphasis on how the Trust was performing, Mrs Dodson suggested that the IBR be reviewed post April by a small group. Mr Thompson agreed and said he felt the report would benefit from more information around Children’s Services. Mr Coulter felt caution was needed in including more information as there was danger the report would become too big and lose value. Dr Lyth said perhaps the solution was to include certain key information every month, with others moving to quarterly. Mrs Dodson suggested the way forward was for the IBR to be

reviewed by a small group to include the Chairs of the Audit, Finance and Quality Committees, one Clinical Director, Mr Harrison and Mr Coulter, details to be finalised next month.

Action:

The IBR to be reviewed by a small group to include the Chairs of the Audit, Finance and Quality Committees, one Clinical Director, Mr Harrison and Mr Coulter, post April 2017. Membership and details to be confirmed next month.

6. Report by the Director of Finance

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

6.1 The Trust's financial position had been covered in part under the Chief Executive's report (item 5). Mr Coulter reiterated the deterioration in the Trust's financial position and that this put at risk the receipt of S&T funding in Q4.

6.2 Mr Coulter outlined that the Trust faced three options of "do nothing", with the result in the loss of S&T funding, a "likely case", which also resulted in the loss of S&T funding, or a best case of achieving the planned control total and receiving Q4 S&T funding, which clearly would be the preferred option. The Finance team were working through the 56 point checklist provided by NHSI and would report back on progress to NHSI.

6.3 Mr Coulter then turned to the cash position. The Trust was owed £4m by HaRD CCG, a further £1m income in respect of the GP Out of Hours service (GPOOH) and £1m from NHS England in respect of specialist commissioning. Steps were being taken to improve the cash position by recovering these monies.

6.4 In relation to capital Mr Coulter referred to a Quarterly Review Meeting held with NHSI, which had highlighted that no capital schemes would be approved in the current financial year and that the position for 2017/18 was extremely doubtful. The Trust's Endoscopy scheme was in this pipeline, but NHSI could give no indication as when, if ever, the blockage would be removed. Mrs Taylor noted how concerning this was for the Trust. Mr Thompson said that this development meant that the Trust needed to re-visit its Capital Plan to see if there were alternate means of funding the development.

6.5 Finally, the Board retrospectively approved the financial return made to NHSI on 24 January 2017.

APPROVAL:

- **The Board of Directors confirmed and approved the financial return on the use of resources metric submitted to NHS Improvement on 24 January 2017.**

7. Report from the Chief Operating Officer

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

7.1 Mr Nicholas highlighted the success of Children Services which had undergone Quarter 3 contract meetings with good feedback from commissioners regarding the delivery of the service, and Durham in particular were focusing on the qualitative and quantitative feedback through case studies. In terms of the Children's KPIs, this was an ongoing development and the Trust had now agreed a consistent process on validation across all four

areas and an agreed understanding on exclusions. The data will be sent for validation monthly rather than quarterly.

7.2 Mr Nicholas then drew attention to the latest SSNAP (Sentinel Stroke National Audit Programme) results which had recently been published. The latest figures relate to the August to November 2016 period. The Trust had been rated D overall, compared to C in the previous publication. The overall score was 57, compared to 62 last time. The score had been impacted by the data quality adjustment as the Trust did not score full marks for data quality metrics. Of the 10 domains in the SSNAP data set, two had seen an improvement since the last report: Thrombolysis, (E to D) – 100% of eligible patients (6 out of 6) were thrombolysed but only one out of six were thrombolysed within one hour; Speech & Language, (D to C). Four domains have seen a deterioration: Stroke unit (B to C); Specialist assessments (B to D); Occupational Therapy (A to B); MDT working (B to C). The final four domains stayed at the same score. This was a disappointing result and the Trust would continue work to sustainably deliver a C or above. Mr Alldred said the focus going forward would be on three areas: CT Screening; Thrombolysis; Speech and Language Therapy. Work was already underway, but an action plan was being worked up and would be brought back to the Board next month.

Action:

Stroke action plan to be brought back to the March 2017 Board Meeting

7.3 Mr Nicholas highlighted a good news story on the environmental front. After 20 months on the HDH site, the Carbon and Energy Fund project to improve system resilience and reduce both energy consumption and carbon emissions had achieved practical completion and it had moved to a 25 year operational contract phase.

7.4 Dr Tolcher highlighted how disappointing it was that the lymphedema services provided by Saint Michael's Hospice (SMH) was being withdrawn as it had been unable to secure additional funding for the service from HARD CCG. From 1st May 2017, SMH will no longer be able to provide services to patients with non-palliative diseases. This will impact upon patients with curative breast and gynaecological cancers, and also Dermatology and Orthopaedic services. The Trust had requested data from SMH on the numbers of patients affected. Professor Proctor highlighted the need to manage the message around the impact of losing the Consultant Oncologist in view of known recruitment challenges. It was important to work with Leeds and York to explore how the service could be delivered locally. Mrs Dodson asked about the impact on the Sir Robert Ogden Macmillan Centre. Dr Hall responded that the position was challenging. She explained it is extremely difficult to recruit Visiting Oncologists. A collaborative network was in likelihood the best solution for the service. Mrs Dodson said that the Board required an update at its next meeting from the Clinical Director.

Action:

An update to be provided at March's meeting on the lymphedema services and how this might be provided going forward.

8 Report from the Chief Nurse

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

8.1 Mrs Foster sought comment on the revised format of the report. Mrs Foster highlighted in relation to unannounced Director Inspections that the current red-ratings for Pannal, Farndale and Littondale wards could not be changed following re-visits and they would all be

re-visited. Mrs Foster stated that a schedule of Patient Safety Visits was being worked up for the next six months and would be shared shortly.

8.2 In relation to complaints Mrs Foster highlighted an encouraging position as the Trust had achieved a 20% reduction in the number of formal complaints received compared to the previous year. At the end of January 2017 the Trust had received six more formal complaints compared with the number of complaints received by January 2016; however the Trust had acquired new services and seen an increase in activity across acute services year on year so the overall trend appeared to be a downturn in complaints.

8.3 Mr Thompson commented on a recent Patient Safety Visit where he had felt that he and colleagues on the visit were seen as a nuisance and distraction to very busy staff. Mrs Webster wondered if the dates and times of the visits were effectively communicated, so staff expected visitors. Mrs Foster commented that if staff were extremely busy visits would be postponed and re-arranged. Mr McLean commented that in his experience staff welcomed the visits and the opportunity to meet and talk to Board members.

8.4 Dr Sri-Chandana, in relation to actual versus Planned Nurse staffing fill rates, asked how much was the result of the use of agency staff as he thought this would be useful. Mrs Foster said this might be possible to collate via Rosterpro.

8.5 Professor Proctor queried what was being counted in relation to complaints. Mrs Foster confirmed this was for written complaints. Mr Ward asked about patients absconding from wards and was there any data available. It was agreed that the data would be reviewed and a report brought back to the Board.

8.6 Dr Tolcher asked for staffing levels in Theatres to be reported alongside ward staffing levels in future reports.

ACTION:

- **A report on absconding patients to be brought back to the Board after review by SMT.**
- **Theatre staffing levels to be reported in future Chief Nurse reports.**

9 Report from the Medical Director

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

9.1 Dr Hall explained the only area she wanted to highlight was that the crude mortality rate for HDFT, including January 2017 increased to 1.65%. This compared with 1.5% in January 2016. The rolling twelve month average showed only a fractional change from 1.22% the previous month to 1.23%. Both HSMR and SHMI have increased but remain within expected levels. Care of the Elderly Medicine is the single sub-specialty at higher than expected mortality for both SHMI and HSMR. Mrs Dodson commented that this needed to be monitored carefully to ensure that a trend was not developing.

10 Report by the Director of Workforce and Organisational Development

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

10.1 Mr Marshall highlighted that the Executive Team had taken a 'Time Out' on 3 February to look at recruitment and retention issues with Registered Nurses. Mr Marshall drew attention

to his prior visit to Hyderabad in connection with the Global Health Exchange. In total 24 job offers had been made, ten had accepted so far. These were now sitting the English language test with the results known within the next two weeks. Mr Ward ask if the take up rate of ten out of 24 had been a disappointment. Mr Marshall responded that it was understandable. The people taking up these offers had to make some big sacrifices and financial risks so he was not surprised. It should be remembered this was a pilot and he was encouraged with the take-up and felt this was potentially a very good future resource pool of potential nurses. Mr Marshall went on to say that domestically the Trust was running open evenings and events and making offers to suitable candidates.

10.2 On the question of exit interviews touched on earlier, Mr Marshall highlighted that facilitators were working with Directorates to look at ways of retaining staff who may be choosing to leave. More work was also being done on career progression to see if staff could be persuaded to stay if they thought there were opportunities to progress their career in the Trust rather than moving on.

10.3 In terms of staff engagement Mr Marshall highlighted the implementation of regular ward based staff engagement forums to provide the Trust with regular insight into what staff consider important to them; this could potentially highlight reasons why staff may choose to leave the Trust. These events will be facilitated independently of the Corporate Nursing team. He additionally highlighted the work with education providers, in particular the universities of York, Leeds and Bradford, seeking to raise the profile of the Trust and to encourage students to choose to work at the Trust. He also drew attention to the work with Harrogate College, who were a main provider of apprenticeships.

10.4 Mr Thompson queried whether the Global Exchange Scheme was potentially creating a problem for the Trust in terms of the skills the incoming nurses brought. Mr Marshall argued this was not the case; the nurses would all be appointed to Band 3 posts and their skills will be continuously assessed.

10.5 Mr Ward raised exit interviews where he felt the approach was wrong. He pointed to the low level of take up of the questionnaire, and queried why the Trust did not insist on the questionnaire being completed by all staff leaving the Trust. Mr McLean agreed and said he felt that the questionnaire approach was out dated and that "face to face" interviews were more appropriate. He added that the line manager was not the correct person to conduct the interview, as they could be one of the reasons a person is leaving. A neutral person was more likely to establish the real reason behind people leaving and the Trust needed to be more proactive in this area. Mrs Dodson felt it was important for Directorates to liaise with Human Resources to establish an appropriate approach for their own Directorates. Dr Tolcher highlighted that people tend to leave teams, rather than organisations, and this needed to be acknowledged.

10.6 Mr McLean raised what more the Trust could do to increase recruitment levels. Mrs Foster said the Trust was looking at a variety of alternate means of approaching potential staff via social media. Dr Tolcher said the cost of living, and particularly housing, should not be under-estimated and suggested that the Trust should look again at more innovative ways of providing subsidised housing. Mr Marshall highlighted a scheme used to provide long-term rented accommodation through a deal with a private landlord which was currently being negotiated.

10.7 Mr Marshall then moved to the medical workforce and highlighted that many trusts were running with gaps in the medical workforce of around 10%. This highlighted the need for Health Education England (HEE) to look at how Deaneries were funded and operated. Mr Marshall outlined the work underway in Orthopaedics and General Surgery to address the

trainee rota issue. He also highlighted work by the Guardian of Safe Working in Gastroenterology. He drew attention to the work he was leading to develop a Collaborative Bank for Medical staff, which involves the WYAAT Trusts. The aim, if successful, would be to lower reliance on agencies and lower rates across the system. He also drew attention to the Certificate of Eligibility for Specialist Registration Programme (CESR) in the Emergency Department, which had proved very successful, Mr Coulter also commended the success of the programme in significantly reducing agency spend.

10.8 He highlighted the work of the West Yorkshire and Harrogate Local Workforce Action Board (LWAB) in supporting the implementation of the STP. Firstly, the work involved co-ordinated 'tie in' approaches with universities that committed to recruiting and employing trainees post-graduation. This would ensure that offering clinical placements would ultimately benefit an organisation and that trained staff would be retained in West Yorkshire and Harrogate. Secondly, he highlighted the establishment of a College of Advanced Practice across the patch to develop a coordinated infrastructure for the training and employment of Advanced Clinical Practitioners. He finally highlighted potential opportunities going forward for developing the role of Physician Associates.

10.9 Finally Mr Marshall stated he would bring back to the Board a paper highlighting the proposed changes for staff working for the public sector under personal service contracts as set out in IR35.

Action:

Paper to come to the Board on the possible impact and implications of IR35.

11 Oral Reports from Directorates

11.1 Planned and Surgical Care Directorate

11.1.1 Dr Sri-Chandana highlighted the work of the Quality of Care Teams and the increase in number of Band 5 Nurses. Work was ongoing to close gaps in workforce and to create opportunities for career progression as part of steps to drive retention.

11.1.2 Dr Sri-Chandana noted that a RPIW (Rapid Process Improvement Workshop) was being held in March which would seek to finalise the surgical on-call middle-grade rota. A revised rota shared between General Surgery and Trauma & Orthopaedic doctors remained under discussion. An interim arrangement had been provided by locums since November. A new rota to address the issue would be in place for March 2017.

11.2 Children's and County Wide Community Services Directorate

11.2.1 Dr Lyth reported that recruitment and retention in Paediatric Middle Grades presented the greatest challenge for the Directorate. Feedback from the CQC on the North Yorkshire services for Looked after Children was due at the end of the week.

11.2.2 Dr Lyth reported on the tragic death from meningitis of a child in Darlington. The Trust had undertaken vaccination against meningitis in Darlington's schools and although all activity was on plan and the case had been identified as a single incident rather than an outbreak, the teams had worked hard to expedite further vaccinations and to respond to the understandably high level of anxiety. Two classes in a school had not yet been immunised and they would be vaccinated the following week. A potential second case had, fortunately, not turned out to be meningitis. The Trust was working with Public Health England.

11.2.3 The Directorate had also undertaken a review of Community Equipment. It had been found that two children were using adult beds, which could be dangerous. The situation had been rapidly corrected once discovered.

11.2.4 Finally, Dr Lyth commented on Continence Services; School Nurses in North Yorkshire offered some services and further discussions were underway with commissioners.

11.3 Long Term and Unscheduled Care Directorate

11.3.1 Mr Alldred highlighted nurse staffing and recruitment, particularly in medical wards. He drew attention to the problems that the very flat structures created. In particular such structures resulted in very limited career pathways, giving little opportunity for career progression. This might be impacting on retention.

11.3.2 Mr Alldred also highlighted issues around the GP Out of Hours service (OOHs) provision at Northallerton where the GP service was to be co-located with the Emergency Department in the Friarage Hospital. The Trust was looking at the clinical pathway with a three month pilot due to commence on 20 March 2017. There remained issues with recruiting and retaining GPs, with a number of GPs resigning from the service due to concerns about the new model which could lead to the collapse of the OOHs service. More work was required with an evaluation of the proof of concept proposed.

11.3.3 Finally Mr Alldred highlighted the Lloyds Pharmacy work was now underway and was progressing well with the service due to start on 20 March 2017

12 Committee Chair Reports

12.1 Report from the Quality Committee meeting held 1 February 2017

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

12.1.1 Mrs Webster noted that reducing levels of pressure ulcers was positive. She highlighted that the Tissue Viability Lead has been invited to attend the May meeting of the Quality Committee to present the annual report on tissue viability.

12.2 Report from the Audit Committee meeting held 27 January 2017

The minutes had been circulated in advance of the meeting and were taken as read.

12.2.1 Mr Thompson said he had nothing to add to the written report provided.

12.3 Report from the Finance Committee meeting held 8 February 2017

The minutes had been circulated in advance of the meeting and were taken as read.

12.3.1 Mrs Taylor spoke briefly highlighting delayed transfers of care which were the highest in the West Yorkshire patch and this was having an impact on the financial position and performance of the Trust.

12.3.2 Mrs Taylor also highlighted the tightness of the cash position facing the Trust. The Finance team would be focussing on the cash position. The Committee also discussed the possibility of on-account payments throughout the year rather than invoicing and having to chase debts.

13. Council of Governors minutes of the meeting held 2 November 2016

13.1 The Board received and noted the minutes of the Council of Governors meeting held on 2 November 2016.

Approval:

The Board received and noted the minutes of the Council of Governors meeting held on 2 November 2016.

14. Matters relating to compliance with the Trust's Licence or other exceptional items to report.

APPROVAL:

- **The Board of Directors approved the financial return submitted to NHS Improvement on 24 January 2017.**

15. Any other relevant business not included on the agenda

There being no other business, Mrs Dodson declared the meeting closed.

16. Board Evaluation

The three themes outlined by the Chairman at the start of the meeting were felt to be helpful in focusing discussion. Dr Hall felt it was useful to have the focus on workforce during the meeting. Mr Aldred agreed and felt that important issues had been picked up during the meeting. Mr Ward, suggested that Committee Chair's reports might be better heard earlier in the meeting as much of the benefit of the reports was being lost. Dr Sri-Chandana felt it was good to hear shop floor concerns being raised and discussed and that this needed to be communicated widely so staff understood that their concerns were being treated seriously. Dr Tolcher noted that Mr Widdowfield would be adding a summary of the matters discussed at the Board meeting to the weekly Staff Briefing.

17. 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 12.55pm

HDFT Board of Directors Actions Schedule as at March 2017

Completed Actions

This document logs actions completed since the previous Board of Director meeting. Completed items will remain on the schedule for three months and then be removed.

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Verbal update to be provided as part of the Quality Committee Chair's report on performance relating to completion of complaint action plans (Jun 16)	Mrs L Webster, Non-Executive Director/ Quality Committee Chair	September 2016	Complete
Further detail on metrics relating to health visiting for new born visits to be provided in the IBR (Jun 16)	Dr N Lyth, Clinical Director	September 2016	Complete – paper included for July meeting
An update on the NHS Improvement consultation and proposals for a Single Oversight Framework to be provided (Jul 16)	Dr R Tolcher, Chief Executive	September 2016	Complete – included in CEO Report. Consultation response uploaded to reading room
Provide confirmation of the Trust's current compliance with legionella water testing (July 16)	Mr R Harrison, Chief Operating Officer	September 2016	Included on Board Assurance Framework
Clarity to be sought to ensure that the current compliance rates for Information Governance Mandatory training support the requirements of the July Information Toolkit submission (July 16)	Mr R Harrison, Chief Operating Officer	September 2016	Complete – response circulated to Board members via e-mail 8/8/16
An update on the review of the Staff Friends and Family Test narrative outcome for Q1 to be provided to the Board (Jul 16)	Mr P Marshall, Director of Workforce and Organisational Development	September 2016	Complete – included within DWOD report
Assurance in relation to service activity and recovery plans (Jul 16)	Mr R Harrison, Chief Operating Officer	September 2016	Complete – within COO report
Assurance from the contracts team that no penalties associated with the contract due to the absence of a threshold target for new birth visits by Health Visiting team within 14 days of birth (Jul 16)	Mr J Coulter, Deputy Chief Executive/ Finance Director	September 2016	Complete
E-rostering implementation update to be included in the Chief Nurse report (Jul 16)	Mrs J Foster, Chief Nurse	September 2016	Complete – verbal update provided
Progress with regard to the appointment of Consultant Elderly Care post as part of the oral directorate report (May and Jun 16)	Dr K Johnson, Clinical Director	September 2016	Complete – provided under Directorate reports at September meeting

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Proposal for the appointment of the Trust's Freedom to Speak Up Guardian to be submitted to the Board of Directors (Jul 16)	Mr P Marshall, Director of Workforce and OD	October 2016	Complete – reported as part of DWOD report at the September meeting
The Board of Directors approved the revisions to the wording of the Trust's vision, mission and objectives subject to the amendment to change 'endeavour' to 'strive' (Sep 16)	Dr R Tolcher, Chief Executive	October 2016	Complete
Explore feasibility of recruitment opportunities for ODPs and Theatre Nurses via the GHEP and international recruitment (Sep 16)	Mr P Marshall, Director of Workforce and Organisational Development	October 2016	Complete
Undertake a review of the Strategic Key Performance Indicators and submit a proposal to the October meeting of the Board for approval, giving consideration to input from the Shadow Board (Jul 16)	Mr J Coulter, Deputy Chief Executive/Finance Director	October 2016	Complete – agenda item
Include a 6-month financial forecast within the October Finance Director report (Sept 16)	Mr J Coulter, Deputy Chief Executive/Finance Director	October 2016	Complete – include in Finance Directors Report
Write to Gill Morgan, Chair of NHS Providers to outline concerns regarding the impact of STPs on executive capacity (6.29)	Mrs S Dodson, Chairman	October 2016	Complete
IBR – narrative associated with GP out of hours to be improved to reflect the level of activity undertaken for future reports (Sept 16)	Mr A Aildred, Clinical Director	October 2016	Complete – included in IBR
Report on actions undertaken to support the increase required in appraisal compliance rates as part of the October DWOD report (Sep 16)	Mr P Marshall, Director of Workforce and OD	October 2016	Included in DoWOD report October meeting
Revisit the Board Assurance Framework to ensure adequate reflection of executive team capacity to delivery wider strategic initiatives (Sep 16)	Dr R Tolcher, Chief Executive	October 2016	Complete
Circulation of the checklist for enhanced monitoring for agency and locum use and submit for Board approval (Oct 16)	Mr P Marshall, Director of Workforce & OD	November 2016	Complete – agenda item for November meeting
Update to be provided on actions to be in response to concerns raised relating to C. Diff (including sample audit outcome) (Oct 16)	Dr J Child, Director of Infection Prevention and Control	November 2016	Complete – agenda item for November meeting
Include community pressure ulcer figures in the IBR for 2015/16 to allow a year-on-year comparison (Oct 16)	Mrs J Foster, Chief Nurse	November 2016	Complete

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Update on the action plan following the Alan Wood Report into Local Safeguarding Boards (Jun 16)	Mrs J Foster, Chief Nurse	November 2016	Included in the Chief Nurse report
Update on management of risks associated with the wheelchair service to be provided at a future meeting of the Board (Sep 16)	Mr J Culter, Deputy Chief Executive/ Finance Director	November 2016	Included in Business Development Report
Review and revise questions in annual Audit Committee survey (Jan 16)	Mr C Thompson, Non-Executive Director/ Audit Committee Chair	November 2016	Complete – verbal update provided at November meeting
Review RAG rating approach to SIRIs and include analysis of trend over time (7.7)	Dr D Scullion, Medical Director		Complete - transferred to the Quality Committee Action Log
Clarify arrangements for seeking Board approval in light of requirements for mid-month submissions to NHS I (8.4)	Mr J Coulter, Deputy Chief Executive/ Finance Director	November 2016	Complete – dealt with under matters arising
Upload quarterly performance reports relating to the Children's and County Wide Community Services directorate into the Reading Room	Dr N Lyth, Clinical Director	January 2017	Complete – dealt with under matters arising
To undertake a review the effectiveness of individual Quality of Care Teams	Mrs J Foster – Chief Nurse		Complete – Quality committee to receive a report in three months
To circulate dates of Schwartz round to Board members	Mrs J Foster – Chief Nurse	February 2017	Complete – dates circulated outside Board meeting
To review the purpose and value of Patient Safety Visits	Mrs J Foster – Chief Nurse	January 2017	Complete – dealt with under matters arising
Explore opportunities for more proactive media regarding current system pressures	Dr R Tolcher, Chief Executive	January 2017	Complete – dealt with under matters arising
Executive Team to review the resource and investment profile for the Informatics Team and reflect the risks in the Board Assurance Framework	Dr R Tolcher, Chief Executive	February 2017	Complete – dealt with under matters arising
Inclusion of KPIs on Children's Services and Community Services to be included in the IBR following a review of the new dashboard for the Directorate (4.1)	Dr N Lyth, Clinical Director	February 2017	Complete – dealt with under matters arising
Junior Doctor Vacancy Rates to be added to the Corporate Risk Register Dr Gray to be invited to attend the Board annually and on an ad hoc basis to address issues relating to Guardian of safe Working.	Dr D Scullion, Medical Director	February 2017	Complete – dealt with under matters arising

HDFT Board of Directors Actions Schedule – Outstanding Actions as at March 2017

This document logs items for action from Board of Directors meetings which remain outstanding. 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.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Completion date	Detail of progress
4	November 2016	A recommendation paper to be submitted to Board on the Trust's substantive nursing workforce requirements.	Mrs J Foster – Chief Nurse	March 2017	
6	November 2016	To include a bi-annual report on progress against the Clinical Workforce Strategy action plan to the Board on the Board Forward Plan	Dr R Tolcher, Chief Executive	February 2017	Deferred to May 2017
8	November 2016	Update on the standardised readmissions	Mr R Harrison, Chief Operating Officer	February 2017	Deferred to March 2017
11	June 2016 July 2016	Additional information to be included in the IBR relating to readmissions of older people. Update on reducing readmissions in older people to be submitted to the September Board meeting (8.9)	Mr A Alldred, Clinical Director	31 May 2017	As part of IBR review To update at next Board to Board with CoG 31/05/17
12	May 2016	Further update on progress of the Care of Frail Older People Strategy (11.2.3)	Mr A Alldred, Clinical Director	31 May 2017	To update at next Board to Board with CoG 31/05/17
13	June 2016	Update on the programme of work to reduce hospital admissions (9.3)	Mr A Alldred, Clinical Director	31 May 2017	To update at next Board to Board with CoG 31/05/17
14	January 2016	Update Board on progress with EDS2 action plan (11.10)	Mrs J Foster – Chief Nurse	January 2017	N/A
15	September 2016	Provide an update on progress with regard to actions associated with Corporate Risk Register CR8: risk of ophthalmology patients being lost to follow up (6.13)	Dr K Johnson, Clinical Director	April 2017	Local benchmarking to be undertaken
16	October 2016	Update on progress of internal and system wide work to improve discharge planning to <i>Board Strategy Day</i> (7.4)	Mr R Harrison, Chief Operating Officer	31 May 2017	To update at next Board to Board with CoG 31/05/17
17	March 2016	Submission of a Research and Development Strategy for Board comment	Dr A Layton - Associate Director for Research	January 2017	To be brought to April Board
18	March 2016	Additional information on learning from cases of C. Diff and associated action planning during 2015/16 to be included in the	Mrs J Foster, Chief Nurse	February 2017	N/A

		annual report (6.3)			
19	January 2017	A Non-Executive Director to be appointed to provide oversight of arrangements for learning from deaths in people with learning disabilities	Mrs S Dodson,	February 2017	Deferred to March 2017
20	January 2017	'Equality Diversity Scheme 2' summary report to be completed and circulated to the board of directors before publication on 31 January 2017	Mrs J Foster, Chief Nurse	February 2017	Complete
21	January 2017	The Board of Directors to receive a more detailed overview of recruitment and retention issues April 2017	Mr P Marshall, Director of Workforce & OD	April 2017	N/A
22	January 2017	The Board of Directors to receive confirmation of dates and details of planned Patients Safety Visits for 2017	Mrs J Foster, Chief Nurse	February 2017	Complete
24	February 2017	A report of the effectiveness of Quality of Care Teams to be brought to the Quality Committee in three months	Mrs J Foster, Chief Nurse	June 2017	
25	February 2017	<ul style="list-style-type: none"> • Re-admission rates to be the subject of a deep dive at the Board Strategy Day on 15 March 2017. • Benchmarking data on re-admissions to be shared with the Board prior to 15 March. 	Mr R Harrison, Chief Operating Officer	31 May 2017	To update at next Board to Board with CoG 31/05/17
26	February 2017	IBR to be reviewed by a small group post April 2017. Membership to be confirmed in March	Mrs S Dodson, Chairman	March 2017	
27	February 2017	Paper to come to the Board on the possible impact and implications of IR35	Mr P Marshall, Director of Workforce & OD	March 2017	
28	February 2017	Stroke action plan to be brought back to the Board	Mr R Harrison, Chief Operating Officer	March 2017	
29	February 2017	An update to be provided on the lymphoedema services and how it might be provided in the future.	Kat Johnston, Clinical Director	March 2017	
30	February 2017	A report on absconding patients to be brought back to the Board after review by SMT.	Mrs J Foster, Chief Nurse	April 2017	

Report to the Trust Board of Directors: 29 March 2017	Paper No: 5.0
Title	Report from Chief Executive
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Dr Ros Tolcher, Chief Executive
Report Purpose	To update the Board of Directors on significant strategic, operational and performance matters
Key Issues for Board Focus:	
<p>The Board of Directors are asked to note:</p> <ul style="list-style-type: none"> • The Trust's financial position has deteriorated in month and we are now forecasting a shortfall against the 2016/17 control total. • In the 2016 Staff Survey the Trust achieved the highest score for staff engagement in the Yorkshire and Humber area and the sixth highest score nationally in the combined acute and community trust cohort. • Work is underway with system partners to agree how the New Care Model should transition to an affordable level during the final year of the Vanguard Programme and how the national funding should be deployed to greatest benefit. 	
Related Trust Objectives:	
1. To deliver high quality care	Yes – the report reflects a sustained organisational focus on providing high quality care and ensuring robust controls and assurances on care quality.
2. To work with partners to deliver integrated care	Yes – the report provides updates on the work of the HHTB and West Yorkshire reflect partnership working in Harrogate and West Yorkshire areas.
3. To ensure clinical and financial sustainability	Yes – the report notes from the SMT meeting demonstrate a particular focus on financial performance
Risk and Assurance	Strategic and operational risks are noted in section 6. Risks associated with this report are reflected in the Board Assurance Framework: BAF 14: risk to deliver of integrated models of care; BAF 15: misalignment of partner strategic plans; and BAF 9; failure to deliver the operational plan.
Legal implications/Regulatory Requirements	There are no legal/regulatory implications highlighted within the report.
Action Required by the Board of Directors	
<ul style="list-style-type: none"> • The Board is requested to note the strategic and operational updates • The Board is asked to note progress on risks recorded in the BAF and Corporate Risk Register and confirm that progress reflects the current risk appetite. 	

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 2016 NHS Staff Survey results

The annual staff survey once again provides the Trust with rich feedback on the experience of staff working across our services. We achieved a 54% response rate and an overall staff engagement score of 3.92. The Trust's results were better than average in 22 of the 32 indicators and worse than average in two. Further details are contained in the Director of Workforce and Organisational Development's report.

I would like to record my thanks to the 655 colleagues who took the time to complete the survey. The results will be considered in detail and used to make improvements in the year ahead.

1.2 CQC inspection of Children's Looked After Services (CLAS)

This planned inspection encompassed CLAS for the whole of North Yorkshire and included visits to the Harrogate District Hospital Emergency Department and Maternity/Paediatrics. A full report will be received in due course. Some helpful areas for sharing best practice and further embedding existing policies and procedures were identified. No major concerns came to light during the inspection and some notable areas of good practice were also recognised.

1.3 2017/18 contracts

The contract for Acute Services has now been signed. This is a two year contract in line with NHSI/NHSE policy.

1.4 Emergency Department Performance

Work to increase cubical capacity and upgrade the facilities in the Emergency Department has completed. The service performed well during the inevitable disruption and although attainment was just below the 95% standard for the month, feedback suggests that care quality was sustained.

As part of the Trust's participation in the West Yorkshire Emergency Department Acceleration Zone we are committed to achieving 95.7% for the month of March. The 'Every Hour Matters' week enabled some new ideas to be trialled which will support timely transition through the Department by freeing up bed capacity. The indications so far are that the Trust is on track to meet its stretch target for March.

On 9 March NHS Chief Executive Simon Stevens and NHSI Chief Executive Jim Mackey wrote to all NHS provider CEOs setting out stringent plans for getting Emergency Department performance back on track. The letter refers to three areas of concern: difficulties discharging medically fit patients; rising demand in A&E departments and the fragmented nature of out of hospital services and complex oversight arrangements between Trusts, CCGs and Councils. The letter makes the following requests:

- Trusts to engage with Adult Social Care departments to ensure that the extra £1bn announced in the budget will be used to free up acute beds. For HDFT, national data suggests that the equivalent of 5 beds have been attributed to Delayed Transfers of Care (DTC) due to social care. Implementing a Trusted Assessor approach is recommended as best practice.
- Take relevant steps to manage A&E demand. This includes front-door streaming, support to Care Homes, standardisation of Walk in Centres / MIUs; evening and weekend GP appointments; changes to 111 deployment.

In order to simplify oversight, the 30% performance element of STF (Sustainability and Transformation Funding) for 2017/18 will be based solely on A&E performance.

These actions will be discussed and agreed at the Harrogate A&E Delivery Board.

2.0 STRATEGIC UPDATE

2.1 Collaborative Commissioning

The 11 Clinical Commissioning Groups (CCGs) in the West Yorkshire and Harrogate STP area have formalised plans to establish a Collaborative Commissioning Group on behalf of the STP area, with effect from May 2017. An independent chair is being recruited.

The 11 CCGs will also have a single, shared Control Total for 2017/18. For Harrogate and Rural District CCG this means that a substantial portion of Harrogate CCG's planned deficit will be underwritten by other West Yorkshire commissioners' surplus plans.

2.2 2017/18 Budget

A very welcome increase in funding to Local Authorities specifically targeted at reducing hospital delayed transfers of care (DTC) was announced in the March budget. For NYCC this amounts to an additional £9.3M. As noted above, decisions on investment are to be agreed via local A&E Delivery Boards. Further guidance on the intended deployment of this and a further allocation for 2018/19 is awaited. Two key elements which have the potential to offer patient benefit locally are a 'discharge to assess' approach and the introduction of 'Trusted Assessors' for discharging in to care homes.

2.3 NHS Corporate Services Benchmarking

The Trust has recently received a 2015/16 benchmarking report in respect of all corporate services (HR, Finance, Estates and Facilities Management, IM&T, Governance and Risk and Procurement). It provides detailed benchmarking information on the Trust's costs compared to the national picture, other trusts in our STP area, and other trusts of a similar type (HDFT is categorised as 'acute' for this purpose). In all cases, the comparator is taken as the Lower Cost Quartile. Work will now be undertaken to consider savings potential from collaboration or consolidation of services within West Yorkshire Association of Acute Trusts (WYAAT) or other potential partners.

3.0 WORKING IN PARTNERSHIP

3.1 New Models of Care (Vanguard Programme) and Harrogate Health Transformation Board

The NHS England New Care Models (NCM) team has now confirmed £1.55m Value Proposition funding to the Harrogate Vanguard project. This is the third and final year of the programme and it is therefore imperative that the system rapidly transitions to an affordable model funded on a recurrent basis. Despite considerable effort it is clear that that commissioner savings from Emergency Department activity and non-elective admissions will not be sufficient to fund the new model in its current format. Integration between NHS and Local Authority provision at a patient level has not been achieved and new solutions now need to be explored.

The NCM team requires a revised delivery plan by the end of this month and all parties are working to achieve this. A further update will be provided at the meeting.

