Harrogate and District
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday, 2 May 2018 in The Hatcher Room, next to Constance Green Hall, St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR

Start: 5.45pm Finish: 8.00pm
(Private discussion for Governors and the Board will commence at 5.15pm)

		AGENDA		
Time	**Item No.**	**Item**	**Lead**	**Paper No.**
5.45	**1.0**	**Welcome and apologies for absence** *Welcome to the public and setting the context of the meeting*	Mrs Angela Schofield, Chairman	-
5.45	**2.0**	**Minutes of the meeting held on 3 February 2018** *To review and approve the minutes*	Mrs Angela Schofield, Chairman	2.0
5.50	**3.0**	**Matters arising and review of action log** *To provide updates on progress of actions*	Mrs Angela Schofield, Chairman	3.0
5.55	**4.0**	**Declarations of interest** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Mrs Angela Schofield, Chairman	4.0
5.55	**5.0**	**Chairman's verbal update on key issues** *To receive the verbal update for consideration*	Mrs Angela Schofield, Chairman	
6.05	**6.0**	**Governor Sub-Committee Reports** *To receive the reports for comment*	Mrs Angela Schofield, Chairman	
	6.1	**Governor Working Group - Volunteering and Education**	Mrs Pat Jones, Public Governor	6.1
	6.2	**Governor Working Group - Membership Development and Communications**	Ms Pamela Allen, Deputy Chair of the Council of Governors/ Public Governor	6.2
	6.3	**Patient and Public Involvement – Learning from Patient Experience Group**	Miss Sue Eddleston Public Governor	6.3
	6.4	**Annual Business Plan 2018/19-2019/20**	Governors	-
6.15	**7.0**	**Quality Priorities for 2018/19** *To receive the reports for comment*	Mrs Jill Foster, Chief Nurse	7.0

6.25	**8.0**	**Presentation – *'Harrogate and District NHS Foundation Trust – the largest provider of Healthy Child Services in the Country'***	Mr Richard Chillery, Operational Director, Children's and County Wide Community Care Directorate	-
6.45 – 6.55 pm – Break				
6.55	**9.0**	**Chief Executive's Strategic and Operational Update, including Integrated Board Report and Operational Plan 2018/19** *To receive the update and report for comment*	Dr Ros Tolcher, Chief Executive	ppt
7.15	**10.0**	**Question and Answer Session for members of the public and Governors** *To receive and respond to questions from the floor relating to the agenda*	Mrs Angela Schofield, Chairman	-
7.40	**11.0**	**Update on the Quality Committee** *To receive and respond to questions from the floor*	Mrs Lesley Webster, Non-Executive Director and Chair of the Quality Committee	-
7.50	**12.0**	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs Angela Schofield, Chairman	-
7.55	**13.0**	**Member Evaluation**	Mrs Angela Schofield, Chairman	-
8.00	**14.0**	**Close of meeting**	Mrs Angela Schofield, Chairman	-

Date and time of next meeting –

Wednesday, 1 August 2018 at 5.45 pm (private meeting commences at 5.15 pm) to be held at St. Aidan's Church of England High School, Harrogate, HG2 8JR

Paper 2.0

Harrogate and District NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 3 February 2018 at 10:45 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
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Ms Clare Cressey, Staff Governor
Miss Sue Eddleston, Public Governor
Mrs Emma Edgar, Staff Governor
Dr Sheila Fisher, Public Governor
Mrs Jill Foster, Chief Nurse (for item 6.5)
Mr Rob Harrison, Chief Operating Officer
Ms Carolyn Heaney, Stakeholder Governor
Cllr. Phil Ireland, Stakeholder Governor
Mrs Mikalie Lord, Staff Governor
Mrs Rosemary Marsh, Public Governor
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mr Andy Masters, Staff Governor
Mrs Zoe Metcalfe, 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
Dr Ros Tolcher, Chief Executive
Mr Steve Treece, Public Governor
Mrs Lesley Webster, Non-Executive Director

In attendance: 3 members of the public

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 11.0 on the agenda to be submitted during the break.

Mrs Schofield introduced newly elected Governors: Dr Sheila Fisher, Public Governor for Wetherby and Harewood including Otley and Yeadon, Adel and Wharfedale and Alwoodley wards, Mrs Rosemary Marsh, Public Governor for Harrogate and surrounding villages, Mrs Mikalie Lord, Staff Governor – Non-Clinical and, Mr Andy Masters, Staff Governor – Nursing and Midwifery.

Apologies were received from Dr Pam Bagley, Stakeholder Governor, Mr Jonathan Coulter, Finance Director/Deputy Chief Executive, Mrs Liz Dean, Public Governor, Mr Tony Doveston, Public Governor, Mrs Beth Finch, Stakeholder Governor, Mrs Pat Jones, Public Governor, County Councillor John Mann, Stakeholder Governor, Mr Neil McLean, Non-Executive Director, Mr Ian Ward, Non-Executive Director and, Dr Jim Woods, Stakeholder Governor.

Mrs Schofield confirmed that Mrs Foster would be joining the meeting for item 6.5 on the agenda as she had an existing commitment at a Trust nurse recruitment event that day. Mr Marshall would also be leaving the meeting slightly early due to a pre-existing commitment.

Before moving on, Mrs Schofield wished to thank Ms Cressey on behalf of the Council of Governors and the Board of Directors as this would be her last meeting in her role as Staff Governor representing the interests of staff in the Other-Clinical staff class. Ms Cressey would be transferring to the new company, Harrogate Healthcare Facilities Management Ltd (HHFM) on 1 March. Mrs Schofield wished her all the best for the future.

2. Minutes of the last meeting, 1 November 2017

The minutes of the last meeting on 1 November were agreed as a true and accurate record.

3. Matters arising and review of action log

Item 1 – Mr Marshall provided a further update on the Global Health Exchange Programme.

Since October 2017, the Trust had welcomed five Global Learners as part of the Global Health Exchange programme; a three year programme, supported by Health Education England (HEE), to enable international nurses to work in the UK on the 'Earn, Learn and Return programme'.

The Trust was pleased to announce that one of the nurses had successfully passed their final objective structured clinical examination (OSCE) and had started a Band 5 position on Byland Ward. Three further nurses who very narrowly missed out on passing their OSCE test at their first attempt had since been successful and were now eligible for Nursing and Midwifery Council (NMC) registration to take on their registered nurse roles with the Trust.

A fifth nurse joined the Trust on 10 January and was undertaking an intensive training course led by the Global Learners Practice Educator. Mr Marshall gave credit to the Educator for her support and guidance and read out a quote from one of the nurses who had appreciated the support they had received to date.

The Global Learners Working Group had met with other trusts interested in the programme and recently presented at a launch event in Leeds to promote the Trust's experience so far as the first pilot site in the UK.

Mr Marshall was also delighted to inform Governors that the Trust would be participating in two promotional videos later this month and would be hosting a visit by Professor Ian Cumming, Chief Executive of HEE, to meet our Global Learners and senior managers involved in the programme.

Finally, Mr Marshall confirmed that a further 23 international nurses would join the Trust under the same scheme during the next 12 to 18 months and highlighted that the Trust would be working with HEE to explore opportunities to support wider staffing groups with their recruitment strategies.

Mrs Edgar commented that the OSCE was a difficult examination and she recognised that this was a great achievement for everyone involved.

Mrs Schofield took a question from Mr Treece at this stage in the meeting:

What is the current position regarding the Trust's recruitment activity; in respect of overseas recruitment is the Trust encountering any particular obstacles? In the latter respect I am thinking about media stories about difficulties in getting the necessary paperwork to recruit doctors from outside of the EU."

Mr Marshall confirmed that since December 2017 two applications for sponsorship had been rejected and this was a disappointing outcome. Both applications had satisfied the Resident Labour Market Test; a test to determine the fact that the Trust had tried without success to recruit from the UK in the first instance.

The Trust had resubmitted one application and the outcome of this was awaited. The second application was not re-submitted as the doctor concerned had found alternative employment. This matter was being escalated to HEE, NHS Providers and NHS Employers due to the potential impact on the Global Health Exchange Programme and future recruitment.

Item 2 - Mrs Colvin confirmed that the process to assign Governors to Quality of Care Teams was progressing well. A further seven Governors would hopefully be joining Quality of Care Teams across the Trust in the near future taking the total number of Governors involved to ten.

Item 3 – Mr Harrison clarified an amendment to what was reported at the last meeting; the Trust had taken up an offer from NHS Digital rather than internal audit to provide a comprehensive review of the Trust's position to cyber security. The overall outcome of the review was very good confirming no security network breaches and the team was working on an action plan to follow-up some minor issues.

There were no other matters arising.

ACTION:

- ***Mr Marshall would continue to provide further updates on the Global Health Exchange Programme at future meetings as appropriate.***

4. Declaration of interests

There were no additional declarations of interests received from Governors than those listed on Paper 4.0.

Mr Thompson declared an interest in item 7.1 on the agenda and would leave the room at that stage.

Mrs Schofield highlighted Ms Cressey's potential transfer to the new company HHFM however, this did not preclude her from the meeting, it was just a note of interest.

5. Chairman's verbal update

Mrs Schofield stated that it was good to welcome new Governors to the Council. Vacancies however remained for Public Governors for The Rest of England, Ripon and West District and, Knaresborough and East District. Due to Ms Cressey's potential transfer to HHFM, there would also be a vacancy for a Staff Governor for the Other-Clinical staff class. Mrs Colvin confirmed the timetable for the By-Election was still being finalised.

The advert for two Non-Executive Directors closed on 23 February and interviews would take place on 9 April.

Mrs Schofield confirmed Dr Tolcher would include an update on winter pressures in her presentation at item 10 on the agenda and she thanked staff across the Trust who continued to provide safe, high quality care throughout the challenging winter period. She also thanked the senior management team for their leadership and ongoing support.

Mrs Schofield was delighted to highlight further expansion of the Trust's Children's 0-19 services in Stockton-On-Tees and Gateshead and a new contract in Sunderland would commence on 1 July. The Trust was the UK's largest provider of Children's services with contracts in place across North Yorkshire, Middlesbrough, County Durham and Darlington.

Mrs Schofield reiterated the need to focus on financial efficiency and the involvement of Governors in the annual planning cycle.

Mrs Schofield referred to the Board's approval in November 2017 to establish the wholly owned subsidiary company, HHFM, to provide estates and facilities services to the Trust. Mr Harrison and Mr Thompson would provide further details in their presentation at item 8 on the agenda.

Mrs Schofield was also delighted to comment on the launch of a new campaign by The Harrogate Advertiser to publicly recognise the valuable work of the Trust's dedicated NHS staff[1]. The first of the new 'Health Heroes' articles featured the Child Development Centre team. Mrs Schofield thanked The Advertiser and Mr Widdowfield, the Trust's Communications and Marketing Manager, for this project and looked forward to seeing more.

Finally, Mrs Schofield confirmed there had been lots of questions submitted for item 11 on the agenda however, she would try to bring in questions where they were relevant on the agenda.

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 Jones, had been circulated prior to the meeting and was taken as read.

There were no questions in relation to the paper to pass to Mrs Jones who was unable to attend the meeting.

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.

Mrs Allen confirmed that the next membership communication would be the last to be sent out by post and all future communications would continue to be sent out electronically with a link to further details on the website. She explained that sending out postal communications was very expensive and, in line with other Trusts, the priority was to fund patient care over postal communications.

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.

Miss Eddleston highlighted the Trust's Equality Delivery System (EDS2) Stakeholder event which took place on 15 January. She commented on the assurance that she had gained from the Trust's self-evaluation scoring and the evidence of continued improvement from the presentations including, the Gypsy, Roma and Traveller community, the Trust's Youth Forum and, achieving better health outcomes for patients with learning difficulties. These presentations provided a snapshot of the Trust's achievements described in the EDS2 document and Miss Eddleston encouraged people to look at full report which would be published on the Trust's website.

