

Board of Directors public 28 February 2018 - all documents

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The meeting of the Board of Directors held in public will take place on
Wednesday 28 February 2018
Boardroom, Harrogate District Hospital, HG2 7SX
Start: 9.00am Finish: 12.00pm

| AGENDA | | | |
|---|--|---|--------------|
| Item No. | Item | Lead | Paper No. |
| 8.30am – 9.00am | | | |
| Patient Story (open to the public) | | | |
| 9.00am – 10.50am | | | |
| 1.0 | Welcome and Apologies for Absence <i>To receive any apologies for absence: Mrs Jill Foster, Mrs Angela Schofield.</i> | Mr C Thompson, Vice 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> | Mr C Thompson, Vice Chairman | 2.0 |
| 3.0 | Minutes of the Board of Directors meetings held on 31 January 2018 <i>To review and approve the minutes</i> | Mr C Thompson, Vice Chairman | 3.0 |
| 4.0 | Review Action Log and Matters Arising <i>To provide updates on progress of actions</i> | Mr C Thompson, Vice Chairman | 4.0 |
| Overview by the Chairman | | Mr C Thompson, Vice Chairman | - |
| 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 | 5.0a 5.0b |
| 5.1 | Proposed amendments to the Trust Constitution <i>To receive for approval</i> | Dr R Tolcher, Chief Executive | 5.1 |
| 6.0 | Report by the Finance Director to include: <ul style="list-style-type: none"> - Financial Recovery Plan Monitoring - CIP Monthly Update <i>To receive the report for comment</i> | Mr J Coulter, Deputy Chief Executive/ Finance Director | 6.0 |
| 6.1 | Business Planning Update – Operational Plan 2018/19 <i>To receive the report for comment</i> | Mr J Coulter, Deputy Chief Executive/ Finance Director | 6.1 |
| 10.50am – 11.00am – Break | | | |
| 11.00am – 12.30pm | | | |

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| 7.0 | Report from the Chief Operating Officer <i>To receive the report for comment</i> | Mr R Harrison, Chief Operating Officer | 7.0 |
| 8.0 | Report by the Director of Workforce and Organisational Development <i>To receive the report for comment</i> | Mr P Marshall, Director of Workforce & Organisational Development | 8.0 |
| 9.0 | Report from the Chief Nurse <i>To receive the report for comment</i> | Mrs A Mayfield, Deputy 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 |
| 10.1 | Guardian of Safe Working Hours Quarterly Report <i>To receive the report for comment</i> | Dr D Scullion, Medical Director | 10.1 |
| 11.0 | Oral Reports from Directorates 11.1 <i>Planned and Surgical Care</i> 11.2 <i>Children's and County Wide Community Care</i> 11.3 <i>Long Term and Unscheduled Care</i> | Dr K Johnson Clinical Director Dr N Lyth, Clinical Director Mr A Alldred, Clinical Director | - - - |
| 12.0 | Committee Chair Reports 12.1 <i>To receive the reports from the Quality Committee meetings held 7 February 2018.</i> 12.2 <i>To receive the report from the Finance Committee meeting held on 8 February 2018.</i> 12.3 <i>To receive the report from the Audit Committee meeting held on 6 February 2018.</i> | Mrs L Webster, Quality Committee Chair Mrs M Taylor, Finance Committee Chair Mr C Thompson, Audit Committee Chair | 12.1 12.2 12.3 |
| 13.0 | Council of Governors minutes of the meeting held 1 November 2017 <i>To receive the minutes for comment</i> | Mr C Thompson, Vice Chairman | 13.0 |
| 14.0 | 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> | Mr C Thompson, Vice Chairman | - |
| 15.0 | Any other relevant business not included on the agenda <i>By permission of the Chairman</i> | Mr C Thompson, Vice Chairman | - |
| 16.0 | Board Evaluation | Mr C Thompson, Vice Chairman | - |
| 12.00pm – 12.30pm | | | |
| Update on Schwartz Rounds | | | |
| 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 Company Secretary and was last updated in November 2017.

| Name | Position | Interests Declared |
|---------------------|--|--|
| Mr Andrew Alldred | Clinical Director LTUC | None |
| Mr Jonathan Coulter | Deputy Chief Executive/ Finance Director | Director of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) |
| Mrs Jill Foster | Chief Nurse | None |
| Mr Robert Harrison | Chief Operating Officer | 1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church 2. Charity Trustee of Acomb Methodist Church, York |
| Dr Kat Johnson | Clinical Director PSC | None |
| Dr Natalie Lyth | Clinical Director CCCC | None |
| Mr Phillip Marshall | Director of Workforce and Organisational Development | 1. Member of the Local Education and Training Board (LETB) for the North. 2. Harrogate Ambassador on behalf of Harrogate Convention Centre |
| Mr Neil McLean | Non-Executive Director | 1. 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 |
| Ms Laura Robson | Non-Executive Director | None |

| | | |
|-------------------------|-------------------------|---|
| Mrs Angela Schofield | Chairman | 1. Volunteer with Supporting Older People (charity). |
| 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 | <ol style="list-style-type: none"> 1. Director of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Director – Neville Holt Opera 3. Member – Council of the University of York 4. Chair – Audit Yorkshire Consortium |
| 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 (Vice Chair). 3. Harrogate Ambassador on behalf of Harrogate Convention Centre |
| Mr Ian Ward | Non-Executive Director | <ol style="list-style-type: none"> 1. Non-Executive Director of : <ul style="list-style-type: none"> • Charter Court Financial Services Limited, • Charter Court Financial Services Group Limited, • Exact Mortgage Experts Limited, • Broadlands Finance Limited • Charter Mortgages Limited. <p>In respect of the five companies above, Mr Ward is Chairman of the Remuneration Committee and Chairman of the Nominations Committee. Also, for each of them, he is a member of the Board Risk and Audit Committees.</p> 2. Non-Executive Director of Newcastle Building Society and a member of the Group Risk Committee. Also, he is Chairman of its subsidiary company, Newcastle Systems Management Limited and a Director of Newcastle Financial Advisers Limited. 3. Member, Leeds Kirkgate Market Management Board |
| Mrs Lesley Webster | Non-Executive Director | None |
| Deputy Directors | | |
| 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 of W & OD | None |
| Mr Jordan McKie | Deputy Director of Finance | 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 of Performance and Informatics | None |
| Mr Phil Sturdy | Deputy Director of Estates | Close family member is employed by the Harrogate and District NHS Foundation Trust within the estates department. |

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Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors' meeting held in public on
Wednesday 31 January 9.00am in the Boardroom at Harrogate Hospital

Present: Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mrs Jill Foster, Chief Nurse
Mr Robert Harrison, Chief Operating Officer
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mr Neil McLean, Non-Executive Director
Ms Laura Robson, Non-Executive Director
Mrs Angela Schofield, Chairman
Dr David Scullion, Medical Director
Maureen Taylor, Non-Executive Director.
Dr Ros Tolcher, Chief Executive
Mr Ian Ward, Non-Executive Director
Mrs Lesley Webster, Non-Executive Director

In attendance: Mr Mike Forster, Operational Director, Long Term and Unscheduled Care
Dr Kat Johnson, Clinical Director, Planned and Surgical Care
Dr Natalie Lyth, Clinical Director, Children's and County Wide Community Services
Mrs Katherine Roberts, Company Secretary (minutes)

1.0 Welcome and Apologies for Absence

Mrs Schofield welcomed observers to the meeting, this included Rosemary Marsh (Public Governor), Alison Mayfield, Deputy Chief Nurse, Dr Bola Owolabi (Medical Director at Derbyshire Community Health Services NHS Foundation Trust) and Mr Paul Widdowfield (HDFT Communications and Marketing Manager).

She noted that apologies had been received from Mr Andrew Alldred, Clinical Director for Long Term and Unscheduled Care and Mr Chris Thompson, Non-Executive Director

2.0 Declarations of Interest and Board Register of Interests

There was a declaration of interest in relation to item 7.1 on the agenda regarding Harrogate Healthcare Facilities Management. It was noted Mr Coulter was a director of Harrogate Healthcare Facilities Management. It was agreed by the Board that Mr Coulter could participate in this agenda item; the item was not presented for decision.

3.0 Minutes of the meetings of the Board of Directors on 29 November 2017

The draft minutes of the meeting held on 29 November 2017 were approved subject to

two amendments. In minute 4.3 the correct reference was SSNAP data, and not SNNAP. In section 5.15 there was a typing error, it should state 'behind' plan, not 'being' plan.

APPROVED:

The Board of Directors approved the minutes of the meeting held on 29 November 2017 as an accurate record of proceedings subject to two minor amendments.

4.0 Review of Action Log and Matters Arising

4.1 Completed actions were noted.

4.2 Action 46; Mrs Taylor confirmed the Finance Committee had discussed their terms of reference in December 2017 and agreed to review these fully in April 2018.

4.3 Action 53; Dr Johnson confirmed the gastroenterology team had undertaken a facilitated strategy day on 30 January 2018. Dr Scullion and Dr Johnson had attended part of this event. The gastroenterology team had recognised the challenges faced due to difficulties with workforce recruitment. The team had developed actions to address these issues. The Board welcome this progress. It was agreed the Senior Management Team would monitor this matter on a regular basis. In addition Dr Johnson would provide verbal updates to the Board. This action was therefore complete.

4.4 Action 72; Mrs Foster confirmed there as an ongoing review regarding actual versus planned staffing levels. She acknowledged there were lessons to be learned from the report format used by other NHS Trusts. She agreed to discuss this matter further with Ms Robson. It was agreed a further update would be provided in March 2018.

4.5 Action 73; Mrs Webster noted existing governance processes in place to review and seek assurance about quality within the Trust. Mr McLean noted the Quality Committee had already introduced a standing agenda item to review the impact of the Trust's financial recovery plan on quality. It was agreed existing surveillance was robust and therefore this action could be recorded as complete.

4.6 Action 75; Mrs Roberts confirmed a draft Memorandum of Understanding for the West Yorkshire & Harrogate Health Care Partnership was currently being developed. It was anticipated details would be shared with the Board in March or April 2018.

4.7 Action 76; Mr Harrison and Mr Forster confirmed work was ongoing to develop metrics regarding adult community services for inclusion in the integrated board report. Mrs Foster highlighted data regarding pressure ulcers in community care was currently included within her report. It was agreed the completion for this action date should be adjusted to April 2018.

4.8 Following a question from Ms Robson it was agreed further consideration should be given to including additional measures within the integrated board report regarding patient experience of adult and children community services.

ACTION: Mr Aildred, Mr Harrison, and Dr Lyth to consider additional measures within the integrated board report regarding patient experience of adult and children community services.

4.9 Action 78; capital expenditure (loan funded and non-loan funded) would be

included within the integrated board report from February 2018.

4.10 There were no other matters arising.

APPROVED:

The Board of Directors noted completed actions and received an update on actions 46, 72, 73, 75, 75, 78 and agreed to close action 53.

Overview by the Chairman

Mrs Schofield noted that in November 2017 the Board approved the establishment of Harrogate Healthcare Facilities Management, a wholly owned subsidiary company which would provide estates and facilities services to the Trust. The decision was a significant step for the Trust. The decision was reached in private due to the commercially sensitive nature of the decision.

Recruitment for two new Non Executive Directors had commenced. Mrs Schofield noted Mr McLean had recently re-located to the south of England. Mr Ward explained he would stand down at the end of his second term; he would be flexible regarding the date he would retire from the Board if it was helpful to the Trust in its recruitment.

Mrs Schofield reported four new governors had been elected; two new public governors (Dr Sheila Fisher and Mrs Rosemary Marsh) and two new staff governors (Mrs Mikalie Lord and Mr Andy Masters). There remained a number of governor vacancies and therefore further elections would be held in April and May 2018.

It was noted the Board would hold a strategy away day on 12 March 2018.

Mrs Schofield confirmed the themes for the meeting would be quality and safety of care. Moreover the wellbeing of staff would be a focus due to the increased service pressures the Trust had faced in recent weeks. In addition the Board would be considering plans for the next financial year and beyond.

5.0 Report by the Chief Executive (excluding finance matters) and Integrated Board Report

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

5.2 Dr Tolcher highlighted recent operational performance and winter pressures. She noted that at such a busy time the wellbeing of the workforce was a key focus. The Board expressed their thanks to clinical and support staff across the whole organisation for sustaining safe high quality care. Although performance against two NHS performance targets (ED four hour wait and 18 week referral to treatment (RTT)) had fallen short of the required level, evidence suggested the Trust had sustained quality care.

5.3 Dr Tolcher explained the Trust had not achieved the national NHS 18 week target for referral to treatment for the first time in the Trust's history. It was acknowledged that there had been some longer waits for patients receiving elective care in specialities where premium rate lists had been reduced due to financial constraints. Controls exist to ensure that urgent care continues to be prioritised and no patient is placed at risk due to waiting times. It was foreseeable that it would continue to be difficult to meet the 18 week target throughout quarter 4.

5.4 Dr Tolcher reported the four hour accident and emergency target had not been achieved in December 2017 nor overall in quarter three. Dr Tolcher emphasised that clinicians were making balanced clinical judgements in the best interests of patients rather than focusing on achieving targets. It was acknowledged that even for complex cases it was often better for patients to be treated and safely discharged, even when this meant remaining in the department for longer than four hours, rather than making decisions to admit under time pressure. It was noted the Trust had benefitted from additional winter monies, which had been deployed quickly.

5.5 The Trust had achieved a breakeven financial position during December 2017 which was better than anticipated in the financial recovery plan. Dr Tolcher explained the Trust had achieved the control total target for quarter three, and as a result the organisation would be awarded £2.4m of sustainability and transformation funding. However she noted the importance of continuing to pursue the financial recovery plan to further improve the Trust's run rate. Attainment of the Trust's control total remained extremely challenging.

5.6 Dr Tolcher confirmed the Trust and the HaRD CCG had reached agreement in principle to move to an 'aligned incentive contract' from April 2018. With regard to community services the CCG would re-specify the service from 2019. In support of this the CCG had shared a detailed community services strategy which clarified the services that would be in scope and also an indicative financial envelope for community services. The CCG had confirmed an intention to adopt a structured collaboration approach to the procurement. Together with other partners in Harrogate the Trust had formed a provider collaborative. It was also noted the Harrogate system had taken the decision to close the integrated response service pilot; staff from the integrated response service would be re-deployed into existing teams.

5.7 Mr McLean recommended the Trust share the positive message that when patients attend the Emergency Department at Harrogate District Hospital they would be triaged within an average of 35 minutes of arriving in the hospital. Dr Tolcher noted patients arriving via ambulance were seen even quicker. Mrs Taylor highlighted the very positive media coverage of the Trust, and in particular the Emergency Department, had received during December 2017 and January 2018.

5.8 Dr Tolcher noted the changing nomenclature for the West Yorkshire and Harrogate Health and Care Partnership, which was seeking to become an integrated care system. In support of this a memorandum of understanding was being developed and would be shared with the Board once complete. The integrated care system would be supported by a system level financial strategy and a commitment to mutual accountability. In addition the system would have a single control total.

5.9 In the Harrogate place the Harrogate Healthcare Transformation Board would become the Accountable Care Partnership Board. In support of this a joint management team focused on the performance of community services was being established and would be led by Mr Mike Forster.

5.10 Mr Ward noted that before the quarter three financial performance data had been submitted to NHS Improvement in mid-January 2018, a number of the Non Executives had met and confirmed their support for the approach adopted.

5.11 Mrs Taylor noted the correspondence regarding the right to remain following Brexit. It was confirmed that this message had been shared with the Trust's staff.

5.12 Dr Tolcher invited questions regarding the integrated board report. Mrs Schofield noted the positive performance indicators for 0-19 Children's Services.

5.13 Mrs Schofield highlighted the outpatient new to follow-up ratio and emphasised the importance of this to the Trust's financial recovery plan. Mr Harrison confirmed there had been good progress to adjust outpatient clinic templates and the positive impact of this was starting to be seen. In addition opportunities to reduce the need for outpatient appointments were being initiated where possible.

5.14 Mrs Webster noted an increase in the staff sickness rate in December 2017. Mr Marshall confirmed a range of support mechanisms were in place for staff. The HR team were focused on supporting staff to return to work. The Trust had provided resilience training for staff; this included an emphasis on mental health and wellbeing.

5.15 Following a question from Mrs Taylor, Mr Harrison reported a new theatre dashboard was being used by the theatres team, he was considering which metrics should be included within the integrated board report.

APPROVAL:

The Board of Directors:

- **Noted the strategic and operational updates;**
- **Noted progress on risks recorded in the BAF and Corporate Risk Register and confirmed that progress reflected the current risk appetite.**
- **Received and noted the Integrated Board Report**
- **Endorsed use of the Trust's seal and agreement of a licence as detailed in the report.**

5.1 Well Led Review Framework Self-Assessment

5.1.1 The report had been circulated in advance of the meeting and was taken as read. Mrs Schofield noted the Board had discussed and commented on the self-assessment at an Board strategy day in November 2017.

5.1.2 Members of the Board agreed the well-led self-assessment presented a true and correct reflection of the Trust's position.

APPROVED:

The Board of Directors:

- **Noted the robust process completed to prepare the well led framework self-assessment;**
- **Agreed the well-led framework self-assessment at appendix A is a true and correct reflection of the Trust's position;**
- **Noted the gaps and actions detailed in the well-led framework self-assessment;**
- **Agreed the well-led framework self-assessment should be reviewed again in early 2019.**

6 Finance Report including Financial Recovery Plan and CIP update

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

- 6.2 Mr Coulter explained the Trust had achieved a breakeven position in December 2017. He noted that activity had been behind plan and there had been pay overspends, however this had been balanced by other savings. The Trust's financial deterioration during 2017/18 had been halted. However financial recovery plan controls remained in place and the executive team continued to review them on a regular basis.
- 6.3 Mr Coulter explained the Trust had achieved the quarter three control total. As a result the Trust would receive £2.4m of sustainability and transformation funding, and would move to a use of resources rating of one. The approach adopted had been discussed with some of the Non-Executive directors and KPMG, the external auditors. In addition the Trust had been transparent with NHS Improvement. The financial benefits associated with establishment of Harrogate Healthcare Facilities Management had been recognised because the Trust Board made a decision regarding the company during November 2017. In addition the Trust's position had been assisted by the winter funding, the assessment of a rate rebate claim and the award of implementation funds to support mobilisation of the 0-16 Children's Service in Stockton-on-Tees.
- 6.4 The Trust's run rate improved by £660k in December 2017, it was noted the finance report included further detail about progress on each of the individual financial recovery schemes. Mr Coulter highlighted positive progress on engaging an additional orthopaedic locum, non pay controls, the direct engagement model for agency staff, and ongoing vacancy control.
- 6.5 Mr Coulter reported the Trust's cash balance at the end of December 2017 was £3m. The HaRD CCG was a significant debtor, but had started to release some of the cash owed to the Trust. In addition the CCG had given verbal assurance that the payments due to the Trust in March 2018 would be made.
- 6.6 Mr McLean noted the concerns he had expressed previously about accounting for the permitted technical accounting adjustments before the events had happened. Mr Coulter acknowledged Mr McLean's concerns, and confirmed the Trust would make appropriate year end provisions as required.
- 6.7 Mrs Webster expressed concern about how the Trust would make up the required level of income during quarter four. Mr Harrison agreed it would be difficult, however plans were in place to maximise income from day cases, which were forecast to be running above the level included within the financial recovery plan. He reported a total of 30 elective cases had been cancelled during January 2018, but the day case unit activity had been protected. It was recognised that in some areas the financial recovery plan actions had impacted on referral to treatment performance. However these actions had been the right thing to do in order to reduce cost base to tackle areas in which the Trust had been losing money. He reaffirmed the Quality First message and that robust processes were in place to protect patients from harm.
- 6.8 Following a question from Mrs Schofield, Mr Coulter explained there would be no overall increase in activity levels in the next financial year; the plan for 2018/19 was forecast at the same activity level as 2017/18. Mr Harrison noted the plan included activity variances at specialty level, and each specialty plan had been assessed with the new risk-based methodology; this had included clinical leads signing off each plan. As a result there was more confidence about achievement of the plans. Mr Ward emphasised the importance of transparency about any forecast activity levels which

were not realistic.

6.9 Mrs Schofield reported concerns raised by staff governors regarding the impact of vacancy controls. Mr Coulter explained the current vacancies remained in the establishment, and therefore the budget remained. He acknowledged the pressure being placed on staff but assured the Board there were processes to monitor the impact on quality. Dr Tolcher said the executive team would consider and review the vacancy control measures at their meeting on 1 February 2018.

6.10 Ms Robson queried whether the additional work for the Trust, as a result of the ambulance divert of patients from the western area of York, would place a financial pressure on the Trust. Mr Coulter explained that the Trust had received winter monies which had supported this extra activity, and in addition PBR income would be received per patient treated. Dr Scullion highlighted the importance of the Trust supporting neighbouring NHS organisations and ensuring that patients were treated as quickly as possible. He paid credit to the Trust's staff for their hard work during the winter period.

APPROVED:

The Board of Directors noted the contents of this report.

7.0 Report from the Chief Operating Officer

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

7.2 Mr Harrison highlighted the map included within the report which showed the geographical areas near to York that the Trust was supporting. He explained the winter monies received by the Trust had included a requirement to help support other health economies. It was proposed the geographical divert would continue until the end of March 2018. To date the divert had resulted in an additional 43 patients being treated in Harrogate. The Trust had been working closely with North Yorkshire Country Council to reduce delayed transfers of care; Mr McLean encouraged all lessons learned from the scheme to be implemented in Harrogate.

7.3 Following a question from Mrs Webster, Mr Harrison confirmed that all the winter schemes would be monitored and reviewed, to determine which had been the most cost effective. Where appropriate the Trust would seek to continue effective schemes into 2018/19.

7.4 The Board acknowledged the tremendous dedication of all Trust staff. Dr Tolcher noted a number of positive letters from patients and families confirming the excellent service they had received at the Trust in recent weeks

ACTION: Mrs Schofield to reflect the Board's appreciation of the continuing hard work and dedication shown by staff to patients during the 2017/18 winter in a further letter to staff in due course.

7.5 ACTION: Mrs Schofield to write to the immunisation team to thank them for their initiative in successfully vaccinating an additional year group with no additional resource.

APPROVED:

The Board of Directors:

- **Received and noted the contents of the report.**

7.1 Establishment of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary of the Trust)

- 7.1.1 It was noted Mr Coulter was a director of Harrogate Healthcare Facilities Management. It was agreed by the Board that Mr Coulter could participate in this agenda item, the item was not presented for decision
- 7.1.2 The report had been circulated in advance of the meeting and was taken as read.
- 7.1.3 Mrs Schofield explained that the Board had considered this matter in detail in a private session in November 2017. It was important to note in public the decision to establish Harrogate Healthcare Facilities Management Limited. The wholly owned subsidiary company would provide estates and facilities services to the Trust.
- 7.2 Mr Harrison confirmed that following the decision to establish Harrogate Healthcare Facilities Management Limited the TUPE consultation with staff was being progressed. Mr Harrison noted the Trust was in dispute with the trade unions.
- 7.3 It was expected the company would go live from 1 March 2018. He emphasised that the company would be wholly owned by the Trust; any surplus would be returned to the Trust and therefore remain within the NHS. It was an important distinction that establishment of the company was not privatisation or out-sourcing.
- 7.4 The Board of Harrogate Healthcare Facilities Management Limited had written to all affected staff and committed to protect their terms and conditions for the life of the contract.
- 7.5 Mr Harrison drew attention to the importance of the powers and decisions reserved to the Trust Board.
- 7.6 The company had initially been established with two directors appointed by the Trust; Mr Thompson and Mr Coulter. The process to recruit an independent chairperson and two additional independent Non Executive directors had commenced. Mr Harrison confirmed Mr Phil Sturdy had been appointed as Managing Director of Harrogate Healthcare Facilities Management Limited. Appointment had also been made to other senior positions within the company.
- 7.7 The Board thanked Mr Harrison and Mr Coulter for their leadership in establishing Harrogate Healthcare Facilities Management Limited. The contribution of Mr McLean and Mrs Taylor in forming a working group of the Board to support development of the Business Case was noted. Mr Coulter expressed his thanks to all teams involved in establishing Harrogate Healthcare Facilities Management Limited, particularly HR colleagues and noted it had been complex and on occasion very challenging work.

APPROVED:

The Board of Directors:

- **Noted in public the decision made in private in November 2017 to establish a new wholly owned subsidiary company called Harrogate Healthcare Facilities Management Limited;**

- **Noted the powers which will be reserved to the Board of Directors of Harrogate and District NHS Foundation Trust, as sole shareholder in the company.**

8 Report by the Director of Workforce and Organisational Development to include an update on the Clinical Workforce Strategy

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

8.2 Mr Marshall highlighted key points from his report including the detailed update on staff sickness, attendance at the agenda for change pay review panel, and a visit by Ian Cummings (Chief Executive of Health Education England) regarding the global health exchange planned for February. It was confirmed the Trust had re-committed to paying all staff above the living wage. The Trust would submit a response to the new NHS workforce strategy consultation. The HR team were supporting the TUPE arrangements for contract mobilisation in Stockton-On-Tees and Gateshead. Trust appraisal rates had increased significantly from previous years to 83% compliance. A great deal of interest had been received for an open recruitment event for registered nurses and healthcare assistants planned for 3 February. The clinical excellence awards were scheduled to commence; consultants would be informed accordingly.

8.3 Ms Robson noted the challenges faced by the Trust in recruiting gastroenterology staff. Mr Marshall explained the Workforce Efficiency Group would focus on this issue. Part of the Trust's response to this challenge would be looking to develop a different workforce model which would include alternative roles, and also looking to develop clinical alliances with other NHS Trusts to ensure clinical cover.

8.4 The Board welcomed new local university placements with tie-in clauses; this would give students the ability to stay local to Harrogate. The Trust expected up to 55 placements per year.

APPROVED:

The Board of Directors:

- **Noted items included within the report.**

9 Report from the Chief Nurse

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

9.2 Mrs Foster highlighted positive progress on registered nurse recruitment. She noted successful progress of the initial cohort of global exchange nurses from India to be able to operate fully as registered nurses. The new two year associate nurse programme was noted. With regards to current nurse vacancy levels, progress had been made although inpatient wards remained a particular challenge. Mrs Schofield sought further information about community nursing vacancies. Mrs Foster confirmed the number of community nurses had not been reduced, although some members of the workforce had been on long term sick leave and on maternity leave. Dr Tolcher added that the headcount was the same as in 2011 this was because the HaRD CCG had withdrawn £1.5m funding for the community services contract. Mrs Foster noted ongoing work with the CCG to refine the specification for community services.

9.3 Mrs Foster highlighted the reduction in avoidable pressure ulcers within the hospital and community services, although she acknowledged that there was still work to do.

In addition the comparative number of patient falls had reduced and no falls had resulted in fractures during December 2017, this was a particular achievement in light of the high activity levels.

9.4 Mrs Foster drew attention to the significant work undertaken on the Equality and Diversity System update for 2017/18. A successful stakeholder event was held in January 2018. The Board approved the equality and diversity self-assessment grading 2017/18 for publication.

9.5 In conclusion Mrs Foster expressed her thanks to all members of Trust staff at a time of increased activity. She provided reassurance to the Board that quality was being closely monitored to ensure that no patients were harmed as a result of increased activity or workforce gaps. She noted an incident involving a patient with learning difficulties which she was monitoring closely. Further updates would be provided to the Senior Management Team and the Quality Committee.

APPROVED:

The Board of Directors:

- **Confirmed they were assured by the work being undertaken to improve nurse recruitment and retention and the governance process for assuring safe staffing levels;**
- **Noted the reporting of Director Inspections and Patient Safety Visits;**
- **Acknowledged the receipt of North Yorkshire Safeguarding Adults Board Annual Report;**
- **Confirmed they were assured of progress toward the Trust's pressure ulcer target;**
- **Noted the work around falls reduction;**
- **Confirmed they were assured about the monitoring of care provided by the CCT's;**
- **Noted the decrease in numbers of complaints received by the Trust year to date compared to 2016/17;**
- **Confirmed they understood the on-going work stream for Baby Friendly Accreditation;**
- **Noted the participation of the Trust in the National Maternal and Neonatal Health Safety Collaborative;**
- **Approved the self-assessment grading for EDS2 2017/18.**

9.1 Patient Safety Visits: Annual Report January 2017 – December 2017

9.1.1 Mrs Foster presented the update on patient safety visits which had been completed in 2017. The report had been circulated in advance of the meeting and was taken as read.

9.1.2 It was noted that the format of patient safety visits would be reviewed, and resulting proposals would be presented to the Board later in 2018.

ACTION: Following review of patient safety visit format proposals to be the Board for comment and consideration by May 2018

APPROVED:

The Board of Directors:

- **Received and consider the assurance provided by the content of the report;**

- **Considered the challenges with the process that are highlighted and the proposal to review the value and format of patient safety visits.**

9.2 Infection Control Update

- 9.2.1 The report had been circulated in advance of the meeting and was taken as read.
- 9.2.2 Mrs Foster noted there had only been five cases of hospital acquired clostridium difficile during 2017/18. Although any case was regrettable, this strong level of performance was a very good outcome for patients.
- 9.2.3 Mrs Webster queried how the Trust decided which flu vaccination to provide. Mr Marshall explained that the Trust's Pharmacy and Occupational Health teams worked together to decide which vaccine would provide optimum protection to members of staff.

APPROVED:

The Board of Directors:

- **Noted the Infection Control Update.**

10 Report from the Medical Director

- 10.1 The report had been circulated in advance of the meeting and was taken as read.
- 10.2 Dr Scullion highlighted the mortality update included within his report, he was still unable to explain the variance between different mortality measures. Updated national guidance regarding never events had been published, and included two new categories of incident. A thematic GIRFT vascular report had been received.
- 10.3 The Board recorded their thanks to Mr David Leinhardt, Consultant General and Colorectal Surgeon, who had retired following 23 years at the Trust.
- 10.4 ACTION: Mrs Schofield to write to Mr David Leinhardt and express thanks on behalf of the Board.**

APPROVED:

The Board of Directors:

- **Received and noted the report.**

10.1 Learning from deaths report Q3 2017/18

- 10.1.1 The report had been circulated in advance of the meeting and was taken as read. Dr Scullion explained this was the first learning from deaths report, and it included details of all structured judgement reviews that had been undertaken since the process started; up to, and including, quarter two of 2017/18. It was noted the report had been shared with the Board in December 2017.

APPROVED:

The Board of Directors:

- **Received and noted the report.**

11 Oral Reports from Directorates

11.1 Planned and Surgical Care Directorate

11.1.1 Dr Johnson provided a verbal update from the Planned and Surgical Care Directorate. She noted:

- The maternity department would become part of wave two of the national safety collaborative from April 2018. The Trust had found wave one of the collaborative very positive while a challenge to complete all the work required.
- NHS Resolution had published a new maternity incentive premium scheme. Dr Johnson noted significant investment would be required to achieve the required standards. A plan would be presented to the Board in May 2018.
- The Trust had signed up to a national programme to support quality improvements in surgical care.

11.2 Children's and County Wide Community Services Directorate

11.2.1 Dr Lyth provided a verbal update from the Children's and County Wide Community Services Directorate:

- The Royal College of Paediatrics and Child Health had announced a new financial charge to support peer reviews. In light of the new financial charge the directorate would consider the benefits of continuing peer reviews.
- It was noted NHS England had paused the re-procurement of dental services for a second time.
- The Head of Safeguarding had tendered her resignation. Work had commenced on recruiting a replacement and mitigations were in place to ensure safe continuity of cover in her absence.
- A proportion of the winter monies received by the Trust had been used to fund additional speech and language therapy services; this was an important recognition of the team's role in patient nutrition and much appreciated.
- Due to difficulties in obtaining visas for overseas doctors there had been challenges recruiting new middle grade staff for the paediatrics team.

11.2.2 Mr McLean sought assurance about the capacity of the Trust's teams to successfully mobilise new 0-19 Children's Services in Stockton-On-Tees and Gateshead. Mr Coulter explained the new contracts included additional resource to support mobilisation. He noted the challenge post mobilisation to ensure the team received longer term support. A workshop to consider corporate support for the new services was planned in February 2018.

11.3 Long Term and Unscheduled Care Directorate

11.3.1 Mr Forster provided a verbal update from the Long Term and Unscheduled Care Directorate:

- The hospital had completed a successful 'Every Hour Matters' week in early January 2018. This had helped to de-escalate demand seen by the Trust following the holiday period. A further every hour matters week was planned for Easter 2018, this would recognise learning from the festive period.
- Winter monies had enabled the department to test a number of new approaches; this included the purchase of rehabilitation beds to support a reduction in delayed transfers of care.
- The directorate's Head of Nursing had resigned following successful promotion

to a new role at Bradford Hospital.

- The adult community team in Harrogate had experienced a high level of service pressure during December 2017 and January 2018, but the Operational Pressures Escalation Levels (OPEL) level had been lower in the last two weeks.

12 Committee Chair Reports

Mrs Schofield welcomed reports from the Board's committees.

12.1 Report from the Quality Committee meetings held on 6 December 2017 and 10 January 2018

12.1.1 Mrs Webster noted the report had been circulated in advance of the meeting and was taken as read. She highlighted a focus on the impact of the financial recovery plan, falls and flu vaccination.

12.2 Report from the Finance Committee meeting held on 11 December 2017

12.2.1 Mrs Taylor noted the report had been circulated in advance of the meeting and was taken as read. She highlighted consideration by the committee of the 2018/19 operational plan and an update regarding Web-V.

12.3 Report from the Audit Committee meeting held on 7 December 2017

12.3.1 Mrs Schofield noted the report had been circulated in advance of the meeting and was taken as read.

12.3.2 The Board approved the amended terms of reference. It was noted they may need to be amended again in the near future to take account of the governance implications of establishing a wholly owned subsidiary company.

ACTION: Mrs Roberts to develop proposals for appropriate governance reporting between the Trust and Harrogate Healthcare Facilities Management (a wholly owned subsidiary company).

APPROVED:

The Board of Directors:

- **Approved the revised Terms of Reference for the Audit Committee.**

13 Other matters relating to compliance with the Trust's Licence or other exceptional items to report, including issues reported to the Regulators

13.1 It was confirmed there were no items to be reported.

14 Any other relevant business not included on the agenda

There was no other business.

15 Board Evaluation

Mrs Schofield sought views about the meeting. Dr Tolcher said she felt the Board had

focused on the right things, and quality and patients had been a consistent focus. Mr Harrison complimented Dr Scullion's report regarding morality.

16 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 12.30pm.

UNAPPROVED

HDFT Board of Directors Actions Schedule
Action Log
February 2018

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 |
|-----|---------------|---|--|---|--------------------|
| 46 | May 2017 | During the planned Finance Committee self-assessment, consideration would be given to the committee's terms of reference and ensuring an appropriate balance of focus on short term financial management and longer term strategic issues | Mrs Maureen Taylor, Chair Finance Committee / Katherine Roberts, Company Secretary | April 2018 (date adjusted by Board in January 2018) | |
| 64 | October 2017 | Explore trends in the Trust's catchment population at a future Board strategy day. | Dr Ros Tolcher, Chief Executive / Mrs Angela Schofield, Chairman | July 2018 | |
| 66 | October 2017 | Within the next SKPI report provide further detail to the Board meeting about the Trust's performance on the best practice tariff at specialty level. | Mr J Coulter, Deputy Chief Executive and Finance Director | April 2018 | |
| 72 | October 2017 | Review presentation and interpretation of data about nurse staffing levels included within the Chief Nurse report. | Mrs J Foster, Chief Nurse / Ms Laura Robson, Non-Executive Director | March 2018 (date adjusted by Board in January 2018) | |
| 75 | November 2017 | Provide a briefing for the Board when the final draft Memorandum of Understanding is received from the West Yorkshire and Harrogate Health and Social Care Partnership; clarifying any governance implications. | Katherine Roberts, Company Secretary | April 2018 | |
| 76 | November 2017 | Consider the inclusion of measures demonstrating the pressures facing by community services within the IBR. | Mr Harrison, Chief Operating Officer | April 2018 (date adjusted by Board in January 2018) | |
| 78 | November 2017 | Mr Coulter to review the capital expenditure measure in the next monthly IBR. | Mr Coulter, Deputy Chief Executive and Finance Director | January 2018 | |

| | | | | | |
|----|---------------|--|---|------------|--|
| 79 | November 2017 | Mrs Harrison and Mrs Foster to provide feedback about the placement pathway in place for pre-registration nursing students. | Mrs Foster / Mr Marshall | March 2018 | |
| 81 | January 2018 | Further consideration to include additional measures within the integrated board report regarding patient experience in adult and children community services. | Mr Harrison, Chief Operating Officer / Mr Alldred, Clinical Director LTUC / Dr Lyth, Clinical Director CCWC | April 2018 | |
| 82 | January 2018 | Mrs Schofield to reflect the boards appreciation of the continuing hard work and dedication shown by staff to patients during the 2017/18 winter in a further letter to staff in due course. | Mrs Schofield | March 2018 | |
| 83 | January 2018 | Mrs Schofield to write to the immunisation team to thank them for their initiative in successfully vaccinating an additional year group with no additional resource. | Mrs Schofield | March 2018 | |
| 84 | January 2018 | Following review of patient safety visit format proposals to be the Board for comment and consideration. | Mrs Foster | May 2018 | |
| 85 | January 2018 | Mrs Schofield to write to Mr David Leinhardt and express thanks on behalf of the Board. | Mrs Schofield | March 2018 | |
| 86 | January 2018 | Develop proposals for appropriate governance reporting between the Trust and Harrogate Healthcare Facilities Management (a wholly owned subsidiary company). | Mrs Roberts | March 2018 | |

| | | | | | | | | | | | |
|--|--|---|------|-----------|---|-----------------------------|---|-----------|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 5.0a | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Report from the Chief Executive | | | | | | | | | | |
| Sponsoring Director: | Dr Ros Tolcher, Chief Executive | | | | | | | | | | |
| Author(s): | Dr Ros Tolcher, Chief Executive | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <ul style="list-style-type: none"> • High levels of demand for urgent and emergency care continue resulting in high levels of occupancy. • The Trust fell short of two key national operational standards in January achieving 92.1% against the 95% A&E 4 hour standard and 91.2% against the 92% standard for RTT. These targets will remain challenging in the face of current levels of demand. • Financial performance deteriorated in January with a £859k in-month deficit. Our year to date position before STF is now one of breakeven. The 2017/18 control total will however be achieved if the risk-adjusted financial plans are delivered in full over the next two months. • Arrangements for the TUPE transfer of staff into Harrogate Healthcare Facilities management (HHFM) continue in line with the 1st March 2018 go live date. Trade Union representatives have confirmed that they are officially in dispute regarding the transfer of staff and will ballot staff regarding potential industrial action. | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | | | | | | | | |
| | | To ensure clinical and financial sustainability: | ✓ | | | | | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | Strategic and operational risks are noted in section 7. 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 / Regulatory | There are no legal/regulatory implications highlighted within the report. | | | | | | | | | | |
| Resource: | There are no resource implications highlighted within the report. | | | | | | | | | | |
| Impact Assessment | Not applicable. | | | | | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | | | | | |
| Reference documents: | None. | | | | | | | | | | |
| Assurance: | Not applicable. | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| <ul style="list-style-type: none"> • The Board is requested to note the strategic and operational updates and in particular the continued focus on care quality and staff resilience in the face of high levels of demand • 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. • The Board is requested to endorse use of the Trust's seal as detailed in the report. | | | | | | | | | | | |

MATTERS RELATING TO QUALITY, PATIENT EXPERIENCE AND PERFORMANCE

1.1 Operational Performance (details contained within the Integrated Board Report)

As reported to the January meeting of the Board of Directors, sustaining performance on key operational standards during periods of winter pressures remains very challenging. Performance against the 4 hour A&E standard remained below the 95% target in January and the Trust was also below the 92% standard for 18 weeks RTT or the second month, attaining 91.2% for January. A number of actions are in place in order to improve performance but high levels of occupancy on wards and ongoing staffing shortages make this difficult.

We continue to focus on the safety and responsiveness of care provided and staff wellbeing. The increase in the number of pressure ulcers reported from both community and in-patient areas noted last month has continued. This spike in numbers is reflected in a notable deterioration in the overall Safety Thermometer score for the month which has dropped to 92.9%, well below the Trust mean and also below the nationally reported mean. Protecting care quality during sustained periods of high demand is an absolute priority and the Chief Nurse and her team are actively working to address this position. The improved reporting rate from community services is welcome and it is notable that the number of *avoidable* higher grade pressure ulcers has fallen compared to the same period last year. The number higher grade pressure ulcers determined to have been avoidable following root-cause analysis in inpatient areas has increased. Staff in these areas are known to be under particularly high levels of pressure due to workload and the high level of acuity of inpatients. Additional measures to support staff and ensure safety have been implemented including the introduction of mandatory training for support workers. A new risk assessment tool, trialled in community services is being rolled out to ward areas.

Colleagues in acute services continue to work hard to sustain care quality and improve the timeliness of access to care. The high levels of demand which have continued since before Christmas show no signs of reducing and it is likely that the Trust achieving national performance standards will remain challenging.

1.2 Harrogate Healthcare Facilities Management Limited

In November 2017 the Board agreed to establish a new wholly owned subsidiary company to provide estates and facilities services to the Trust. The new company, Harrogate Healthcare Facilities Management Limited will commence operations from 1 March 2018.

In the private section of the Board of Directors meeting on 28 February, members of the Board will consider a suite of legal agreements which will enact the transfer of estates and facilities functions to Harrogate Healthcare Facilities Management Limited (HHFM).