3.2 Acute collaboration and update from the West Yorkshire Association of Acute Trusts (WYAAT)

WYAAT met on 7 March and received updates on a range of WYAAT workstreams including presentations on Specialist Head and Neck services and Vascular Services reconfiguration.

The scope of the Vascular Services review is bigger than the STP area, reflecting the current clinical alliance which HDFT has with York Hospital FT for Vascular Services. The National Specialist Commissioning Group which is leading this work recommends a hub and spoke model for Vascular Services with two centres for West Yorkshire. The current clinical alliance between the Trust and York works well and we do not at this stage anticipate any significant change for our patients.

4.0 FINANCIAL POSITION

The Trust reported a surplus of £2,501k for the year to the end of February. Despite being a surplus position overall, the underlying operational position is a deficit of £949k. As noted in prior months, key variances across the organisation continue to relate to income performance, pressures in relation to medical agency expenditure, ward nursing expenditure and some non-pay variances.

As a result of this position, the Trust has reported a Use of Resource Rating of 2 for the year to February which is an adverse variance to the planned rating of 1.

Progress on achieving the 2016/17 Cost Improvement Plan (CIP) remains good with 94% achieved year to date and a level of confidence that the planned saving target of £9.4m will be achieved in full.

The 2017/18 CIP programme continues to develop. A full year savings target of £9.4m has been agreed with outline plans for 106% in place. The risk adjusted plan stands at 80% of the total.

Further detail is contained within the report of the Finance Director.

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 22 March. The following key areas are for noting:

- The month 11 financial position - progress on achieving full compliance with consultant job planning is slow. The barriers to progress were discussed and it was agreed that more transparency is required, and more support for clinical leads whom themselves have little time allocated to this onerous task.
- The Improving Patient Safety group escalated an issue relating to sepsis screening compliance. This is being addressed.
- Draft Quality Improvement Priorities for the 2017/18 Quality Account were agreed. These will be further developed after the Quality Committee meeting in April.
- The findings of the 2016 NHS Staff Survey were discussed (see above).
- The CQC action plan was reviewed and some further actions to provide assurance on progress agreed.
- A draft strategy for 7-day services was received.

6.0 COMMUNICATIONS RECEIVED AND ACTED UPON

6.1 The State of Care in NHS Acute Hospitals

On 2 March 2017 the Care Quality Commission (CQC) published its report “The State of Care in NHS acute hospitals: 2014 to 2016”. This is a national report on the findings from its first round of acute and specialist hospital trust inspections undertaken between September 2013 and June 2016 of all 136 NHS acute non-specialist trusts and 17 specialist trusts.

While the report shows variation in the quality of hospital services across the country, it also highlights those hospital trusts, including Harrogate and District, which have been able to make practical changes to the way they deliver care and are seeing improvements to patient care as a result.

Harrogate’s services given as examples of ‘Outstanding’ services include:

- Pages 62-63, the Trust is one of just 14 trusts nationally rated ‘Outstanding’ for critical care. The Trust’s Critical Care teams ‘Supporting Intensive Therapy Unit’ (SITUP) service and the Clinical Psychology Service to patients are highlighted as examples of outstanding practice;
- On page 86, the Trust is one of only eleven Trusts nationally rated ‘Outstanding’ for Outpatients and Diagnostic imaging. The example of outstanding practice given here is main Outpatients being an accredited centre for the treatment of faecal incontinence using percutaneous tibial nerve stimulation, the first in the country to be awarded this accreditation.
- The report highlights that many trusts did not have an effective safety culture or reliable systems to ensure that patient care was safe. The report also highlighted that many issues such as hospital acquired infections, were avoidable or caused by poorly coordinated care.
- The overarching message from the report is that effective leadership delivers high-quality care. In hospitals rated good or outstanding, the trust boards had worked hard to create a culture where staff felt valued and empowered to suggest improvements and question poor practice. Where the culture was based around the needs and safety of patients, staff at all levels understood their role in making sure that patients were always put first. This finding supports the Trusts approach to supporting a patient safety culture. The results of the 2016 National Staff Survey provide evidence of improvements in our safety culture with a significant increase in the number of staff feeling confident about raising concerns. Further details of the staff survey results are contained in the report from the Director of Workforce.

6.2 Financial Position of the NHS

NHS Improvement announced on 20 February 2017 that the total forecast deficit in the provider sector was £873m – which is £300m worse than the £580 deficit target set for the end of this financial year.

The findings of the NHSI report notes that this forecast is “significantly higher than planned” and that going forward, the financial situation the NHS is in is “both unaffordable and unsustainable”.

7.0 BOARD ASSURANCE AND CORPORATE RISK

The BAF was reviewed by the Executive Directors on 8 March.

Changes to the Board Assurance Framework since February

No new risks have been added to the BAF this month.

One BAF score has been increased:

- BAF#16 (risk that the Trust's critical infrastructure is not fit for purpose) has increased to red 12 (4xL3). This is due to the national capital funding constraints, which may impact on the availability of funds required to implement the improvements to endoscopy facilities.

The target risk scores for three BAF entries have been increased to reflect the recommendations agreed in the Quarterly Review of the BAF by the Board of Directors in February:

- BAF#1: Risk of a lack of medical, nursing and clinical staff: likelihood score increased to reflect the likelihood of ongoing workforce supply challenges.
- BAF#6: Risk to senior leadership capacity: likelihood score increased accepting that this remains possible rather than unlikely.
- BAF#15: Risk of misalignment of strategic plans: accepting that the likelihood is 'possible' rather than 'unlikely'.

A 'Deep Dive' into BAF#14 (risk to the delivery of integrated models of care) was undertaken at the Board Strategy Day on 15 March. The high current risk score reflects the crystallisation of this risk and new actions were agreed. The risk definition, control and assurances will be refreshed and represented to the Board in April.

Five risks are currently assessed as having achieved their target risk score. The strategic risks are as summarized as follows:

Ref	Description	Risk score	Progress score	Target risk score reached
BAF 1	Risk of a lack of medical, nursing and clinical staff	Red 12 ↔	Unchanged at 2	
BAF 2	Risk of a high level of frailty in the local population	Amber 8 ↔	Unchanged at 1	✓
BAF 3	Risk of a failure to learn from feedback and Incidents	Amber 9 ↔	Unchanged at 3	
BAF 4	Risk of a lack of integrated IT structure	Red 12 ↔	Unchanged at 1	
BAF 5	Risk of maintaining service sustainability	Yellow 6 ↔	unchanged at 1	✓
BAF 9	Risk of a failure to deliver the Operational Plan	Amber 9 ↔	Unchanged at 1	
BAF 10	Risk of breaching the terms of the Trust's Licence to operate	Yellow 5 ↔	Improved to 1	✓
BAF 12	Risk of external funding constraints	Red 16 ↑	Unchanged at 1	✓
BAF 13	Risk of a reduced focus on quality	Yellow 4 ↔	Unchanged at 1	✓
BAF 14	Risk of delivery of integrated models of care	Red 16 ↔	Unchanged at 2	
BAF 15	Risk of misalignment of strategic plans	Amber 9 ↔	Unchanged at 1	
BAF 16	Risk that the Trust's critical infrastructure is not fit for purpose	Red 12↔	Unchanged at 1	
BAF 17 (formerly BAF#6)	Risk to senior leadership capacity	Amber 9 ↔	Unchanged at 1	

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 commenced but behind plan
4. New risk and/or actions defined – work not yet commenced

7.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 17 March 2017. The Corporate Risk Register contains twelve risks. Changes to the CRR since the February meeting of the Board of Directors are:

Risks removed

CR20 - Risk to patient safety due to inadequate support to junior doctors working night shifts was added to the Corporate Risk Register. The new rota had been implemented on the 5th March and the risk reduced to C3 x L3 = 9. The impact of the rota will be monitored and followed up by Planned and Surgical Care directorate.

Changes to the Corporate Risk Register

CR5 - Risk due to service delivery due to lack of experienced registered nurses due to the failure to fill registered nurse vacancies due to the national labour market shortage. The risk score was increased to C4 x L4 = 16 based on an increase in the number of incidents reported on Datix relating to the quality of care.

CR7 – Risk of failure to meet the ED 4 hour national standard. The work to increase the number of cubicles had been completed and therefore the risk associated with the period of reduced capacity had resolved. There was a discussion around the consequences of failing to meet the national 4 hour standard and how this is incorporated into the risk descriptor. It was agreed that the risk would be reworded to read: Risk of *significant impact* of failure to meet the 4 hour national standard and poor patient experience. On this basis the risk score was reduced to C3 x L4 = 12.

New risks added to the Corporate Risk Register

CR21 - Risk of temporary reduced or loss of activity due disruption to the provision of sterile medical devices during the major refurbishment of the Sterile Services department (SSD) was escalated from the PSC directorate risk register. A risk score of C4 x L3 = 12 was associated with the impact on activity during the period of the SSD moving off site. Assurance is being sought from all surgical specialties for increasing activity before and after this period.

CR22 - Risk to reputation due to non-compliance with DNACPR policy caused by failure of some clinicians to implement policy was escalated from the LTUC directorate risk register. The risk had been scored on the resuscitation risk register and escalated to the LTUC directorate risk register as C3 x L4 = 12, following an increase in complaints and poor compliance with the latest audit. The group agreed that there was significant concern about this and the potential for adverse media attention. This had been discussed at Improving Patient Safety Steering Group the previous day and a number of actions undertaken around the visibility of DNACPR flags.

The corporate risks are as follows:

Ref	Description	Risk score	Progress score
CR2	Risk to the quality of service delivery in Medicine due to gaps in rotas following the Deanery allocation process	Red 12 ↔	2
CR5	Risk to service delivery due to the lack of experienced registered nurses due to national labour market shortage	Red 16 ↑	2
CR7	Risk of significant impact of failure to meet the 4-hour A&E waiting time national standard and poor patient experience	Red 12 ↓	2
CR11	Financial risk due to activity behind plan	Red 16 ↔	2
CR12	Risk to financial sustainability from failure to deliver the Clinical Transformation Programme at pace and scale	Red 12 ↔	3

CR13	Risk to urgent care system due to a lack of capacity in the out of hospital services	<i>Red 12 ↔</i>	2
CR14	Risk of financial deficit and impact on service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income.	<i>Red 12 ↔</i>	2
CR17	Risk of patient harm as a result of being lost to follow-up	<i>Red 12 ↔</i>	2
CR18	Risk to provision of service and not achieving national standards in cardiology due to potential for lab equipment breaking down	<i>Red 12 ↔</i>	2
CR19	Risk to patient safety due to lack of provision of Acute Oncology, CUP, Breast and Urology Oncology services.	<i>Red 12 ↔</i>	<i>Not yet defined</i>
CR21	Risk of temporary reduced or loss of activity as a result of disruption to services due to the major refurbishment to the Sterile Services department	<i>Red 12</i>	<i>New</i>
CR22	Risk to reputation due to non-compliance with DNACPR policy caused by failure of some clinicians to implement policy.	<i>Red 12</i>	<i>New</i>

8.0 DOCUMENTS SIGNED AND SEALED

The following documents have been signed and sealed:

March 2016: Deed of confidentiality undertaking relating to Lot 3 – Integrated Specialist Public Health Nursing Service and Immunisation and vaccinations for East Riding (the Chairman and CEO)

Common Seal Number 051

March 2016: a contract by deed for the provision of public Health services 0-19 (up to 25years for those with Special Needs), signed by Chairman and CEO

Common Seal Number 052

March 2016: a Lease of suite 6 Beehive, Lingfield Point, Dodington, signed by Chairman and CEO

Common Seal Number 053

16 March 2017: a building contract for the centralisation of scope washers at Harrogate District Hospital (CEO and Finance Director)

Common Seal Number 056

20 March 2017: a Lease agreement for 1st floor Heatherdene space for CaSH and GUM clinics run by York Hospital – LIC017 (CEO and Finance Director)

Common Seal Number 057

Dr Ros Tolcher
Chief Executive
13 March 2017

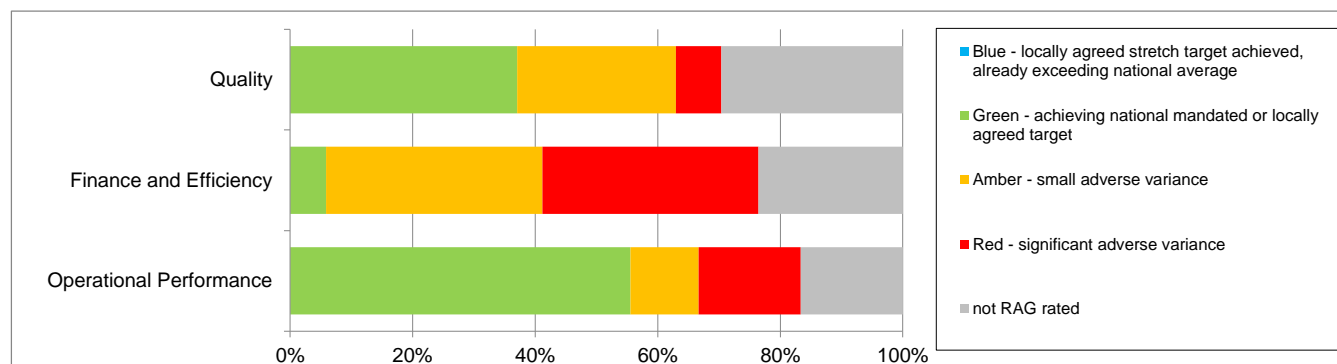
Report to the Trust Board of Directors: 29 March 2017	Paper No: 5.0
Title	Integrated Board Report
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Ms Rachel McDonald, Head of Performance & Analysis
Report Purpose	To provide the Board with an update on performance relating to: operational performance; quality; and finance and efficiency.
Key Issues for Board Focus:	
<p>The Trust is required to report its operational performance to NHS Improvement and to routinely submit performance data to NHS England and Harrogate and Rural District CCG. The Board of Directors are asked to note that:</p> <ul style="list-style-type: none"> • In February, HDFT achieved 2 of the 4 key operational performance metrics in the NHS Improvement Single Oversight Framework (with the A&E 4-hour standard and the cancer 62-day standard being below the required level) and reported a rating of 2 (where 1 is best) for the Use of Resource Metric, behind the planned rating of 1. • The cash balance position continues to be a concern for the Trust with a number of actions in place to improve the outstanding debtors position. • Agency spend increased in February to 3.6% of pay spend. • Both elective and non-elective average length of stay increased in February. However the total number of non-elective bed days reduced slightly but remains higher than average. Delayed transfers of care decreased but remain about the 3.5% maximum threshold set out in the contract. • The number of complaints received by the Trust increased to 23 in February (compared to 14 last month). These relate to a number of different services across the Trust and are partly reflective of the significant operational pressures that the Trust was under during the month. • Staff sickness increased for the third month in a row with much of the absence attributed to short term sickness such as cough, cold, flu and gastrointestinal issues. 	
Related Trust Objectives	
To deliver high quality care	Yes – 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 in the delivery of high quality care.
To work with partners to deliver integrated care	Yes – key performance metrics allow the Board to receive assurance in terms of the delivery of high quality care, often underpinned by collaboration and partnership working, particularly when developing new care models.
To ensure clinical and financial sustainability	Yes – the report provides the Board with assurance on progress of work across the region to ensure clinical and financial sustainability.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF# 1: risk of a lack of medical, nursing and clinical staff; BAF# 2: risk of a high level of frailty in local population; BAF# 9: risk of failure to deliver the operational plan; and BAF# 12: external funding constraints.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.
Action Required by the Board of Directors	
The Board of Directors are asked to receive and note the content of the report.	

Integrated board report - February 2017

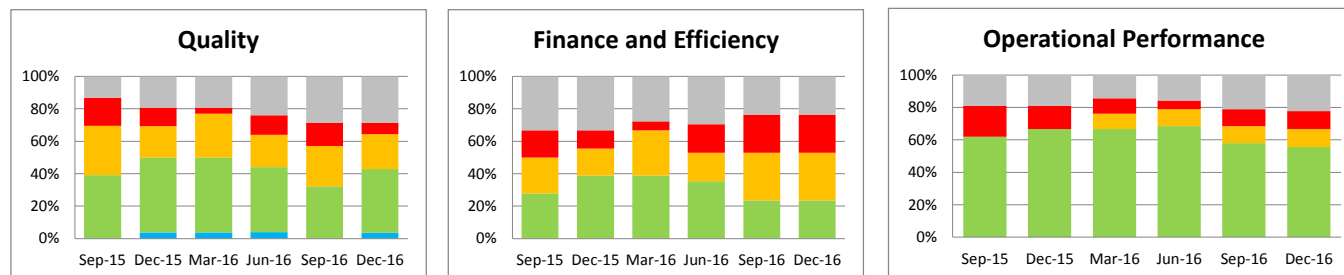
Key points this month

1. In February, HDFT achieved 2 of the 4 key operational performance metrics in the NHS Improvement Single Oversight Framework (with the A&E 4-hour standard and the cancer 62-day standard being below the required level) and reported a rating of 2 (where 1 is best) for the Use of Resource Metric, behind the planned rating of 1.
2. The cash balance position continues to be a concern for the Trust with a number of actions in place to improve the outstanding debtors position.
3. Agency spend increased in February to 3.6% of pay spend.
4. Both elective and non-elective average length of stay increased in February. However the total number of non-elective bed days reduced slightly but remains higher than average. Delayed transfers of care decreased but remain about the 3.5% maximum threshold set out in the contract.
5. The number of complaints received by the Trust increased to 26 in February (compared to 14 last month). These relate to a number of different services across the Trust and are partly reflective of the significant operational pressures that the Trust was under during the month.
6. Staff sickness increased for the third month in a row with much of the absence attributed to short term sickness such as cough, cold, flu and gastrointestinal issues.

Summary of indicators - current month




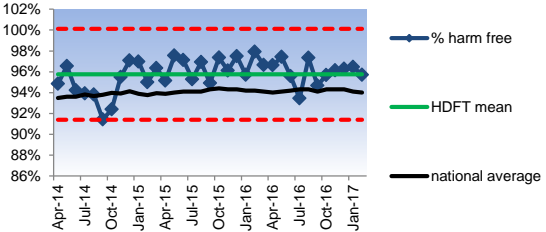

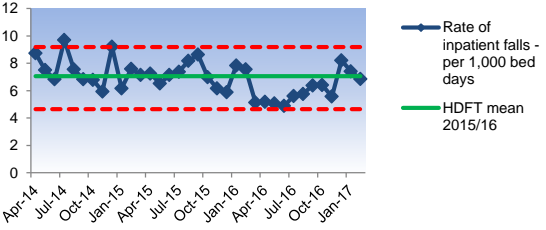

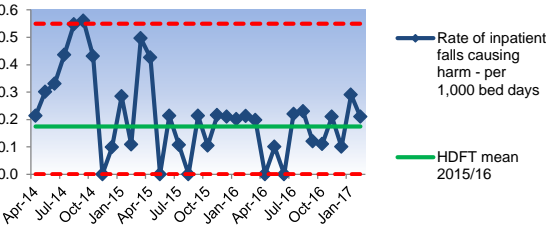

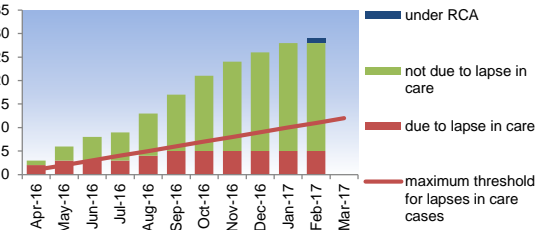
Summary of indicators - recent trends




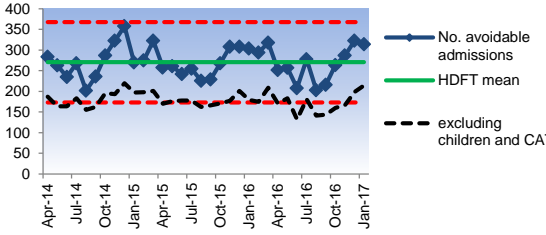

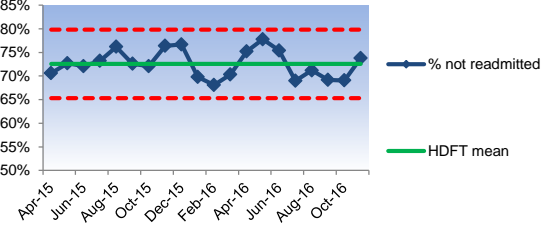

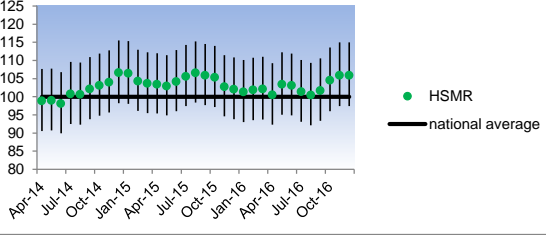

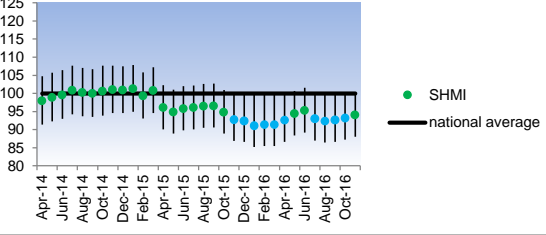
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p>✓</p> <p>Pressure ulcers - hospital acquired</p>	<p>The chart shows the cumulative number of category 3 or category 4 hospital acquired pressure ulcers in 2016/17. The Trust has set a local trajectory for 2016/17 of zero avoidable hospital acquired category 3 or category 4 pressure ulcers. The data includes hospital teams only.</p>		<p>There was 1 hospital acquired category 3 pressure ulcers reported in February. In the year to date, 29 hospital acquired category 3 pressure ulcers have been reported. Of these, 14 were deemed to be avoidable, 7 unavoidable and 8 cases are still under root cause analysis (RCA).</p> <p>There have been no hospital acquired category 4 pressure ulcers reported in the year to date.</p>
<p>✓</p>	<p>The chart includes category 2, 3 and 4 hospital acquired pressure ulcers. A maximum trajectory for 2016/17 of 155 cases of category 2-4 hospital acquired pressure ulcers has been agreed via the Quality Committee. The data includes hospital teams only.</p>		<p>The number of hospital acquired category 2-4 pressure ulcers decreased in February with 17 cases reported, compared to 20 in January.</p> <p>There have now been 184 cases reported in 2016/17 to date. This compares to 138 in the same period last year.</p>
<p>✓</p> <p>Pressure ulcers - community acquired</p>	<p>The chart shows the cumulative number of category 3 or category 4 community acquired pressure ulcers in 2016/17. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact.</p>		<p>There were 2 community acquired category 3 pressure ulcers reported in February. In the year to date, 69 community acquired category 3 or category 4 pressure ulcers have been reported (including 3 category 4 cases). Of these, 35 were deemed to be avoidable, 26 unavoidable and 8 cases are still under root cause analysis (RCA).</p>
<p>⚠</p>	<p>This additional chart has been added this month showing the trend in category 2, 3 and 4 community acquired pressure ulcers. A maximum trajectory for the number of category 2-4 community acquired pressure ulcers was agreed at the Quality Committee and is based on a 20% reduction against the number of cases reported in 2015/16. The data includes community teams only.</p>		<p>The number of community acquired category 2-4 pressure ulcers reported in February was 21 cases, no change on last month.</p> <p>In 2016/17 to date, 238 cases have been reported, compared to 145 in the same period in 2015/16. The observed increase in reported cases may be partly due to improvements in incident reporting during the period.</p>


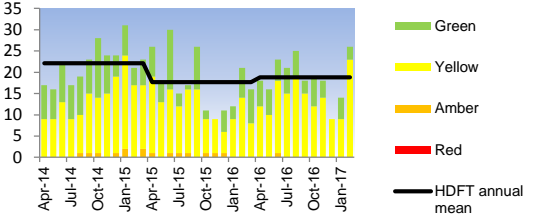

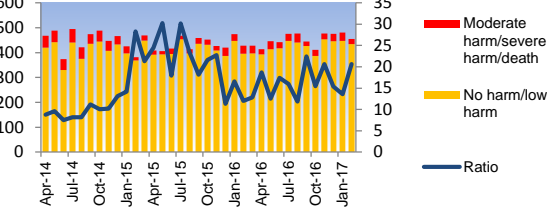

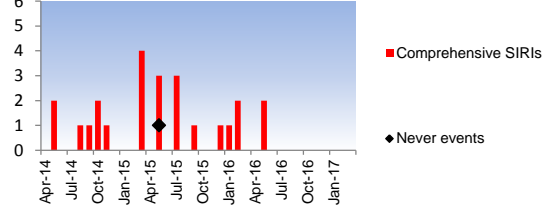

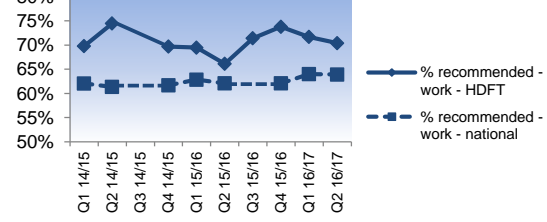
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p>Safety Thermometer - harm free care</p> 	<p>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.</p>		<p>The harm free percentage for February was 95.7%, a decrease on last month but remaining above the latest national average.</p>
<p>Falls</p> 	<p>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.</p>		<p>The rate of inpatient falls was 6.9 per 1,000 bed days in February, a decrease on last month. In the year to date, 640 inpatient falls have been reported (including those not causing harm). This is a 15% reduction on the number of inpatient falls in the same period last year.</p>
<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>There were 2 inpatient falls causing moderate harm in February, compared to 3 last month. Despite the reduction, this remains above the HDFT average for 2015/16. There have been 15 inpatient falls causing moderate or severe harm in 2016/17 to date, all of which resulted in a fracture. This compares to 18 in the same period last year.</p>
<p>Infection control</p> 	<p>The chart shows the cumulative number of hospital apportioned C. difficile cases during 2016/17. HDFT's C. difficile trajectory for 2016/17 is 12 cases, no change on last year's trajectory. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2016/17. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.</p>		<p>There was 1 case of hospital apportioned C. difficile reported in February, bringing the year to date total to 29 cases. 28 cases have now have root cause analysis (RCA) completed and discussed and agreed with HARD CCG. Of these, 5 have been determined to be due to a lapse in care and 23 were determined to not be due to a lapse in care. No cases of hospital apportioned MRSA have been reported in 2016/17 to date.</p>


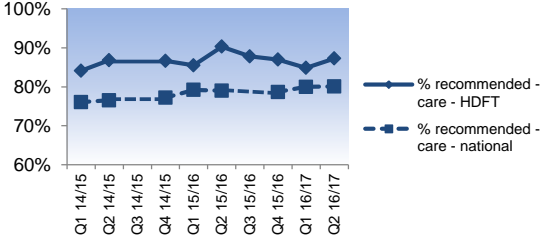

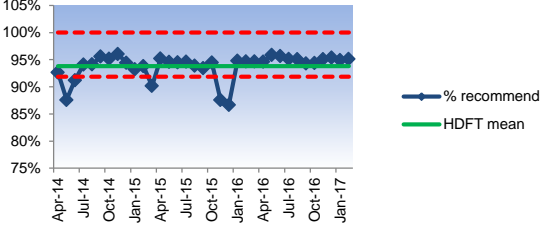

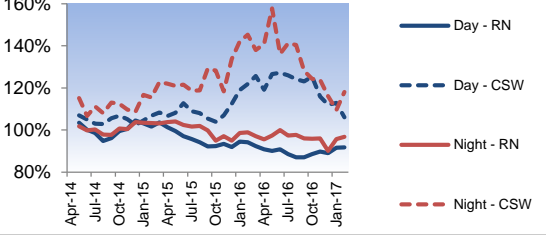

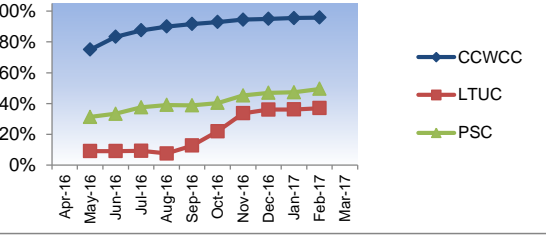
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<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>There were 314 avoidable admissions in January, a decrease on the previous month. There is some seasonality in this metric so an increase during the winter months is expected. However this is higher than the level in January last year.</p> <p>Adult admissions (excluding CAT attendances) have risen this month.</p>
<p>Reducing hospital admissions 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 rehabilitation or reablement services. A high figure is good. <i>This indicator is in development.</i></p>		<p>For patients discharged from rehabilitation or reablement services in November, 74% were still in their own home at the end of February, an improvement on the previous month.</p> <p>From next month, this metric will report on patients discharged from any service within the new Integrated Care Teams. This will provide a more robust metric involving a larger group of patients but it will not be possible to present historical trend data.</p>
<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 remained at 105.89 for the rolling 12 months ending December 2016 and remains within expected levels. At specialty level, 3 specialties (Gastroenterology, Geriatric medicine and Stroke Medicine) have a standardised mortality rate above expected levels.</p> <p>Following a recent notification letter from CQC regarding raised mortality in patients with acute cerebrovascular disease (stroke) at HDFT, a clinical case note review of a sample of stroke patients is being led by the Medical Director and will conclude in March.</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 to 94.03, compared to 93.20 last month. This is within expected levels, having been below expected levels for a number of months. At specialty level, 2 specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.</p>


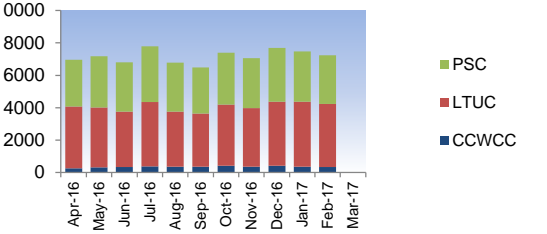

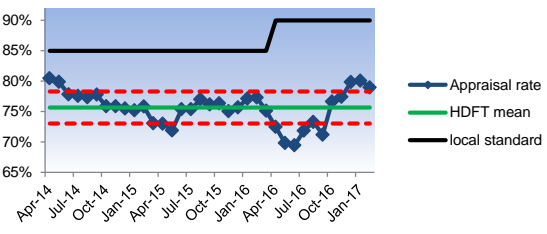


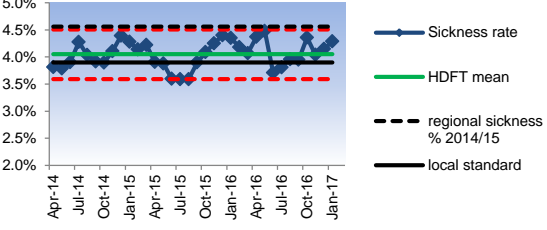
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<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>26 complaints were received in February, compared to 14 last month, which is above the 2015/16 average. Of the 26 complaints received in February, 24 are still under investigation. The complaints relate to a number of different services across the Trust and are partly reflective of the significant operational pressures that the Trust was under during the month.</p> <p>There were no complaints classified as amber or red in February.</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>The latest published national data (for the period Sep 15 to Mar 16) shows that Acute Trusts reported an average ratio of 34 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 the same period was 18 which places the Trust in the bottom 25% nationally. The focus going forward is to improve our incident reporting rate particularly encouraging staff to report no harm/ near miss incidents. Options to improve the Datix system to simplify the incident reporting process are being explored.</p>
<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. We have changed this indicator to only include comprehensive SIRIs, as concise SIRIs are reported within the pressure ulcer and falls indicators above.</p>		<p>There were no comprehensive SIRIs and no never events reported in February.</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 Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 71% of staff would recommend the Trust as a place to work.</p>		<p><i>There is no update of this data this month.</i></p> <p>In Quarter 2, 70.4% of HDFT staff surveyed would recommend HDFT as a place to work, this remains above the most recently published national average of 64%. The response rate at HDFT was 15%, compared to a national average of 12%.</p> <p>The Staff Friends and Family Test will next be carried out at HDFT during Quarter 4.</p>


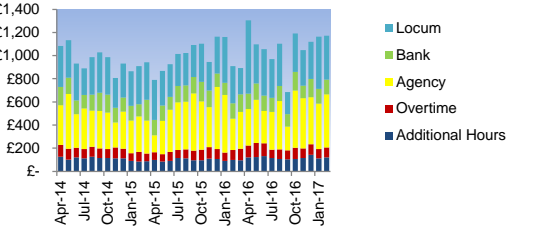

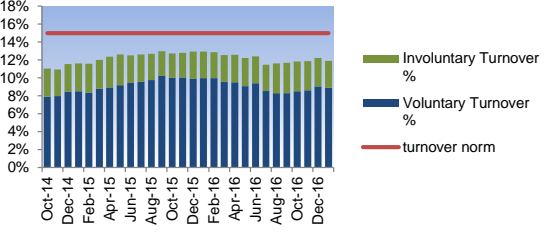

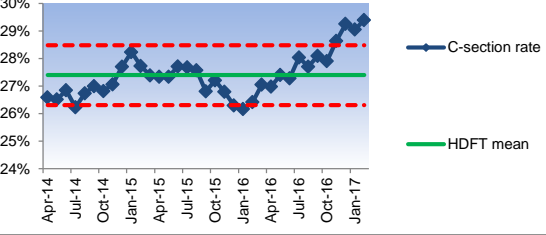

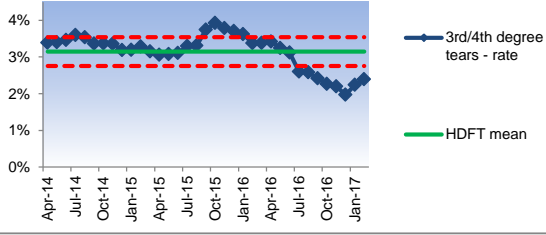
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<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.</p> <p>The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 88% of staff would recommend the Trust as a place to work.</p>		<p><i>There is no update of this data this month.</i></p> <p>In Quarter 2, 87.3% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is an increase on Q1 and above the most recently published national average of 80%. The response rate at HDFT was 15%, compared to a national average of 12%.</p> <p>The Staff Friends and Family Test will next be carried out at HDFT during Quarter 4.</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>95.1% of patients surveyed in February would recommend our services, remaining in line with recent months and above the latest published national average.</p> <p>Around 4,600 patients responded to the survey this month, which equates to an average of 164 responses per day, compared to 159 responses per day in January.</p>
<p>Safer staffing levels</p> 	<p>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.</p>		<p>Overall staffing compared to planned was at 99% in February. Registered nurse staffing levels have increased since last month. Care Support Worker staffing remains high compared to plan - this is reflective of the increased need for 1-1 care and the number of newly qualified nurses working before they have received full registration.</p>
<p>Electronic rostering timeliness</p> 	<p>The chart shows the proportion of rosters that were published on time on Rosterpro (at least 4 weeks before the roster start date). It includes data for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. Data presented is for a rolling 12 months period and is split by Clinical Directorate.</p> <p>A high percentage is good.</p>		<p>Overall, 48% of rosters were published on time during the period May 2016 to February 2017. All three Clinical Directorates are showing improvements in recent months.</p> <p>Publishing electronic rosters in a timely manner improves staff morale, increases bank fill rates and reduces bank/agency costs.</p>