There were no questions for Miss Eddleston.

6.4 Annual Plan update from Governors

Ms Allen summarised how Governors had been involved in the annual planning cycle to date. Two meetings had taken place in October and December 2017 and the next meeting was scheduled for 19 February; all Governors were encouraged to attend. The Trust had met with NHS Improvement (NHSI) to consider and identify any areas of learning from 2017/18 which could be adopted for 2018/19 planning. Key process headlines included:

- Directorates were developing activity and capacity plans by specialty.
- The Annual Plan would be risk assessed.
- There was an important focus on workforce pressures which would impact on activity.
- Early in 2018 capital and service development priorities for 2018/19 would be agreed.
- The Cost Improvement Programme (CIP) for 2018/19 had been set at £10.2M; 4.75% of the Trusts budget.

6.5 Update on Quality Account Process

Mrs Foster arrived at this stage in the meeting and was pleased to report that the nurse recruitment event taking place at the Trust that day was going extremely well. She was delighted that the event had received media interest with BBC One's Look North filming on site and she had been interviewed by Radio York.

The event featured information stalls on the broad-range of care delivered by the Trust, tours of the hospital, the opportunity to meet specialist nurses and the senior nursing team, as well as a chance to hear about the Trust's new two-year preceptorship course. Interviews were also taking place for prospective nurses offering them the chance to walk away with a conditional offer of employment.

Moving on to the update on the Quality Account process, Mrs Foster outlined the purpose of the Quality Account, an integral part of the Annual Report and Account, which reflected on the highest priorities of the Trust for the forthcoming year and reported on progress made in the past year.

Mrs Foster highlighted the importance of stakeholder engagement in producing the Quality Account and to determine the quality priorities for the coming year. This would involve engaging with a variety of stakeholders, including Clinical Commissioning Groups (CCGs), Healthwatch and Governors, to ensure local community representation.

Mrs Foster summarised the quality priorities for 2017/18 and asked Governors to think about areas to focus on in 2018/19. The stakeholder meeting would be held in March and the final report would be submitted for publication at the end of May.

There were no questions for Mrs Foster.

7. Report from the Nominations Committee

The Nominations Committee had met on 3 January to discuss the process to appoint two new Non-Executive Directors. Mr McLean, having moved to the South of England would be stepping down from the Board of Directors at the end of March and Mr Ward would not be seeking extension to his second term of office at the end of September. Mrs Schofield added that Mr Ward was flexible and would be willing to leave earlier if the preferred candidate wished to commence in post earlier than 1 October. The Nominations Committee also identified the panel who would be shortlisting and interviewing candidates and Mrs Schofield expressed her gratitude to those involved in such a time consuming process. Governors who were not on the shortlisting and interview panel would have the opportunity to meet the candidates by taking part in the focus groups which formed part of the recruitment process.

Mrs Schofield referred to the minutes of the meeting held on 3 January and these were approved.

There were no questions for the Nominations Committee and the Council of Governors was in unanimous agreement to proceed with the recruitment process as recommended.

7.1 Report from the Remuneration Committee

Mr Thompson had declared an interest in this item on the agenda and left the room at this stage in the meeting.

Mrs Schofield summarised Paper 7.1 which had been circulated prior to the meeting and taken as read. In addition, Mrs Schofield also confirmed that the recruitment process for a Chairman of HHFM was underway and, when recruited, the recruitment process for two further Non-Executive Directors would commence.

Mrs Schofield highlighted the debate held by the Remuneration Committee on 3 January as to whether the issue of remuneration for Mr Thompson was a matter for Governors. This was confirmed as Mr Thompson was a Non-Executive Director of the Trust's Board and all decisions regarding remuneration of Trust Non-Executive Directors were the responsibility of the Council of Governors. The Committee held a robust discussion regarding the

additional responsibility allowance in recognition of the additional time commitment and the increased responsibilities.

Mrs Schofield opened up the floor for questions.

Mrs Clelland expressed concerns regarding the timing of this matter; dealing with a pay increment for Mr Thompson before the new company had been set up.

In response, Dr Tolcher acknowledged Mrs Clelland's sensitivity to the workforce involved however, she explained the need to establish the business and set the remuneration of the board members to be able to go out to market to attract the right candidates for the Chairman and external Non-Executive Directors.

Mrs Schofield reiterated that the new company now existed and staff would be transferring on 1 March. Mr Thompson was already taking on additional responsibilities and his role on the HHFM Board would be the only post subject to Governor consideration.

Mrs Clelland asked if the remuneration for the Chairman and additional Non-Executive Directors had been established.

Based on benchmarking information and time commitment, Mr Marshall confirmed that remuneration for HHFM's Chairman would be around £7k and Non-Executive Directors around £4k. He confirmed it would be the responsibility of the Board Remuneration Committee to approve the final remuneration for these posts.

In response to Dr Scott's request for clarification on the role of the Council of Governors, Mr Harrison explained that both Mr Coulter and Mr Thompson would serve on HHFM Board due to their role on the Trust Board and both of these HHFM roles would be paid by the Trust. Other members of the HHFM Board would be paid by HHFM and therefore subject to consideration by the Trust Board as HHFM was a subsidiary company of the Trust.

There were no further questions and the Council of Governors approved the recommendation by the Remuneration Committee that an additional responsibility allowance of £4k per annum should be paid to Mr Thompson in addition to his current agreed level of remuneration. The minutes of the Remuneration Committee held on 3 January were also approved.

Mr Thompson returned to the room at this stage in the meeting.

8. Presentation – Update on the establishment of the Trust's wholly-owned subsidiary company to deliver Estates and Facilities services

The report at Paper 8 had been circulated prior to the meeting to support the presentation where both Mr Harrison and Mr Thompson highlighted key stages from the establishment of the new wholly owned subsidiary company HHFM. This

included the background and business case, the benefits and future opportunities, impact on staff, governance arrangements, reserved powers and progress.

Mrs Schofield opened up the floor for questions.

Mrs Marsh asked if any other trusts had set up similar subsidiary companies.

Mr Harrison confirmed a number of trusts had in fact already set up subsidiary companies and many others were now exploring this opportunity. The Trust had undertaken dialogue with a number of trusts in the North East and North West and visited Blackpool Teaching Hospitals NHS Foundation Trust and Barnsley Hospital NHS Foundation Trust. Mr Harrison added that, whilst this appeared quite new in the NHS, the education sector had progressed subsidiary companies for many years.

Miss Eddleston referred to the 350 Trust staff affected as stated in the presentation and asked if this was the total number of staff.

Mr Harrison confirmed that 350 staff would be transferred to the new company from the Trust however, as the company developed and planned additional work, they would have their own strategy to recruit new staff as required.

On behalf of Staff Governors, Mrs Edgar asked if any disadvantages were foreseen.

Mr Thompson reassured Governors that Non-Executive Directors had been very close to each stage in establishing HHFM and was assured that the Trust and HHFM had carefully considered the impact upon staff. He acknowledged that this would bring uncertainty but hoped that Governors would be encouraged from the degree of ongoing communications and engagement events with staff. He emphasised that HHFM was part of the Trust and the values that defined the Trust's culture would remain in place with HHFM. He also explained how this could open doors for new opportunities such as taking on additional work, subject to approval.

Ms Cressey commented that staff working together on the Trust site would probably not know who works for the Trust and who works for HHFM.

Mr Harrison explained that staff on different terms and conditions existed already in the Trust. The majority of work undertaken by HHFM would be for the Trust and the work base for the majority of staff would remain the same.

Mrs Clelland made further comments regarding Governor representation from HHFM on the Council of Governors, workforce terms and conditions, and tax benefits.

Mrs Schofield referred to Paper 9 on the agenda which proposed amendments to the Trust's Constitution to include a Stakeholder Governor from HHFM. The Joint Negotiating Consultative Committee would be meeting the following week regarding further details on pensions and remuneration packages and therefore additional information to what was provided in the presentation was not available at this stage. The financial benefits identified to the Trust would be £3.1m in 207/18 and £1.2m recurrent in future years; further details were commercial in confidence.

Mrs Schofield thanked Mr Harrison and Mr Thompson for their informative presentation and hoped that Governors would be assured from the level of detail provided in the presentation.

9. HDFT Constitution

Mrs Schofield referred to Paper 9 which had been circulated prior to the meeting and taken as read. The Council of Governors approved the proposed amendments to the Trust's Constitution and the process to select a Stakeholder Governor by the HHFM Board. It was noted that a further process would be undertaken to review the Constitution in early 2018 and the terms of reference for the Constitution Review Working Group were agreed.

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

Dr Tolcher presented the following headlines:

- **Operational Performance**
- **Strategic Developments**
- **Planning for 2018/19**

Operational Performance

Taking a snapshot from the December 2017 IBR, Dr Tolcher confirmed that the financial position was on plan at the end of Quarter 3 however some areas of operational performance had dipped and the Trust had experienced significant winter pressures in December.

Two of the key areas where the Trust was below the required national target level were the 4 hour A&E standard and the 18 week referral to treatment pathway. An explanation for this related to the predictable pressures at this time of year with high numbers of people arriving in the Emergency Department and the impact on the ability to undertake planned work. Dr Tolcher referred to the diagram in her presentation which demonstrated that the whole country was struggling to meet the 18 week target and the Trust had marginally missed this with a performance of 91.6% against the 92% standard. The Trust was focussed on looking at measures to improve on performance.

Dr Tolcher confirmed that attendances to A&E were up by 6% in the last quarter which equated to approximately 300 additional emergency admissions. She was pleased to report that winter funding had been awarded and the patient safety thermometer offered assurance that the Trust was sustaining safe care. Dr Tolcher reiterated Mrs Schofield's earlier comment that this was a credit to all staff and thanked everyone for their continued hard work.

Dr Tolcher summarised the financial position confirming that the Trust had secured Sustainability and Transformation funding of £2.45m however the underlying position remained challenging.

Strategic Developments

Dr Tolcher explained the newly named Integrated Care Systems and described how the West Yorkshire and Harrogate Integrated Care System would be focussing on integration of mental health, physical health and care services within a fixed financial envelope.

Planning for 2018/19

Dr Tolcher summarised key planning highlights for 2018/19 including: activity modelling based on historical trends, population growth and changes to commissioning; £10.2m savings plan; transition for adult community services in Harrogate and, the mobilisation of additional Children's Community Services in Gateshead and Stockton.

Mrs Schofield thanked Dr Tolcher for her update and opened up questions from the floor.

Mr Treece echoed the comments that staff had worked hard. He asked how long the Trust expected actions to be in place to deal with winter pressures. Dr Tolcher commented that it was becoming normal for ongoing pressures, similar to those during the winter, to continue almost all year round. She explained that the Trust had received additional winter funding and had provided support to the wider population area which would continue until the end of March.

Dr Fisher asked if there had been any training implications for staff due to the additional winter pressures. Dr Tolcher confirmed there had been no impact on training and added that the Trust had cancelled approximately 30 elective procedures however day cases continued.

Ms Cressey referred to the presentation from Mr Forster and Dr Shepherd on Winter Planning and the Emergency Care Winter Challenge at the last Council of Governors' meeting in November 2017 and asked if this had gone to plan. Dr Tolcher confirmed plans had gone as well as the Trust could have hoped for and gave credit to Dr Shepherd and the staff in the Emergency Department for their continued hard work and positive team approach.

There were no further questions for Dr Tolcher.

11. 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.

Mr Matt Walker, Parliamentary Spokesperson, Harrogate and Knaresborough Liberal Democrats had submitted the following questions. Mr Walker could not attend the meeting so Mrs Schofield read it out on his behalf.

