

## Table of Contents

	Document	Page
1	Council of Governor Agenda. final 02.11.16	3
2	Paper 2.0 Council of Governors Minutes 03 08 16 Unconfirmed	5
3	Paper 3.0 Council of Governor Actions Log Nov 16	19
4	Paper 4.0 Governor Declaration of Interests November 2016	23
5	Appendix 6.1 Volunteering and Education 02.11.16	27
6	Appendix 6.2 Membership Development and Communications	31
7	Appendix 6.3 Learning from Patient Experience Group 02.11.16	35
8	8.1 Integrated Board Report_Sep16	37

This page has been left blank

## COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday 2 November 2016 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	<b>Welcome and apologies for absence</b> <i>Welcome to the public and setting the context of the meeting</i>	Mrs S Dodson, Chairman	-
5.45	2.0	<b>Minutes of the meeting held on 3 August 2016</b> <i>To review and approve the minutes</i>	Mrs S Dodson, Chairman	2.0
5.50	3.0	<b>Matters Arising and Review Action Log</b> <i>To provide updates on progress of actions</i>	Mrs S Dodson, Chairman	3.0
5.55	4.0	<b>Declarations of Interest</b> <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs S Dodson, Chairman	4.0
6.00	5.0	<b>Chairman's verbal update on key issues</b> <i>To receive the verbal update for consideration</i>	Mrs S Dodson, Chairman	-
6.10	6.0	<b>Governor Sub-Committee Reports</b> <i>To receive the reports for comment</i>	Mrs S Dodson, Chairman	
		<b>6.1 Volunteering and Education Group</b>	Mrs Jane Hedley, Public Governor	6.1
		<b>6.2 Membership, Development and Communications Group</b>	Ms P Allen, Deputy Chair of the Council of Governors/ Public Governor	6.2
		<b>6.3 Patient and Public Involvement/ Learning from Patient Experience Group</b>	Mrs L Dean, Public Governor	6.3
6.25	7.0	<b>Presentation – Global Health Exchange</b>		-
6.35	8.0	<b>Chief Executive's Strategic and Operational Update, including Integrated Board Report</b> <i>To receive the update and report for comment</i>	Dr R Tolcher, Chief Executive	- 8.1
6.55 – 7.05 pm – Break				

7.05	9.0	<b>Question and Answer Session for members of the public and Governors</b> <i>To receive and respond to questions from the floor relating to the agenda</i>	Mrs S Dodson, Chairman	-
7.30	10.0	<b>Non-Executive Directors' Feedback: Overview of Sustainability and Transformation Plans (STP) Process and 2-year Contract Discussions</b> <i>To receive and respond to questions from the floor</i>	Non-Executive Directors	-
7.55	11.0	<b>Any other relevant business not included on the agenda</b> <i>By permission of the Chairman</i>	Mrs S Dodson, Chairman	-

**Proposed date and time of next meeting – Saturday, 4 February 2017 to be confirmed**

# Harrogate and District

NHS Foundation Trust

## Council of Governors

Minutes of the public Council of Governors' meeting held on 3 August 2016 at 17:45 hrs  
at The Pavilions of Harrogate, Great Yorkshire Showground, Harrogate, HG2 8NZ