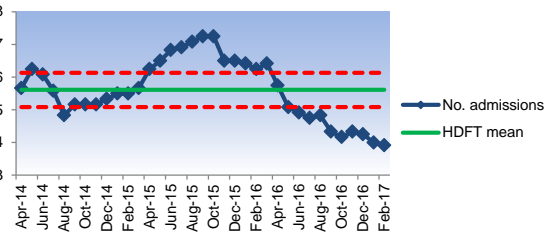
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																		
<p>Electronic rostering hours owed</p> 	<p>This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 15 hours or more. Data is split by Clinical Directorate for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. A low number is good.</p>		<p>The data has been rebased and now shows the cumulative position from March 2015 onwards (previously March 2016).</p> <p>Properly managed balances increase available clinical hours, improves staff morale and management decision making.</p>																		
<p>Staff appraisal rates</p> 	<p>The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.</p> <p>The figures from May 2016 onwards exclude employees currently on maternity leave, career break or suspension and staff who TUPE transferred into the organisation from Darlington, Durham and Middlesbrough from 1st April 2016.</p>		<p>The appraisal rate for the 12 months to end February is 79%.</p> <p>Following last month's discussion at SMT, we have agreed to adopt an appraisal period for 2017/18 between 1 April and 30 September. The Appraisal Toolkit has now been updated and managers can access both the recorded briefing and the new documentation with hints and tips via the intranet. For managers who wish to conduct team appraisals, the training is currently being developed and will be delivered from April onwards.</p>																		
<p>Mandatory training rates</p> 	<p>The table shows the most recent training rates for all mandatory elements for substantive staff.</p>	<table border="1" data-bbox="772 790 1317 1029"> <thead> <tr> <th>Competence Name</th> <th>% Completed</th> </tr> </thead> <tbody> <tr> <td>Equality, Diversity and Human Rights - Level 1</td> <td>90</td> </tr> <tr> <td>Fire Safety Awareness</td> <td>78</td> </tr> <tr> <td>Infection Prevention & Control (Including Hand Hygiene) 1</td> <td>100</td> </tr> <tr> <td>Infection Prevention & Control (Including Hand Hygiene) 2</td> <td>82</td> </tr> <tr> <td>Information Governance: Introduction</td> <td>85</td> </tr> <tr> <td>Information Governance: The Beginners Guide</td> <td>87</td> </tr> <tr> <td>Prevent Basic Awareness (December 2015)</td> <td>98</td> </tr> <tr> <td>Safeguarding Children & Young People Level 1 - Introduction</td> <td>95</td> </tr> </tbody> </table>	Competence Name	% Completed	Equality, Diversity and Human Rights - Level 1	90	Fire Safety Awareness	78	Infection Prevention & Control (Including Hand Hygiene) 1	100	Infection Prevention & Control (Including Hand Hygiene) 2	82	Information Governance: Introduction	85	Information Governance: The Beginners Guide	87	Prevent Basic Awareness (December 2015)	98	Safeguarding Children & Young People Level 1 - Introduction	95	<p>The data shown is for the end of February and includes the staff who were TUPE transferred into the organisation on the 1st April 2016. The overall training rate for mandatory elements for substantive staff is 88%.</p> <p>The new follow up procedure is now in place for Directorates to use and we hope to see a positive impact on compliance going forward.</p>
Competence Name	% Completed																				
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<p>Sickness rates</p> 	<p>Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.</p>		<p>Sickness across the Trust increased for the third month in a row and stood at 4.29% in January, 4.04% YTD, this is comparable to January 2016. All directorates saw an increase in reported absence levels with the exception of CCCC Directorate; where there was a slight decrease to 4.18%, which is the lowest reported level since April 2016. Whilst much of the absence increase in January could be attributed to short term sickness such as cough, cold, flu and gastrointestinal issues, long term absence remains a focus within the HR team with the closure of 24 cases during February.</p>																		


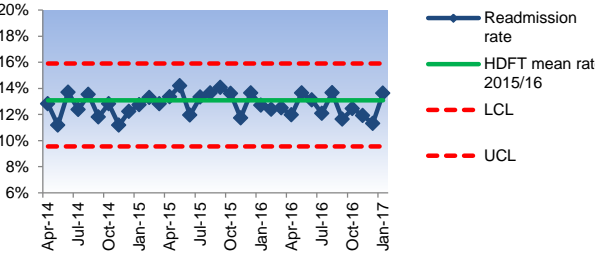

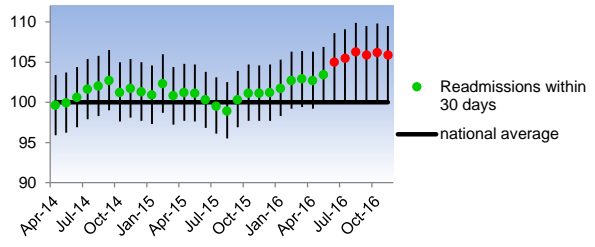

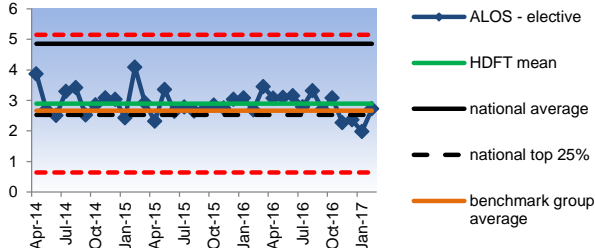

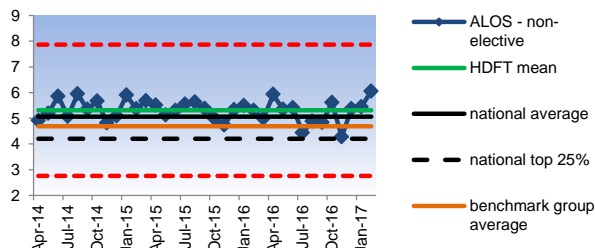
Quality - February 2017

Indicator name / data quality assessment	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 Trust has established an advisory group on temporary workforce, whose principle aim is to take action to reduce spend and reliance on the temporary workforce. Meetings are held fortnightly and a review of all agency bookings above cap are undertaken as part of the group. Key outcomes of the first meeting were to focus on long term gaps, arrangements for rostering, managing demand and drawing together actions and plans already in place. Following the receipt of guidance from NHSI, a letter has been sent to all commercial staffing agencies used by the Trust (and sent by WYAAT Trusts) to advise them that the Trust will no longer accept CVs for agency assignments where the worker concerned is employed in a substantive post in the NHS.</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>To support the requirement for more elderly care RGNs, the Trust will host 2 open days. 'Just R' (formally 'Face the Music') have been commissioned to provide social media support to advertise the events. The Facebook posts will target those who currently work or are affiliated with care homes and elderly care. A 'keep in touch' event for student nurses scheduled to join the Trust in September will be held on Wednesday 29th March.</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 - as a result we have amended the presentation of this indicator this month to show a 12 month rolling average position.</p>		<p>HDFT's C-section rate for the 12 months ending February 2017 was 29.4% of deliveries, an increase on last month and remaining higher than average. The major contributing factor to the recent upward trend appears to be a significant increase in elective caesarean sections during 2016/17, with the emergency caesarean section rate remaining static and within expected parameters.</p>
<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 third or fourth degree tears was 2.4% of deliveries in the 12 month period ending February 2017, remaining well below previous months. This may reflect the significant amount of quality improvement work aimed at reducing the incidence of third degree tears.</p>


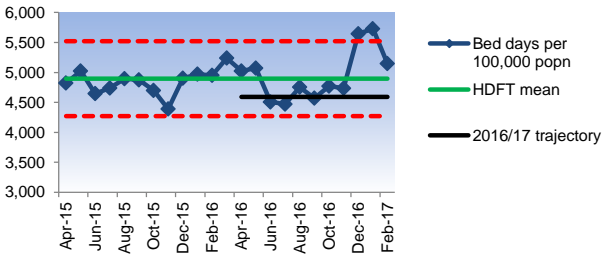

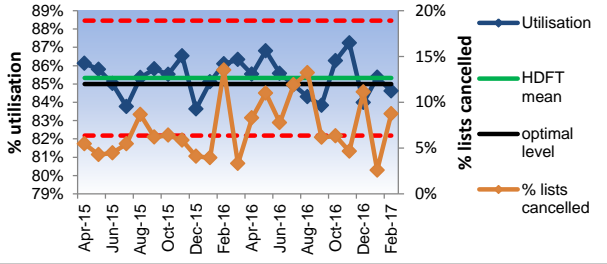

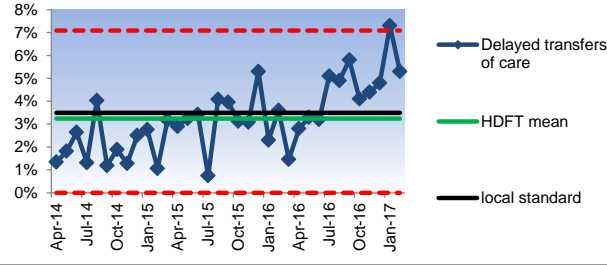

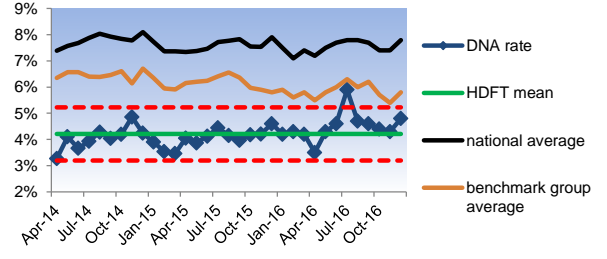
Quality - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<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. We have amended the presentation of this indicator this month to show a 12 month rolling average position.</p>	 <p>The chart displays the percentage of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU) over a 12-month period. The blue line represents the number of admissions, and the green line represents the HDFT mean. The red dashed line indicates a target level at 6.5%.</p>	<p>The chart shows the percentage 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>3.9% of term babies were admitted to SCBU in the 12 months ending February.</p>


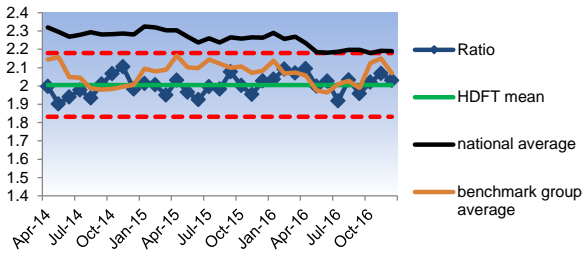

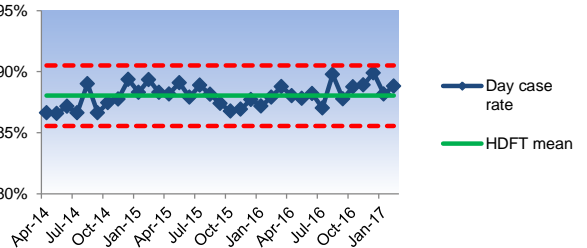

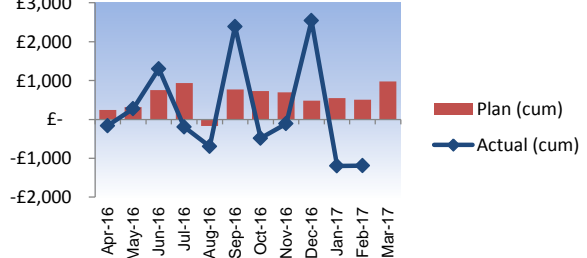

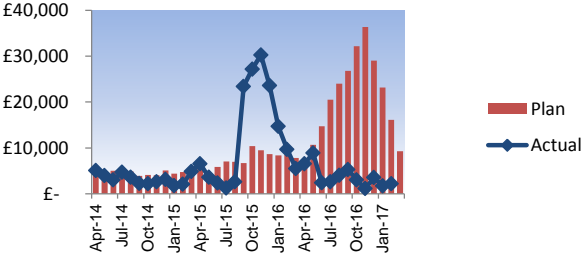
Finance and Efficiency - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p>Readmissions</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>Trend chart</p> 	<p>Interpretation</p> <p>The number of readmissions increased in January, when expressed as a percentage of all emergency admissions and is now above the average rate for 2015/16.</p> <p>HDFT and HARD CCG are undertaking a joint clinical audit of readmissions during March to determine the proportion which were avoidable.</p>
<p>Readmissions - standardised</p> 	<p>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.</p>		<p>HDFT's standardised readmission rate decreased to 105.9 in the most recently available data on HED but remains above the national average and above expected levels.</p> <p>At specialty level, the same 5 specialties have a standardised emergency readmission rates above expected levels (Cardiology, Clinical Haematology, Paediatrics, Medical Oncology and Well Babies). A clinical audit of a sample of paediatric and well babies readmissions is being carried out by CCCC Directorate.</p>
<p>Length of stay - elective</p> 	<p>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.</p>		<p>The average elective length of stay for February was 2.7 days, an increase on the previous month and just above benchmark group average.</p> <p>An additional line has been added to the chart to show the length of stay for the top 25% of trusts nationally. HDFT is just above this level in February.</p>
<p>Length of stay - non-elective</p> 	<p>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.</p>		<p>The average non-elective length of stay for February was 6.1 days, an increase on last month and remaining above both the benchmark group and national average. This increase in length of stay will be partly due to an increase in the number of delayed transfers of care seen in recent weeks.</p> <p>An additional line has been added to the chart to show the length of stay for the top 25% of trusts nationally. HDFT is above this level in February.</p>



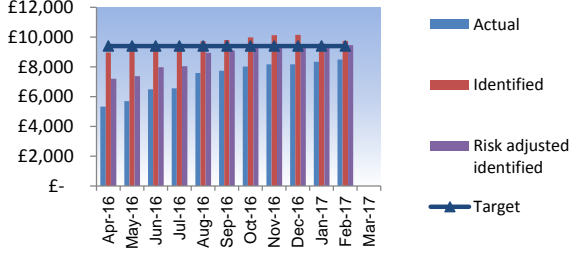

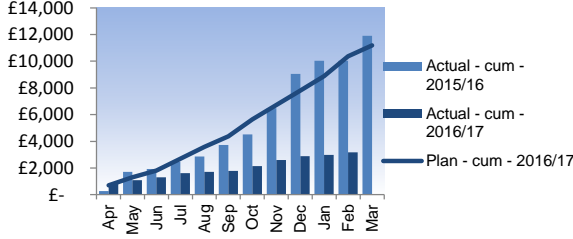

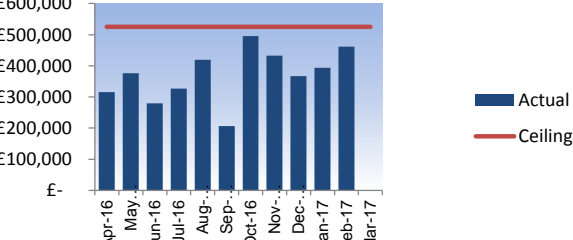
Finance and Efficiency - February 2017

Indicator name / data quality assessment	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. The 2016/17 trajectory is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition. A lower figure is preferable.</p>		<p>Non-elective bed days for patients aged 18+ reduced in February but remain higher than average and above the level reported in February last year.</p>
<p>Theatre utilisation</p> 	<p>The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of this. 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 to 84.6% in February. The number of cancelled sessions also increased to 8.7%.</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 reduced to 5.3% when the snapshot was taken in February, but remain above the maximum threshold of 3.5% set out in the contract. Data shared by NHS Improvement suggests that nationally delayed transfers of care have been at around 5% in 2017 to date. Further work to understand the reasons for this continued increase is being carried out by the Discharge Steering Group.</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>HDFT's DNA rate increased to 4.8% in December but remains below that of both the benchmarked group of trusts and the national average.</p>


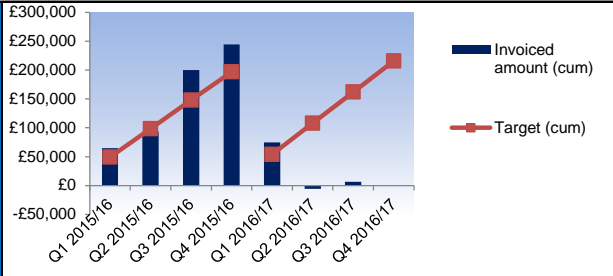
Finance and Efficiency - February 2017

Indicator name / data quality assessment	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>Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio decreased in December and remains below both the national average and the benchmark group average.</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 case rate increased to 89% in February and remains above the HDFT average.</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 surplus of £2,501k for the year to the end of February, £3,319k behind plan. This includes S&T funding, which contributes £766k towards the variance at month 11 as S&T has not been achieved.</p> <p>As a result of the performance in Quarter 4 to date, the Trust is forecasting to not achieve the control total for 2016/17 and therefore not receiving Quarter 4 S&T funding.</p>
<p>Cash balance</p> 	<p>Monthly cash balance (£'000s)</p>		<p>Cash continues to be a concern for the Trust. The cash balance at the end of February was reported at £2.2m, with a number of actions in place to improve the outstanding debtors position.</p>





Finance and Efficiency - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																					
<p>NHS Improvement Single Oversight Framework - Use of Resource Metric</p> 	<p>From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.</p>	<table border="1"> <thead> <tr> <th>Element</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Cover</td> <td>1</td> <td>2</td> </tr> <tr> <td>Liquidity</td> <td>1</td> <td>1</td> </tr> <tr> <td>I&E Margin</td> <td>1</td> <td>1</td> </tr> <tr> <td>I&E Variance From Plan</td> <td></td> <td>3</td> </tr> <tr> <td>Agency</td> <td>1</td> <td>1</td> </tr> <tr> <td>Financial Sustainability Risk Rating</td> <td>1</td> <td>2</td> </tr> </tbody> </table>	Element	Plan	Actual	Capital Service Cover	1	2	Liquidity	1	1	I&E Margin	1	1	I&E Variance From Plan		3	Agency	1	1	Financial Sustainability Risk Rating	1	2	<p>The Trust reported a rating of 2 in February, behind the planned Use of Resource rating of 1. The major factor for this relates to the variance to plan outlined above, which in turn has an impact on the Capital Service cover rating.</p>
Element	Plan	Actual																						
Capital Service Cover	1	2																						
Liquidity	1	1																						
I&E Margin	1	1																						
I&E Variance From Plan		3																						
Agency	1	1																						
Financial Sustainability Risk Rating	1	2																						
<p>CIP achievement</p> 	<p>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>		<p>Despite the adverse position above, Directorates continue to work towards achieving the Trustwide efficiency target. The full year impact of actioned schemes equates to £8.5m, with risk adjusted plans for £9.5m, £0.1m above the Trust target.</p>																					
<p>Capital spend</p> 	<p>Cumulative Capital Expenditure by month (£'000s)</p>		<p>Cumulative capital expenditure remains behind plan.</p>																					
<p>Agency spend in relation to pay spend</p> 	<p>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>		<p>At 3.6% of pay spend, agency expenditure was high in February. At £461k for the month (October was the only higher month), this is a concern for the Trust. Although the value is below the agency ceiling for the Trust, this ceiling reduces in 2017/18 and the current run rate would potentially result in exceeding the new value.</p>																					


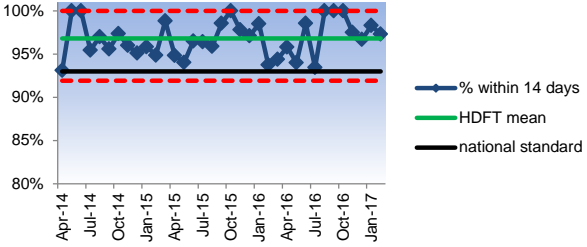

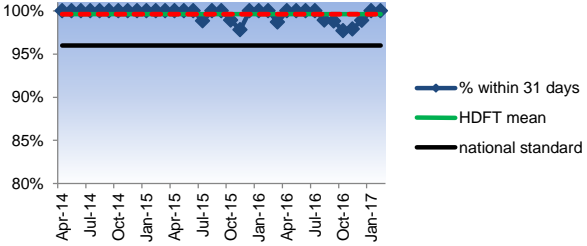

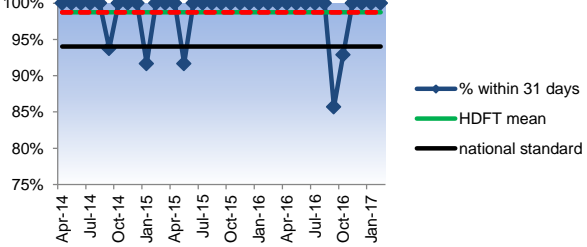

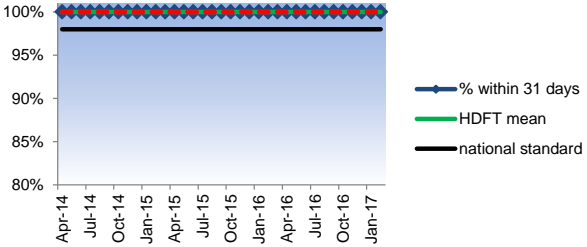
Finance and Efficiency - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																											
<p>Research - Invoiced research activity</p> 	<p>Aspects of research studies are paid for by the study sponsor or funder.</p>	 <table border="1"> <caption>Estimated data from Trend Chart</caption> <thead> <tr> <th>Quarter</th> <th>Invoiced amount (cum) (£)</th> <th>Target (cum) (£)</th> </tr> </thead> <tbody> <tr> <td>Q1 2015/16</td> <td>~40,000</td> <td>~50,000</td> </tr> <tr> <td>Q2 2015/16</td> <td>~90,000</td> <td>~100,000</td> </tr> <tr> <td>Q3 2015/16</td> <td>~180,000</td> <td>~150,000</td> </tr> <tr> <td>Q4 2015/16</td> <td>~230,000</td> <td>~200,000</td> </tr> <tr> <td>Q1 2016/17</td> <td>~70,000</td> <td>~100,000</td> </tr> <tr> <td>Q2 2016/17</td> <td>~10,000</td> <td>~150,000</td> </tr> <tr> <td>Q3 2016/17</td> <td>~10,000</td> <td>~200,000</td> </tr> <tr> <td>Q4 2016/17</td> <td>~10,000</td> <td>~250,000</td> </tr> </tbody> </table>	Quarter	Invoiced amount (cum) (£)	Target (cum) (£)	Q1 2015/16	~40,000	~50,000	Q2 2015/16	~90,000	~100,000	Q3 2015/16	~180,000	~150,000	Q4 2015/16	~230,000	~200,000	Q1 2016/17	~70,000	~100,000	Q2 2016/17	~10,000	~150,000	Q3 2016/17	~10,000	~200,000	Q4 2016/17	~10,000	~250,000	<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>
Quarter	Invoiced amount (cum) (£)	Target (cum) (£)																												
Q1 2015/16	~40,000	~50,000																												
Q2 2015/16	~90,000	~100,000																												
Q3 2015/16	~180,000	~150,000																												
Q4 2015/16	~230,000	~200,000																												
Q1 2016/17	~70,000	~100,000																												
Q2 2016/17	~10,000	~150,000																												
Q3 2016/17	~10,000	~200,000																												
Q4 2016/17	~10,000	~250,000																												


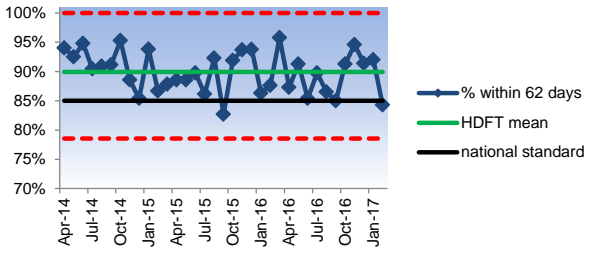

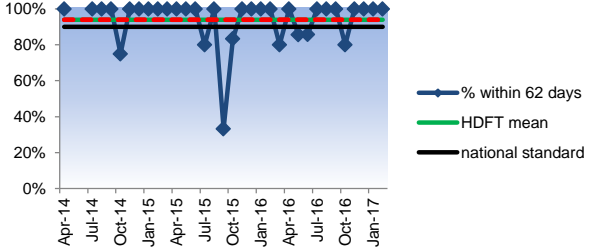

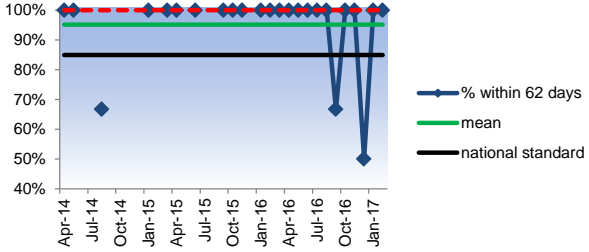

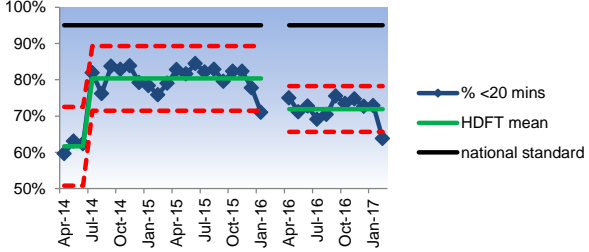
Operational Performance - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation																																								
<p>NHS Improvement Single Oversight Framework</p> 	<p>From October 2016, NHS Improvement will 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 "operational performance metrics" section.</p>	<table border="1"> <thead> <tr> <th>Standard</th> <th>Oct-16</th> <th>Nov-16</th> <th>Dec-16</th> </tr> </thead> <tbody> <tr> <td>RTT incomplete pathways</td> <td>94.4%</td> <td>94.1%</td> <td>94.0%</td> </tr> <tr> <td>A&E 4-hour standard</td> <td>95.1%</td> <td>93.8%</td> <td>92.5%</td> </tr> <tr> <td>Cancer - 62 days</td> <td>91.3%</td> <td>94.6%</td> <td>91.4%</td> </tr> <tr> <td>Diagnostic waits</td> <td>99.9%</td> <td>99.8%</td> <td>99.9%</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Standard</th> <th>Jan-17</th> <th>Feb-17</th> <th>Mar-17</th> </tr> </thead> <tbody> <tr> <td>RTT incomplete pathways</td> <td>94.2%</td> <td>94.0%</td> <td></td> </tr> <tr> <td>A&E 4-hour standard</td> <td>93.9%</td> <td>94.8%</td> <td></td> </tr> <tr> <td>Cancer - 62 days</td> <td>92.0%</td> <td>84.3%</td> <td></td> </tr> <tr> <td>Diagnostic waits</td> <td>99.9%</td> <td>99.8%</td> <td></td> </tr> </tbody> </table>	Standard	Oct-16	Nov-16	Dec-16	RTT incomplete pathways	94.4%	94.1%	94.0%	A&E 4-hour standard	95.1%	93.8%	92.5%	Cancer - 62 days	91.3%	94.6%	91.4%	Diagnostic waits	99.9%	99.8%	99.9%	Standard	Jan-17	Feb-17	Mar-17	RTT incomplete pathways	94.2%	94.0%		A&E 4-hour standard	93.9%	94.8%		Cancer - 62 days	92.0%	84.3%		Diagnostic waits	99.9%	99.8%		<p>In February, HDFT was above the required level for 2 of the 4 key operational performance metrics. Performance against the A&E 4-hour standard and the cancer 62-day standard were both below the required thresholds, as detailed below.</p>
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<p>RTT Incomplete pathways performance</p> 	<p>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>		<p>94.0% of patients were waiting 18 weeks or less at the end of February, above the required national standard of 92% but lower than last month's performance.</p> <p>At specialty level, Trauma & Orthopaedics and General Surgery remain below the 92% standard.</p>																																								
<p>A&E 4 hour standard</p> 	<p>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>		<p>HDFT's Trust level performance for February was 94.8%, an improvement on last month but remaining below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED in February was 93.7%.</p> <p>HDFT remains one of the best performing Trusts in the country in relation to this standard, with the national performance position deteriorating further in the most recently published data for January.</p>																																								
<p>Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals</p> 	<p>Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.</p>		<p>Delivery at expected levels.</p>																																								


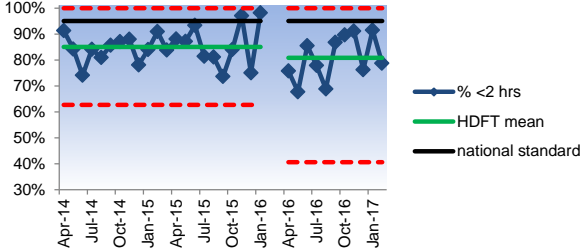

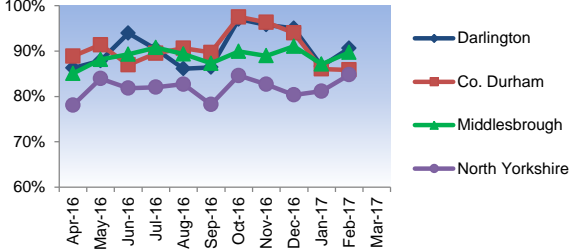

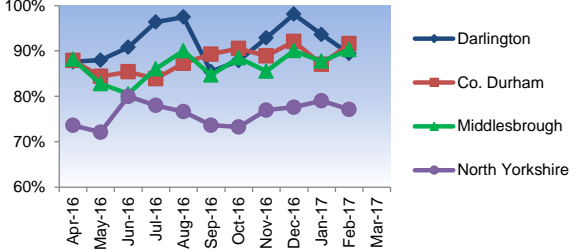

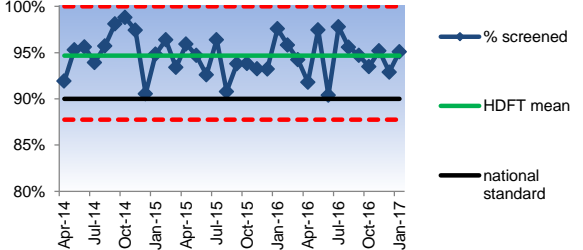
Operational Performance - February 2017

Indicator name / data quality assessment	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>


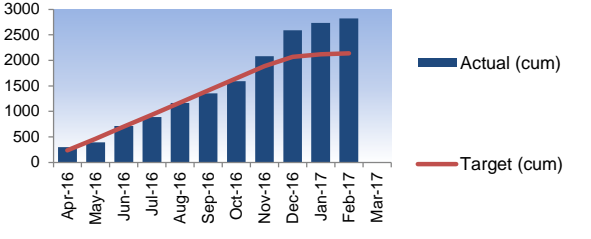

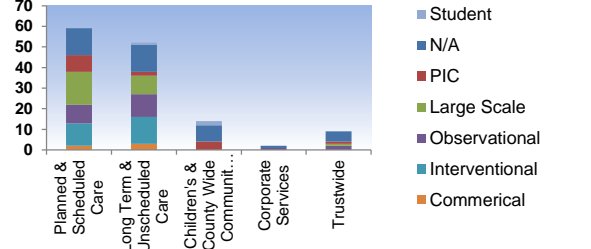
Operational Performance - February 2017

Indicator name / data quality assessment	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>Provisional performance for February is below the required 85% standard at 84.3% with 11 patients breaching (of which 8 breaches are accountable to HDFT). 3 patients waited over 104 days for treatment - the main reason for the delays were outpatient capacity issues. LTUC Directorate are carrying out a breach analysis to determine whether any patients came to harm as a result of the delay. Of the 11 tumour sites, 5 had performance below 85% in February - colorectal, haematological, head and neck, upper gastrointestinal and other. It is however anticipated that the standard will be delivered for Quarter 4 overall.</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. A high percentage is good.</p>		<p>Performance remains below the required 95% for this metric and was at 64% in February. Performance was particularly poor over the two weekends in the February half term week. LTUC Directorate are reviewing if there were any specific reasons for this.</p> <p>Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.</p>










Operational Performance - February 2017

Indicator name / data quality assessment	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 remains below the required 95% for this metric and was at 78% in February.</p> <p>Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.</p>
<p>Children's Services - 10-14 day new birth visit</p> 	<p>The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good.</p> <p>Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.</p>		<p>In February, the provisional performance position is that 85% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth.</p> <p>It is anticipated that once the data is fully validated that we will report an improved, more accurate performance position. This will be reflected in next month's report.</p>
<p>Children's Services - 2.5 year review</p> 	<p>The percentage of children who had a 2.5 year review. A high percentage is good.</p> <p>Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.</p>		<p>In February, the provisional performance position is that 86% of children were recorded on Systmone as having had a 2.5 year review.</p> <p>It is anticipated that once the data is fully validated that we will report an improved, more accurate performance position. This will be reflected in next month's report.</p>
<p>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>Delivery at expected levels.</p>

Operational Performance - February 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
<p>Recruitment to NIHR adopted research studies</p> 	<p>The Trust has a recruitment target of 2,800 for 2016/17 for studies on the NIHR portfolio. This equates to 234 per month. Over recruitment is encouraged.</p>		<p>The year to date position on recruitment to research studies is now 32% above plan, a significant improvement on the position reported in previous months.</p>
<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>		<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>

Data Quality - Exception Report




Report section	Indicator	Data quality rating	Further information
Quality	Pressure ulcers - community acquired - grades 2, 3 or 4	Amber 	The observed increase in reported cases over the last two years may be partly due to improvements in incident reporting during the period.
Operational Performance	GP Out of Hours - National Quality Requirement 9	Amber 	Following patient pathway changes in late 2015, reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for NQR9 was incorrect. Significant work from has been carried out by information staff at HDFT and we are now able to report performance again for this metric again, based on calculations from raw data extracts from the Adastra system. The new calculations have been shared with HARD CCG.
Operational Performance	GP Out of Hours - National Quality Requirement 12	Amber 	
Quality	Reducing readmissions in older people	Amber 	This indicator is under development. We have recently amended the calculation of this indicator so that it correctly handles patients who had multiple admissions and multiple contacts with community services.
Finance and efficiency	Theatre utilisation	Amber 	The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of cancelled sessions.
Operational Performance	Children's Services - 10-14 day new birth visit	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Operational Performance	Children's Services - 2.5 year review	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering timeliness	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering hours owed	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.