Appropriate governance has been put in place to support preparation of the legal agreements and establishment of the new company. This includes a current process to recruit an independent Chairperson for the Harrogate Healthcare Facilities Management Limited Board of Directors; interviews will take place on 1 March 2018.

Employees transferring to HHFM will do so under a TUPE agreement with full protection of their terms and conditions of employment. Implementation arrangements for the TUPE transfer of staff into HHFM continue in line with the 1st March 2018 go live date.

Trade Union colleagues have confirmed that they are officially in dispute with the Trust regarding the transfer of staff and this is being managed in line with the Trust policy. The Trust has also received notification of an intention to ballot Trade Union members. Contingency planning has

started across the Trust however lines of communication remain open with staff and trade union colleagues.

1.3 Recruitment of Non-Executive Directors

The Trust is currently undertaking a recruitment process for two individuals to join the Trust's Board as Non-Executive Directors. Further details are available on the Trust's website: <https://www.hdfn.nhs.uk/news/non-executive/>

2.0 FINANCIAL POSITION

2.1 Financial performance and Financial Recovery Plan (FRP)

Financial performance remains a key risk for the Trust.

At the end of January the Trust reported year to date surplus of £4,000 before accounting for STF income, against a planned surplus of £1.6m. The in-month position for January was a deficit of £859k arising as a result of both income shortfalls against the activity plan and the continued pressure on staffing in wards and theatres, leading to pay overspend.

We continue to monitor the impact of the interim financial recovery plans closely in order to ensure that quality of care is not compromised. Following a review of vacancy control measures and the impact on services of holding non-clinical posts the enhanced measures will now be discontinued. Directorates will revert to the standard control processes with effect from April.

Performance over the final two months of the year is now critical. Our risk-adjusted plans if fully delivered will enable the Trust to achieve its agreed control total and qualify for the last quarters STF payment. This does however require attainment of £1m surplus for two successive months in the face of ongoing non-elective demand which is driving high staffing costs and potentially impacting on elective activity. On this basis the Trust continues to forecast a year end position which achieves the control total.

Cash also remains an area of risk for the Trust further details of which are contained in the finance report.

3.0 STRATEGIC UPDATE

3.1 West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) and West Yorkshire Association of Acute Trusts (WYAAT)

Next Steps to Better Health and Care for Everyone

WY&H HCP has recently published 'Next Steps to Better Health and Care for Everyone'. It describes the progress made since the publication of the initial plan in November 2016. It also sets out how the partnership will further improve health and care for the 2.6 million people living across West Yorkshire and Harrogate in 2018 and beyond. A copy of the publication can be accessed at: <http://www.wyhpnership.co.uk/next-steps>

Integrated Care System Development

WY&H HCP has submitted an expression of interest to NHS England and NHS Improvement to become an Integrated Care System. At this point in time the expression of interest did not require formal sign-off from all statutory parties.

As reported previously a partnership memorandum of understanding is currently being developed to support the system to operate as an Integrated Care System. It is anticipated that the memorandum of understanding will be presented to the Board in May 2018 for review and formal approval.

It should be noted that the Integrated Care System will neither replace nor override the authority of the Boards and governing bodies of member organisations in WY&H. Each of them remains sovereign and local Councils remain directly accountable to their electorates. The partnership is designed to provide a mechanism for joint action and joint decision making for those issues which are best tackled on a wider scale.

4.0 WORKING IN PARTNERSHIP

4.1 Harrogate Health Transformation Board (HHTB)

HHTB met on 25 January. The approach to provider collaboration was supported by the group. Feedback from the 'keep/change' workshops was presented. The key messages from these workshops will be taken forward within the provider collaborative work.

Key NCM metrics for the period to the end of Q2 were reviewed. A formal analysis of impact is yet to be reported, however there are some signs that some indicators have moved in the planned direction over the term of the project although it is not possible at this stage to comment on causality.

The national team and West Yorkshire and Harrogate STP have agreed that Harrogate has met the funding conditions for the release of the final quarter of transitional new care model funding. HHTB was briefed on the progress made by the Harrogate and Rural District CCG on developing a new commissioning model for the delivery of integrated care, including drafts of the design principles, outcomes, service scope and associated indicative financial envelope and delivery timeline. The provider collaborative will respond to the proposals with an indicative plan for transition by the end of February.

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 21 February. The following key points are for noting by the Board:

- The focus of the meeting was on care quality and staff resilience
- The spike in the number of pressure ulcers being reported was discussed and a detailed description of actions being taken to reduce avoidable tissue damage was provided. It was noted that 11 of the new pressure ulcers reported related to people living in care homes. Additional training for support workers is being provided and the Purpose-T risk assessment tool which has been trialled in community services is being adopted across the Trust.
- The importance of achieving the full year control total - and the achievement of all risk adjusted plans was recognised and remains a priority for directorates.

- It was noted that non-recurrent funding of winter pressures and New Care Model activity ceases in March. A number of services which have been helping sustain responsiveness will either cease or become cost pressures. The implications of this are under review.
- Underlying issues impacting on operational performance and the national standards were discussed. The 4-hour ED standard is compromised by flow issues relating to high rates of non-elective admissions. An action plan to recover the 18 week RTT position is being prepared.
- A report on the 2017 GMC National Training Survey was received from the Director of Medical Education. Good progress has been made on a number of issues raised in the 2016 survey resulting in a significantly improved position.
- Clinical Directors updated SMT on how Patient FFT feedback is collected and used for service improvement within each service area.

6.0 COMMUNICATIONS RECEIVED AND ACTED UPON OR TO NOTE

6.1 2018/19 Planning Guidance

On 2 February NHS Improvement and NHS England published planning guidance; this is a refresh of plans already prepared under the two-year NHS Operational Planning and Contracting Guidance 2017-2019.

Headlines from the guidance include:

- Referral to treatment standard; the expectation is that the waiting list should not be any higher in March 2019 than in March 2018, alongside the expectation to halve the number of patients waiting 52 weeks in the same period (HDFT has none). The key national planning assumptions include a 4.9% growth in total outpatient attendances and a 3.6% growth in elective admissions.
- The Sustainability and Transformation Fund is to become the Provider Sustainability Fund. This combines the existing 2018/19 STF of £1.8bn with £650m funding from the Autumn 2017 budget making the total fund size £2.45bn.
- Trusts that accept their control totals remain exempt from the existing contractual performance fines in the NHS Standard Contract. Furthermore there is an intention to extend this exemption to all national performance (fines apart from those relating to mixed sex accommodation, cancelled operations, Hospital Acquired Infections and duty of candour).
- If a control total is not accepted for 2018/19, this will likely trigger action under the Single Oversight Framework.
- Accountable Care Systems now to be known as Integrated Care Systems. All ICSs will work within a system control total
- There will be no additional winter funding in 2018/19; however there is a requirement for each trust and CCG to produce a separate winter demand and capacity plan.
- The two-year National Tariff Payment system (PbR) is unchanged, with local systems encouraged to consider local payment reform in certain areas. This includes a focus on 'advice and guidance' services and emergency ambulatory care.
- An additional £1.4bn will be made available to CCGs next year.
- The funding allocations announced are expected to allow for 2.3% growth in non-elective admissions and ambulance activity in 2018/19, as well as 1.1% growth in A&E attendances.
- NHS England will shortly publish an update to the 2017/19 CQUIN guidance

6.2 Government Response to the Naylor Review

On 30 January 2018 the Government published its response to Sir Robert Naylor's review into NHS Property and the NHS estate (published in March 2017). The Government has accepted the majority of recommendations made in the Naylor report.

A new NHS Property Board has been established which incorporates (but does not merge) existing NHS property organisations, this includes NHS Property Services. A Strategic Estates Planning Service will be set up to support STPs at the local level, and translate clinical, workforce and technology strategies into a clear set of estates requirements. NHS Improvement will have an active role in supporting the NHS Property Board.

With regards to capital funding, the report includes further detail about how the £3.9m funding announced in the 2017 budget will be allocated. Partner organisations within each STP will need to work together to agree a prioritised capital investment plan.

7.0 BOARD ASSURANCE AND CORPORATE RISK

7.1 Board Assurance Framework (BAF)

No new risks have been added to the BAF this month. Six 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 1 | |
| 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 1 | |
| BAF 5 | Risk of maintaining service sustainability | Amber 9 ↔ | Unchanged at 1 | |
| BAF 9 | Risk of a failure to deliver the Operational Plan | Red 12 ↔ | Unchanged at 2 | |
| BAF 10 | Risk of breaching the terms of the Trust's Licence to operate | Yellow 5 ↔ | Unchanged at 1 | ✓ |
| BAF 12 | Risk of external funding constraints | Red 12 ↔ | 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 12 ↔ | Unchanged at 1 | |
| BAF 15 | Risk of misalignment of strategic plans | Amber 8 ↔ | Improvement to 1 | ✓ (Jan 2018) |
| BAF 16 | Risk that the Trust's critical infrastructure is not fit for purpose | Amber 8 ↔ | Unchanged at 1 | ✓ |
| BAF 17 | Risk to senior leadership capacity | Amber 8 ↑ | Unchanged at 1 | |

7.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 9 February 2018. The Corporate Risk Register contains 11 risks.

Corporate Risk Register Summary

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 9 February 2018. The Corporate Risk Register contains 10 risks.

Corporate Risk Register Summary

| Corporate risk register summary of changes: Updated February 2018 | | | | | | |
|---|---|--------------------|---------------|------------------------|--------------------------------|---|
| Ref | Description | Current risk score | Risk movement | Current progress score | Target date for risk reduction | Notes |
| CR2 | Risk to the quality of service delivery in Medicine due to gaps in rotas following the Deanery allocation process | 12 | ↔ | 2 | Aug-18 | |
| CR5 | Risk to service delivery due gaps in registered nurses establishment | 12 | ↓ | 2 | Mar-19 | Risk score reduced to 12 |
| CR12 | Risk to financial sustainability from failure to deliver the Clinical Transformation Programme at pace and scale | 12 | ↔ | 4 ↓ | Mar-18 | Progress score reduced to 4 |
| CR13 | Risk to urgent care system due to a lack of capacity in the out of hospital services | 12 | ↔ | 2 | Mar-18 | |
| 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. | 16 | ↔ | 2 | Mar-18 | |
| CR17a | Risk of patient harm as a result of being lost to follow-up as a result of current processes | 12 | ↔ | 2 | Apr-18 | Target date extended to April 2018 |
| CR17b | Risk of patient harm as a result of being lost to follow up as a result of historic processes | 12 | ↔ | 3 | Dec-18 | |
| CR18 | Risk to provision of service and not achieving national standards in cardiology due to potential for lab equipment breaking down | 12 | ↔ | 4 ↓ | Apr-18 | Progress score reduced to 4. Target risk score increased to 9 by April 2018 |
| CR24 | Risk to patient safety, quality, experience, reputation, staff wellbeing and associated effect on timely discharge from the reduction to baseline (2011) funding capacity | 15 | ↔ | 3 ↓ | Apr-18 | Progress score reduced to 3 |
| CR25 | Risk to quality of care due to lack of capacity in the acute and community services to meet anticipated increased demand during winter months | 12 | ↔ | 1 ↑ | Apr-18 | Progress score improved to 1 |
| CR26 | Risk of inadequate antenatal care and patients being lost to follow up - due to inconsistent process for monitoring attendance at routine antenatal appointments in community | 12 | New | 3 | tbc | |

8.0 DOCUMENTS SIGNED AND SEALED

The following documents have been sealed during the month; these are all deeds of novation for contracts which will transfer from the Trust to Harrogate Healthcare Facilities Management Limited.

Deed of Novation

Seal Number

| | |
|------------------------------------|-----|
| Ice Watch | 70. |
| J Tucker AP Services Ltd | 71. |
| KA Andersons (Metal Recyclers) Ltd | 72. |
| Kingswood Surgery | 73. |
| Leeds Road Practice | 74. |
| Logic Fire and Security | 75. |
| Matrix Marking | 76. |
| Medical Air Technology | 77. |
| Micronclean | 78. |
| Middlesbrough Skin Services | 79. |
| MMM Medical Equipment UK | 80. |
| Nationwide Fire Solutions | 81. |
| North House Ripon | 82. |
| Npower | 83. |

| | |
|--------------------------------|------|
| Oil NRG Ltd. | 84. |
| Omega | 85. |
| Park Parade Surgery | 86. |
| Park Surgery | 87. |
| Parkare | 88. |
| Pelican Rouge Selecta UK Ltd | 89. |
| PHS Group | 90. |
| Pressure Cooler Ltd | 91. |
| Proeconomy Orca | 92. |
| Protec | 93. |
| Refoods | 94. |
| Regency | 95. |
| Reset | 96. |
| Ripon | 97. |
| RT Refrigeration | 98. |
| SafeGard Uk | 99. |
| Salus Occupational Health | 100. |
| Security Plus | 101. |
| Serco | 102. |
| Serve Medical 2 | 103. |
| Serve Medical | 104. |
| Spa Surgery | 105. |
| Steris UK | 106. |
| Stockwell Rd Surgery | 107. |
| Synergy | 108. |
| Tony Potts | 109. |
| Uninterruptible Power Supplies | 110. |
| Veolia Elga Process Water | 111. |
| Wassenburg | 112. |
| Wilkes Vending | 113. |
| Yorkshire Water | 114. |
| YW Business Services | 115. |
| Zurich Insurance | 116. |

Dr Ros Tolcher
Chief Executive
22 February 2018

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|--|--|---|------|--|---|---|---|--|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 5.0b | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Integrated Board Report | | | | | | | | | | |
| Sponsoring Director: | Dr Ros Tolcher, Chief Executive | | | | | | | | | | |
| Author(s): | Ms Rachel McDonald, Head of Performance & Analysis | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <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"> • The Trust reported a year to date surplus of £4k before income from the Sustainability and Transformation fund (STF) is accounted for. This is significantly behind the planned surplus of £1.6m. • The Trust continued to experience significant winter pressures during January. Performance against the 4 hour A&E standard remained below the required 95% and elective theatre utilisation was also impacted and reduced to 79.7% in January. • The Trust also remains below the required 92% standard for 18 weeks, where performance was at 91.2% in January. • The number of pressure ulcers reported in January increased in both the hospital and community setting. | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| <table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table> | | | | To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | 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: | None identified. | | | | | | | | | | |
| Resource: | Not applicable. | | | | | | | | | | |
| Impact Assessment: | Not applicable. | | | | | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | | | | | |
| Reference documents: | None. | | | | | | | | | | |
| Assurance: | Report reviewed monthly at Senior Management Team in Operational Delivery Group. | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| The Board of Directors are asked to receive and note the content of the report. | | | | | | | | | | | |

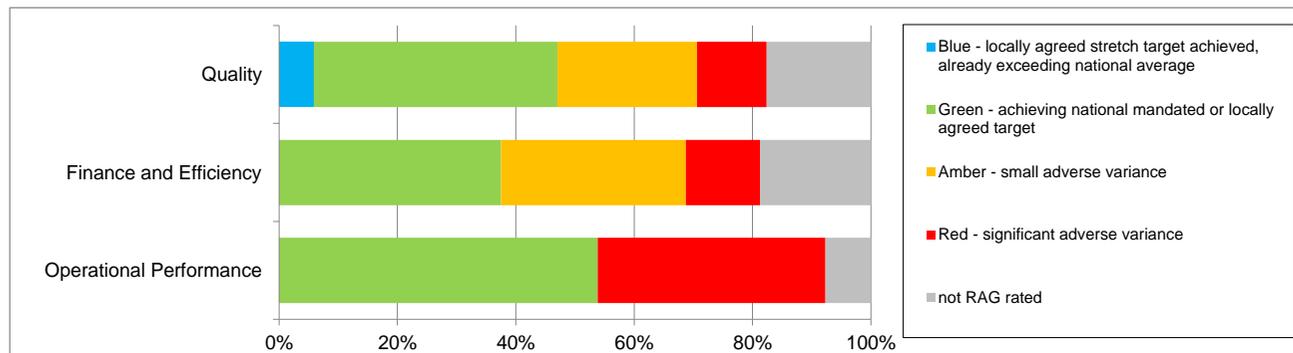
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Integrated board report - January 2018

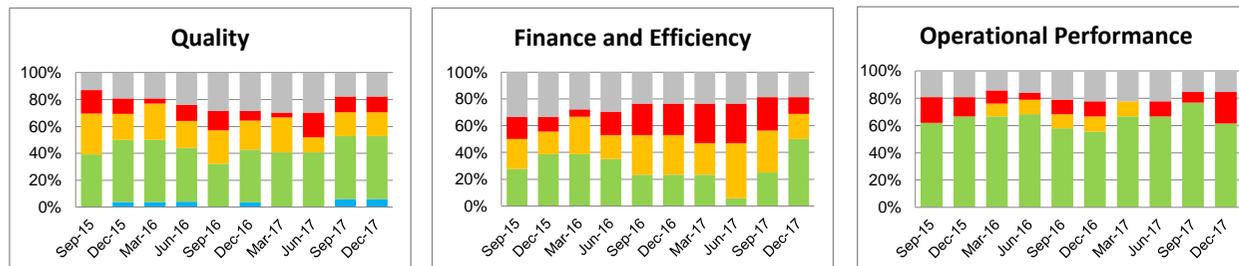
Key points this month

1. The Trust reported a year to date surplus of £4k before income from the Sustainability and Transformation fund (STF) is accounted for. This is significantly behind the planned surplus of £1.6m, and is predominantly related to the financial performance in January.
2. The Trust continued to experience significant winter pressures during January. Performance against the 4 hour A&E standard remained below the required 95% and elective theatre utilisation was also impacted and reduced to 79.7% in January.
3. The Trust also remains below the required 92% standard for 18 weeks, where performance was at 91.2% in January.
4. The number of pressure ulcers reported in January increased in both the hospital and community setting. Safety thermometer performance also deteriorated with 92.9% harm free reported in the January survey, below the 95% best practice standard.
5. Staff sickness increased to 4.68% in December. However this increase is in line with what we would normally expect at this time of year due to seasonal variation. HDFT's sickness rate remains below the regional average for the mostly recently published data.
6. Elective and outpatient activity remains behind plan in January, although the position has improved when compared to last month.
7. Of the 4,600 patient surveyed in January through the Friends & Family Test, 95.4% would recommend our services, in line with recent months and remaining above the latest published national average (93%).

Summary of indicators - current month



Summary of indicators - recent trends



Quality - January 2018

| 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, category 4 or unstageable hospital acquired pressure ulcers in 2017/18. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.</p> | | <p>There were 9 hospital acquired unstageable or category 3 pressure ulcers reported in January, with the year to date total now at 46. Of these, 21 are still under root cause analysis (RCA), 13 have been assessed as avoidable and 12 as unavoidable. No category 4 hospital acquired pressure ulcers have been reported in 2017/18 to date.</p> <p>In 2016/17, 33 hospital acquired category 3 or unstageable pressure ulcers were reported. Of these, 19 were deemed to be avoidable.</p> |
| <p>✓</p> | <p>The chart includes category 2, 3 and 4 and unstageable hospital acquired pressure ulcers. The data includes hospital teams only.</p> | | <p>The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in January was 36, an increase on last month and bringing the year to date total to 201, a 22% increase on the same period last year. Occupied bed days increased by 9% in January and the Trust experienced significant operational pressures over this period.</p> <p>Work is underway to identify the factors contributing to this increase and measures to detect and prevent pressure ulcers. A new risk assessment tool is being introduced across all inpatient ward areas.</p> |
| <p>✓</p> <p>Pressure ulcers - community acquired</p> | <p>The chart shows the cumulative number of category 3, category 4 or unstageable community acquired pressure ulcers in 2017/18. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.</p> | | <p>There were 20 community acquired category 3, category 4 (or unstageable) pressure ulcers reported in January. This brings the year to date total to 87. Of these, 31 are still under root cause analysis (RCA), 13 have been assessed as avoidable and 43 as unavoidable.</p> <p>Compared to the same period last year, the number of reported pressure ulcers has increased but the number of cases deemed to be avoidable has reduced from 55% last year to date to 15% this year to date.</p> |
| <p>⚠</p> | <p>The chart includes category 2, 3 and 4 and unstageable community acquired pressure ulcers. The data includes community teams only.</p> | | <p>The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in January was 37 cases, compared to 31 last month.</p> |

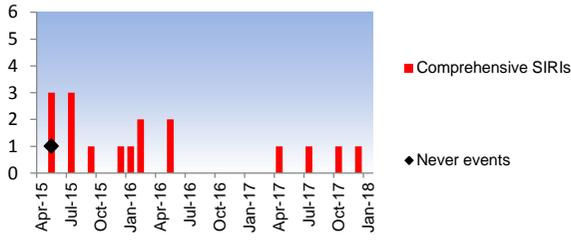
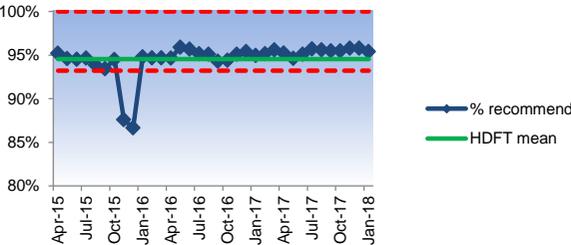
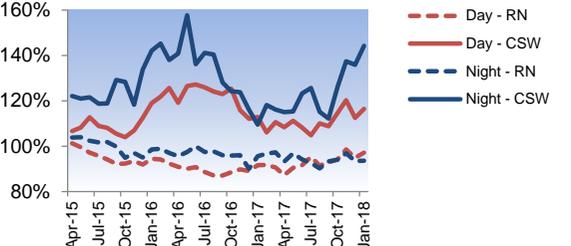
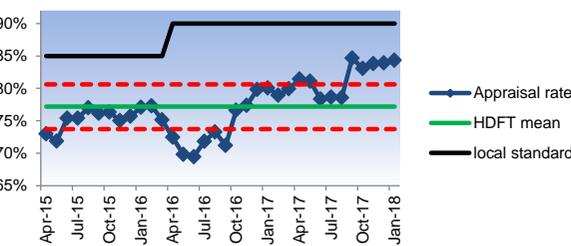
Quality - January 2018

| 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 January was 92.9%. This is a significant reduction on previous months and is also below the latest published national average. The main reason for this was an increase in the number of pressure ulcers reported within the survey.</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 5.92 per 1,000 bed days in January, no change on last month and in line with the average HDFT rate for 2016/17. There were 2 falls causing moderate harm in January (0 last month).</p> <p>In 2016/17, 697 inpatient falls were reported (including those not causing harm), a 14% reduction on the number of inpatient falls reported in the previous year.</p> |
| <p>Infection control</p> | <p>The chart shows the cumulative number of hospital apportioned C. difficile cases during 2017/18. HDFT's C. difficile trajectory for 2017/18 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 this.</p> <p>Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2017/18. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.</p> | | <p>There were no cases of hospital apportioned C. difficile reported in January with the year to date total remaining at 5 cases. 4 of the 5 cases have had root cause analysis completed and agreed with HARD CCG. The outcome on all 4 cases was that no lapse of care had occurred. 1 case has not yet had root cause analysis completed - a meeting is scheduled for February.</p> <p>No hospital apportioned MRSA cases have been reported in 2017/18 to date.</p> |
| <p>Avoidable admissions</p> | <p>The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.</p> | | <p>There were 294 avoidable admissions in December, an increase on recent months. This metric is seasonal with less avoidable admissions in the summer compared to the winter months. However this month's figure is below the level reported in December last year (324).</p> <p>Adult admissions (excluding CAT attendances) also increased this month to 166, compared to 132 last month.</p> |

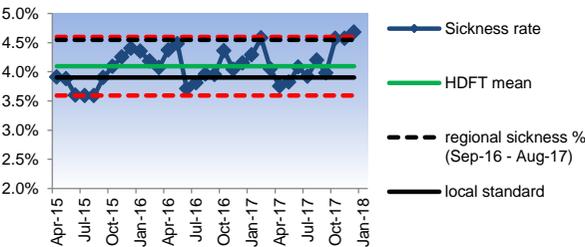
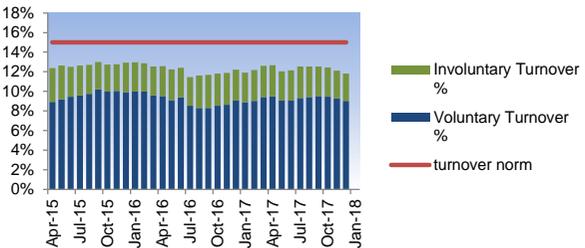
Quality - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation |
|--|--|-------------|---|
| <p>Mortality - HSMR</p> | <p>The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.</p> | | <p>HDFT's HSMR for the rolling 12 months ending October 2017 was 106.6, a decrease on last month and remaining within expected levels. At specialty level, one specialty continues to have a higher than expected standardised mortality rate (Geriatric Medicine).</p> <p>The latest HSMR data on HED includes the period to end November 2017 but reflective of the data position as at mid-December when the Trust was only partly coded for the month of November. As detailed in last month's report, we will therefore report the HSMR a month in arrears with the HED publications to ensure that it reflects a fully coded position for HDFT.</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 decreased to 90.0 for the rolling 12 months ending October 2017 and remains below expected levels.</p> <p>At specialty level, four specialties (Respiratory Medicine, Gastroenterology, Geriatric Medicine and one small volume surgical specialty) have a standardised mortality rate above expected levels.</p> |
| <p>Complaints</p> | <p>The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.</p> | | <p>26 complaints were received in January, compared to 14 last month, with no complaints classified as amber or red this month. Of particular note in January 2018, there has been an increase in complaints about prescribing and dispensing errors.</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 Oct-16 to Mar-17) shows that Acute Trusts reported an average ratio of 39 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's ratio was 22, an improvement on the last publication but remaining in the bottom 25% of Trusts 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> |

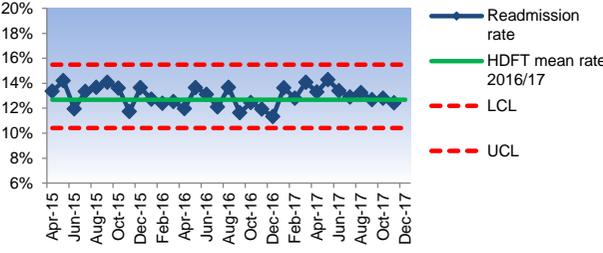
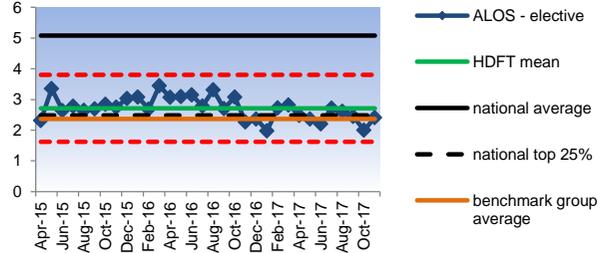
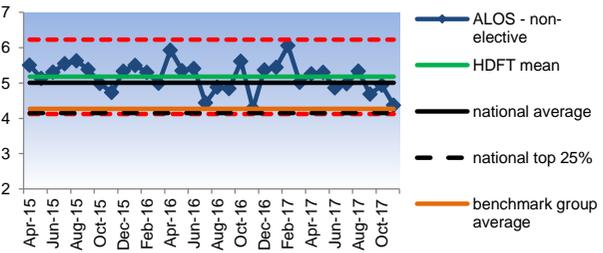
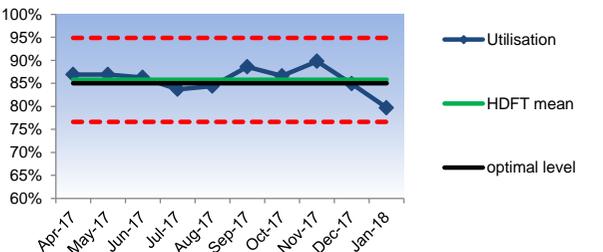
Quality - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation |
|--|--|--|---|
| <p>Incidents - SIRIs and never events</p>  | <p>The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.</p> <p>Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the pressure ulcer / falls indicators above.</p> |  | <p>There were no comprehensive SIRIs and no Never Events reported in January. In 2017/18 to date, there have been 4 comprehensive SIRIs and no Never Events reported.</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>95.4% of patients surveyed in January would recommend our services, in line with recent months and remaining above the latest published national average (93%).</p> <p>Around 4,600 patients responded to the survey this month, an increase on last month. We continue to review the automated phone call survey process to maximise the number of patients being given the opportunity to participate.</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 107% in January, an increase on last month (104%) and remaining above 100%. Care Support Worker staffing remains high compared to plan - this is reflective of the increased need for 1-1 care. Whilst safer staffing levels for registered nurses remains below 100%, the staffing level achieved still enables the delivery of safe care. Achieving safe staffing levels remains challenging and requires the increasing use of temporary staff through the nurse bank and agencies.</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 Trust appraisal rate increased to 84% compliance in January. The next appraisal period will start in April 2018 for 6 months as recommended by the Workforce and Organisational Development Steering group and ratified by Senior Management Team.</p> |

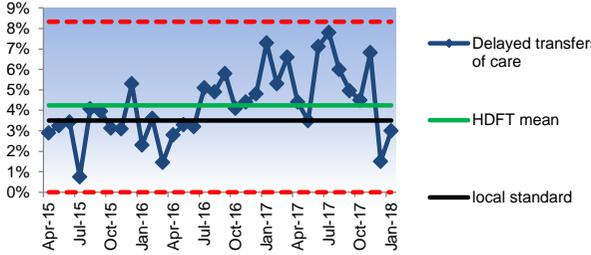
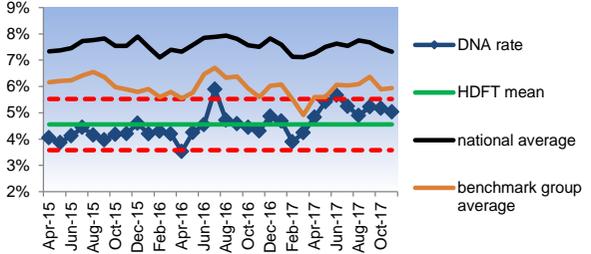
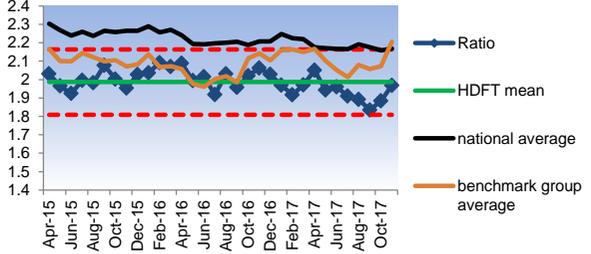
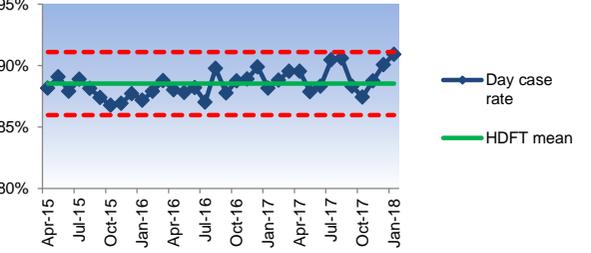
Quality - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------|--|----|-----------------------|----|---|-----|---|----|-------------------------|----|---|----|--|----|---|----|--|
| <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"> <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>71</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>76</td> </tr> <tr> <td>Data Security Awareness</td> <td>75</td> </tr> <tr> <td>Preventing Radicalisation - Level 1 and 2 (December 2015)</td> <td>98</td> </tr> <tr> <td>Safeguarding Adults Awareness Elearning (Dec 2015)</td> <td>94</td> </tr> <tr> <td>Safeguarding Children & Young People Level 1 - Introduction eLearning</td> <td>91</td> </tr> </tbody> </table> | Competence Name | % Completed | Equality, Diversity and Human Rights - Level 1 | 90 | Fire Safety Awareness | 71 | Infection Prevention & Control (Including Hand Hygiene) 1 | 100 | Infection Prevention & Control (Including Hand Hygiene) 2 | 76 | Data Security Awareness | 75 | Preventing Radicalisation - Level 1 and 2 (December 2015) | 98 | Safeguarding Adults Awareness Elearning (Dec 2015) | 94 | Safeguarding Children & Young People Level 1 - Introduction eLearning | 91 | <p>The data shown is for the end of January 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 84 %.</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 | | | | | | | | | | | | | | | | | | | | |
| Equality, Diversity and Human Rights - Level 1 | 90 | | | | | | | | | | | | | | | | | | | | |
| Fire Safety Awareness | 71 | | | | | | | | | | | | | | | | | | | | |
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| Data Security Awareness | 75 | | | | | | | | | | | | | | | | | | | | |
| Preventing Radicalisation - Level 1 and 2 (December 2015) | 98 | | | | | | | | | | | | | | | | | | | | |
| Safeguarding Adults Awareness Elearning (Dec 2015) | 94 | | | | | | | | | | | | | | | | | | | | |
| Safeguarding Children & Young People Level 1 - Introduction eLearning | 91 | | | | | | | | | | | | | | | | | | | | |
| <p>Sickness rates</p>  | <p>Staff sickness rate - includes short and long term sickness.</p> <p>The Trust has set a threshold of 3.9%. A low percentage is good.</p> |  | <p>The overall sickness absence rate across the Trust for December is 4.68%. This increase is in line with what we would normally expect at this time of year due to seasonal variation. The HR team remains focused on the hotspot areas across the Trust and continues to monitor progress of return to work completion, as well as short term and long term absence management.</p> <p>HDFT's sickness rate remains below the regional Yorkshire & Humber average for the mostly recently published data (4.06% for the 12 month period Sep-16 to Aug-17, compared to the regional average of 4.55%).</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.</p> <p>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>Turnover remains static at 12%. Information is currently being gathered following the NHS Improvement retention masterclass that was attended in November. This information will then be presented to the Recruitment and Retention Group to support the development of the strategy for the year ahead.</p> | | | | | | | | | | | | | | | | | | |

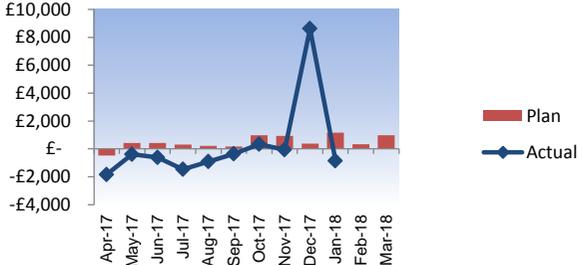
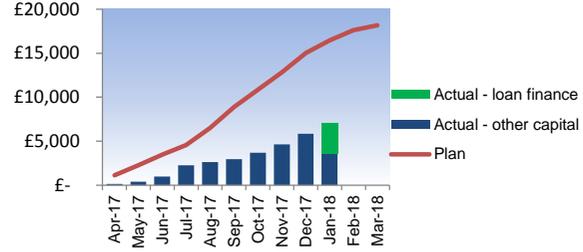
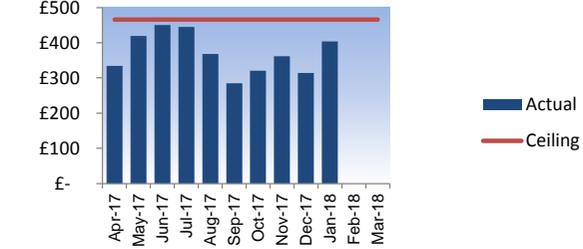
Finance and Efficiency - January 2018

| 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>The number of readmissions decreased in December when expressed as a percentage of all emergency admissions and is now just below the HDFT average rate for 2016/17.</p> <p>It is critical to continue to monitor this metric during the winter period to ensure that there is no adverse impact from initiatives to reduce bed occupancy.</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>HDFT's average elective length of stay for November (the most recent month for which we have benchmarking data) was 2.4 days, an increase on last month but remaining in the top 25% of Trusts nationally.</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>HDFT's average non-elective length of stay for November (the most recent month for which we have benchmarking data) was 4.4 days, a decrease on last month. This is in line with the benchmark group average and below the national average.</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.</p> <p>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>Elective theatre utilisation was at 79.7% in January. This is a reduction on last month and below the 85% optimal level. Bed pressures during January had a significant impact on the number of elective cancellations. 34 elective patients were cancelled due to a lack of beds and a significant number of elective lists were stood down in advance as the clinical teams were prioritising the treatment of emergency patients.</p> <p>This metric has been aligned with the new theatre utilisation dashboard. Further metrics from the new dashboard are being considered for inclusion in this report from April.</p> |

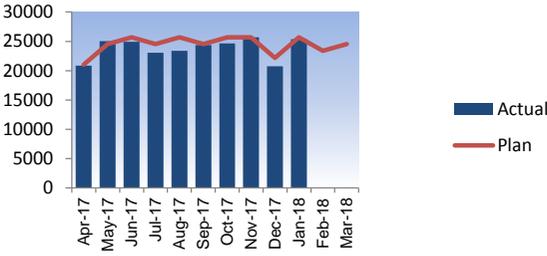
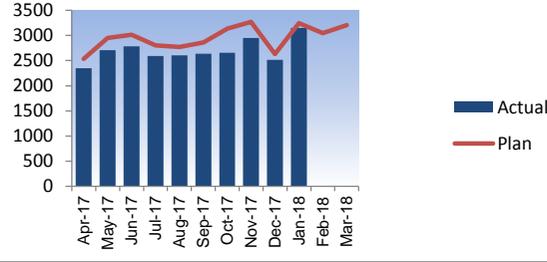
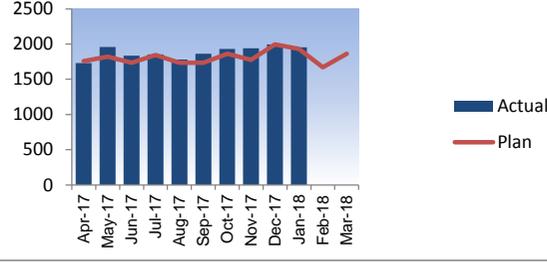
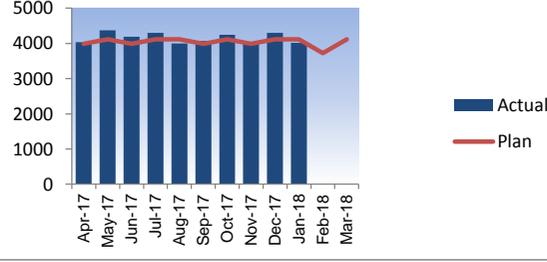
Finance and Efficiency - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation |
|---|---|--|---|
| <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.</p> <p>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 were at 3.0% when the snapshot was taken in January. This is an increase on last month but is below the 3.5% maximum threshold. Minimising the number of delayed patients remains a significant challenge over the winter period.</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.</p> <p>A low percentage is good. Patient DNAs will usually result in an unused clinic slot.</p> |  | <p>HDFT's DNA rate decreased to 5.0% in November and remains below that of both the benchmarked group of trusts and the national average.</p> |
| <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 was 1.97 in November, an increase on last month but remaining below both the national and benchmark group average. As part of the financial recovery plan, outpatient clinic templates are being adjusted to increase the number of new slots where changes can be made to reduce the number of patients being booked for follow up. It remains essential that the Clinical Directorate teams monitor the waiting times for patients booked for follow up to ensure that they receive timely care where they do need to return.</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.</p> <p>A higher day case rate is preferable.</p> |  | <p>The day case rate increased to 90.9% in January.</p> |

Finance and Efficiency - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|------|--------|-----------------------|---|---|-----------|---|---|------------|---|---|------------------------|---|---|--------|---|---|---|----------|----------|---|
| <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 year to date surplus of £4k before income from the Sustainability and Transformation fund (STF) is accounted for. This is significantly behind the planned surplus of £1.6m, and is predominantly related to the financial performance in January.</p> <p>The January position was a deficit of £859k and related to a number of factors, including shortfalls against the activity plan, pressures as a result of winter and continued overspends on the ward areas and theatres.</p> | | | | | | | | | | | | | | | | | | | | | |
| <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" data-bbox="817 608 1400 788"> <thead> <tr> <th>Element</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>Capital Service Cover</td> <td>1</td> <td>1</td> </tr> <tr> <td>Liquidity</td> <td>1</td> <td>1</td> </tr> <tr> <td>I&E Margin</td> <td>1</td> <td>3</td> </tr> <tr> <td>I&E Variance From Plan</td> <td>1</td> <td>1</td> </tr> <tr> <td>Agency</td> <td>1</td> <td>1</td> </tr> <tr> <td>Financial Sustainability Risk Rating</td> <td>1</td> <td>1</td> </tr> </tbody> </table> | Element | Plan | Actual | Capital Service Cover | 1 | 1 | Liquidity | 1 | 1 | I&E Margin | 1 | 3 | I&E Variance From Plan | 1 | 1 | Agency | 1 | 1 | Financial Sustainability Risk Rating | 1 | 1 | <p>The Trust will report a rating of 1 for January. This is on plan and is a result of the improvement in the I&E in month.</p> |
| Element | Plan | Actual | | | | | | | | | | | | | | | | | | | | | | |
| Capital Service Cover | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Liquidity | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| I&E Margin | 1 | 3 | | | | | | | | | | | | | | | | | | | | | | |
| I&E Variance From Plan | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Agency | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| Financial Sustainability Risk Rating | 1 | 1 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Capital spend</p>  | <p>Cumulative Capital Expenditure by month (£'000s)</p> |  | <p>Capital expenditure is behind plan, however, it is anticipated that expenditure will increase to planned levels as the year progresses.</p> <p>This month, we have separated out loan finance and other capital in the January cumulative position.</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>Year to date agency expenditure is 2.84% of total employee expenses. It is anticipated that this position will further improve with the introduction of the direct engagement model for medical staffing.</p> | | | | | | | | | | | | | | | | | | | | | |