"Will HDFTs carparks be managed by Harrogate Healthcare Facilities Management Limited when it is established?

If this is the case what guidelines will HDFT put in place to ensure parking charge reviews are set fairly for patients and staff parking at the hospital?"

Mr Harrison confirmed that the carparks would be managed by HHFM however the Trust would remain responsible for car park charges.

Mrs Lord, Staff Governor, had submitted the following questions:

"**What assurances can NEDs give that the Trusts controls on recruitment are generating the expected financial savings?"**

Mrs Webster informed the Council that the Trust's controls on recruitment were being reviewed through the Quality Committee in addition to any implications that the recruitment freeze may have on quality and staff wellbeing.

"What assurances can the NEDs give that there is parity in the controls enforced for both clinical and non-clinical staff vacancies?"

Mrs Webster confirmed it was regrettable that vacancies in some non-clinical posts were being held and she understood that Dr Tolcher would be reviewing this approach further following a recent meeting with Staff Governors.

Mrs Fiona Wilson, member of staff had submitted the following questions.

"The Trust currently pays at least the living wage to all its employees. Is this principle going to be maintained by the HHFM Board?"

Mr Harrison confirmed a letter had gone from the HHFM Board to staff to confirm that the company would mirror the Trust's position to pay the living wage the following year. This would be reviewed annually by the HHFM Board.

"Will the financial accounts of HHFM be declared in the Trust's Annual Report and declared and discussed at the Trust's Annual Members' Meeting?"

Mr Thompson confirmed the financial accounts would be consolidated into the Trust's Annual Report and provided at the Trust's Annual Members' Meeting in 2019.

Mrs Schofield thanked everyone for their questions.

12. Non-Executive Directors' Feedback

There was no other feedback received in addition to that discussed throughout the meeting.

13. Any other relevant business not included on the agenda

There were no further items of business.

14. Member Evaluation

Mrs Schofield sought views about the meeting.

Mrs Edgar commented that it was a good approach to schedule submitted questions throughout the meeting.

Mrs Clelland commented that the establishment of HHFM was a significant change for the Trust; she referred to the Council of Governors' role to hold Non-Executive Directors to account, to be able to exercise challenge and receive assurance. Mrs Edgar commented that she had heard staff talk positively about the presentations they had received and Mrs Clelland was pleased to hear this. Mrs Schofield was pleased for the Board to continue to provide updates and give the Council the opportunity to ask questions, but clarified that HHFM was not a matter for Governors to approve.

Ms Cressey was pleased to comment that she felt assured, in particular, as member of staff affected, as a line manager and currently a Staff Governor.

Dr Fisher added a note of reassurance from Mr Harrison's presentation that the NHS was following a familiar model used in the educations sector. She had seen it working well and felt that a Stakeholder Governor from HHFM on the Council would be beneficial.

Ms Allen commented that the Trust had kept Governors informed and felt reassured with the process.

15. Close of meeting

Mrs Schofield closed the meeting. She thanked everyone for attending and confirmed the next meeting would take place on Wednesday, 2 May at 5.45 – 8.00pm

[1] https://www.harrogateadvertiser.co.uk/news/health/harrogate-s-health-heroes-meet-the-child-therapists-who-change-lives-1-8965684

Harrogate and District NHS Foundation Trust

HDFT Council of Governor Meeting Actions Log – May 2018
Completed Actions

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date of completion	Confirm action complete
1	18 February 2017	Update on review of Quality of Care Teams/Review of Governors on Quality of Care Teams	Mrs Jill Foster, Chief Nurse/Mrs Angie Colvin, Corporate Affairs and Membership Manager	3 February 2018	Complete
2	1 November 2017	Outcome of Internal Audit report on the Trust's position to cyber security	Mr Rob Harrison, Chief Operating Officer	3 February 2018	Complete

HDFT Council of Governor Meeting Actions Log – Outstanding Actions

This document logs items agreed at Council of Governor meetings that require action following the meeting. Where necessary, items will be carried forward onto the Council of Governor agenda in the relevant agreed month. The Director/Manager responsible for the action will be asked to confirm completion of actions or give a progress update at the following Council of Governor meeting when they do not appear on a future agenda.

When items have been completed they will be marked as such and transferred to the completed actions schedule as evidence.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Council of Governor meeting or when a confirmation of completion/progress update is required	Detail of progress
1	2 November 2016	Update on the Global Health Exchange Programme	Mr Phillip Marshall, Director of Workforce and Organisational Development	Further update due 2 May 2018	Updates provided 18 February, 3 May, 2 August and 1 November 2017 3 February 2018

Harrogate and District NHS Foundation Trust

COUNCIL OF GOVERNORS
DECLARATION OF INTERESTS

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

Name	Governor Status	Interests Declared	
Mrs Angela Schofield	Chairman	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Volunteer with Helping Older People (charity).
Ms Pamela Allen	Public elected	NONE	
Dr Pamela Bagley	Stakeholder	**Any connection with a voluntary or other organisation contracting for NHS services**	Dean – Faculty of Health Studies, University of Bradford commissioned for Under Graduate and Post Graduate education of Health Service staff and future staff
		Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks	The Trust provides placements for University of Bradford students but this is financed through Health Education England

Name	Governor Status	Interests Declared	
Mrs Cath Clelland MBE	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** **Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS** **A position of Authority in a charity or voluntary organisation in the field of health and social care**	Owner/Director - Canny Consultants Ltd Non-Executive Director - York St John University, York Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant) Non-Executive Director - York St John University, York – health and social care training
Mrs Liz Dean	Public elected	NONE	
Mr Tony Doveston	Public elected	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Volunteer for Yorkshire Air Ambulance
Miss Sue Eddleston	Public elected	NONE	
Mrs Emma Edgar	Staff elected	NONE	
Mrs Beth Finch	Stakeholder	**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	British Red Cross
Dr Sheila Fisher	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** **A position of Authority in a charity or voluntary organisation in the field of health and social care**	Governor (by definition a Director) of Bolton School Ltd Chair, HRA Yorkshire & Humber Leeds (West) Research Ethics Committee member and Trial Steering/Management Group for NIHR funded studies (currently 3 studies)

Name	Governor Status	Interests Declared	
Ms Carolyn Heaney	Stakeholder	**A position of Authority in a charity or voluntary organisation in the field of health and social care** **Other**	Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group Independent Trustee of the ASDA Foundation. Community Governor of Rossett Academy School in Harrogate Employed by the Association of the British Pharmaceutical Industry (ABPI) as NHS Engagement Partner, North and Supporting NHS System Transformation and Medicines Optimisation Lead
Cllr Phil Ireland	Stakeholder	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** **Position of authority in a local council or Local Authority**	Ingenium Lighting Ltd Councillor - Harrogate Borough Council Cabinet Member – Sustainable Transport
Mrs Pat Jones	Public elected	**Position of authority in a local council or Local Authority** **Position of authority in a charity or voluntary organisation in health and social care**	Conservative Councillor, Harrogate Borough Council Trustee at Harrogate CVS Governor at Harrogate Ladies College
Mrs Mikalie Lord	Staff elected		NONE
Cllr John Mann	Stakeholder	**Position of authority in a local council or Local Authority**	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Mrs Rosemary Marsh	Public elected		NONE
Mr Andy Masters	Staff elected		NONE

Name	Governor Status	Interests Declared	
Mrs Zoe Metcalfe	Public elected	**Position of authority in a local council or Local Authority** **Position of authority in a charity or voluntary organisation in health and social care**	Conservative Harrogate Borough Councillor North Yorkshire County Councillor Trustee at Hollytree Foundation Charity
Dr Daniel Scott	Staff elected	**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services** **Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks**	Spouse is CEO of Yorkshire Cancer Research Spouse is CEO of Yorkshire Cancer Research
Mr Steve Treece	Public elected	**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	Employee of NHS Digital
Dr Jim Woods	Stakeholder	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)** **Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS** **Other**	Director of Yorkshire Health Network Ltd Partner: Dr Moss and Partners GP Surgery Partner: Harrogate Medical Services Part Owner: Kings Road Pharmacy Liaison officer for Harrogate Division of North Yorkshire LMC/Chairman Harrogate LMC

Harrogate and District
NHS Foundation Trust

Date of Meeting:	2 May 2018	**Agenda item:**	**Paper 6.1**
Report to:	Council of Governors		
Title:	Governor Working Group – Volunteering and Education		
Author(s):	Mrs Pat Jones, Public Governor		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**		**Information**	✓
Executive Summary:	This report summarises the items discussed at the last meeting of the Governor Working Group for Volunteering and Education, held on 10 April 2018. The purpose of the Group is to monitor, promote, develop and support the Volunteer Programme, Work Experience and Education Liaison and relevant workforce issues.		

Volunteering update

The Trust currently has 608 active volunteers who work on an average a total of 2,000 hours a month; 86% at the hospital and 14% in the community.

Opportunities have arisen and new volunteers have been placed in various areas including the Sir Robert Ogden Macmillan Centre.

Work Experience

Mrs Elaine Culf has joined the Corporate Support Office and will be working alongside the team leading the Work Experience Programme.

The physiotherapy department has offered 12 two day placements in 2018, both for school and adult work experience. Ten consultants have offered to support medical work experience placements so far and the team are meeting with consultants to encourage further engagement with the programme.

A positive link was created with the Podiatry team which may lead to placements.

Education Liaison

St. Aidan's Science, Technology, Engineering and Maths career event attracted 100 students and parents from years 9 – 13 to listen to our staff promoting lesser known careers, especially in the allied professions.

Dr. Rebecca Leigh spoke to 40 students in year 12 and 13 about her medical career and what they might expect if they pursue a career in medicine.

End of life support volunteers pilot project

A very moving talk was given from one of our specially trained End of Life Support volunteers about her role; to provide an extra level of non-professional support to patients and their relatives/carers in the last days of life, dying in a ward environment.

This service is being piloted with three volunteers working for approximately five hours on a Tuesday, Wednesday and Thursday. This end of life support only started in January and was adapted from other similar projects running in other trusts, so it is still in its infancy. A further update will be provided at a later date.

Harrogate and District
NHS Foundation Trust

Date of Meeting:	2 May 2018	**Agenda item:**	**Paper 6.2**
Report to:	Council of Governors		
Title:	Governor Working Group – Membership Development and Communications		
Author(s):	Ms Pamela Allen, Public Governor		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**		**Information**	✓
Executive Summary:	**This report summarises the items discussed at the last meeting of the Governor Working Group for Membership Development and Communications, held on 16 April 2018.** **The purpose of the group is to oversee the delivery of the Foundation Trust's Membership Development Strategy, including membership recruitment and engagement.** **Ms Allen will highlight the 2018 By-Election and the 2018 Annual Members' Meeting.**		

By-Election 2018

A By-Election for the Council of Governors will shortly be taking place with key dates as follows:

- Notice of Election 9 May
- Deadline for receipt of nominations 25 May
- Issue of ballot packs 12 June
- Close of poll 5 July
- Results 6 July

Information sessions are being held for people interested in standing to be a Governor on:

- Wednesday 9 May at 3.30 – 4.30pm in the Syndicate Room, Strayside Education Centre, 3rd Floor, Harrogate District Hospital

- Monday 14 May at 6-7pm in the Leon Smallwood Unit, Ripon Community Hospital, Firby Lane, Ripon, HG4 2PR

There are vacancies in the following areas:

Public Governors
- Ripon and West District – one seat
- Knaresborough and East District – one seat
- Rest of England – one seat

Staff Governor
- Other-Clinical – one seat

If anyone is interested in finding out more about becoming a Governor, or would like to come along to one of the information sessions in May, please contact Angie Colvin, Corporate Affairs and Membership Manager on 01423 554489 or via email at angie.colvin@hdft.nhs.uk

Youth Forum Update

The Youth Forum has now launched their 'Hopes for Healthcare' consultation. Please encourage as many children and young people as possible to take part in the survey which can be found on the Trust website:

https://www.hdft.nhs.uk/about/council-of-governors/youth-forum/hopes-for-healthcare/

The closing date for the consultation is 25 May 2018.