Indicator traffic light criteria

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Quality	Pressure ulcers - hospital acquired	No. category 3 and category 4 avoidable hospital acquired pressure ulcers	tbc	tbc
Quality	Pressure ulcers - community acquired	No. category 3 and category 4 community acquired pressure ulcers	tbc	tbc
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	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of >=50% of HDFT average for 2015/16, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2015/16, Amber if YTD position is a reduction of up to 20% of HDFT average for 2015/16, Red if YTD position is on or above HDFT average for 2015/16.	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, NHS Improvement and contractual requirement
Quality	Infection control	No. hospital acquired C.diff cases	tbc	tbc
Quality	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	Reducing hospital admissions in older people	The proportion of older people 65+ who were still at home 91 days after discharge from rehabilitation or reablement services.	tbc	tbc
Quality	Mortality - HSMR	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 - SHMI	Summary Hospital Mortality Index (SHMI)	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2015/16, Amber if on or above HDFT average for 2015/16, 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	Complaints	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	Incidents - all	Incidents split by grade (hosp and community)	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
Quality	Incidents - comprehensive SIRIs and never events	The number of comprehensive SIRIs and the number of never events reported in the year to date. The indicator includes hospital and community data	Blue if latest month score places HDFT in the top 10% of acute trusts nationally and/or the % staff recommending the Trust is above 95%, Green if in top 25% of acute trusts nationally, 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 work	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	% staff who would recommend HDFT as a place to receive care	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	% recommend, % not recommend - combined score for all services currently doing patient FFT	Annual rolling total - 90% green, Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	Safer staffing levels	RN and CSW - day and night overall fill rates at trust level	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 no. staff who had an appraisal within the last 12 months	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	Latest position on the % staff trained for each mandatory training requirement	tbc	tbc
Quality	Staff sickness rate	Staff sickness rate	tbc	tbc
Quality	Temporary staffing expenditure - medical/nursing/other	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	Staff turnover	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	Maternity - Caesarean section rate	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 - Rate of third and fourth degree tears	No. third or fourth degree tears as a % of all deliveries	tbc	tbc
Quality	Maternity - Unexpected term admissions to SCBU	Admissions to SCBU for babies born at 37 weeks gestation or over.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2015/16, Amber if latest month rate > HDFT average for 2015/16 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	Readmissions	No. emergency readmissions (following elective or non-elective admission) within 30 days.	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.
Finance and efficiency	Readmissions - standardised	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	Length of stay - elective	Average LOS for elective patients		
Finance and efficiency	Length of stay - non-elective	Average LOS for non-elective patients		

Section	Indicator	Further detail	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	Green if latest month < 2016/17 trajectory, amber if latest month below 2015/16 level plus 0.5% demographic growth but above 2016/17 trajectory, red if above 2015/16 level plus 0.5% demographic growth.	A 2016/17 trajectory has been added this month - this is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition.
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 rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
Finance and efficiency	NHS Improvement Financial Performance Assessment	An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	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	CIP achievement	Cost Improvement Programme performance	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	Capital spend	Cumulative capital expenditure	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	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	to be agreed	
Finance and efficiency	Research - invoiced research activity	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by NHS Improvement
Operational Performance	NHS Improvement governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by NHS Improvement
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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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, NHS Improvement 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	Children's Services - 10-14 day new birth visit	% new born visit within 14 days of birth	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
Operational Performance	Children's Services - 2.5 year review	% children who had a 2 and a half year review	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	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	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	

Data quality assessment

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

Report to the Trust Board of Directors: 29 March 2017	Paper No: 6.0
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Title	Finance Report March 2017
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 surplus of £2,501k for the year to the end of February. Despite being a surplus position overall, the underlying operational position is a deficit of £949k.
2. Despite the financial pressures on the Trust, Efficiency Programme achievement stands at 94% of the £9.4m target.
3. The Trust reported a cash balance of £2.2m in February, £6.5m behind plan.

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 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	

Action Required by the Board of Directors

The Board of Directors is asked to note the contents of this report and approve the recommendation from Audit Committee in relation to Going Concern.

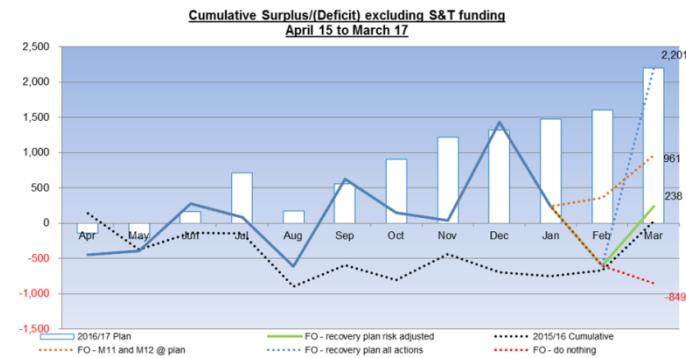
February 2017 Financial Position

Financial Performance

- The Trust reported a surplus of £2,501k for the year to the end of February. Despite being a surplus position overall, the underlying operational position is a deficit of £949k. This adverse position is concerning. The position is outlined in more detail below:

Description	YTD Plan	YTD Actual	YTD variance
Net surplus/deficit	£1,603k	-£949k	-£2,552k
S&T funding	£4,217k	£3,450k	-£767k
Trust financial position	£5,820k	£2,501k	-£3,319k

- Due to the financial position as at month 11, no S&T funding has been assumed in month. The variance to plan means the Trust is no longer forecasting achievement of the control total set by NHS Improvement. The graph to the right outlines the potential forecast Outturn for 2016/17.



- Following discussions with NHS Improvement in relation to this position the Trust has developed a financial recovery plan which incorporates actions against the financial Improvement checklist issued by NHS Improvement.
- This plan incorporates actions which will impact 2016/17 and improve the run rate of the Trust moving into 2017/18. This supports the work which is already being undertaken across the Trust.
- Key variances across the organisation continue to relate to income performance, pressures in relation to medical agency expenditure, ward nursing expenditure, as well as a series of non pay variances.
- Despite the financial pressures on the Trust, Efficiency programme achievement stands at 94% of the £9.4m target. This is positive and plans are in place to overachieve, however, there is some risk to this. This is outlined on page 5 and 6.

February 2017 Financial Position cont.

Cash Position

- The Trust reported a cash balance of £2.2m in February, £6.5m behind plan. There are a number of actions in place to improve this position, however, it is expected that this pressured position will continue. Details of the position are outlined on page 7.

NHS Improvement Use of Resource Metric

- From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this the Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating (FSRR). This is the product of five elements which are rated between 1 (best) to 4. The Trust position for February is outlined below.

Element	Plan	Actual
Capital Service Cover	1	2
Liquidity	1	1
I&E Margin	1	1
I&E Variance From Plan	1	3
Agency	1	1
UoR Rating	1	2

- Clearly the position of 2 is a concern, however, improvements to the I&E position will obviously have a positive impact.

Going Concern - Recommendation

- The Audit Committee considered at its 10th March 2016 meeting the appropriateness of preparing the HDFT 2016/17 Accounts on a going concern basis. The Audit Committee recommends to the Board of Directors that the HDFT 2016/17 Accounts should be prepared on a going concern basis.

Financial Position Continued

Summary Income & Expenditure 2016/17

For the month ending 28th February 2017

	Budget		Actual To Date £000	Cumulative Variance £000	Change in Variance £'000	February Actuals £'000
	Annual Budget £000	Proportion To Date £000				
INCOME						
NHS Clinical Income (Commissioners)						
NHS Clinical Income - Acute	143,228	130,815	128,461	(2,354)	(410)	11,195
NHS Clinical Income - Community	54,930	50,370	49,927	(442)	(207)	4,034
System Resilience & Better Care Funding	561	515	514	(1)	(0)	47
Non NHS Clinical Income					0	
Private Patient & Amenity Bed Income	1,922	1,766	1,349	(417)	11	168
Other Non-Protected Clinical Income (RTA)	523	479	438	(41)	(36)	8
Other Income					0	
Non Clinical Income	14,166	12,392	12,642	250	(593)	693
Hosted Services	522	430	903	473	473	550
TOTAL INCOME	215,852	196,766	194,234	(2,533)	(762)	16,694
EXPENSES						
Pay						
Pay Expenditure	(152,221)	(140,046)	(138,984)	1,062	(33)	(12,856)
Non Pay					0	
Drugs	(12,895)	(12,733)	(12,727)	6	10	(1,026)
Clinical Services & Supplies	(17,503)	(16,277)	(16,314)	(37)	23	(1,231)
Other Costs	(20,196)	(18,069)	(19,983)	(1,914)	(198)	(1,974)
					0	
					0	
Reserves :						
Pay	3,001	(21)	0	21	6	0
Pay savings targets	0	0	0	0	0	0
Other Reserves	(5,915)	(443)	0	443	(132)	0
High Cost Drugs	562	0	0	0	0	0
Non Pay savings targets	(169)	0	0	0	0	0
Other Finance Costs						
Hosted Services	(522)	(430)	(437)	(7)	(7)	(84)
TOTAL COSTS	(205,876)	(188,035)	(188,452)	(417)	(330)	(17,172)
EBITDA	9,976	8,732	5,782	(2,950)	(1,092)	(477)
Profit / (Loss) on disposal of assets	0	0	0	0	0	0
Depreciation	(5,081)	(4,658)	(4,181)	477	(49)	(472)
Interest Payable	(90)	(83)	(202)	(120)	(10)	(17)
Interest Receivable	41	37	15	(22)	(2)	1
Dividend Payable	(2,646)	(2,426)	(2,566)	(141)	(14)	(234)
Net Surplus/(Deficit) before donations and impairment	2,200	1,603	(1,152)	(2,756)	(1,167)	(1,199)
Donated Asset Income	0	0	203	203	12	12
Impairments re Donated assets	0	0	0	0	0	0
Impairments re PCT assets	0	0	0	0	0	0
Net Surplus/(Deficit)	2,200	1,603	(949)	(2,552)	(1,154)	(1,187)
Consolidation of Charitable Fund Accounts	0	0	0	0	0	0
Sustainability and Transformation Fund	4,600	4,217	3,450	(767)	(383)	0
Total and Consolidated Net Surplus/(Deficit)	6,800	5,820	2,501	(3,319)	(1,537)	(1,187)

You matter most

Financial Position Continued

Net Income & Expenditure Position

For the month ending 28th February 2017

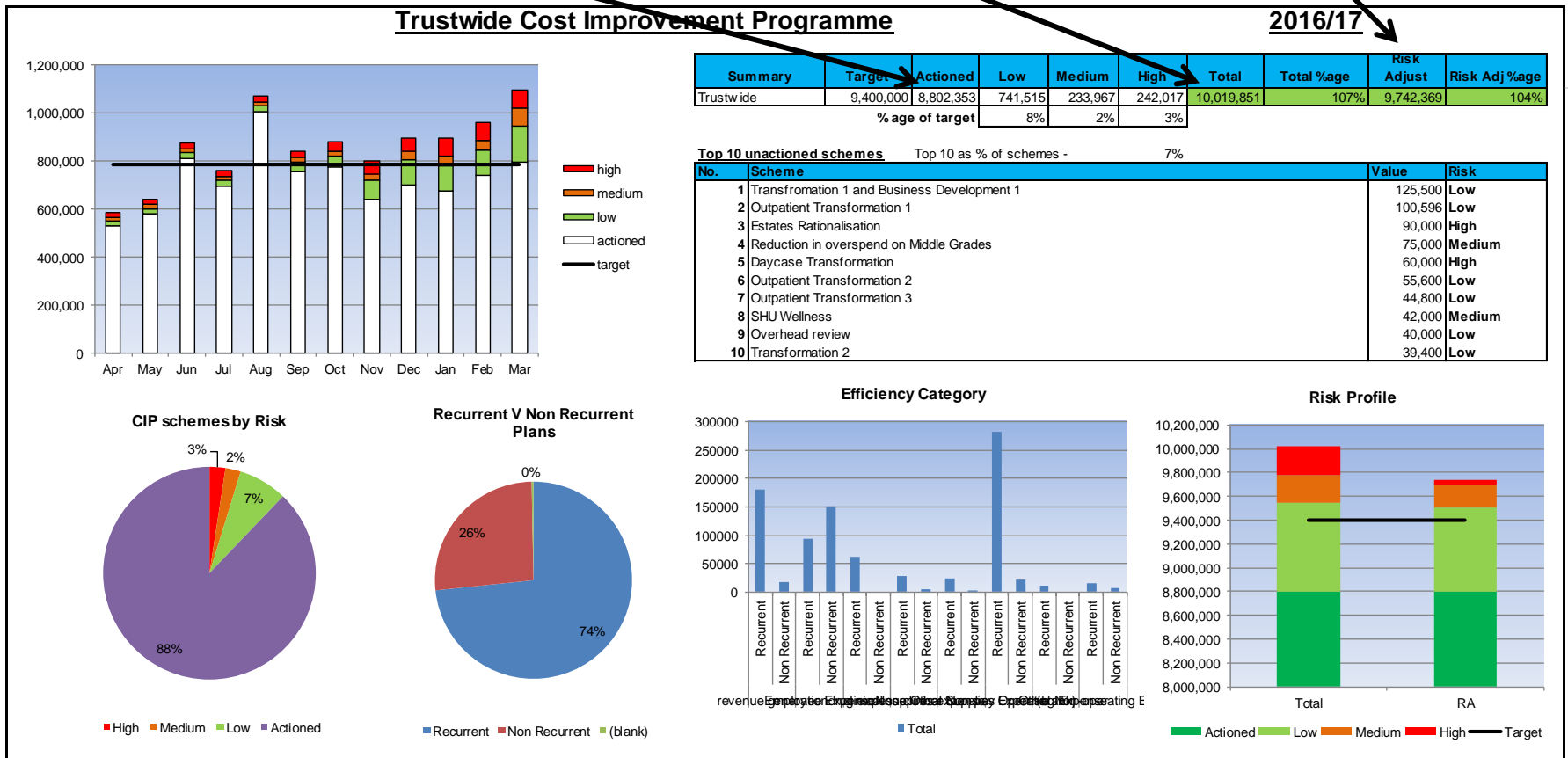
	Annual Budget £000	Workforce			In Month			Cumulative		Variance (o.s)/u.s £000
		Budget wte	Contracted wte	Actual wte	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	
Non-Commissioner Income	2,299				134	124	(10)	2,106	2,216	110
Pay	(36,720)	930.62	901.81	895.03	(3,011)	(3,054)	(43)	(33,936)	(33,058)	877
Non-Pay	(5,139)				(322)	(564)	(243)	(4,827)	(5,595)	(768)
Total Childrens & County Wide Community Care Directorate	(39,559)	930.62	901.81	895.03	(3,198)	(3,494)	(296)	(36,656)	(36,437)	220
Non-Commissioner Income	3,309				266	271	5	2,843	2,811	(31)
Pay	(50,689)	1138.50	1068.71	1048.96	(4,383)	(4,313)	69	(46,568)	(46,859)	(292)
Non-Pay	(11,449)				(909)	(970)	(61)	(11,189)	(12,333)	(1,144)
Total Long Term & Unscheduled Care Directorate	(58,830)	1138.50	1068.71	1048.96	(5,026)	(5,013)	13	(54,913)	(56,380)	(1,467)
Non-Commissioner Income	1,813				130	136	5	1,529	1,203	(326)
Pay	(45,006)	913.60	878.74	859.46	(3,754)	(3,778)	(24)	(41,445)	(41,513)	(68)
Non-Pay	(19,300)				(1,615)	(1,437)	179	(18,004)	(17,911)	93
Total Planned & Surgical Care Directorate	(62,492)	913.60	878.74	859.46	(5,239)	(5,079)	160	(57,920)	(58,220)	(301)
Corporate (Clinical)	(16,910)	468.76	435.10	454.58	(1,228)	(1,213)	14	(15,445)	(15,143)	302
Total Clinical Spend	(177,790)	3451.48	3284.36	3258.03	(14,691)	(14,799)	(108)	(164,935)	(166,180)	(1,245)
Corporate (inc. CNST)	(13,786)	166.43	163.51	158.39	(1,154)	(1,177)	(23)	(12,406)	(12,700)	(294)
Total Corporate Position	(30,696)	635.19	598.61	612.97	(2,382)	(2,391)	(9)	(27,852)	(27,843)	9
Commissioner Income	202,621				16,265	15,261	(1,004)	185,790	182,176	(3,614)
Central	(4,245)	3.91	(19.61)	(19.56)	(69)	(483)	(414)	(2,629)	(998)	1,631
Total before donations & impairments	6,800	3,621.82	3,428.26	3,396.86	351	(1,199)	(1,550)	5,820	2,298	(3,522)
Donations for Capital Expenditure	0					12	12	0	203	203
Impairments on Donated assets	0						0	0	0	0
Impairments on PCT assets	0						0	0	0	0
Trust reporting position	6,800	3,621.82	3,428.26	3,396.86	351	(1,187)	(1,538)	5,820	2,501	(3,319)
Charitable funds consolidation	0					0	0	0	0	0
Total Trust reported position	6,800	3,621.82	3,428.26	3,396.86	351	(1,187)	(1,538)	5,820	2,501	(3,319)

2016/17 Efficiency Performance

£8.8m achieved so far ...

... with a further £1.2m planned ...

... but some risk still.

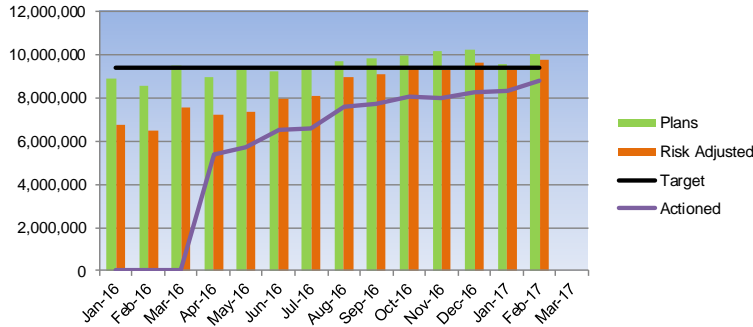


2016/17 Efficiency Performance

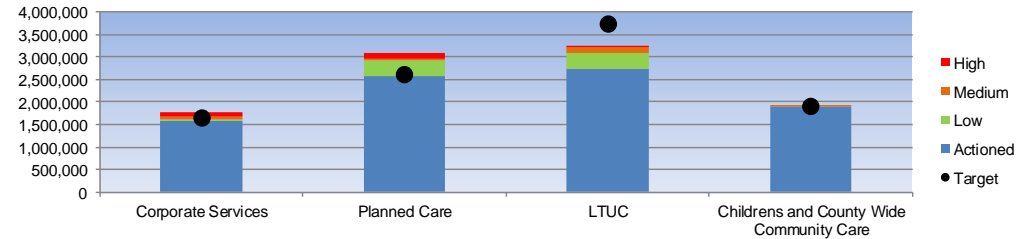
Trustwide Cost Improvement Programme

2016/17

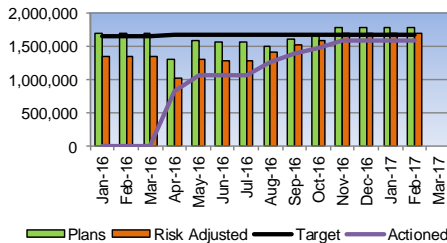
Trustwide Monthly Progress against Target (Full Year Effect)



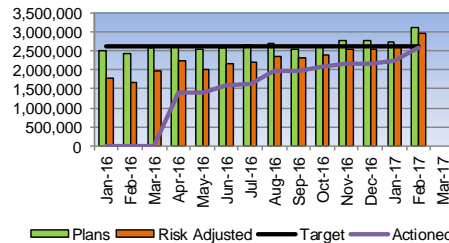
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,675,100	1,572,800	55,800	52,000	90,000	1,770,600	106%	1,685,410	101%
Planned Care	2,620,400	2,576,853	353,165	20,567	148,017	3,098,601	118%	2,958,416	113%
LTUC	3,761,800	2,746,600	332,550	129,800	4,000	3,212,950	85%	3,167,163	84%
Childrens and County	1,906,900	1,906,100	0	31,600	0	1,937,700	102%	1,931,380	101%



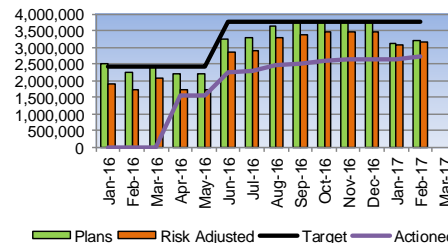
Corporate Monthly Progress against Target (Full Year Effect)



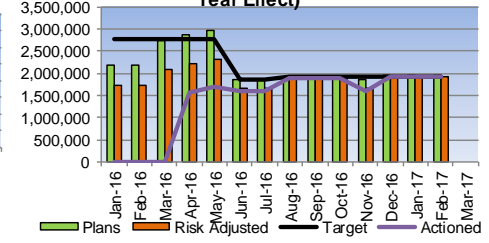
Planned Care Monthly Progress against Target (Full Year Effect)



Unplanned Care Monthly Progress against Target (Full Year Effect)



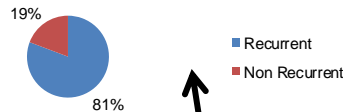
Childrens and County Wide Community Care Monthly Progress against Target (Full Year Effect)



Corporate R - NR Split



Planned Care R - NR Split



Unplanned Care R - NR Split



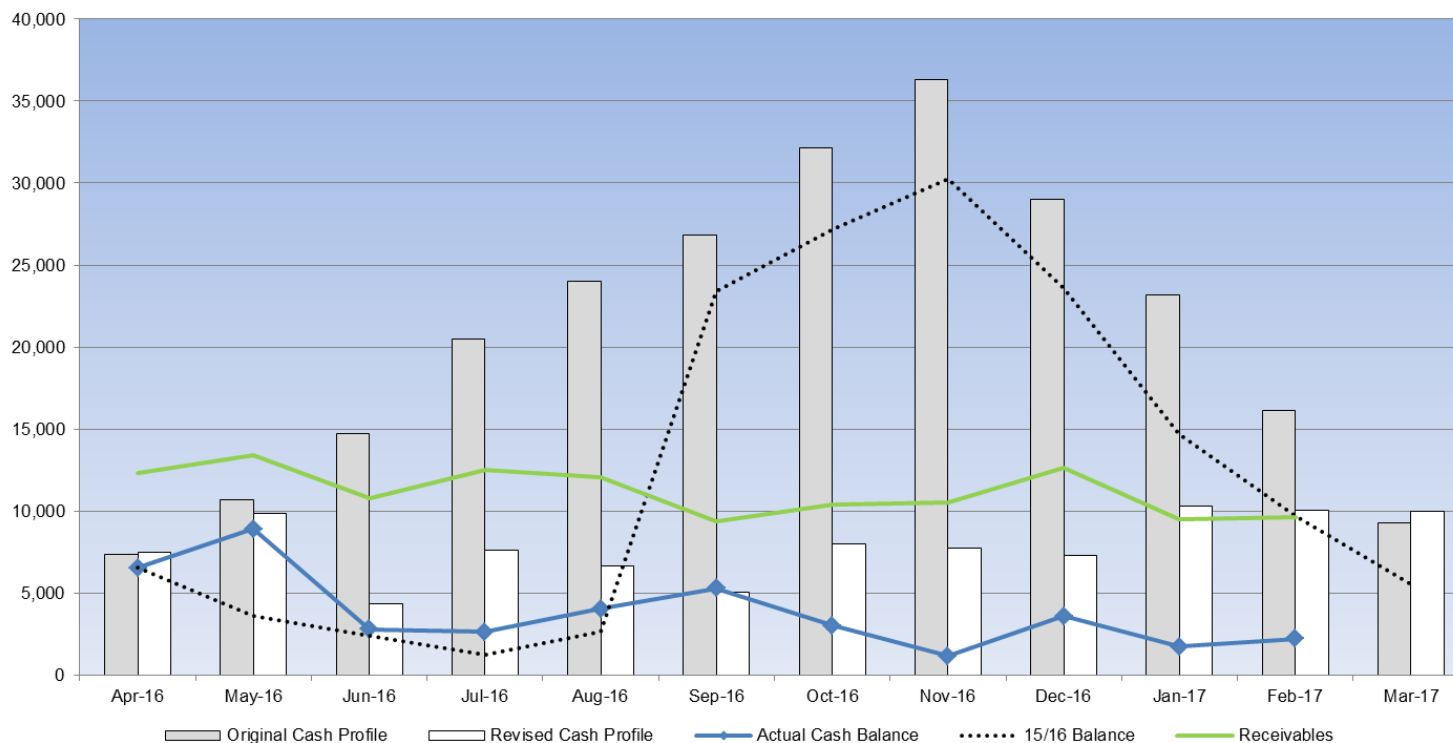
Childrens and County Wide Community Care R - NR Split



Proportions of non recurrent achievement have increased – potential pressure for 2017/18

2016/17 Cash Position

- The Trust reported a cash balance of £2.2m in February, £6.5m behind plan. This continues to be a pressure during March.
- Receivables are currently reported at £9.6m. Actions are being taken to ensure these are invoiced where appropriate, however, contract reporting timescales result in a delay in payment for work undertaken. For example, the monthly contract payment from HaRD CCG currently stands at £6.8m, whereas the current trading position is £7.8m. Discussions continue with HaRD CCG in particular to ensure the system is resilient in this area.



Report to the Trust Board of Directors: 29 March 2017	Paper No: 7.0
Title	Operational Plan 2017/18 – 2018/19
Sponsoring Director	Jonathan Coulter, Deputy Chief Executive / Finance Director
Author(s)	Jonathan Coulter, Deputy Chief Executive / Finance Director, Jordan McKie, Deputy Director of Finance, Angie Gillett, Deputy Director of Planning and Business Development
Report Purpose	For Discussion / Approval

Key Issues for Board Focus:

- An update to the Board of Directors on the financial plan prior to the start of the new financial year in April 2017.
- Approve the operational budgets.
- Approve the capital programme for 2017/18 in line with our plan.

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 Operational Plan.
Legal implications/ Regulatory Requirements	Submission of an updated financial plan in March 2017.

Action Required by the Board of Directors

The Board of Directors is asked to:-

- Note the Operational Plan for 2017/18 – 18/19 was submitted to NHSI in December 2016 but that a refreshed plan is to be submitted to NHSI at the end of March 2017.
- Approve the Summary Financial Plan to allow the issuing of budgets to budget holders prior to 1 April 2017.
- Approve the Summary Capital Plan for 2017/18.

1. Background

1.1 The Board of Directors signed off the final Operational Plan in December 2016, for formal submission to NHS Improvement (NHSI).

1.2 The purpose of this paper is to:-

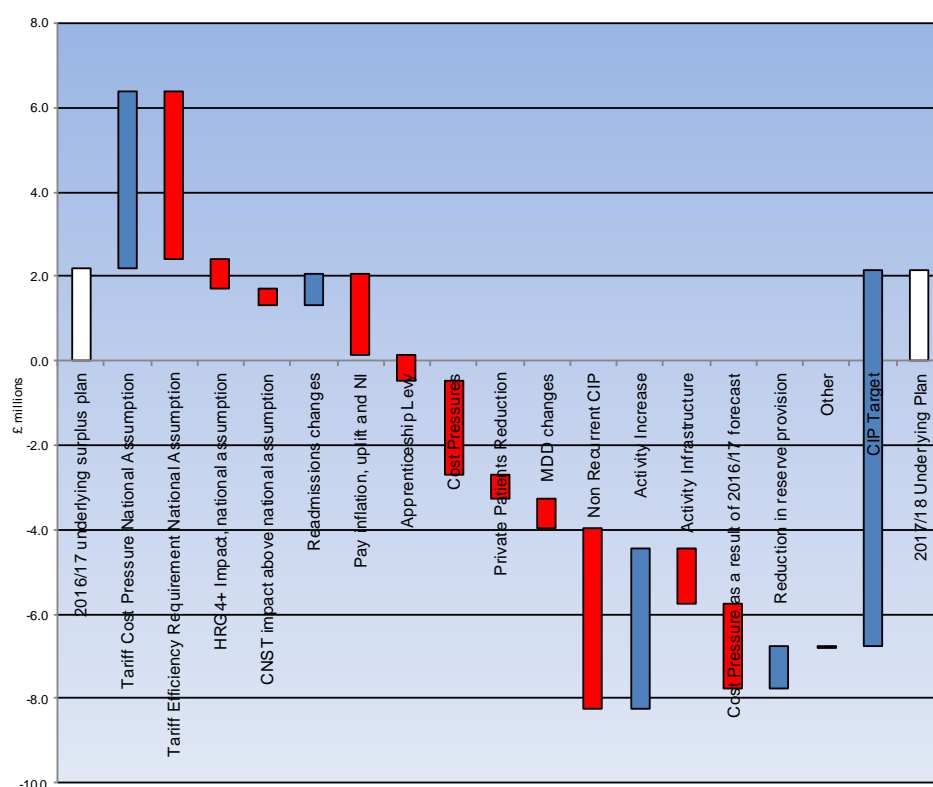
- Provide an update to the Board of Directors on the financial plan prior to the start of the new financial year in April 2017
- Approve the operational budgets
- Approve the capital programme for 2017/18 in line with our plan.

2. Current Position

2.1 The diagram below outlines the key assumptions made in developing the Trust financial plan for 2017/18.

Planning Assumptions

	£'m
2016/17 underlying surplus plan	2.2
Tariff Cost Pressure National Assumption	4.2
Tariff Efficiency Requirement National Assumpti	-4.0
HRG4+ Impact, national assumption	-0.7
CNST impact above national assumption	-0.4
Readmissions changes	0.8
Pay inflation, uplift and NI	-1.9
Apprenticeship Levy	-0.6
Cost Pressures	-2.2
Private Patients Reduction	-0.6
MDD changes	-0.7
Non Recurrent CIP	-4.3
Activity Increase	3.8
Activity Infrastructure	-1.3
Cost Pressure as a result of 2016/17 forecast	-2.0
Reduction in reserve provision	1.0
Other	0.0
CIP Target	8.9
2017/18 Underlying Plan	2.132
CIP Percentage	4.15%
Recurrent Percentage	2.14%
Non Recurrent Percentage	2.01%



2.2 Attached at **Appendix A** is the Summary Trust Financial Plan for 2017/18. NHSI have recently written to state that there is an opportunity to update the Financial Plan submitted in December, to reflect more accurately any changing circumstances. This opportunity does not allow for any change to the control total that we are committed to achieve. As part of this update the following changes will be made to the plan previously discussed by the Board:-

- The addition of improvement trajectories that will be used to measure the Trust performance against key operational standards, as well as to be used to calculate achievement of sustainability and transformation funding (STF).
- Update the forecast outturn for 2016/17 and the impact this has on the financial plan.

- Adjust the phasing of the plan to account for changes to capacity because of planned capital work.
- Update the workforce return as a result of improvements to classification of staff groups.
- Reflect an updated cash profile as a result of the continued pressures in this area.

2.3 The change to forecast outturn is reflected in the bridge diagram on page 1. The figures highlighted in orange outline the approach to mitigating this financial impact. Previously a £1m contingency was included in the “Other” section to support a variety of risks and potential service developments. This would no longer be available. Further to this, contingencies in reserves have been reduced.

2.4 Budgets for Directorates have been built up using the planning assumptions and resultant efficiency requirement. All Directorates have been actively involved in developing the financial plan and will be signing off their individual budgets before the end of March 2017. These can be found in **Appendix B**.

2.5 Details of the directorate Efficiency position are included in **Appendix C**.

2.6 The Board is requested to approve the Summary Financial Plan and assumptions used, so that the budgets that have been created on this basis can be issued before 1 April 2017.

3. Capital Investment Programme

3.1 Current Position

3.1.1 A number of capital projects are already being taken forward for implementation in 2017/18. These include:-

- Centralisation of decontamination services
- Provision of new Endoscopy facilities
- Replacement of the Nuclear Medicine Scanner

3.1.2 Discussions have taken place with the Clinical/Corporate Directorates to agree the Intermediate and Small schemes to be progressed as part of the 2017/18 Capital Investment Programme.

3.1.3 It has been agreed this year to allocate resources to Theatres and Radiology, in addition to those already agreed for Estates and IT.

3.2 Resources

3.2.1 As the Board is aware, capital funding is at a premium, with NHS Improvement highlighting the shortage of capital available nationally to support a range of capital projects.

3.2.2 At present the Trust has applied for loans to support our larger capital schemes of Decontamination and Endoscopy. These applications have been accepted and approved by the ITFF, but confirmation that loan funding will be made available is still awaited. Any contractual commitment in respect of the endoscopy scheme will need to be held until the required finance is confirmed as being available.

3.2.3 In relation to our Intermediate and Small schemes programme, a total of £800K has been identified as available for new projects. This is in addition to the allocations agreed for:-

- Radiology (£750K)
- Theatres (£500K)
- Estates (£500K)
- IT (£500K)

3.2.4 All of these departments have identified schemes to be progressed to the value of their allocation as identified at **Appendix D**.

3.2.5 It is recognised however, that funding will not be released until the loan for the Decontamination scheme is agreed.

3.3 Capital Investment Programme 2017/18

3.3.1 **Appendix E** outlines the planned resources for 2017/18 and the allocation.

3.3.2 In relation to the Directorate allocation of £800K, this will be divided between each of the Clinical and Corporate Directorates. The allocation has been based broadly on asset depreciation value which means that funding would be distributed as follows:-

Directorate	Allocation (£K)
Planned and Surgical Care	400
Long Term and unscheduled Care	200
Children's and County Wide Community Care	100
Corporate	100

3.3.3 Each Directorate has identified a list of priorities that they will review against their allocation. See **Appendix D** for details.

3.3.4 As in previous years, funding will be linked to assurance in relation to delivery of the efficiency programme. Once this assurance has been received, further discussion will be held to agree whether the capital priorities should be progressed. These discussions will also need to reflect the situation in relation to securing the loan funding required for the large capital projects of decontamination and endoscopy, due to start on site in 2017.

4. **Conclusion**

4.1 The Board of Directors is asked to:-

- Note the Operational Plan for 2017/18 – 2018/19 was submitted to NHSI in December 2016 but that a refreshed plan is to be submitted to NHSI at the end of March 2017.
- Approve the Summary Financial Plan to allow the issuing of budgets to budget holders prior to 1 April 2017.
- Approve the Summary Capital Plan for 2017/18.