- Present:**
- Mrs Sandra Dodson, Chairman
  - Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
  - Cllr. Bernard Bateman, Stakeholder Governor
  - Dr Sally Blackburn, Public Governor
  - Mrs Yvonne Campbell, Staff Governor
  - Mrs Angie Colvin, Corporate Affairs and Membership Manager
  - Ms Clare Cressey, Staff Governor
  - Mrs Liz Dean, Public Governor
  - Mr Tony Doveston, Public Governor
  - Mrs Emma Edgar, Staff Governor
  - Mrs Jill Foster, Chief Nurse
  - Mrs Joanne Harrison, Deputy Director of Workforce and Organisational Development
  - Ms Debbie Henderson, Company Secretary
  - Mrs Pat Jones, Public Governor
  - Mrs Sally Margerison, Staff Governor
  - Mr Jordan McKie, Deputy Director of Finance
  - Mr Neil McLean, Non-Executive Director
  - Mr Paul Nicholas, Deputy Director of Performance and Delivery
  - Mrs Joanna Parker, Stakeholder Governor
  - Mr Peter Pearson, Public Governor
  - Prof. Sue Proctor, Non-Executive Director
  - Mrs Joyce Purkis, Public Governor
  - Dr Daniel Scott, Staff Governor
  - Dr David Scullion, Medical Director
  - Mr Chris Thompson, Non-Executive Director
  - Dr Ros Tolcher, Chief Executive
  - Mr Ian Ward, Non-Executive Director
  - Mrs Lesley Webster, Non-Executive Director
  - Dr Jim Woods, Stakeholder Governor
- In attendance:**
- 2 members of the public
  - Mr Kallum Taylor, Volunteering and Engagement Officer, Healthwatch North Yorkshire
  - Mr Andy Smith, Director, KPMG

**1. Welcome to the public and setting context of the meeting, including apologies for absence and introductions**

Apologies were received from Mr Michael Armitage, Public Governor, Mrs Cath Clelland, Public Governor, Mr Jonathan Coulter, Director of Finance/Deputy Chief Executive, Dr Sarah Crawshaw, Stakeholder Governor, Mrs Beth Finch, Stakeholder Governor, Mr Robert Harrison, Chief Operating Officer, Mrs Jane Hedley, Public Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development and Mrs Maureen Taylor, Non-Executive Director.

Mrs Hedley sent a message to thank fellow Governors for the flowers she had received following a recent operation. She also complimented staff on Wensleydale Ward for their superb care.

Mrs Dodson offered a warm welcome to the members of the public and was delighted to introduce Mr Taylor from Healthwatch North Yorkshire and Mr Smith from KPMG. Mrs Dodson was expecting late arrivals from Cllr Ivor Fox, newly nominated Stakeholder Governor for Harrogate Borough Council to replace Cllr John Ennis who had stepped down, and Mrs Zoe Metcalfe, Public Governor. She welcomed questions for item 9 on the agenda and asked for these to be submitted during the break.

**2. Minutes of the last meeting, 18 May 2016**

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

**3. Matters arising and review of actions schedule**

Mrs Dodson confirmed that the outstanding actions on the schedule at Paper 3.0 were ongoing.

**4. Declaration of interests**

Mrs Dodson confirmed that both she and Professor Proctor had a declaration of interest in item 11 on the agenda and would leave the meeting at that stage. Mr Ward, in his role as Senior Independent Director, would take over as Chair for this item with support from Ms Allen.

**4.1 Council of Governors' Declaration of Interests**

There were no declarations of interests from Governors.

Mrs Dodson reminded Governors that they would be asked to sign a Declaration of Interest form on an annual basis but that the overall summary would be brought to each quarterly Council of Governor meeting as a standard item on the agenda. Governors were reminded that it was the obligation of each individual Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

## **5. Chairman's verbal update on key issues**

Mrs Dodson was delighted that the Trust had received such a positive report from the Care Quality Commission (CQC) following their inspection in February. The Trust had received an overall 'Good' rating with 'Outstanding' in the 'Caring' domain; everyone was extremely proud. At the Quality Summit held on 29 July, the representative from the regulator NHS Improvement (formally known as Monitor), strongly endorsed the report saying the Trust was 'in touching distance' of an overall Outstanding result and one of the best Trusts in the country. Dr Tolcher would provide further detail in her presentation.