Dates for your diary

The next Annual Members' Meeting will take place on Wednesday, 25 July – venue to be confirmed.

The next Medicine for Members' is currently being arranged to take place in September. Further details will be sent to members by email and published on the Trust website:
https://www.hdft.nhs.uk/about/membership/calendar/

Membership Recruitment, Engagement and Development Strategy

Recruitment and engagement activity continue. Some examples from the last quarter include:

- Public Council of Governors' meeting in February.
- Engagement with young people through the Youth Forum and Work Experience Programme.
- Medicine for Members' Event in April – Infection Prevention and Control.
- Foundation News magazine.
- Engagement with the Gypsy, Roma and Traveller Community via the Trust's Equality and Diversity Stakeholder Group.

The Membership Development Strategy is being reviewed and key focus areas will include:

- Hard to reach groups including those from protected characteristics.
- Wider community engagement with people residing across the Trust's catchment area including Middlesbrough, Darlington, County Durham and Stockton-on-Tees.

Harrogate and District
NHS Foundation Trust

Date of Meeting:	2 May 2018	**Agenda item:**	**Paper 6.3**
Report to:	Council of Governors		
Title:	Patient and Public Involvement – Learning from Patient Experience Group		
Author(s):	Miss Sue Eddleston, Public Governor		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**		**Information**	✓
Executive Summary:	**This report summarises the items discussed at the last meeting of the Learning from Patient Experience Group, held on 14 March 2018.** **The purpose of the group is to understand, monitor, challenge and seek to improve the quality of the experience of users of services provided by HDFT, both in hospital and in the community, taking into account the values of the NHS Constitution and the Trust's Values and Behaviours.** **Miss Eddleston will highlight the success from the recruitment event held on Saturday 3 February.**		

Quality and Patient Experience Reports

The latest Directorate key areas of note included:

Planned and Surgical Care -

- There had been an increase in complaints and pressure ulcers. The volume of patients being admitted and challenging winter pressures were acknowledged.
- Wards were congratulated for no falls leading to fracture from November 2017 to February 2018.

Long Term and Unscheduled Care -

- Lots of work was underway to improve reportable falls.
- Complaints were showing a downward trend, though had increased during March recognising winter pressures.

Children's and County Wide Community Care -

- Successful appointment of a new Head of Safeguarding.

Chief Nurse's Report

Following the successful recruitment event held on Saturday 3 February, 20 positions were offered subject to employment checks – 18 registered nurses and two care support workers. A further event was held in April.

Due to the rise in reported pressure ulcers, intensive training was underway and a pressure ulcer risk assessment tool was being rolled out.

National Surveys

The Emergency Department Survey 2017 resulted in the Trust being joint top in the country.

Update from Patient Voice Group (PVG)

Matrons had attended the last PVG meeting to propose areas that would benefit from patient feedback. Due to a reduction in members on the PVG, future projects would require careful planning.

Other business

The Group thanked Mrs Liz Dean, Public Governor for her involvement on the Group. Ms Carolyn Heaney, Stakeholder Governor for Patient Experience would be joining the Group going forward.

Miss Eddleston was pleased to report that the café on the ground floor at Harrogate District Hospital sold gluten free sandwiches.

Harrogate and District
NHS Foundation Trust

Date of Meeting:	2 May 2018	**Agenda item:**	7.0
Report to:	Council of Governors		
Title:	HDFT quality priorities for 2018/19		
Sponsoring Director:	Jill Foster, Chief Nurse		
Author(s):	Sylvia Wood, Deputy Director Governance		
Report Purpose:	**Decision** ✓ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	• We have consulted with our external stakeholders, governors and within the Trust about the priorities for quality improvement during 2018/19. • The final indicators reflect national and local priorities for improvement, current performance and objectives and will be approved by the Board of Directors. • We will set targets for achievement and will monitor progress regularly at the Quality Committee.		

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:	None identified.
Legal / regulatory:	There is a requirement to identify quality priorities for next year in the NHS Improvement guidance: Detailed requirements for quality reports 2017/18.
Resource:	None identified.
Impact Assessment:	The work related to the quality priorities is expected to have a positive impact on equality and quality.
Conflicts of Interest:	None identified.
Reference documents:	None
Assurance:	Baseline and progress reports will be received by Quality Committee and the results included in the quality report 2018/19.

Action Required by the Council of Governors:
it is recommended that the Council of Governors note the content of the report.

PRIORITIES FOR IMPROVEMENT 2018/19

We have consulted with our external stakeholders and within the Trust about the priorities for quality improvement during 2018/19. We have considered the range of community services provided by the Trust including the extended range of children's community services in Stockton, Gateshead and Sunderland during 2018.

The final indicators reflect national and local priorities for improvement, current performance and objectives and have been approved by the Board of Directors. We will set targets for achievement and will monitor progress regularly at the Quality Committee. The priorities are:

1. **Ensuring effective learning from incidents, complaints and good practice**

   We will continue the work started in 2017/18 but with more focus on staff engagement, promoting a "just culture" locally and increasing understanding of human factors and the role they play in patient safety.

2. **Reducing the morbidity and mortality related to sepsis**

   Sepsis is a life-threatening response of the body to infection. There has been a national and local focus on reducing morbidity and mortality related to sepsis for a number of years. We will continue the work progressed during 2017/18, aiming to consistently achieve the target set for rapid administration of antibiotics within the national Commissioning for Quality and Innovation indicator.

3. **Improving the clinical model of care for acute services**

   We will continue the work undertaken during 2017/18 to enable people to be discharged from hospital as soon as possible, but will also review the way patients are cared for by clinicians with a focus on safety and effective care. This work will include improving the management of medical outliers (inpatients with medical care needs who are placed on a non-medical ward during their hospital admission) to ensure appropriate and timely medical review and access to therapists, and a re-consideration of a Hospital at Night model of care which uses both a multi-professional and multi-speciality approach to delivering care at night and out of hours.

4. **Increasing patients and the public participation in the development of services**

   We will continue the work undertaken during 2017/18 to include the voice of children, young people and families but will also incorporate the development of a public and patient participation strategy. This work will involve people whose voices are rarely heard by us or are at risk of discrimination and disadvantage, including those with accessible information requirements and mental health needs.

5. Promoting safer births, with a specific focus on reducing stillbirths

We will continue work already started in maternity to implement “Saving Babies Lives: A care bundle for reducing stillbirths” (NHS England 2016). The Care Bundle brings together four elements of care that are recognised as evidence-based and/or best practice: reducing smoking in pregnancy; risk assessment and surveillance for fetal growth restriction; raising awareness of reduced fetal movement; and effective fetal monitoring during labour.

Harrogate currently has a lower rate than the national average of stillbirth and has made good progress on the four recommendations. The maternity unit will be focusing on completion of audits to assess compliance and will continue to work on a business case to support serial ultrasound assessment of fetal growth throughout the third trimester of pregnancy in line with the Royal College of Obstetricians and Gynaecologists Green-top Guideline.

HDFT Quality Priorities 2018/19 – ambitions and leads

Quality improvement priority	Ambition	Lead (additional leads to be confirmed)
1. Ensuring effective learning from incidents, complaints and good practice	• Continue work to promote the reporting of incidents, near misses, concerns and good practice • Promotion of a "just culture" • Increasing the understanding of human factors within the organisation and the role they play in patient safety • Implement new methods of sharing learning and excellence	Andrea Leng, Rebecca Wixey, Will Peat, Sylvia Wood
2. Reducing the morbidity and mortality related to sepsis	• Continue to promote good practice in relation to sepsis screening and antibiotic treatment for sepsis • Increase the focus on multiple "marginal gains" focused initially in the ED	Dave Earl / Matt Shepherd
3. Improving the clinical model of care for acute services	• Continue work to promote proactive and safe discharge • Ensure patients are cared for in the most appropriate environment, reducing the impact on patients of staying in hospital longer than clinically required • Improve the management of medical outliers (inpatients with medical care needs who are placed on a non-medical ward during their hospital admission) to ensure appropriate and timely medical review and access to therapists • Re-consideration of a Hospital at Night model of care which uses both a multi-professional and multi-speciality approach to delivering care at night and out of hours.	Mike Forster

	• Continue to promote timely discharge to the most appropriate place of care at end of life.	Jonny Hammond
4. Increasing patients and the public participation in the development of services	• Continue the work started to promote the inclusion of the voice of children, young people and families in relation to accessibility to children's services, engaging their views in a patient centred manner • Develop a public and patient participation strategy, to involve people whose voices are rarely heard by us or are at risk of discrimination and disadvantage, including those with accessible information requirements and mental health needs.	Richard Chillery Katherine Roberts
5. Promoting safer births, with a specific focus on reducing stillbirths	• Continue work already started in maternity to implement "Saving Babies Lives: A care bundle for reducing stillbirths" (NHS England 2016). The Care Bundle brings together four elements of care that are recognised as evidence-based and/or best practice: o reducing smoking in pregnancy; o risk assessment and surveillance for fetal growth restriction; o raising awareness of reduced fetal movement; and o effective fetal monitoring during labour.	Alison Pedlingham

Harrogate and District NHS Foundation Trust

Integrated board report - March 2018

Key points this month

1. The Trust financial position for 2017/18 is currently being finalised, however, it is expected that the final position pre-impairments will be a surplus of £0.1m, significantly behind the planned surplus position of £5.9m.

2. In Quarter 4, HDFT's performance was below the required level for 2 of the 4 key operational performance metrics - the A&E 4-hour standard and the 18 weeks standard. However the Trust achieved all 4 standards for the overall year 2017/18.

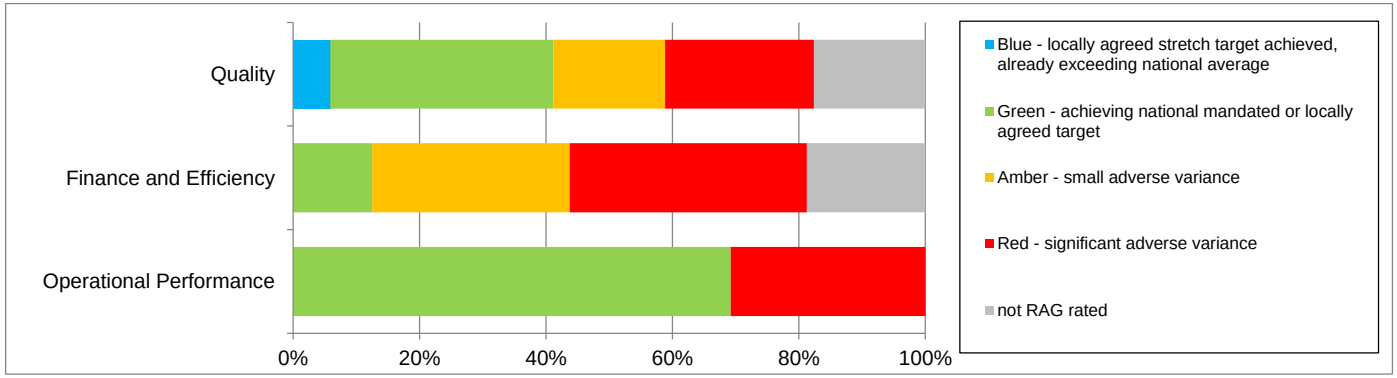
3. There was 1 hospital acquired C. diff case reported in March bringing the year to date total to 7 cases, a significant reduction on the number of cases reported last year.