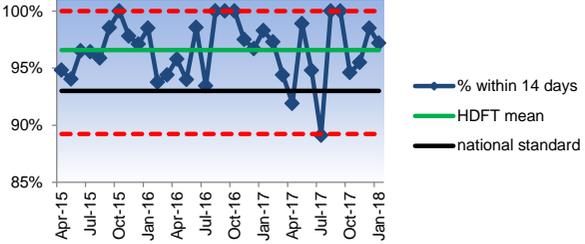
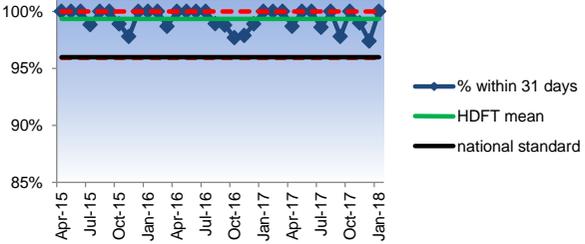
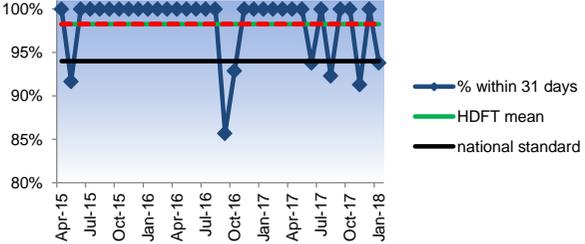
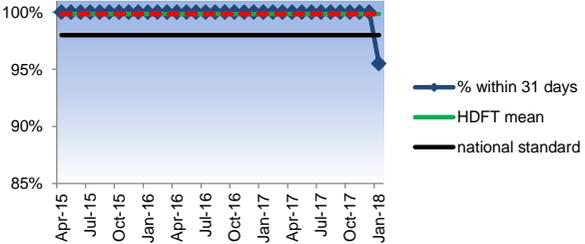
Finance and Efficiency - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation |
|--|--|--|---|
| <p>Outpatient activity against plan</p>  | <p>The chart shows the position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.</p> |  | <p>Outpatient activity was 1.3% below plan in the month of January and 2.9% below plan year to date. This is an improvement on last month's position.</p> <p>Ward attenders have been included in the data from this month (backdated to the beginning of the year) to bring this in line with outpatient activity presented in other reports. Ward attender activity accounts for 3% of all outpatient activity.</p> |
| <p>Elective activity against plan</p>  | <p>The chart shows the position against plan for elective activity. The data includes inpatient and day case elective admissions.</p> |  | <p>Elective activity was 3.0% below plan in the month of January and 7.8% below plan year to date. This is an improvement on last month's position.</p> |
| <p>Non-elective activity against plan</p>  | <p>The chart shows the position against plan for non-elective activity (emergency admissions).</p> |  | <p>Non-elective activity was 1.3% above plan in the month of January and 3.6% above plan year to date.</p> |
| <p>A&E activity against plan</p>  | <p>The chart shows the position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E.</p> |  | <p>A&E attendances were 2.5% below plan in the month of January but remain 2.1% above plan year to date.</p> |

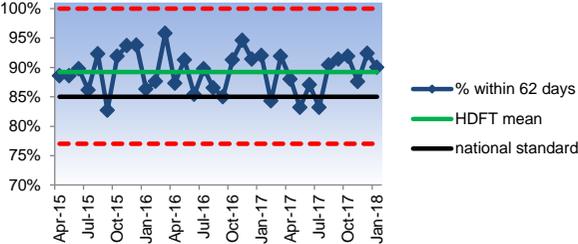
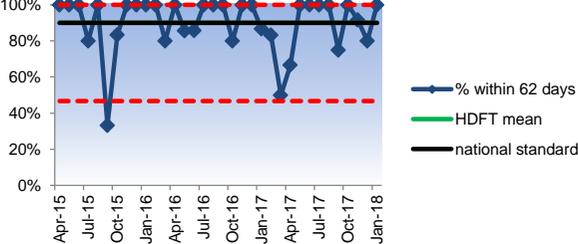
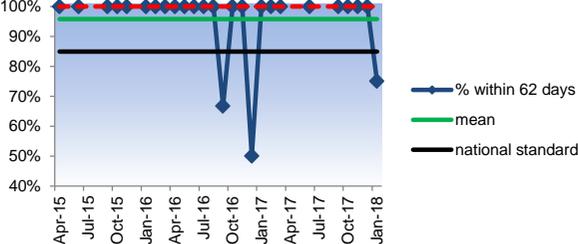
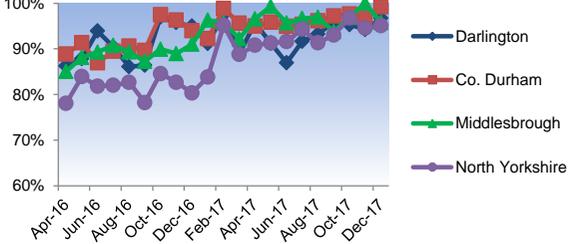
Operational Performance - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|------------|-------|----|------------|-----|-------------------------|-------|-------|-------|-------|-------|---------------------|-------|-------|-------|-------|-------|------------------|-------|-------|-------|-------|-------|------------------|-------|-------|-------|-------|-------|--|
| <p>NHS Improvement Single Oversight Framework</p> | <p>From October 2016, NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section.</p> | <table border="1"> <thead> <tr> <th>Standard</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4 to date</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>RTT incomplete pathways</td> <td>93.8%</td> <td>92.3%</td> <td>91.9%</td> <td>91.2%</td> <td>92.5%</td> </tr> <tr> <td>A&E 4-hour standard</td> <td>96.7%</td> <td>96.0%</td> <td>94.9%</td> <td>92.1%</td> <td>95.5%</td> </tr> <tr> <td>Cancer - 62 days</td> <td>86.1%</td> <td>88.9%</td> <td>90.5%</td> <td>89.4%</td> <td>88.6%</td> </tr> <tr> <td>Diagnostic waits</td> <td>99.8%</td> <td>99.6%</td> <td>99.7%</td> <td>99.1%</td> <td>99.6%</td> </tr> </tbody> </table> | Standard | Q1 | Q2 | Q3 | Q4 to date | YTD | RTT incomplete pathways | 93.8% | 92.3% | 91.9% | 91.2% | 92.5% | A&E 4-hour standard | 96.7% | 96.0% | 94.9% | 92.1% | 95.5% | Cancer - 62 days | 86.1% | 88.9% | 90.5% | 89.4% | 88.6% | Diagnostic waits | 99.8% | 99.6% | 99.7% | 99.1% | 99.6% | <p>In Quarter 4 to date, HDFT's performance was below the required level for 2 of the 4 key operational performance metrics - the A&E 4-hour standard and 18 weeks performance, as detailed below.</p> |
| Standard | Q1 | Q2 | Q3 | Q4 to date | YTD | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RTT incomplete pathways | 93.8% | 92.3% | 91.9% | 91.2% | 92.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A&E 4-hour standard | 96.7% | 96.0% | 94.9% | 92.1% | 95.5% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cancer - 62 days | 86.1% | 88.9% | 90.5% | 89.4% | 88.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diagnostic waits | 99.8% | 99.6% | 99.7% | 99.1% | 99.6% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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.</p> <p>A high percentage is good.</p> | | <p>Performance was at 91.2% in January, below the minimum standard of 92% for the second month. At specialty level, Trauma & Orthopaedics and Ophthalmology remain below the 92% standard. Work continues around the financial recovery plans which should start to impact on the orthopaedic and ophthalmology position. Options are also being considered for additional capacity to reduce the longest waiters and directorates have been asked to focus on ensuring non-admitted pathways are reviewed.</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%.</p> <p>The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.</p> | | <p>HDFT's Trust level performance for January was 92.1%, a further deterioration on last month and remaining below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Following a request from NHS England in late January, the type 2 A&E activity based on the cohorts of patients who would have previously attended A&E but now access other urgent care services directly, has been removed from the A&E monthly return and submitted via a separate return to NHS England.</p> <p>Performance for Harrogate ED was at 90.8%, a minor improvement on last month.</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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

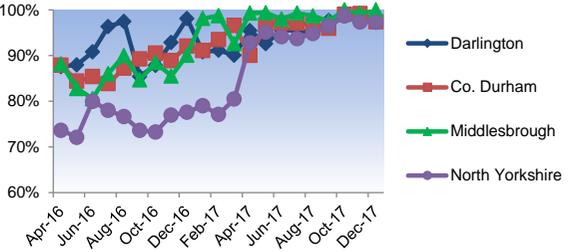
Operational Performance - January 2018

| 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>Provisional performance is at 93.8% for January, just below the required 94% standard. However this relates to just one breach.</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>Provisional performance is at 95.5% for January, below the required 98% standard. However this relates to just one breach.</p> |

Operational Performance - January 2018

| 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 January is above the required 85% standard at 90.0% with 4.5 accountable breaches. Of the 11 tumour sites, 3 had performance below 85% in January - haematological (1 breach), head and neck (0.5) and urological (1.5). 1 patient waited over 104 days in January. The main reason for the delay was a complex diagnostic pathway.</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>Performance was at 100% in January.</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>Provisional performance is below the standard at 75% in January. However this is not currently reportable as it is below the de minimis level of 5 pathways per quarter.</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. 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 December, the validated performance position is that 97% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth. The data is reported a month in arrears so that the validated position can be shared.</p> |

Operational Performance - January 2018

| Indicator name / data quality assessment | Description | Trend chart | Interpretation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|-------------------|---------------------|----------------|-------------------|---------------------|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|--------|----|----|----|----|---|
| <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> |  <table border="1"> <caption>Approximate data from the trend chart</caption> <thead> <tr> <th>Month</th> <th>Darlington (%)</th> <th>Co. Durham (%)</th> <th>Middlesbrough (%)</th> <th>North Yorkshire (%)</th> </tr> </thead> <tbody> <tr><td>Apr-16</td><td>85</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Jun-16</td><td>90</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Aug-16</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Oct-16</td><td>90</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Dec-16</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Feb-17</td><td>90</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Apr-17</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Jun-17</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Aug-17</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Oct-17</td><td>95</td><td>85</td><td>85</td><td>75</td></tr> <tr><td>Dec-17</td><td>98</td><td>85</td><td>85</td><td>75</td></tr> </tbody> </table> | Month | Darlington (%) | Co. Durham (%) | Middlesbrough (%) | North Yorkshire (%) | Apr-16 | 85 | 85 | 85 | 75 | Jun-16 | 90 | 85 | 85 | 75 | Aug-16 | 95 | 85 | 85 | 75 | Oct-16 | 90 | 85 | 85 | 75 | Dec-16 | 95 | 85 | 85 | 75 | Feb-17 | 90 | 85 | 85 | 75 | Apr-17 | 95 | 85 | 85 | 75 | Jun-17 | 95 | 85 | 85 | 75 | Aug-17 | 95 | 85 | 85 | 75 | Oct-17 | 95 | 85 | 85 | 75 | Dec-17 | 98 | 85 | 85 | 75 | <p>In December, the validated performance position is that 98% of children were recorded on Systemone as having had a 2.5 year review.</p> <p>The data is reported a month in arrears so that the validated position can be shared.</p> |
| Month | Darlington (%) | Co. Durham (%) | Middlesbrough (%) | North Yorkshire (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-16 | 85 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-16 | 90 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-16 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-16 | 90 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-16 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb-17 | 90 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr-17 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun-17 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug-17 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct-17 | 95 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec-17 | 98 | 85 | 85 | 75 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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. |
| Finance and efficiency | Theatre utilisation | Amber  | <p>This metric has been aligned with the new theatre utilisation dashboard from December 2017. Further metrics from the new dashboard are being considered for inclusion in this report from April 2018.</p> <p>The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc.</p> <p>There are some known data quality issues with the utilisation data but it is anticipated that increased visibility of the data via the new dashboard will help to resolve these in the coming months.</p> |

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 2016/17, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2016/17, Amber if YTD position is a reduction of up to 20% of HDFT average for 2016/17, Red if YTD position is on or above HDFT average for 2016/17. | Locally agreed improvement trajectory based on comparison with HDFT performance last year. |
| Quality | Infection control | No. hospital acquired C.diff cases | 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 | Avoidable admissions | The number of avoidable emergency admissions to HDFT as per the national definition. | 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 2016/17, Amber if on or above HDFT average for 2016/17, 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) | 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 - 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. | Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month. | |
| Quality | Friends & Family Test (FFT) - Patients | % recommend, % not recommend - combined score for all services currently doing patient FFT | Green if latest month >= latest published national average, Red if < latest published national average. | Comparison with national average performance. |
| Quality | Safer staffing levels | RN and CSW - day and night overall fill rates at trust level | 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 | Staff appraisal rate | Latest position on no. staff who had an appraisal within the last 12 months | Annual rolling total - 90% green. Amber between 70% and 90%, red<70%. | Locally agreed target level based on historic local and NHS performance |
| Quality | Mandatory training rate | Latest position on the % staff trained for each mandatory training requirement | Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%. | Locally agreed target level - no national comparative information available until February 2016 |
| Quality | Staff sickness rate | Staff sickness rate | 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 | Staff turnover | Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. | Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%. | Based on evidence from Times Top 100 Employers |
| Finance and efficiency | Readmissions | No. emergency readmissions (following elective or non-elective admission) within 30 days. | Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2016/17, Amber if latest month rate > HDFT average for 2016/17 but below UCL, red if latest month rate > UCL. | Locally agreed improvement trajectory based on comparison with HDFT performance last year. |
| Finance and efficiency | Length of stay - elective | Average LOS for elective patients | 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 - non-elective | Average LOS for non-elective patients | 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 | 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. |

Harrogate and District

| Section | Indicator | Further detail | Traffic light criteria | Rationale/source of traffic light criteria |
|-------------------------|---|--|--|---|
| 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 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 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). | | |
| Finance and efficiency | Outpatient activity against plan (new and follow up) | Includes all outpatient attendances - new and follow-up, consultant and non-consultant led. | | Locally agreed targets. |
| Finance and efficiency | Elective activity against plan | Includes inpatient and day case activity | | Locally agreed targets. |
| Finance and efficiency | Non-elective activity against plan | | | Locally agreed targets. |
| Finance and efficiency | Emergency Department attendances against plan | Excludes planned followup attendances. | Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%. | Locally agreed targets. |
| 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 | 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 |

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 |

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|---------------------------------|--|---|-------------------------------------|
| Date of Meeting: | 28 February 2018 | Agenda item: | 5.1 |
| Report to: | Board of Directors | | |
| Title: | Proposed Amendments to the Constitution of Harrogate and District NHS Foundation Trust | | |
| Sponsoring Director: | Mrs Angela Schofield, Chairman | | |
| Author(s): | Mrs Katherine Roberts, Company Secretary | | |
| Report Purpose: | Decision | <input checked="" type="checkbox"/> | Discussion/ Consultation |
| | | | Assurance |
| | | | Information |
| Executive Summary: | <ul style="list-style-type: none"> • The Board of Directors has previously agreed to establish a new wholly owned subsidiary company; Harrogate Healthcare Facilities Management Limited. • It is proposed that the new company is provided with the power to appoint a Stakeholder Governor to the Council of Governors. • There is a clearly defined process to amend the constitution. The proposed amendments were approved by the Council of Governors on 3 February 2018. They are presented to the Trust Board of Directors for approval. • The Board of Directors of Harrogate Healthcare Facilities Management Limited has agreed that the company's staff will be invited to vote and select the Stakeholder Governor. • It is proposed a wider review of the constitution is undertaken in early 2018. The Council of Governors has agreed to establish a Constitution Review Working Group. | | |
| Related Trust Objectives | | | |
| To deliver high quality care | <input checked="" type="checkbox"/> | To work with partners to deliver integrated care: | <input checked="" type="checkbox"/> |
| | | To ensure clinical and financial sustainability: | <input checked="" type="checkbox"/> |
| Key implications | | | |
| Risk Assessment: | None identified. | | |
| Legal / regulatory: | The Trust must comply with the requirements of the Constitution in agreeing any amendments to the composition of the Council of Governors. | | |
| Resource: | None identified. | | |
| Impact Assessment: | Not applicable. | | |

| | |
|--|--|
| <p>Conflicts of Interest:</p> | <p>As directors of Harrogate Healthcare Facilities Management, Mr Coulter and Mr Thompson have a conflict of interest in this agenda item.</p> <p>It is recommend they are included in the discussion, but not permitted to vote on the recommendations included within the paper.</p> |
| <p>Reference documents:</p> | <p>The Trust's constitution: https://www.hdft.nhs.uk/content/uploads/2015/12/hdft-constitution-april16.pdf</p> <p>Appendix A: Proposed amendments to the Constitution, for approval</p> |
| <p>Assurance:</p> | <p>Not applicable, this matter is reserved to the Council of Governors and the Board of Directors.</p> |
| <p>Action Required by the Board of Directors:</p> | |
| <p>It is recommended the Board of Directors:</p> <ol style="list-style-type: none"> 1. Notes that on 3 February 2018 the Council of Governors approved the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution. 2. Approves the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution. 3. Notes the process to select the Stakeholder Governor, as agreed by the Harrogate Healthcare Facilities Management Limited Board. 4. Notes the forthcoming process to undertake a review of the Constitution during early 2018. | |

Proposed amendments to the constitution of Harrogate and District NHS Foundation Trust

1.0 Background

The Board of Directors has agreed to establish a new wholly owned subsidiary company; Harrogate Healthcare Facilities Management Limited. The new company will provide estates and facilities services to the Trust from March 2018.

The Trust's Constitution permits a number of Stakeholder Governors who are appointed by organisations that have an interest in Harrogate and District NHS Foundation Trust (HDFT).

It should be noted that on 3 February 2018 the Council of Governors approved the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution.

2.0 The Proposed Amendment

It is proposed that the new company is provided with the power to appoint a Stakeholder Governor to the Council of Governors. This proposal was developed following feedback from staff and governors.

As the provider of estates and facilities services for the Trust, the new company will be an important stakeholder in HDFT. Harrogate Healthcare Facilities Management Limited will have an interest in the success of HDFT and provision of high quality healthcare. Further it is also recognised that the staff employed by the company, many of whom will be former HDFT employees, will be integral to the success of the Trust and these staff will have daily contact with patients and visitors to the Trust.

The proposal to include a new Stakeholder Governor position for Harrogate Healthcare Facilities Management Limited will necessitate an amendment to the Trust's constitution. It will increase the total number of Stakeholder Governors to seven. A copy of the detailed amendments to the constitution are included at Appendix A.

3.0 Benefits of Stakeholder Governors

There are a number of identified benefits to the Trust and stakeholder organisations in appointing Stakeholder Governors.

| Benefits for the Trust having Stakeholder Governors on the Council of Governors | Benefit the stakeholder organisation receives from having membership on the Trust's Council of Governors |
|--|---|
| Provision of timely and accurate input into service related issues relevant to the stakeholder organisation. | Representation of the stakeholder views on service development |

| | |
|--|--|
| Open discussion on hot topics and future strategic directions | Joined up communications especially to the public |
| A specific representative who can support the facilitation and/or resolution of issues should they occur | Opportunity to engage with the Trust in a constructive and holistic way on hospital and community healthcare strategies/service transformation |
| A sounding board for new and potential services | Provide specialist/expert advice to Governor and Membership discussions (e.g. Local Authority expertise on social care matters) |
| Advising or assisting the resolution of local political/social issues | Insight into the culture, visions, values and future objectives of the Trust |

4.0 The Process to Amend the Constitution

There is a clearly defined process to amend the Constitution; this is set out in the Trust's Constitution. It states:

27 Amendment of the constitution

27.1 No amendment shall be made to this Constitution unless:

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

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

On 3 February 2018 the Council of Governors approved the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution. The proposed amendments are therefore presented to the Board of Directors for approval.

5.0 How Will the Stakeholder Governor be Selected

In anticipation of this proposal being submitted to the Council of Governors, the Board of Directors of Harrogate Healthcare Facilities Management Limited has considered how the company would select an individual to serve as the Stakeholder Governor.

Following consideration of three options it was agreed that the company's staff would be invited to vote and select the individual who would then be appointed by the company's Board to the Council of Governors. It is important to note that this ballot would not comply with the model election rules outlined in the Trust's constitution. For example a simple paper ballot system would be used to cast votes. Subject to the eligibility criteria for Governors, as outlined in the Trust's

constitution, all members of Harrogate Healthcare Facilities Management Limited would be able to nominate themselves to stand for election;

6.0 Review of the constitution

During preparation of these proposed amendments to the Constitution it became apparent that a wider review of the Constitution is required. It is two years since the Constitution was last amended and it is good governance practice for Trusts to review their Constitution on a regular basis.

As was the case in previous reviews of the Constitution, the Council of Governors has established a small working group to support development of amendments to the Constitution.

7.0 Recommendations

It is recommended the Board of Directors:

1. Notes that on 3 February 2018 the Council of Governors approved the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution.
2. Approves the proposed amendments to the Harrogate and District NHS Foundation Trust Constitution.
3. Notes the process to select the Stakeholder Governor, as agreed by the Harrogate Healthcare Facilities Management Limited Board.
4. Notes the forthcoming process to undertake a review of the Constitution during early 2018.

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**CONSTITUTION OF HARROGATE AND DISTRICT NHS
FOUNDATION TRUST
(A PUBLIC BENEFIT CORPORATION)**

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

With effect from 1 April 2016

DRAFT FOR APPROVAL

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DRAFT FOR APPROVAL

1. Interpretation and definitions

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

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

1.3. In this constitution:

| | |
|---------------------------|--|
| “the 2006 Act” | is the National Health Service Act 2006; |
| “the 2012 Act” | is the Health and Social Care Act 2012; |
| "accounting officer" | means the person who from time to time discharges the function specified in section 25(5) of Schedule 7 to the 2006 Act; |
| "Annual Members' Meeting" | is defined in paragraph 15 of this constitution; |
| “area of the trust” | means the areas specified in Annex A; |
| “Board of Directors” | means the Board of Directors as constituted in accordance with this constitution; |
| “CCGs” | means Clinical Commissioning Groups; |
| “constitution” | means this constitution and all annexes to it; |
| “Council of Governors” | means the Council of Governors as constituted in accordance with this constitution; |
| “Director” | means a member of the Board of Directors; |
| “elected Governors” | means those Governors elected by the public constituencies and the classes within the staff constituency; |
| “financial year” | means each successive period of twelve months beginning with 1 April; |
| "Governor" | means a member of the Council of Governors and either being a Public |

| | |
|---|---|
| | Governor, Staff Governor or Stakeholder Governor; |
| “Licence” | means the trust’s licence granted by Monitor under the 2012 Act |
| “Medical Practitioners’ Staff Class” | means the staff class of the staff constituency defined in paragraph 7.3.3 of this constitution; |
| “NHS Improvement” (formally known as Monitor) | is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act; |
| “Nursing and Midwifery Staff Class” | means the staff class of the staff constituency defined in paragraph 7.3.2 of this constitution; |
| “Other Clinical Staff Class” | means the staff class of the staff constituency defined in paragraph 7.3.4 of this constitution; |
| “Non-Clinical Staff Class” | means the staff class of the staff constituency defined in paragraph 7.2.5 of this constitution; |
| “Local Authority Governor” | means a member of the Council of Governors appointed by one or more local authorities whose area includes the whole or part of the area of the trust; |
| “member” | means a member of the trust; |
| “the trust” | means Harrogate and District NHS Foundation Trust; |
| “Public Governor” | means a member of the Council of Governors elected by members of the public constituencies; |
| “Secretary” | means the secretary of the trust who could be known as the Company Secretary or any other person appointed to perform the duties of the Secretary; |
| “Staff Governor” | means a member of the Council of Governors elected by the members of the relevant class within the staff constituency; |

| | |
|-------------------------|---|
| “Stakeholder Governor” | means those members of the Council of Governors appointed by the appointing organisations; |
| “Vexatious Complainant” | a definition can be found on the Trust website at http://www.hdft.nhs.uk/about-us/statutory-information/ |

2 Name

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

3 Principal purpose

- 3.1 The principal purpose of the trust is the provision of goods and services for the purposes of the health service in England.
- 3.2 The trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3 The trust may provide goods and services for any purposes related to:
- 3.3.1 the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
- 3.3.2 the promotion and protection of public health.
- 3.4 The trust may also carry out activities other than those mentioned in the above paragraph for the purpose of making additional income available in order better to carry on its principal purpose.

4 Powers

- 4.1 The powers of the trust are set out in the 2006 Act, subject to any restrictions in its Licence.
- 4.2 In particular it may:
- 4.2.1 acquire and dispose of property;
- 4.2.2 enter into contracts;

- 4.2.3 accept gifts of property (including property to be held on trust for the purposes of the trust or for any purposes relating to the health service); and,
- 4.2.4 employ staff.
- 4.3 Any power of the trust to pay remuneration and allowances to any person includes the power to make arrangements for providing, or securing the provision of, pensions or gratuities (including those payable by way of compensation for loss of employment or loss or reduction of pay).
- 4.4 The trust may borrow money for the purposes of or in connection with its functions subject to any restrictions imposed by NHS Improvement from time to time.
- 4.5 The trust may invest money (other than money held by it as trustee) for the purposes of or in connection with its functions subject to any guidance provided by NHS Improvement. The investment may include investment by:
- 4.5.1 forming, or participating in forming bodies corporate;
- 4.5.2 otherwise acquiring membership of bodies corporate.
- 4.6 The trust may give financial assistance (whether by way of loan, guarantee or otherwise) to any person for the purposes of or in connection with its functions.
- 4.7 The trust may raise charitable funds and in doing so, appeal for any contribution, donation, grant, gift money or property.

5 Commitments

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

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

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

5.2.2.2 the progress of a Membership Development Strategy; and,

5.2.2.3 any changes to the Membership Development Strategy.

5.3 Co-operation with external organisations

5.3.1 In exercising its functions the trust shall co-operate with other NHS bodies (as defined in Section 275 of the 2006 Act) including NICE and the Health and Social Care Information Centre, Local Authorities, NHS Improvement, the Care Quality Commission and with other non-health organisations, both statutory and voluntary.

5.4 Respect for rights of people

5.4.1 In conducting its affairs, the trust shall respect the rights of members of the community it services, its employees and people dealing with the trust as set out in the Charter of Fundamental Rights of the European Union and the NHS Constitution.

5.5 Openness

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

6 Framework

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

7 Membership and constituencies

- 7.1 The members of the trust are those individuals whose names are entered in the membership database. Every member is either a member of one of the public constituencies or a member of one of the classes of the staff constituency. Subject to this constitution, membership is open to any individual who:
- 7.1.1 is 16 years of age and over; and
 - 7.1.2 is entitled under this constitution to be a member of a public constituency or a member of the appropriate class within the staff constituency as applicable; and
 - 7.1.3 if applying to be a member of a public constituency, has completed a public membership application form; or
 - 7.1.4 if applying to be a member of a class within the staff constituency, chooses not to opt out of the staff membership scheme.
- 7.2 Public constituencies
- 7.2.1 There are six public constituencies covering the area of the trust as set out in Annex A. Membership of each of the public constituencies is open to individuals:
 - 7.2.1.1 who live in an area of the trust;
 - 7.2.1.2 who are not eligible to be members of the staff constituency;
 - 7.2.1.3 who meet the criteria and have completed the application referred to in paragraph 7.1 above; and
 - 7.2.1.4 who are not otherwise disqualified from membership under paragraph 8 of this constitution.
 - 7.2.2 The minimum number of members in each of the public constituencies is:
 - 200 in Harrogate and surrounding villages;
 - 120 in Ripon and West District;
 - 120 in Knaresborough and East District;

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

100 in the rest of North Yorkshire and York; and

50 in the Rest of England.

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

7.3 Staff constituency

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

The Nursing and Midwifery Staff Class;

The Medical Practitioners' Staff Class;

The Other Clinical Staff Class; and

The Non-Clinical Staff Class.

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

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

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

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

or are employed by the trust to carry out associated clinical duties to support clinical staff.

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

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

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

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

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

7.3.6.4 have been invited by the trust to become a member of the relevant class of the staff constituency and have not informed the trust they do not wish to be a member.

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

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

15 in the Medical Practitioners' Staff Class;

50 in the Other Clinical Staff Class; and

100 in the Non-Clinical Staff Class.

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

8 Disqualification from membership

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

8.1.1 If, in the opinion of the Council of Governors after following proper procedures as required by the trust's standing orders,

there are reasonable grounds to believe that they are likely to act in a way detrimental to the interests of the trust;

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

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

9 Termination of membership

9.1 A member shall cease to be a member if:

9.1.1 they resign by notice to the Foundation Trust Office;

9.1.2 they die;

9.1.3 they are disqualified from membership by paragraph 8;

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

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

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

10 The role of members

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

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

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

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

11 The Council of Governors

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

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

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

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

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

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

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

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

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

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

Medical Practitioners' Staff Class (one Governor);

Nursing and Midwifery Staff Class (two Governors);

Other Clinical Staff Class (one Governor); and,

Non-Clinical Staff Class (one Governor).

11.2.3 ~~Six~~Seven appointed Stakeholder Governors from each of the following:

Local Medical Committee Governors to be appointed, one from each appointed by:

11.2.3.1 Harrogate and Rural District LMC (one Governor), and;

11.2.3.2 Patient Experience Stakeholder Governor

Local Authority Governors to be appointed, one from each appointed by:

11.2.3.3 North Yorkshire County Council; and,

11.2.3.4 Harrogate Borough Council.

11.2.3.5 A Governor appointed by a local university or research institution.

11.2.3.6 A Voluntary Organisation Governor appointed by the Council of Voluntary Services (Harrogate and Ripon).

11.2.3.7 A Governor appointed by Harrogate Healthcare Facilities Management Limited.

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

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

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

11.4 Elected Governors

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

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

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

11.5 Appointed Stakeholder Governors

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

11.6 Council of Governors – tenure

11.6.1 Elected Governors:

- 11.6.1.1 shall normally hold office for a period of three years;
- 11.6.1.2 subject to the next sub-paragraph, are eligible for re-election after the end of that period;
- 11.6.1.3 may not hold office for more than nine years in total or three terms of office; and
- 11.6.1.4 An elected Governor who has fulfilled their term of office may not return as a Stakeholder Governor without a break of one term (three years).

cease to be a Governor if they:

- 11.6.1.5 cease to hold office;
- 11.6.1.6 cease to be a member of the public constituency to which they were elected, or;
- 11.6.1.7 cease to be a member of the class of the staff constituency to which they were elected.

11.6.2 Appointed Stakeholder Governors:

- 11.6.2.1 shall normally hold office for a maximum period of three years commencing from the date of their appointment;
- 11.6.2.2 subject to the next sub-paragraph, are eligible for re-appointment after the end of that period;
- 11.6.2.3 may not hold office for longer than nine years in total or three terms of office; and
- 11.6.2.4 shall cease to hold office if the appointing organisation terminates their appointment.

11.7 Deputy Chairman of the Council of Governors

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

11.8 Ineligibility to be a Governor

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

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

11.8.1.2 they are a Director of the trust, or a governor or director of another NHS Foundation Trust;

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

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

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

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

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

11.8.1.8 they are a person whose tenure of office as the Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the

interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;

- 11.8.1.9 they have had their name removed, by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provision elsewhere), and has not subsequently had their name included in such a list;
- 11.8.1.10 they are not by reason of their health capable of properly performing tasks which are intrinsic to the office for which they are elected or appointed;
- 11.8.1.11 they are a vexatious complainant of the trust, as defined by trust policy;
- 11.8.1.12 they are a vexatious litigant of the trust as defined by trust policy;
- 11.8.1.13 they are a family relation or occupant of the same household of a person who is an existing Governor of the trust;
- 11.8.1.14 any amount properly owing to the trust by them remains outstanding without good cause;
- 11.8.1.15 they do not, or cease to, fulfil the eligibility requirements as set out in this constitution.

11.9 Termination of office and removal of Governors

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

- 11.9.1.1 they resign by notice in writing to the Chairman;
- 11.9.1.2 they fail to attend half of the Council of Governor meetings in any financial year, unless the other Governors are satisfied that:
 - 11.9.1.2.1 the absences were due to reasonable causes; and
 - 11.9.1.2.2 they will start attending meetings of the trust again within such a

period as the Council of
Governors consider reasonable,

- 11.9.1.3 in the case of an elected Governor, they cease to be a member of the constituency or class of the constituency by whom they were elected.
- 11.9.1.4 in the case of an appointed Stakeholder Governor the appointing organisation terminates their appointment;
- 11.9.1.5 without good reason they have failed to undertake any training which the Council of Governors or trust requires Governors to undertake;
- 11.9.1.6 they have failed to sign and deliver to the Foundation Trust Office a statement in the form required by the Council of Governors confirming acceptance of the code of conduct for Governors;
- 11.9.1.7 they refuse to sign the declaration form that they are a member of one of the public constituencies or one of the classes of the staff constituency as the case may be and are not prevented from being a member of the Council of Governors;
- 11.9.1.8 their name has been placed on a register of Schedule 1 offenders pursuant to the Sex Offences Act 2003 and/or the Children and Young Persons Act 1933 and the conviction is not spent under the Rehabilitation of Offenders Act 1974;
- 11.9.1.9 they are removed from the Council of Governors by a resolution approved by two-thirds majority of the remaining Governors on the grounds that:
 - 11.9.1.9.1 they have committed a serious breach of the code of conduct, or;
 - 11.9.1.9.2 they have acted in a manner detrimental to the interests of the trust; and,
 - 11.9.1.9.3 the Council of Governors considers that it is not in the best interests of the trust for them to continue as a Governor.

11.10 Vacancies amongst Governors

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

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

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

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

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

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

11.11 Expenses and remuneration of Governors

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

11.11.2 Governors are not to receive remuneration.

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

11.12 Disclosure of interests

11.12.1 Any Governor who has a material interest in a matter as defined in Annex E and below shall declare such interest to

the Council of Governors and it shall be recorded in a register of interests. The Governor in question:

- 11.12.1.1 shall not be present except with the permission of the Council of Governors in any discussion of the matter; and,
 - 11.12.1.2 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 11.12.2 Any Governor who fails to disclose any interest required to be disclosed under the preceding paragraph must permanently vacate their office if required to do so by a majority of the remaining Governors.
- 11.12.3 A material interest, as defined in Annex E, is a matter of any interest held by a Governor, their spouse or partner, or member of their immediate family, in any firm or company or business which, in connection with the matter, is trading with the trust, or is likely to be considered as a potential trading partner with the trust. The exceptions which shall not be treated as material interests are as follows:
- 11.12.3.1 shares not exceeding 1% of the total shares in issue held in any company whose shares are listed on any public exchange;
 - 11.12.3.2 an employment contract held by Staff Governors;
 - 11.12.3.3 an employment contract with a Local Medical Committee;
 - 11.12.3.4 an employment contract with a Local Authority;
 - 11.12.3.5 an employment contract with an educational establishment (a university or research institute) and
 - 11.12.3.6 a contract held with a voluntary organisation.
- 11.12.4 An elected Governor may not vote at a meeting of the Council of Governors unless, before attending their first meeting, they have made a declaration in the form specified by the Council of Governors that they are a member of a public constituency or a member of the classes of the staff constituency and are not prevented from being a Governor of the Council of Governors. An elected Governor shall be

deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors.

12 Roles and responsibilities of the Council of Governors

- 12.1 The general duties of the Council of Governors are:
- 12.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors;
 - 12.1.2 to represent the interests of the members of the trust as a whole and the interests of the public;
 - 12.1.3 to appoint or remove the Chairman and the other Non-Executive Directors;
 - 12.1.4 to approve an appointment (by the Non-Executive Directors) of the Chief Executive;
 - 12.1.5 to appoint the Deputy Chairman of the Council of Governors;
 - 12.1.6 to decide the remuneration and allowances, and the other terms and conditions of office, of the Chairman and Non-Executive Directors;
 - 12.1.7 to appoint or remove the trust's external auditor selected from an approved list put forward by the Board of Directors;
 - 12.1.8 to consider the annual accounts, any report of the external auditor on them and the annual report;
 - 12.1.9 to provide their views to the Board of Directors when the Board of Directors is preparing the document containing information about the trust's forward planning;
 - 12.1.10 to respond as appropriate when consulted by the Board of Directors in accordance with this constitution;
 - 12.1.11 to undertake such functions as the Board of Directors shall from time to time request and which the Council of Governors shall agree;
 - 12.1.12 to prepare, and from time to time to review, the Membership Development Strategy, its policy for the composition of the Council of Governors and of the Non-Executive Directors;
 - 12.1.13 to require one or more Directors to attend a meeting of the Council of Governors for the purpose of obtaining information

about the trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the trust or Directors' performance);

- 12.1.14 to approve any merger, acquisition, separation or dissolution application in respect of the trust before the application is made to NHS Improvement and the entering into of any significant transactions;
 - 12.1.15 to vote on whether to approve the referral of a question by a Governor to any panel appointed by NHS Improvement; and
 - 12.1.16 to approve any proposals to increase by 5% or more of the trust's proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England. The proposal may be implemented only if more than half of the members of the Council of Governors of the trust voting approve its implementation.
- 12.2 The Council of Governors will conduct its business at meetings held in accordance with this constitution.
 - 12.3 All Governors will adhere to the policies and procedures of the trust, acting in the best interest of the trust at all times.
 - 12.4 The trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as such.
 - 12.5 Any amendments to the constitution in relation to the powers or duties of the Council of Governors (or otherwise in respect of the role that the Council of Governors has as part of the trust) must be put to the vote of the members and approved at the Annual Members' Meeting in accordance with paragraphs 27.3 and 27.4 of this constitution.

13 Meetings of the Council of Governors

- 13.1 The Chairman of the trust, or in his absence, the Vice Chairman of the trust, or in exceptional circumstances in the absence of both the Chairman and Vice Chairman, the Deputy Chairman of the Council of Governors shall preside at a meeting of the Council of Governors.
- 13.2 Where a conflict of interest arises for the Chairman and Vice Chairman, the Deputy Chairman of the Council of Governors shall chair that element of the meeting. In the absence of the Deputy Chairman, the Governors shall elect from their members a Governor to chair that element of the meeting. In acting as the Chairman, a Governor shall have a casting vote on that issue.

- 13.3 Meetings of the Council of Governors are to be open to members of the public except in the following circumstances:
- 13.3.1 during the consideration of any material or discussion in relation to a named person employed by or proposed to be employed by the trust;
 - 13.3.2 during the consideration of any material or discussion in relation to a named person who is, or has been, or is likely to become a patient of the trust, or a carer in relation to such a patient; and,
 - 13.3.3 during the consideration of any matter which, by reason of its nature, the Council is satisfied should be dealt with on a confidential basis.
- 13.4 For the purposes of obtaining information about the trust's performance of its functions, or the Directors' performance of their duties (and deciding whether to propose a vote on the trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting.
- 13.5 The Council of Governors is to meet at least four times per year, three of which will be general meetings and one the Annual Members' Meeting.
- 13.6 At an Annual Members' Meeting, within six months of the end of the financial year, the Council of Governors are to receive and consider the annual accounts, any report of the external auditor on them and the annual report, see 12.1.8.
- 13.7 The Council of Governors is to adopt its own standing orders for its practice and procedure, in particular for its procedure at meetings, and these shall be in accordance with Annex D.
- 13.8 A Governor, whether elected to the Council of Governors by a public constituency, elected by one of the classes of the staff constituency or nominated as a Stakeholder Governor, may not vote at a meeting of the Council of Governors unless, within one month of election or appointment, he has made a declaration of eligibility in the form set out at Annex C stating which constituency or section he is a member of and is not prevented from being a member of the Council of Governors by paragraph 8 of Schedule 7 to the 2006 Act or under this constitution.

14 Council of Governors – referral to the Panel

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

14.1.1 to act in accordance with its constitution; or

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

14.2 A Governor may refer a question to the Panel only if more than half of the members of the Council of Governors voting approve the referral.

15 Annual Members' Meeting

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

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

15.2.1 the annual accounts;

15.2.2 any report of the external auditor;

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

15.2.4 the annual report;

15.2.5 forward planning information for the next financial year;

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

15.2.7 the progress of the Membership Development Strategy;

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

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

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

- 15.3 The Council of Governors will invite the external auditor to the Annual Members' Meeting.
- 15.4 Minutes of every Annual Members' Meeting, of every meeting of the Council of Governors and of every meeting of the Board of Directors are to be kept. Minutes of meetings will be taken at the next meeting and signed by the Chairman of that meeting. The signed minutes will be conclusive evidence of the events of the meeting.
- 15.5 Any amendments to the constitution in relation to the powers or duties of the Council of Governors (or otherwise in respect of the role that the Council of Governors has as part of the trust) must be put to the vote of the members and approved at the Annual Members' Meeting in accordance with paragraphs 27.3 and 27.4 of this constitution.

16 Board of Directors

- 16.1 The trust shall have a Board of Directors. It shall comprise of Executive and Non-Executive Directors.
- 16.1.1 Non-Executive Directors:
- 16.1.1.1 a Chairman, who is to be appointed by the Council of Governors; and,
- 16.1.1.2 a minimum of six Non-Executive Directors who are to be appointed by the Council of Governors.
- 16.1.2 Executive Directors:
- 16.1.2.1 a Chief Executive who is to be appointed by the Non-Executive Directors, subject to the approval of the Council of Governors;
- 16.1.2.2 the Chief Executive shall be the accounting officer;
- 16.1.2.3 a Finance Director;
- 16.1.2.4 a registered medical practitioner or a registered dentist (within the meaning of the Dentists' Act 1984);
- 16.1.2.5 a registered nurse or a registered midwife;
- 16.1.2.6 Two Executive Directors.
- 16.1.2.7 a Deputy Chief Executive who will be one of the above.