## **6. Annual Report and Accounts 2015/16 (including the External Audit Assurance Reports to the Council of Governors)**

Mr McKie provided a summary of the annual accounts 2015/16 confirming the Trust ended the year with a break-even position. Whilst this was behind the original plan to deliver a surplus of £1.8m, when compared to many other Trusts across the NHS, this had been a positive achievement. In particular, the planned £10.2 million efficiency programme had been delivered and Mr McKie thanked staff for their hard work and commitment to achieving this goal. He highlighted pressures in relation to agency staffing which had impacted on the financial plan. The Trust ended the year with a Monitor financial sustainability risk rating of 3 (Risk Assessment Framework rating ranges from 1, the most serious risk, to 4, the lowest risk).<sup>1</sup>

To end his presentation, Mr McKie summarised the Quality Priorities for 2015/16 and those for the coming year, 2016/17, as follows:

- to reduce morbidity and mortality related to sepsis;
- to improve the care of people with learning disabilities;
- to provide high quality stroke care – demonstrated by improvement in national indicators; and,
- to improve the management of inpatients on insulin.

Mrs Dodson welcomed Mr Smith from KPMG to present the annual external audit report to the Council of Governors. Mr Smith took this opportunity to provide a brief summary of KPMG's experience in providing audit services across the NHS; this included 60 Foundation Trusts.

The Annual External Audit Report 2015/16 had been circulated prior to the meeting. Mr Smith highlighted the following key messages from the report:

- Explanation of what they do – based on the Audit Code, which sets out the rules and regulations of their work, they provide an opinion on the Trust's accounts.

Mr Smith described the benefits of their work as 'adding a layer of credibility' to the Trust's financial statements. He explained the importance of an external eye on the accounts to provide assurance to Governors and the general public; similar to the CQC focussing on the quality of service.

- A description of the value for money – External Audit were required to issue a value for money conclusion taking into account the Trust having adequate

arrangements to secure economy, efficiency and effectiveness in its use of resources.

Mr Smith provided examples where the audit process had focussed on the Trust's arrangements, including the new Children's Services contracts, the new Department of Health agency cap, and compliance with national and local performance targets.

- Quality Report - KPMG provided a clean (limited assurance) opinion on the content of the Trust's Quality Report.

Mr Smith described how this opinion could be referenced to the supporting information and evidence they had looked at in detail. Three indicators audited included the following two mandated indicators:

- the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period; and,
- the percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

The third local indicator, as selected by Governors, was emergency re-admissions within 28 days of discharge from hospital.

Mr Smith explained that the clean limited assurance opinion was the best opinion and as good as a Trust could get from an External Audit. He reassured Governors that many Trusts were not in fact receiving this opinion.

Mr Smith confirmed an unqualified audit opinion of the accounts; this included consideration over the content of the Annual Report (including the Remuneration Report) and review of the Annual Governance Statement. He highlighted the fact that there was no audit differences found which was extremely good and he acknowledged the work of the Trust's Finance Team and thanked them for their support.

Mrs Dodson asked the following question on behalf of Cllr Fox who was not in attendance:

"I note that the External Auditor, KPMG, have concluded that the Trust has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources. In view of the increasing public and parliamentary demands and expectations in respect of audit and governance standards, what level of 'arrangements' above adequate do KPMG believe should be a target for 2016/17?"

Mr Smith explained that the Audit Code required the External Auditor to say whether the arrangements were either adequate or not; a binary opinion. He confirmed there was no higher opinion which could be provided under the Code. If an audit identified issues, this would always be reported and there would be discussions with the management team.

Mrs Dodson reiterated that the Trust would always be looking at ways to improve efficiency and effectiveness going forward.



Cllr Bateman, Stakeholder Governor for North Yorkshire County Council congratulated the Trust on this achievement.

Mrs Dodson thanked Cllr Bateman for his kind words and paid tribute to Mr Smith and his team along with the Trust's finance team.

Chair of the Trust's Audit Committee and Non-Executive Director, Mr Thompson echoed Mrs Dodson's comment that the achievement paid testament to the hard work of the finance team and he offered his congratulations.