4. Staff sickness decreased in February but remains above the 3.9% local standard.

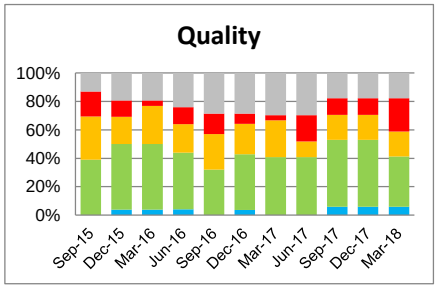
5. Elective and outpatient activity remains below plan.

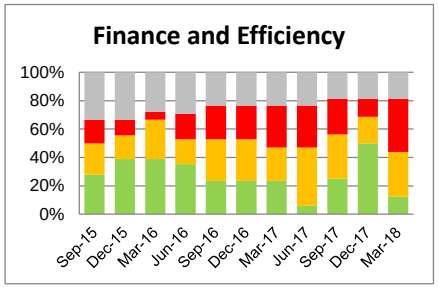
6. With the exception of the 2WW standard for breast symptomatic patients, all cancer waiting times standards were achieved for each quarter of 2017/18.

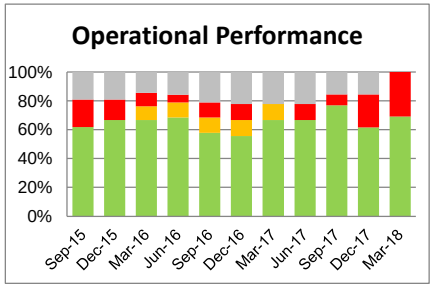
Summary of indicators - current month



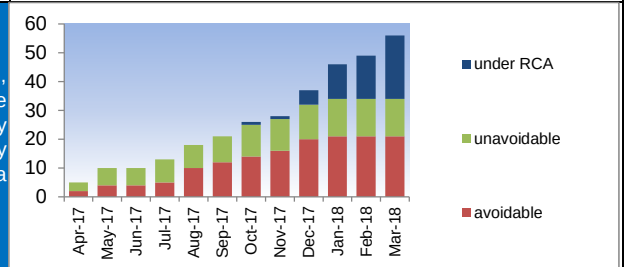
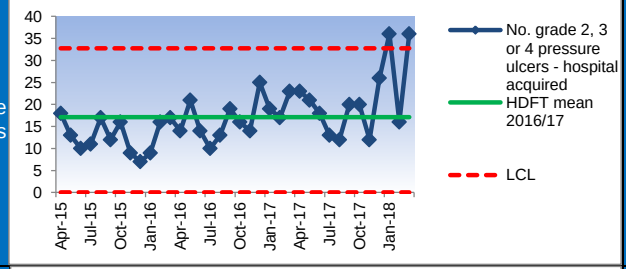
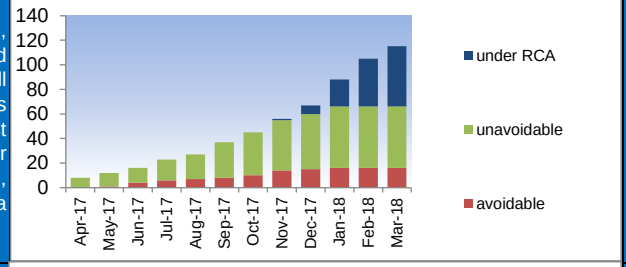
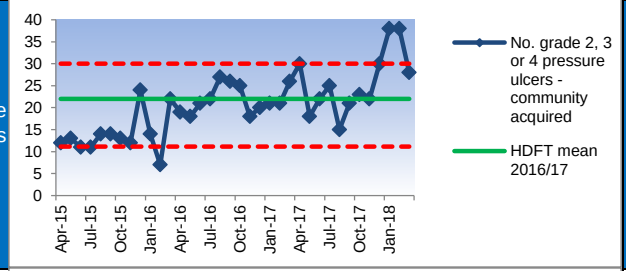
Summary of indicators - recent trends



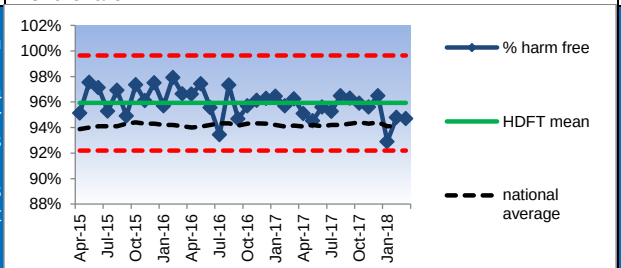
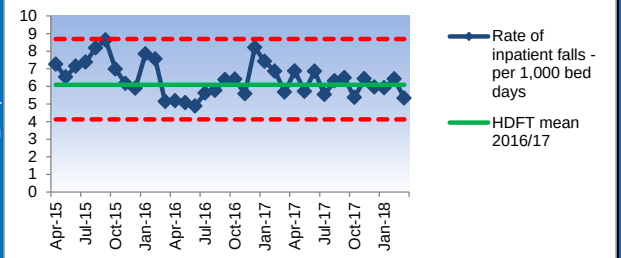
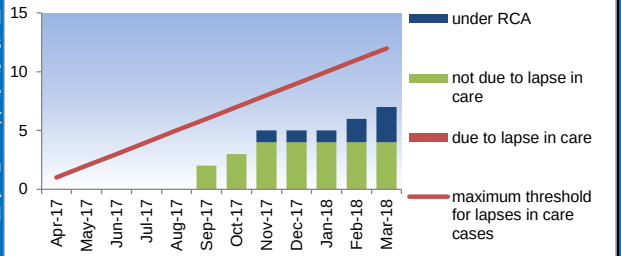
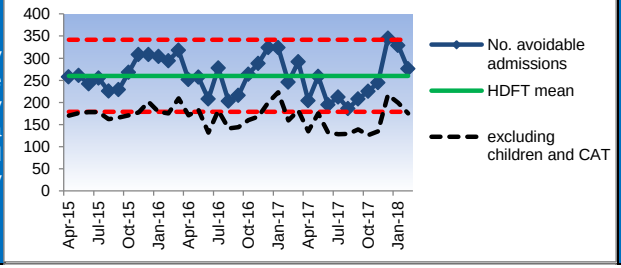




Quality - March 2018

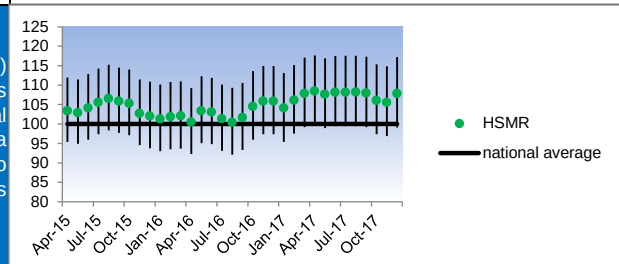
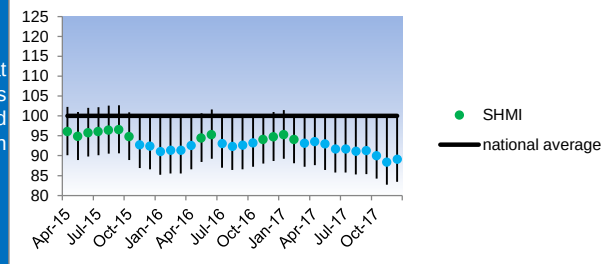
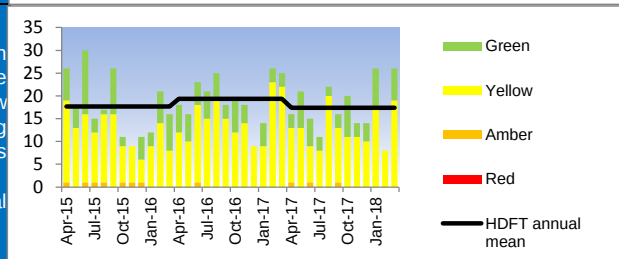
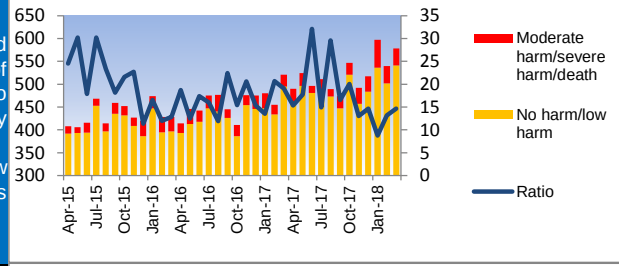
Indicator name / data quality assessment	Description	Trend chart	Interpretation
✓ **Pressure ulcers - hospital acquired**	The chart shows the cumulative number of category 3, category 4 or unstageable hospital acquired pressure ulcers in 2017/18. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.		There were 7 hospital acquired unstageable or category 3 pressure ulcers reported in March, giving a year to date total of 56. This is a significant increase on the number reported in 2016/17 (33). This year's ambition was to reduce the number of avoidable category 3 (or above) pressure ulcers. Of the 2017/18 cases, 22 are still under root cause analysis (RCA), 21 have been assessed as avoidable and 13 as unavoidable. In 2016/17, 19 cases were avoidable meaning that we have not achieved this year's ambition. No category 4 hospital acquired pressure ulcers were reported in 2017/18.
✓	The chart includes category 2, 3 and 4 and unstageable hospital acquired pressure ulcers. The data includes hospital teams only.		The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in March was 36, an increase on last month. This brings the year to date total to 253, a 23% increase on 2016/17. 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.
✓ **Pressure ulcers - community acquired**	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.		There were 10 community acquired category 3, category 4 (or unstageable) pressure ulcers reported in March, a reduction on last month. Of the 2017/18 cases, 49 are still under root cause analysis (RCA), 16 have been assessed as avoidable and 50 as unavoidable. The year to date total for 2017/18 is 115, compared to 79 reported in 2016/17. However this year's ambition was to reduce the number of avoidable category 3 (or above) pressure ulcers and the proportion of avoidable cases has reduced significantly this year - from 53% in 2016/17 to 24% for the 2017/18 cases with a completed RCA.
▲	The chart includes category 2, 3 and 4 and unstageable community acquired pressure ulcers. The data includes community teams only.		The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in March was 28 cases, a reduction on last month. This brings the year to date total to 310, a 17% increase on 2016/17.

Quality - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Safety Thermometer - harm free care ✓	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		The harm free percentage for March was 94.7%, remaining below 95%. The majority of harms reported this month were old category 2 pressure ulcers and falls causing no harm. However there were 2 falls causing moderate harm reported (0 last month).
Falls ✓	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls was 5.32 per 1,000 bed days in March, a decrease on last month and below the average HDFT rate for 2016/17. However, there were 2 falls resulting in a fracture in March (0 last month). In 2017/18, there were 700 inpatient falls reported in total equating to an average rate of 6.10 per 1,000 bed days, no change on the average rate in 2016/17. However the number causing moderate harm was 21, compared to 15 last year.
Infection control ✓	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. 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.		There was 1 case of hospital apportioned C. difficile reported in March bringing the total for 2017/18 to 7 cases. This is a significant reduction on 2016/17 when 29 cases were reported. Of the 7 cases for 2017/18, 4 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. Root cause analysis is in progress for 2 cases and root cause analysis has not yet started for the 7th case. No hospital apportioned MRSA cases were reported in 2017/18.
Avoidable admissions ✓	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.		Provosional data indicates that there were 276 avoidable admissions in February, a decrease on recent months. However this month's figure is above the level reported in February last year (246). Adult admissions (excluding CAT attendances) also decreased this month to 175, compared to 199 last month.