- 16.1.3 The Non-Executive Directors and Chief Executive will establish and set the Terms of Reference for a Nominations Committee for the appointment of Executive Directors. The committee should consist of the Chairman, the Chief Executive and other Non-Executive Directors. The removal of an Executive Director is subject to the application of the appropriate trust policies and procedures.
- 16.1.4 Only members of the public constituencies who are not disqualified by virtue of paragraph 11.8.1 are eligible for appointment as a Non-Executive Director.
- 16.2 Appointment and removal of Non-Executive Directors
- 16.2.1 Non-Executive Directors (including the Chairman) are to be appointed by the Council of Governors. Removal of the Chairman and other Non-Executive Directors shall require the approval of three-quarters of the members of the Council of Governors.
- 16.2.2 The Council of Governors will establish and set the terms of reference for a Nominations Committee. That committee, chaired by a Governor, will recommend to the full Council of Governors no more than one individual per Non-Executive vacancy for appointment to the Board of Directors.
- 16.2.3 The Board of Directors will identify the skills, experience and knowledge required from time to time of any vacant post of Non-Executive Directors (including the Chairman). The Board of Directors will draw on advice from external sources as necessary.
- 16.2.4 The Council of Governors will have responsibility for the handling of all further aspects of the recruitment process, including any appointment.
- 16.2.5 The trust shall publicly advertise the posts to be filled where determined by the Nominations Committee on the basis of performance or when a Non-Executive Director is approaching their final term of office.
- 16.2.6 A long list for consideration will be identified by the Nominations Committee. Only those candidates meeting the skills and experience agreed by the Board of Directors will be eligible for appointment.
- 16.2.7 For the purpose of considering the appointment of Non-Executive Directors the interview panel will include the Chairman, three Governors, at least one of whom will be a

Public Governor, an independent external assessor and the Chief Executive, acting in an ex-officio capacity. The Chief Executive has no vote.

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

16.3 Terms of office of Non-Executive Directors

- 16.3.1 The Chairman and the Non-Executive Directors are to be appointed for a period of office in accordance with the terms and conditions of office decided by the Council of Governors at a general meeting. Non-Executive Directors will serve a three year period and will not normally exceed a maximum of three terms of office except in exceptional circumstances.
- 16.3.2 Any terms beyond two terms (six years) should be subject to annual endorsement of the continued appointment by the Council of Governors.

16.4 Board of Directors – roles and responsibilities

- 16.4.1 The general duty of the Board of Directors, and of each Director individually, is to act with a view to promoting the success of the trust so as to maximise the benefits for the members of the trust as a whole and for the public.
- 16.4.2 The business of the trust shall be managed by the Board of Directors who, subject to this constitution, shall exercise all the powers of the trust including:
- 16.4.2.1 to act as the critical decision making body of the trust and to be accountable for the subsequent risks and liabilities that rest with this responsibility;
 - 16.4.2.2 to set the strategic direction of the trust within the overall limits detailed in the Licence by NHS Improvement;
 - 16.4.2.3 to define its annual and longer-term objectives and agree plans to achieve them;

- 16.4.2.4 to oversee the delivery of its plan by monitoring performance against objectives and ensuring that corrective action is taken when necessary;
- 16.4.2.5 to ensure effective financial stewardship through value for money, financial control, financial planning and strategy;
- 16.4.2.6 to ensure high standards of corporate governance and personal behaviour are maintained in the conduct of business of the trust;
- 16.4.2.7 to ensure appropriate mechanisms for the appointment, appraisal and remuneration of staff;
- 16.4.2.8 to endeavour to ensure effective dialogue between the trust and the local community on its plans and performance and that these are responsive to the needs of the community; and,
- 16.4.2.9 to work collaboratively with the Council of Governors to ensure that each body understands their respective roles and responsibilities and develop practical ways of engaging and interacting with each other.
- 16.4.3 A third party dealing in good faith with the trust shall not be affected by any defect in the process by which Directors are appointed or any vacancy on the Board of Directors.
- 16.4.4 All Directors will adhere to the policies and procedures of the trust and shall act in the best interests of the trust at all times.
- 16.5 Vice Chairman
- 16.5.1 For the purposes of enabling the proceedings of the trust to be conducted in the absence of the Chair, the Council of Governors will appoint a Non-Executive Director to be Vice Chair for such a period, not exceeding the remainder of their term as a Non-Executive Director of the trust.
- 16.6 Remuneration Committees
- 16.6.1 The Remuneration Committee of Non-Executive Directors shall decide the terms and conditions of office, including remuneration and allowances, of the Executive Directors (including the Chief Executive). The Director of Workforce

and Organisational Development shall be the Secretary to this Committee. The Chief Executive shall be in attendance at the request of the Committee. Neither the Director of Workforce and Organisational Development nor the Chief Executive shall be present to the discussion of their own remuneration.

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

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

16.7 Disqualification

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

16.7.1.1 they are not of good character;

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

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

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

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

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

16.7.1.7 they are a person to whom a moratorium period under a debt relief order applied under Part

- VIIA (Debt Relief Order) of the Insolvency Act 1986;
- 16.7.1.8 they are included on the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
 - 16.7.1.9 they are prohibited from holding the relevant office or position or from carrying on the regulated activity, by or under enactment;
 - 16.7.1.10 they have within the preceding five years been convicted in the British Islands of any offence, and a sentence of imprisonment (whether suspended or not) for a period of three months or more (without the option of a fine) was imposed on them;
 - 16.7.1.11 any amount properly owing to the trust by them remains outstanding without good cause;
 - 16.7.1.12 they are the subject of a disqualification order made under the Company Directors Disqualification Act 1986;
 - 16.7.1.13 in the case of a Non-Executive Director, they are no longer a member of a public constituency;
 - 16.7.1.14 they are a person whose tenure of office as a Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointing is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of a pecuniary interest;
 - 16.7.1.15 they have had their name removed by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provision elsewhere) and have not subsequently had their name included on such a list;
 - 16.7.1.16 they have within the preceding two years been dismissed, for reasons considered to be

inappropriate by the trust, from any paid employment with a health service body;

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

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

16.8 Meetings of the Board of Directors

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

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

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

16.9 Committees and delegation

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

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

16.10 Conflicts of interest

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

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

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

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

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

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

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

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

16.10.4.1 the trust; or

16.10.4.2 a person acting on its behalf.

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

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

- 16.10.5.1 shall not vote on the issue (and if by inadvertence they do remain and vote, their vote shall not be counted).
- 16.10.5.3 It shall be a disciplinary offence on the part of a Director wilfully to fail to disclose any interest required to be disclosed under the preceding paragraph.
- 16.10.6 Any declaration required by this paragraph 16.10 must be made before the trust enters into the transaction or arrangement.
- 16.10.7 If a declaration under this paragraph 16.10 proves to be, or becomes inaccurate or incomplete, a further declaration must be made.
- 16.10.8 This paragraph 16.10 of the constitution does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.
- 16.10.9 A Director need not declare an interest:
- 16.10.9.1 If it cannot reasonably be regarded as likely to give rise to a conflict of interest;
- 16.10.9.1 If, or to the extent that, the Directors are already aware of it;
- 16.10.9.2 If, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered:
- 16.10.9.2.1 By a meeting of the Board of Directors; or
- 16.10.9.2.2 By a committee of the Directors appointed for the purpose under this constitution.
- 16.10.10 A material interest in a matter, as defined in Annex E, is any interest held by a Director, their spouse or partner, or a member of immediate family, in any firm or company or business which in connection with the matter is trading with the trust or is likely to be considered as a potential trading partner with the trust. The exceptions which shall not be treated as material interests are as follows:

- 16.10.10.1 shares not exceeding 1% of the total shares in issue held in any company whose shares are listed on any public exchange; and,
- 16.10.10.2 an employment contract with an appointing organisation held by a Non-Executive Director.

16.11 Expenses

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

17 Roles and responsibilities of the Secretary of the trust

- 17.1 The trust shall have a Secretary. The Secretary shall not be a member of the Council of Governors or the Chief Executive or the Finance Director. The Secretary may be styled as the Company Secretary whose functions shall include responsibility for:
 - 17.1.1 acting as Secretary to the Council of Governors and the Board of Directors and such committees as may from time to time be required by either the Board or Council;
 - 17.1.2 summoning and attending all meetings of the Council of Governors and the Board of Directors and keeping the minutes of those meetings;
 - 17.1.3 keeping the register of members and other registers required by this constitution to be kept;
 - 17.1.4 publishing to members, in appropriate form, information about the trust's affairs; and
 - 17.1.5 preparing and sending to NHS Improvement, and any other statutory body, all returns which are required to be made.

18 Registers

- 18.1 The trust is to have:
 - 18.1.1 a register of members showing, in respect of each member, the constituency to which he belongs and, where there are classes within it, the class to which he belongs;
 - 18.1.2 a register of the Council of Governors;
 - 18.1.3 a register of interests of the Council of Governors;

- 18.1.4 a register of Directors; and
- 18.1.5 a register of interests of the Board of Directors.
- 18.2 The Foundation Trust Office shall remove from the register of members the name of any member who ceases to be entitled to be a member under the provisions of this constitution, or opts out under the staff membership scheme, and will add the name of anyone who applies to be and becomes a member.
- 18.3 The trust shall not make any part of its registers available for inspection by members of the public which shows details of any member of the trust, if the member so requests.
- 18.4 So far as the registers are required to be made available:
 - 18.4.1 they are to be available for inspection free of charge at all reasonable times; and
 - 18.4.2 a person who requests a copy of, or extract from, the registers is to be provided with a copy or extract.
- 18.5 If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

19 Public documents

- 19.1 The following documents of the trust are to be available for inspection by members of the public at all reasonable times and shall be available on the trust's website, in line with the trust's Freedom of Information Policy:
 - 19.1.1 a copy of the current constitution;
 - 19.1.2 a copy of the latest annual accounts and of any report of the external auditor on them;
 - 19.1.3 a copy of the report of any other external auditor of the trust's affairs appointed by the Council of Governors;
 - 19.1.4 a copy of the latest annual report;
- 19.2 The trust shall also make the following documents relating to a special administration of the trust available for inspection by members of the public free of charge at all reasonable times:
 - 19.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final

- report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;
- 19.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;
- 19.2.3 a copy of any information published under section 65D (appointment of trust special administrator) of the 2006 Act;
- 19.2.4 a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;
- 19.2.5 a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;
- 19.2.6 a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (NHS Improvement's decision), 65KB (Secretary of State's response to NHS Improvement's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;
- 19.2.7 a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;
- 19.2.8 a copy of any final report published under section 65I (administrator's final report) of the 2006 Act;
- 19.2.9 a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act; and,
- 19.2.10 a copy of any information published under section 65M (replacement of trust special administration) of the 2006 Act.
- 19.3 Any person who requests a copy of, or extract from any of the above documents, is to be provided with a copy. If the person requesting a copy or extract is not a member of the trust, the trust may impose a reasonable charge for doing so.

20 External auditor

- 20.1 The trust is to have an external auditor and is to provide the auditor with every facility and all information which he may reasonably require for the purposes of his functions under Schedule 10 to the 2006 and paragraph 23 of Schedule 7 to the 2006 Act.
- 20.2 A person may only be appointed as the external auditor if he (or in the case of a firm of each of its members) is a member of one or more of

the bodies referred to in paragraph 23 (4) of Schedule 7 to the 2006 Act.

- 20.3 The Council of Governors at a general meeting shall appoint or remove the trust's external auditors.
- 20.4 The external auditor is to carry out his duties in accordance with Schedule 15 to the 2006 Act and in accordance with any directions given by NHS Improvement on standards, procedures and techniques to be adopted.
- 20.5 The Board of Directors shall nominate a list of external auditors to be considered for appointment by the Council of Governors and may resolve that external auditors be appointment to review any other aspect of the trust's performance. Any such external auditors are to be appointed by the Council of Governors.

21 Accounts

- 21.1 The trust must keep proper accounts and proper records in relation to the accounts.
- 21.2 NHS Improvement may, with the approval of the Secretary of State, give directions to the trust as to the content and form of the accounts.
- 21.3 The accounts are to be audited by the trust's external auditor.
- 21.4 The trust shall prepare in respect of each financial year annual accounts in such form as NHS Improvement may with the approval of the Secretary of State direct.
- 21.5 The annual accounts, any report of the external auditor on them, and the annual report are to be presented and considered at a Council of Governors meeting. The trust may combine a meeting of the Council of Governors convened for the purposes of this paragraph with the Annual Members' Meeting.
- 21.6 The trust shall lay a copy of the annual accounts, and any report of the external auditor on them, before Parliament and send copies of those documents to NHS Improvement within such period as NHS Improvement may direct.

22 Annual reports, forward plans and non-NHS work

- 22.1 The trust is to prepare annual reports and send them to NHS Improvement.
- 22.2 The trust shall give information as to its forward planning in respect of each financial year to NHS Improvement. The document containing this information is to be prepared by the Directors, and in preparing the

document, the Board of Directors must have regard to the views of the Council of Governors.

- 22.3 Each forward plan must include information about:
- 22.3.1 the activities other than the provision of goods and services for the purposes of the health service in England that the trust proposes to carry on; and.
 - 22.3.2 the income it expects to receive from doing so.
- 22.4 Where a forward plan contains a proposal that the trust carry on an activity of a kind mentioned in sub-paragraph 22.3.1, the Council of Governors must:
- 22.4.1 determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the trust of its principal purpose or the performance of its other functions; and
 - 22.4.2 notify the Directors of the trust of its determination.
- 22.5 A trust which proposes to increase by 5% or more the proportion of its total income in any financial year attributable to activities other than the provision of goods and services for the purposes of the health service in England may implement the proposal only if more than half of the members of the Council of Governors of the trust voting approve its implementation.

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

- 23.1 The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors for consideration:
- 23.1.1 the annual accounts;
 - 23.1.2 any report of the external auditor on them; and
 - 23.1.3 the annual report.
- 23.2 The documents shall also be presented to the members of the trust at the Annual Members' Meeting with at least one member of the Board of Directors in attendance.
- 23.3 The trust may combine a meeting with the Council of Governors convened for the purposes of sub-paragraph 23.1 with the Annual Members' Meeting.

24 Indemnity

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

25 Execution of documents

- 25.1 The trust is to have a seal, but this is not to be affixed except under the authority of the Board of Directors.
- 25.2 A document purporting to be duly executed under the trust's seal, or to be signed on its behalf, is to be received in evidence and, unless the contrary is proved, taken to be so executed or signed.

26 Dispute resolution procedures

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

27 Amendment of the constitution

- 27.1 No amendment shall be made to this constitution unless:
- 27.1.1 More than half of the members of the Council of Governors of the trust voting approve the amendments; and,
- 27.1.2 More than half of the members of the Board of Directors of the trust voting approve the amendments.

- 27.2 Amendments made under paragraph 27.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.
- 27.3 Where an amendment is made to the constitution in relation to the powers or duties of the Council of Governors, or otherwise with respect to the role that the Council of Governors has as part of the trust:
- 27.3.1 at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment; and,
- 27.3.2 the trust must give the members an opportunity to vote on whether they approve the amendment.
- 27.4 If more than half of the members voting approve the amendment, the amendment continues to have effect, otherwise it ceases to have effect and the trust must take such steps as are necessary as a result.
- 27.5 Amendments by the trust of its constitution are to be notified to NHS Improvement. For the avoidance of doubt, NHS Improvement's functions do not include a power or duty to determine whether or not the constitution as a result of the amendments accords with Schedule 7 of the 2006 Act.

28 Mergers etc. and significant transactions

- 28.1 The trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.
- 28.2 The trust may enter into a significant transaction only if more than half of the members of the Council of Governors of the trust voting approve entering into the transaction.
- 28.3 Significant transaction means a transaction which would not otherwise require the approval of the Council of Governors under paragraph 28.1 above which meets any one of the criteria below:

Assets:

The gross assets subject to the transaction are greater than 25% of the trust's existing gross assets.

Income:

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

Consideration to total trust capital

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

28.4 For the purposes of this paragraph:

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

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

28.4.3 "total capital" is the taxpayers' equity.

28.5 Material transaction means:

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

29 Head office and website

29.1 The trust's head office is at:

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

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

29.2.1 www.hdft.nhs.uk

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

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

Annex A

1 Area of the trust

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

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

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

Public constituencies with minimum numbers as described in 7.2.2:

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

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

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

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

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

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

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

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

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

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

The Nursing and Midwifery Staff Class;

The Medical Practitioners' Staff Class;

The Other Clinical Staff Class; and,

The Non-Clinical Staff Class.

DRAFT FOR APPROVAL

Annex B

MODEL ELECTION RULES

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1. Interpretation

PART 2: TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

PART 3: RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
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18. Method of election

PART 5: CONTESTED ELECTIONS

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20. The ballot paper
21. The declaration of identity (public and patient constituencies)

Action to be taken before the poll

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
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The poll

- 27. Eligibility to vote
- 28. Voting by persons who require assistance
- 29. Spoilt ballot papers and spoilt text message votes
- 30. Lost voting information
- 31. Issue of replacement voting information
- 32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 33. Procedure for remote voting by internet
- 34. Procedure for remote voting by telephone
- 35. Procedure for remote voting by text message

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

- 36. Receipt of voting documents
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- 42. Arrangements for counting of the votes
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PART 8: DISPOSAL OF DOCUMENTS

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PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

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PART 10: ELECTION EXPENSES AND PUBLICITY

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- 60. Election expenses
- 61. Expenses and payments by candidates
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- 63. Publicity about election by the corporation
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PART 11: QUESTIONING ELECTIONS AND IRREGULARITIES

- 66. Application to question an election

PART 12: MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

PART 1: INTERPRETATION

1. Interpretation

1.1 In these rules, unless the context otherwise requires:

“*2006 Act*” means the National Health Service Act 2006;

“*corporation*” means the public benefit corporation subject to this constitution;

“*council of governors*” means the council of governors of the corporation;

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

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

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

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

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

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

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

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

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

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

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

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

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

“*telephone short code*” means a short telephone number used for the

purposes of submitting a vote by text message;

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

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

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

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

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

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

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

“*voting information*” means postal voting information and/or e-voting information

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

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PART 2: TIMETABLE FOR ELECTIONS

2. Timetable

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

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

3. Computation of time

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

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

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

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

PART 3: RETURNING OFFICER

4. **Returning Officer**

- 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. **Staff**

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

6. **Expenditure**

- 6.1 The corporation is to pay the returning officer:
- (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
 - (b) such remuneration and other expenses as the corporation may determine.

7. **Duty of co-operation**

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

PART 4: STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

- 8.1 The returning officer is to publish a notice of the election stating:
- (a) the constituency, or class within a constituency, for which the election is being held,
 - (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (c) the details of any nomination committee that has been established by the corporation,
 - (d) the address and times at which nomination forms may be obtained;
 - (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
 - (f) the date and time by which any notice of withdrawal must be received by the returning officer
 - (g) the contact details of the returning officer
 - (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

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

- 9.2 The returning officer:

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

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

10. Candidate's particulars

- 10.1 The nomination form must state the candidate's:

- (a) full name,

- (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
- (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party,

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

12. Declaration of eligibility

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

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

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

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

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

14. Decisions as to the validity of nomination

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

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

- (a) decides that the candidate is not eligible to stand,
- (b) decides that the nomination form is invalid,
- (c) receives satisfactory proof that the candidate has died, or
- (d) receives a written request by the candidate of their withdrawal from candidacy.

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

- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
- (b) that the paper does not contain the candidate's particulars, as required by rule 10;
- (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
- (d) that the paper does not include a declaration of eligibility as required by rule 12, or
- (e) that the paper is not signed and dated by the candidate, if required by rule 13.

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

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

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

15. **Publication of statement of candidates**

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

15.2 The statement must show:

- (a) the name, and constituency or class within a constituency of each candidate standing, and
- (b) the declared interests of each candidate standing,

as given in their nomination form.

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

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

16. Inspection of statement of nominated candidates and nomination forms

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

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

17. Withdrawal of candidates

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

18. Method of election

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

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

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

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

elected in accordance with Part 7 of these rules, and

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

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PART 5: CONTESTED ELECTIONS

19. Poll to be taken by ballot

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
- (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
 - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
 - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.
- 20.2 Every ballot paper must specify:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
 - (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
 - (g) the contact details of the returning officer.
- 20.3 Each ballot paper must have a unique identifier.
- 20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

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

- 21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:
- (a) that the voter is the person:
 - (i) to whom the ballot paper was addressed, and/or
 - (ii) to whom the voter ID number contained within the e-voting information was allocated,
 - (b) that he or she has not marked or returned any other voting information in the election, and
 - (c) the particulars of his or her qualification to vote as a member of the constituency or class within the constituency for which the election is being held,

(“declaration of identity”)

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

- 21.2 The voter must be required to return his or her declaration of identity with his or her ballot.
- 21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

- 22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.
- 22.2 The list is to include, for each member:
- (a) a postal address; and,
 - (b) the member’s e-mail address, if this has been provided
- to which his or her voting information may, subject to rule 22.3, be sent.
- 22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

- 23.1 The returning officer is to publish a notice of the poll stating:
- (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from that constituency, or class with that constituency,

- (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
- (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
- (g) the address for return of the ballot papers,
- (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
- (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
- (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
- (k) the date and time of the close of the poll,
- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

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

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope;

("postal voting information").

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

- (a) instructions on how to vote and how to make a declaration of identity (if required),
 - (b) the voter's voter ID number,
 - (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate, (d) contact details of the returning officer,
- ("e-voting information").

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

- (a) only be sent postal voting information; or
- (b) only be sent e-voting information; or
- (c) be sent both postal voting information and e-voting information;

for the purposes of the poll.

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

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

25. Ballot paper envelope and covering envelope

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

25.2 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

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

- (a) the completed ID declaration form if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
- (a) require a voter to:
 - (i) enter his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
 in order to be able to cast his or her vote;
 - (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote and how to make a declaration of identity,
 - (vi) the date and time of the close of the poll, and
 - (vii) the contact details of the returning officer;
 - (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
 - (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet

that comprises of-

- (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

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

- (a) require a voter to
 - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote and how to make a declaration of identity,
 - (v) the date and time of the close of the poll, and
 - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter

with confirmation of this;

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

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

- (a) require a voter to:
 - (i) provide his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;

in order to be able to cast his or her vote;
- (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (ii) the candidate or candidates for whom the voter has voted; and
 - (iii) the date and time of the voter's vote
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
- (f) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.

28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot

be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.

- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter’s identity; and
 - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):
- (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list (“the list of spoilt text message votes”):
- (a) the name of the voter, and
 - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
 - (c) the details of the replacement voter ID number issued to the voter.

30. Lost voting information

- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
 - (b) has no reason to doubt that the voter did not receive the original voting information,
 - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
 - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
 - (c) the voter ID number of the voter.

31. Issue of replacement voting information

- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
 - (b) the unique identifier of any replacement ballot paper issued under this rule;
 - (c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and patient constituencies)

- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID number.
- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

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

36. Receipt of voting documents

- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
 - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,
- before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.
- 36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
- (a) the candidate for whom a voter has voted, or
 - (b) the unique identifier on a ballot paper.
- 36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

- 37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) put the ID declaration form if required in a separate packet, and

- (b) put the ballot paper aside for counting after the close of the poll.

37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
- (d) place the document or documents in a separate packet.

37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.

37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.

37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and
- (c) place the document or documents in a separate packet.

38. Declaration of identity but no ballot paper (public and patient constituency)¹

38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:

- (a) mark the ID declaration form “disqualified”,
- (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and
- (c) place the ID declaration form in a separate packet.

¹ It should not be possible, technically, to make a declaration of identity electronically without also submitting a vote.

39. De-duplication of votes

- 39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.
- 39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:
- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
 - (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number
- 39.3 Where a ballot paper is disqualified under this rule the returning officer shall:
- (a) mark the ballot paper “disqualified”,
 - (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
 - (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
 - (d) place the document or documents in a separate packet; and
 - (e) disregard the ballot paper when counting the votes in accordance with these rules.
- 39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
 - (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
 - (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and
 - (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

- 40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the

packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoiled ballot papers and the list of spoiled text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

DRAFT FOR APPROVAL

PART 6: COUNTING THE VOTES

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

“ballot document” means a ballot paper, internet voting record, telephone voting record or text voting record.

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

“preference” as used in the following contexts has the meaning assigned below:

(a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference

(b) “next available preference” means a preference which is the second, or as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

(c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“quota” means the number calculated in accordance with rule STV46,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a

combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“stage of the count” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“transferable vote” means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
 - (i) the use of such software for the purpose of counting votes in the relevant election, and
 - (ii) a policy governing the use of such software, and
- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
 - (iii) ballot papers that have been returned; and
 - (iv) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules

and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44. Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

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FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and

(d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
- (b) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word "rejected" on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words "rejected in part" on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45. First stage

STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.

STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.

STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.

STV46. The quota

STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.

STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as "the quota").

STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47. Transfer of votes

STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub- parcels so that they are grouped:

- (a) according to next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.

STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.1(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:

- (a) reduces the value of each vote transferred so that the total value of

all such votes does not exceed the surplus, and

- (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).

STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-parcel of transferred votes which was last received by that candidate into separate sub-parcels so that they are grouped:

- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
- (b) where no such preference is given, as the sub-parcel of non-transferable votes.

STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule STV47.5(a) to the candidate for whom the next available preference is given on those ballot documents.

STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at:

- (a) a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,

whichever is the less.

STV47.8 Each transfer of a surplus constitutes a stage in the count.

STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.

STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:

- (a) less than the difference between the total vote then credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or
- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

- (a) record the total value of the votes transferred to each candidate,
- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49. Exclusion of candidates

- STV49.1 If:
- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
 - (b) subject to rule STV50, one or more vacancies remain to be filled, the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).
- STV9.2 The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:
- (a) ballot documents on which a next available preference is given, and
 - (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).
- STV49.3 The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.
- STV49.4 The exclusion of a candidate, or of two or more candidates together, constitutes a further stage of the count.
- STV49.5 If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub- parcels according to their transfer value.
- STV49.6 The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next available preferences given on those ballot documents (thereby passing over candidates who are deemed to be elected or are excluded).
- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV49.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub-parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot

documents with the next highest value and so on until he has dealt with each sub-parcel of a candidate excluded under rule STV49.1.

STV49.10 The returning officer shall after each stage of the count completed under this rule:

- (a) record:
 - (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each candidate,
- (b) add that total to the previous total of votes recorded for each candidate and record the new total,
- (c) record the value of non-transferable votes and add that value to the previous non-transferable votes total, and
- (d) compare:
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.

STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.

STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.

STV50.2 Where only one vacancy remains unfilled and the votes of any one

continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.

STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51. Order of election of candidates

STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.

STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he obtained the quota.

STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.

STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51. Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

FPP52. Declaration of result for contested elections

FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected:

- (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
- (ii) in any other case, to the chairman of the corporation; and
- (c) give public notice of the name of each candidate whom he or she has declared elected.

FPP52.2 The returning officer is to make:

- (a) the total number of votes given for each candidate (whether elected or not), and
- (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
- (c) the number of rejected text voting records under each of the headings in rule FPP44.10,

available on request.

STV52. Declaration of result for contested elections

STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:

- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
- (b) give notice of the name of each candidate who he or she has declared elected –
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the chairman of the NHS Trust, or
 - (ii) in any other case, to the chairman of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,

- (f) the number of rejected text voting records under each of the headings in rule STV44.3,

available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the chairman of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

DRAFT FOR APPROVAL

PART 8: DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records,

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
- (b) the list of spoilt ballot papers and the list of spoilt text message votes,
- (c) the list of lost ballot documents, and
- (d) the list of eligible voters,

or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.

56. Forwarding of documents received after close of the poll

56.1 Where:

- (a) any voting documents are received by the returning officer after the close of the poll, or
- (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
- (c) any applications for replacement voting information are made too late to enable new voting information to be issued,

the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the chairman of the corporation.

57. Retention and public inspection of documents

57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.

57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.

57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

58.1 The corporation may not allow:

- (a) the inspection of, or the opening of any sealed packet containing –
 - (i) any rejected ballot papers, including ballot papers rejected in part,
 - (ii) any rejected text voting records, including text voting records rejected in part,
 - (iii) any disqualified documents, or the list of disqualified documents,

- (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or
 - (v) the list of eligible voters, or
- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,
- by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that NHS Improvement has declared that the vote was invalid.

PART 9: DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate

FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
- (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.

FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.

FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.

FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.

FPP59.5 The returning officer is to:

- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
- (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone voting records and text voting records and

ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the chairman of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10: ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to NHS Improvement under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions,

as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
- (b) equivalent in size and content for all candidates,
- (c) compiled and distributed in consultation with all of the candidates standing for election, and
- (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.

63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.

64. Information about candidates for inclusion with voting information

64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.

64.2 The information must consist of:

- (a) a statement submitted by the candidate of no more than 250 words,
- (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
- (c) a photograph of the candidate.

65. Meaning of “for the purposes of an election”

65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s

election, including the prejudicing of another candidate's electoral prospects; and the phrase "for the purposes of a candidate's election" is to be construed accordingly.

- 65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

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PART 11: QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to NHS Improvement for the purpose of seeking a referral to the independent election arbitration panel (IEAP).
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to NHS Improvement by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as the independent panel may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election. NHS Improvement will refer the application to the independent election arbitration panel appointed by NHS Improvement.
- 66.6 If the independent election arbitration panel requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 NHS Improvement shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the IEAP shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 The IEAP may prescribe rules of procedure for the determination of an application including costs.

PART 12: MISCELLANEOUS

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or

- (d) employed by or on behalf of a person who has been nominated for election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

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Annex C

Form of Declaration

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

Date:

Dear Sirs

Election or Nomination to the Office of Governor

I confirm that I am a member of the **staff constituency/public constituency/have been nominated by a partner organisation** [*delete as appropriate*], and that I:

- am not a Director of the NHS Foundation Trust, or a governor of another NHS Foundation Trust;
- am not a public member who shares the same household as a member of the Board of Directors of the NHS Foundation Trust;
- have not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying out regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity;
- have not been adjudged bankrupt or my estate has been sequestrated and (in either case) I have not been discharged;
- have not made a composition or arrangement with, or granted a trust deed for, creditors and have not been discharged in respect of it;
- have not within the preceding 5 years been convicted in the British Islands of any offence where a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months (without the option of a fine) was imposed;
- have not within the preceding two years been dismissed from any paid employment with a health for reasons considered to be inappropriate by this Trust;
- am not a person whose tenure of office as the chairman or as a member or director of a health service body has been terminated on the grounds that my appointment was not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest;
- have not had my name removed by a direction under paragraph 10 of the National Health Service (Performers Lists) Regulations 2004 or Section 151 of the 2006 Act (or similar provisions elsewhere), and have not subsequently had my name included in such a list;
- am not able by reason of my health of properly performing tasks which are intrinsic to the office for which I am elected or appointed;
- have not had my name placed on a register of Schedule 1 offenders pursuant

to the Sex Offences Act 2003 and/ or the Children and Young Persons Act 1933 and the conviction is not spent under the Rehabilitation of Offenders Act 1974;

- am not a vexatious complainant of the NHS Foundation Trust, as defined by the Trust policy;
- am not a vexatious litigant of the NHS Foundation Trust, as defined by the Trust policy;
- am not a family relation or occupant of the same household of a person who is an existing Governor of the NHS Foundation Trust; and
- confirm any amount properly owing to the NHS Foundation Trust by me, if any, does not remain outstanding without good cause.

Yours faithfully

.....
SIGNATURE

.....
PRINTED NAME

.....
DATE

DRAFT FOR APPROVAL

Annex D

Council of Governors

Standing Orders

1. NOTICE

1.1 The Council of Governors is to meet at least three times in each financial year in addition to the Annual Members' Meeting. Save in the case of emergencies or the need to conduct urgent business, the Company Secretary shall give at least seven days written notice of the date and place of every meeting of the Council of Governors to all Governors.

1.2 Meetings of the Council of Governors will normally be called at the direction of the Chairman. A meeting may also be held if ten Governors give written notice to the Company Secretary specifying the business to be carried out. The Company Secretary shall send a written notice to all Governors as soon as possible after receipt of such a request. The Company Secretary shall issue notice of a meeting on at least seven but not more than twenty-eight days' notice to discuss the specified business.

1.3 Notice of the meetings of the Council of Governors is to be given:

1.3.1 by notice sent by post, or by electronic mail where the Governor has provided an email address for service, to all Governors;

1.3.2 by notice prominently displayed at the registered office and at all of the trust's places of business;

1.3.3 by notice on the trust's website;

1.3.4 by any other method approved by the Council of Governors at least seven clear days before the date of the meeting.

1.4 The notice must:

1.4.1 be given to the Council of Governors and the Board of Directors, and to the external auditors;

1.4.2 state whether the meeting is an Annual Members' Meeting or a Council of Governors meeting;

1.4.3 give the time, date and place of the meeting; and

1.4.4 indicate the business to be dealt with at the meeting

2. QUORUM

2.1 Before a Council of Governors meeting can do business there must be a quorum present. Except where these rules say otherwise, a quorum is 12 Governors entitled to vote at the meeting, with the majority of Governors from the public constituencies.

2.2 If no quorum is present within half an hour of the time fixed for the start of the meeting, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Council of Governors determine and notice of the adjourned meeting shall be circulated to members of the Council of Governors. If a quorum is not present within half an hour of the time fixed for the start of the adjourned meeting, the number of Governors present during the meeting is to be a quorum.

3. CONDUCT OF MEETING

3.1 It is the responsibility of the Council of Governors, the Chairman of the meeting and the Company Secretary to ensure that at any meeting:

3.1.1 the issues to be decided are clearly explained;

3.1.2 sufficient information is provided to Governors to enable rational discussion to take place; and

3.1.3 where appropriate, experts in relevant fields or representatives of special interest groups are invited to address the meeting.

3.2 The Chairman of the Trust, or in their absence, the Vice Chairman of the Trust, or in exceptional circumstances in the absence of both the Chairman and Vice Chairman, the Deputy Chairman of the Council of Governors shall preside at a meeting of the Council of Governors.

Where a conflict of interest arises for the Chairman and Vice Chairman, the Deputy Chair of the Governors shall chair that element of the meeting. In these circumstances and in the absence of the Deputy Chairman, the Governors shall elect from their members, a Governor to chair that element of the meeting. In acting as the Chairman a Governor shall have a casting vote on that issue.

3.3 Where a Governor wishes to formally pose a question at the public Council of Governors meeting, they should supply this question in

writing to the Company Secretary no less than 24 hours prior to the meeting. If a query arises during the meeting that is not resolved through the discussions at the meeting, any questions to be formally posed should be supplied in writing to the Company Secretary or the Chairman.

4. VOTING

4.1 Subject to the constitution, a resolution put to the vote at a meeting of the Council of Governors shall, except where a poll is demanded or directed, be decided upon by a show of hands.

4.2 On a show of hands or on a poll, every Governor present is to have one vote. On a poll, votes may be given either personally or by proxy under arrangements laid down by the Council of Governors, and every Governor is to have one vote. In the case of an equality of votes the Chairman of the meeting is to have a casting vote, unless there is a conflict of interest as set out in 3.2. in which case the acting chairman will have both a primary and a casting vote.

4.3 Unless a poll is demanded, the result of any vote will be declared by the Chairman and entered in the minutes of the meeting. The minutes will be conclusive evidence of the result of the vote.

4.4 A poll may be directed by the Chairman or demanded either before or immediately after a vote by show of hands by not less than one-tenth of the Governor present at the meeting. A poll shall be taken immediately.

4.5 Subject to the following provisions of this paragraph, questions arising at a meeting of the Council of Governors shall be decided by a majority of votes.

4.5.1 no resolution of the Council of Governors shall be passed if all the Public Governors present unanimously oppose it.

4.5.2 the removal of the Chairman or another Non-Executive Director requires the approval of three-quarters of the full membership of the Council of Governors.

4.6 Save as set out in 4.2 the Chairman of the Council of Governors or Vice Chairman shall not have a vote at a meeting of the Council of Governors.

5 PERSONS ENTITLED TO ATTEND MEETINGS

- 5.1 All meetings of the Council of Governors are to be open to the public unless the Council of Governors decides otherwise in relation to all or part of a meeting for reasons of commercial confidentiality or on other proper grounds as set out in the constitution. The Chairman may exclude any member of the public from a meeting of the Council of Governors if they are interfering with or preventing the proper conduct of the meeting.
- 5.2 The Council of Governors may invite the Chief Executive or any other representatives of the Board of Directors, or a representative of the trust's external auditors or other advisors to attend a meeting of the Council of Governors.
- 5.3 The Chief Executive and any other Director shall have the right to attend any meeting of the Council of Governors provided that they shall not be present for any discussion of their individual relationship with the trust.

6. MEANS OF ATTENDANCE

- 6.1 The Council of Governors may agree that its Governors can participate in its meetings by telephone, video or computer link. Participation in a meeting in this manner shall be deemed to constitute presence in person at the meeting.

7. COMMITTEES

- 7.1 The Council of Governors may form advisory sub committees under written terms of reference to the Council of Governors which may include members of the Board of Directors and appropriate people (paid or unpaid) nominated by the Board of Directors and having relevant skills or experience. Those powers shall be exercised in accordance with any written instructions given by the Council of Governors. The Council of Governors will appoint the Chairman of any committee and shall specify the quorum. All acts and proceedings of any committee shall be reported to the Council of Governors.
- 7.2 The Council of Governors will establish a Nominations Committee for the purpose of making recommendations to the Council of Governors for the appointment of the Chairman and Non-Executive Directors.
- 7.3 The Council of Governors will establish a remuneration committee for the remuneration of the Chairman and Non-Executive Directors, and decisions will be taken at a meeting of the Council of Governors.

- 7.4 The Council of Governors may, through the Company Secretary, request that advisors assist them on any committee they appoint in carrying out their functions.

8. VALIDITY OF DECISIONS

- 8.1 Decisions taken in good faith at a meeting of the Council of Governors or of any committee shall be valid even if it is discovered subsequently that there was a defect in the calling of the meeting, or the appointment of the Council of Governors attending the meeting

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Annex E

Pursuant to Section 20 of Schedule 7 of the 2006 Act, a register of Director's and Governors' interests must be kept by each NHS Foundation Trust.

1. Declaration of Interests By Directors and Governors

- 1.1. All existing Directors (including for the purposes of this document, Non-Executive Directors) and Governors should declare relevant and material interests. Any Directors or Governors appointed or elected subsequently should do so on appointment or election.
- 1.2. Interests which should be regarded as "relevant and material" and which, for the avoidance of doubt, should be included in the register, are:
 - (a) Directorships, including Non-Executive Directorships held in private companies or PLCs (with the exception of those of dormant companies).
 - (b) Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS.
 - (c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
 - (d) A position of Authority in a charity or voluntary organisation in the field of health and social care.
 - (e) A position of Authority in a local council or Local Authority, for example, a Councillor.
 - (f) Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.
 - (g) Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the trust, including but not limited to, lenders or banks.
- 1.3. If Directors or Governors have any doubt about the relevance or materiality of an interest, this should be discussed with the Chairman.
- 1.4. At the time the interests are declared, they should be recorded in the Board of Director minutes or Council of Governor minutes as appropriate. Any changes in interests should be officially declared at the next Board meeting or Council of Governors meeting as appropriate following the change occurring. It is the obligation of the Director or Governor to inform the Secretary of the trust in writing within 7 days of becoming aware of the existence of a relevant or material interest. The Secretary will amend the register upon receipt within 3 working days.

- 1.5. During the course of a Board of Director meeting or Council of Governor meeting, if a conflict of interest is established, the Directors or Governors concerned should withdraw from the meeting and play no part in the relevant discussion or decision. For the avoidance of doubt, this includes voting on such an issue where a conflict is established. If there is a dispute as to whether a conflict of interest does exist, the majority will resolve the issue with the Chairman having the casting vote.
- 1.6. There is no requirement for the interests of Directors' or Governors' spouses or partners to be declared.

2. Register of Interests

- 2.1. The details of Directors and Governors interests recorded in the register will be kept up to date by means of a monthly review of the register by the Secretary of the trust, during which any changes of interests declared during the preceding month will be incorporated.
- 2.2. Subject to contrary regulations being passed, the register will be available for inspection by the public free of charge. The Chairman will take reasonable steps to bring the existence of the Register to the attention of the local population and to publicise arrangements for viewing it. Copies or extracts of the register must be provided to members of the trust free of charge and within a reasonable time period of the request.