There were no further questions and therefore Mrs Dodson thanked Mr Smith for his presentation and commented that both Governors and Board colleagues were reassured by the detailed and positive report.

## **7. Governor Sub-Committee Reports**

Mrs Dodson 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.

### **7.1 Volunteering and Education**

The report from the Volunteering and Education Governor Working Group, chaired by Mrs Hedley, had been circulated prior to the meeting and was taken as read.

In Mrs Hedley's absence, Mrs Edgar highlighted the Work Experience programme which was now being undertaken by the Corporate Team. She provided an update and confirmed the Trust had provided 117 placements over the last year: 33 of those were with Consultants, 71 clinical and ward based placements and 13 non-clinical placements. On behalf of the Council of Governors, Mrs Edgar thanked the team for their hard work.

There were no questions for Mrs Edgar.

Mrs Dodson reiterated how proud the Trust was to have such a positive interface with the educational establishment and how important it was to dedicate time and knowledge to our future workforce.

Mrs Harrison congratulated the team on their work and briefly mentioned that her team was currently undertaking work on the Clinical Workforce Strategy and Governors would be kept up to date with its progress.

### **7.2 Membership Development and Communications**

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read.

Ms Allen highlighted the new Youth Members' Forum detailed in her report and was pleased to say the Corporate Team would be supporting this new initiative. The Forum would target people aged between 13 and 19 years and bi-monthly meetings would be run by the youth for the youth, supported and guided by Trust staff and Governors. There would be a stand at the forthcoming Open Event to promote the new Forum and Governors would be kept up to date on developments.

Cllr Bateman offered his help and informed fellow Governors that North Yorkshire County Council and York City Council had their own Youth Councils which we could link up with.

There were no questions for Ms Allen.

### **7.3 Patient and Public Involvement**

The report from Mrs Dean, on the last meeting of the Learning from Patient Experience Group, had been circulated prior to the meeting and was taken as read.

Mrs Dean commented that the last meeting covered the core detail however there were a number of apologies due to holidays and therefore attendance was low. She referred to the Quality and Patient Experience Reports detailed in Paper 7.3 and highlighted the issues raised with the Directorate representatives at the meeting; hopefully these would be resolved for the meeting in September. In addition, Mrs Dean talked about nurse recruitment and reassured fellow Governors that the Trust was actively focussed on attracting new staff. Recruitment remained a challenge nationally and the Trust was looking further afield for potential recruits; the English language qualification to work in the UK was having a significant impact on available candidates from the European Union.

Mrs Foster provided reassurance that the meeting process issues Mrs Dean had highlighted in her paper would be resolved for the meeting in September. She was also pleased to inform the Council of Governors that Mr Marshall had visited India and was working with NHS England on a Global Exchange Programme for the recruitment of nursing staff.

Mr Taylor, Volunteering and Engagement Officer from Healthwatch North Yorkshire, asked if Government plans for tuition fees added to our concerns for nurse recruitment.

Mrs Harrison responded, confirming the Trust was concerned with the overall ongoing issue of nurse recruitment however we were looking into a local training programme with Leeds University.

Mrs Foster reiterated the Trust's concerns and commented that a high rate of students were not completing their degrees to go into nursing. Trusts offering funding were seeing evidence of improved staff retention and motivation

Mrs Dodson and Dr Tolcher endorsed the Trust's proactive approach to recruitment and focus on retaining a skilled workforce.

## 8. Chief Executive's Strategic and Operational Update including Integrated Board Report

Dr Tolcher presented the following headlines:

### Current Performance

Dr Tolcher referred to the Integrated Board Report which had been circulated prior to the meeting. She was pleased to report that the Trust continued to perform well delivering the Key Performance Indicators (KPI's) which were fundamental to local people including, the delivery of 18 weeks and all cancer waiting times standards and the improvement in the A&E 4-hour standard.