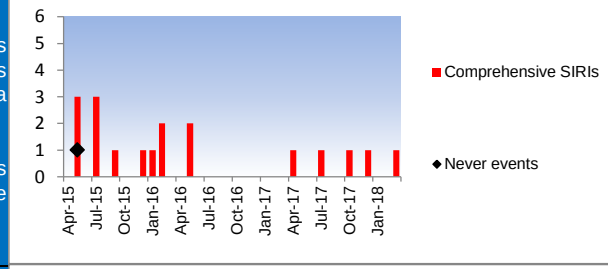
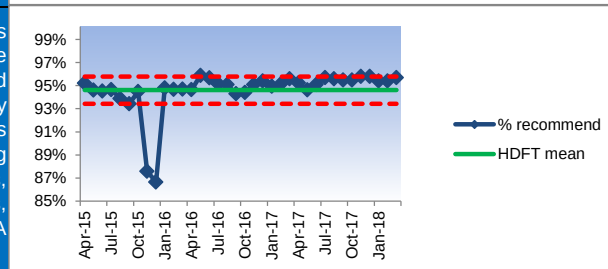
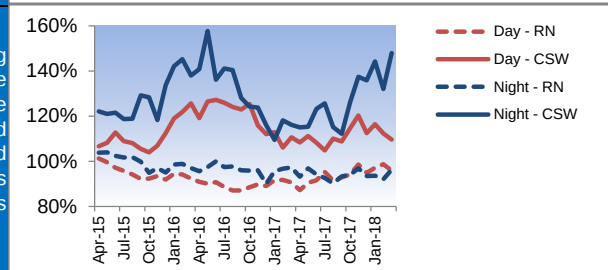
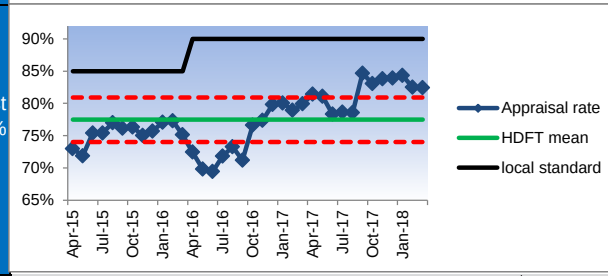
Quality - March 2018

Harrogate and District NHS Foundation Trust

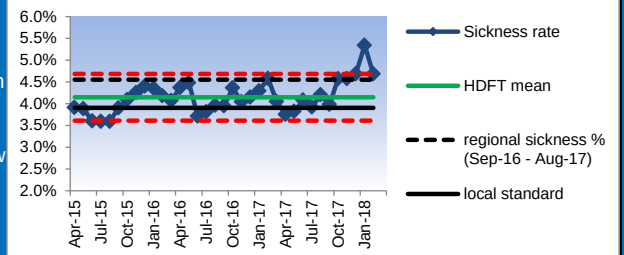
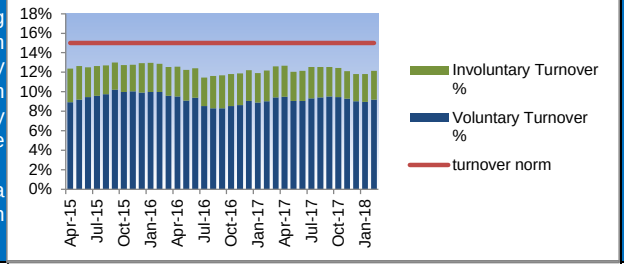
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Mortality - HSMR ✓	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		HDFT's HSMR for the rolling 12 months ending December 2017 was 107.9, an increase on last month but remaining within expected levels. At specialty level, two specialties have a higher than expected standardised mortality rate (Geriatric Medicine and Respiratory Medicine). The latest HSMR data on HED includes the period to end January 2018 but reflective of the data position as at mid-February when the Trust was only partly coded for the month of January. 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.
Mortality - SHMI ✓	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		HDFT's SHMI increased to 89.1 for the rolling 12 months ending December 2017 but remains below expected levels. At specialty level, four specialties (Respiratory Medicine, Gastroenterology, Geriatric Medicine and one small volume surgical specialty) continue to have a standardised mortality rate above expected levels.
Complaints ✓	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.		26 complaints were received in March which is above the average for 2016/17. However no complaints were classified as amber or red this month. The complaints received this month are in relation to a number of different HDFT services but of particular note were 3 complaints related to Byland ward. The total number of complaints received in 2017/18 was 209, a 10% reduction on 2016/17.
Incidents - all ✓	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		The latest published national data (for the period Apr - Sep 17) shows that Acute Trusts reported an average ratio of 44 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 26, a minor improvement on the last publication but remaining in the bottom 25% of Trusts nationally. HDFT's latest local data gives a ratio of 15, a deterioration on this position. 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.

Quality - March 2018

Harrogate and District NHS Foundation Trust

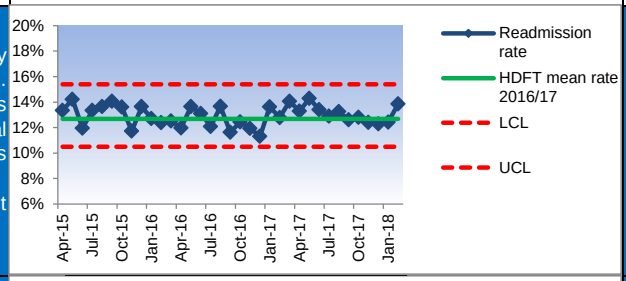
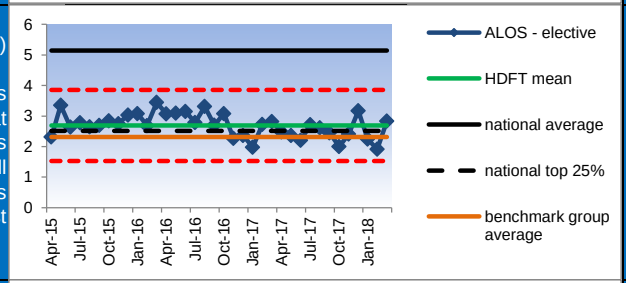
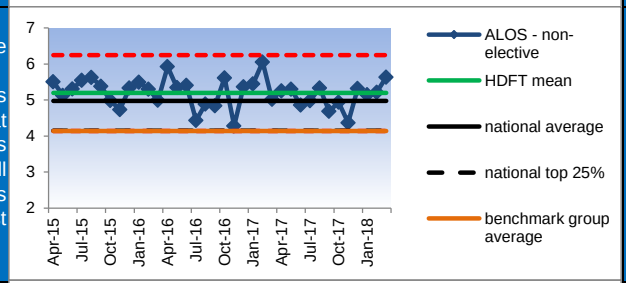
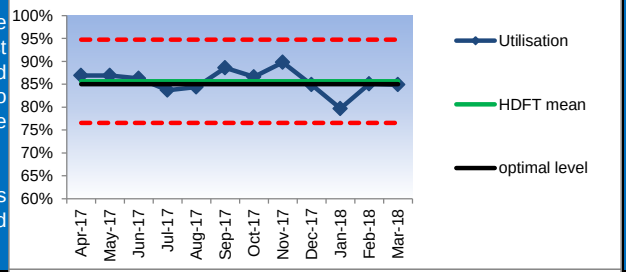
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Incidents - SIRIs and never events ✓	The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above.		There was 1 comprehensive SIRIs and no Never Events reported in March. In 2017/18, there were 5 comprehensive SIRIs and no Never Events reported. This compares to 2 comprehensive SIRIs and no Never Events reported in 2016/17.
Friends & Family Test (FFT) - Patients ✓	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.		95.6% of patients surveyed in March would recommend our services, in line with recent months and remaining above the latest published national average (93%). Around 1,100 patients responded to the survey this month. This is significantly lower than the normal monthly average of around 4,000 responses and is due to a problem with the automated phone call surveys during March. Work is underway with the supplier of this service to understand and resolve these issues.
Safer staffing levels ✓	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.		Overall staffing compared to planned was at 105% in March, no change on last month 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.
Staff appraisal rates ✓	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.		The Trust appraisal rate was at 82.4% in March. The appraisal window has opened running from 1st April - 30th September 2018. All staff are included in this process with the exception of Medical and Dental staff. Guidance and infographics have been produced and are available in the appraisal toolkit via the intranet and bespoke training sessions are being developed through HR Business Partners to meet individual Directorate needs. Monthly reports to Directorates will be produced to demonstrate performance and monitor progress.

Quality - March 2018

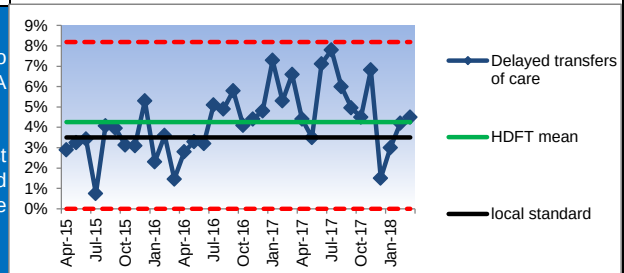
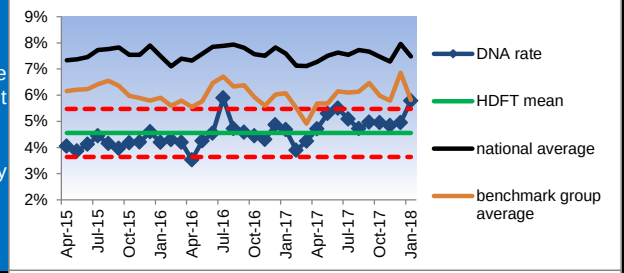
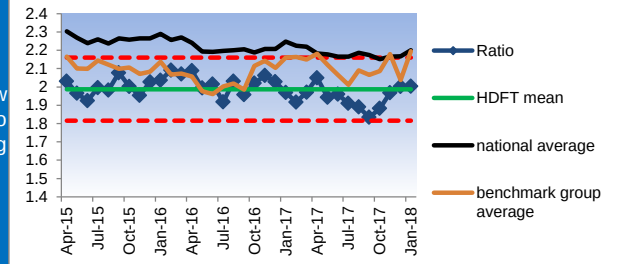
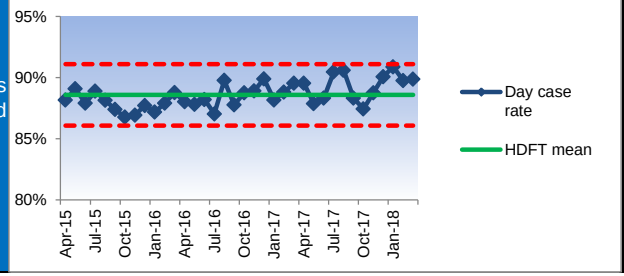
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Mandatory training rates ✓	The table shows the most recent training rates for all mandatory elements for substantive staff.	See table below	The data shown is for the end of March and excludes the Harrogate Healthcare Facilities Management (HHFM) staff who transferred into the new organisation on the 1st March 2018. The overall training rate for mandatory elements for substantive staff is 86%.
Sickness rates ✓	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		Sickness absence reduced in February to 4.68% from 5.34% the previous month. The HR team continues to focus attention on the management of short term absence and ensuring robust processes are in place across departments, with an emphasis on the completion of return to work interviews.
Staff turnover rate ✓	The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		Labour turnover remains static at 12%. Following attendance at the NHS Improvement Masterclass in November, colleagues from HR and Corporate Nursing teams have been working up an engagement plan focusing on Care Support Worker and Registered Nurse retention. A paper will be presented to Director Team this month detailing the plan and the baseline data for consideration. The intention is to undertake focus groups with the inpatient ward areas and theatres in the first instance with a phased roll out plan across other key areas.