JC/AG
22.03.17

Summary Income and Expenditure Account

	units	sense	2012-13 Actual	2013-14 Actual	2015-16 Actual	2016-17 Forecast	2017-18 Forecast	2018-19 Plan
Operating income (inc in EBITDA)								
NHS and Local Authority Clinical income	£m	(+ve)	154.69	167.98	173.38	198.10	199.75	202.00
Non-NHS and Local Authority Clinical income	£m	(+ve)	2.04	1.96	2.26	2.02	2.66	2.67
Non-Clinical income	£m	(+ve)	14.92	12.30	12.59	16.01	16.02	15.91
Total	£m		171.64	182.24	188.23	216.13	218.43	220.58
Operating expenses (inc in EBITDA)								
Employee expense	£m	(-ve)	-119.94	-126.18	-129.02	-152.06	-157.21	-161.16
Non-Pay expense	£m	(-ve)	-45.60	-49.28	-52.35	-53.14	-55.54	-56.47
CIP Requirement	£m	(-ve)				0.00	8.89	12.69
PFI / LIFT expense	£m	(-ve)	0.00	0.00	0.00	0.00	0.00	0.00
Total	£m		-165.54	-175.47	-181.36	-205.19	-203.86	-204.93
EBITDA								
Total	£m		6.11	6.77	6.87	10.94	14.57	15.65
margin %	%		3.56%	3.72%	3.65%	5.06%	6.67%	7.09%
Operating income (exc from EBITDA)								
Donations and Grants for PPE and intangible assets	£m	(+ve)	1.43	5.05	0.41	0.22	0.00	0.00
Operating expenses (exc from EBITDA)								
Depreciation & Amortisation	£m	(-ve)	-4.12	-4.12	-4.57	-4.65	-5.49	-5.88
Impairment (Losses) / Reversals	£m	(+/-ve)	0.00	-4.65	0.35	0.20	0.00	0.00
Restructuring costs	£m	(-ve)	-0.51	0.00	0.00	0.00	0.00	0.00
Total	£m		-4.63	-8.77	-4.22	-4.45	-5.49	-5.88
Non-operating income								
Finance income	£m	(+ve)	0.06	0.02	0.05	0.02	0.02	0.02
Gain / (Losses) on asset disposals	£m	(+/-ve)	0.02	-0.06	-0.34	0.00	0.00	0.00
Gain / (Losses) on transfers by absorption	£m	(+/-ve)	0.00	0.00	0.00	0.00	0.00	0.00
Other non - operating income	£m	(+ve)	0.00	0.00	0.00	0.00	0.00	0.00
Total	£m		0.09	-0.04	-0.29	0.02	0.02	0.02
Non-operating expenses								
Interest expense (non-PFI / LIFT)	£m	(-ve)	-0.01	-0.04	-0.12	-0.22	-0.10	-0.10
Interest expense (PFI / LIFT)	£m	(-ve)	0.00	0.00	0.00	0.00	0.00	0.00
PDC expense	£m	(-ve)	-2.36	-2.28	-2.26	-2.80	-3.08	-3.19
Other finance costs	£m	(-ve)	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01
Non-operating PFI costs (e.g. contingent rent)	£m	(-ve)	0.00	0.00	0.00	0.00	0.00	0.00
Other non-operating expenses (including tax)	£m	(-ve)	0.00	0.00	0.00	0.00	0.00	0.00
Total	£m		-2.38	-2.34	-2.39	-3.03	-3.19	-3.30
Surplus / (Deficit) after tax								
Total	£m		0.61	0.67	0.38	3.69	5.91	6.48

Appendix B

	PSC	LTUC	CCCC	Corporate	Total
	£000's	£000's	£000's	£000's	£000's
Re-worked base budget	51,420	50,363	35,997	30,803	168,582
Incremental Funding A/C Staff	83	220	99	34	435
Budget Upload 17/18	51,503	50,582	36,096	30,837	169,017
Service Developments *	0	0	0	0	0
Cost Pressure Funding	445	669	141	858	2,113
Incremental Funding Med Staff	172	98	21	0	290
Pay Award 17/18 **	251	355	329	189	1,124
Sub total	867	1,122	490	1,047	3,527
Less CIP					0
17/18 Target	1,423	1,375	964	838	4,600
Rolled forward from 16/17	732	2,325	453	795	4,305
Sub total CIP	2,155	3,700	1,417	1,633	8,905
Directorate Total	50,215	48,004	35,169	30,251	163,639
Hosted Services , Reserves and Central Costs					40,225
Costs exluded from EBITDA					8,660
Planned Surplus					5,909
Grand Total					218,433

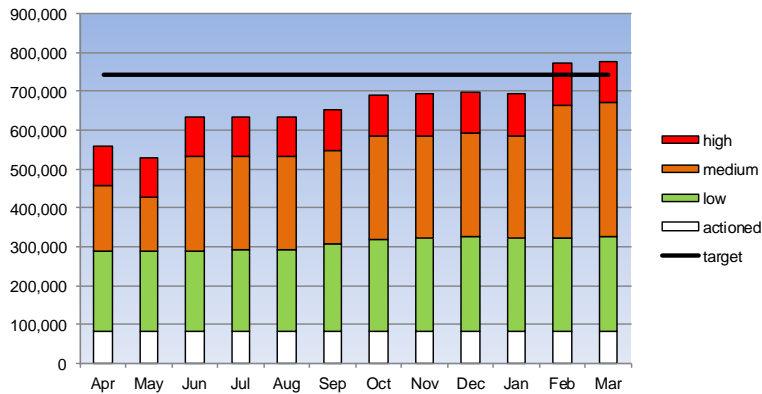
* Service developments will be assessed and prioritised upon delivery of the Efficiency Programme

** The pay award has been estimated at 1%, as the 17/18 award has not yet been announced

2017/18 Efficiency Performance

Trustwide Cost Improvement Programme

2017/18

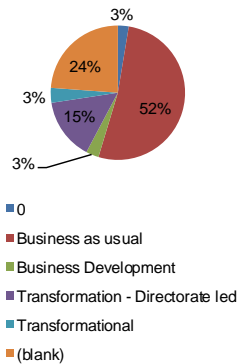


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	8,900,000	1,014,946	3,366,288	3,218,410	1,836,230	9,435,873	106%	7,154,893	80%
% age of target			38%	36%	21%				

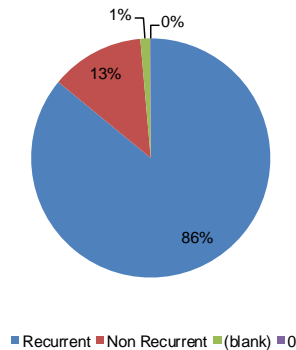
Top 10 unactioned schemes Top 10 as % of schemes - 38%

No.	Scheme	Value	Risk
1	Review of inpatient workstream	1,000,000	Medium
2	STP scheme 1	471,000	High
3	Planned care transformation - address loss making procedures	450,000	High
4	Endoscopy new build	318,286	Medium
5	16/17 Non Recurrent Schemes	271,200	Low
6	Outpatients Review	262,426	Low
7	Enhanced recovery schemes	250,000	High
8	Pay constraint	245,000	Medium
9	Recruitment process	240,000	Medium
10	Various Finance Directorate Efficiency schemes	100,000	Low

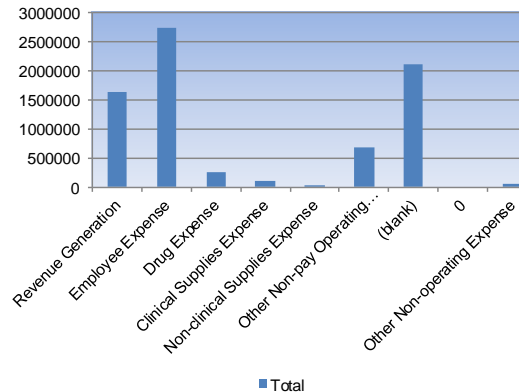
CIP schemes by internal category



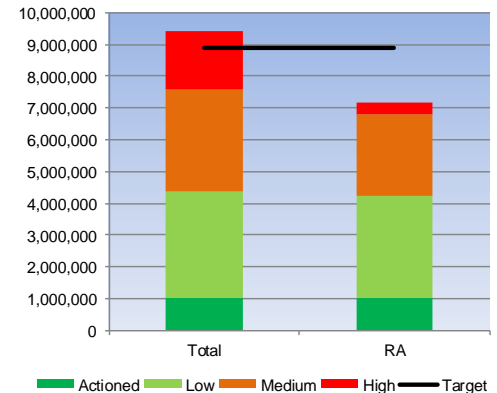
Recurrent V Non Recurrent Plans



Efficiency Category



Risk Profile

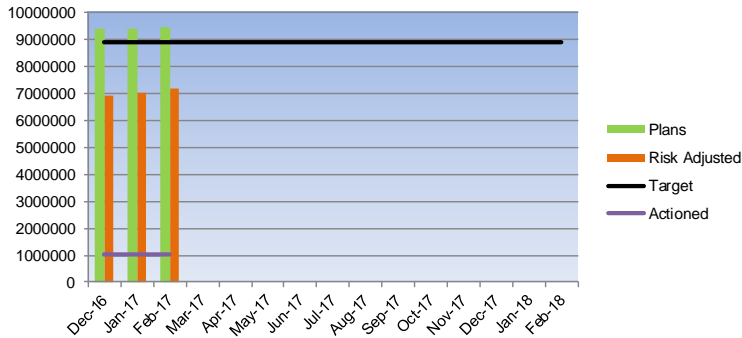


2017/18 Efficiency Performance

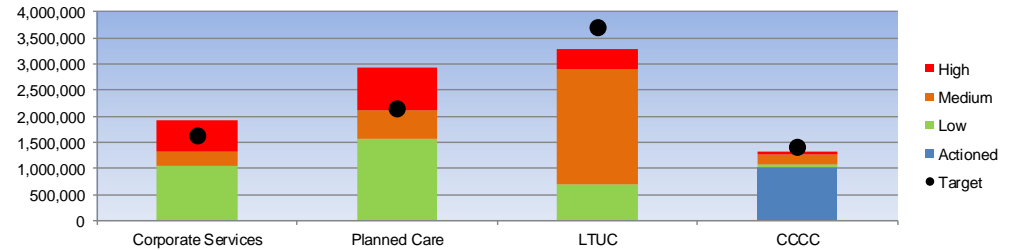
Trustwide Cost Improvement Programme

2017/18

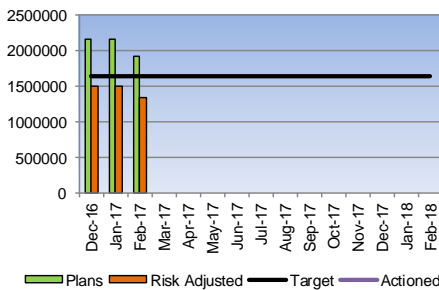
Trustwide Monthly Progress against Target (Full Year Effect)



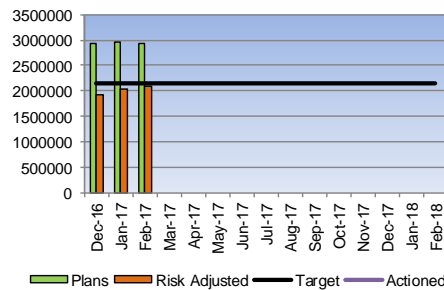
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,633,000	0	1,038,510	285,700	586,200	1,910,410	117%	1,332,385	82%
Planned Care	2,155,000	0	1,571,358	535,310	818,300	2,924,967	136%	2,084,698	97%
LTUC	3,700,000	0	703,000	2,197,400	381,000	3,281,400	102%	2,501,970	78%
CCCC	1,417,000	1,014,946	53,420	200,000	50,730	1,319,096	93%	1,235,841	87%



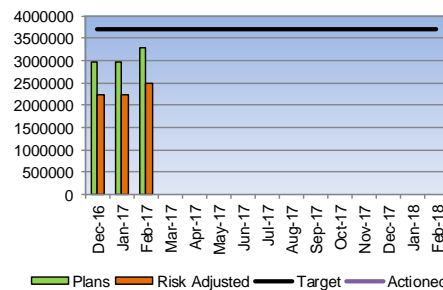
Corporate Monthly Progress against Target (Full Year Effect)



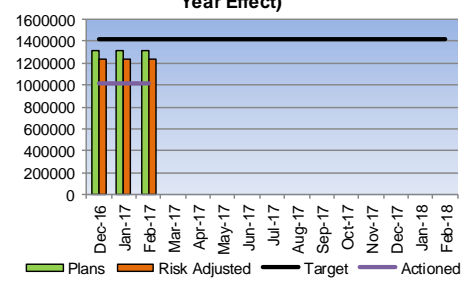
Planned Care Monthly Progress against Target (Full Year Effect)



Unplanned Care Monthly Progress against Target (Full Year Effect)



Childrens and County Wide Community Care Monthly Progress against Target (Full Year Effect)



Corporate R - NR Split



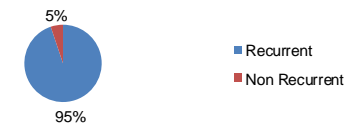
Planned Care R - NR Split



Unplanned Care R - NR Split



Childrens and County Wide Community Care R - NR Split



Appendix D

Planned and Surgical Care				
Scheme	Area	Cost (£k)	Priority	Notes
8 colon scopes and 2 drying cabinets	Bowel scope	367	1	
Conversion of Swaledale to an admissions unit	Swaledale	TBC	2	Business Case cost £48k (inc. £17.5k equipment)
8 *Hysteroscopes (with increase in activity Yeadon/Alwoodley) with 3 *Olives	Womens unit	64	3	Demand outstrips supply
Fundus Camera	Ophthalmology	80	4	Angiography (test prior to ivt) diabetic photos/tumours. Current camera regularly breaks.
Nidek Keratometer	Ophthalmology	15	5	As tomy a scan. having current issues. Without it couldn't do cataract surgery
IOL Master 500	Ophthalmology	18	5	Biometry machine allowing cataract surgery. one in place but old, not possible to replace parts
Tomey Contact A Scan	Ophthalmology	20	5	Contact biometry. v old. if broke, no contract to fix. wouldn't be able to undertake cataract surgery.
		589		

Children's and County Wide Community Care				
Scheme	Area	Cost (£k)	Priority	Notes
SCBU we would like to create transitional care beds	SCBU	TBC	1	Feasibility work to be progressed, the extent of the work is likely to constitute a large capital scheme.to be assessed against Strategic Objectives.
Improvement to Woodlands area for administering drugs. (Omnicell)	Woodlands	Works cost TBC	1	C/O From 16/17, works costs being prepared by Capital Design Team. £28k for Omnicell to be funded from Charitable monies.
Paediatric Outpatients Contribution to scheme	Paediatric OP	5		
Creating an adolescent room suitable for children with mental health	Woodlands	Under £5k		To be taken forward by HDFT Estates
		75		

Annual Business Plan
Directorate Capital Priorities

Long Term and Unscheduled Care				
Scheme	Area	Cost (£k)	Priority	Notes
Haemo Dynamics Machine (Cath Lab)	Cardiology	70	1	Can be replaced separately to main Cath Lab equipment. To be replaced 17/18.
Imaging part of machinery in Cath Lab	Cardiology	450	1	For replacement of the main Cath Lab equipment
Microbiology Security - Install a swipe entrance over current key pad	Pathology	8.5	2	Counter terrorism police advised that the security of the Microbiology department is inadequate.
NPEX Lab2Lab link		49	3	Did try and bid for as part of LoF but wasn't successful. NPEX is an IT system which would link our Pathology IT system with the systems of more than 63 (and growing) UK Laboratory IT systems. It means that data does not need to be transcribed between these systems, improving both the receipt and reporting of test results at both sites.
Resus Trolley's	Hospital and Community	39.5	4	Paper written by Nicki West with regards to a proposal for new Trolleys for the trust. Same as current trollies. Trollies need to be standardised for use across the trust.
		617		

Corporate (Facilities)				
Scheme	Area	Cost (£k)	Priority	Notes
Replacement Blast Chillers	Facilities Catering	30	1	Replacement to meet Food Hygiene Standards
Food trollies (x4)	Facilities Catering	46	2	
Hand Drier Installation	Facilities Domestic	12	3	
Domestic Cleaning Equipment	Facilities Domestic	15	4	To replace existing equipment that is coming to the end of its working life
Curtain stock for deep clean	Facilities Domestic	15	5	Increased demands for deep cleans/curtains
		118		

Annual Business Plan
Directorate Capital Priorities

Theatres Capital Priorities

Theatres						
Scheme	Area	Cost (£k)	Quantity	Total Cost (£K)	Priority	Notes
Lap Tray	Main theatres and DSU	40	8	320	1	To increase the number of trays to meet the demands of the new gynaecology and general surgeons, this in turn will lower the risk profile
Laparoscopic Stacker	Main theatres and DSU	50	1	50	2	Gynae consultants have highlighted that the current stacker is substandard. Datix to support.
Laparoscopes	Main theatres and DSU	17	4	68	3	
Neoprobe and Gamma probe	Main theatres and DSU	40	1	40	4	Use for breast cancer. Current one is now unsupported from Sept 15 however still working
Endoeye	Main theatres and DSU	17	1	17	5	We currently have 1 endoeye endoscope. This poses considerable risk if this develops a fault or if its already in use. With the increase in general and gynae laparoscopic surgeons the risk has increased considerably.
Diathermy	Main theatres and DSU	25	1	25		To begin a programme of replacement for the diathermy machines in theatre which are coming to the end of their natural life.
Arthroscopic Equipment	Main theatres and DSU	23	6	138	6	The schedule presents challenges when trying to organise equipment between DSU and Main Theatres. Clashes of equipment have become more frequent since the appointment of additional surgeons. There have been occasions when additional lists cannot be facilitated due to the limited number of cameras available. *
TPS cordless driver and controller	Main theatres and DSU	16	1	16	5	* Please see above re: scheduling *
TPS Saws	Main theatres and DSU	12	2	24	6	General replacement due to age
		240		698		

Annual Business Plan
Directorate Capital Priorities

Estates Capital Priorities

Estates				
Scheme	Area	Cost (£k)	Priority	Notes
Fire alarm upgrade		£10,000		The fire alarms system which protects and detects across the whole site is in need of upgrading to ensure compliance with todays standards. Failure to address the fire alarm system may result in major failure of the system, disruption to services and the Trust's Fire insurance becoming void in the event of a claim.
Flooring replacement		£10,000		Flooring repairs/replacement is required across the site, there are many areas where flooring is either split, failing due to subbase collapse or is just worn out. All these uneven surfaces are slips and trips risks which expose the Trust to claims
UCV replacement programme		£200,000		The UCV serving theatre 2 is life expired and has failed its annual validation process on a number of occasions and only by adjusting the system to run at maximum output can the system be made to pass. The system will fail with the corresponding unavailability of theatre 2 and the corresponding affect on clinical delivery This has been planned for 17/18 to coincide with the SSD works and planned time for reduced theatre activity
Lifts		£15,000		The lifts across the site are now of an age when components are either obsolete or non compliant. Foulds Lifts our maintenance provider have undertaken a review of all the lifts and prepared a schedule of works this is part of the planned remedial works programme
Pipework replacement		£10,000		Section of the copper pipework across the site are subject to copper corrosion which causes it to pinhole and leak with damage to internals and disruption to the affected area. Some sections of the pipework are in service ducts which when they fail do not affect areas directly as above but cause the system to become unavailable with consequential effect
Roofing replacement		£100,000		There are large areas of flat roof on the site which are life expired these are failing with increased frequency with the

Annual Business Plan
Directorate Capital Priorities

				corresponding ingress of water and disruption to the internal areas which then become unavailable.
Window replacement programme		£30,000		Across the site there are areas where the glazing is still from the original construction of the hospital, these are metal frame generally although there is also wooden frames, single glazed which leak, are thermally very inefficient and are labor intensive
Road repairs/bollards		£5,000		Road repairs are an on going maintenance issue, potholes, white lining, yellow lining etc. are all needed as part of life cycling. Deficiencies in these areas leave the Trust exposed with respect to claims for slips trip & falls
AHUs		£60,000		A number of AHUs across the site are now in need of a major overhaul with new heating/ cooling coils, fans etc.
Refrigeration Systems		£60,000		Refrigeration systems - a number of the DX refrigeration systems are life expired and with the provision of the new chilled water ring main system replacement of these units with chilled water unit will reduce both energy consumption and maintenance costs.
		£500,000		

Annual Business Plan
Directorate Capital Priorities

Radiology Replacement Plans 2017

Equipment	Install date	Asset	Service cost	Replaced with	Date of replacement	Cost in VAT '000	Building cost '000	Maintenance cost	
Year 1	2017								
Mobile x ray	12.11.1994	10 years	9114	£590.00	2 digital mobiles	ASAP	90	none	14K
mobile x ray	10.3.2006	10 years	ex lease	£590.00					
mobile x ray	29.4.2003	10 years	ex lease	£590.00		ASAP	90	none	14K
ED X Ray	1.5.1998	10 years	10706	£7,745.66	Direct digital unit, optional table, upright detector stand, floating x ray tube	Apr-17	198	250	19K
US ANC1	2010	5 years	LG8378	£8,417.95	Ultrasound ANC software	Apr-17	70	none	7K
US ANC 2	Jan 2011	5 years	LG11926	£6,137	Ultrasound Nuchal	Apr-17	70	none	7K
CR digitiser	June 07	7 years	Agfa contract		Plain film digitiser - required for analogue equipment	Jun-17	36.00	none	
Total						554	250		

Annual Business Plan
Directorate Capital Priorities

Nuclear Medicine scanner and associated facilities	1999	10 years	10941 6147		Fundraising BC separate to the replacement plan	Apr-17				
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CAPITAL INVESTMENT PROGRAMME 2017/18

<u>RESOURCES</u>	Revised Plan £k
Depreciation	5,600
Surplus/Cash In Year	2,040
Loan - Scope Washers	3,411
Loan - Scope Washers (protection of loan re retention)	(83)
Loan - Endoscopy	6,898
Loan - Endoscopy (protection of loan to 18/19)	(448)
Loan Repayments	(1,730)
WYAZ Funding - ED Dept & GP OOH & Briary Offices	282
Web V/EPR (S&T Funding)	1,287
Gamma camera	500
Non delivery of Plan 2016/17/Receipt of S&T Monies	(850)
TOTAL AVAILABLE RESOURCES	<u>16,907</u>
<u>APPLICATION</u>	
Endoscopy	6,450
Scope Washers	3,328
Radiology Allocation	750
Theatre Allocation	500
Estates Allocation	500
Risk Management Allocation	75
Contingency Sum	500
IT Allocation	500
Web V/EPR	1,287
ED Department	20
Surgical Assessment Unit/Office Space	262
PACS	85
Gamma Camera (Current estimate £1.5m)	1,000
Directorate Allocation	800
Carry Over Commitments from 2016/17	60
TOTAL COMMITMENTS	<u>16,117</u>
Over/Under Committed	790

Report to the Trust Board of Directors: 29 March 2017	Paper No: 8.0
Title	Chief Operating Officer's Report
Sponsoring Director	Mr R Harrison, Chief Operating Officer
Author(s)	Ms Rachel McDonald, Head of Performance & Analysis Mr Jonathan Green, Information Analyst Specialist
Report Purpose	To provide the Board with an update on operational issues during the period for information
Key Issues for Board Focus:	
<p>The Board of Directors are asked to note that:</p> <ul style="list-style-type: none"> • An update on the stroke improvement is provided within this report along with an update on the work being carried to understand the high standardised readmission rates for HDFT. • The Trust did not achieve the A&E 4-hour standard in February with overall performance for the month at 94.8%. • Activity remains below planned levels for elective care. • The Board is asked to note performance against the IG Toolkit and approve it for submission. 	
Related Trust Objectives	
To deliver high quality care	Yes – the report provides updates to the Board on progress with regard to work to improve the efficiency and effectiveness of high quality care deliver within the Trust. The report provides detail on operational issues and delivery against national performance standards.
To work with partners to deliver integrated care	Yes – the report provides updates on the collaborative work with partners across the region and our commissioners to improve delivery of care and treatment to patients.
To ensure clinical and financial sustainability	Yes – the report provides the Board with assurance on progress of work across the region to ensure sustainable delivery of clinical models across the system.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 4: risk of a lack of interoperable systems across New Care Models partners; BAF 9: risk of a failure to deliver the operational plan; BAF 10: risk of a breach of the terms of the NHS Provider licence; BAF 16: risk to delivery of integrated care models.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.
Action Required by the Board of Directors	
The Board of Directors are asked to receive and note the content of the report, and approve the Information Governance Toolkit end of year submission.	

1.0 STROKE IMPROVEMENT PLAN

In August 2016, a Task and Finish Group was established at HDFT with the aim of making improvements to the care received by stroke patients. The group decided initially to concentrate on the seven areas in Table 1 below which form part of the national SSNAP performance return. As was reported last month a reduction in performance overall occurred between the two time periods with the overall rating moving from C to D. However on further analysis it is clear that there has been a positive improvement in all of the areas the Task and finish group focussed on.

The Task and Finish Group will continue to work on these seven standards, but in addition they will now seek to deliver improvements in the next domain, specialist assessment. A meeting is scheduled in March to discuss the nursing model (this has an impact on our ability to achieve the thrombolysis times) and a further meeting has been scheduled with the rehabilitation team to discuss access to Speech and Language Therapy. The Task and Finish Group will continue to work on the areas in Table 1 with an aim to meet the national average and the aspiration to achieve a score of B in all areas.

Table 1

Indicator Number	Indicator	Current Performance (Apr-July)	Provisional Performance (Aug-Nov)	National Average
1.1	Percentage of patients scanned within one hour of clock start (arrival at hospital)	25%	28.1%*	48%
1.2	Percentage of patients scanned within 12 hours of clock start	77%	82%	93%
3.3	Percentage of patients who were <u>thrombolysed</u> within one hour of clock start	0%	16.7%	58%
6.3	Median percentage of days as an inpatient on which physiotherapy is received	58%	74.6%	70%
7.3	Median percentage of days as an inpatient on which speech and language therapy is received	31%	59.7%	45%
9.2	Percentage of applicable patients who have a continence plan drawn up within three weeks of clock start	76%	87.5%	90%
10.2	Percentage of patients treated by a stroke skilled Early Supported Discharge team	0%	1.7%	34%
Domain 4	Specialist Assessment	NEW		

2.0 READMISSIONS

A review of local and national data relating to 30 day readmissions has been undertaken in order to understand how HDFT compares to a benchmark group of similar trusts and also to local trusts. This analysis focused on both the standardised readmission ratio and also the crude 30 day readmission rate.

Key points are as follows:

- HDFT performs worse than our comparators (both local trusts and the benchmark group of similar trusts) for the standardised readmission ratio.
- HDFT performs better than average on crude readmission rates when compared to local trusts and about average when compared to the benchmark group of similar trusts.
- For the standardised readmission ratio, HDFT is above expected levels for 5 specialties as detailed in the IBR - Paediatrics, Well Babies, Clinical Haematology, Medical Oncology and Cardiology (the latter being only just above expected levels). The Trust is already in the process of carrying out a clinical case note review of a sample of paediatric and well babies readmissions. There has been a question about whether our recent change in the method that we record well babies has impacted on this metric. However, data from previous years indicates that the well babies specialty has been high throughout this period and there hasn't been a step change recently.

The Paediatric Team have conducted a small audit of readmissions where for each of the 5 frequent causes of readmissions (jaundice was excluded as this has a separate audit), a random sample of 5 case notes were reviewed against a set of questions.

The initial findings, which are to be formally written up, show that for each cohort, small modifications to the clinical offer can be implemented, such as providing discharge advice and leaflets for Tonsillitis/Viral upper respiratory infections or creating an additional constipation clinic to reduce readmissions. This will be discussed at the next CCCC Directorate Board and a plan agreed.

The Trust is undertaking a joint audit with HARD CCG of readmissions during a 7-day period in October 2016. A team consisting of clinicians and managers from both organisations will undertake the audit on 23rd March. Non-elective readmissions to HDFT during the 7-day audit period will be reviewed to determine the proportion which were clinically avoidable.

Following the detailed audit with commissioners, the results will be brought to Board as part of the reporting against this key measure.

3.0 EMERGENCY DEPARTMENT

As part of the WYAZ (West Yorkshire Accelerator Zone) funding, the Trust received capital funding to significantly increase the cubical capacity within our Emergency Department. This increase is vital to enabling the team to work efficiently and to avoid long waits for patients due to surges in demand.

The project team delivered a six month capital scheme in three months and the benefits of the new environment have been noticeable immediately. Appreciation to the project team and the Emergency Department staff for working continuing to deliver excellent care and high levels of performance during this period have been expressed.

4.0 EVERY HOUR MATTERS

The Trust undertook an 'Every Hour Matters' initiative which took place over five days between the 6th and 10th March. The purpose of the event was to test a number of ideas to safely reduce the amount of time patients remain in hospital. The outcome of the week is currently being written up and will be presented at the A&E Delivery Board in April 2017.

5.0 PLANNED AND SURGICAL CARE

The Planned and Surgical Care Directorate are focused on maximising activity for the month of March. This includes utilising all available theatre lists including those on Saturdays, fully utilising endoscopy lists 7 days a week and utilising all available outpatient clinic space. Simultaneously there is also focus on the plan for April onwards, understanding and overcoming challenges and achieving the run rate for the new financial year.

The Directorate are also focused on the transformational schemes aimed at addressing underlying challenges and priorities such as staffing gaps and utilisation/productivity.

The overnight middle grade rota in the General Surgery and Trauma and Orthopaedics has now been agreed and implemented, this will ensure 24/7 support for the FY2 doctors in surgery, however it will have an impact on activity due to the current vacancies in middle grade posts. The new rota will be reviewed in 8 weeks.

6.0 CHILDREN'S AND COUNTYWIDE COMMUNITY CARE (CCCC) SERVICE REVIEWS

The CCCC Directorate has launched its service review methodology, testing this out in two smaller services. This will be undertaken through March to June with corporate support and an options paper will be presented to a panel of the Executives for consideration. These community services, alongside others, appear to have minimal structure regarding service specifications and contractual arrangements, but these reviews are timely given indications of increased demand and case complexity.

7.0 DARLINGTON 0-19 SERVICE ACCOMMODATION

The Chief Executive and Chief Operating Officer attended the opening of the new 0-19 Children's services headquarters in Darlington on the 20th March. The new environment affords the teams the opportunity to work in a modern office facility within a refurbished facility which used to be a ballroom as part of staff facilities for a large industrial Wool company. The move has already had a significant impact on staff morale and enables staff to agile work, with hot desks, break out rooms, a room for training with video conferencing facilities, a base for corporate staff to provide support with HR, Finance and IT. The event was attended by members of the 0-19 team and representatives from Darlington Borough Council, including the Director of Public Health.

8.0 INFORMATION GOVERNANCE TOOLKIT END OF YEAR SUBMISSION 2016/17

The Information Governance Toolkit is a Department of Health Policy delivery vehicle that NHS Digital is commissioned to develop and maintain. The IG Toolkit is separated into six categories:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Services Assurance
- Corporate Information Assurance

The Trust is required to carry out self-assessments of their compliance against the IG requirements. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Information Governance Toolkit	2015/16 Final Submission	2016/17 July Baseline Submission	2016/17 Final Submission
1. Information Governance Management	86%	86%	86%
2. Confidentiality and Data Protection Assurance	87%	87%	87%
3. Information Security Assurance	73%	73%	73%
4. Clinical Information Assurance	100%	100%	100%
5. Secondary Uses Assurance	91%	91%	91%
6. Corporate Information Assurance	77%	77%	77%
Total	84%	84%	84%

84% = Satisfactory, Evidenced Attainment Level 2 or above on all requirements.

Attainment Levels				
Level 0	Level 1	Level 2	Level 3	Not Relevant
0	0	21	23	1

Due to the Information Governance Training Tool being unavailable since the 31st December 2016, NHS Digital has changed the requirement for annual training to bi-annual. Therefore, any staff who completed training during the period 01/04/2015-31/03/2016 will be classed as up-to-date. However, they will need to complete their training in 2017/18.

The current position is shown in the following table:

20/03/2017	Total	Complete	%
Children's and County Wide Community Care	1098	1065	97%
Corporate Services	698	692	99%
Long Term and Unscheduled Care	1367	1273	93%
Planned and Surgical Care	993	954	96%
Trust wide	4156	3984	95%

9.0 PERFORMANCE

The Trust did not achieve the A&E 4-hour standard in February with overall performance for the month at 94.8%. However this is an improved position on last month and the Trust continues to

perform better than most other Trusts. The Trust has committed to deliver 95% for March as part of the WYAZ programme and it remains possible for the Trust to achieve 95% for the Year overall which would be a significant achievement.

There was one case of hospital apportioned *C. difficile* reported in February, bringing the year to date total to 29 cases. 28 cases have now have root cause analysis (RCA) completed and discussed and agreed with HARD CCG. Of these, 5 have been determined to be due to a lapse in care and 23 were determined to not be due to a lapse in care.

Provisional data indicates that performance against the 62 day cancer standard is below the expected level of 85% for February, but it is expected that this standard will be delivered for the quarter. The Trust continues to deliver all other national waiting times standards including 18 weeks, but this remains challenging with continued concerns in a number of areas including orthopaedics and general surgery.

10.0 SERVICE ACTIVITY

Variances above or below 3% are as follows – at the end of February, new outpatient activity was 3.7% below plan, elective admissions were 10.3% below plan, and ED attendances were 3.7% below plan.

For Leeds North CCG, new outpatient activity was 18.3% above plan, follow-up outpatient activity was 5.4% above plan, elective admissions were 3.4% below plan, non-elective admissions were 4.3% above plan, and ED attendances were 9.7% below plan.

Report to the Trust Board of Directors: 29 March 2017	Paper No: 9
Title	Chief Nurse Report
Sponsoring Director	Chief Nurse
Author(s)	Jill Foster, Chief Nurse
Report Purpose	To receive, note and approve the contents of the report.

Key Issues for Board Focus: The Board is asked to be assured by how the Trust continues to focus on nurse recruitment across the organisation and seeks to maintain safe staffing levels.