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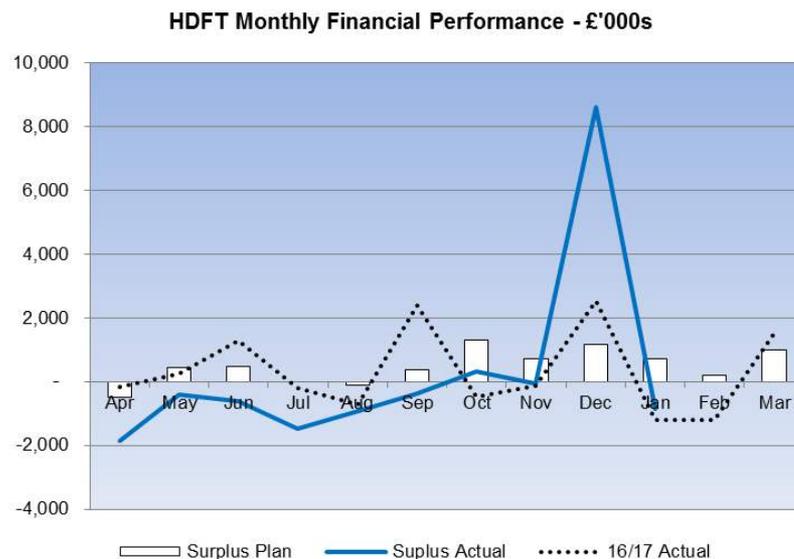
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|--|---|---|-----|--|---|---|---|--|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 6.0 | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Finance Report | | | | | | | | | | |
| Sponsoring Director: | Jonathan Coulter Deputy Chief Executive / Finance Director | | | | | | | | | | |
| Author(s): | Finance Department | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <ul style="list-style-type: none"> The Trust reported a surplus position of £2,459k to date, resulting in a use of resource metric of 1. The position in January was significantly challenging, with a deficit of £859k reported. Cash continues to be a concern as a result of the financial position and the delays in receiving payment from Commissioners. | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| <table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table> | | | | To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | The paper outlines the financial risks facing the Trust and the mitigations being put in place to resolve these in terms of revenue and cash. | | | | | | | | | | |
| Legal / regulatory: | None directly identified. | | | | | | | | | | |
| Resource: | The document outlines the financial challenges and approach to resolving these issues. | | | | | | | | | | |
| Impact Assessment: | A number of quality impact assessments are undertaken on elements of the recovery plan and CIP programme. | | | | | | | | | | |
| Conflicts of Interest: | None | | | | | | | | | | |
| Reference documents: | | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| The Board of Directors is asked to note the contents of this report. | | | | | | | | | | | |

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January 2018 Financial Position

Financial Performance

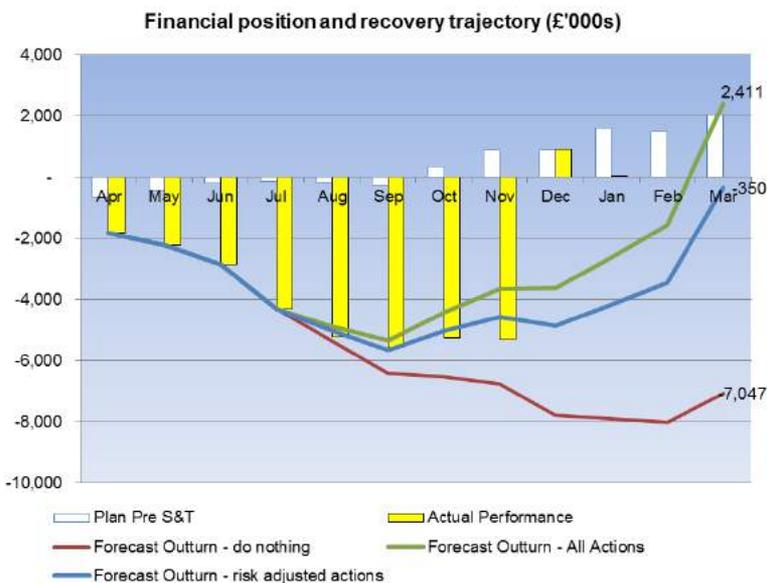
- As a result of a number of pressures across the Trust during January, a deficit of £859k is reported in month. This is significantly behind the planned surplus position of £1.2m. Included in the plan was £441k related to the Sustainability and Transformation Fund (STF) available to the Trust if we achieved the in month control total. This has not been included in the January position.
- Following a steady improvement in the underlying monthly position in previous months, January has clearly been challenging on a number of fronts. Key variances include –
 - The Trust incurred £0.3m of additional winter costs during January
 - Elective inpatients totalling £0.25m were cancelled in January due to bed pressures within the Trust
 - Ward pay continued to be overspent by £0.1m in month, with a runrate of £1.1m for the year to date. This equates to almost an additional ward's worth of staffing costs, and reflects the vacancies that the Trust is experiencing (and cost of filling shifts temporarily) as well as the increase in demand for 'specials'.
 - Theatre staffing overspend of £0.1m due to vacancies and cost of filling shifts
 - A shortfall against our activity plan overall of £0.8m. Page 4 outlines activity variances.
- As a result of performance in month, the year to date financial position (excl. STF) is now a £4k surplus, £1,611k behind the Trusts control total. The surplus increases to £2,459k with the inclusion of STF funding.



January 2018 Financial Position Continued

Financial Performance (2)

- As outlined in December, a number of material benefits were accounted for which supported the improved financial position of the Trust. The graph below outlines this improvement, and the subsequent position in January –



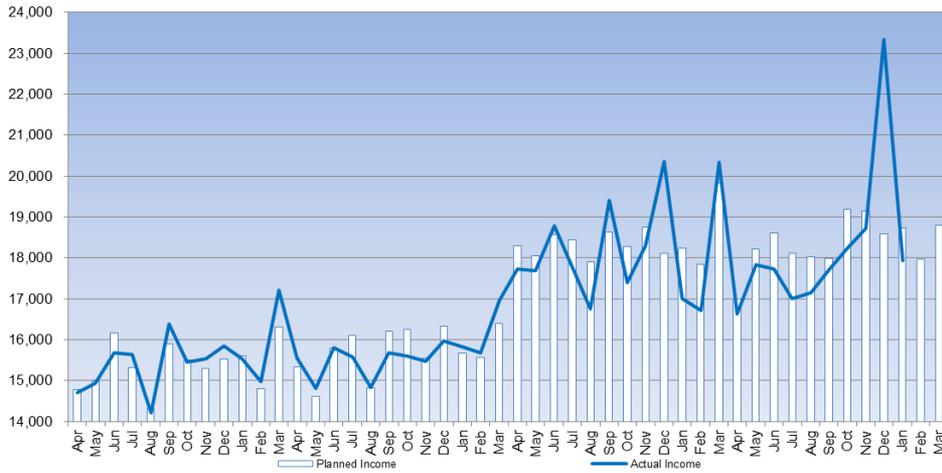
The benefits accounted for last month were from the following schemes -

1. Creation of our wholly owned subsidiary – benefit in year of £3.1m, which can be accounted for now that the decision has been taken to proceed
2. Winter funding allocation of £1.34m
3. Assessment of a rate rebate – backdated benefit of £1.9m, with papers lodged with the High Court for decision later this year
4. Mobilisation of new contract in Stockton – funding of £0.11m allocated in addition to the baseline contract to offset mobilisation costs

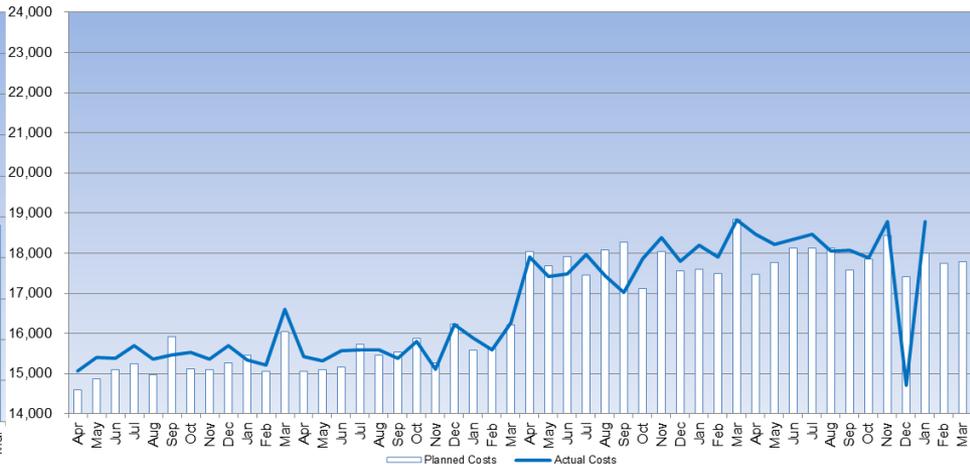
- Despite performance in January being behind plan, current plans still achieve the control total following risk adjustment.
- The Trust is reporting a use of resource rating of 1. This is in line with plan and the result of achieving the control total in December.
- Progress against the Trust efficiency programme is outlined on pages 10 and 11.
- Finally, cash remains a significant pressure to the organisation. The Trust ended January with a balance of £700k, ZZZ behind plan. The Trust continues to work on outstanding debtors to progress a number of long standing issues, however, this remains challenging.

2018/19 Run Charts

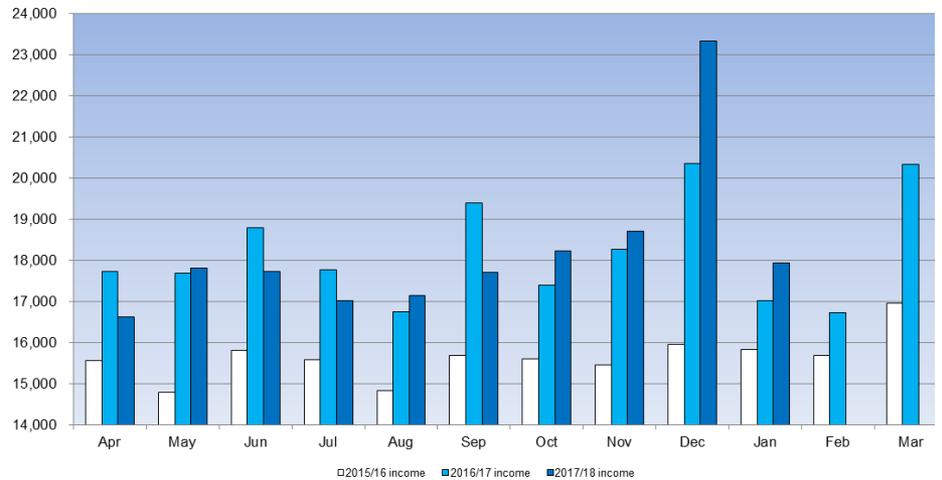
Planned and Actual Income Apr 2014 - Mar 2018



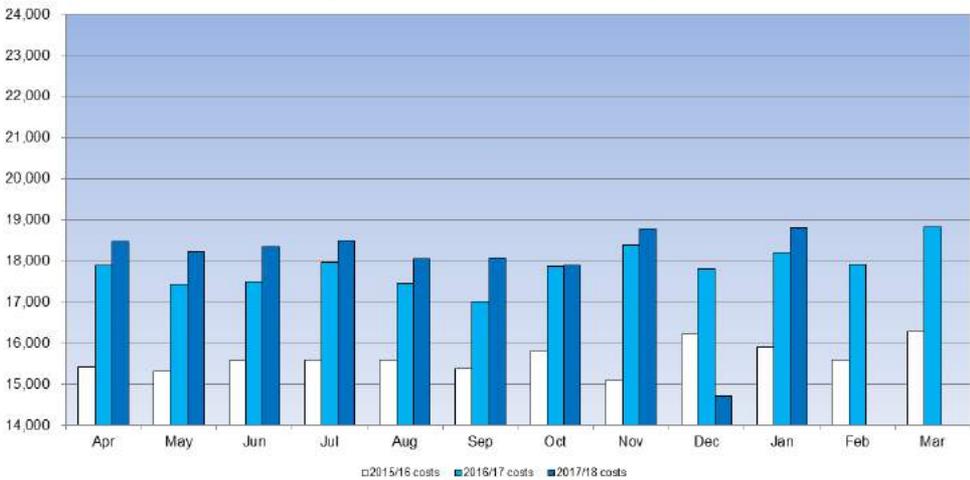
Planned and Actual Costs Apr 2014 - Mar 2018



Actual Income 2015/16, 2016/17 & 2017/18



Actual costs 2015/16, 2016/17 & 2017/18



Activity summary – Year-to-date January 2018

The table below summarises the year to date position on activity for the main points of delivery.

| Activity type | Dec-17 | | | | Jan-18 | | | | Jan-18 YTD | | | |
|------------------------------|--------|---------------|---------------|--------------------------------|--------|---------------|---------------|--------------------------------|------------|---------------|---------------|--------------------------------|
| | Actual | Original plan | Recovery plan | Variance against recovery plan | Actual | Original plan | Recovery plan | Variance against recovery plan | Actual | Original plan | Recovery plan | Variance against recovery plan |
| New outpatients | 6918 | 7389 | 7602 | -9.0% | 8441 | 8555 | 8753 | -3.6% | 80953 | 81666 | 82568 | -2.0% |
| Follow-up outpatients | 13807 | 14398 | 14065 | -1.8% | 16917 | 17159 | 16339 | 3.5% | 157252 | 163792 | 159266 | -1.3% |
| Elective inpatients | 249 | 304 | 283 | -12.0% | 286 | 344 | 320 | -10.6% | 2901 | 3261 | 3098 | -6.4% |
| Elective day cases | 2268 | 2329 | 2303 | -1.5% | 2864 | 2904 | 2834 | 1.1% | 24055 | 25973 | 24771 | -2.9% |
| Non-electives | 1994 | 1996 | 1996 | -0.1% | 1955 | 1930 | 1930 | 1.3% | 18848 | 18198 | 18198 | 3.6% |
| A&E attendances | 4297 | 4120 | 4120 | 4.3% | 4017 | 4120 | 4120 | -2.5% | 41517 | 40666 | 40666 | 2.1% |

January was very challenging in terms of managing bed pressures. During this time, the Trust needed to open up beds that were closed due to staffing pressures, meaning that Nidderdale and Farndale wards were fully open throughout January. In addition, for a large part of the month, the Elective Admissions and Discharge Unit (EADU) was used for an additional 8 beds, which was staffed in large part by the EADU staff. The Surgical Assessment Unit on Littondale ward was also converted to inpatient beds over this period along with the ongoing escalation beds on CATT ward and Granby Ward.

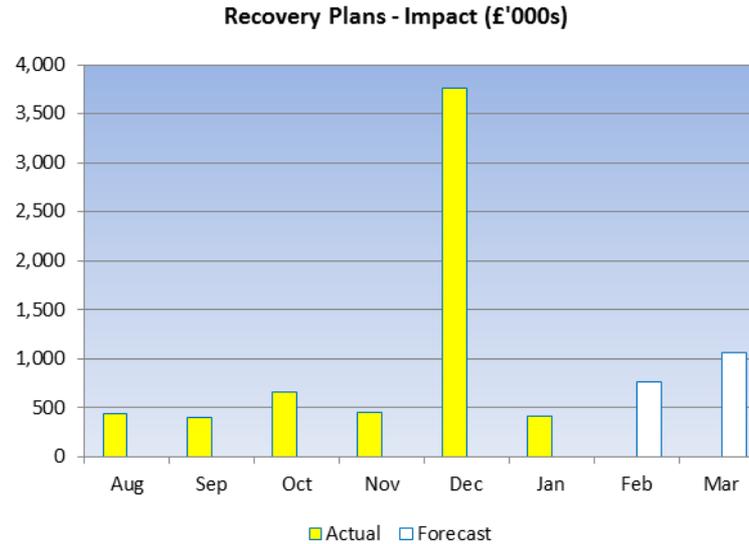
The capacity put in place following the allocation of the additional Winter funding as outlined in this report to Board in January remain in place and planning has now commenced in relation to the risks from April when these and the remaining vanguard resources are no longer available.

As a result of the ongoing high bed occupancy, 35 elective inpatient admissions were cancelled during January due to a lack of beds. Where possible, these were replaced with day case patients to enable efficient utilisation of theatre lists. Staff showed extreme flexibility in being able to accommodate additional day cases over the month. This work along with full Saturday day surgery lists and additional endoscopy lists has meant that January has seen the highest number of day cases undertaken ever in the organisation at 1801. However without the cancellation of these cases the elective inpatient recovery plan would have been achieved.

In General Surgery, Mr Leinhardt retired from the trust at the end of January, with temporary backfill now in place in advance of a substantive replacement. Communication has gone out to local GPs about the backfill arrangements.

Recovery plan update

The graph below highlights overall performance against the recovery plan set internally earlier in the year.



| Plan/Actual | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|--------------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|
| Plan | 466 | 603 | 1,007 | 1,015 | 1,043 | 1,175 | 1,178 | 3,020 | 9,506 |
| Risk Adjusted Plan | 383 | 352 | 650 | 660 | 702 | 796 | 809 | 2,321 | 6,673 |
| Actual | 437 | 403 | 657 | 449 | 3,762 | 410 | 0 | 0 | 6,118 |
| Risk Adjusted Var | 53 | 52 | 7 | -211 | 3,060 | -386 | 0 | 0 | 2,575 |
| Forecast | | | | | 0 | 0 | 762 | 1,062 | 1,823 |

The following slides give a more detailed review of progress by scheme.

Recovery plan update

| Category | Plan/Actual | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | RAG |
|-----------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|--------|
| Income | | | | | | | | | | | |
| Casemix | Plan | 145 | 35 | 35 | 35 | 35 | 35 | 35 | 35 | 390 | MEDIUM |
| | Risk Adjusted Plan | 129 | 29 | 29 | 29 | 29 | 29 | 29 | 29 | 330 | |
| | Actual | 145 | 25 | 47 | 12 | 12 | 12 | 0 | 0 | 253 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 35 | 70 | |
| locum T&O consultant | Plan | 0 | 0 | 93 | 93 | 93 | 93 | 93 | 93 | 558 | MEDIUM |
| | Risk Adjusted Plan | 0 | 0 | 74 | 74 | 74 | 74 | 74 | 74 | 446 | |
| | Actual | 0 | 0 | 0 | 0 | 56 | 14 | 0 | 0 | 70 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 50 | 50 | 100 | |
| GS / Gastro incl Wharfedale | Plan | 10 | 48 | 48 | 48 | 48 | 48 | 48 | 48 | 345 | HIGH |
| | Risk Adjusted Plan | 9 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 168 | |
| | Actual | 0 | 0 | 0 | 0 | 6 | 23 | 0 | 0 | 29 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 41 | 41 | 82 | |
| Ophthalmology | Plan | 0 | 20 | 20 | 38 | 38 | 38 | 38 | 38 | 231 | HIGH |
| | Risk Adjusted Plan | 0 | 5 | 5 | 18 | 18 | 18 | 18 | 18 | 98 | |
| | Actual | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 5 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 29 | 29 | 58 | |
| Professional leave | Plan | 0 | 0 | 65 | 65 | 57 | 65 | 60 | 63 | 375 | HIGH |
| | Risk Adjusted Plan | 0 | 0 | 13 | 13 | 11 | 13 | 12 | 13 | 75 | |
| | Actual | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 7 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Activity recovery general | Plan | 0 | 173 | 181 | 181 | 157 | 181 | 165 | 173 | 1,211 | HIGH |
| | Risk Adjusted Plan | 0 | 35 | 36 | 36 | 31 | 36 | 33 | 35 | 242 | |
| | Actual | 0 | 53 | 38 | 38 | 30 | 30 | 0 | 0 | 188 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 38 | 38 | 76 | |
| sub-total | Plan | 155 | 276 | 442 | 461 | 427 | 461 | 439 | 450 | 3,110 | |
| | Risk Adjusted Plan | 137 | 91 | 180 | 193 | 186 | 193 | 188 | 191 | 1,359 | |
| | Actual | 147 | 79 | 91 | 51 | 104 | 79 | 0 | 0 | 551 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 193 | 193 | 386 | |

Recovery plan update

| Category | Plan/Actual | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | RAG |
|--------------------------------------|--------------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|------|
| Spend | | | | | | | | | | | |
| Ward Pay | Plan | 75 | 75 | 104 | 85 | 89 | 92 | 92 | 92 | 704 | HIGH |
| | Risk Adjusted Plan | 46 | 46 | 69 | 66 | 67 | 69 | 69 | 69 | 502 | |
| | Actual | 74 | 63 | 94 | 92 | 45 | 72 | 0 | 0 | 440 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 112 | 112 | 224 | |
| Theatre Pay | Plan | 0 | -6 | -9 | 3 | 15 | 53 | 53 | 53 | 162 | LOW |
| | Risk Adjusted Plan | 0 | -6 | -9 | 3 | 14 | 50 | 50 | 50 | 154 | |
| | Actual | 0 | -6 | 13 | -9 | 0 | 0 | 0 | 0 | -2 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 53 | 106 | |
| Agency | Plan | 0 | 0 | 0 | 0 | 16 | 16 | 16 | 16 | 65 | LOW |
| | Risk Adjusted Plan | 0 | 0 | 0 | 0 | 15 | 15 | 15 | 15 | 62 | |
| | Actual | 0 | 0 | 23 | 6 | 3 | 8 | 0 | 0 | 39 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 16 | 33 | |
| Community | Plan | 0 | 0 | 23 | 23 | 23 | 23 | 23 | 23 | 139 | LOW |
| | Risk Adjusted Plan | 0 | 0 | 22 | 22 | 22 | 22 | 22 | 22 | 132 | |
| | Actual | 6 | 9 | 10 | 17 | 10 | 2 | 0 | 0 | 54 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 29 | 29 | 58 | |
| Additional Procurement Opportunities | Plan | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 40 | LOW |
| | Risk Adjusted Plan | 0 | 0 | 0 | 0 | 10 | 10 | 10 | 10 | 38 | |
| | Actual | 0 | 0 | 0 | 0 | 10 | 10 | 0 | 0 | 20 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 10 | 20 | |
| Additional CIP Requirement | Plan | 52 | 52 | 132 | 82 | 82 | 82 | 82 | 82 | 646 | HIGH |
| | Risk Adjusted Plan | 24 | 24 | 101 | 53 | 53 | 53 | 53 | 53 | 416 | |
| | Actual | 52 | 52 | 52 | 61 | 82 | 82 | 0 | 0 | 381 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 82 | 82 | 164 | |
| sub total | Plan | 127 | 121 | 250 | 194 | 236 | 276 | 276 | 276 | 1,756 | |
| | Risk Adjusted Plan | 70 | 65 | 183 | 144 | 182 | 220 | 220 | 220 | 1,303 | |
| | Actual | 132 | 117 | 192 | 167 | 150 | 174 | 0 | 0 | 932 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 302 | 302 | 604 | |

Recovery plan update

| Category | Plan/Actual | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | RAG |
|-------------------|--------------------|------------|------------|------------|------------|--------------|------------|------------|--------------|--------------|--------|
| Other | | | | | | | | | | | |
| Board contingency | Plan | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 83 | 667 | LOW |
| | Risk Adjusted Plan | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 79 | 633 | |
| | Actual | 83 | 83 | 83 | 83 | 83 | 83 | 0 | 0 | 499 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 83 | 83 | 167 | |
| capitalisation | Plan | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 22 | 178 | LOW |
| | Risk Adjusted Plan | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 21 | 169 | |
| | Actual | 22 | 22 | 22 | 22 | 22 | 22 | 0 | 0 | 133 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 22 | 44 | |
| ASDM | Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,486 | 1,486 | MEDIUM |
| | Risk Adjusted Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1,189 | 1,189 | |
| | Actual | 0 | 0 | 0 | 0 | 3,100 | 0 | 0 | 0 | 3,100 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Provisions | Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 300 | 300 | LOW |
| | Risk Adjusted Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 285 | 285 | |
| | Actual | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 300 | 300 | |
| sub total | Plan | 106 | 106 | 106 | 106 | 106 | 106 | 106 | 1,892 | 2,630 | |
| | Risk Adjusted Plan | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 1,574 | 2,276 | |
| | Actual | 106 | 106 | 106 | 105 | 3,205 | 105 | 0 | 0 | 3,732 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 106 | 406 | 511 | |

Recovery plan update

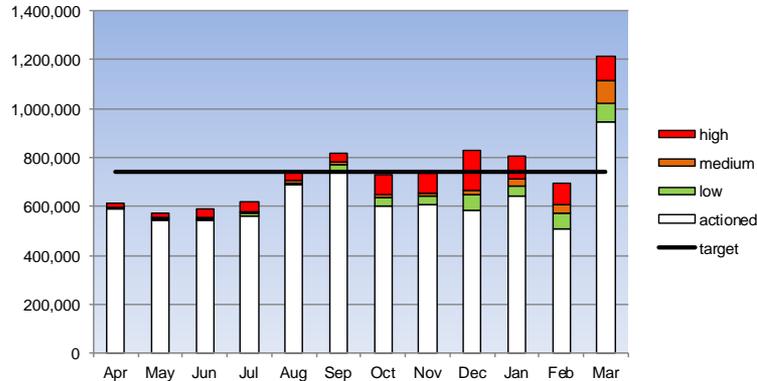
| Category | Plan/Actual | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total | RAG |
|----------------------------------|--------------------|-----------|------------|------------|------------|------------|------------|------------|------------|--------------|--------|
| Further Controls | | | | | | | | | | | |
| Holding Vacancies | Plan | 0 | 0 | 45 | 90 | 135 | 180 | 225 | 270 | 945 | MEDIUM |
| | Risk Adjusted Plan | 0 | 0 | 36 | 72 | 108 | 144 | 180 | 216 | 756 | |
| | Actual | 0 | 0 | 27 | 61 | 70 | -146 | 0 | 0 | 12 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 60 | 120 | |
| Corporate Services Actions | Plan | 80 | 42 | 70 | 70 | 70 | 84 | 64 | 64 | 545 | LOW |
| | Risk Adjusted Plan | 76 | 40 | 67 | 67 | 67 | 80 | 61 | 61 | 518 | |
| | Actual | 35 | 42 | 41 | 33 | 33 | 33 | 0 | 0 | 217 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 33 | 33 | 66 | |
| Non Pay Control | Plan | 0 | 0 | 35 | 35 | 35 | 35 | 35 | 35 | 210 | MEDIUM |
| | Risk Adjusted Plan | 0 | 0 | 28 | 28 | 28 | 28 | 28 | 28 | 168 | |
| | Actual | 0 | 0 | 152 | -13 | 151 | 103 | 0 | 0 | 393 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 35 | 70 | |
| Reduce overtime/additional hours | Plan | 0 | 20 | 20 | 20 | 20 | 20 | 20 | 20 | 140 | LOW |
| | Risk Adjusted Plan | 0 | 19 | 19 | 19 | 19 | 19 | 19 | 19 | 133 | |
| | Actual | 17 | 24 | 27 | 32 | 22 | 45 | 0 | 0 | 167 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 20 | 40 | |
| Training | Plan | 0 | 39 | 39 | 39 | 13 | 13 | 13 | 13 | 169 | LOW |
| | Risk Adjusted Plan | 0 | 37 | 37 | 37 | 12 | 12 | 12 | 12 | 161 | |
| | Actual | 0 | 35 | 21 | 13 | 28 | 17 | 0 | 0 | 114 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 13 | 13 | 26 | |
| | | | | | | | | | | | |
| sub total | Plan | 80 | 101 | 209 | 254 | 273 | 332 | 357 | 402 | 2,009 | |
| | Risk Adjusted Plan | 76 | 96 | 187 | 223 | 234 | 283 | 300 | 336 | 1,735 | |
| | Actual | 52 | 101 | 269 | 126 | 304 | 52 | 0 | 0 | 903 | |
| | Forecast | 0 | 0 | 0 | 0 | 0 | 0 | 161 | 161 | 322 | |

Efficiency Update – 17/18

The CIP target was increased to £9.4m in June with new targets issued to each of the directorates. Current performance shows that plans are in place for 94% of this target, however the risk adjusted total outlines potential delivery of 87%. 79% has been actioned up to the end of January.

Trustwide Cost Improvement Programme

2017/18



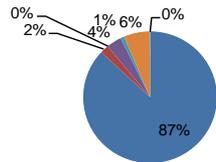
| Summary | Target | Actioned | Low | Medium | High | Total | Total %age | Risk Adjust | Risk Adj %age |
|-----------|-----------|-----------------|---------|---------|---------|-----------|------------|-------------|---------------|
| Trustwide | 9,409,800 | 7,466,650 | 470,593 | 216,067 | 564,103 | 8,717,413 | 93% | 8,199,368 | 87% |
| | | % age of target | | 5% | 2% | 6% | | | |

Top 10 unactioned schemes

Top 10 as % of schemes - 8%

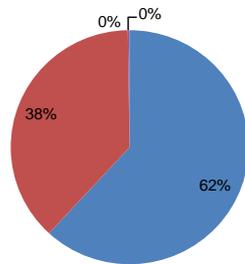
| No. | Scheme | Directorate | Value | Risk |
|-----|-----------------------------|--------------|---------|--------|
| 1 | Theatre Utilisation | Planned Care | 125,000 | High |
| 2 | Outpatient Productivity | LTUC | 112,000 | High |
| 3 | Inpatient flow | Planned Care | 92,470 | High |
| 4 | Agency | Corporate | 77,000 | Low |
| 5 | Pathology Review | LTUC | 68,500 | High |
| 6 | VAT reclaim re equipment | CCCC | 59,656 | Medium |
| 7 | Elm wood review | Planned Care | 51,360 | Low |
| 8 | Theatre scheduling | Planned Care | 50,000 | High |
| 9 | Vacancy control | LTUC | 41,000 | Low |
| 10 | Vacancy control - corporate | Corporate | 40,000 | Medium |

CIP schemes by internal category



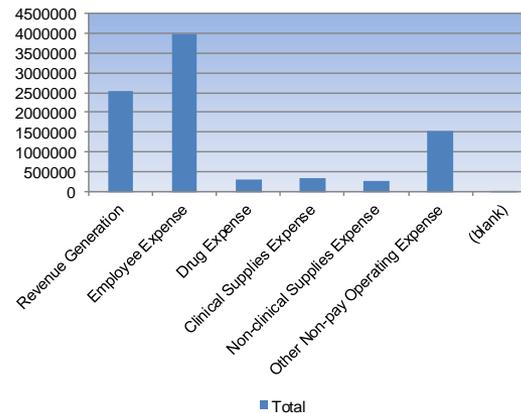
- Business as usual
- Business Development
- (blank)
- Transformation - Directorate led
- Transformation
- Transformational
- #REF!

Recurrent V Non Recurrent Plans

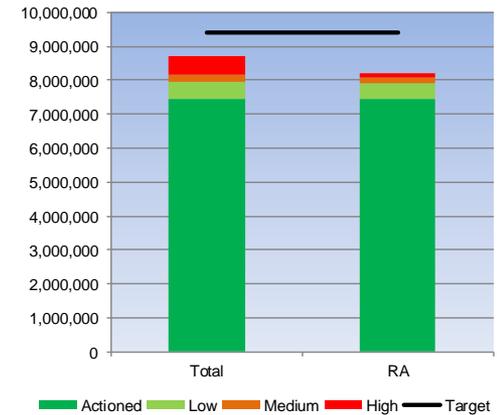


- Recurrent
- Non Recurrent
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- #REF!

Efficiency Category



Risk Profile

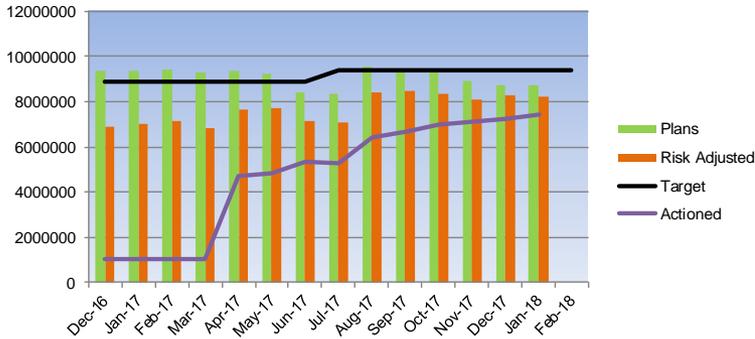


Efficiency Update -17/18 Continued

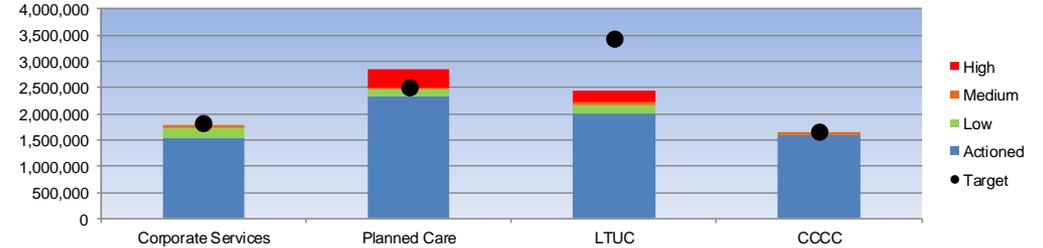
Trustwide Cost Improvement Programme

2017/18

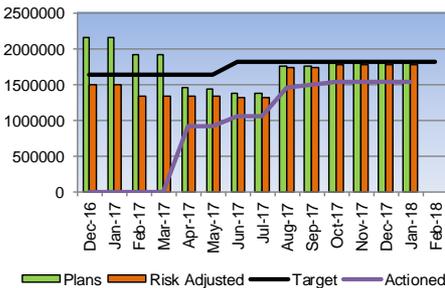
Trustwide Monthly Progress against Target (Full Year Effect)



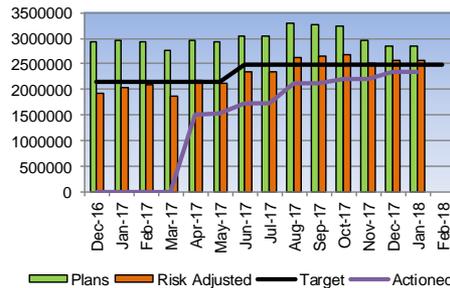
| Summary | Target | Actioned | Low | Medium | High | Total | Total %age | Risk Adjust | Risk Adj %age |
|--------------------|-----------|-----------|---------|--------|---------|-----------|------------|-------------|---------------|
| Corporate Services | 1,818,900 | 1,539,550 | 202,900 | 49,300 | 0 | 1,791,750 | 99% | 1,771,745 | 97% |
| Planned Care | 2,497,000 | 2,334,200 | 118,193 | 48,667 | 347,103 | 2,848,163 | 114% | 2,554,838 | 102% |
| LTUC | 3,446,000 | 2,011,800 | 149,500 | 55,300 | 217,000 | 2,433,600 | 71% | 2,241,465 | 65% |
| CCCC | 1,647,900 | 1,581,100 | 0 | 62,800 | 0 | 1,643,900 | 100% | 1,631,340 | 99% |



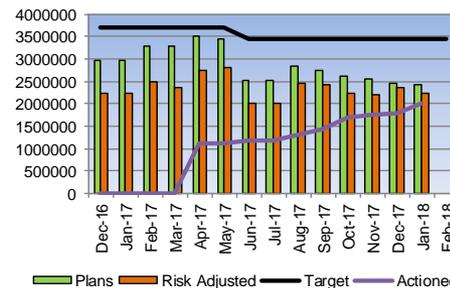
Corporate Monthly Progress against Target (Full Year Effect)



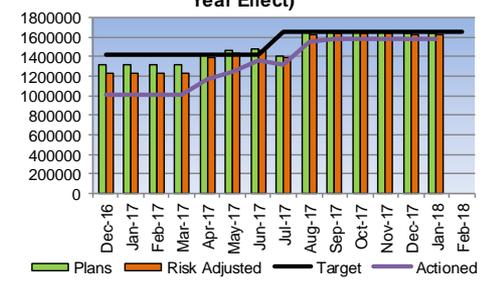
Planned Care Monthly Progress against Target (Full Year Effect)



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



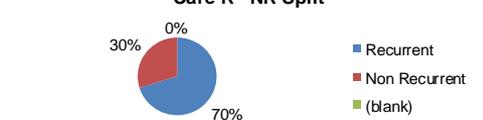
Planned Care R - NR Split



Unplanned Care R - NR Split



Childrens and County Wide Community Care R - NR Split



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| | | | | | | | | | | | |
|--|---|---|-----|--|---|---|---|--|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 6.1 | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Operational Plan 2018/19 Update | | | | | | | | | | |
| Sponsoring Director: | Jonathan Coulter Deputy Chief Executive / Finance Director | | | | | | | | | | |
| Author(s): | Angie Gillet, Deputy Director of Planning and Business Development and Jordan McKie, Deputy Director of Finance | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td></td> <td>Assurance</td> <td></td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | | Assurance | | Information | ✓ |
| Decision | | Discussion/ Consultation | | Assurance | | Information | ✓ | | | | |
| Executive Summary: | The purpose of this paper is to provide a further update on developments since the January meeting. | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| <table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table> | | | | To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | | | | | | | | | | | |
| Legal / regulatory: | | | | | | | | | | | |
| Resource: | | | | | | | | | | | |
| Impact Assessment: | | | | | | | | | | | |
| Conflicts of Interest: | None | | | | | | | | | | |
| Reference documents: | | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| The Board of Directors is asked to note the contents of this report. | | | | | | | | | | | |

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Board of Directors 28 February 2018

Operational Plan 2018/19

Report from: Jonathan Coulter Deputy Chief Executive

Report Purpose: For Information

1. Introduction

- 1.1 At the Board meeting in January 2018, an update on the progress in relation to the development of the Operational plan and the strategic and financial environment that the Trust is operating within was given to the Board of Directors.
- 1.2 The purpose of this paper is to provide a further update on developments since the January meeting.

2. Current Position

 **Planning Guidance from NHS England and NHSI**

2.1 NHS England and NHSI planning guidance in February 2018. This guidance builds on the plans for 2017/18 and asks Commissioners and Providers to update the 2018/19 year of the two year plans and ensure they are

-  Stretching and realistic and show a bottom line position consistent with the control totals set by NHS England and NHS Improvement;
-  Are the product of partnership working across STPs, with clear triangulation between commissioner and provider plans and related contracts to ensure alignment in activity, workforce and income and expenditure assumptions – and with assurance from STP leaders that this is the case whilst ensuring the updated plans and contracts are aligned between commissioners and providers. As a result of the activity moderation incentives in the new Commissioner Sustainability Fund and the revised Quality Premium scheme, it is now more critical than ever that activity and finance plans are aligned between commissioners and providers; and;

- Include appropriate phasing profiles to reflect seasonal changes in demand, especially related to winter, and ensuring efficiency savings are not back-loaded into the later part of the financial year

The guidance was discussed at the most recent Finance Committee.

Trust Control Total

The Trust received a revised control total proposal from NHS Improvement on 6th February. The table below outlines the new proposal.

| | £ million |
|---|--------------------------------|
| Current 2018/19 control total (including allocated STF) | 6.481 Surplus |
| Net impact of CNST income and spend changes | -0.186 |
| Risk Reserve (available for deployment) | -0.509 |
| Additional STF allocation | 1.534 |
| 2018/19 control total (including allocated STF) before flexibility | 7.320 Surplus |
| CT flexibility changes made if 2017/18 control total (excluding STF) is delivered | -0.572 |
| Revised 2018/19 control total (including allocated STF) after flexibility | 6.748 Surplus |

| | |
|--|--------------|
| Current STF allocation (from the £1.6 billion STF General Fund) | 3.777 |
| Additional STF allocation (from the additional £650 million STF) | 1.534 |
| Total allocated STF – the enhanced provider sustainability fund (included in revised 2018/19 control total above) | 5.311 |

| | |
|-----------------------------------|--------------|
| Agency ceiling for 2018/19 | 5.148 |
|-----------------------------------|--------------|

This is currently being reviewed and the acceptance of the control total will be a part of the planning submission to NHS Improvement.

Contract Negotiations with HaRD CCG

Current discussions in relation to the Acute contract between the Trust and HaRD CCG have outlined an anticipated outturn for 2018/19 of £96m based on current assumptions and a limited level of growth, and an affordability for the CCG of approx. £92m.

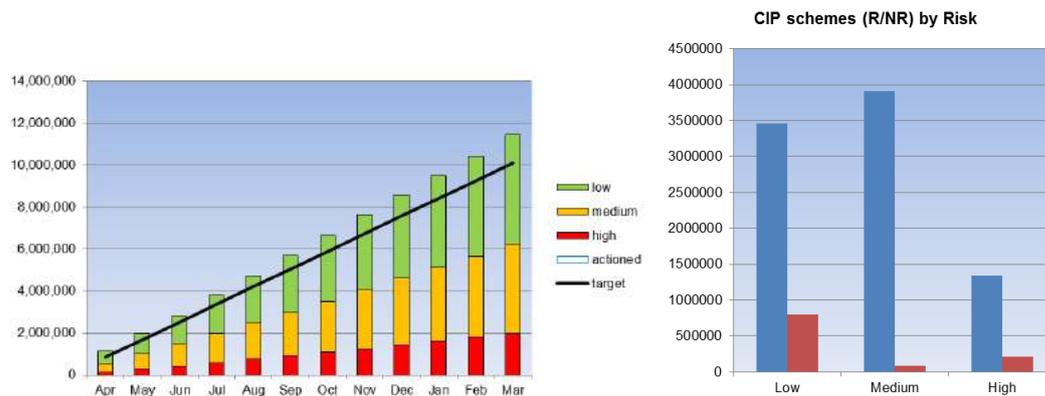
In order to support the financial challenges across the system, the Trust and CCG are currently in discussions regarding a Shared Incentive Contract for 2018/19. These discussions are in their formative stages and updates will be given to Board as progress is made.

The Trust and CCG are expected to submit initial contract values to regulators at the beginning of March.

Cost Improvement Programme

The agreement of the cost improvement programme is on-going and Directorates are actively working to finalise the details. A summary of the current position is detailed below

| Summary | Target | Actioned | Low | Medium | High | Total | Total %age | Risk Adjust | Risk Adj %age |
|-----------------|------------|----------|-----------|-----------|-----------|------------|------------|-------------|---------------|
| Total | 10,101,000 | 0 | 4,891,750 | 4,108,631 | 1,565,369 | 10,565,750 | 105% | 8,247,141 | 82% |
| % age of target | | | 48% | 41% | 15% | | | | |



Although plans are in place for the full target, the level risk is high and further work is needed to support this.

Cost Pressures and Infrastructure

At present cost pressures and infrastructure are being reviewed as the total is currently £2m higher than the anticipated requirement. This represents a challenge as a number of the infrastructure requirements support activity plans and therefore need to be prioritised. However, many of the cost pressure items are already committed.

As previously outlined the Trusts CNST premium will increase by £1.1m in 2018/19, and although this should be funded the current tariff arrangements do not appear to provide for this. Analysis is ongoing in this area.

Service Pressures

Although service pressures are being prioritised at directorate level, no funding is being provided in the plan for them at present. Clearly any development in this area would also need to be supported by business cases and have the appropriate prior approvals.