Competence Name	% Completed
Equality, Diversity and Human Rights - Level 1	87
Fire Safety Awareness	71
Infection Prevention & Control (Including Hand Hygiene) 1	99
Infection Prevention & Control (Including Hand Hygiene) 2	76
Data Security Awareness	92
Preventing Radicalisation - Level 1 and 2 (December 2015)	96
Safeguarding Adults Awareness Elearning (Dec 2015)	95
Safeguarding Children & Young People Level 1 - Introduction eLearning	91

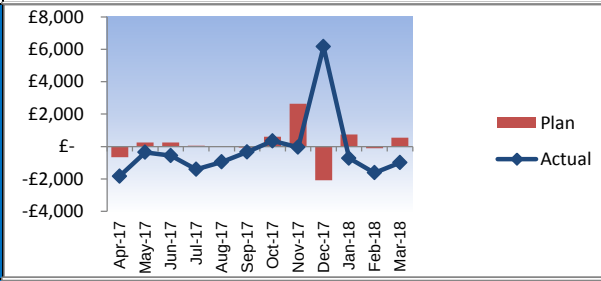
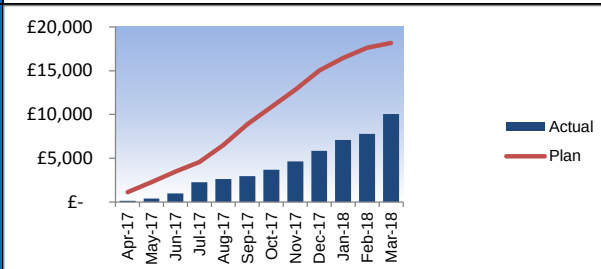
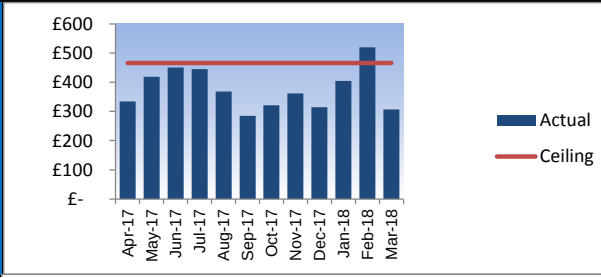
Finance and Efficiency - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Readmissions 	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of emergency readmissions (after PbR exclusions applied) in February was 249. This equates to 13.8% when expressed as a percentage of all emergency admissions, an increase on last month and above the HDFT average rate for 2016/17. 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.
Length of stay - elective 	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		HDFT's average elective length of stay for March was 2.8 days. This is an increase on last month and places theTrust in the middle 50% of Trusts nationally in the most recently available benchmarking data.
Length of stay - non-elective 	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		HDFT's average non-elective length of stay for March was 5.6 days. This is an increase on last month. The Trust remains in the middle 50% of Trusts nationally when compared to the most recently available benchmarking data.
Theatre utilisation 	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.		Elective theatre utilisation was at 84.9% in March, a slight reduction on last month and just below the 85% optimal level. This utilisation only reflects the elective lists that took place as planned and does not factor in planned elective lists that were cancelled. A list cancellation metric is being incorporated into the new theatres dashboard and will be considered for inclusion in this report from April.

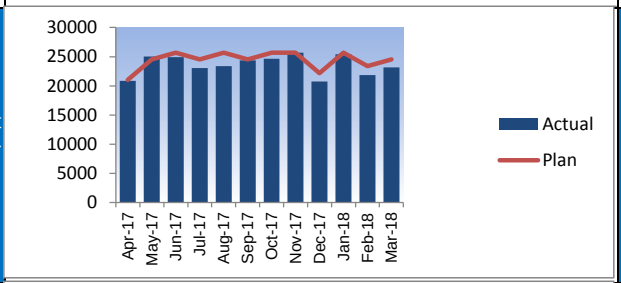
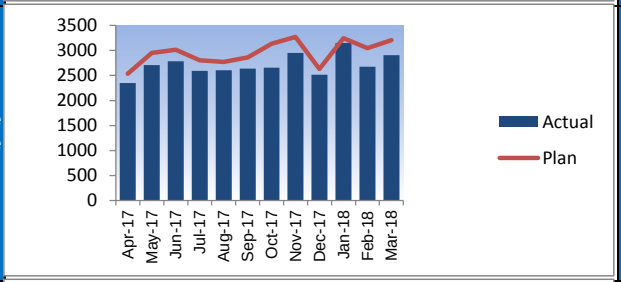
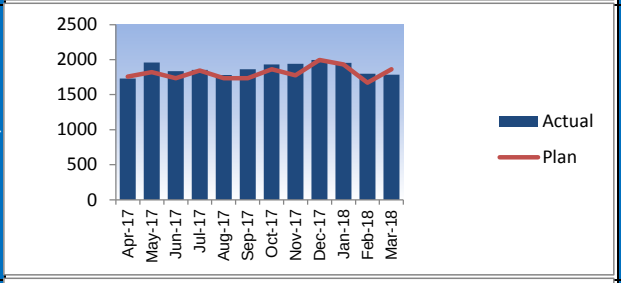
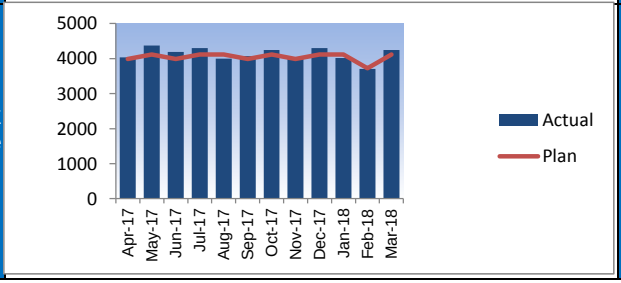
Finance and Efficiency - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.		Delayed transfers of care were at 4.5% when the snapshot was taken in March, above the 3.5% maximun threshold. Minimising the number of delayed patients has remained a significant challenge over the winter period and remains a concern as winter funding for additional non-acute beds ceased at the end of March. Minimising the number of delyed transfers of care was a key priority for the Every Hours Matters initiative held in the first week of April.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		HDFT's DNA rate increased to 5.8% in January. This is in line wth the benchmarked group of trusts and below the national average.
Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		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 2.00 in January, no change on last month and 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.
Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The day case rate was 90.0% in March, no change on last month. The average day case rate for 2017/18 overall was 89.3%, compared to 88.6% in 2016/17.

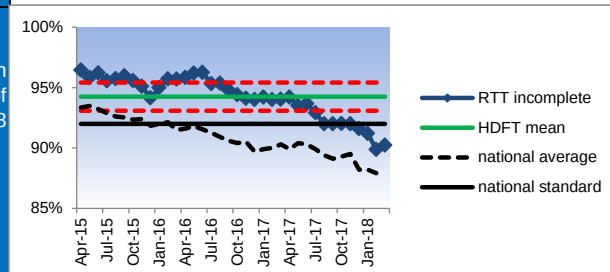
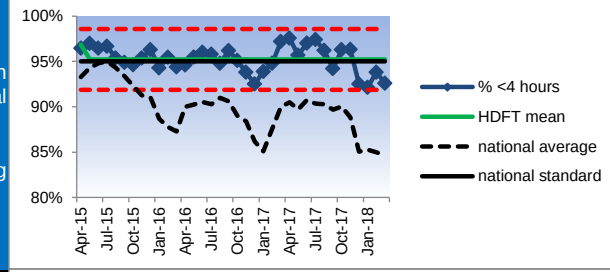
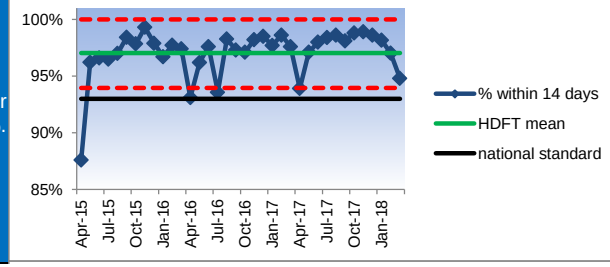
Finance and Efficiency - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.		The Trust financial position for 2017/18 is currently being finalised, however, it is expected that the final position pre-impairments will be a surplus of £0.1m, significantly behind the planned surplus position of £5.9m. This considerable adverse variance to plan has resulted in significant pressure on the Trust's resources as a result of the subsequent availability of cash to support capital developments. These figures include Sustainability and Transformation Funding of £2.45m. Without this, the Trust would have reported a deficit position of £2.4m, £4.5m behind plan. The underlying position represents a notable pressure to the new financial year and highlights the pressures faced by the Trust currently.
NHS Improvement Single Oversight Framework - Use of Resource Metric	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.	**Element** / **Plan** / **Actual** Capital Service Cover: 1 / 2 Liquidity: 1 / 1 I&E Margin: 1 / 3 I&E Variance From Plan: 1 / 4 Agency: 1 / 1 **Financial Sustainability Risk Rating: 1 / 3**	The Trust reported a rating of 3 in March as a result of the variance to plan reported above. The element related to the variance to plan is a 4, automatically triggering an overall position of 3.
Capital spend	Cumulative Capital Expenditure by month (£'000s)		Capital Expenditure ended the year behind plan due to natural slippage in relation to large schemes and a need to actively manage the Trust cash position overall.
Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.		Following a spike in spend during February, March returned to expenditure levels which are similar to the rest of the year. Agency expenditure represented 2.9% of the Trust pay bill.

Finance and Efficiency - March 2018

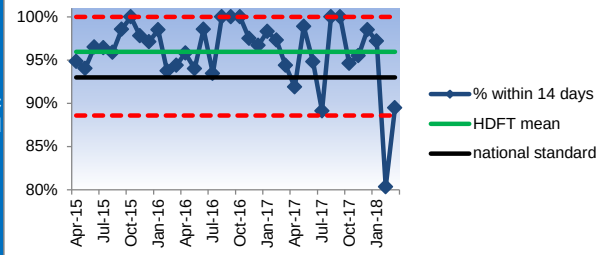
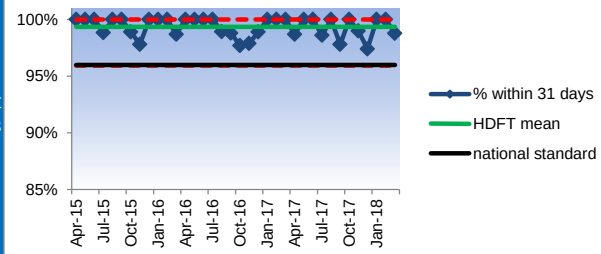
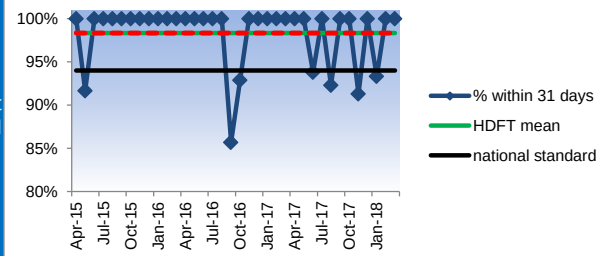
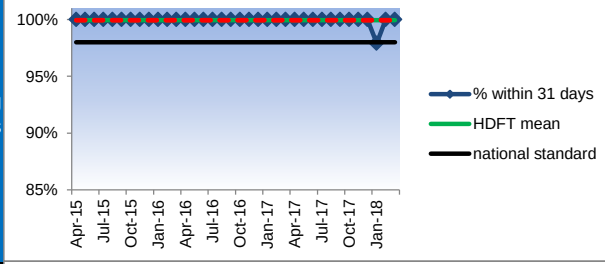
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient activity against plan ✓	The chart shows the position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Outpatient activity was 5.7% below plan in the month of March and 3.4% below plan for the full year. Further information is provided in the Chief Operating Officer's report to board.
Elective activity against plan ✓	The chart shows the position against plan for elective activity. The data includes inpatient and day case elective admissions.		Elective activity was 9.4% below plan in the month of March and 8.3% below plan for the full year. Further information is provided in the Chief Operating Officer's report to board.
Non-elective activity against plan ✓	The chart shows the position against plan for non-elective activity (emergency admissions).		Non-elective activity was 4.2% below plan in the month of March but 3.2% above plan for the full year.
A&E activity against plan ✓	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.		A&E attendances were 3.1% above plan in the month of March and 2.0% above plan for the full year.