Related Trust Objectives	
1. To deliver high quality care	Yes – the report provides assurance that staffing levels are maintained throughout the Trust and the actions taken for areas where staffing levels have not been maintained
2. To work with partners to deliver integrated care	
3. To ensure clinical and financial sustainability	Yes – the report supports Trust’s quality objective to ensure quality of care is not compromised to insufficient clinical staff

Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1 : risk of a lack of medical, nursing and clinical staff; BAF 3: risk of failure to learn from feedback and incidents and BAF 13: risk of insufficient focus on quality in the Trust.
Legal implications/Regulatory Requirements	No additional legal/regulatory implications for the period,

<p>Action Required by the Board of Directors</p> <ul style="list-style-type: none"> • Note the results and changes to the reporting of Director Inspections and Patient Safety Visits • Note the number of complaints received by the Trust in February 2017 . • Understand the steps being undertaken to maintain safe staffing levels including robust registered nurse recruitment and to receive an update on CATT, AMU, Byland, Jervaulx,. Farndale and Nidderdale • Note the impending change to Midwifery supervision • Be advised of the CLAS Inspection of North Yorkshire services in February and the SEND Inspection in Middlesbrough in March

1. Unannounced Directors' Inspections 2016-2017

1.1 The rolling programme of unannounced Directors Inspections is designed to provide assurance on care standards with particular regard to infection prevention and control.

1.2 The following services have been inspected and rated as 'green' during 2016/17:

Date of inspection	Ward/Dept. visited	Risk Rating
14/04/16	Mortuary	Green
26/04/16	Endoscopy	Green
06/05/16	Day Surgery Unit (<i>follow up visit</i>)	Green
14/07/16	Whitby Dental Clinic	Green
16/08/16	Dental Clinic, Settle HC	Green
12/05/16 and 09/09/16	Acute Medical Unit. Rated 'red' at first inspection due to lack of cannula VIP scores. Successful audit now compliant	Green
24/06/16	Harlow. Rated 'red' at first inspection due to lack of cannula VIP scores. Successful audit now compliant	Green
31/10/16	Operating Theatres	Green
23/8/16 and 2/11/16	Lascelles. Rated 'red' at initial inspection due to lack of 'nurse in charge' badges. Now compliant.	Green
21/11/16	Monkgate Dental Clinic	Green

1.3 Services which are rated amber or red at the time of inspection are reviewed at a later date, until a green rating is achieved. The table below summarises services which are yet to achieve a green rating and the key issues to be addressed:

Date of initial inspection	Ward/Dept.	Risk Rating at initial inspection	Critical Issues identified	Review Date	Outcome of re-inspection	Critical Issues at re-inspection
06/06/16	Medical Day Unit	Amber	Largely relating to the non-compliant chairs in the treatment room and waiting room.	Update: Feb 2017 Treatment room chairs now replaced. Waiting room chairs remain non-compliant. (waiting response from MDU Lead Nurse)	Amber	
16/06/16	Pannal	Red	Further review to be undertaken (Lack of cannula VIP scores)	February 21 st 2017	Red	Lack of IV Cannula VIP scores
29/07/16	Ice Loan Store,	Red				

	Knarborough					
10/11/16	Farndale	Red	Controlled Drug Book had gaps in daily checks	February 21 st 2017	Red	Controlled Drug Book had daily gaps
02/12/16	Littondale	Red	Controlled Drug Book check and lack of IV Cannula Care	February 21 st 2017	Red	No gaps in Controlled Drug Book. Lack of IV Cannula VIPS score
03/02/17	Nidderdale	Red	Controlled Drug Book had gaps in daily checks			

- Pannal - Further inspection planned in March 2017.
- Ice Loan Store in no longer operated by the Trust.
- The Directors Inspection planned for February 6th 2017 was cancelled due to viral vomiting and diarrhoea.

2. Patient Safety Visits

2.1 Patient Safety visits are scheduled visits designed to provide assurance regarding patient safety. They have a unique purpose and value in encouraging a positive safety culture. Visits are designed to encourage staff to raise any concerns in a forum which is supportive, building good communication and establishing local solutions to minimise risk whenever possible. Key findings are followed up by the directorate teams, any high priority actions are considered through the appropriate corporate group such as the 'Improving Patient Safety Group'.

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

Date	Area	Key Findings
01/07/16	Orthopaedic Outpatients	
13/07/16	Byland/ Jervaulx	
02/08/16	Maternity	
13/10/16	Kingswood Dental Surgery	
25/11/16	Stanley Education Centre	
06/12/16	CATT	
06/01/17	Antenatal Clinic	No high priority actions but a number of issues including: <ul style="list-style-type: none"> • heavy reliance on Band 2 Clerks for a complicated booking process which requires basic clinical knowledge • IT issues • Clinic issues
09/02/17	Farndale	Issues included <ul style="list-style-type: none"> • ePMA system – prescribing once only drug treatments – prescription can disappear if delayed • high number of patients with challenging behaviour
28/02/17	Trinity ward and Minor Injuries Unit - Ripon	Number of high priority actions identified including <ul style="list-style-type: none"> • enough staff for 1:1 care • moving and handling training • low staff morale • band 2 tasks – confusion regarding tasks allowed to do

		<ul style="list-style-type: none"> • band 2 staff feeling part of the team • confusion over service offer – minor injuries/illness or both • x-ray not available at weekends • compliance with mandatory training and access via IT system • daily CD checking • PGDs out of date
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3. Complaints

3.1 The number of complaints received in February is 26.

Of the 26 complaints received in February 2017, 23 have been graded Yellow, and 3 green.

Total number of complaints by month for 2016/17 compared to 2015/16													
	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Total
2016/17	18	16	23	21	25	18	19	18	9	14	26		
2015/16	26	18	30	15	17	26	11	9	12	12	21	16	213

3.2 I have noted the number of complaints received in February is the highest of the year to date. Following the increase in and intensity of activity and pressure on services in December, January and February, I am not surprised to see a corresponding increase in the number of complaints or that there has been a movement in where complaints are being generated from, with 15 of the 26 complaints relating to the Emergency Department and the Wards. The Directorates are currently in the process of responding to the complaints.

3.3 It has been noted in the Improving Patient Safety Group there has been a spike in concerns being raised and incidents regarding DNACPR status of patients and forms. This has been discussed in a number of forums and an new risks has been added to the Corporate Risk register until the mitigating actions are embedded.

4. Nurse Recruitment

4.1 A recruitment evening was held on 21st March 2017, where conditional offers of employment were made to six student nurses qualifying in September and five Registered Nurses.

4.2 A total of 40 conditional offers of employment have now been made to student nurses qualifying in September. An ‘on-boarding’ event is taking place on the evening of Wednesday 29th March 2017 with 25 students confirmed as attending.

5. Actual versus planned nurse staffing - Inpatient areas

5.1 The table below summarises the average fill rate on each ward during **February 2017**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the new “Care Hours per Patient Day (CHPPD)” metric. Our overall CHPPD for **February was 7.50** care hours per patient per day. NHS England will be publishing this data for every Trust but we don’t know yet how our data will compare to that of other Trusts.

February 2017							
	Day		Night		Care hours per patient day (CHPPD)		
Ward name	Average fill rate - registered nurses/ midwives	Average fill rate - care staff	Average fill rate - registered nurses/ midwives	Average fill rate - care staff	Registered nurses/ midwives	Care Support Workers	Overall
AMU	87.0%	94.6%	92.9%	107.1%	4.30	2.40	6.60
Byland	81.8%	107.1%	90.5%	102.4%	3.10	2.90	6.00
CATT	104.1%	124.3%	100.4%	138.1%	4.70	2.60	7.30
Farndale	90.6%	111.9%	101.8%	137.5%	3.10	3.80	6.90
Granby	85.6%	105.0%	103.6%	116.1%	3.10	3.10	6.20
Harlow	109.8%	91.1%	100.0%	-	6.10	1.50	7.60
ITU/HDU	98.3%	-	100.7%	-	20.00	1.10	21.10
Jervaulx	78.8%	139.9%	90.5%	131.0%	3.00	3.80	6.80
Lascelles	90.3%	102.1%	100.0%	100.0%	4.20	4.00	8.10
Littondale	93.6%	100.0%	96.4%	117.9%	3.30	1.80	5.10
Maternity Wards	97.6%	73.4%	97.1%	88.4%	13.20	3.10	16.40
Nidderdale	94.9%	88.3%	94.0%	117.9%	3.40	2.20	5.60
Oakdale	95.5%	98.8%	98.2%	139.3%	4.60	2.90	7.50
Special Care Baby Unit	105.0%	87.8%	98.2%	-	29.00	5.00	34.00
Trinity	83.9%	97.1%	100.0%	116.1%	3.20	3.20	6.40
Wensleydale	89.0%	136.6%	100.0%	119.6%	3.30	2.80	6.20
Woodlands	76.4%	91.1%	85.7%	114.3%	9.50	3.50	13.10
Trust total	91.7%	106.1%	96.7%	118.1%	4.70	2.80	7.50
ED staffing	98%	93%	97%	86%			

5.2 Further information to support the January data

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

On CATT the increase in RN day duty hours above plan was to support the opening of additional escalation beds in February, as required.

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

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

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In February this is reflected on the wards; CATT, Farndale, Jervaulx, Trinity and Wensleydale.

On Wensleydale although the daytime RN hours were less than planned in February, the occupancy levels varied in this area throughout the month which enabled staff to assist in other areas.

On Trinity ward the daytime RN hours were less than planned due to RN vacancies. The ward is actively recruiting.

For the Special Care Baby Unit (SCBU) although the daytime care staff hours and night time RN 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.

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the day and night time RN hours are less than 100% in February due to staff sickness, 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. These figures also reflect increased investment in the Woodlands RN establishment and we are currently recruiting to this.

5.3 What this means

The actual versus planned staffing information is an indication of where the vacancies and gaps are and therefore the areas where there is an increased risk to patient safety and experience. In recruitment we continue to be successful in that the number of registered nurses being recruited continues to exceed the number of registered nurses leaving the organisation. Despite this, the significant number of vacancies and gaps remain concentrated, as previously reported at Board, in CATT, AMU, Byland, Jervaulx, Farndale and Nidderdale.

I believe we continue to provide safe and effective care to patients. In-patient falls and hospital acquired pressure ulcers have fallen this month and the number of falls resulting in fracture and the number of in-patients developing category 3 pressure ulcers have reduced compared to 2015/16. However the number of complaints received in February, as previously discussed, is the highest monthly total this year and is the highest number of complaints received in month relating to care in the Emergency Department and Ward areas, indicating that the patients' experience of care may not have been the experience we would like for all patients.

6. Midwifery Supervision

6.1 Earlier this year I informed the Trust Board of the intention to remove Midwifery Supervision from statute from April 2017. This month I have received correspondence confirming this intention and instruction on how we move forward to a new model of midwifery supervision.

6.2 Correspondence received Gateway Reference: **06516 Moving towards a new model of midwifery supervision.**

The policy paper 'Proposals for changing the system of midwifery supervision in the UK' (Department of Health 2016), a framing document outlines the requirement to devise an overarching system of midwifery supervision that will be put in place when statutory supervision is removed.

6.3 The Quality Committee has maintained oversight of midwifery supervision throughout the year and will receive a verbal report in April of how we intend to bridge the gap between the old and new model of midwifery supervision.

7. Children's Services Inspections

7.1 We received a CLAS (Combined Looked After and Safeguarding) Children Inspection in North Yorkshire during February 2017 which involved the HDFT Specialist Looked after Nursing Children Team, 0 – 19 Children's Service, Midwifery, Acute Paediatrics and Emergency Department.

We have received verbal feedback at the end of the inspection week which raised some areas for improvement but no major concerns. The written feedback is expected in April.

8. Special Educational Needs and Disability Inspection

8.1 Notification of inspection of Special Educational Needs & Disability in Middlesbrough commencing Monday 20th March 2017 for one week was received early in March.

I will update the Board of any verbal feedback received.

Jill Foster
Chief Nurse
March 2017

Report to the Trust Board of Directors: 29 March 2017	Paper No: 10.0
Title	Medical Director Report
Sponsoring Director	Dr D Scullion, Medical Director
Author(s)	Dr D Scullion, Medical Director
Report Purpose	To receive an update on clinical issues
Key Issues for Board Focus:	
<p>The Board of Directors are asked to note the:</p> <ul style="list-style-type: none"> - Note potential national requirements for mortality reporting at Trust level. 	
Related Trust Objectives	
To deliver high quality care	Yes – the report provides an update on clinical issues which may impact on the delivery of high quality care
To work with partners to deliver integrated care	Yes – the report provides assurance that the Trust continues to work with partners and colleagues at a national and local level, in preparation for forthcoming changes to guidance of a clinical nature.
To ensure clinical and financial sustainability	Yes – the report provides assurance that the Trust continues to deliver clinically sustainable services.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1: risk of a lack of medical, nursing and clinical staff; BAF 13: risk of insufficient focus on quality.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.
Action Required by the Board of Directors	
The Board of Directors are asked to receive and note the content of the report.	

Report by the Medical Director March 2017

1. Mortality update

The HSMR remains identical to last month at 105.89. The SHMI has increased to 94.30 (93.20 last month) and remains within expected range for the Trust.

I previously notified the Board of a Dr Foster / CQC mortality alert for stroke received in September and December 2016 respectively. Following an internal case note review led predominantly by Dr Brotheridge and a cohort of his clinical colleagues, a response was sent to the CQC on 16 March 2017. The detail of this response, the original alert letter from the CQC and a copy of the case note review proforma are in the BoardPad Reading Room. Also in the Reading Room is a recent copy of the interim stroke services quality improvement report and action plan presented to the Quality Committee in March 2017. This latter information comprised an integral part of the response in terms of overall planned improvements and quality initiatives in wider stroke services within HDFT.

The case note review did not identify any major lapses in care. Areas for improvement and examples of good practice are highlighted in the response document. I will be discussing with my stroke colleagues plans for a targeted and structured case note review of stroke deaths going forwards. Whilst I am not entirely surprised at the outcome of the review, and am mindful of the time and effort that goes in to multiple and detailed case note analyses, I do believe this is a worthwhile exercise for learning and internal quality assurance. I will update the Board on any important messages or further actions that might arise from the CQC response.

On 21st March I attended a meeting in London to hear of the national initiative for learning from deaths in the NHS. The meeting was a sumptuous affair attended by almost 250 delegates from multiple agencies. A cohort of family representatives were also present, one being part of the keynote speaking team. Given the seniority and gravitas of the speaking line up, this work stream has a national high profile and influential backers. The penultimate call to arms was delivered by the Secretary of State for Health.

Much of the day consisted of data, statistics, drivers for change and information already in the public domain. This was interspersed by short bursts of round table debate and discussion. The crux of the day was the release and discussion of “National Guidance on Learning from Deaths” (National Quality Board March 2017). I have inserted a link to this document below which I recommend you read. <https://www.england.nhs.uk/wp-content/uploads/2017/03/nqb-national-guidance-learning-from-deaths.pdf>

This document sets out the timescales for implementation and importantly the roles and responsibilities of Board members in executing and overseeing the process. The document requires careful reading. My understanding is that there will be some organisational flexibility around certain arrangements for case note review. I plan to study this document, discuss the implications with relevant colleagues and agree an implementation programme.

It appears this is a first iteration of this document and there is a reasonable likelihood that the detail within could change depending on feedback and experience.

My single biggest concern, seemingly shared by others in attendance, is the concept of “avoidability” of death and how this will inevitably be interpreted by the media. The Secretary of State, and others, took great pains to reassure those assembled that this was a process of learning as opposed to a “naming and shaming exercise”. Whilst I don’t doubt his intentions, I find it inconceivable that this will not be interpreted in more than one way by the popular press.

Both NHSI, the CQC and the DoH will have to be mindful of the potential harm this could do to an otherwise worthy project.

I will update the Board as necessary.

2. Out of hours supervision of Tier 2 surgical Junior Doctors update

As of 6 March 2017, a resident surgical Middle Grade rota is now in place. This is a hybrid rota comprising a combination of General Surgery and Trauma and Orthopaedics. At all times an expert Middle Grade opinion is available to support both specialities. Negotiations to reach this improved position have been arduous and I am grateful to a number of key individuals for their support and efforts. The Deanery has been informed of the changes in writing and is content with progress to date.

Whilst not a perfect solution, I would stress that this is an improved position. However proof of success is a more supportive environment of FY2 doctors out of hours. I will be working closely with Dr Simon Holbrook to monitor feedback from juniors and ensure that teething problems are addressed at an early stage. Simon is currently organising an early feedback discussion.

3. Nasogastric tube safety alert update

A new system is in place for real time reporting of x-rays to confirm NGT placement. After a few early teething problems, the system seems to have bedded-in well. Alternative and more autonomous arrangements are in place in key areas of the Trust, such as ITU and SCBU. This is necessary to ensure safe service delivery in these areas. Whilst I am reassured by the educational work and recording that has taken place in ITU, some fine tuning in terms of information recording is still required in SCBU. I am liaising with the Lead Clinician to ensure this is completed. A wider piece of work around recording of nursing training and competencies for NGT insertion in adults on the acute wards remains live.

4. NHSLA update

Following a recent consultation exercise, one important change is the mandatory notification to the NHSLA by Trusts of all cases of neonatal hypoxic brain injury in babies born following labour at or after 37 weeks gestation. This scenario has been identified by the Royal College of Gynaecology as being a marker for avoidable brain injury. It is also high cost in litigation terms. Fortunately such cases are rare.

It is also expected that cases are subject to rigorous case note review and / or investigation locally. Reporting will be mandatory within 30 days of the incident and will be accompanied by appropriate duty of candour responsibilities (The Early Notification Scheme).

The consultation also indicated a strong preference for contributions being directly linked to outcome measures, the intention being to link contributions more closely to demonstrable improvements in key outcomes for mothers and newborns. As a direct result of this initiative the Trust's maternity contribution for 2017/18 has been readjusted by -3%, representing a saving of £49,482. Indicators used to inform this adjustment include:

- The National Neonatal Research Database
- CQC maternity ratings data

5. Consultant appointments

I am pleased to announce the appointment of Dr Aye Aye Min as a Consultant in Acute Medicine and Endocrinology. Not only a welcome addition to the robust diabetic service, but also providing invaluable support to our CATT service, where she is currently in a Consultant locum post.

Dr Ipshita Scarrott has also been appointed Consultant Care of the Elderly Physician.

These are excellent appointments and I look forward to working closely with both appointees.

Dr David Scullion, Medical Director
March 2017



Harrogate and District
NHS Foundation Trust

Report to the Trust Board of Directors: 29 March 2017	Paper No: 11.0
Title	Workforce and Organisational Development Update
Sponsoring Director	Mr Phillip Marshall, Director of Workforce and Organisational Development
Author(s)	Mr Phillip Marshall, Director of Workforce and Organisational Development
Report Purpose	To provide a summary of performance against key workforce matters
Key Issues for Board Focus:	
<ol style="list-style-type: none"> 1. National Staff Survey Results 2016 2. IR 35 – changes to taxation rules for Personal Service Companies 3. Job Planning for medical staff 4. Recruitment of the Chair 	
Related Trust Objectives	
1. To deliver high quality care	Through the pro-active management and development of the workforce, including recruitment, retention, the introduction of new roles/skills and staff engagement.
2. To work with partners to deliver integrated care	Working with external organisations (local, national and international) including NYCC, Health Education England, Higher and Further Education institutions and NHS Employers, to provide a qualified and professional workforce fit to deliver services.
3. To ensure clinical and financial sustainability	By seeking to recruit and retain our workforce to full establishment and minimise the use of agency staff, and continuously improve the health and wellbeing of our workforce.
Risk and Assurance	Any identified risks are included in the Directorate and Corporate Risk Registers and the Board Assurance Framework.
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.
Action Required by the Board of Directors	
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.	

a) National Staff Survey 2016

The anonymous National Staff Survey was carried out among a sample of Trust staff between September and November 2016. 1,250 surveys were distributed to members of staff and 655 were completed. At 54% HDFT had the third highest response rate in the country for our benchmark category. The average return rate in the Combined Acute and Community Trusts category was 42%.

HDFT's overall Staff Engagement score of 3.92 is ranked above average (which is the highest rank possible in the category of combined acute and community trusts). HDFT is rated the highest for overall staff engagement in all Trusts in the Yorkshire and Humber area.

Results are presented in 32 key areas known as 'Key Findings' as well as the aforementioned measure of overall Staff Engagement. HDFT scores above average (which is the highest rank possible in the category of combined acute and community trusts) in 22 out of the 32 Key Findings.

The top five scores for HDFT were as follows:

- Quality of non-mandatory training, learning or development
- Staff agreeing that their role makes a difference to patients / service users
- Staff believing that the organisation provides equal opportunities for career progression or promotion
- Staff satisfied with the opportunities for flexible working patterns
- Staff confidence and security in reporting unsafe clinical practice

HDFT scored below average in 2 out of the 32 key findings.

- Percentage of staff reporting errors, near misses or incidents witnessed in the last month
- Percentage of staff / colleagues reporting most recent experience of violence

Three other areas were highlighted as areas for improvement in the report. These three areas are scored as average:

- Percentage of staff experiencing physical violence from staff in last 12 months
- Percentage of staff feeling unwell due to work related stress in the last 12 months
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months

The full report can be found at <http://www.nhsstaffsurveys.com/>

The Trust has featured in an online 'blog' (LiA – Listening in Action) which analyses the results of the staff survey from a different perspective. The following quotation reflects the Trust's position at the top of the table of acute and community trusts for leadership and culture – for the second year in succession! The Trust's positive results also featured in the Harrogate Advertiser.

'Harrogate and District leads the pack for the second year running, so congratulations to Dr Ros Tolcher and her team for their great staff response ('one of a small number of medically-qualified CEOs nationally' it says on their website, which, hopefully, has hit home at National level? Medics leading the Service again. Wow! Music to our LiA ears.)'

A communication has been circulated to all staff, highlighting the areas the Trust had focused on from the 2015 survey. More detail of the findings and the next steps, including comparator figures, is at the Appendix to this report.

Action plans are now being prepared for those areas where possible improvements have been identified in the survey. The Trust will also contact those other NHS providers who have scored highly in the identified areas in order to learn from best practice and to see how improvements can be made at HDFT.

b) Intermediaries Regulation 35 (IR35)

As a result of a review of taxation legislation, the regulations about payment by public authorities (defined as those covered by the Freedom of Information Act 2000) to those providing services through personal service companies (PSCs) have changed. These regulations (known as IR35) previously allowed individuals providing services to the Trust to be paid through their PSCs without the deduction of income tax and National Insurance at source, subject to a statement from the individual that arrangements were in place for appropriate deductions to be made from their PSC.

From 6 April 2017 these arrangements will change. The Trust is now required to deduct income tax (by way of PAYE) and National Insurance from any payment made to individuals for their services. A small number of medical staff who provide services outside their contract of employment are affected by this change, and they have been informed of the new arrangements. To date one has indicated that he will not continue to undertake the additional activity. At the same time the Trust has notified all employment agencies that they are required to ensure that income tax and National Insurance is deducted from all payments made to staff engaged by them and supplied to the Trust. In future all staff employed by the Trust will be paid through the PAYE system and have National Insurance deducted at source.

c) Job Planning

The latest job planning figures for Consultants and Specialty Doctor and Associate Specialist grades as at 28 February 2017 are shown in the table below. Overall progress in completed Job Plans month on month is shown as a RAG rating. There has been a marginal increase in the overall percentage of doctors with Job Plans and following the resolution of the Middle Grade cover issue, the Planned and Surgical Care Directorate has a plan to address its outstanding SAS Job Plans.

The Job Planning Steering Group met on 14 March and considered the results of the survey of On Call supplements across the Trust, although not all specialties have returned the questionnaire. There was also extensive discussion about changing the leave calculations for doctors to be based on the split of Direct Clinical Care and SPAs.

Considerable discussion around job planning compliance took place at the Senior Management Team meeting on 22 March. It was agreed that full job plan compliance was essential and steps were to be taken by Directorates to complete outstanding Job Plans as soon as possible. The Job Planning policy is in place and job planning training has been made available to Directorates; Clinical Leads have been invited to attend future meetings of the Job Planning Steering Group.

MARCH 2017 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	%	In progress	Notes	RAG
C & CWCC	9	9	100.00%	0	0.00%	0	0.00%	0		
LT & UC	56	44	78.57%	11	19.64%	0	0.00%	1		
P & SC	63	31	49.21%	26	45.90%	6	9.52%	0		
Total	128	84	65.63%	37	28.91%	6	4.69%	1		

MARCH 2017 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	%	In progress	Notes	RAG
C & CWCC	6	6	100.00%	0	0.00%	0	0.00%	0		
LT & UC	9	8	88.89%	1	11.11%	0	0.00%	0		
P & SC	40	11	35.30%	6	15.00%	23	57.50%	0		
Total	55	25	45.45%	7	12.73%	23	41.82%	0		

Change from previous month (in-date JPs)	Improved	No change	Worse
Excludes locums, maternity leave, bank and new starters			

d) Recruitment of Chair of the Trust

A Nominations Committee meeting on 15 February, attended by representatives from Gatenby Sanderson, agreed the content of the Job Description and Person Specification. A timeline agreed at the meeting has subsequently been changed to include an Extraordinary Council of Governors’ meeting on 16 June to confirm the appointment of the preferred candidate selected through the final interviews on 22 May. This will allow the Chair-designate to attend Board and Council of Governor meetings between June and September in preparation for assuming the role on 1 October 2017.

The format for the day of the final interviews is in the course of development. There will be an opportunity for a wide range of Trust staff to attend presentations given by the final candidates, and there will be two focus groups, one of which will include representatives from external stakeholders of the Trust.

The appointment was advertised on the website of the *Sunday Times* and a microsite has been established (<https://harrogateanddistrictnhsft.v2.gsmicrosites.net>) which enables potential candidates to access a range of information about the post and the Trust. The closing date for applications is 3 April and at the meeting I will give a verbal update on interest shown in the post.

e) Global Health Exchange Programme

On Saturday 18 February, the 10 Global Health Exchange nurses undertook their IELTS (English language) test aiming to score level 7 or above in each of the four examination areas of reading, writing, listening and speaking.

One nurse successfully attained the required score, with a further four narrowly missing the grade. These four nurses will be able to re-sit the specific elements they did not pass. Re-sits for two of the tests have been booked in March.

The five remaining nurses, who were slightly further away from attaining the required scores, have already begun a four to eight week intensive training course and will be aiming to re-sit their tests in May 2017.

The Trust is exploring the possibility of visiting the 10 nurses in India. The visit will coincide with the interviews for the second cohort, which could be completed in-country rather than via web-based platforms. The Global Health Exchange will form part of the long-term recruitment arrangements for registered nurses at HDFT.

f) NHS Employers

On Friday 10 March, representatives from the Trust delivered a presentation to NHS colleagues from across the country during an NHS Employers event in Leeds. The presentation featured the Trust's use of Facebook to attract and recruit registered nurses via our third party provider. This represented a good opportunity to showcase the work completed by the Trust's nurse recruitment and retention group, whilst supporting our NHS colleagues.

g) Middle Grade Resident On-Call Update

The Trust was required by the Yorkshire and Humber Deanery to provide resident additional support to Foundation doctors in surgical specialities. A working group was established across the General Surgery and Trauma and Orthopaedic specialities and it was recognised that a joint solution would be necessary until a full cohort of General Surgery middle grades could be appointed. Several options were explored and agreement was reached that Trauma and Orthopaedics would provide resident cover Monday-Thursday with General Surgery providing cover on Friday, Saturday and Sunday, recognising that locum cover would be needed to support this every other weekend.

The new resident rota was implemented on 6 March and will be reviewed after a period of two months. The new rota has been shared with the Deanery, and confirmation is awaited that the Trust is now compliant with the condition that had previously been set.

h) Gender Pay Gap Reporting

New gender pay gap regulations are due to come into force in April 2017, requiring employers with 250 or more employees to publish information relating to pay for male and female employees. Information is to be published annually on the Trust website and also submitted centrally to allow for comparison.

Whilst the regulations are in force from April 2017, publication of the first set of information is not required until April 2018, giving adequate time for data analysis. Work has already begun internally to review the pay components covered by the legislation; broadly the Trust will be required to report on mean and median gender pay gap, mean and median bonus gender pay gap, the proportion of male and female employees receiving bonus pay and the proportion of male and female employees in each pay quartile.

The gender pay gap reporting will be managed through the Workforce Equality and Diversity Group which will consider the first draft of information in September.

j) Bullying and Harassment Report

The 2016 Bullying and Harassment report has been published and identifies that the number of informal and formal cases of bullying and harassment raised in the Trust remains low and has reduced by 20% from 2015 (from 10 cases to 8 cases).

However, the number of staff involved in the formal cases has increased (from 3 to 12) as there were two cases with multiple complainants.

The analysis from the national staff survey results shows that HDFT was below the national average for Trusts experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months as well as below the national average for staff experiencing harassment, bullying or abuse from staff in the last 12 months. The percentage of staff who, via the staff survey, reported having experienced bullying and harassment continues to be higher than the number of cases raised internally via either the informal or formal route. This is a familiar trend across the NHS and mirrors findings in previous years.

Key actions that are being taken forward within the next 12 months are to continue to highlight awareness of the processes for raising concerns as well as the role of the Bullying and Harassment advisors. Bullying and Harassment is included in the Pathway to Management training and 93% of all managers have been trained in this area; this is monitored on a monthly basis through our Subject Matter Expert. There will also be on-going promotion of the mediation service to improve the Trust's ability to address concerns at the earliest opportunity.

k) Sickness Absence

Sickness across the Trust increased for the third month in a row and stood at 4.29% which is above the Trust target, but comparable with January 2016. The Year to Date figure for January is 4.04% which compares with 3.97% at the same point in 2016. Regional comparator figures are presently unavailable for January.

All Directorates saw an increase in reported absence levels, with the exception of Children's and County Wide Community Services, where there was a slight decrease to 4.18%, which is the lowest reported level since April 2016. Corporate Services saw a significant increase to 3.58% which is a nine-month high and a whole percentage point above the December figures. Long Term & Unscheduled care – at 4.34% - and Planned and Surgical Care – at 4.84% - showed slight increases from the December absence levels.

Whilst much of the increase in sickness absence in January could be attributed to short term sickness such as cough, cold, flu and gastrointestinal issues, long term absence remains a cause for concern and action. There has been an improvement in the number of staff classified as being on long term absence (over 28 days) in the first three months of this year from 88 long-term cases in January to 71 currently. The biggest improvement has been seen in the Children's and County Wide Community Services Directorate where long-term absence cases have almost halved from 32 cases in January to 18 cases presently. Work continues to bring ongoing long term absences to a conclusion with five employees leaving employment during February and 19 being supported back into the workplace. During the first two weeks of March we have already supported 10 staff back to work, with plans in place for the conclusion of a further 10 cases as soon as possible.

l) Occupational Health in County Durham and Darlington

County Durham and Darlington Foundation Trust (CDDT) occupational health service has indicated that it will be unable to support our OH needs in their area from the end of March 2017.

CDDT had not reached the point of signing an SLA with the Trust, declining to do so before the transfer of records issue was resolved. They were struggling as they had

already notified the Trust of their limited physician availability. CDDT has only one Occupational Health Physician locum cover one day per week and this has impacted on the nurse appointments.

Other NHS Occupational Health services in the area (eg Sunderland and North Tees) have been contacted to investigate options for setting up agreements and confirmation has been received that it will provide a service. It is expected that an SLA will be signed following a meeting on 30 March.

m) NHS I Locum Agency Cost Target

Following recent discussions about reducing medical locum costs, NHS I is now looking to set individual Trust caps and target reductions for the coming year, which must add back in aggregate to a 15% reduction overall on M9 forecast outturn.

The methodology proposed for setting target reductions mirrors that used to set regional targets ie have a target set by NHS I that is basically a 15% reduction in medical agency spend for 2017/18.

The Trust's medical agency spend (not including nurses and other areas) outturn forecast is £2029k, meaning a reduction of £304k for next year.

Currently the Trust is the twelfth best-performing Trust for agency spend v ceiling figure.

The Advisory Group on Temporary Workforce met on 22 March and agreed to hold a dedicated session on 28 March to focus on measures to realise the ambition of avoiding the need to engage agency workers as far as possible.

n) E- learning Statistics

At the recent ESR Review Meeting the Trust's ESR Account Manager advised that HDFT is:

- 16th nationally for the number of eLearning programmes completed in November 2016
- 8th nationally for the percentage of our headcount who had accessed an eLearning programme between September and November 2016

This data is available on a quarterly basis, and it will be tracked and reported on this internally via the Workforce & Organisational Development Steering Group.

o) Summer Fair

The arrangements for the 2017 staff Summer Fair are now well underway. It is a great opportunity to recognise and celebrate as a Trust the value and achievements of the workforce by incorporating the Staff Achievement and Long Service awards as part of the day.