Dr Tolcher explained some of the detailed information which related to the red-rated areas in the report taken from the Quality, Finance and Efficiency and Operational Performance Indicators and described actions the Trust was taking to make improvements. Quality had three red rated KPI's including: falls causing harm, the number of Serious Incidents Requiring Investigation (SIRIs), and staff appraisal rates. The rate of inpatient falls had increased slightly but Dr Tolcher was pleased to report that falls sensors were now in place on Byland, Jervaulx and Farndale wards and there was a plan to roll these out to other ward areas. The Trust was working hard to reduce the number of SIRI's, focussing on falls and pressure ulcers. The appraisal rate stood at 69.5% however follow-up emails had been sent to areas of poor compliance requesting an action plan to achieve the 90% target.

Moving on to finance and efficiency with three red-rated KPI's in surplus/deficit variance, cash balance and cost improvement programme achievement, Dr Tolcher confirmed that the operational budgetary position was approximately £600,000 behind plan. She reminded Governors that the Trust would receive £4.6 million sustainability and transformation funding if the Trust delivered the £2.2 million financial plan and there would be a strong focus on this in order to invest in service development and improvement.

The Operational Performance summary demonstrated one red-rating KPI in recruitment to National Institute for Health Research (NIHR) adopted research studies. Dr Tolcher expressed the importance of research and was assured that the Trust would recover over the year.

### Care Quality Commission (CQC) Inspection Report

Dr Tolcher was proud to confirm the Trust had received an overall rating of 'Good' following the CQC's inspection in February. This included the following ratings:

- Are services at this trust safe? – Requires Improvement
- Are services at this trust effective? - Good
- Are services at this trust caring? - Outstanding
- Are services at this trust responsive? - Good
- Are services at this trust well-led? - Good

She described how each core service (Urgent and emergency services, Medical care, Surgery, Critical Care, Maternity and gynaecology, Services for children and young people, End of life care, and Outpatients and diagnostic imaging) was rated

using five key questions (Safe, Effective, Caring, Responsive, and Well-led) and rated accordingly. She assured the Council of Governors that where the CQC gave an overall rating of 'Requires improvement' for Safety, they found no patients suffering from harm. The rating referred to 'warning signs' such as staff not following policies or mandatory training and staffing levels. Dr Tolcher's presentation detailed both Harrogate District Hospital and Community Service ratings and she highlighted each area of 'Outstanding'; in particular the rating and tremendous feedback from the CQC regarding the Community Health Dental Services.

A CQC Quality Summit was held on 29 July attended by key stakeholders including representatives from commissioners, NHS Improvement and NHS England and Dr Tolcher was pleased that Ms Allen could attend on behalf of the Council of Governors. She was extremely proud of the comment from NHS Improvement stating the Trust was 'within touching distance of Outstanding' and regarded as one of the best Trusts nationally. The CQC confirmed they had confidence in the Trust's leadership and was supportive of the action plans going forward.

The Trust's presentation at the Quality Summit covered what had been learned from the inspection; areas requiring improvement separated into three broad themes – workforce, policies and compliance, and the environment. Examples included the Emergency Department which was too small for the level of demand and arrangements in the mortuary. Dr Tolcher was pleased to report that the relatives viewing area in the mortuary had already been refurbished however the lack of facilities for bariatric patients could not be resolved as easily due to the significant associated costs.

In April, following the CQC inspection in February, the Trust commenced the provision of Children's Services in Darlington, County Durham and Middlesbrough becoming the largest provider of Children's Services in the country. A re-structure of Directorates across the Trust had created a Clinical Directorate for children, families and county wide services and Mrs Foster and Mr McLean would be the Executive and Non-Executive leads. The development of a Strategy for Children and Young People was underway and Dr Tolcher was keen for the new Youth Forum, highlighted in Ms Allen's Governor report, to feed into this.

Dr Tolcher also summarised how the Trust would build assurance and monitor policies and compliance and safe staffing in the action plans.