Operational Performance - March 2018

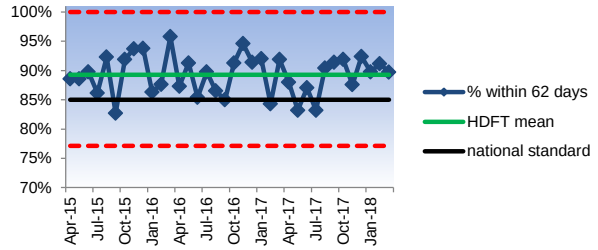
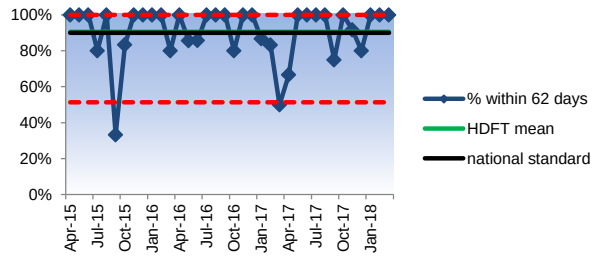
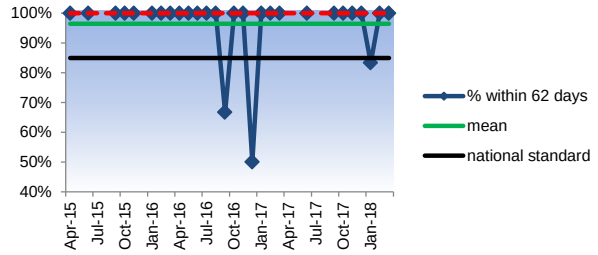
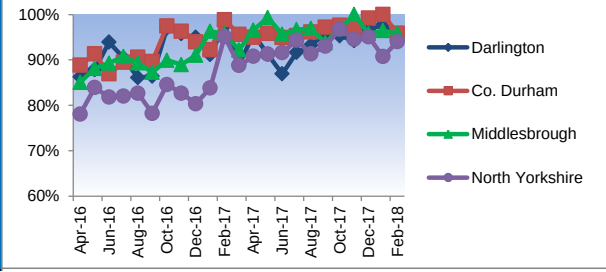
Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework ✓	From October 2016, NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party 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.		In Quarter 4, HDFT's performance was below the required level for 2 of the 4 key operational performance metrics - the A&E 4-hour standard and the 18 weeks standard, as detailed below. However the Trust achieved all 4 standards for the overall year 2017/18.
RTT Incomplete pathways performance ✓	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.		Performance was at 90.2% in March, an improvement on last month but remaining below the minimum standard of 92%. At specialty level, Trauma & Orthopaedics and Ophthalmology were below the 92% standard. Performance for the year 2017/18 was 92.1%. 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.
A&E 4 hour standard ✓	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.		HDFT's Trust level performance for March was 92.6%, a deterioration on last month and remaining below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was at 91.3%. The Trust's performance for 2017/18 overall is 95.2%.
Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals ✓	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.

Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways	93.8%	92.3%	91.9%	90.5%	92.1%
A&E 4-hour standard	96.7%	96.0%	94.9%	92.8%	95.2%
Cancer - 62 days	86.1%	88.9%	90.5%	90.2%	88.9%
Diagnostic waits	99.8%	99.6%	99.7%	99.4%	99.6%

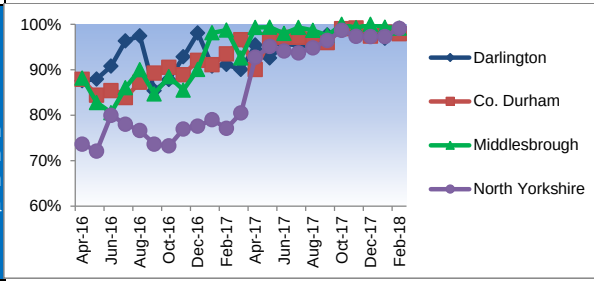
Operational Performance - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients ✓	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		Provisional performance for March was at 89.5%, an improvement on last month but remaining below the 93% standard. This means that the standard was not achieved for Quarter 4 with performance for the quarter at 89.4%. The Clinical Directorates continue to work together to manage the volume of referrals received and match this with appropriate clinic capacity. The aim for the service is to have its own stand-alone breast screening unit, a joint project with York Hospital. In the meantime, options are being identified for an interim unit to improve both patient experience and hospital performance.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers ✓	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.
Cancer - 31 day wait for second or subsequent treatment: Surgery ✓	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug ✓	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.

Operational Performance - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from urgent GP referral to treatment ✓	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Provisional performance for March is above the required 85% standard at 89.7% with 5.5 accountable breaches. Of the 11 tumour sites, 3 had performance below 85% in March - haematological (2 breaches), lung (2.5) and upper gastrointestinal (0.5). One patient waited over 104 days in March. The main reason for the delay was a complex diagnostic pathway. This standard was achieved for all quarters of 2017/18.
Cancer - 62 day wait for first treatment from consultant screening service referral ✓	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.
Cancer - 62 day wait for first treatment from consultant upgrade ✓	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Delivery at expected levels. This standard was achieved for all quarters of 2017/18.
Children's Services - 10-14 day new birth visit ✓	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for 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.		In February, the validated performance position is that 95% 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.

Operational Performance - March 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Children's Services - 2.5 year review ✓	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for 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.		In Febrary, the validated performance position is that 99% of children were recorded on Systmone as having had a 2.5 year review. The data is reported a month in arrears so that the validated position can be shared.

Data Quality - Exception Report

Harrogate and District NHS Foundation Trust

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

Harrogate and District NHS Foundation Trust

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)		
Quality	**Complaints**	No. complaints, split by criteria	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	**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 - complrehensive 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		
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.

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	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	Outpatient new to follow up ratio	No. follow up appointments per new appointment.		
Finance and efficiency	Day case rate	% elective admissions that are day case		
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
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 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	Capital spend	Cumulative capital expenditure	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Outpatient activity against plan (new and follow up)	Includes all outpatient attendances - new and follow-up, consultant and non-consultant led.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	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.		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

Harrogate and District
NHS Foundation Trust

HARROGATE AND DISTRICT NHS FOUNDATION TRUST
GLOSSARY OF ABBREVIATIONS

A

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

B

BAF	*Board Assurance Framework*
BME	*Black and Minority Ethnic*
BoD	*Board of Directors*

C

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

D

Datix	*National Software Programme for Risk Management*
DBS	*Disclosure and Barring Service*
DNA	*Did not attend*
DoH	*Department of Health*

DoLS	*Deprivation of Liberty Safeguards*
Dr Foster	*Provides health information and NHS performance data to the public*
DToC	*Delayed Transfer of Care*

E

E&D	*Equality and Diversity*
eNEWS	*National Early Warning Score*
ENT	*Ear, Nose and Throat*
ERCP	*Endoscopic Retrograde Cholangiopancreatography*
ESR	*Electronic Staff Record*
EWTD	*European Working Time Directive*

F

FFT	*Friends and Family Test*
FC	*Finance Committee*
FOI	*Freedom of Information*
FT	*NHS Foundation Trusts*
FY DR	*Foundation Year doctor*

G

GIRFT	Get it right first time
GPOOH	GP Out of Hours
GWG MD&C	Governor Working Group – Membership Development and Communications
GWG V&E	Governor Working Group – Volunteering and Education

H

HaRD CCG	*Harrogate and Rural District Clinical Commissioning Group*
HaRCVS	*Harrogate and Ripon Centres for Voluntary Service*
HBC	*Harrogate Borough Council*
HDFT	*Harrogate and District NHS Foundation Trust*
HDU	*High Dependency Unit*
HEE	*Health Education England*
HFMA	*Healthcare Financial Management Association*
HHFM	*Harrogate Healthcare Facilities Management Ltd*
HR	*Human Resources*
HSE	*Health & Safety Executive*
HSMR	*Hospital Standardised Mortality Ratios*

I

ICU or ITU	*Intensive Care Unit or Intensive Therapy Unit*
IG	*Information Governance*
IBR	*Integrated Board Report*
IT or IM&T	*Information Technology or Information Management & Technology*

K

KPI	*Key Performance Indicator*
KSF	*Knowledge & Skills Framework*

L

LAS DR	*Locally acquired for service doctor*
LAT DR	*Locally acquired for training doctor*
LCFS	*Local Counter Fraud Specialist*
LMC	*Local Medical Council*
LNC	*Local Negotiating Committee*
LoS	*Length of Stay*
LPEG	*Learning from Patient Experience Group*
LSCB	*Local Safeguarding Children Board*
LTUC	*Long Term and Unscheduled Care Directorate*

M

MAC	*Medical Advisory Committee*
MAPPA	*Multi-agency Public Protection Arrangements*
MARAC	*Multi Agency Risk Assessment Conference*
MASH	*Multi Agency Safeguarding Hub*
MDT	*Multi-Disciplinary Team*
Mortality rate	*The ratio of total deaths to total population in relation to area and time.*
MRI	*Magnetic Resonance Imaging*
MRSA	*Methicillin Resistant Staphylococcus Aureus*
MTI	*Medical Training Initiative*

N

NCEPOD	*NCEPOD (National Confidential Enquiry into Perioperative Death)*
NED	*Non-Executive Director*
NHSE	*National Health Service England*
NHSI	*NHS Improvement*
NHSR	*National Health Service Resolution*
NICE	*National Institute for Health & Clinical Excellence*
NMC	*Nursing and Midwifery Council*
NPSA	*National Patient Safety Agency*
NRLS	*The National Reporting and Learning System*
NVQ	*National Vocational Qualification*
NYCC	*North Yorkshire County Council*

O

OD	*Organisational Development*
ODG	*Operational Delivery Group*
OSCE	*The Objective Structured Clinical Examination*

P

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

Q

QIA	*Quality Impact Assessment*
QIPP	*The Quality, Innovation, Productivity and Prevention Programme*
QPR	*Quarterly Performance Review*

R

RCA	*Route Cause Analysis*
RTT	*Referral to Treatment. The current RTT Target is 18 weeks.*

S

SALT	*Speech and Language Therapy*
SAS DR	*Speciality and associate specialist doctors*
SCBU	*Special Care Baby Unit*
SHMI	*Summary Hospital Mortality Indicator*
SI	*Serious Incident*
SID	*Senior Independent Director*
SIRI	*Serious Incidents Requiring Investigation*
SLA	*Service Level Agreement*
SMR	*Standardised Mortality rate – see Mortality Rate*
SMT	*Senior Management Team*
SpR	*Specialist Registrar – medical staff grade below consultant*
ST DR	*Specialist trainee doctors*
STEIS	*Strategic Executive Information System*
STP	*Sustainability and Transformation Plan*

T

TOR	*Terms of Reference*
TU	*Trade Union*
TUPE	*Transfer of Undertakings (Protection of Employment) Regulations 2006*

V

VC	*Vice Chairman*
VSM	*Vey Senior Manager*
VTE	*Venous Throboembolism*

W

WTE	*Whole Time Equivalent*
WY&H HCP	*West Yorkshire and Harrogate Health Care Partnership*
WYAAT	*West Yorkshire Association of Acute Trusts*

Y

YTD	*Year to Date*

Further information can be found at:
NHS Providers – Jargon Buster –
http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster

March 2018
Corporate/Misc/Glossary of Abbreviations March 2018