The event this year will be held on:

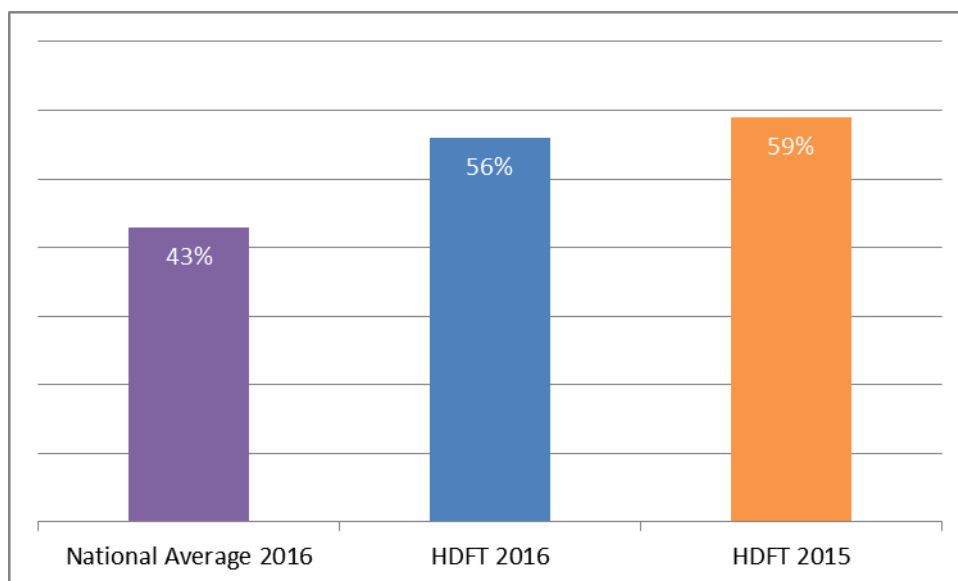
Date: Sunday 2 July 2017

Venue: Harrogate Rugby Club, Rudding Lane, Harrogate, HG3 1DQ

Time: 11.00-16.00

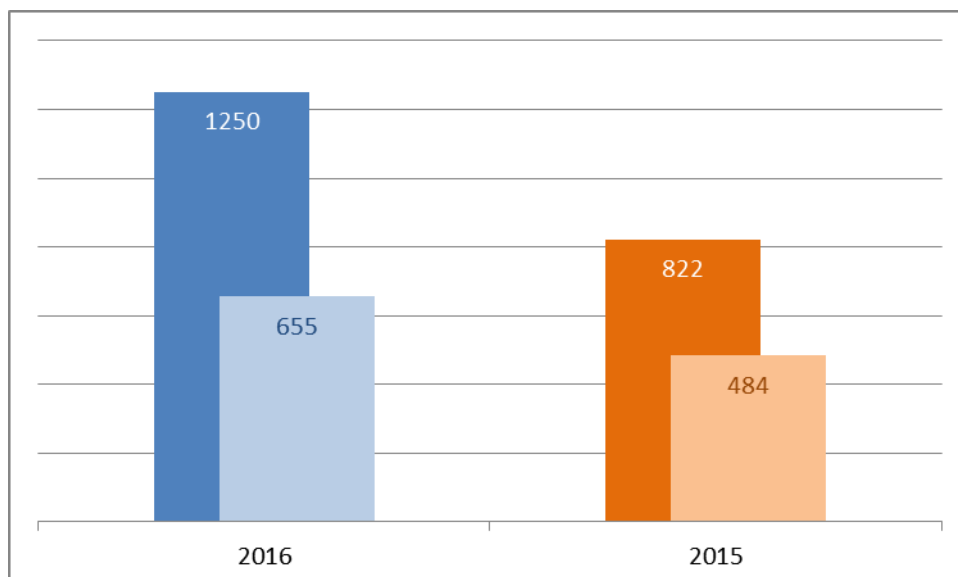
National Staff Survey 2016

Response Rates

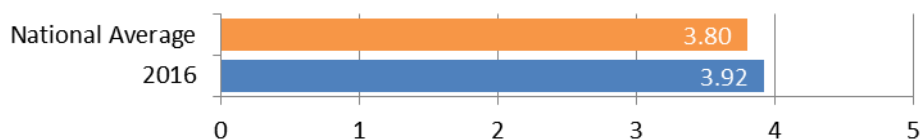


1,250 surveys were distributed to members of staff and 655 were completed. A total of 822 surveys were sent out in 2015. 2016 has therefore had an extra 428 surveys sent when compared with 2015.

Harrogate and District NHS Foundation Trust had a response rate of 56% in 2016. Although this is down from the return rate for 2015, this year's survey was of a larger sample size. In 2015 the trust received 484 responses. 2016 has therefore seen an increase of 171 responses compared with 2015.



Staff Engagement



Staff engagement scores showed no change compared to 2015 being at **3.92**. The national average for combined acute and community trusts so a slight increase from 3.79 to 3.80.

HDFT remains as **above (better than) average** (the highest achievable rating in this category) when compared with other combined acute and community trusts for staff engagement.

Staff engagement is calculated from three key findings, all of which Harrogate and District NHS Foundation Trust scores as **above (better than) average**:

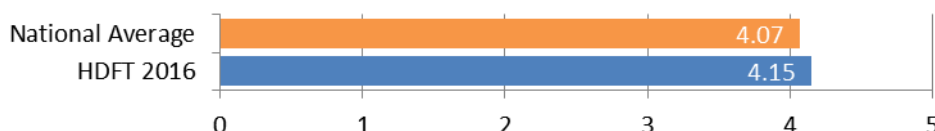
Job satisfaction	HDFT	National	Comparison
KF1. Staff recommendation of the organisation as a place to work or receive treatment	3.96	3.71	+0.25
KF4. Staff motivation at work	3.99	3.94	+0.05
KF7. % able to contribute towards improvements at work	75	71	+4

Areas to celebrate

Non-mandatory training, learning or development

Key finding 13 evaluated the quality of any non-mandatory training, learning or development staff received. It assessed whether it had helped them do their job more effectively, stay up-to-date with professional requirements and deliver a better patient/service user experience.

This area was identified as an action point from the 2015 staff survey.



HDFT scored 4.15 on this key finding which was an increase from 2015's score of 4.01. This is over the combined acute and community national average of 4.07 and was just under the highest achieved score of 4.16.

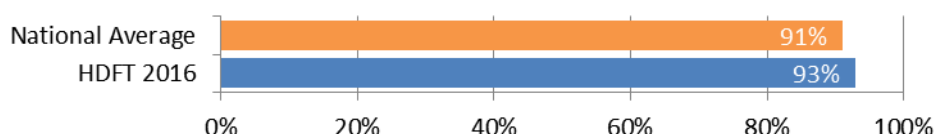
Unweighted scoring for non-mandatory training was particularly high for both Adult/General Nurses and Other Allied Healthcare Professionals.

	Adult/General Nurses	Other Healthcare Professionals
KF13. Quality of non-mandatory training, learning or development	4.33	4.27
Number of respondents	120	66

Staff agreeing that their role makes a difference to patients / service users

Key finding 3 showed the percentage of staff that agreed their role made a difference to patients and service users.

This area was identified as an action point from the 2015 staff survey.



HDFT scored 93% on this key finding which is an increase from 90% in 2015. This is over the combined acute and community national average of 91% and was just under the highest achieved score of 94%.

100% of nursing/healthcare assistants, physiotherapists, and radiographers surveyed agreed that their role made a difference to patients.

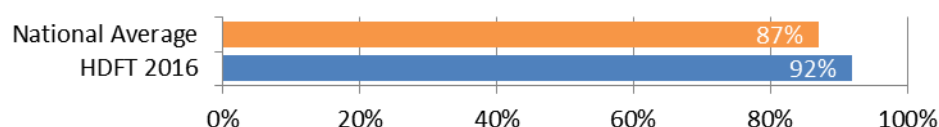
	Nursing Healthcare assistants	Physiotherapy	Radiography
KF3. % agreeing that their role makes a difference to patients / service users	100	100	100
Number of respondents	30	16	11

Other positive areas

Three further areas which the trust compares most favourably with other combined acute and community trusts in England:

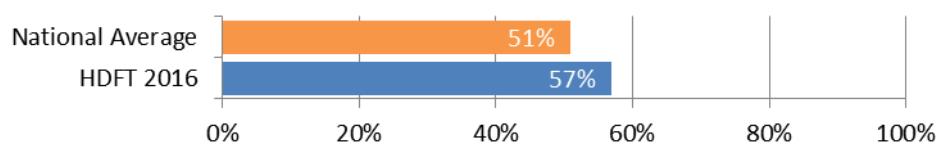
- The percentage of staff believing that the organisation provides equal opportunities for career progression or promotion - **(92%)**
- The percentage of staff satisfied with the opportunities for flexible working patterns – **(57%)**
- Staff confidence and security in reporting unsafe clinical practice **(3.84)**

KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion



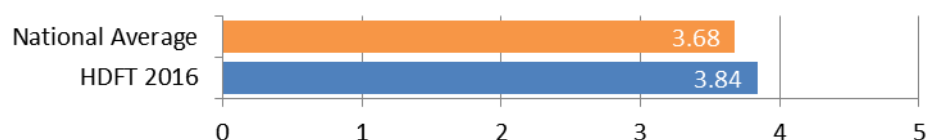
- There has been no change since 2015.
- The best performing combined acute and community trust scored 94%.
- 92% puts HDFT as **above (better than) average** for this key finding.

KF15. Percentage of staff satisfied with the opportunities for flexible working patterns



- The best performing combined acute and community trust scored 58%.
- This puts HDFT as **above (better than) average** for this key finding.

KF31. Staff confidence and security in reporting unsafe clinical practice



- There has been an increase from 2015's score of 3.74.
- The best performing combined acute and community trust scored 3.87
 - puts HDFT as **above (better than) average** for this key finding.

Areas for improvement

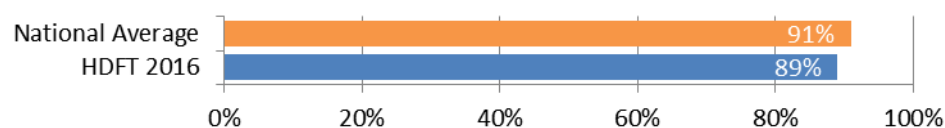
Staff reporting of incidents

Harrogate and District NHS Foundation Trust is ranked as **below (worse than) average** in two areas when compared with combined acute and community trusts. Both of these areas relate to the reporting of incidents:

Percentage of staff reporting errors, near misses or incidents witnessed in the last month

Key finding 29 shows the percentage of staff who had seen errors, near misses, or incidents in the last month that could have hurt staff or patients and said that they or a colleague had reported the last incident they saw.

Respondents who had not seen any errors, near misses or incidents in the last month were not included in the calculation of this Key Finding.

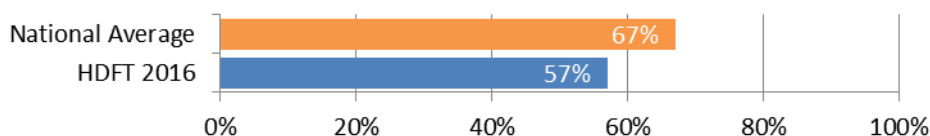


- HDFT has seen a **3% reduction** since 2015.
- The best performing combined acute and community trust scored 97%.

Percentage of staff / colleagues reporting most recent experience of violence

Key finding 24 shows the percentage of staff who said that either they or a colleague (or both) reported the most recent experience of physical violence they witnessed in the last 12 months.

Only respondents who had answered they had experienced physical violence from either; patients, their manager or a colleague were included in this calculation.



- HDFT has seen a **9% reduction** since 2015.
- The best performing combined acute and community trust scored 83%.

Other areas of concern

Three areas which are ranked as average which may be areas of concern are:

- Percentage of staff experiencing physical violence from staff in last 12 months– **2%**
- Percentage of staff feeling unwell due to work related stress in the last 12 months– **36%**
- Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months– **13%**

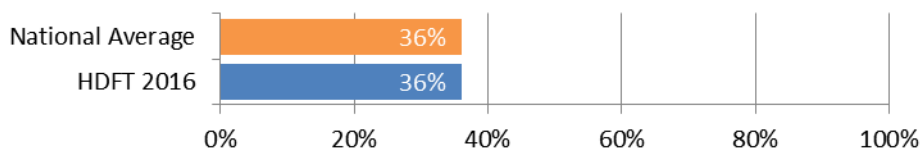
No area saw a statistically significant negative change since the 2015 survey.

KF23. Percentage of staff experiencing physical violence from staff in last 12 months



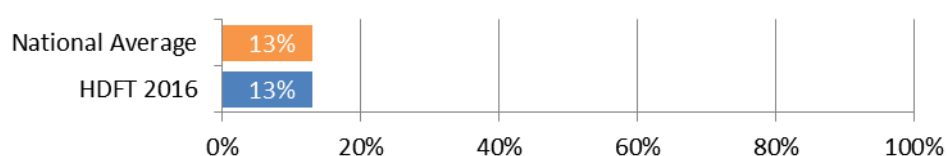
- HDFT has seen an **increase of 1%** since 2015.
- The best performing combined acute and community trust scored 0%.
- 2% puts HDFT as **Average** for this key finding.

KF17. Percentage of staff feeling unwell due to work related stress in the last 12 months



- HDFT has seen an **increase of 3%** since 2015.
- The best performing combined acute and community trust scored 29%.
- 36% puts HDFT as **Average** for this key finding.

KF22. Percentage of staff experiencing physical violence from patients, relatives or the public in last 12 months



- HDFT has seen a **decrease of 3%** since 2015.
- The best performing combined acute and community trust scored 9%.
- 13% puts HDFT as **Average** for this key finding.

Next Steps

- Benchmark against other combined acute and community trusts and local acute trusts.
- Develop communication plan to cascade key headlines to the workforce. This will include developing branding to standardise staff survey and Friends and Family surveys.
- Develop Trust Wide action plan.
- Run an analysis to tailor bespoke reports for each directorate to develop action plans for targeted areas of improvement.
- Communicate actions taken to staff.

Staff Survey 2016 – Comparative overall staff engagement scores Combined Acute and Community Trusts

The figures below show the overall engagement indicators for all combined Acute and Community Trusts. The table has been sorted from highest to lowest on 2016 scores.

Acute & Community Trusts	2016 Staff Engagement Score	Ranking compared with all Trusts	2015 Staff engagement score
Guy's and St Thomas' NHS FT	4.03	Above Average	4.03
South Warwickshire NHS FT	3.99	Above Average	3.92
Southport & Ormskirk Hospital NHS Trust	3.99	Above Average	3.92
The Newcastle Upon Tyne Hospitals	3.97	Above Average	3.89
Tameside and Glossop Integrated Care	3.95	Above Average	3.94
Harrogate and District NHS FT	3.92	Above Average	3.92
The Royal Wolverhampton NHS Trust	3.91	Above Average	3.86
Homerton University Hospital NHS FT	3.90	Above Average	3.87
Northern Devon Healthcare NHS Trust	3.88	Above Average	3.92
Bolton NHS FT	3.87	Above Average	3.88
Torbay and South Devon NHS FT	3.87	Above Average	3.87
Sheffield Children's NHS FT	3.87	Above Average	3.74
East Cheshire NHS Trust	3.86	Above Average	3.76
Central Manchester University Hospitals	3.84	Above Average	3.89
Great Western Hospitals NHS FT	3.84	Above Average	3.88
The Dudley Group NHS FT	3.83	Average	3.86

Whittington Health NHS Trust	3.83	Average	3.80
North Tees and Hartlepool NHS FT	3.82	Average	3.75
Sheffield Teaching Hospitals NHS FT	3.82	Average	3.74
Wye Valley NHS Trust	3.82	Average	3.80
Blackpool Teaching Hospitals NHS FT	3.81	Average	3.83
Salford Royal NHS FT	3.80	Average	3.80
Croydon Health Services NHS Trust	3.79	Average	-
George Eliot Hospital NHS Trust	3.79	Average	3.77
Lewisham and Greenwich NHS Trust	3.79	Average	3.78
Barts Health NHS Trust	3.78	Average	3.68
Buckinghamshire Healthcare NHS Trust	3.78	Average	3.76
York Teaching Hospital NHS FT	3.78	Average	3.78
South Tees Hospitals NHS FT	3.76	Below Average	3.71
London North West Healthcare NHS Trust	3.75	Below Average	3.79
Stockport NHS FT	3.75	Below Average	3.82
East Sussex Healthcare NHS Trust	3.73	Below Average	3.55
Sandwell And West Birmingham Hospitals	3.71	Below Average	3.77
St George's University Hospitals NHS FT	3.70	Below Average	3.71
County Durham and Darlington NHS FT	3.68	Below Average	3.75
The Rotherham NHS FT	3.66	Below Average	3.64
South Tyneside NHS FT	3.64	Below Average	3.70
Walsall Healthcare NHS Trust	3.62	Below Average	3.65
Mid Yorkshire Hospitals NHS Trust	3.57	Below Average	3.50

WYAAT

The figures below show the overall engagement indicators for a selection of trusts in the Yorkshire locality. The table has been sorted from highest to lowest for 2016 scores. The "Ranking compared to similar Trusts" column shows where each trust stands when compared against trusts of the same type.

Acute & Community Trusts	2016 Staff Engagement Score	Trust type	Ranking compared to similar Trusts	2015 staff engagement score
Harrogate and District NHS FT	3.92	Combined Acute and Community Trust	Above Average	3.92
Tees, Esk and Wear Valley NHS FT	3.88	Mental health	Above Average	3.95
Leeds Teaching Hospitals NHS Trust	3.83	Acute Trust	Above Average	3.76
Airedale NHS FT	3.81	Acute Trust	Average	3.82
Calderdale and Huddersfield NHS Foundation Trust	3.80	Acute Trust	Average	3.77
South West Yorkshire Partnership NHS FT	3.77	Combined Mental Health and Community	Average	3.75
Bradford Teaching Hospitals NHS FT	3.75	Acute Trust	Below Average	3.77
Bradford District Care NHS FT	3.75	Combined Mental Health and Community	Below Average	3.84

Trusts covering the Yorkshire and Humber Area

Trust	2016 Engagement Score	Overall
Harrogate and District NHS Foundation Trust	3.92	
Leeds Teaching Hospitals NHS Trust	3.83	
Sheffield Children's NHS Foundation Trust	3.87	
Sheffield Teaching Hospitals NHS Foundation Trust	3.82	
Calderdale and Huddersfield NHS Foundation Trust	3.80	
Rotherham Doncaster and South Humber NHS Foundation Trust	3.80	
Airedale NHS Foundation Trust	3.81	
York Teaching Hospital NHS Foundation Trust	3.78	
Hull and East Yorkshire Hospitals NHS Trust	3.77	
South West Yorkshire Partnership NHS Foundation Trust	3.77	
Bradford District Care NHS Foundation Trust	3.75	
Sheffield Health and Social Care NHS Foundation Trust	3.75	
Bradford Teaching Hospitals NHS Foundation Trust	3.75	
Leeds and York Partnership NHS Foundation Trust	3.71	
Leeds Community Healthcare NHS Trust	3.70	
Barnsley Hospital NHS Foundation Trust	3.70	
Northern Lincolnshire and Goole NHS Foundation Trust	3.68	
The Rotherham NHS Foundation Trust	3.66	
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	3.66	
Humber NHS Foundation Trust	3.64	
Mid Yorkshire Hospitals NHS Trust	3.57	
East Midlands Ambulance Service NHS Trust	3.46	
Yorkshire Ambulance Service NHS Trust	3.38	

Listening in Action League Table

We have produced the League Table below for all Acute and Community Trusts based on their LiA Scatter Map position.

The National Staff Survey results on which the Scatter Map and League Tables are based are a summary of how staff feel about the leadership and culture of their Trust. Their response to 32 of the Picker Key Findings establishes the Trust's position on the scatter map for 2016. This position is then compared with each Trust's position for 2015. On the League Table, the colour-coding represents:

- In blue and yellow, a Trust status as an Foundation Trust (blue) or non-FT Trust (yellow)
- The league position for each Trust's NSS results from best to worst
- The movement of each Trust up or down from last year's position.

On this basis, the top 5 positive movers are: North Tees (+19); Sheffield Teaching (+15); Bucks Healthcare (+15); East Cheshire (+12); and South Warwickshire (+11). The top 5 Trusts going the wrong way, in a big way, are: Royal Wolverhampton (-10); Southport & Ormskirk (-12); County Durham & Darlington (-16); South Tyneside (-16); and Stockport (-22).

2017 Comparative Ranking	Trend	Trust
1	-	Harrogate & District FT
2	8	The Newcastle Upon Tyne Hospitals FT
3	1	Northern Devon Healthcare Trust
4	11	South Warwickshire FT
5	n/a	Torbay and South Devon FT (new 2016)
6	3	Guy's & St Thomas' FT
7	19	North Tees & Hartlepool FT
8	1	Blackpool Teaching Hospitals FT
9	7	The Dudley Group FT
10	15	Sheffield Teaching Hospitals FT
11	2	Homerton University Hospital FT
12	3	Bolton FT
13	2	Central Manchester University Hospitals FT
14	10	The Royal Wolverhampton Hospitals Trust
15	12	East Cheshire Trust
16	4	Great Western Hospitals FT
17	9	Sheffield Children's FT
18	15	Buckinghamshire Healthcare Trust
19	5	The Whittington Hospital Trust
20	1	George Eliot Trust
21	16	County Durham & Darlington FT
22	1	Wye Valley Trust
23	9	Sandwell & West Birmingham Hospitals Trust
24	6	York Teaching FT
25	4	The Rotherham FT
26	6	South Tees Hospitals FT
27	7	Salford Royal FT
28	22	Stockport FT
29	5	East Sussex Healthcare Trust
30	-	London North West Healthcare Trust
31	6	Barts Health Trust
32	9	Lewisham and Greenwich Trust
33	16	South Tyneside FT
34	12	Southport & Ormskirk Hospital Trust
35	4	Mid Yorkshire Hospitals Trust
36	2	St George's Healthcare FT
37	2	Walsall Healthcare Trust
no ranking 2017	n/a	Croydon Health Services Trust
no ranking 2017	n/a	Tameside and Glossop Integrated Care FT (new 2016)

Board Committee report to the Board of Directors

Committee Name:	Quality Committee (QC)
Committee Chair:	LA Webster
Date of last meeting:	2 March 2017
Date of Board meeting for which this report is prepared	29 March 2017

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

- **Hot Spots Discussed** – Concerns were raised about the progress to address issues at Ripon Community Hospital Trinity Ward and Minor Injuries Unit (MIU). QC has requested to see the action plan and understand the timescales to address the areas of concern for the April meeting.
- **Board request for QC to seek assurance on the Quality of Care Teams** – the QC has requested a ‘state of the nation’ report for April which will inform the committee as to what assurance needs to be made for these teams outputs.
- **Board request for QC to seek assurance on Falls** – Ms Lister, Falls Prevention Co-ordinator has been invited to present an annual report at our May meeting.

Reports Heard

- **Quality Priorities Report** – Improving Stroke Care – Good progress with action plan. However an ongoing challenge in respect of capacity of speech and language therapy and impact on service quality as a result, was noted.
- **Quarter 3 Patient Safety Report** – Continued concern in relation to reporting of low/no harm incidents. Proposals for improvements to the Datix system have been in the pipeline for some time and not progressed to date. The QC is not assured and recommended this £10k cost be considered as a priority.
- **Quarter 3 Patient Experience and Incident Report** – timely completion of action plans related to complaints remains an issue. A positive discussion on different approaches to investigating complaints took place.
- **Quarter 3 NICE Compliance Report** – very clear report received from Rebecca Wixey.
- **Recommended Summary Plan for Emergency Care and Treatment Process (REsPECT)** – a briefing was received and the Committee welcomed this new process and supported progress to achieve its adoption. The Clinical Directors to discuss at their Board meetings and feedback next month after which the QC will revert to Board for approval to adopt.

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

No

Matters for decision

None

Action Required by Board of Directors: Note request for consideration of progressing funding the recommended improvements to DATIX.

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	Thursday 9 th March 2017
Date of Board meeting for which this report is prepared	Wednesday 29 nd March 2017
Summary of live issues and matters to be raised at Board meeting:	
<ol style="list-style-type: none"> 1. There was a good discussion around the developing role of the Freedom to Speak Up Guardian – it was agreed that the Committee would welcome a regular update that covers the activity levels and particular patterns in issues raised. The first such update will be in September. 2. Following discussion the following were agreed: <ol style="list-style-type: none"> a. It is appropriate for the Trust to be registered with the CQC b. The accounting policies to be adopted in the preparation of the Trust's financial statements c. The approach that is being adopted in the valuation of Land & Buildings and the calculation of hours receivable by the Trust that will emerge from the Rosterpro system d. It is appropriate for the Trust to prepare its financial statements on a "going concern" basis. This will be recommended to the Trust Board. e. The Internal Audit Plan for 2017/18 f. The Counter Fraud Plan for 2017/18 3. The Committee noted a Limited Assurance conclusion in respect of an Internal Audit of Policy Management. The Committee recognised that a large number of policies and documents are currently available on the Intranet, and felt that the current situation could deteriorate as there is no clear "owner" of policies and new ones can be added by a large number of individuals, with consequent difficulties in ensuring that all policies remain relevant and are kept up to date. The Senior Management Team are encouraged to review overall responsibilities and to introduce a more structured approach to policy management. 4. Whilst there has been some good progress in respect of the implementation of Internal Audit recommendations in respect of some recent Limited Assurance audits, this is not the case for all such audits. The Committee will review progress on recommendations in advance of the May Audit Committee. If it is considered that insufficient progress has been made, then the executive responsible for the area(s) in question will be asked to attend the meeting and explain the particular difficulties that are being encountered. 5. The Trust requires Post Project Evaluations ("PPE's") to be prepared for all capital and revenue projects that satisfy certain criteria. These are reviewed in detail by the PPE Group, with the minutes of the Group and all large PPE's being in turn reviewed by the Audit Committee. The PPE Group and the Committee are increasingly concerned by the failures of PPE's to be submitted in accordance with the agreed timetable. It has been agreed that management will be encouraged to submit all outstanding PPE's and that if this has not been achieved in advance of the next PPE Group meeting on 24th April, then the manager concerned will be asked to attend the May Audit Committee meeting, to provide the necessary background. 	
Are there any significant risks for noting by Board? (list if appropriate)	
There were no new risks identified and discussed by the Committee which are to be brought to the attention of the Board.	
Matters for decision	
<ol style="list-style-type: none"> 1. The Board is asked to note that the Audit Committee has considered the significant issues that are relevant in the preparation of the Trust's financial statements and the accounting policies that are to be adopted. 2. The Committee has confirmed that it is appropriate for the financial statements to be prepared on the "going concern" basis. 	
Action Required by Board of Directors:	
There are no other matters that require a decision to be taken by the Board	

Report to the Trust Board of Directors: 29 March 2017	Paper No: 14.0
Title	Freedom of Information Act Requests Annual Report 2016
Author	Mr A Forsyth, Compliance and Revalidation Manager
Report Purpose	To inform the Board

<p>Key Issues for Board Focus:</p> <ul style="list-style-type: none"> • A 9.7% increase in requests for information under the Act • The percentage of responses beyond the 20-day deadline remains at around 25% • An increase in requests from one particular lobbying organisation

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	The Trust is required to make an annual report on the administration of the Freedom of Information Act 2000
Legal implications/ Regulatory Requirements	The Trust is legally required by the Freedom of Information Act 2000 to respond to requests for information which meet the requirements of the Act.

<p>Action Required by the Board of Directors</p> <p>The Board is requested to note the content of this Report</p>

Freedom of Information Act Requests Annual Report 2016

Background

The Freedom of Information (FOI) Act 2000 ('the Act') came into force on 1 January 2005 and deals with access to official information, giving individuals or organisations the right to request information from any public authority, such as NHS organisations.

Public authorities in England, Wales and Northern Ireland are obliged to create a Publication Scheme, which is a commitment to make certain information available, and a guide as to how that information can be obtained. Authorities subject to the Act must designate a FOI Officer to manage requests for information.

Authorities have 20 working days from when the request arrives in the organisation (wherever that may be) to respond ie it does not have to come in via the official FOI contact point to start the clock on sending a response. Not all requests for information have to be provided and there are a number of exemptions which may be claimed, in which case the timescale does not apply. These include, for example, if its release were to undermine the Data Protection principles around information on individuals, or damage commercial interests. Requests can also be turned down if they will take a disproportionate amount of staff time (more than 18 hours) to compile the information, or are repetitious or vexatious. There are also a number of other exemptions that are less likely to be cited by health bodies (eg correspondence with the Royal Family). Where exemption is claimed then a specific Section of the Act must be quoted in the response.

Harrogate and District NHS Foundation Trust (HDFT) operates a Publication Scheme which can be found on the Trust's Website at www.hdft.nhs.uk, under which it already routinely publishes a significant volume of information on the website (eg Policies, Annual Reports, Accounts etc). The Trust's nominated FOI Officer is the Company Secretary, with key administrative support from the Executive Assistant to the Chief Executive/Chairman. The Company Secretary is also a member of the Trust's Information Governance Steering Group.

A wide variety of other staff from all areas of the Trust assists in compiling responses to the requests. Requests can be received via letter, email (to foi@hdft.nhs.uk) or via an online form on the HDFT website. It should be noted that a request for information can be treated as a FOI request, even if it does not mention the Act in the correspondence. These are matters of judgement.

This report presents analysis of FOI requests received and dealt with in the 2016 calendar year, as required by the annual Information Governance report.

Number of requests received

From 1 January to 31 December 2016 there was a total of 596 (2015: 543) requests for information which were treated as being under the Act.

Requests declined

During the course of the year there were a number of occasions when further information was sought in order to clarify a Freedom of Information Request. Sometimes further specific information was provided by the requestor and this allowed the Trust to give a full response, while on other occasions no response was received to requests for clarification. In the latter case, the Trust is under no obligation to process the request any further. It should be noted that the Information Commissioner's Office (which governs the application and administration of the Act) advises that

clarification should be sought on vague requests and that bodies should not put their own interpretation on a request, which could put them in breach of the Act; the principle adopted is always to answer the question which has been posed.

In total, 27 (2015: 43) requests for information were wholly refused during the past 12 months with details as follows:

- 10 requests were declined under Section 12 relating to time limit associated with providing responses to requests;
- 5 requests were declined under Section 21 relating to information readily available by other means;
- 1 request was declined under Section 22 relating to information intended for future publication.
- 1 request was declined under Section 36 relating to effective conduct of public affairs (this was on advice from the Department of Health).
- 3 requests were declined under Section 40 relating to personal information eg the salaries of individual members of staff;
- 7 requests were declined under Section 41 relating to the duty of confidentiality. These were often where the low number of patients involved eg receiving treatment for a particular condition, could have allowed the identification of individual patients. The current guidance is that fewer than five cases could allow individual identification.

In addition, where requesters have submitted multiple questions, the Trust has refused parts of requests, while responding to other sections, under the following headings:

- 17 requests were partially declined under Section 12 relating to time limit associated with providing responses to requests¹.
- 13 requests were partially declined under Section 21 relating to information readily accessible to the requester by other means eg already available on the Trust's website.
- 18 requests were partially declined under Section 40 relating to personal information, such as the salaries of individual members of staff.
- 45 requests were partially declined under Section 41 relating to the duty of confidentiality.
- 1 request was partially declined under Section 43 relating to commercial sensitivity.

Declined requests where the decision to exempt was challenged

Requesters have the right to ask the Trust to carry out an Internal Review within 20 working days of any decision to refuse to provide information.

During the past year, 4 (2015: 5) requesters asked for Internal Reviews to be carried out.

If the requester is unhappy with the outcome of an Internal Review, they have the right to refer the case to the Information Commissioner. This has not occurred in 2016 (2015: 0).

Requests refused as repetitious and vexatious

If a requester repeatedly asks for the same information without allowing a reasonable time period to elapse, or can be argued to be harassing the Trust or its staff, the Trust can issue a refusal notice

¹ The Trust could have refused the request in whole, as it is under no obligation to treat multiple questions as individual requests. However, the decision was taken to only exempt those parts of these requests that would take longer than the time limit set out in the Act.

on the grounds that the request is repetitious or vexatious. The Trust does not then have to respond to any further requests of a similar nature from that requester.

Such refusal notices should only be issued in rare circumstances, where a requester ignores the Trust's response to continue to ask for information that has either been provided already, or has been justifiably exempted from disclosure and an Internal Review has upheld that decision.

The Trust did not issue any refusal notices during 2016.

Requests fulfilled within legal time limit

The Information Commissioner has deemed that all public authorities should inform applicants in writing as to whether it holds the requested information and if so, communicate that information promptly, but not later than 20 working days following receipt of the request.

Of the 596 requests that were required to be answered in 2016, 154 (25%) were not fulfilled within the allotted limit. Where the Trust is unable to answer a request within 20 working days, it does its best to agree a minimal extension with the requester, in line with best practice.

As can be seen from the table below the number of times the Trust exceeded the 20 day response time in 2016 has almost matched that of 2015, following a significant increase from 2014. Once again this is due to a combination of increased time pressures on those compiling the responses and increasing complexity of inquiries, though falling short of the threshold where an exemption could be claimed.

HDFT remains unusual across the NHS in not having a dedicated FOI team. However, anecdotal evidence suggests that compared with many other organisations, the Trust still has a good record overall of responding to requests within the time limit.

Year	Total requests received	Responses within 20 working days	Responses beyond 20 working days (no)	Responses beyond 20 working days (%)
2016	596	442	154	25.8
2015	543	406	137	25.2
2014	555	500	55	9.9
2013	475	455	20	4.2
2012	365	345	20	5.4
2011	256	247	9	3.5
2010	241	239	2	0.8
2009	246	239	7	2.8
2008	202	198	4	1.9

Topic of requests

The requests received by the Trust can be broken down by topic² area as follows:

(Where no historic figure has been given, this is due to the categories being revised to reflect the increased number of requests directed to specific departments, which were previously grouped).

Topic area	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Communications	4	4	8	-	-	-	-	-	-	-
Estates & Facilities	30	49	20	24	16	18	17	18	21	9
Human Resources	88	120	120	82	-	-	-	-	-	-
Corporate Information including policies	65	26	39	17	-	-	-	-	-	-
Finance	56	105	84	57	65	45	53	43	26	17
Infection Control	4	1	7	6	3	5	2	7	7	5
IT	62	59	47	42	-	-	-	-	-	-
Information Services	62	74	102	71	-	-	-	-	-	-
Maternity	24	3	16	-	-	-	-	-	-	-
Miscellaneous	30	21	43	40	18	29	22	11	6	1
Pathology / Pharmacy	42	43	47	27	14	3	11	11	6	1
Access to Medical Records	3	0	2	7	5	13	10	0	2	2
Radiology	13	9	9	-	-	-	-	-	-	-
Risk Management	15	20	20	31	17	18	13	12	10	1
Specific hospital services / departments	98	19	19	71	47	29	39	40	46	15

As can be seen, Information Services, HR (W&OD), Finance, IT, Pharmacy/ Pathology and Risk Management deal with a large bulk of the requests received.

It is also worth noting that in general requests have become even more complex, with many requiring input from several different departments around the Trust. This also has the effect of adding to the likelihood that the 20-day timescale will be exceeded.

² Where request have been assigned to more than one department, both have been listed.

Source of requests

The source of requests can be broken down by area as follows³:

Source requests	No of Requests									
	2016	2015	2014	2013	2012	2011	2010	2009	2008	2007
Individuals	236	259	176	173	140	94	86	78	68	28
Other NHS	20	18	22	17	14	8	13	11	13	5
Media / News	100	102	132	120	58	56	54	63	51	16
Companies	132	116	119	100	103	56	61	40	28	10
MPs / Councillors	17	9	23	21	14	4	4	42	42	14
Other eg Charity, Students etc	20	39	54	44	32	38	22	13	Not collated	Not collated
What Do They Know?	33	Not collated								

In the above figures, all individual email addresses have been included in the 'individuals' category, unless it is clear elsewhere in the request that it has come from another source. However, the growth in the use of Hotmail or Google e-mail addresses to hide the true origins of requesters has continued and it is probable that many of these requests have been made by commercial companies or media organisations, using personal email addresses in order to remain anonymous. This is reflected in the growing number of requests which subsequently appear as news stories.

This year, for the first time, a significant number of request for information have come from an organisation called 'whatdotheyknow.com' which is a professional lobbying group; it is also suspected, although cannot be verified, that a number of those classified as individuals are also seeking information on behalf of this organisation.