Directorate Plans

Directorates are in the process of finalising their Directorate plans for the end of March 2018 in readiness for budgets to be signed off and issued for the new financial year.

Governor meetings

Regular meetings with the Governor working group on business planning continue to be held, with the next scheduled for mid-March. To date there has been good engagement, with Governors taking a keen interest in the development and content of the plan.

3. Next steps

Over the coming weeks work will continue to: -

-  Firm up the cost improvement programme
-  Finalise the quality priorities
-  Continue discussions with the CCG to agree a contract by the end of March 2018
-  Finalise the Draft Operational plan for 2018/19 for submission to NHSI at the end of April 2018.

4. Conclusion

The Board of Directors is asked to note the work that is on-going in relation to finalising the Operational Plan.

| | | | |
|--|---|---|-------------------------------------|
| Date of Meeting: | 28 February 2018 | Agenda item: | 7.0 |
| Report to: | Board of Directors | | |
| Title: | Chief Operating Officer's Report | | |
| Sponsoring Director: | Mr Robert Harrison, Chief Operating Officer | | |
| Author(s): | Ms Rachel McDonald, Head of Performance and Analysis Mr Jonathan Green, Information Analyst Specialist | | |
| Report Purpose: | Decision | <input checked="" type="checkbox"/> | Discussion/ Consultation |
| | | <input checked="" type="checkbox"/> | Assurance |
| | | <input checked="" type="checkbox"/> | Information |
| | | <input checked="" type="checkbox"/> | |
| Executive Summary: | <ul style="list-style-type: none"> • Elective and outpatient activity remains below recovery plan in January. Day case and Non Elective activity were above plan. Bed occupancy impacted on Elective admissions. • Positive improvements in KPIs in 0-19 Children's Services for North Yorkshire specifically highlighted in recent commissioner contract meetings. • Results from the 2017 National Maternity Survey were published in January. | | |
| Related Trust Objectives | | | |
| To deliver high quality care | <input checked="" type="checkbox"/> | To work with partners to deliver integrated care: | <input checked="" type="checkbox"/> |
| | | To ensure clinical and financial sustainability: | <input checked="" type="checkbox"/> |
| Key implications | | | |
| Risk Assessment: | 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: | None identified. | | |
| Resource: | None identified. | | |
| Impact Assessment: | Not applicable. | | |
| Conflicts of Interest: | None identified. | | |
| Reference documents: | | | |
| Assurance: | Not applicable. | | |
| Action Required by the Board of Directors: | | | |
| It is recommended that the Board/Committee: | | | |
| <ul style="list-style-type: none"> • Note the items included in the report. | | | |

1.0 SERVICE ACTIVITY

The table below summarises the year to date position on activity for the main points of delivery.

| Activity type | Dec-17 | | | | Jan-18 | | | | Jan-18 YTD | | | |
|-----------------------|--------|---------------|---------------|--------------------------------|--------|---------------|---------------|--------------------------------|------------|---------------|---------------|--------------------------------|
| | Actual | Original plan | Recovery plan | Variance against recovery plan | Actual | Original plan | Recovery plan | Variance against recovery plan | Actual | Original plan | Recovery plan | Variance against recovery plan |
| New outpatients | 6918 | 7389 | 7602 | -9.0% | 8441 | 8555 | 8753 | -3.6% | 80953 | 81666 | 82568 | -2.0% |
| Follow-up outpatients | 13807 | 14398 | 14065 | -1.8% | 16917 | 17159 | 16339 | 3.5% | 157252 | 163792 | 159266 | -1.3% |
| Elective inpatients | 249 | 304 | 283 | -12.0% | 286 | 344 | 320 | -10.6% | 2901 | 3261 | 3098 | -6.4% |
| Elective day cases | 2268 | 2329 | 2303 | -1.5% | 2864 | 2904 | 2834 | 1.1% | 24055 | 25973 | 24771 | -2.9% |
| Non-electives | 1994 | 1996 | 1996 | -0.1% | 1955 | 1930 | 1930 | 1.3% | 18848 | 18198 | 18198 | 3.6% |
| A&E attendances | 4297 | 4120 | 4120 | 4.3% | 4017 | 4120 | 4120 | -2.5% | 41517 | 40666 | 40666 | 2.1% |

January was very challenging in terms of managing bed pressures. During this time, the Trust needed to open up beds that were closed due to staffing pressures, meaning that Nidderdale and Farndale wards were fully open throughout January. In addition, for a large part of the month, the Elective Admissions and Discharge Unit (EADU) was used for an additional eight beds, which was staffed in large part by the EADU staff. The Surgical Assessment Unit on Littondale ward was also converted to inpatient beds over this period along with the ongoing escalation beds on CATT ward and Granby Ward.

The capacity put in place following the allocation of the additional Winter funding as outlined in this report to Board in January remains in place and planning has now commenced in relation to the risks with effect from April when these and the remaining Vanguard resources are no longer available.

As a result of the ongoing high bed occupancy, 35 elective inpatient admissions were cancelled during January due to a lack of beds. Where possible, these were replaced with day case patients to enable efficient utilisation of theatre lists. Staff showed extreme flexibility in being able to accommodate additional day cases over the month. This work, along with full Saturday day surgery lists and additional endoscopy lists has meant that January has seen the highest number of day cases undertaken ever in the organisation at 1801. However without the cancellation of these cases the elective inpatient recovery plan would have been achieved.

In General Surgery, Mr Leinhardt retired from the Trust at the end of January, with temporary backfill now in place in advance of a substantive replacement. Communication has gone out to local GPs about the backfill arrangements.

2.0 CANCER SERVICES

Performance

Both subsequent treatment Cancer Waiting Times standards were not met in January. One surgical patient was treated after day 31 as their initial date for surgery was cancelled due to no available ITU beds, and one patient's immunotherapy was delayed due to the Christmas bank holidays. These patients will be formally discussed at a breach analysis meeting on 28 February, but initial review of the pathways would indicate that no harm was caused to either patient as a result of the delay to treatment.

Trust performance for the 62 day standard was above 85% for the sixth consecutive month in January with 90.0% of patients treated within 62 days.

Inter-Provider Transfer (IPT) performance

As stated above, performance for January with the current allocation rules is at 90.0%. A total of 10 patients were treated at tertiary centres in the month following a 2WW referral to Harrogate. Of these, six were transferred by day 38 (60%).

Shadow reporting of the 62 day standard shows that when re-allocation rules are applied, performance would be around 2.5% lower for January, but would be above 85% for all allocation scenarios. The table below illustrate HDFT's performance when re-allocation rules are applied.

| ACTUAL performance | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
|--|-----------|---------------|---------------|---------------|-----------|---------------|------------|
| Total | 180.0 | 67.5 | 60.0 | 46.0 | 173.5 | 45.0 | 564.0 |
| Within 62 days | 160.0 | 62.0 | 52.5 | 42.5 | 157.0 | 40.5 | 500.0 |
| Outside 62 days | 20.0 | 5.5 | 7.5 | 3.5 | 16.5 | 4.5 | 64.0 |
| Performance | 88.9% | 91.9% | 87.5% | 92.4% | 90.5% | 90.0% | 88.7% |
| Re-allocation (NATIONAL) | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
| Total | 178.0 | 67.0 | 60.0 | 45.5 | 172.5 | 44.5 | 558.5 |
| Within 62 days | 157.5 | 61.0 | 52.5 | 43.0 | 156.5 | 39.0 | 490.5 |
| Outside 62 days | 20.5 | 6.0 | 7.5 | 2.5 | 16.0 | 5.5 | 68.0 |
| Performance | 88.5% | 91.0% | 87.5% | 94.5% | 90.7% | 87.6% | 87.8% |
| Difference (National/Actual) | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
| Total | -2.0 | -0.5 | 0.0 | -0.5 | -1.0 | -0.5 | -5.5 |
| Within 62 days | -2.5 | -1.0 | 0.0 | 0.5 | -0.5 | -1.5 | -9.5 |
| Outside 62 days | 0.5 | 0.5 | 0.0 | -1.0 | -0.5 | 1.0 | 4.0 |
| % difference | -0.4% | -0.8% | 0.0% | 2.1% | 0.2% | -2.4% | -0.8% |
| Re-allocation (WYH policy) | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
| Total | 177.5 | 66.5 | 60.0 | 46.5 | 173.0 | 43.5 | 554.5 |
| Within 62 days | 157.0 | 60.5 | 52.5 | 44.0 | 157.0 | 38.0 | 486.5 |
| Outside 62 days | 20.5 | 6.0 | 7.5 | 2.5 | 16.0 | 5.5 | 68.0 |
| Performance | 88.5% | 91.0% | 87.5% | 94.6% | 90.8% | 87.4% | 87.7% |
| Difference (WYH policy/Actual) | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
| Total | -2.5 | -1.0 | 0.0 | 0.5 | -0.5 | -1.5 | -9.5 |
| Within 62 days | -3.0 | -1.5 | 0.0 | 1.5 | | -2.5 | -13.5 |
| Outside 62 days | 0.5 | 0.5 | 0.0 | -1.0 | -0.5 | 1.0 | 4.0 |
| % difference | -0.4% | -0.9% | 0.0% | 2.2% | 0.3% | -2.6% | -0.9% |
| IPTs SENT (actual patients treated at Tertiary centres) | Q2 | Oct-17 | Nov-17 | Dec-17 | Q3 | Jan-18 | YTD |
| Total | 50 | 12 | 13 | 8 | 33 | 10 | 143 |
| Within 38 days | 30 | 6 | 12 | 6 | 24 | 6 | 84 |
| Outside 38 days | 20 | 6 | 1 | 2 | 9 | 4 | 59 |
| Performance | 60.0% | 50.0% | 92.3% | 75.0% | 72.7% | 60.0% | 58.7% |

3.0 CHILDREN'S SERVICES

In County Durham, Middlesbrough and North Yorkshire quarterly contracts meetings have been held for the 0-19 Children's Services which have highlighted sustained progress in the KPIs. This is apparent for North Yorkshire showing the most progress due to the improved validation and focus on performance within the teams. County Durham are working with North Yorkshire to implement the performance management process used in both Durham and Middlesbrough to ensure continuity of approach across the services.

Findings have been released by County Durham of their latest SEND inspection which has highlighted various strengths within the Trust's 0-19 teams, including effective early identification. However there was a minor concern about strategic leadership and the pace

of change since the implementation of the SEND legislation in 2014. The Operational Director has been invited to work with the senior children's leadership team to have involvement in the development of a strategic improvement plan.

The Trust has been successful in its bid to provide 0-19 Children's services in Sunderland. The contract runs for five years and begins on 1 July 2018.

4.0 SENTINEL STROKE NATIONAL AUDIT PROGRAMME (SSNAP)

SSNAP have published the latest results set for the period August to November 2017.

HDFT has been rated D overall. Our overall score is 49, compared to 56 last time. However our score has been impacted by the data quality adjustment - our score prior to the data quality adjustment (61) would have placed us in band C.

Of the 10 domains in the SSNAP data set, two have seen an improvement since the last report:

- Speech and Language Therapy (D to C)
- MDT working (D to C)

Three domains have seen a deterioration:

- Thrombolysis (C to D)
- Specialist assessment (C to D)
- Occupational therapy (A to B)

The other five domains stayed at the same score.

All eligible patients were thrombolysed in the latest data set – however only 14% were within one hour (compared to 46% in the last publication).

During November, no patients were recorded as having had a mood and cognition screening prior to discharge – this compares to an average of about 90% in previous months, although further validation is being carried out in order to determine whether this is a data quality/completeness issue.

5.0 CQUIN UPDATE – QUARTER 3 2017/18

The Trust made Quarter 3 2017/18 CQUIN submissions to both HaRD CCG and NHS England (for Specialist Commissioned Services) in late January. In line with national CQUIN reporting requirements for 2017/18 – 2018/19, the Trust submitted update reports to HaRD CCG on the following indicators:

- Indicator 2a – Timely identification of sepsis
- Indicator 2b – Antibiotic treatment of sepsis
- Indicator 2c – Sepsis and antibiotic review
- Indicator 4 – Mental Health and the Emergency Department
- Indicator 6 – Advice and guidance
- Indicator 7 – NHS e-Referrals
- Indicator 8a and 8b – Supporting pro-active and safe discharge (acute and community)
- Indicator 9 – Preventing ill health by risky behaviours
- Indicator 10 – Assessment of wounds
- Indicator 11 – Personalised care and support planning

The Trust is due to meet with HaRD CCG in March to review all Quarter 3 reports and agree and confirm which indicators have been achieved for Quarter 3. An update will be provided in next month's report.

The Trust also submitted reports to NHS England. The Trust is awaiting final confirmation but anticipate Q3 achievement of the following indicators for Specialist Commissioned Services:

- Medicines optimisation
- Armed Forces
- Public Health

6.0 NATIONAL MATERNITY SURVEY 2017

The results of the 2017 national maternity survey were published by the CQC in January. The response rate for HDFT patients was 47% (144 respondents) which compares to a response rate of 37% nationally (18,426 respondents). The results were standardised to account for a mother's age and parity – 18.8% of the HDFT respondents were aged 19-29, 48.6% were aged 30-34, and 32.6% were aged over 35.

Along with scores from 0-10 for each question, each trust received a rating of 'About the same', 'Better' or 'Worse', which is based on a comparison with other Trusts that took part in the survey. HDFT was rated better than expected for the following five questions, and was rated 'about the same' for all others.

- Did you have skin to skin contact (baby naked, directly on your chest or tummy) with your baby shortly after the birth?
- Thinking about your care during labour and birth, were you treated with respect and dignity?
- Did you have confidence and trust in the staff caring for you during your labour and birth?
- Would you have liked to have seen a midwife?
- Did a midwife tell you that you would need to arrange a postnatal check-up of your own health with your GP? (Around 6-8 weeks after the birth)?

Compared to the last survey undertaken in 2015, HDFT had a statistically significant improvement for following two questions:

- Did you have confidence and trust in the staff caring for you during your labour and birth?
- In the six weeks after the birth of your baby did you receive help and advice from a midwife or health visitor about feeding your baby?

Compared to the last survey undertaken in 2015, HDFT had a statistically significant deterioration for the following four questions:

- Were you offered any of the following choices about where to have your baby?
- During your antenatal check-ups, did the midwives appear to be aware of your medical history?
- Did the midwife or midwives that you saw appear to be aware of the medical history of you and your baby?
- Were you given information or offered advice from a health professional about contraception?

The service is reviewing opportunities to improve, however overall they demonstrate a positive response from respondents.

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|---|---|---|-----|--|---|-----------------------------|---|-----------|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 8.0 | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Report by the Director of Workforce and Organisational Development | | | | | | | | | | |
| Sponsoring Director: | Mr Phillip Marshall, Director of Workforce and Organisational Development | | | | | | | | | | |
| Author(s): | Mr Phillip Marshall, Director of Workforce and Organisational Development | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <ul style="list-style-type: none"> Update on Gender Pay Gap Reporting Harrogate Healthcare Facilities Management – update on outstanding issues Library Quality Assurance Framework assessment outcome | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | ✓ | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | Any identified risks are included in the Directorate and Corporate Risk Registers and the Board Assurance Framework. | | | | | | | | | | |
| Legal / regulatory: | 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 | | | | | | | | | | |
| Resource: | None identified | | | | | | | | | | |
| Impact Assessment: | Not applicable | | | | | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | | | | | |
| Reference documents: | None appropriate | | | | | | | | | | |
| Assurance: | Not applicable. | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| The Board of Directors is requested to: | | | | | | | | | | | |
| <ul style="list-style-type: none"> Note the content of the report and comment as required | | | | | | | | | | | |

a) Visit of Professor Ian Cumming, Chief Executive, Health Education England

On Thursday 22 February, the Trust welcomed Professor Ian Cumming, Chief Executive of Health Education England.

The primary purpose of this visit was to meet the first fully qualified Registered Nurses under the Global Learner Programme. Following the successful pilot, the Trust has supported four internationally-trained nurses to gain their Nursing and Midwifery Council accreditation; all four are now practising in the Trust and have already made a positive contribution to their wards. During his visit Professor Cumming also met members of the senior management team, toured Farndale ward and observed the Clinical Skills team delivering an assessment.

Later in the visit Professor Cumming was joined by a film crew to shoot two new promotional videos aimed at attracting more international nurses to the programme, and to encourage other NHS Trusts to follow in the footsteps of HDFT. Members of Trust staff were interviewed as part of the promotional videos, the results of which will be shared with the Trust in the near future.

b) Harrogate Healthcare Facilities Management

Implementation arrangements for the TUPE transfer of staff into HHFM continue in line with the 1 March 2018 go live date. Dialogue continues with the staff who will transfer, as well as more widely across the Trust.

Trade Union colleagues have confirmed that they are officially in dispute with the Trust and a Stage 2 Grievance was heard in early February. An appeal against the outcome at Stage 2 was received and the Stage 3 final appeal was held on the 22 February. This has exhausted the Trust's internal processes. I will update the Board orally at the meeting on the outcome of this and other developments.

An indicative ballot was undertaken by both UNISON and GMB unions in January, and indicated support from staff to take industrial action up to and including strike action. The action relates to matters associated with HHFM including the arrangements for the transfer of staff. Following the indicative ballot both GMB and UNISON have provided notice that they are balloting all members with regard to strike action in this dispute. Ballots are due to close on the 16 and 20 of March respectively, with notice to be given after that date should strike action be agreed to by the members. Contingency planning has started across the Trust in preparation for industrial action; however lines of communication remain open with staff and Trade Union colleagues. A third Trade Union, Unite, is currently considering its position.

c) Gender Pay Gap

Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees. The information can be published with accompanying narrative and must be available on the Trust website. Following a request from NHS Employers to coordinate publication, the Trust was planning to publish information on 8 March 2018 (International Women's Day). However, following the need to undertake significant additional work on validating the data in the draft report, the Trust will now publish it on 31 March 2018. The data published will be as at 31 March 2017, which is the effective date provided in the legislation.

Initial data indicates that there is a difference between the average hourly earnings for men and women in the Trust. As part of the work being undertaken by NHS Employers information from other Trusts is being shared for benchmarking purposes.

The report will require Board approval before publication. A draft of the final version of the report will be considered at the meeting of the Board of Directors on 28 March, prior to publication.

d) Sickness Absence

The overall sickness absence rate across the Trust for December increased from November to 4.68%, which is a 0.11% increase and means that the Trust is 0.78% above the overall target of 3.9%. In comparison with December 2016, which was at 4.15%, we can see that 2017 has an increased sickness rate of 0.53%. In December this increase is likely to be due partially, at least, to the winter pressures across the Trust this year. The top reasons for absence across all four Directorates in December 2017 were cold and flu, and gastroenterological issues.

Looking at the overall sickness and the split between short and long-term, the short-term sickness absence rate is 2.27% and long-term is 2.41%. In November for long-term sickness we had a return to work interview success rate of 43%; the return to work interview success rate for December decreased to 22.45% but increased in January, with the provisional data showing an increase in the rate to 34.17%.

Across the Directorate sickness rates there has been a significant reduction in the rate in Children's and Countywide Community Care, which has moved from 4.53% to 3.90%. The other three Directorates have, however, seen an increase in the rate over December, with Corporate Services increasing slightly moving from 3.16% to 3.35%. Long Term and Unscheduled Care has increased from 4.76% to 5.16%, and Planned and Surgical Care has increased by 0.47%, moving from 5.34% to 5.81%.

It was agreed in 2017 to start focusing on key hot spot areas within each of the Directorates, as follows:

Planned and Surgical Care

Farndale Ward was the focus between May and August 2017. During this period, the key focus included targeting the top reason for absence which was 'other MSK'. An outcome of this was the implementation of additional manual handling training. During this period of time Farndale had a decrease in their sickness rates moving from 21.06% in May to 11.14% in August which was a decrease of 9.92%. The sickness rate currently for December in this area is 11.06%.

The focus for Planned and Surgical Care is currently in Theatres and the Day Surgery Unit and these were identified as a hot spot from September 2017. The absence rate for Theatres was 4.55% in September and increased to 6.60% in December. The split in theatres is 4.94% short-term absence and 1.66% long-term. The plan is to continue to work with the new theatres management team to support a reduction in sickness absence. In Day Surgery the absence rate in September was 9.75% and in December it is now 9.15% which is a decrease of 0.6%. The split in day surgery is 3.15% for short-term absence and 6.00% long-term absence. Actions are currently in place to support the management team in developing return to work plans for each of the long-term sickness cases.

Corporate Services

There was no identification of a key hot spot area within Corporate Services due to the overall rate of absence remaining 0.55% below the Trust overall target of 3.9%. The Sickness Absence lead will continue to work with the HR Business Partner in Corporate to review absence overall.

Long Term and Unscheduled Care

The focus was on Adult and Community Services between July and October 2017. During this period, one of the key objectives was to target short-term absence and develop a more robust absence reporting process. During this period Adult and Community Services decreased their sickness rates from 6.80% in July to 5.47% in October 2017, a decrease of 1.33%. There were seven long-term sickness cases during this period, which contributed to their high sickness absence levels. Of the seven, three have now returned to work.

The focus for Long Term and Unscheduled Care is currently on Jervaulx ward, identified as a hot spot from November 2017. The absence rate for Jervaulx was 10.34% in November and in December reduced to 7.62%, a decrease of 2.72%. The split on Jervaulx is 5.19% short-term absence and 2.43% long-term. Meetings have taken place with the Head of Nursing and Matrons within Long Term and Unscheduled Care to review sickness absence proactively and create more consistency with the management of attendance. The plan is to attend the Ward Sisters meeting to support this approach.

Children's and Countywide Community Care

Woodlands Ward was the focus between June and October 2017. During this period, the key focus included targeting the top reason for absence which was 'Other Known Reasons'. We discussed the requirement for specific reasons for absence to be recorded to enable us to target any trends which emerged. During this period there was a decrease in sickness rates on Woodlands Ward from 7.40% in June to 5.16% in October, a decrease of 2.24%. The sickness rate for December 2017 was 6.85%. Whilst there was an initial decrease, we identified that there was a recording error which resulted in an initial 'skewed' reported absence position.

The focus for Children's and Countywide Community Care from November 2017 was 0-5 Whitby Children's Services. In November the sickness absence rate was 19.16%; however, this service will no longer continue to be a hot spot due to the sickness absence being attributable to long-term sickness cases which have since been resolved. The sickness rate for December 2017 was 0.00%.

The 0-5 Ripon & Boroughbridge and Children's Speech Therapy services have also been identified as hot spot areas. Plans are in place to review absence across each of these areas with the relevant management teams.

Overall across the Trust 22 long term sickness cases were concluded in December 2017.

e) Library Quality Assurance Framework

Quality assessment for NHS Library and Knowledge Services is carried out annually through the national Library Quality Assessment Framework (LQAF), overseen by

Health Education England's Library and Knowledge Service Leads. Validated results for 2017 in Yorkshire and the Humber have recently been issued:

- HDFT Library & Information Service achieved a score of 96% compliant. This is an improvement from the score in 2016 (91%) and is rated Green. The library was congratulated for steady improvement in compliance since 2015.
- The average (mean) score in Yorkshire and the Humber is 95% compliant.

Improvements were mainly in service delivery and development. Examples include:

- Partnership working, with other local NHS libraries and North Yorkshire Public Library service, to support information provision for patients and the public. This work was commended by the external verifiers.
- Developing services tailored to the needs of different staff groups.
- Demonstrating library support for clinical and management decision making.

Priorities for development for the 2018 assessment are:

- Demonstrating the positive impact of the Library service.
- Proactive support for knowledge management and the Trust's Knowledge Mobilisation agenda, developing ways to capture, store and share knowledge about best practice and innovation within the organisation.
- Continuing to develop partnership working, both within and beyond the Trust.

A new assessment framework for 2019 onwards is being developed, with standards related to the HEE Quality Framework.

f) Doctors in Training – February Rotation

The latest DiT rotation took place on 7 February 2018, with a number of gaps reported. Although the Medical Workforce Team undertook a large volume of recruitment activity to ensure all gaps would be covered, it was unfortunately not possible to fill gaps in Acute Medicine, Cardiology, Anaesthetics, Orthopaedics and Paediatrics. The Paediatric gap was due to a delay in international recruitment as the UK Visas and Immigration Department rejected the request for a restricted visa, due to the limit on the number of visas issued for the Month of December and January having been reached (see also paragraph p) below).

g) Guardian of Safe Working and the Care Quality Commission

Information on GoSW and exception reporting will now be collated by the Care Quality Commission (CQC) as part of its Well-Led domain of inspections. The GoSW were introduced as part of the 2016 contract for DiT. They were appointed in all employing Trusts to identify and improve poor working practice - specifically in terms of working hours and missed educational opportunities.

Recognising the increased benefits that Guardians and exception reporting are having on patient and staff safety, the CQC is interested in understanding the processes in place to support them. Building on current systems for listening to DiT ahead of scheduled Well-Led inspections, interviews with the GoSW and a suggested representative from the junior doctors' forum will be arranged by the Inspector.

The CQC has begun a soft rollout for this process, and some interviews on inspection have already been carried out. In the future, employers can expect to be asked for

quarterly GoSW reports, the Trust's Quality Account, including the annual report on rota gaps and the plan for improvement to reduce these gaps and exception reports issued to the Board by the GoSW regarding escalation of and serious issues unresolved. The Trust's GoSW, Dr Carl Gray, has been made aware of this change.

h) Nursing and Midwifery Council Review

Representatives of the Nursing and Midwifery Council (NMC) will visit the Trust on 8 March, together with representatives from the University of York, to review the quality of the placements which the Trust provides to our York University pre-registration nursing students. This review is required, following the development of the Harrogate Pathway - whereby pre-registration students have all of their placements at HDFT - having been deemed a 'major modification' to the University of York Programme. The University is working with the Trust to prepare for the review, and this will involve the NMC interviewing key members of staff, including the Chief Nurse, mentors and students.

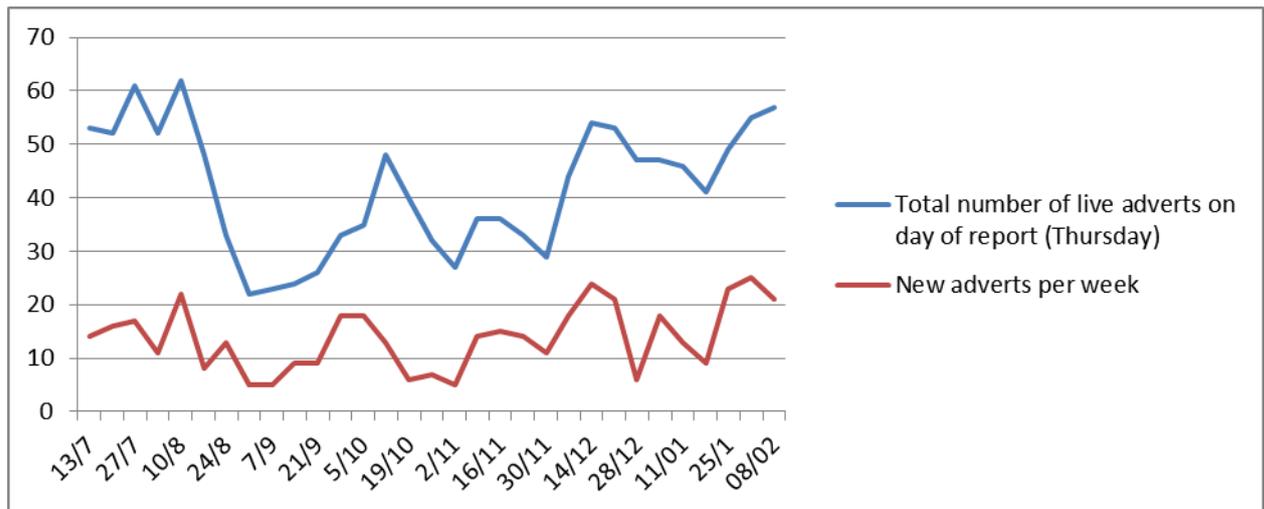
We are confident that this review should not raise any major concerns for the NMC about the quality of placement that the Trust provides to our pre-registration nursing students and will endorse the new Harrogate Pathway programme.

j) Mandatory and Essential Training Compliance for TUPE Staff

It was agreed at the Workforce & Organisational Development Steering Group meeting on 8 February that the existing training compliance for the Children's and Countywide Community Care Directorate staff transferring into the Trust under TUPE conditions on 1 April (Stockton) and 1 July (Gateshead and Sunderland) would be accepted by the Trust as valid training against the Training Needs Analyses for the existing Trust Mandatory and Essential Training. This mirrors the practice used when the Primary Care Trust staff and Durham, Darlington and Middlesbrough staff transferred into the Trust under TUPE rules. The Head of Learning and Organisational Development will write to each of the Trust Subject Matter Experts for each statutory, mandatory and essential skills training element, to advise them of this decision.

k) Financial Constraints

The Workforce and Organisational Development team continues to monitor the measures which have been put in place to improve the financial position of the Trust. Enhanced recruitment controls have now been relaxed and vacancies which are deemed essential are reviewed by the Directorate Vacancy Control group meetings. The graph below shows the changes in recruitment activity since the recruitment controls were put in place:



l) Fit and Proper Persons Test

The CQC has made significant revisions to the requirements under the Fit and Proper Persons Test to try and ensure that it is a more robust test in the light of experience of it being in operation for a significant period. Those staff, including Directors and Non-Executive Directors, who are required to be subject to the Fit and Proper Persons Test will be contacted by the Medical Staffing Manager as necessary. Following a Board decision, the Trust reviews the Fit and Proper Persons Test every three years, rather than annually. The frequency of the checks associated with the Test is currently under review.

m) Nurse Recruitment Event

A nursing recruitment event was held on Saturday 3 February as part of the integrated social media and recruitment campaign over the current calendar year. A significant number of nursing and HR staff set up stands focusing on specialities and the HDFT working environment. Opportunities were offered for interviews on the day and, for successful interviewees, job offers were made.

A total of 37 people attended the event, with interest for working in posts in the community, outpatients, paediatrics and adult wards, and the Emergency Department. From the 37 attending, 23 people were interviewed, of which 20 were given offers subject to all the usual pre-employment checks. Eighteen were Registered Nurses (RN) and two were Care Support Workers (CSW).

Of the 20 offered employment, 15 wanted RN positions with four ready to progress now (one subject to obtaining a visa) and the remaining 11 were students graduating in September/October 2018. Of the 15 RNs, one wished to work in the community, nine on medical wards /Emergency Department and five on surgical wards. In addition, three wanted Paediatric RN positions (one now and two in September 2018).

The two CSWs were ready to progress immediately, with one wishing to work surgically and the other with no preference stated.

The event was judged a success and similar opportunities will be offered at regular intervals through the year, beginning on 28 April. Whilst staff recognised that it involved weekend working, the event proved to be more successful than the previous evening events, which were attended by relatively few candidates.

Attendance was stimulated through the social media campaign but also as a result of the Chief Nurse broadcasting on the radio on the morning of the event. There was also good coverage on the BBC Yorkshire and Humber 'Look North' programme that evening, including footage of interviews at the event with the Chief Nurse and Katherine Duke (HR Business Partner for the Planned and Surgical Directorate).

n) Flu update

To date 2471 staff have been recorded as vaccinated, of which 2179 (88.2%) have been vaccinated by HDFT Occupational Health (OH) department and the HDFT Flu Champions (56.6% vaccinated by OH and 43.4% vaccinated by Flu Champions). Of these 1796 are included in the clinical/frontline healthcare worker uptake shown in the charts below.

To date we have 11 hospital-based and 11 community-based Flu Champions who have completed the required training to act as a staff flu vaccinator.

Uptake for clinical/frontline staff groups has been as follows:

| | October | November | December | January |
|--------------------------------|---------|----------|----------|---------|
| Doctors | 41.40% | 48.90% | 57.30% | 59.60% |
| Qualified Nurses/Midwives | 39.40% | 47.30% | 55.40% | 58.60% |
| Other Qualified Clinical Staff | 42.90% | 54.90% | 64.30% | 66.20% |
| Support to Clinical Staff | 40.10% | 47.30% | 54.80% | 55.60% |
| Total | 40.50% | 48.80% | 57.00% | 59.30% |
| Denominator | 3093 | 3028 | 3032 | 3028 |

Analysis of vaccination uptake by whether staff are hospital or community-based shows that both sub-groups have improved uptake this year. The percentage uptake amongst community based staff has almost doubled compared to last year:

| | 2016/17 | 2017/18 to date |
|-----------------------|---------|-----------------|
| Community based staff | 28.7% | 52.5% |
| Hospital based staff | 48.1% | 62.8% |

HDFT OH department have been running further drop-in vaccination sessions through February and all Flu Champions have been asked to continue vaccinating colleagues as far as possible. Approval was given in December for staff to access vaccination via a local community pharmacy and claim reimbursement of cost if they had difficulty accessing vaccination via drop-in sessions or Flu Champions.

The date for final vaccination uptake data submission will be end of February, this being the data time point to be used for assessment against the associated CQUIN target.

o) Job Planning

| JANUARY 2018 JOB PLANNING CENTRAL REPORT - CONSULTANTS | | | | | | | | | | |
|--|-----------------------|------------------------------------|---------------|--------------------------------|---------------|---|--------------|-------------|----------------------------|--------------|
| Directorate | Number of Consultants | Current Job Plans (ie < 12 months) | % | Job Plans older than 12 months | % | Number of Consultant with no Job Plans recorded | % | In progress | Previous month current JPs | RAG |
| C & CWCC | 10 | 9 | 90.00% | 1 | 10.00% | 0 | 0.00% | 1 | 88.90% | Green |
| LT & UC | 56 | 45 | 80.36% | 10 | 17.85% | 1 | 1.79% | 3 | 70.91% | Green |
| P & SC | 66 | 49 | 74.24% | 15 | 22.72% | 2 | 0.00% | 2 | 73.13% | Green |
| Total | 132 | 103 | 78.03% | 26 | 19.69% | 3 | 2.27% | 0 | 73.28% | Green |

| JANUARY 2018 JOB PLANNING CENTRAL REPORT - SAS GRADES | | | | | | | | | | |
|---|-----------------------|------------------------------------|---------------|--------------------------------|---------------|--|---------------|-------------|----------------------------|------------|
| Directorate | Number of SAS Doctors | Current Job Plans (ie < 12 months) | % | Job Plans older than 12 months | % | Number of SAS Doctors with no Job Plans recorded | % | In progress | Previous month current JPs | RAG |
| C & CWCC | 5 | 5 | 100.00% | 0 | 0.00% | 0 | 0.00% | 0 | 80% | Green |
| LT & UC | 11 | 6 | 54.55% | 5 | 45.45% | 0 | 0.00% | 0 | 41.66% | Green |
| P & SC | 34 | 11 | 32.35% | 6 | 17.65% | 17 | 50.00% | 0 | 43.24% | Red |
| Total | 50 | 22 | 44.00% | 11 | 22.00% | 17 | 34.00% | 0 | 46.30% | Red |

| | | | | | | | | | | |
|--|--|----------|-------|-----------|--------|-------|-----|--|--|--|
| Excludes locums, maternity leave, bank; new starters u/12 months | Change from previous month (current JPs) | Improved | Green | No change | Yellow | Worse | Red | | | |
|--|--|----------|-------|-----------|--------|-------|-----|--|--|--|

The January job planning figures (shown above) show that there has been a distinct improvement in completion of job plans, as anticipated last month, although there remains work to do. Job planning summits with each of LTUC and P&SC have been planned and these will assess the position with each individual doctor who does not by then have a current Job Plan, with a view to reaching as close to 100% compliance as possible.

p) Immigration Cap

NHS Employers has been in discussion with the Department of Health and Social Care (DHSC) to look at the scale of the issue of capping the numbers of staff allowed into England from overseas, following refusal of an increasing number of visa applications.

A joint letter, from a group comprising NHS Employers, the medical royal colleges and the BMA was sent to the Home Secretary to highlight the issue, the impact and offer a practical solution. It proposes that permits awarded to shortage occupation list occupations are excluded from the overall Tier 2 capped allocations.

Discussions are also continuing with the main business membership organisations, including the Confederation of British Industries, with which there is common cause and which is reinforcing the messages set out in the letter. If demand remains at the recent levels it is likely that there will be a number of rejections for certificates at the Home Office Panel on 12 February. NHS Employers was due to be in contact with DHSC as soon as the panel has met.

Through the work of the Cavendish Coalition (of which the Trust is a member) NHS Employers will continue to make the case for change and work with the Migration Advisory Committee as it develops long-term recommendations for Government. A solution is required which provides a much-needed short-term fix for the current difficulties in recruiting doctors to vacant posts.

q) Mobilisation for Children's Services in Gateshead and Sunderland

The contracts to provide 0-19 Children's Services in both Gateshead and Sunderland are now confirmed. Both contracts commence on 1 July 2018 with a contract duration of 2+1+1 years in Gateshead and 5+1+1 years in Sunderland.

Both contracts are currently with South Tyneside NHS Foundation Trust and the workforce to transfer to the employment of HDFT is approximately 200. The mobilisation process has commenced. Welcome meetings with transferring staff in Gateshead and Sunderland have taken place, including representation from the HDFT Executive team. The meetings with staff to date have been extremely positive. I have met with the HR Director at South Tyneside; again the meeting was positive.

The HR Lead is in the process of collating the employee liability and due diligence information.

r) Schwartz Rounds

As one of four Trusts in the region to hold Schwartz Rounds, HDFT was approached by ITV 'Calendar News' to discuss our use of Schwartz Rounds and other health and wellbeing initiatives to support staff with stress. This was in relation to a wider piece about stress-related absence in the NHS and included an interview with a doctor from a different Trust talking about their experience of stress. Dr Helen Law, Emergency Department Consultant and one of the Schwartz Rounds facilitators and Anna Mitchell, Assistant HR Business Partner, were interviewed and the item featured on the programme on 12 February. Whilst brief, the item outlined the Trust's use of Schwartz Rounds and that the Trust will continue to look for new ways to support the health and wellbeing of our staff.

s) Physician Associates

In September 2017 the Trust became a placement provider for second year Physician Associates (PA) in partnership with the University of Leeds. This has led to increased interest in the possible development of such roles in the Trust with the Planned and Surgical Care Directorate developing a business case for one post.

The PA role will provide vital day to day support to doctors working as part of the multidisciplinary medical team undertaking duties such as taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans.

A presentation about the PA programme and development of posts in the Trust was given at February's team brief by Dr Gareth Davies, Director of Undergraduate Education and Mr David Harnett, PA student from the University of Leeds.

Phillip Marshall
Director of Workforce and Organisational Development

February 2018

| | | | | | | | | | | | |
|---|---|---|-----|-----------|---|--------------------------|---|-----------|---|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 9.0 | | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | | |
| Title: | Chief Nurse Report | | | | | | | | | | |
| Sponsoring Director: | Jill Foster, Chief Nurse | | | | | | | | | | |
| Author(s): | Alison Mayfield, Deputy Chief Nurse | | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td></td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <ul style="list-style-type: none"> The risk remains high regarding Registered Nurse vacancies on in-patient wards. Nurse recruitment and retention initiatives continue to show a challenging but improving position in year The latest acuity and dependency study of in-patient areas suggests further investment is required in ward establishments. There has been an increase in the number of category 3 and unstageable pressure ulcers in the community and one complaint. There has also been a rise in hospital acquired pressure ulcers categories 2-3 and unstageable. The proportion of category 3 and unstageable pressure ulcers deemed to be avoidable has reduced. The total numbers of in-patient falls in January 2018 reduced significantly compared to January 2017. The number of complaints received in January is the highest in month received so far this year; however it is not an unusually high monthly figure for the Trust. | | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | | | | | | | | |
| | | To ensure clinical and financial sustainability: | ✓ | | | | | | | | |
| Key implications | | | | | | | | | | | |
| Risk Assessment: | 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 / regulatory: | None identified. | | | | | | | | | | |
| Resource: | None identified. | | | | | | | | | | |
| Impact Assessment: | Not applicable. | | | | | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | | |
| <ul style="list-style-type: none"> Be assured by the work being undertaken to improve of nurse recruitment and retention and the governance process for assuring safe staffing levels Note the latest acuity and dependency study Note the reporting of Director Inspections and Patient Safety Visits Note the increase in pressure ulcers Note the work around falls reduction Be assured about the monitoring of care provided by the CCT's | | | | | | | | | | | |

The Chief Nurse report provides an overview of care quality, activities underpinning care and assurances on staffing arrangements. More details on key performance metrics are provided in the Integrated Board Report.

Patient Safety

1. Nurse Recruitment

As the Board is aware there are thousands of Registered Nurse (RN) Vacancies across England. Nationally demand for qualified nurses is likely to exceed supply for the foreseeable future. In these challenging conditions the RN vacancies in the in-patient areas at HDFT is one of the highest risks on the Corporate Risk Register. The Trust has developed a continuing, innovative approach to recruitment and retention in mitigation of these severe challenges.