It also clear that academic institutions are directing students to use the Act to obtain information for projects. These requests can often be the most difficult to process, as they are frequently misdirected (eg asking the Trust for information on a very specific treatment, which on investigation it turns out HDFT does not provide), or loosely worded.

Information for Staff

Those departments that regularly deal with requests under the Act are well versed in the process to follow. Previous education effort has largely ensured that enquiries for information are passed forward to be dealt with through the proper procedure. It is impossible to be certain, however, whether or not there are such inquiries being processed locally and circumventing the established process.

The Trust has declared a compliance level of 3 against the Freedom of Information Standard in the Information Governance Toolkit.

³ The discrepancy between these totals and the total of requests received can be explained by a number of factors, including identical requests received more than once, withdrawn requests etc.

Summary

The Trust has in place sound and tested procedures for receiving, processing and responding to requests made under the Act. The increasing complexity of requests, which has created significantly greater workload for staff involved, coupled with increased pressure of other business have meant that the overall response rate within the 20-day deadline has not improved from the low of 2015. Whilst this growth in requests and their complexity appears to be in line with national trends identified in other NHS organisations, it is disappointing that the expected improvement in performance has not been achieved. The advent of the new Company Secretary in May 2017, to replace the *ad hoc* arrangements for FOI requests in place since her predecessor left in December 2016, will bring a greater measure of continuity and consistency to the process, thus enabling a potential improvement in performance during the remainder of 2017.

As anticipated, the Parliamentary investigation into the operation of the Act which was signposted in last year's report did not bring any significant changes to the way in which requesters are able to require organisations to provide information nor to the deadlines under which it should be provided. The application and administration of the Act will continue to provide a significant extra and unwanted burden on those charged both with answering the requests for information and those administering the process.

Report to the Trust Board of Directors: 29 March 2017	Paper No: 15.0
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Title	Update on Procurement Transformation Programme and Delivery Plan.
Sponsoring Director	Jonathan Coulter, Finance Director
Author(s)	David Sales, Head of Supplies
Report Purpose	To update the Board against the approved PTP for information.

Key Issues for Board Focus:

- 1) Update against PTP Delivery Plan (Appendix 1).
- 2) Procurement Metrics submitted to NHS Improvement for Quarter 3 2016/17 (Appendix 2).

Related Trust Objectives

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

Risk and Assurance	Failure to deliver Non-Pay Cost Improvement Plans.
Legal implications/Regulatory Requirements	NHS Improvement requirement. Compliance with NHS Standards of Procurement.

Action Required by the Board of Directors

The PTP document is as per previously reviewed by the Board of Directors but the Board is asked to note:

- The updates within the PTP Delivery Plan (Appendix 1)
- The Quarter 3 Procurement Metrics submitted to NHS Improvement for Quarter 3 2016/17 (Appendix 2).

Harrogate and District NHS Foundation Trust Procurement Transformation Programme (PTP)

Executive Lead: Director of Finance

Approval Required by: Board of Directors

Author: David Sales

Version: 1 Approved by: Board of Directors 28/09/2016

Owner: Head of Procurement

1. Executive Summary

This Procurement Transformation Plan is to provide a framework for the delivery of effective Procurement services over the next three years, recognising the challenges we face while ensuring we are equipped to position ourselves as a business critical service which ensures best value across the totality of non-pay spend.

Effective and efficient procurement is vital to the Trust's success, in terms of financial benefits, patient care, risk management and compliance with legislation. The scale of the challenge facing Acute NHS Trusts under the reforms of Five Year Forward View, The DH guidance in Better Procurement, Better Value, Better Care and the review of productivity and efficiency by Lord Carter is significant against a backdrop of continued financial restraint and a national savings target of £22 billion.

Locally there are challenging times ahead for the NHS as the Trust is required to meet the national requirement to reduce costs, develop a region wide Sustainability and Transformation Plan and become more efficient in the way we provide our services whilst ensuring national targets and our established control total are met.

The total non-pay expenditure for Harrogate and District NHS Foundation Trust in 2015-16 was £58.2million. The Procurement Team directly captured via its purchase order systems £40.68m million with another £5m approx. indirectly influenced, mainly in agency expenditure and catering. The Procurement Team do not currently influence around £12 million in non-pay expenditure mainly around drugs and medicines which nationally has a different contracting route.

During 2015-16 18,655 purchase orders were raised with suppliers on the Oracle purchase order system with a further 15,832 orders through the NHS Supply Chain system. An analysis of key supplier spend (suppliers with spend over £25,000) shows that 270 suppliers accounted for expenditure of around £54m with drugs/medicines, capital works (mainly the CEF Scheme), temporary staffing and NHS Supply Chain accounting for almost 60% of that. The Procurement Team supported Directorates in achieving their non-pay Cost Improvement Programmes (CIP's) recording cash releasing savings of £950,022. The Procurement Team have supported Directorates during 2016/17 in achieving a further £0.5m non-pay CIP as at September 2016.

The next steps for the organisation include working through and development of the PTP delivery plan, dovetailing with the Trust wide Cost Improvement Plans (CIP) and engagement with the emerging WYAAT procurement group (being developed by LTHT).

2. Trust Procurement Performance (RAG rating against Carter targets¹)

MEASURES		PERFORMANCE			COMMENTARY
		CURRENT SEPT 16	TARGET SEPT 17	TARGET SEPT 18	
1	Monthly cost of clinical and general supplier per 'WAU'	£1,058	£1,058	£1,058	Maintain performance – ranked in lowest 10% nationally.
2	Total % purchase order lines through a catalogue (target 80%)	84%	84%	84%	Maintain (calculated including NHS Supply Chain).
3a	Total % of expenditure through an electronic purchase order (target 80%)	90%	90%	90%	Maintain (calculated including NHS Supply Chain and Pharmacy Procurement system).

¹ RAG Rating Definitions:

Green = better than the Lord Carter or Trust target

Amber = Up to 10% less than Carter target

Red = More than 10% below Carter target

3b	Total % of transactions through an electronic purchase order (target 80%)	90%	90%	90%	Calculated consistently as 3a above.
4	% of spend on a contract (target 90%)	87%	90%	90%	Based on key suppliers by spend.
5	Inventory Stock Turns	16.5 Days	Days	Days	Awaiting benchmark.
5	NHS Standards Self-Assessment Score (average total score out of max 3)	TBC	TBC	TBC	To be confirmed (Autumn 2016).
6	Purchase Price Benchmarking Tool Performance	TBC	TBC	TBC	Awaiting information from AdviseInc who have been awarded the contract by DoH.
7	Other Trust Specific e.g. CIP	£0.5m	£1m	£1m	Currently identified £1m per annum With an aspiration to reach 10% by 2018.

Key Metrics

The following are the 5 KPI's that have been identified by the DOH/Carter. At this stage a detailed definition of each metric has not been produced by the centre. We routinely collect and analyse similar types of information to support our current Procurement work-plan and E-Commerce work however this may not be in the format that will be required centrally which is likely to be based on a simplistic download from purchasing systems without any of the context.

E-catalogue compliance - Metric to achieve at least 80% e-catalogue coverage by September 2017

The Trust has been developing its use of E -catalogues for several years. If we include the 113656 lines ordered via the NHS Supply Chain electronic catalogue in 15/16 then 84% of lines were ordered against an electronic catalogue. If we exclude goods ordered from NHS Supply Chain (which in effect are all ordered via the NHS Supply Chain electronic catalogue system) then in the last financial year 39% of lines ordered through the oracle purchase order were catalogue lines. Although this figure appears relatively low it reflects more the wide range of goods and services which are now captured via the purchase order system as many of these cannot be catalogued as by their nature they do not have an identifiable part number and are not ordered regularly. We currently have electronic catalogues with 362 suppliers the majority of which relate to medical and surgical/orthopaedic products. Before TCS we were operating at just under 60% of lines being able to be catalogued reflecting items purchased for the main users in particular Theatre. With the take on of community services and the increased use of the purchase order system into areas such as estates & capital works has meant that although the number of catalogues used and available has increased the percentage of lines that can be catalogued has reduced. The Trust are part of the North East Patches (NEP) financial shared system who run the Oracle r12 financial system including the purchase order system. The Trust currently use the Science Warehouse catalogue solution provided free of charge (FOC) by NEP under the system and the GHX/NEXUS Solution which covers items ordered against our procurement contracting partners the North of England Commercial Procurement Collaborative (NOECPC) range of contracts which is also currently provided FOC. The catalogue solution currently provided by NOECPC is out to tender as part of a wider NHS procurement. We are actively involved in the process for this as the use of catalogues etc. is a fundamental part of our overall e procurement strategy, the outcome of which is likely to inform the PTP. Although the catalogues are supplier managed there is still an input required from the local procurement team around system set up, quality assuring the data and maintaining the catalogues. It is likely that this requirement will need to increase to meet the targets which may result in a need for a more dedicated catalogue resource which as an alternative to local provision may be something that could be provided by a team serving a number of Trusts.

Electronic Purchase Order Compliance – Metric to achieve at least 90% coverage by September 2017

The Trust uses the Oracle purchase order system and we have successfully rolled out electronic requisitioning to almost 90% of users. As outlined above many of these requisitioners order items from electronic catalogues or alternatively via a non catalogue request where their electronic requisition comes into an electronic pool within procurement to action. Although we are working to phase it out completely we do continue to use paper requisitions mainly for those who requisition on an ad hoc basis partly for operational reasons as we have found that users who only order occasionally require a lot of support from the procurement team in terms of training, passwords etc. making it in these instances a less cost effective method. The local procurement team are involved in the training of users and the associated oracle system set up and maintenance. NEP are currently planning for the market testing of the existing financial systems contract with Oracle which expires in March 2018. The outcome of this exercise will have a significant organisational impact as the current oracle system is embedded across the Trust. An implementation of a new system will require significant planning in time and resources for the Procurement team and needs to be taken into account of in any transformation plans.

Contract Coverage and Compliance – Target to achieve 90% under contract

The Trust currently make use of a range of framework contracts organised nationally or regionally by a number of procurement partners - Noe CPC, NHS Supply Chain, Crown Commercial Services (CCS), Commercial Medicines Unit as well as our own local agreements. In 2015/16 of the £54m of key supplier expenditure £47m (87%) were covered under a national/regional type contract with the majority of the balance being covered by either a local agreement or order.

Inventory Turns

The majority of common goods to the NHS are supplied to Trust's via the NHS Supply Chain warehouse/delivery service. As part of this process the local procurement team provide a materials management top up service to 20 Wards/clinical areas whereby stock levels are agreed and topped up by supplies staff, using an electronic device with the information then being interfaced to NHS Supply Chain who subsequently deliver to an agreed schedule. The challenge appears to be to expand the level of control of stocks offered through materials management to those items that are not available to order through NHS Supply Chain and are therefore ordered via the Oracle purchase order system. Within Harrogate the majority of ward areas order relatively small numbers of items outside NHS Supply Chain but Theatres and more specialist areas such as ITU & Endoscopy do appear to offer an opportunity. Theatres have put forward a business case to purchase a stock module as part of the Bluespier theatre management suite. If it is decided to proceed with this then the procurement department will be required to play a significant role in the implementation/set up as well as the ongoing running. With regards to the specialist areas we are aware of other Trusts who use the NEP Oracle system have been able to make the necessary interfaces to the NHS Supply chain materials management system and NEP Oracle system to facilitate the materials management of items subsequently ordered direct from the supplier via the Oracle purchase order system and therefore we are currently working with our procurement partners to facilitate an trial of this in ITU. If this is successful then we would need to consider how we would roll out to other potential areas and what impact this would have on the Procurement team in terms of resources and skills.

Purchase Price Index and Price Benchmarking Tool

As part of NEP the Trust have had access to the Scorpio benchmarking tool for several months and have been trialling since May the Health Care Logistics price benchmarking tool which I understand was used as part of the Carter data trawl. The DOH have just announced that they have awarded the Carter price benchmarking tool to a new company called AdviseINC and being members of NEP we have been able to produce and send an initial download of the information requested by the centre from Oracle purchase order system.

3. Procurement Transformation Plan - Summary

The PTP delivery plan will be developed and submitted to the Board of Directors in September. Key initiatives at the moment largely involve collaboration with other organisations.

COLLABORATION WITH OTHERS TO IMPROVE PROCUREMENT

The Trust actively collaborates with a number of organisations in respect of procurement on a formal and informal basis –

- a) The Trust is a founding member of the North of England Commercial Procurement collaborative which provides contracting support and a range of other procurement services. NOECPC has grown from its Yorkshire roots to include Trusts all over the North of England as well as other members in East Anglia and Midlands. NOECPC have also worked with the other NHS Collaborative to produce new contracts across their combined membership on orthopaedics, pacemakers and temporary staffing. They also provide a contract management function assisting the Trust manage a number of its key suppliers.
- b) On a less formal basis the Trust actively collaborates with a number of local member Trusts for example with York, Calderdale, Bradford, NLAG, Humber, Mid Yorkshire, Barnsley, Rotherham and Doncaster meeting on a monthly basis to discuss joint procurement opportunities, swap best practice, benchmark information. A recent example over the last 12 months has been working with York to standardise on hearing aids while the Trust is part of a collaborative project with several other Yorkshire Trust's to replace the Region's Radiology Pacs solution. Harrogate is a member of the new West Yorkshire STP and work is about to commence to look at any procurement opportunities this may bring.
- c) The Trust work closely with NHS Supply Chain having regular meetings with the Trust Account Manager/s on site and with Supplies Manager colleagues. The Trust engages with NHS Supply Chain across the range of their activities. For example a recent discussion with them around the procurement of medical equipment has led to NHSSC choosing the Trust to take forward a FOC trial of their new Asset Management Assessment package. The Trust will look to continue to engage with NHS Supply Chain to extract the maximum value from the remaining 2 years of their contract. The Product Choices Group has been re-established to review our NHSSC medical and surgical consumables spend with projects underway around key products in particular reviewing any opportunities that fall out of the Core List initiatives.
- d) The Trust has a range of contacts with other NHS/Government procurement bodies e.g. NHS Business Services Authority, Crown Commercial Services, the Health Care Supply Association and the DOH Procurement team. The DOH Procurement Portal is used on a regular basis as a source of information and as a tool to communicate with the wider NHS Procurement community via its forum application.
- e) The Trust use the North East Patches (NEP) shared service Oracle r12 financials system which includes over 70 organisations across the country. The Trust is represented on the Procurement and Systems Development Board. Being part of such an organisation has benefits in terms of being up to date with DOH procurement developments e.g. NEP have facilitated the price benchmarking information that is now required as part of the Carter recommendations.
- f) The Trust has access to the recently launched NHS Procurement Skills Development team and its associated website and has a representative on the associated Working Group. This initiative is to be welcomed as for several years there has been a significant gap in any nationally organised training for procurement staff.

4. Risks and issues

- a. Purchase order system: NEP have advised that they are looking to market test the current Oracle r12 financial systems which includes purchase order in advance of the expiry of the existing contract with Oracle in April 2018. Any change of system will have a significant impact on the Trust's procurement team both in the planning and implementation of any new purchasing suite as the current system is so embedded in the organisation.
- b. NHS Supply chain systems: The DOH has started the process of market testing the activities currently carried out by NHS Supply Chain. Although the current SOLO ordering and materials management systems are owned by the DOH via the NHS Business Services Authority and therefore should not be effected by the proposed Future Operating Model (FOM) when it comes into operation in October 2018

there is an element of risk until the market testing is completed and there is greater clarity on the solution and the new providers.

- c. Catalogue Solutions: The Trust currently use two catalogue solutions –Science Warehouse which is provided free of charge by NEP as part of the Oracle purchase order system and GHX who provide a free of charge service via NOECPC in relation to items ordered against their contracts. NOECPC are currently out to tender for their solution while NEP are likely to be market testing Science Warehouse as part of the overall system tender. Having 2 catalogue systems does cause some operational issues, however to date these have been outweighed by them being both free of charge. Some other NEP/NOECPC member Trust's such as York have invested in a single system (a GHX full license costs in the region of £20,000). There is a possibility that the outcome of the present NOECPC exercise will result in the provider charging for the service.
- d. Adoption and Implementation of GS1 Scanning for Safety: The Trust has developed an initial strategic plan focussing in particular on the potential application of GS1 in respect of inventory systems. The Trust are engaged with NHS collaborative partners to understand the most effective way to take the wider GS1/scan 4 safety project forward and the potential applications across the organisation taking into account the lessons that will fall out of the 6 NHS Demonstrator sites. Key enablers of GS1 in respect of its procurement application such as a catalogue solution are in place locally, although the national IT infrastructure has still to be put in place.
- e. We utilise ongoing collaborative arrangements to deliver the current performance therefore need to ensure opportunity to collaborate with others continues.

Appendix 1

Procurement Transformation Plan (PTP) Delivery Plan

Introduction

Procurement recognises the need to keep pace with the changing NHS environment and the following section details how Procurement will transform the service it provides over the next 3 years. In developing this Procurement Transformation Plan specific recognition has been taken of the operational productivity and performance in English NHS acute hospitals: unwarranted variations report completed by Lord Carter of Coles in February 2016. This report highlights a number of areas where Procurement needs to implement change as well as some national requirements to support data analysis and standardisation. Already some of the national dates have slipped and where this local transformation plan is dependent on any national plan or solution the timescales will recognise the current situation which may be different to the original dates published in the report. A summary of the progress against the PTP Delivery Plan and PTP Metrics will be reported quarterly to the Board of Directors, with a more detailed reported being sent to the Audit Committee in September each year.

1) Purchasing Systems

The Trust will continue to maximise its e-commerce capability and its use of electronic systems and catalogues. Monitoring the progress of the NEP market testing of financial systems providing input/influence via participation in various user groups/forums. Over the next 3 years deliver the following:

Planned Action	Responsible Officer(s)	Financial Year
Assess the outcome of the NOE CPC E-catalogue solution tender expected by 31/12/16 and its impact on existing processes & resources via GHX. UPDATE Feb 2017 - New provider Elcom awarded contract. NOECPC to confirm when new service to commence and possible interface to Science warehouse.	Head of Procurement	2016/17
Set up of Oracle and e-dc systems to facilitate trial of extension of materials management in ITU to non NHS Supply Chain products. UPDATE Feb 2017 - Went live on ITU in Feb 2017.	Head of Procurement	2016/17
Set up of Oracle and e-dc systems to facilitate implementation of Theatre inventory system. (Subject to Business Case approval) UPDATE FEB 2017 - Order placed with Bluespier for stock module 10/02/17	Head of Procurement	2016/17
Roll out of I-Proc electronic requisitioning to services in Durham, Darlington & Middlesbrough. UPDATE Feb 2017 - Rolled out. Users using oracle iproc to order	Head of Procurement	2016/17
Work with Finance colleagues to improve internal processes around purchase to pay UPDATE Feb 2017 - Ongoing	Head of Procurement / Head of Financial Accounts	2016/17
Take forward the implementation/training of new electronic tender/contracting system. UPDATE Feb 2017 - System on order, training arranged for early March	Head of Procurement	2016/17
Planning for implementation of new financial/procurement system to replace Oracle R12 for potential commencement date of 01/04/2018. UPDATE Feb 2017 - NEP confirmed Oracle Cloud as new system. Implementation timetable to follow	Head of Procurement / Head of Financial Accounts	2017/18

Completion of roll out of I-Proc electronic requisitioning to balance of areas. UPDATE Feb 2017 - Ongoing. January 2017 90% electronic reqs	Head of Procurement	2017/18
Assess outcome of trial of extension of materials management with view to use in other specialist areas.	Head of Procurement	2017/18
Following assessment implement any changes arising from NOECPC e-catalogue solution tender exercise.	Head of Procurement	2017/18
Clarification of any systems implications that fall out of the Future Operating Model Process. Plan for any changes in Solo/E-dc systems.	Head of Procurement	2017/18
Start to use the functionality of the new electronic tendering system and begin to populate the contracting modules.	Head of Procurement	2017/18
Potential implementation of new purchase order system to replace Oracle R12.	Head of Procurement / Head of Financial Accounts	2018/19
Potential implementation of any system changes to Solo/e-dc that fall out of the expiry of the NHS Supply Chain contract due to take place 01/10/2018.	Head of Procurement	2018/19
Phased rolling out of the electronic tendering/contracting system to other relevant areas/departments.	Head of Procurement	2018/19

2) Partnerships and Collaboration

The Trust will continue to support the use of partnership initiatives and taking a collaborative approach going forwards. Having active participation in existing procurement collaborations e.g. NOECPC and monitoring emerging/developing new partnerships and collaborations. Inputting to those collaborations and partnerships as appropriate e.g. via attendance of available forums (being active members) and delivering the following over the next 3 years:

Planned Action	Responsible Officer(s)	Financial Year
Continue to maximise the benefits of being a member of NOECPC. UPDATE Feb 2017 - Ongoing use of NOECPC frameworks. At end of January approx. £230k of savings sourced via usage of NOECPC contract	Head of Procurement	2016/17
Membership of new WYAAT Procurement Group - Take part in the initial meeting/discussions arranged by Jonathan Woods scheduled to complete 31/12/16 UPDATE Feb 2017 - Active member. Monthly meetings with WYAAT Workplan being developed.	Head of Procurement	2016/17
WYAAT Projects/Initiatives that fall out of initial meetings/discussions including benchmarking opportunities. UPDATE Feb 2017 - Workplan being developed. Working with NHSSC on potential WYAAT opportunities	Head of Procurement	2016/17 - 2018/19
Review partnership and collaboration arrangements in place in light of the national/local Procurement landscape.	Head of Procurement	2016/17 - 2018/19
Continue to develop positive working relationship with NOECPC. UPDATE Feb 2017 - Ongoing. Account manager meeting mid Feb 2017	Head of Procurement	2016/17
Continue to play an active role in the existing Yorkshire Supplies Manager forum. UPDATE Feb 2017 - Ongoing member.	Head of Procurement	2016/17
Continue to work closely with York and Humber groups on ecommerce/purchase systems.	Head of Procurement	2016/17

UPDATE Feb 2017 - Ongoing. Initial discussions with colleagues in Yorkshire and the Humber regarding new system.		
NHS Supply Chain - continue to engage with Account Manager to look for savings and best practice opportunities.	Head of Procurement	2016/17 - 2017/18
UPDATE Feb 2017 – Ongoing, including WYAAT opportunities particularly related to nationally contracted products.		
Commence trial of NHS Supply Chain Asset Management Assessment Package.	Head of Procurement / Trust Equipment Group	2016/17
UPDATE Feb 2017 – Met with NHSSC in Dec 2016. Assessed Trust current processes positively. M Davies as Head of Medical Devices is Trust lead.		
Working with NEP producing a patch wide timetable regarding replacement of Oracle R12 in April 2018.	Head of Procurement / Head of Financial Accounts	2016/17
UPDATE Feb 2017 - NEP Account Manager liaising with Head of Financial Accounts as part of the project planning process		
Involvement in planning the implementation of replacement for Oracle R12. Establishing specifically where HDFT sits in any phased roll out.	Head of Procurement / Head of Financial Accounts	2017/18
Contribute to any discussions regarding future role of NOECPC post Future Operating Model (FOM) development.	Director of Finance	2017/18
Assess outcome of NHS Supply Chain Asset Management Assessment trial. Look to implement any improvements to Trust Equipment Management/Capital replacement systems.	Head of Procurement / Trust Equipment Group	2017/18
Evaluate the outcome of the FOM and how this will affect the Account Management relationship for this portfolio of non-pay spend.	Head of Procurement	2017/18
Establish Account Management relationships with new FOM provider/regulator.	Head of Procurement	2018/19

3) Organisation

The Trust will review the NHS Standards of Procurement to identify specific actions to undertake, continually reviewing as revised standards are rolled out undertaking the following over the next 3 years:

Planned Action	Responsible Officer(s)	Financial Year
Carry out initial self-assessment against new NHS Standards (to be carried out by 31/10/16).	Head of Procurement	2016/17
UPDATE Feb 2017 - Initial self-assessment carried out and shared internally demonstrates Level 1 compliance (Level 2 in certain areas). Target is to be Level 2 by October 2018 (as required).		
Plan and implement improvement actions identified from the self-assessment (to be carried out by 31/3/2017).	Head of Procurement	2016/17
UPDATE Feb 2017 - Action plan being developed. Organising a Peer Review to be facilitated by the Skills Development Network across Yorkshire & Humber		
Product Choices Group set up early 2016 with focus on supporting clinical opportunities that fall out of the extension to the NHS Supply Chain contract.	Head of Procurement	2016/17
UPDATE Feb 2017 - Group meet monthly. Annual report of activity being produced for the Equipment Group, including details of savings.		
Develop and issue improved user guidance regarding management of ward stores.	Head of Procurement	2016/17

UPDATE Feb 2017 - Guidance produced and issued. Individual appointments being made with the named persons		
Delivery of 16/17 Work plan (savings) /Identification of projects for 17/18 Work plan including any contract gaps.	Head of Procurement	2016/17
UPDATE Feb 2017 - 2016 /17 – workplan at the end of Jan 2017 recorded savings of £826908. 2017/18 Workplan developed. Current savings on identified schemes of £833,000		
Identify any skill gaps and training needs in the Procurement/Supplies team.	Head of Procurement	2016/17
UPDATE Feb 2017 - Two members of buying staff attended NHS Purchasing course 11/16. Another colleague is studying for CIPS. Various on the job training to skill-up the team on an range of activities		
Identify any resource gaps that could put delivery of the PTP at risk. Formulate a structure/strategy to overcome identified resource gaps.	Director of Finance / Head of Procurement	2016/17
UPDATE FEB 2017 - Discussions start of Feb. Plan put in place.		
Peer review assessment against level 1 standard.	Head of Procurement	2017/18
Carry out initial self-assessment against level 2 standard, to include other non-Supplies Department order areas (Pharmacy, Catering fresh food).	Head of Procurement	2017/18
Equipping/commissioning of new endoscopy suite.	Head of Procurement	2017/18
Delivery of 17/18 Work plan (savings) /Identification of projects for 18/19 Work plan including any contract gaps.	Head of Procurement	2017/18
Preparation for new Future Operating Model (FOM) arrangements. Produce implementation plan etc.	Head of Procurement	2017/18
Implement local action plan to facilitate seamless transition to FOM arrangements	Head of Procurement	2018/19
Provide Procurement input to the development of plans for the adoption of GS1 within the Trust.	Head of Procurement	2016/17 - 2018/19

Procurement Transformation Programme (PTP) Quarterly Update on Metric Performance - Board of Directors March 2017.

Introduction

The Board of Directors approved the HDFT PTP in September 2016. Within which was a commitment to update the Board periodically on the performance against key metrics.

NHS Improvement (NHSI) requested the first submission to Adviseinc (via a portal) in February 2017 for the periods covering September 2016 to January 2017. Adviseinc have been appointed to collaborate on the production of the Carter Purchase Price and Benchmarking Tools.

Going forwards the metrics are required to be submitted monthly via the portal (by the 5th of each following month). It is envisaged that in time additional metrics may be required to be submitted.

Trust Procurement Performance

Metrics		Performance				Commentary
		PREVIOUS Sep-16 QTR 2	CURRENT Dec-16 QTR 3	TARGET Mar-17 QTR 4	TARGET Jun-17 QTR 1	
2	Total % of transactions on e-catalogue (Target 80%)	84%	84%	84%	84%	Maintain (Calculated including NHS Supply Chain).
3a	Total % of expenditure through an electronic purchase order (target 80%)	90%	90%	90%	90%	Maintain (Calculated including NHS Supply Chain and Pharmacy Procurement system).
3b	Total % of transactions through an electronic purchase order (target 80%)	90%	90%	90%	90%	Calculated consistently as 3a above.
4	% of spend on a contract (target 90%)	87%	87%	90%	90%	Based on key suppliers by spend.

It is worth noting that although the average performance in quarters ending September and December 2016 appears identical that there was variation within months.

Action required: The Board is asked to note the above Procurement Performance metrics submitted.

Appendix 3 – Extract from NHS Improvement Carter Procurement Definitions Document dated 17 August 2016.

Carter Procurement recommendations

Recommendation 5:

All trusts should **report their procurement information** monthly to NHS Improvement to create an NHS **Purchasing Price Index** commencing April 2016, **collaborate with other trusts and NHS Supply Chain** with immediate effect, and commit to the Department of Health's **NHS Procurement Transformation Programme (PTP)**, so that there is an increase in transparency and a **reduction of at least 10% in non-pay costs is delivered across the NHS by April 2018**.

Delivered by:

- a. developing **PTP plans at a local level** with each trust board nominating a Director to work with their procurement lead to implement the changes identified, overseen by NHS Improvement and in collaboration with professional colleagues locally, regionally and nationally;
- b. NHS Improvement providing a **national benchmarking solution** to be fully operational by April 2017. This will include a purchasing price index starting with an initial basket of 100 products with immediate effect. NHS Improvement will **hold trusts boards to account** in performance against the index from October 2016;
- c. trusts to prioritise the role of procurement on ensuring effective system control and compliance, building supply chain capability in terms of both inventory management systems and people. Trusts to aim to **work in collaboration** both with national procurement strategies and other trusts **to explore common systems adoption** e.g. efficient electronic catalogues using retail system standards, enhancing current purchase to pay systems, adopting (GS1) and Pan European Public Procurement Online (PEPPOL) standards detailed in the eProcurement Strategy, and to align with NHSSC on category initiatives;
- d. trusts **improving performance against key metrics** and driving compliance to the following targets by September 2017: 80% addressable spend transaction volume on catalogue, 90% addressable spend transaction volume with a purchase order, 90% addressable spend by value under contract;
- e. trusts accelerating collaboration with other trusts to **develop aggregated sourcing work plans** to reduce variety (including with NHS Supply Chain for their categories) for 2016-17 and 2017-18; and,

trusts **embracing the NHS Standards of Procurement** with the new Skills Development Networks, with those that have already achieved Level 1 achieving Level 2 of the standards by October 2018; and those trusts that are yet to attain Level 1 achieving that level by October 2017. All trusts to produce a self-improvement plan to meet their target standard by March 2017.

Appendix 4: Glossary

Business Case (BC) a document making the case for investment in services

Benchmarking A process of measuring performance against other (peer) organisations.

CCS Crown Commercial Services, central government organisation providing a range of advice and commercial services, including contracting across the public sector.

Category A range of products / services purchased by the organisation broken down into discrete groups of similar or related products

Contract Management The management and measurement of contracts. This includes ensuring compliance with the terms and conditions, as well as documenting and agreeing any changes or amendments that may arise during the implementation or execution of a contract. Effective contract management ensures operational performance is achieved and any risks are minimised.

E-commerce Refers to trading (the buying and selling of products or services) over electronic systems / networks such as the Internet. It also includes the entire online process of requesting, ordering, delivering, receipting and paying for products and services through electronic funds transfer, supply chain management, Internet marketing, online transaction processing, electronic data interchange (EDI), inventory management systems, and automated data collection systems.

Electronic commerce is generally considered to be the sales aspect of e-business. It also consists of the exchange of data to facilitate the ordering and payment aspects of business transactions.

E-dc/SOLO Electronic systems used to materially manage and order goods from NHS Supply Chain.

E-procurement E-procurement encompasses the functions of procurement through electronic means. It can encompass:

ERP (Enterprise Resource Planning): Creating and approving purchasing requisitions, placing purchase orders and receiving goods and services by using a software system based on Internet technology (the Trust system us Oracle Financials).

e-catalogues: Online catalogues that control what the user is able to buy and from which supplier. These may be maintained by the suppliers or by the department's Systems Development Team.

e-sourcing: Identifying new suppliers for a specific category of purchasing requirements using Internet technology.

e-tendering: An electronic tendering solution facilitates the complete tendering process from the advertising of the requirement through to the placing of the contract. This includes the exchange of all relevant documents in electronic format.

e-informing: Gathering and distributing purchasing information both from and to internal and external parties using computer based technology. Web portals, Facebook and Twitter are becoming an increasingly common method.

FOM stands for Future Operating Model. This is the terms used to describe the future national procurement and logistics provider (currently NHS Supply chain).

GS1 Global Standard adopted by the NHS to facilitate the standardisation identification of products, assets, services, places and organisations.

HCSA Health Care Supply Association, the HCSA promotes the work of procurement/supply chain staff at all levels in healthcare.

I-PROC End user electronic requisitioning part of the Oracle R12 Purchase Order system.

Materials Management (MM) Is the process of managing the physical movement and storage of materials / products within the organisation and is directly related to inventory management.

NEP North East Patches, an NHS consortium providing a centrally serviced shared Finance and Procurement system that supports the NHS “Shared Service” national agenda.

NHS BSA NHS Business Services Authority, a special Health Authority and Arms-Length Body of the Department of Health that provides a range of central services including the management of the Master Service Agreement for the delivery of supply chain services to the NHS.

NHS Supply Chain A nationwide organisation, run by DHL for the DoH, that provides medical and other consumables to the NHS.

NOECPC North of England Commercial Procurement Collaborative, NHS member organisation providing collaborative and bespoke procurement solutions to its members.

Non pay spend This covers all spend that is not related to the payment of Trust staff. Expenditure includes all clinical and non-clinical supplies and services / drugs / facilities and estates / non-permanent workers / professional services.

Non-stock (Direct) orders Any order, for goods or services that does not come from NHS Supply Chain. These orders are placed directly with the supplier or distributor.

Oracle R12 The Trust’s current Financial System which includes a Purchase Order module.

Purchase Order An official order with a unique number (the Trust order start with a 401) which is sent to the supplier requesting they deliver the goods ordered.

Purchase to Pay (P2P) This is the process from requisitioning supplies to payment to the supplier. This includes requesting, ordering, delivery, receipting, inventory, invoicing and payment.

Stakeholders A person or group who has an interest in the organisation / Trust. Stakeholder can include those who work for the organisation and those who may not. Key stakeholders for Procurement include Colleagues, Suppliers, Collaborative Partners (CPC, GPS, NHSSC) and Patients

Standardisation The process of establishing a common / standard specification.

Stock Orders (NHSSC) NHS Supply Chain acts as a giant warehouse for the NHS and Trusts place orders requesting stock from their stores to our hospitals.

TCS Transformation of Community Services.

Value for Money (VFM) Value for money (VfM) is about obtaining the maximum benefit with the resources available. It is about getting the right balance between quality and cost, and about achieving the right balance between economy, efficiency and effectiveness. Other definitions can include spending well or spending more wisely.

WYAAT West Yorkshire Association of Acute Trusts, which includes HDFT recently established to look at a range of services/functions across the West Yorkshire Strategic Planning Area.

WAU Weighted Activity Unit, a metric defined in the Carter report that can be used to compare performance and productivity across organisations.