- 1.1 The Trust's recruitment and retention working group continues to work toward zero vacancies. A recruitment event was held on Saturday 3 February 2018. The event was successful with 37 people attending and of these, 23 people were interviewed of which 20 were given offers subject to all the usual pre-employment checks. Eighteen were Registered Nurses (RN) and two were Care Support Workers (CSW). Of the 18 RN offered employment, 15 wanted RN positions with four ready to progress now and the remaining 11 were students graduating in September/October 2018. 3 wanted Paediatric RN positions, one being ready to commence now and two in September 2018.
- 1.2 The next event is planned for April 2018.
- 1.3 The Trust has welcomed 25 newly qualified nurses between September and December. A further two nurses commenced in January. A further four nurses will commence between February and April 2018
- 1.4 Five nurses have started in the Trust from the Global Learners Programme. We are expecting a further three nurses by April 2018. Four nurses have successfully completed NMC registration to date.
- 1.5 Long Term and Unscheduled Care (LTUC) currently has 14.84 RN vacancies across their inpatient areas. They have 8.25 Care Support Worker (CSW) vacancies.
- 1.6 Planned and Surgical Care has 15.38 RN vacancies across their in-patient areas with 0.42 CSW vacancies.
- 1.7 In Main Theatres there are 10.71 Band 5 vacancies.
- 1.8 As I reported last month the current number of vacancies means there are significant gaps in the planned rosters for the wards. On a daily basis we continue to take action to mitigate the risk due to staffing gaps by
 - Maximising effective rostering
 - All shifts out to NHSP and agencies within cap
 - All shift gaps published at ward level
 - Incentive scheme offered
 - Staffing gaps reviewed daily and staff moved to minimise risk
 - Bed closures where feasible.
- 1.9 The number of 'hours owed' to the Trust is decreasing.
- 1.10 The results of these actions are reported in the actual versus planned staffing levels in Appendix One.

1.11 Current Situation on Adult In-Patient Wards

| Ward | Registered Nurses | | | CSW's | | |
|--------------------------|-------------------|--------------|--------------|---------------|-------------|-------------|
| | Est. | Vac. | % | Est. | Vac. | % |
| Acute Admissions Unit | 23.27 | 3.4 | 14.6% | 13.93 | 0 | 0% |
| Byland | 16.11 | 1.61 | 10.0% | 22.88 | 1.71 | 7.5% |
| Clinical Assessment Team | 25.03 | 3.91 | 15.6% | 16.5 | 3.0 | 18.2% |
| Granby | 12.47 | 0 | 0% | 12.5 | 3.08 | 24.64 |
| Jervaulx | 16.11 | 1.61 | 10% | 22.88 | 0 | 0% |
| Lascelles | 10.76 | 0 | 0% | 10.68 | 0 | 0% |
| Oakdale | 25.05 | 3.55 | 14.2% | 15.32 | 0.46 | 3% |
| Trinity | 11.01 | 0.76 | 6.9% | 13.27 | 0 | 0% |
| Total | 139.81 | 14.84 | 10.6% | 127.96 | 8.25 | 6.4% |
| Farndale | 13.92 | 4.39 | 32% | 17.32 | 3.34 | 19% |
| Wensleydale | 16.74 | 0.44 | 3% | 12.51 | 4.41 | Over |
| Littondale | 18.17 | 2.53 | 14% | 11.68 | 0.69 | 6% |
| Nidderdale | 18.32 | 5.81 | 32% | 14.52 | 0 | 0% |
| Harlow | 10.51 | 0.45 | 4% | 3.46 | 0 | 0% |
| ITU | 31.53 | 1.76 | 6% | 2.4 | 0.8 | 33.3% |
| Total | 109.19 | 15.38 | 14% | 61.89 | 0.42 | 0.7% |

This chart shows the current ward establishments in whole time equivalents (WTE) and the number of vacancies by ward for registered nurses and care support workers.

Other ward and department Band 5 RN/ODP vacancies

| Ward/Department | Band 5 RN/ODP Vacancies |
|--------------------------------|-------------------------|
| Emergency Department | 2.91 |
| Adult Community Nurses (CCT's) | 2.63 |
| Main Theatres | RN 5.82 ODP 4.89 |
| Day Surgery | RN 0. ODP 0.20 |
| Maternity Unit | 1.3 |
| Woodlands | 3.2 |
| SCBU | 0 |

1.12 Is the situation improving?

The nursing vacancy situation remains about the same as last month's improved position.

2. Nursing Dependency Data In-patient Wards October 2017

2.1 Introduction

This part of my report aims to provide an updated position status regarding the results of a recent dependency study using the Safer Nursing Care Tool (SNCT) The study was undertaken across the general adult inpatient wards (See Appendix Two for areas included) for the period 9 October until 29 October 2017

2.2 Background

Nurse staffing reviews at HDFT have all featured strong engagement of professional leaders including ward sisters/charge nurses, matrons and heads of nursing. Nurse staffing tools (acuity tools) have been used to support decision making regarding required staffing levels and NICE (October 2014) has endorsed the Safer Nursing Care Tool (SNCT) which we use at HDFT for our adult in patient wards. This is used in conjunction with professional judgement, patient feedback, patient safety incidents and key quality indicators.

2.3 Nursing Dependency/Acuity Studies

The Safer Nursing Care Tool (SNCT) is an acuity and dependency tool which can be used alongside nurse sensitive indicators which have been identified as quality indicators of care with specific sensitivity to nursing intervention or lack of intervention.

The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms. The SNCT multiplier allows 22% uplift for annual leave/study leave etc. At HDFT the multipliers have been adjusted slightly to accommodate for the **20.78%** uplift which is inbuilt into the ward establishments.

Several acuity studies using the SNCT have been undertaken at HDFT, the latest study being October 2017; the results of the last four studies are detailed in Appendix 2. A further study will be undertaken during February/March 2018.

The SNCT acuity studies have been undertaken across the general adult in patient wards with the exception of ITU/HDU. Each study runs for 20 continuous days and each day a patients level of care is determined based on their care needs for the last 24 hours.

2.4 SNCT levels of care

| | |
|----------|---|
| Level 0 | Patient requires hospitalisation. Needs met by provision of normal ward cares |
| Level 1a | Acutely ill patients requiring intervention or those who are unstable with a greater potential to deteriorate |
| Level 1b | Patients who are in a stable condition but are dependent on nursing care to meet most or all of the activities of daily living. |
| Level 2 | May be managed within clearly identified, designated beds, resources with the required expertise and staffing level or may require transfer to a dedicated Level 2 facility/unit. |
| Level 3 | Patients needing advanced respiratory support and/or therapeutic support of multiple organs. |

2.5 October 2017 Dependency Study Results

The table attached as Appendix Two gives the results of the last four studies undertaken and the latest study gives detail regarding the current wte establishment for each ward and the average recommended establishment based on the results of the study. Ward activity data is also included and data on the average number of empty beds per day has been added to reflect bed occupancy for the period of the study.

Based on the data “average of all days”, taken from the latest dependency study it is suggestive that Granby and Jervaulx may require further nursing investment. The average does not specify grade of

nurse required and this is open to local determination based on professional judgement and skill mix requirements. It is recommended that the dependency studies are undertaken at different times of the year to identify seasonal trends and support workforce planning. This study should be viewed in conjunction with professional judgement and nurse sensitive indicators.

Further points to note with regard to the dependency/acuity study – October 2017

- Nutritional assistants, discharge coordinators and ward clerks are not included in the wte establishment numbers.
- Specific Acute Admissions Unit multipliers from the SNCT have been used for CATT ward in this study.
- Farndale, Nidderdale and Oakdale all had beds closed at times in October 2017 and this is reflected in the lower “average of all days” scores compared to previous studies for these areas.
- Granby and CATT escalation activity data is incorporated into the base ward data.

2.6 Recommendations

This acuity and dependency study is suggesting that some of the in-patient areas in LTUC require additional staffing. My recommendation, before any investment is made, is

- An evaluation of the effectiveness of the additional £400k investment in June 2017 to LTUC’s ward establishments
- A review of the role of the ward clerk. It is possible investment in additional hours for ward clerks will free up registered nursing time

3. Unannounced Directors’ Inspections 2017-2018

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

3.2 The following services have been inspected and rated as ‘green’ during 2017/18:

| Date of inspection | Ward/Dept. visited | Risk Rating |
|--------------------|--------------------|-------------|
| 21/04/17 | Trinity | Green |
| 12/05/17 | Granby | Green |
| 18/05/17 | Wensleydale | Green |
| 01/06/17 | Selby MIU | Green |
| 16/06/17 | ITU | Green |
| 16/06/17 | Littondale | Green |
| 21/11/17 | AMU | Red |
| 19/12/17 | AMU | Green |
| 19/12/17 | Granby | Red |
| 24/01/18 | Oakdale | Green |

4. Patient Safety Visits

4.1 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'.

| Date | Area |
|----------|--|
| 25/04/17 | Littondale |
| 23/04/17 | Granby |
| 06/06/17 | Byland |
| 21/06/17 | Pharmacy |
| 27/06/17 | Main Out-Patients Dept |
| 06/07/17 | Endoscopy |
| 28/07/17 | General Office |
| 10/08/17 | Main Theatres |
| 22/08/17 | Oakdale |
| 02/11/17 | Elective Assessment and Discharge Unit |
| 10/11/17 | Lascelles |
| 21/12/17 | Heart Centre |
| 16/01/18 | CSSD |
| 30/01/18 | Medical Records |

Patient Outcomes

5. Pressure Ulcer Target 2017/18

5.1 As I have previously discussed the pressure ulcer reduction target this year, in both the hospital and the community, is to reduce the number of avoidable category 3 and 4 pressure ulcers to zero.

In January there has been an increase in the number of category 3 and unstageable pressure ulcers particularly in Harrogate North and South CCT's. However the proportion of category 3 and unstageable pressure ulcers deemed to be avoidable has reduced.

There has also been a rise in hospital acquired pressure ulcers categories 2-3 and unstageable.

In particular we have seen an increased incidence of avoidable category 3/unstageable pressure ulcers on Byland ward and Matron is overseeing a detailed action plan for this area which focuses on timely risk assessment, handover, documentation and an intensive education programme.

6. Falls

6.1 The total number of falls and the number of falls resulting in moderate harm including fractures is higher this year compared the same time period in 2016/17.

Due to the increased total number of falls year to date (YTD) and an increased number of falls with fractures the Trust Board has asked the Quality Committee to review the work stream regarding the prevention and management of falls. The Quality Committee received a position paper at December's meeting and was assured about the work in place to prevent and manage in-hospital falls. The Chief Nurse met with the Matrons and Ward Managers to discuss the falls situation on Tuesday 5 December 2017 and agreed a number of immediate actions.

The total number of falls in December 2017 is **59** compared to **85** in December 2016.

The total number of falls in January 2018 is **64** compared to **77** in January 2017.

Internal Audit has issued a second limited assurance audit for falls prevention. The Falls Prevention Internal Audit Action Plan will be monitored by the Improving Fundamental Care Standards Group and overseen by the Quality Committee.

7. Quality of Care in the Community (Adult Community Care Teams in Harrogate)

7.1 Since December 2017 to date the Community Care Teams have been experiencing significant pressure. Demand on the service coupled with the teams' capacity has meant the community OPEL score daily, has fluctuated between 2 and 4. This has continued throughout January 2018.

The Directorate has been monitoring a number of proxy indicators for deterioration in the quality of care. These indicators include the total number of pressure ulcers and total number of avoidable pressure ulcers, end of life care issues, access to the service via the telephone and finally formal complaints. In January there has been an increase in the number of category 3 and unstageable pressure ulcers particularly in Harrogate North and South CCT's and 1 formal complaint has been received. At the time of writing this report the directorate is investigating the rise in pressure ulcers and the complaint.

Patient Experience

8. Complaints

8.1 The number of complaints received in January 2018 is 26.

Of the 26 complaints received in January 2018, 17 have been graded Yellow and nine green.

Of particular note in January 2018 there has been an increase in the number of complaints about prescribing and dispensing errors.

8.2 The number of complaints received by month, year to date (YTD) compared with 2016/17 and 2015/16 is shown below.

| Total number of complaints by month for 2017/18 compared to 2016/17 and 2015/16 | | | | | | | | | | | | | |
|---|-------|-----|------|------|-----|------|-----|-----|-----|-----|-----|-------|------------|
| | April | May | June | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | March | Total |
| 2017/18 | 16 | 20 | 16 | 11 | 22 | 16 | 20 | 14 | 14 | 26 | | | |
| 2016/17 | 18 | 16 | 24 | 21 | 25 | 19 | 19 | 18 | 9 | 14 | 26 | 25 | 234 |
| 2015/16 | 26 | 18 | 30 | 15 | 17 | 26 | 11 | 9 | 12 | 12 | 21 | 16 | 213 |

8.3 The total number of complaints YTD is **175**. The total number of complaints for the same period of time in 2016/17 was **183**.

8.4 The number of complaints received in January is the highest in month received so far this year; however it is not an unusually high monthly figure for the Trust. As the Trust has been under significant pressure in the last two months for activity and nursing workforce gaps I have looked at from when and where this month's complaints have been generated. 9 complaints are from ED and the adult in-patient wards. 1 complaint is from the community. 1 complaint is from cancellation of surgery and 7 complaints are from out-patients.

Jill Foster
Chief Nurse
February 2018

Appendix One

Actual versus planned nurse staffing - Inpatient areas

The table below summarises the average fill rate on each ward during **January 2018**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the “Care Hours per Patient Day” (CHPPD) metric. Our overall CHPPD for January was **7.40** care hours per patient per day.

| Ward name | Jan-2018 | | | | | | |
|------------------------|---|--------------------------------|---|--------------------------------|------------------------------------|----------------------|-------------|
| | Day | | Night | | Care hours per patient day (CHPPD) | | |
| | 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 | 98.1% | 119.4% | 96.0% | 178.5% | 4.10 | 3.40 | 7.50 |
| Byland | 100.3% | 98.2% | 66.7% | 131.2% | 2.30 | 3.70 | 6.00 |
| CATT | 107.2% | 130.6% | 93.1% | 112.3% | 4.20 | 3.00 | 7.20 |
| Farndale | 84.3% | 112.4% | 100.0% | 151.6% | 2.90 | 3.80 | 6.70 |
| Granby | 103.5% | 164.5% | 100.0% | 127.4% | 2.90 | 3.60 | 6.40 |
| Harlow | 104.0% | 104.8% | 100.0% | - | 4.10 | 1.60 | 5.70 |
| ITU/HDU | 112.9% | - | 109.7% | - | 21.70 | 2.30 | 24.00 |
| Jervaulx | 105.0% | 101.4% | 71.0% | 141.4% | 2.40 | 3.90 | 6.30 |
| Lascalles | 102.8% | 94.2% | 100.0% | 100.0% | 4.20 | 3.60 | 7.90 |
| Littondale | 93.8% | 136.1% | 89.2% | 187.1% | 3.20 | 2.50 | 5.70 |
| Maternity Wards | 85.1% | 87.9% | 101.1% | 83.9% | 15.10 | 4.00 | 19.00 |
| Nidderdale | 79.6% | 103.2% | 72.0% | 196.8% | 2.80 | 2.80 | 5.60 |
| Oakdale | 96.4% | 138.7% | 92.7% | 183.9% | 4.10 | 3.70 | 7.80 |
| Special Care Baby Unit | 92.4% | 0.0% | 96.9% | - | 18.10 | 0.00 | 18.10 |
| Trinity | 121.5% | 103.2% | 100.0% | 100.0% | 3.10 | 2.80 | 5.90 |
| Wensleydale | 91.5% | 172.6% | 103.2% | 195.2% | 3.10 | 3.60 | 6.60 |
| Woodlands | 76.8% | 96.8% | 88.2% | 90.3% | 9.70 | 3.20 | 12.80 |
| Trust total | 97.1% | 116.4% | 93.5% | 144.3% | 4.20 | 3.30 | 7.40 |
| ED | 92% | 189% | 67% | 90% | | | |

Further information to support the January data

On the medical wards AMU, Jervaulx, Byland, CATT and Oakdale, 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 and Harlow Suite the increase in RN day duty hours above plan was to support the opening of additional escalation beds in January, as required.

On Farndale ward although the daytime RN hours were less than planned due to vacancies, an assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of the patients.

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

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In January this is reflected on the wards; AMU, CATT, Farndale, Granby, Littondale, Oakdale, and Wensleydale.

On Littondale and Nidderdale wards the RN hours were less than planned due to vacancies and sickness in January.

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

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. The day and night time RN hours are less than planned in January due to vacancies, however the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review.

On Trinity ward the increase in the Daytime RN hours is to support the opening of additional beds to support winter pressures.

Appendix Two Summary of safer nursing care tool data

Summary of safer nursing care tool data - Oct 2017

| Staffing levels indicated by tool | | | | | Average daily totals reported: | | | | | | | | | | | |
|-----------------------------------|---------------------------------|------------------------|---------------------------------|---------------------------------|--|---------------------|------------------------|------------|-----------------|------------------|-------------------|--------|--------------------|---------------------|---|---------------------|
| Ward | Ward * Establishments | Average of all days | Maximum daily requirement | Minimum daily requirement | Empty Beds | Acute Admissions | Elective Admissions | Discharges | Transfers In | Transfers Out | Ward attenders | Deaths | Escorts on Site | Escorts off Site | Number Patients requiring 1-1 care | Patient Outliers |
| CATT | 40.53 | 42.14 | 53.63 | 22.77 | 7.52 | 17.90 | 0.00 | 9.05 | 0.76 | 5.76 | 0.33 | 0.19 | 0.00 | 0.00 | 0.38 | 0.05 |
| CATT Escalation | Data not collected October 2017 | | | | CATT Escalation patient flow data incorporate into CATT base ward data | | | | | | | | | | | |
| Byland | 39.39 | 39.28 | 45.10 | 30.94 | 4.95 | 0.10 | 0.00 | 1.19 | 0.43 | 0.10 | 0.00 | 0.24 | 0.00 | 0.00 | 2.24 | 0.00 |
| Farndale | 31.24 | 22.53 | 28.25 | 18.05 | 8.14 | 1.67 | 0.10 | 2.14 | 0.43 | 0.10 | 0.00 | 0.10 | 0.00 | 0.00 | 2.33 | 1.24 |
| AMU | 37.95 | 37.97 | 45.10 | 27.89 | 3.38 | 2.24 | 0.00 | 4.76 | 2.62 | 0.81 | 0.14 | 0.10 | 0.00 | 0.00 | 0.29 | 0.00 |
| Granby | 24.98 | 27.52 | 30.17 | 20.69 | 0.52 | 0.10 | 0.05 | 1.90 | 1.10 | 0.14 | 3.90 | 0.10 | 0.00 | 0.00 | 0.52 | 0.00 |
| Harlow | 14.97 | 9.82 | 12.49 | 6.84 | 1.19 | 1.00 | 0.81 | 2.52 | 0.71 | 0.14 | 0.19 | 0.00 | 0.00 | 0.00 | 0.14 | 0.00 |
| Jervaulx | 38.59 | 41.87 | 47.12 | 29.66 | 3.90 | 0.24 | 0.00 | 1.95 | 0.95 | 0.24 | 0.00 | 0.33 | 0.00 | 0.00 | 1.86 | 0.00 |
| Littondale | 31 | 30.95 | 37.67 | 24.90 | 4.19 | 4.10 | 0.57 | 7.29 | 3.05 | 1.52 | 0.81 | 0.05 | 0.00 | 0.00 | 0.67 | 3.05 |
| Nidderdale | 33.84 | 19.88 | 23.75 | 14.66 | 10.52 | 2.76 | 0.81 | 5.90 | 2.14 | 0.38 | 3.24 | 0.00 | 0.00 | 0.00 | 0.29 | 0.76 |
| Oakdale | 41.35 | 29.10 | 32.84 | 24.35 | 8.57 | 0.19 | 0.05 | 1.29 | 0.67 | 0.14 | 0.00 | 0.33 | 0.05 | 0.14 | 0.81 | 0.00 |
| Trinity | 25.28 | 14.43 | 17.18 | 12.20 | 9.10 | 0.10 | 0.00 | 0.43 | 0.10 | 0.00 | 0.00 | 0.10 | 0.00 | 0.05 | 0.14 | 0.00 |
| Wensleydale | 29.25 | 27.90 | 32.74 | 21.95 | 3.19 | 1.38 | 0.05 | 5.38 | 3.62 | 2.29 | 0.00 | 0.00 | 0.00 | 0.00 | 1.17 | 0.00 |
| Lascelles | 22.44 | 21.18 | 22.09 | 19.03 | -0.95 | 0.00 | 0.00 | 0.24 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.19 | 0.00 | 0.00 |

*Nutritional assistants, discharge coordinators and ward clerks are not included in the establishment numbers

Summary of safer nursing care tool data - Jun 2017

| Staffing levels indicated by tool | | | | | Average daily totals reported: | | | | | | | | | | | | |
|-----------------------------------|------------------------------|------------------------------|---------------------------------|---------------------------------|--------------------------------|---------------------|------------------------|------------|-----------------|------------------|-------------------|--------|--------------------|---------------------|---|---------------------|------|
| Ward | Ward * Establishments | Average of all days | Maximum daily requirement | Minimum daily requirement | Empty Beds | Acute Admissions | Elective Admissions | Discharges | Transfers In | Transfers Out | Ward attenders | Deaths | Escorts on Site | Escorts off Site | Number Patients requiring 1-1 care | Patient Outliers | |
| CATT | 35.52 | Data not collected June 2017 | | | | 30.00 | 17.71 | 0.00 | 9.81 | 0.52 | 5.05 | 0.76 | 0.14 | | | | 0.00 |
| CATT Escalation | Data not collected June 2017 | | | | 6.00 | 8.33 | 0.29 | 6.81 | 0.00 | 1.57 | 1.81 | 0.00 | | | | | 0.00 |
| Byland | 34.99 | 47.06 | 50.99 | 40.07 | 2.05 | 0.05 | 0.00 | 1.33 | 0.33 | 0.10 | 0.00 | 0.10 | 0.00 | 0.00 | 1.14 | 0.14 | |
| Farndale | 31.24 | 27.24 | 31.99 | 21.77 | 6.52 | 1.10 | 0.00 | 1.71 | 0.48 | 0.19 | 0.05 | 0.05 | 0.00 | 0.00 | 0.10 | 0.86 | |
| AMU | 39.34 | Data not collected June 2017 | | | | 28.00 | 2.57 | 0.00 | 4.86 | 2.38 | 0.57 | 0.00 | 0.24 | | | | 0.43 |
| Granby | 22.8 | 30.34 | 37.07 | 26.87 | 3.86 | 0.14 | 0.05 | 1.76 | 1.24 | 0.33 | 3.71 | 0.00 | 0.00 | 0.00 | 1.48 | 0.00 | |
| Harlow | 14.97 | 9.20 | 12.02 | 5.87 | 1.38 | 1.86 | 0.00 | 2.33 | 0.67 | 0.29 | 0.10 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Jervaulx | 35.02 | 45.74 | 49.29 | 37.39 | 2.90 | 0.10 | 0.00 | 1.52 | 0.57 | 0.10 | 0.00 | 0.52 | 0.00 | 0.00 | 0.43 | 0.00 | |
| Littondale | 31 | 29.70 | 33.45 | 22.18 | 3.90 | 3.81 | 0.57 | 7.33 | 2.90 | 0.76 | 0.62 | 0.05 | 0.00 | 0.00 | 2.14 | 3.24 | |
| Nidderdale | 34.24 | 24.86 | 30.52 | 19.77 | 5.38 | 3.52 | 0.81 | 7.43 | 3.19 | 0.81 | 2.19 | 0.00 | 0.00 | 0.00 | 0.29 | 1.24 | |
| Oakdale | 41.76 | 48.53 | 49.29 | 46.94 | 0.10 | 1.05 | 0.00 | 1.33 | 0.57 | 0.43 | 0.00 | 0.10 | 0.00 | 0.00 | 2.00 | 0.00 | |
| Swaledale | Ward not open during June 17 | | | | | | | | | | | | | | | | |
| Trinity | 19.74 | 27.19 | 28.89 | 25.49 | 4.00 | 0.10 | 0.10 | 0.52 | 0.48 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |
| Wensleydale | 29.25 | 28.97 | 32.44 | 24.62 | 2.10 | 1.19 | 0.29 | 4.62 | 3.19 | 2.24 | 0.00 | 0.00 | 0.00 | 0.00 | 3.39 | 0.86 | |
| Lascelles | 22.9 | 17.91 | 17.91 | 17.91 | -1.00 | 0.05 | 0.00 | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | |

You matter most

Summary of safer nursing care tool data - Jan/Feb 2017

| Ward | Ward * Establishments | Staffing levels indicated by tool | | | Average daily totals reported: | | | | | | | | | | | |
|-------------------|---------------------------------|-----------------------------------|---------------------------|---------------------------|--------------------------------|---|---------------------|------------|--------------|---------------|----------------|--------|-----------------|------------------|------------------------------------|------------------|
| | | Average of all days | Maximum daily requirement | Minimum daily requirement | Empty Beds | Acute Admissions | Elective Admissions | Discharges | Transfers In | Transfers Out | Ward attenders | Deaths | Escorts on Site | Escorts off Site | Number Patients requiring 1-1 care | Patient Outliers |
| CATT | 35.52 | 46.07 | 55.02 | 32.76 | 2.71 | 7.57 | 0.52 | 8.19 | 0.86 | 5.10 | 0.38 | 0.57 | 0.24 | 0.05 | 0.71 | 0.05 |
| CATT Escalation | | 6.31 | 10.66 | 0.00 | 2.13 | CATT Escalation patient flow data incorporate into CATT base ward data | | | | | | | | | | |
| Byland | 34.99 | 45.23 | 50.26 | 33.12 | 1.90 | 0.33 | 0.00 | 1.95 | 0.81 | 0.05 | 0.00 | 0.24 | 0.00 | 0.00 | 1.14 | 0.19 |
| Farndale | 31.24 | 35.89 | 39.09 | 29.66 | 1.29 | 1.90 | 0.00 | 1.86 | 0.62 | 0.62 | 0.00 | 0.05 | 0.00 | 0.00 | 2.67 | 3.95 |
| AMU | 39.34 | 28.87 | 37.99 | 20.82 | 3.65 | 2.25 | 0.00 | 3.75 | 1.60 | 0.80 | 0.00 | 0.15 | 0.05 | 0.05 | 0.10 | 0.00 |
| Granby | 22.8 | 22.59 | 24.38 | 19.73 | 0.05 | 0.29 | 0.00 | 2.00 | 1.29 | 0.19 | 3.48 | 0.19 | 0.71 | 0.14 | 2.43 | 0.00 |
| Granby Escalation | | 5.77 | 7.79 | 0.98 | 1.10 | Granby Escalation patient flow data incorporated into Granby base ward data | | | | | | | | | | |
| Harlow | 14.97 | 10.37 | 11.22 | 8.80 | 0.10 | 0.95 | 0.71 | 2.52 | 1.00 | 0.38 | 0.19 | 0.10 | 0.00 | 0.00 | 0.00 | 0.00 |
| Jervaulx | 35.02 | 43.10 | 46.73 | 36.93 | 1.67 | 0.33 | 0.00 | 2.38 | 1.05 | 0.14 | 0.43 | 0.00 | 0.00 | 0.00 | 5.00 | 0.00 |
| Littondale | 31 | 31.67 | 37.10 | 26.98 | 3.67 | 3.71 | 0.38 | 6.05 | 2.33 | 1.62 | 1.10 | 0.14 | 0.00 | 0.00 | 1.10 | 8.14 |
| Nidderdale | 34.24 | 29.25 | 35.50 | 24.66 | 2.81 | 2.90 | 0.52 | 6.05 | 2.57 | 0.43 | 2.52 | 0.00 | 0.00 | 0.00 | 0.00 | 5.10 |
| Oakdale | 41.76 | 38.98 | 46.15 | 32.34 | 2.26 | 0.37 | 0.00 | 1.37 | 1.00 | 0.42 | 0.00 | 0.00 | 0.11 | 0.11 | 0.95 | 0.00 |
| Swaledale | Ward not open during Jan/Feb 17 | | | | | | | | | | | | | | | |
| Trinity | 19.74 | 28.38 | 31.82 | 24.30 | 1.52 | 0.05 | 0.00 | 0.00 | 0.10 | 0.48 | 0.00 | 0.10 | 0.00 | 0.00 | 2.57 | 0.00 |
| Wensleydale | 29.25 | 29.80 | 34.75 | 22.23 | 1.24 | 1.38 | 2.24 | 5.76 | 2.10 | 1.05 | 0.00 | 0.00 | 0.00 | 1.62 | 1.83 | 0.00 |
| Lascelles | 22.9 | 19.50 | 21.05 | 15.33 | -0.62 | 0.10 | 0.05 | 0.38 | 0.10 | 0.05 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Summary of safer nursing care tool data - Sep/Oct 2016

| Ward | Ward ** Establishments | Staffing levels indicated by tool | | | Average daily totals reported: | | | | | | | | | | | |
|-------------------|---------------------------------------|-----------------------------------|---------------------------|---------------------------|--------------------------------|------------------|---------------------|------------|--------------|---------------|----------------|--------|-----------------|------------------|------------------------------------|------------------|
| | | Average of all days | Maximum daily requirement | Minimum daily requirement | Empty Beds | Acute Admissions | Elective Admissions | Discharges | Transfers In | Transfers Out | Ward attenders | Deaths | Escorts on Site | Escorts off Site | Number Patients requiring 1-1 care | Patient Outliers |
| CATT | 35.7 | 39.68 | 51.11 | 24.99 | 8.29 | 16.81 | 0.00 | 8.67 | 0.81 | 5.52 | 0.52 | 0.14 | 0.15 | 0.00 | 0.15 | 0.00 |
| CATT Escalation | Ward not open during Sept/Oct 16 | | | | | | | | | | | | | | | |
| Byland* | 35 | 37.50 | 0.00 | 33.74 | 10.90 | 0.00 | 0.00 | 1.57 | 0.76 | 0.00 | 0.00 | 0.14 | 0.11 | 0.00 | 1.44 | 0.00 |
| Farndale | 29.2 | 31.54 | 36.52 | 25.90 | 3.24 | 1.10 | 0.48 | 2.05 | 0.71 | 0.43 | 0.14 | 0.00 | 0.00 | 0.00 | 1.37 | 1.71 |
| AMU | 39.3 | 37.41 | 44.79 | 31.83 | 4.00 | 1.86 | 0.10 | 4.95 | 3.24 | 1.14 | 0.05 | 0.00 | 0.05 | 0.00 | 0.25 | 0.71 |
| Granby | 22.8 | 19.32 | 22.88 | 18.38 | 1.67 | 0.05 | 0.00 | 1.81 | 1.14 | 0.00 | 1.95 | 0.24 | 0.25 | 0.00 | 0.90 | 0.00 |
| Granby Escalation | Ward not open during Sept/Oct 16 | | | | | | | | | | | | | | | |
| Harlow | 15 Ward closed during period of study | | | | | | | | | | | | | | | |
| Jervaulx* | 35 | 32.62 | 35.65 | 29.36 | 17.76 | 0.05 | 0.00 | 1.24 | 0.62 | 0.10 | 0.00 | 0.19 | 0.25 | 0.00 | 0.42 | 0.14 |
| Littondale | 31 | 30.24 | 33.35 | 23.38 | 7.81 | 4.00 | 0.43 | 7.57 | 3.38 | 1.57 | 0.62 | 0.05 | 0.00 | 0.00 | 1.26 | 1.67 |
| Nidderdale | 34.2 | 26.51 | 32.62 | 19.35 | 7.14 | 4.05 | 0.86 | 7.67 | 1.14 | 2.48 | 3.33 | 0.10 | 0.00 | 0.00 | 0.19 | 1.29 |
| Oakdale | 41.8 | 35.06 | 39.14 | 29.88 | 4.43 | 0.48 | 0.05 | 1.76 | 0.71 | 0.14 | 0.00 | 0.33 | 0.00 | 0.00 | 1.10 | 0.00 |
| Swaledale | Ward not open during Sept/Oct 16 | | | | | | | | | | | | | | | |
| Trinity | 19.7 | 23.27 | 24.60 | 20.69 | 0.71 | 0.10 | 0.00 | 0.38 | 0.00 | 0.00 | 0.00 | 0.05 | 0.00 | 0.00 | 0.10 | 0.24 |
| Wensleydale | 29.3 | 30.85 | 35.02 | 25.24 | 3.00 | 0.90 | 2.29 | 4.67 | 1.52 | 1.76 | 0.00 | 0.00 | 0.00 | 0.00 | 2.88 | 0.00 |
| Lascelles | 22.9 | 17.18 | 19.91 | 14.54 | 3.05 | 0.10 | 0.00 | 0.19 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

You matter most

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|--|--|---|-----------|--|--------------------------|---|-----------|--|-------------|---|
| Date of Meeting: | 28 February 2018 | Agenda item: | 10.0 | | | | | | | |
| Report to: | Board of Directors | | | | | | | | | |
| Title: | Report from the Medical Director | | | | | | | | | |
| Sponsoring Director: | Dr David Scullion, Medical Director | | | | | | | | | |
| Author(s): | Dr David Scullion, Medical Director | | | | | | | | | |
| Report Purpose: | <table border="1"> <tr> <td>Decision</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table> | | | Decision | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ |
| Decision | Discussion/ Consultation | ✓ | Assurance | ✓ | Information | ✓ | | | | |
| Executive Summary: | <ul style="list-style-type: none"> • Dr Scullion and Mrs Webster attended Mortality Statistics masterclass in Leeds on 12 February. • The fourth quarterly report of the Guardian of Safe Working Hours to be noted. • The HSMR is lower than last month at 106.6. SHMI has decreased to 90.0 and remains below expected levels. • Letter sent to Trust staff reinforcing the importance of information sharing with families and carers that is deemed to be in the best interests of patients • Patients re-tested following a Field Safety Notice which confirms that no patients were adversely affected. • The Trust has agreed to act as a pilot site for the QIST (Quality Improvement in Surgical Teams) Transfusion and anaemia collaborative. Currently approaching colleagues to act as clinical champions. | | | | | | | | | |
| Related Trust Objectives | | | | | | | | | | |
| <table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table> | | | | To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | |
| To deliver high quality care | ✓ | To work with partners to deliver integrated care: | ✓ | To ensure clinical and financial sustainability: | ✓ | | | | | |
| Key implications | | | | | | | | | | |
| Risk Assessment: | None identified. | | | | | | | | | |
| Legal / regulatory: | Statutory obligations of the Trust in relation to research Governance. | | | | | | | | | |
| Resource: | None. | | | | | | | | | |
| Impact Assessment: | None. | | | | | | | | | |
| Conflicts of Interest: | None identified. | | | | | | | | | |
| Reference documents: | None | | | | | | | | | |
| Assurance: | | | | | | | | | | |
| Action Required by the Board of Directors: | | | | | | | | | | |
| <ul style="list-style-type: none"> • It is recommended that the Board receives and notes the report. | | | | | | | | | | |

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Board of Directors **28 February 2018**

Medical Director's Report

Report from: **Dr David Scullion, Medical Director**

Report Purpose **For Information**

1. Mortality update

Lesley Webster, NED and I attended a Mortality Statistics masterclass in Leeds on 12 February. This was led by Professor Mohammed Mohammed (Professor of Healthcare Quality and Effectiveness, University of Bradford). This was a fascinating walk through the history of mortality statistics and a review of the evidence base linking mortality indices with quality of care and potentially erroneous assumptions that may occur. Neither HSMR nor SHMI fare particularly well in terms of a proven measure of quality of care.

Some time was spent talking about the case note review process, and how a clinically led review is perhaps the most effective method currently of identifying examples of both good and poor care. This is reassuring as it is part of the process in place locally. Some pointers were given regarding the interrogation of HSMR locally that might give an indication of rising or falling values, though it was emphasised that neither was necessarily a reliable guide to the quality of care delivered.

Amongst detailed guidance received for the annual Quality Account is new guidance on quarterly reporting of learning from deaths. Much of this was already in the public domain and is no surprise. There is a requirement to give an estimation of those deaths that were felt to be avoidable. This controversial topic has been previously documented in my report. I have urged the Improvement Academy to seek the guidance of the RCP on this matter. I am of the view that national pressure should be brought to bear if we wish to deviate from the guidance with regards to assessment of avoidability. Personally I favour a more narrative approach.

The crude mortality rate increased to 1.61% in January but remains just below the corresponding value for last year (1.64%).

The HSMR for the rolling 12 months ending October 2017 is 106.6. This is within expected levels and lower than last month. At specialty level, one specialty continues to have a higher than expected standardised mortality rate – Geriatric Medicine.

The SHMI has decreased to 90.0 (91.3 last month) for the rolling 12 months ending October 2017 and remains below expected levels. At specialty level, four specialties have a higher than expected standardised mortality rate for SHMI – Respiratory Medicine, Geriatric Medicine, Gastroenterology and Plastic Surgery. The plastic surgery relates to the same death as last month – a patient who died at home within 30 days of having a

minor day case procedure at HDFT under plastic surgery. I have failed to establish a connection between the surgical procedure and the death of the patient.

2. Guardian of Safe Working update

The quarterly report from Dr Gray is attached at item 10.1 and comments as necessary.

3. GIRFT/Carter update

We are presently working hard to respond to a request for workforce planning data from NHSI. The original deadline for this request was December 2017, though this was extended due to winter pressures. A welcome measure considering the hugely detailed and large volume of data requested from this Trust (and others). Once the data has been submitted nationally, it will be collated and analysed to update medical workforce statistics as part of the Model Hospital programme. Trust, regional and national dashboards will support wider benchmarking.

At the time of writing, approximately 66 acute Trusts were still to submit their data.

4. Information sharing with families and carers

There is a delicate balance between patient confidentiality and sharing information with families and carers that is in the best interests of patients. All too often the pendulum swings towards erring on the side of medicolegal caution and failing to disclose. Nowhere is this more important than in the field of mental health care when the consequences can occasionally be catastrophic.

Following a recent communication from the Papyrus charity, a letter has been sent to all Trust staff, signed by myself, the CEO and Chief Nurse, reinforcing the importance of information sharing and offering unequivocal support to staff who share information with relatives and carers that is deemed to be in the best interests of patients. Advice is available where doubt exists.

This approach is supported by existing Caldicott principles.

5. Patient safety update

The Trust has received a Field Safety Notice from the Medicines Healthcare Regulatory Authority (via NHSE) regarding products used in cytology detection for patients with breast cancer. The Trust does not use any of these products but contracts out to UCLH for this testing service, who do use the products. The implication for patients is that they may have received a treatment for cancer that was both ineffective and unnecessary, or that they will not have received a treatment that could have been beneficial.

In total 17 patients from HDFT were affected and required re-testing. This confirmed that the original test results were correct and that no patient was adversely affected. The correct treatment was put in place in all cases. NHSE have been informed of the outcome. The Trust has agreed to act as a pilot site for the QIST (Quality Improvement in Surgical Teams) Transfusion and anaemia collaborative. This is supported financially by NHSI and GIRFT and is designed to reduce the incidence of pre-operative anaemia and MSSA

infection in patients undergoing elective hip and knee arthroplasty. The project is based on evidence that by doing so, there is a reduction in transfusion rates, critical care admission, length of stay, readmission rates and deep seated joint infection. The study is jointly run by the University of York and Northumbria Healthcare NHS Trust, in partnership with the British Orthopaedic Association. This is an early stage pilot and I am currently approaching colleagues to act as clinical champions.

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| Date of Meeting: | 28 February 2018 | Agenda item: | 10.1 |
| Report to: | Board of Directors | | |
| Title: | Fifth quarterly report on safe working hours for doctors and dentists in training | | |
| Sponsoring Director: | Dr D Scullion, Medical Director | | |
| Author(s): | Dr C Gray, Guardian of Safe Working Hours | | |
| Report Purpose: | Decision | Discussion/ Consultation | Assurance <input checked="" type="checkbox"/> |
| Executive Summary: | <p>The Board of Directors is asked to note:</p> <ul style="list-style-type: none"> • The Guardian has no on-going concerns. • The number of Exception Reports is below the national average • There is a continuing national recruitment crisis in trainee doctors but vacancies in this Trust are at 9.9% which is comparatively low. • HEE has requested upload of the entire database for research purposes. | | |
| Related Trust Objectives | | | |
| To deliver high quality care | <input checked="" type="checkbox"/> | To work with partners to deliver integrated care: | To ensure clinical and financial sustainability: |
| Key implications | | | |
| Risk Assessment: | Risks associated with the content of the report are reflected in the Board Assurance Framework | | |
| Legal / regulatory: | None identified. | | |
| Resource: | None identified. | | |
| Impact Assessment: | Not applicable. | | |
| Conflicts of Interest: | None identified. | | |
| Reference documents: | None. | | |
| Assurance: | | | |
| Action Required by the Board of Directors: | | | |
| The Board of Directors is asked to receive and note the content of the report. The Board of Directors is requested to consider the points at the end of the report. | | | |

Board of Directors 28 February 2018

Quarter 3 2017/18 Quarterly report on Safe Working Hours: Doctors and Dentists in Training

Report from: Dr Carl Gray, Guardian of Safe Working Hours

Report Purpose: For Information

Executive summary

This is the fourth quarterly report of the Guardian of Safe Working Hours. Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. This report covers the period 1 October to 31 December 2017.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

The Trust now has all trainee doctors employed on the 2016 Terms and Conditions of Service (TCS) contract.

Twenty-five exception reports have been received from trainees and dealt with (Q2 2017/18: 35). These have mainly concerned over-runs of working hours ('hours and rest') owing to the busy state of the wards and to individual patient matters. Exception reporting is low in this Trust and in decline regionally overall although highly variable.

There having been no breach of the European Working Time Directive, no fine has yet been levied. National trends in medical post-graduate training continue to be adverse.

There has been no regional or national meeting in this quarter. One trainee doctors' forum has been held jointly with the Deputy Director of Medical Education. These will continue bi-monthly.

The CQC have announced that they will henceforward in inspections interview Guardians of Safe Working and representative trainee doctors concerning exception reports.

This is the key quality assurance statement for the Board:

'The Board is advised that overall working hours across the organisation are satisfactory and that there are presently no unaddressed specific concerns in departments or directorates. One directorate has increasing exception reports owing to rota gaps and colleagues off sick.'

1 Introduction

This is the fourth quarterly report of the Guardian of Safe Working Hours which presents the Trust's statistics in brief form: more detailed data are held in the DRS computer system and are available on request.

Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. The quarterly report is a contractual duty upon the employer under the 2016 TCS.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

The Trust now has all its trainee doctors employed on the new 2016 TCS which started in December 2016.

2 High level data

| | |
|--|--------------------------------------|
| Number of doctors / dentists in training (total established posts) | 121 [last quarter: 121] |
| Number of doctors / dentists in training on 2016 TCS (total) | 121 [last quarter: 121] |
| Number of doctors / dentists in training actually in post | 109 [last quarter: 112] |
| Amount of time available in job plan for Guardian to do the role | 1.5 PAs per week |
| Admin support provided to the Guardian (if any) | none [assistance from HR Department] |
| Amount of job-planned time for educational supervisors | 0.5 PAs per trainee |

3 Exception reports

Exception reports are individual notifications by trainee doctors who have had a problem occasion causing them to vary their working hours from the contracted rota by more than ½ hour. Exception reports have a time-limited process for response by the Trust. At any one time there will usually be reports awaiting attention by individual clinical supervisors.

This is a full quarter covering the period 1 October 2017 - 31 December 2017.

| Exception reports by department | | | | |
|---------------------------------|--|-----------------------|-----------------------|----------------------------|
| Specialty | No. exceptions carried over from last report | No. exceptions raised | No. exceptions closed | No. exceptions outstanding |
| General Medicine | 0 | 16 | 16 | 0 |
| General Surgery | 0 | 7 | 7 | 0 |
| Emergency Medicine | 0 | 2 | 2 | 0 |
| | | | | |
| Total | 0 | 25 | 25 | 0 |

The exception reports are from FY1 doctors. The majority of exceptions reported concern overtime working ['hours and rest']. There have been no exception reports in the reporting quarter mentioning defective educational experience.

Exception reports have decreased from 35 in Q2 to 25 in Q3; but the doctors covered by 2016 TCS have remained constant at 121 posts.

Exception reporting has a potential procedural barrier. Doctors new to the Trust must activate their password on the DRS system within seven days. If they do not do so they are locked out and must get a new password. This may account for some delay in reporting exceptions; some doctors tend to batch them.

If a doctor has overworked their contracted hours on an occasion, then they are entitled under the TCS to over-time pay or time off in lieu. If the over-work is caused by rota gaps, then time off is not appropriate if it will compound the shortage situation. The doctor is entitled to overtime pay even if their overtime commitment followed from their own inefficiency or misjudgment. Clinical supervisors are expected to guide their trainees in efficient working, prioritizing clinical activities and making timely hand-overs to over-night teams. The Trust will incur a small cost each month in some hours' over-time pay; but this is offset by vacant posts owing to rota gaps.

The job of filling posts, balancing rotas and workloads properly belongs to clinical directorates with professional support from the HR function. Individual trainees' employment experiences are managed by their individual clinical supervisor - a clinical consultant usually in the same or a related specialty. The Guardian has no actual managerial power over individuals in directorates.

Of course, ideal conditions of employment for trainee doctors are one obligation amongst many in the Trust, particularly in periods of winter pressures.

4 Work schedule reviews and interventions

4a Work schedule review

A work schedule review would be undertaken to investigate any case of systematic or repeated over-working of contracted hours where the planned schedule itself is questioned. No work schedule review has been necessary to date.

4b Interventions

Specialty X

In this specialty, exception reports are few but two doctors put in batches of multiple reports, the largest being seven reports. The doctor had stored then up then reported them all in one day. These cases have been managed by the clinical supervisor in each instance; there was no systematic problem. Clinical supervisors have guided efficient working and identified items of work which can be handed over or postponed to the next day.

Specialty V

There is a developing trend in January 2018 [outside the reporting period for the above data] of exception reports in the FY1 doctors in this specialty. These relate to over-working, missed breaks and lost educational opportunity owing to rota gaps and colleagues off sick. This is of course during the period of winter pressures when the whole organization is stressed by overload. The worst affected doctor has been checked by her clinical supervisor: she has been on holiday and is well.

Exceptional pressures owing to exceptional circumstances are tolerable for short periods. Working at full-pitch on occasion is part of professional life and is valuable experience. But, under the TCS 2016 for trainee doctors, employers have a duty to avoid stress, over-working and to encourage good educational opportunities. Long-standing rota gaps and habitual heavy workload are not acceptable and every managerial effort must be made to avoid continued pressure upon these young doctors.

This issue is under management within the directorate and the clinical supervisors. These issues persist despite being on an action list from the Deanery concerning previous surveys and

inspections. The Foundation Programme Director has threatened to withdraw all FY1 posts from this Trust. Unfortunately, the recent evidence frustrates the Education Department's hopes to satisfy these points. The GMC will make their regular survey in March 2018. The directorate accepts that pressures exist recurrently. An action plan has been written and launched. Under this plan a Locum doctor has been appointed already to fill a rota gap.

5 Vacancies

There were 12 [Q2: 9] vacancies in February 2018 [9.1% of 121 established posts overall].

In February and August each year there are planned cohort changes; at other times of year there are always a few doctors coming and going for personal reasons. At any one time, there are gaps owing to failure of recruitment and vacant posts are at different stages of re-advertisement and recruitment. One gap is a doctor on maternity leave.

Of course, rota gaps add to the strain on the trainees in post and add to the Trust's workforce costs by necessitating locum and other temporary employees.

The percentage of vacancies is far worse in other Trusts: we are doing relatively well.

6 Fines

The Guardian has the contractual power to penalize departments/directorates for failure to ensure safe working hours and particularly repeated breaches of the Working Time Directive. This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the Guardian of Safe Working Hours' account. A list of items against which the fines have been disbursed should be attached as an appendix.

No fine has been necessary to date. There have been no identified breaches of the Working Time Directive.

Working time rules may of course change after BREXIT.

| Fines (cumulative) | | | |
|--------------------------------|--------------------|----------------------------|--------------------------------|
| Balance at end of last quarter | Fines this quarter | Disbursements this quarter | Balance at end of this quarter |
| £0 | £0 | £0 | £0 |

7 Regional Meeting

There has been no regional or national meeting for Guardians this quarter.

The junior doctor forum took place on 13 November 2017 with large attendance and no controversy. The forum on 8 January 2018 was cancelled at short notice owing to the unavailability of principals.

No plans have been announced for any national meeting for Guardians of Safe Working Hours in 2018.

8 The case of Dr Hadiza Bawa-Gaba

This doctor's case is presently the subject of national controversy. The case can be seen as the worst nightmare scenario that can follow the effects of medical rota gaps in a hospital setting: a patient died, the trainee doctor was convicted and struck off and the hospital trust admitted serious failings.

The doctor was in 2011 a trainee in Paediatrics at Leicester Royal Infirmary. A young child patient under her care died.

The doctor was convicted of manslaughter by gross negligence in the Crown Court. The Court of Appeal upheld the conviction. She was reported to the GMC and the MPTS hearing suspended her from practice. Subsequently, the GMC appealed the MPTS' decision and the High Court has ruled that the GMC shall erase her name from the medical register.

Despite the tragic death of the patient, supporters of the doctor point to mitigating factors in her case: she was over-working owing to colleagues' absence and the hospital trust admitted many contributory factors in the case. The doctor admitted making mistakes.

The notion that written reflections in her appraisal and training records were used as evidence against her in the criminal trial was misreported; this was not the case.

There is a groundswell of dismay in the medical profession at her alleged over-harsh treatment. A crowd-funding appeal for further legal advice was rapidly subscribed.

The Chair of the GMC, Prof T Stephenson, has responded on 2 February 2018 to the many expressions of concern with an explanation of the GMC's position. He gives advice on how trainee doctors should escalate unsafe working situations in the NHS and mentions the place of Guardians of Safe Working Hours in escalation pathways.

NHS England has issued advice on 16 February 2018 that recorded reflection were not used in evidence in the particular case and have never been used in any criminal case against a doctor. Recorded reflections should continue to be part of doctors' appraisal and training records. Patient details should be anonymized so far as possible.

Despite these official views, it seems inevitable that doctors, especially trainees, will be discouraged from full and frank discussion of problem cases.

9 Workforce

Systematic problems of recruitment of trainees continue to be intractable regionally and nationally leading to widespread gaps in rotas in many important specialties. But this Trust had just 9.9% vacancies/gaps in September 2017. Many mainstream medical specialties in large teaching centres are failing to fill their training posts.

A draft NHS workforce strategy – *Facing the Facts, Shaping the Future* - has been published by Public Health England and is under public consultation until March. On first reading this is rather a thin document. For the medical profession it offers only increased flexibility in moving between specialties for trainees. The huge time-lag between entering medical school and becoming a consultant is acknowledged: typically twelve years.

10 Future of Professions

Susskind and Susskind (2015) in their book *The Future of Professions* predict that traditional professions such as medicine are in for rapid change. In all professions, traditional structures are failing the public. Essentially, they favor the professionals themselves rather than the public they purportedly serve by being too expensive, too exclusive and too mysterious. The Internet, artificial intelligence, modern media and new apps are likely to offer the public many new approaches to accessing health information and diagnosis, bypassing traditional doctor-patient consultations and wrenching specialist information and skills more accessibly into the public domain. In the context of increasing patient demand and insufficient supply of health care professionals, trainees and trained, health services are in for troubled times. There will be an uncomfortable transitional period with too few traditional professionals to cover demand until emerging systems take over. These authors state that notoriously all professions are training their trainees for today's practice, not the future needs of humankind. Their book is a very interesting read for anyone in the field of providing professional services.

UK medical training is paying small attention to these strategic issues currently.

11 Disclosure

These quarterly Guardian reports are submitted to Health Education England at their request and by standing consent of the Trust Board of Directors. A regional summary is assembled and discussed at the regional meeting each time. Guardians assume that their quarterly reports to their boards of directors are open to the public domain.

CQC will henceforward request submission of quarterly reports for inspections.

Health Education England has requested periodical download of the entire database of exception reports for the purpose of research by the mining of big data. I see no objection to this. No personal details will be disclosed outside HEE. Study of the overall position may give valuable insights. The Board is invited to decide whether to comply with this request.

12 Confidentiality

Given that Guardians' reports may be in the public domain, the identities of specialties, doctors and supervisors are concealed in the Guardian's quarterly report. Full data are available to the Board of Directors in private session on request.

13 CQC

There has been no enquiry from CQC to date.

Regional colleagues have had contact with inspectors during CQC inspections [reported previously].

It was announced on 24 January 2018 that future CQC inspections will include inspectors in addition to usual practice interviewing the Guardian of Safe Working Hours and representative trainee doctors about exception reports. Quarterly reports [such as this document] will be submitted for inspection.

14 Issues arising

- a. The Trust continues in comparatively good standing. We have had a below-average rate of exception reporting.
- b. There is an on-going problem of over-work and reduced educational opportunity for FY1 doctors – the most junior doctors - owing to colleagues off sick and rota gaps. Current instances are under management within the directorate concerned.
- c. Reluctance in trainees to report exceptions exists regionally and nationally.
- d. Exception reports are being received and processed.
- e. There are gaps in rotas owing to failed recruitment. This a worsening issue throughout medical specialties especially in the North of England, but this Trust is doing relatively well.
- f. The case of Dr H Bawa-Gaba is causing national controversy. A child died in hospital in Leicester in 2011 contributed to by medical rota gaps. This doctor was convicted of manslaughter and erased from the medical register. A campaign is developing in the doctor's support. GMC has issued guidance to trainees on escalating concerns on unsafe working situations. NHS England has issued advice on the continuing necessity for recorded reflections in appraisal and training.
- g. The Guardian is expecting to meet CQC inspectors in due course.

15 Actions taken to resolve issues

- a. No fine has been necessary this quarter.
- b. The Guardian has challenged management in one directorate about overworking of FY1 doctors. He has consulted with the Director of Medical Education and directorate managers. The Directorate concerned has responded very vigorously and an action plan is in progress.
- c. Probably the majority of trainees work overtime occasionally but none too dangerous degree. Exception reports are widely viewed as an under-estimate of actual overtime working owing to reluctance of some trainees to make exception reports.
- d. At the date of reporting, the Board of Directors is assured from the evidence available that:
 - i. The exception reporting system is operational for all trainees; they are now all on the 2016 TCS.
 - ii. GMC data suggests that chronic low level overworking is the new normal.
 - iii. No systematic problem of unsafe working hours is known to exist currently. Instances of overworking and rota gaps are under investigation and management in one directorate.
 - iv. The Guardian can only intervene on notified problems.

16 Questions for consideration by the Board of Directors

- a. The Board is asked to receive the report and to consider the assurances provided by the Guardian.
- b. There are presently no issues outlined in the report which are not being (or cannot be) tackled.
- c. The Guardian makes no request for escalation, internally, externally or both, which might be recommended in order to ensure that safe working hours would not be compromised in the future.
- d. Issues of medical [and indeed all healthcare professional] workforce planning are an urgent strategic challenge to the Trust and to the entire NHS. The NHS workforce strategy appears thin. The future of professions themselves is under academic challenge.

- e. The Trust always has vacancies gaps in trainee doctor posts; these currently run at 9.9 per cent.
- f. Safe working hours, trainees' exception reports and rota gaps now are added to the regular data requests by CQC in their inspection process.
- g. HEE has requested download of exception reporting data for research purposes. The Board is asked whether it consents to disclosure in greater detail to Health Education England.

17 References

Susskind R, Susskind D. *The future of the professions. How technology will transform the work of human experts*. Oxford: Oxford University Press, 2015, ISBN: 978-0-19-879907-8].

Public Health England. *Facing the Facts, Shaping the Future. A draft health and care workforce strategy for England to 2027*. London: NHS, 2018.

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Board Committee report to the Board of Directors

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|---|------------------------|
| Committee Name: | Quality Committee (QC) |
| Committee Chair: | LA Webster |
| Date of last meeting: | 7 February 2018 |
| Date of Board meeting for which this report is prepared | 28 February 2018 |
| Summary of live issues and matters to be raised at Board meeting: | |
| <p>Hot Spots and Financial Recovery Plan Discussion: A review of care provided to patients during the very busy period in January was discussed and the learning points were shared with the committee.</p> <p>Board Request for QC to seek assurance:</p> <ul style="list-style-type: none"> • E-coli – IP&C month report received and discussed, this is also discussed at SMT each month. • Falls: - Falls and Internal Audit reports – discussed the two separate focuses that had been taken in relation to looking at the increase in the number of falls – actions to prevent falls and process / documentation. In future Quality Committee to receive Internal Audit reports when relevant to quality issues. Data relating to the detail behind falls was debated and considerations for improved reporting are underway for inclusion in an updated Quality Dashboard. The QC remains assured that the actions in place will deliver the planned reduction in falls. Next month QC will receive the National Audit of Inpatient Falls 2017. <p>Quality Priorities: The final reports for these will be incorporated within the Quality Account. QC will review the first draft in April.</p> <p>Reports Received:</p> <ul style="list-style-type: none"> • Report on the professional supervision for midwives, describing implementation of the new model for supervision. • External Reports received, NHS Library Quality Assurance Framework 2017 and National Cancer Patient Survey Report received. Paediatric Diabetes Services report. | |
| Are there any significant risks for noting by Board? (list if appropriate) | |
| None | |
| Matters for decision | |
| None | |
| Action Required by Board of Directors: Note 96% quality rating for Library Services assessment and very positive feedback from users of this service. | |

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Board Committee report to the Board of Directors

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|---|-------------------|
| Committee Name: | Finance Committee |
| Committee Chair: | Maureen Taylor |
| Date of last meeting: | 8 February 2018 |
| Date of Board meeting for which this report is prepared | 28 February 2018 |
| Summary of live issues and matters to be raised at Board meeting: | |
| <ol style="list-style-type: none"> 1. The main focus for the meeting was scrutiny of the process for preparing the Operational Plan for 2018/19. 2. The Committee received an update on the control total for 2018/19 as notified by NHSI. Assuming the 2017/18 control total is achieved, the revised control total for 2018/19 would require an internal surplus of £1.4m and would attract STF funding of £5.3m. This is a significant improvement on the original figures notified last year. 3. The Committee received an update on the equivalent figures notified to HaRD CCG. 4. Mr Harrison took the Committee through the process for determining the capacity and activity plans for 2018/19. The main difference from last year is the use of a risk assessment stage before arriving at activity and income levels. The Committee asked questions about the process and assumptions used within the plan. 5. The Committee were assured that the activity planning process was robust. It was recognised however that risks do still exist and these will need to be managed throughout the year. 6. It was noted that there are more cost pressures in directorates than resources available and these were still being worked through. Plans are in place to achieve the full £10.2m CIP required however, the risk adjusted CIP total stands at £7.7m and work is continuing to firm up plans. 7. An outline of capital programme planning was received and a detailed scheme list will be received at the April meeting. The Operational plan will be reviewed by the Board at a strategy day in March. 8. The Committee received a report on the initial funding of HHFM. The Committee supported the proposal that the funding be provided as 50% debt and 50% equity. 9. It was reported that the trust's cash position at the end of January was significantly below where we expected to be and this is a risk for the Trust. Work continues on debt collection and the cash position will improve when Q3 STF funding is received. 10. The Finance Committee effectiveness survey has been delayed but will be circulated shortly and the results reported back to the Committee in April. | |
| Are there any significant risks for noting by Board? (list if appropriate) | |
| <ul style="list-style-type: none"> • Outstanding debts are continuing to impact on the Trust's cash position. | |
| Matters for decision | |
| None | |
| Action Required by Board of Directors: None | |

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Board Committee report to the Board of Directors

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|--|------------------|
| Committee Name: | Audit Committee |
| Committee Chair: | Chris Thompson |
| Date of last meeting: | 6 February 2018 |
| Date of Board meeting for which this report is prepared | 28 February 2018 |

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

1. The Committee noted the discussions that had taken place at recent meetings of the Corporate Risk Review Group regarding pressures caused in the areas of medical and nursing staffing and that opportunities for greater flexibility in delivery of individual roles would be required.
2. There was discussion around Falls management, particularly in the context of the regular consideration given by the Quality Committee. The Audit Committee expressed significant concerns following a limited assurance outcome to a “follow up” audit which itself resulted from a previous limited assurance outcome. There was concern that recommendations previously accepted had not been implemented and also at the unacceptable time taken for relevant management to respond to the draft recommendations made by Internal Audit. The Committee now requests that the Chief Nurse attends the next meeting of the Committee in order to explain the apparent lack of progress.
3. The challenges around ensuring that Patient Information Leaflets remain up to date was discussed and it was agreed that Audit Yorkshire would look at the opportunities for a more consistent approach being adopted across the footprints of the HCP partnerships where they are involved.
4. The Committee recognised the challenges that are being presented by the growing requirements around the implementation of a comprehensive Conflicts of Interest Policy and was supportive in principle of a system solution being sought.
5. It was agreed that every effort needs to be made to ensure that the recent problems with the MK Insight software are resolved as there is a growing threat to the credibility of the product. It is anticipated that following appropriate testing at York, the issues should be resolved in the next few

weeks.

6. Internal Audit Effectiveness Surveys. The Committee was pleased by the excellent response rates and the very useful and constructive outcomes from the submissions. It was clear that a good deal of thought had been put in by all parties. There was discussion around the implications of the growing childrens' and community services businesses on the internal audit planning process.
7. The External Audit Plan and the updated protocol for Non-Audit Services as submitted by KPMG were accepted by the Committee. A contextual discussion took place around the ongoing challenge of agreeing year end balances between commissioners and providers.
8. There were some concerns expressed regarding the continued delays by some project sponsors in the submission of Post Project Evaluations. It was agreed that at the next AC meeting, consideration should be given to requesting appropriate individuals to attend and explain the reasons for delays.
9. The Committee considered the option raised by Senior Management regarding the tender process in respect of three distinct pieces of work planned to take place around the front entrance to the hospital. The Committee accepted that a pragmatic approach may need to be taken to ensure that the maximum level of funding can be received from the DoH – it was agreed that further consideration would be given to a revised proposal, possibly at the next Private Board of Directors' Meeting.

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

There are no matters on which a decision from the Board is required

Action Required by Board of Directors:

The Board is asked to note the considerations that took place at the meeting of the Audit Committee on the 6th February.

You matter most

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 1 November 2017 at 17:45 hrs at St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR

Present:

- Mrs Angela Schofield, Chairman
- Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
- Dr Pamela Bagley, Stakeholder Governor
- Dr Sally Blackburn, Public Governor
- Mrs Angie Colvin, Corporate Affairs and Membership Manager
- Mr Jonathan Coulter, Finance Director/Deputy Chief Executive
- Ms Clare Cressey, Staff Governor
- Mr Tony Doveston, Public Governor
- Mrs Emma Edgar, Staff Governor
- Mrs Jill Foster, Chief Nurse
- Ms Carolyn Heaney, Stakeholder Governor
- Mrs Jane Hedley, Public Governor
- Mrs Pat Jones, Public Governor
- County Councillor John Mann, Stakeholder Governor
- Mr Phillip Marshall, Director of Workforce and Organisational Development
- Mr Neil McLean, Non-Executive Director
- Mr Peter Pearson, Public Governor
- Mrs Katherine Roberts, Company Secretary
- Mrs Laura Robson, Non-Executive Director
- Dr Daniel Scott, Staff Governor
- Dr David Scullion, Medical Director
- Mrs Maureen Taylor, Non-Executive Director
- Mr Chris Thompson, Non-Executive Director
- Mr Steve Treece, Public Governor
- Mr Ian Ward, Non-Executive Director
- Mrs Lesley Webster, Non-Executive Director

In attendance:

- 5 members of the public
- Mr Mike Forster, Operational Director, Long Term and Unscheduled Care Directorate.
- Dr Matt Shepherd, Consultant and Lead Clinician, Emergency Medicine / Clinical Lead for Informatics.

1. Welcome and apologies for absence

Mrs Schofield was delighted to see members of the public at the meeting and offered them a warm welcome. She hoped they would find the meeting interesting and

informative and welcomed questions for Governors or any member of the Board in attendance. She asked that any questions for item 9.0 on the agenda to be submitted during the break.

She stated that it was an enormous honour and privilege to join an organisation with exceptional values and achievements and that she looked forward to being part of a great team. She also paid tribute to Mrs Dodson and thanked her for her chairmanship over the last nine years.

Mrs Schofield introduced newly appointed Governors: Dr Bagley, Stakeholder Governor from Bradford University, Ms Heaney, Stakeholder Governor for Patient Experience, Cllr Mann, Stakeholder Governor from North Yorkshire County Council and new Non-Executive Director, Mrs Laura Robson.

She also welcomed Mr Forster and Dr Shepherd who would be presenting the Trust's winter plans at item 7.0 on the agenda.

Apologies had been received from Mrs Cath Clelland, Public Governor, Mrs Liz Dean, Public Governor, Miss Sue Eddleston, Public Governor, Mrs Beth Finch, Stakeholder Governor, Mr Rob Harrison, Chief Operating Officer, Cllr. Phil Ireland, Stakeholder Governor, Mrs Zoe Metcalfe, Public Governor, Dr Ros Tolcher, Chief Executive, and Dr Jim Woods, Stakeholder Governor.

2. Minutes of the last meeting, 2 August 2017

The minutes of the last meeting on 2 August were agreed as a true and accurate record.

2.1 Minutes of the Annual Members' Meeting held on 21 September 2017

The minutes of the Annual Members' Meeting on 21 September were presented for information. Mrs Schofield asked for any amendments to be forwarded to Mrs Roberts; the minutes would then be ratified at the next Annual Members' Meeting in 2018.

3. Matters arising and review of action log

Item 1 – Mr Marshall provided a further update on the Global Health Exchange Programme. He was pleased to announce that four nurses had arrived from India and had commenced a programme of training to prepare them for their exams and professional registration. A further 26 offers of employment had been made and at least ten additional nurses would be expected to join the Trust before April 2018. The new nurses were being fully supported by the Recruitment Team, fellow nursing staff, and an NHS England funded facilitator, who had emailed the Trust to thank staff for the lovely welcome and support offered.

Item 2 - Mrs Colvin confirmed she had now received details of the Quality of Care Teams in each Directorate and was collating further detailed information. A full review of Governors assigned to Quality of Care Teams would take place and this would include new Governors joining the Council in January 2018 following the elections.

Item 3 – Non-Executive Director’s objectives had been circulated to Governors so this action was now complete.

Item 4 – An update had been received from the Estates Team who had reviewed arrangements and hooks had now been fitted to the back of doors in the public toilets. This action was now complete.

Item 5 – Upon clarification of the question submitted to the last meeting, Mrs Holmes had been advised to contact the Yorkshire Ambulance Service direct in relation to the role and responsibilities of the First Responder.

There were no other matters arising.

ACTION:

- **Mr Marshall would continue to provide further updates on the Global Health Exchange Programme at future meetings.**
- **Review of Governors assigned to Quality of Care Teams in early 2018**

4. Declaration of interests

Mrs Schofield requested that a slight amendment be made on her interest declared to, ‘Volunteer with Supporting Older People (charity)’.

There were no additional declarations of interests received from Governors than those listed on Paper 4.0.

5. Chairman’s verbal update

Mrs Schofield highlighted that it was the last meeting in their role as Governors for Dr Blackburn and Mrs Hedley who had completed two terms of office and Mr Pearson who had decided not to re-stand. She thanked each Governor for their commitment and support to the Trust.

Mrs Schofield notified the Council that Mrs Hill had resigned with immediate effect and therefore a vacancy for a public Governor for Knaresborough and East District would remain until the By-Election in spring 2018.

Finally, Mrs Schofield reported that Mr McLean had informed the Board that he would not be seeking a second term of office when his first term expired on 30 April 2018 as he was re-locating. A Nominations Committee would be held in early January 2018 to instigate the recruitment process for a new Non-Executive Director.

There were no questions for Mrs Schofield.

6. Governor Sub-Committee Reports

Mrs Schofield moved on to clarify the role of the two formal sub committees and the Patient and Public Involvement, Learning from Patient Experience Group. She said how important it was for the general public to hear about the work of these sub-committees and thanked Governors for their commitment and involvement.

6.1 Volunteering and Education

The report from the Volunteering and Education Governor Working Group, chaired by Mrs Hedley, had been circulated prior to the meeting and was taken as read.

Mrs Hedley highlighted the progress of the Apprenticeship Scheme and praised the Trust's Work Experience Programme. She was delighted to report that excellent feedback was being received regarding both the Work Experience and Education Liaison Programmes and she congratulated the Corporate Team for their hard work.

Finally, Mrs Hedley stated that this would be her last report and wished Mrs Jones all the best in taking over as Chair of the Group.

There were no questions for Mrs Hedley.

6.2 Membership Development and Communications

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read.

Ms Allen highlighted the Governor Elections and encouraged members to use their vote for the Harrogate and surrounding villages, Wetherby and Harewood, and Rest of North Yorkshire and York seats. A By-Election would take place in the spring of 2018 for the vacant seats covering Ripon and West District, the Rest of England, and Knaresborough and East District. The election results were expected on 4 December.

There were no questions for Ms Allen.

6.3 Patient and Public Involvement – Learning from Patient Experience

The report from Miss Eddleston, on the last meeting of the Learning from Patient Experience Group, had been circulated prior to the meeting and was taken as read.

There were no questions in relation to the paper to pass to Miss Eddleston who was unable to attend the meeting.

7. Presentation – Winter Planning

Mrs Schofield welcomed Mr Forster and Dr Shepherd to present on Winter Planning and the Emergency Care Winter Challenge.

Dr Shepherd explained that the Emergency Department (ED) and the hospital continued to receive more acutely ill or injured patients each year and provided statistical information on monthly ED attendances and admission percentages. He described some of the issues for patients when they remained in ED for longer than necessary including patients becoming frustrated and uncomfortable, and he provided data on the Trust's 4-hour national standard results versus the rest of England. He was proud to report that the Trust was working hard to maintain such a high level of service.

Mr Forster highlighted that winter was on its way however, many challenges were now the same all year round and maintaining an efficient patient flow was as important as ever. He described some of the work underway including, education around avoidable attendance to ED, having alternatives such as GP Out of Hours and NHS 111, support to improve delayed transfers of care, and good infection prevention and control.

He went on to summarise what was different about winter to any other time of the year including sustained cold spells causing emergency admissions, Norovirus which caused diarrhoea and vomiting, and the impact of the Christmas and New Year bank holiday periods. Further comparable statistical data was provided for the number of patients discharged covering normal weekends over the period 1 September to 31 March for years 2014 – 2017 and for last Christmas and New Year period 23 December 2016 to 8 January 2017. This demonstrated an increase in discharges on the last day before Christmas with a steady increase throughout the following two weeks; a national picture replicated across the country and highlighted in the media

Mr Forster talked about this year's planned approach for the period 18 December 2017 to 7 January 2018 including enhanced and weekend cover, consultant support for junior doctors and an 'Every Hour Matters Week' commencing 2 January. The Trust would be holding a week long focus on inpatient care from 2 to 7 January 2018. The main aim of the week would be to ensure the health and social care system supported acute services to recover after two long bank holidays at Christmas and New Year aiming to achieve outcomes in patient flow, discharge and quality.

Mrs Schofield took questions from the floor.

Mrs Hedley asked how clinicians would react to family and carers enquiring about sepsis as highlighted at the recent Medicine for Members' Event in October. Dr Shepherd assured Governors that colleagues would respond positively to any family member or carer's concerns of sepsis and act accordingly.

At this stage in the meeting Mrs Schofield took the question submitted from Ms Heaney, Sakeholder Governor:

“In the context of winter planning and preparedness, could you advise on rates of uptake of flu vaccine amongst front line staff?”

Mr Marshall reported that approximately 35% of front line staff had been recorded as being vaccinated. The process of data inputting was still ongoing and information about staff vaccinated in the Trust's wider community areas would take longer to be returned for inclusion in the update data. For comparison, this percentage was higher than at this time last year and the target was in excess of 70%

Mrs Edgar referred to the presentation statistics and asked why the number of discharges on a normal day could not reflect the same as the higher rate reported on Christmas Eve. Mr Forster stated that this was a national trend; agencies wished to support patients to be at home for Christmas but some readmissions usually followed the Christmas.

In response to Dr Scott's comment regarding the dip in ED attendances in the month of December, Dr Shepherd explained that media headlines could have an impact however, further education was required to provide people with alternative options to attending ED.

Ms Cressey asked where the staff were coming from to provide enhanced and weekend cover. Mr Forster confirmed that staff would be called at home to ask if they could return to work to provide support. These plans had been in place for some time to give staff as much notice as possible. There had been a good response from consultants to support junior colleagues in the plans.

Mr Ward asked if New Year's Eve celebrations and alcohol were an issue for ED. Dr Shepherd confirmed it was but probably less of an issue than in some neighbouring areas. However but staff were planning for it to be busy over the festive period.

Cllr Mann asked if the introduction of the GP service was a factor in ED's success and, if so, would other hospitals consider introducing such a service. Dr Shepherd confirmed that primary care input based in ED was fairly widespread and was acknowledged as good practice. He described the benefits and improvements in communication of providing such a service.

Mrs Schofield thanked Mr Forster and Dr Shepherd for an interesting and informative presentation and for their leadership of such a high performing ED.

8. Chief Executive's Strategic and Operational Update, including Integrated Board Report

In Dr Tolcher's absence, Mr Coulter presented the following headlines:

- **Performance**
 - Operational and quality performance
 - Finances
- **Looking ahead**
 - Planning for 2018/19

Operational and quality performance

Taking a look at the summary of indicators at September 2017, Mr Coulter referred to a snapshot of Quality, Operational Performance and Finance and Efficiency indicators from September 2015 to date. Data from Quarter 2 showed the Trust performing well in relation to referral to treatment times, the A&E four-hour standard, and cancer and diagnostic waits. Mr Coulter acknowledged the ongoing financial challenges shown as red and amber. He confirmed that the recovery plan was being closely managed.

Mr Coulter highlighted that the latest Care Quality Commission national Emergency Department Patient Survey results showed that patients ranked Harrogate District Hospital joint first out of 136 participating trusts. The National Cancer Patient Survey also ranked the Trust as one of the best in the country. These were achievements to be proud of.

Included in his presentation were some of the areas where the Trust was not doing so well. There were no reported cases of hospital acquired C.difficile at the last meeting in August however, there had been two cases reported in September; the first hospital acquired cases reported in 2017/18. The national patient safety thermometer, harm free percentage for September was 96.3%, above the latest national average. The latest published data on incident reporting showed that the Trusts low:high harm reporting ratio was 22 - this was an improvement on the last publication but the Trust remained in the bottom 25% of trusts nationally. Delayed transfers of care decreased to 5.0% when the snapshot was taken in September, but remained above the maximum threshold of 3.5%; this remained a significant concern going into winter.

Finances

Mr Coulter confirmed the Trust was forecasting a year end deficit of £5.5m however, there was a lot of work underway and measures introduced to turn this around. Mr Coulter highlighted some of these measures including the focus on reducing agency costs, recruitment freeze for non-frontline staff, and discretionary spend controls such as training. He emphasised that all measures had been through a quality impact assessment and some of the decisions were often difficult ones to make, but the Trust had to take action to deliver the financial plan.

Planning for 2018/19

Mr Coulter summarised the planning arrangements for 2018/19; the process for assessing the level of demand both in the hospital and the community, workforce capacity and supply, physical capacity and constraints, the financial framework and new business development opportunities. .

Programmes of collaborative work across West Yorkshire and Harrogate were being progressed to improve services and make financial savings including shared mandatory training across trusts, shared digital systems, and central procurement arrangements.

Finally, Mr Coulter went on to talk about the top scoring risks:

The top scoring strategic risks for the Trust related to:

- Lack of medical, nursing and clinical staff.
- Ability to deliver integrated models of care.
- Financial risks.

The top scoring operational risks in the organisation were:

- Risks to service delivery due to lack of experienced registered nurses for recruitment to vacancies.
- Risk of financial deficit and impact on service delivery due to failure to deliver the Trust's annual plan.

Mrs Schofield thanked Mr Coulter for his update and opened up questions from the floor.

Cllr Mann asked how the Trust could discourage the preference for experienced registered nurses to work as locums. Mr Coulter explained that work was ongoing on recruitment strategies and collaborative work across the six trusts to manage the market and encourage shared rates of pay.

Mr Ward acknowledged that the first half of the financial year had been very challenging and asked if the situation was starting to turnaround.

Mr Coulter was happy to report that activity during October was higher than September which was helpful, but he could not say any more than that at this stage.

There were no further questions for Mr Coulter.

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

Mrs Schofield moved to the tabled questions submitted prior to the meeting and during the break.

Mrs Hedley, Public Governor, had submitted the following question:

“Please could we have further details and a schedule completion date for the renovation of the Harrogate Hospital reception area?”

Mr Coulter confirmed there would be three schemes taking place at the front of the hospital: the creation of a primary care space next to ED, self-check-in kiosks and reception desk re-arrangement, and the coffee shop. The schemes would take place in that order and it was hoped they would be finished by spring 2018.

Miss Eddleston, Public Governor, had submitted the following question:

“It had now been a few weeks since the new self-check-in kiosks for patients attending Outpatients had been operational. Two machines were sited in the main foyer, allowing patients to check in on their arrival, rather than waiting in

a queue at the Outpatient desk. I believe, volunteers provide assistance to patients to use these machines.

Since its inception, have the patients found this to be a greater benefit to them. Has there been any feedback to the Trust with regards to these new machines. I believe this is hoped also to be implemented at Ripon Hospital, do we have a date for when that is going to happen?"

Ms Eddleston was not present at the meeting, however Mrs Schofield read out a response from Mr Robin Pitts, Clinical Information Management & Technology Project and Change Manager, Clinical IM&T Safety Officer, Paediatric Advanced Nurse Practitioner –

Since 18 September 2017, in addition to the Outpatient Appointment desk, three Outpatient Appointment self-check-in kiosks were in situ at the front of the hospital. Volunteers would be on hand to provide support and advice to anyone who required it. Kiosks would also be installed in Therapy Services and at the Strayside entrance in November. A further kiosk would be installed at Ripon Community Hospital. Unfortunately, preparation and installation works at Ripon would be undertaken by a third party and we therefore can't yet provide a date for completion.

The kiosks at the front of the hospital were currently in a temporary location, with a revamp of the main entrance planned that would give them a permanent home. Despite the temporary location the kiosks had successfully reduced queues at the Outpatient Appointment desk and allowed the staff on the desk more time to provide follow up appointments for the patients that need them. To date over 4,200 patients had used the kiosks to record their arrival equating to about 140 patients per day and lots of positive feedback had been received.

Mrs Edgar, Staff Governor, informed fellow Governors that, as a clinician, she found it useful to see which patients had checked in.

Mr McLean had used the check-in desks and found them to be efficient and instantaneous.

Mrs Allen, Public Governor had also used the kiosks and provided positive feedback.

Mr Doveston, Public Governor, submitted the following question:

"Some two years ago the Trust won its business development bid to provide 0-19 children's services for North Yorkshire, Durham, Darlington and Middlesbrough. Could the Deputy Chief Executive now update the meeting on the success or otherwise of this initiative."

Mr Coulter confirmed that Children's Services in Darlington, Durham and Middlesbrough in addition to North Yorkshire had been very successful to date and were delivering a confident and good service within budget and feedback was positive. The Trust was now the biggest provider of children's services in the country and there had been opportunities to provide vaccination and immunisation services in different areas.

Mr McLean endorsed Mr Coulter's comments and acknowledged the challenges faced by such a remote service.

Mr Treece, Public Governor, submitted the following questions:

“What is the Trust’s response to the recent National Audit Office report on the Wannacry Cyber-attack?”

Mr Coulter provided a response from Mr Paul Nicholas, Deputy Director of Performance and Informatics –

The National Audit Office report was helpful in providing a clearer picture of the timing, scale and impact of the cyber-attack on the NHS that took place in May.

The Wannacry attack had no impact on clinical services at Harrogate, although the Trust did take down email as a precautionary measure to protect the network. The Trust takes cyber security very seriously focussing key skilled resource on keeping the network and IT systems safe and secure.

In addition, Mr Coulter added that Internal Audit had reviewed the Trust’s position to cyber security and the report was awaited.

“What planning is the Trust doing to respond to additional housing developments in the Wetherby, North Leeds and associated areas in terms of funding and demand impacts.”

Mr Coulter confirmed the Trust was aware of the additional housing developments and he referred to the Chief Executive’s update at the last public Council of Governors’ meeting in August. Mr Coulter viewed such developments positively in terms of increasing the catchment population and continued sustainability for the Trust however, he acknowledged that it was important for commissioners to receive appropriate funding for the increase in population. In terms of capacity, the Trust already provided outreach services in Alwoodley and Wetherby.

Mr Matt Walker, Parliamentary Spokesperson, Harrogate and Knaresborough Liberal Democrats, submitted the following question:

“Could you please describe the plans you have in place to try to manage the delayed transfer of care patients over the winter period.”

In addition to the earlier presentation, Mr Forster explained delayed transfers of care in more detail and some of the reasons for such delays including, the choice of where a patient is offered to go after leaving hospital may not be the preferred choice, or it may be that the patient is waiting for a package of care. Plans included focussing on discharge planning at admission, so starting conversations and planning expectations early. The Trust’s policy provided staff with a framework and guidance when meeting discharge challenges.

Mrs Schofield thanked everyone for their questions.

ACTION:

- **Confirm outcome of Internal Audit cyber security report.**

10. Finance Committee update

Mrs Taylor, Non-Executive Director and Chair of the Finance Committee, provided an update on the Finance Committee; a Committee of the Board of Directors with

oversight of the development and delivery of the financial plan of the organisation. She confirmed that, in addition to herself, Mr Ward, Mrs Webster, Mr Coulter, Mr Harrison, Mr McKie and Mr Nicholas were members of the group. Mr Thompson, Chair of the Audit Committee, attended as an observer and a Governor was also invited to observe.

She described the role of the Committee in detail; to gain assurance that systems and processes were in place and to look forward at the functions and methodologies for future planning. The committee met six times a year, but would arrange additional meetings if they felt it was required.

The Committee last met on 13 October and, given the financial position of the Trust, they went through the recovery plan in detail.

The next meeting was scheduled for December and through to February 2018 the Committee would focus on planning for 2018/19.

Other areas of scrutiny included reviewing business cases, receiving updates on initiatives such as the recent Carbon Efficiency project, and business development opportunities.

There were no questions for Mrs Taylor.

Mrs Schofield thanked Mrs Taylor and highlighted to the public that a Governor observed each Finance Committee meeting. This was a complex committee which scrutinised financial papers and was an important element of governance assurance for the Council.

11. Audit Committee Terms of Reference Review

Mr Thompson referred to Paper 11.0 which had been circulated prior to the meeting and taken as read.

The NHS Foundation Trust Code of Governance required that the Council of Governors were consulted on the Audit Committee Terms of Reference, which should be reviewed and refreshed regularly. Mr Thompson welcomed any comments from Governors before the Terms of Reference were considered further at the December Audit Committee. They would then be submitted to the Board of Directors in January 2018 for approval.

There were no questions, nor immediate comments, from Governors on the Audit Committee Terms of Reference.

12. Any other relevant business not included on the agenda

12.1 2018 Calendar of Council of Governors' meetings

The 2018 calendar of Council of Governors' meetings had been circulated prior to the meeting.

Mrs Schofield summarised the content of the meeting and suggested that an evaluation of each meeting would be included on future agendas as a standard item.

Mrs Edgar congratulated Mrs Schofield on chairing her first public meeting of the Council of Governors. Members of the public commented that they found the meeting interesting and would like to attend again.

ACTION:

- **Add evaluation of the meeting as a standard item on each future agenda.**

13. Close of meeting

There were no further items of business and therefore Mrs Schofield closed the meeting. She thanked everyone for attending and confirmed the next meeting would take place on Saturday morning, 3 February 2018.

Signed:

Date:

APPROVED