### Sustainability and Transformation Planning

Dr Tolcher described Sustainability and Transformation Programmes (STPs) as implementation vehicles to close three critical gaps as set out in the NHS Five year Forward View; a national document which sets out how the health service needs to change towards a more engaged relationship with patients, carers and citizens to promote wellbeing and prevent ill-health. It sets out a vision of a better NHS, the steps needed to get there, and the actions needed from others. These gaps were described as:

- The care and quality gap.
- The health and wellbeing gap.
- The finance and efficiency gap.

The Trust would be part of West Yorkshire STP footprint (shown at Appendix 1); one of 44, nationally. There would be an over-arching West Yorkshire plan and six local STP plans; Bradford, Harrogate, Wakefield, Kirklees, Calderdale and Leeds. The STP would encompass all NHS providers, Clinical Commissioning Groups and Local Authorities and covers a population of approximately 2.6 million people.

Dr Tolcher summarised the challenges ahead to close the finance and efficiency gap and the vision in order to achieve sustainability by 2020/21. The 'do nothing' position would leave a funding gap of approximately £988 million by 2020/21. The plan going forward would be based on collaborative work, a focus on productivity and driving efficiency. Examples included the consolidation of centres of excellence, standardisation such as procurement to drive up potential in buying power, clinical networks and alliances, workforce planning such as training, and economies of scale in back office and support functions. The clinical priorities would be:

- Prevention at scale.
- Cancer services.
- Urgent and Emergency care.
- Specialised commissioning.
- Hyper-acute stroke.
- Mental health.

Dr Tolcher talked about what West Yorkshire STP would mean for the Trust. The focus would be on back office functions, Pathology services and unsustainable services. She explained that the Trust needed to embrace this challenge and was pleased that we were already in front and comfortable in terms of alliances and networks. It would be important for us to protect our local identity and brand which was recognised and reflected in the recent CQC inspection.

Finally, Dr Tolcher summarised her presentation confirming the Trust's year to date performance remained strong, but finances needed to improve, a 'Good' rating from the CQC was a result to be proud of and build upon, and participating in STP initiatives was a significant demand, opening up new opportunities and risks.

Dr Woods highlighted the current clinical alliances with other Trusts who were not part of the West Yorkshire STP and asked if this put the Trust under any pressure. Dr Tolcher commented that this had not been picked up as yet and present services would continue to be provided with clinicians from York and Leeds.

Mr Ward and Dr Scullion made comments regarding financial and timeframe challenges with clinical alliances outside of the West Yorkshire STP.

Dr Tolcher agreed that the timescale would be a challenge and further meetings between Simon Stevens, Chief Executive of NHS England and Jim Mackey, Chief Executive of NHS Improvement were to take place before September. It was hoped that West Yorkshire STP would receive £150 million of the £1.8 billion national STP funding.

There were no further questions for Dr Tolcher and Mrs Dodson called for a refreshment break.

## **9.0 Question and Answer session for members of the public and Governors**

Mrs Dodson moved to the tabled questions submitted during the break and prior to the meeting.

**Dr Blackburn, Public Governor had submitted the following question:**

**“In view of recent media in the newspapers, can I ask if any of our managers are ‘interim’ and paid monthly £49,000 to £60,000.”**

Mrs Harrison provided full assurance to Governors that the Trust did not have any interim managers paid this amount and was committed to promoting talent within the organisation.

**Cllr Bateman, Stakeholder Governor, asked for an update regarding the Ripon development.**

Dr Tolcher reminded Governors about the Ripon development which included input from Harrogate and Rural District Clinical Commissioning Group (HaRD CCG), Harrogate and District NHS Foundation Trust, Harrogate Borough Council, North Yorkshire County Council, GPs and the voluntary sector. The project to look at providing a fit for purpose hospital and enhanced leisure facilities was ongoing and the most recent update from the last meeting, which Mr Coulter attended, was that the CCG was taking forward a proposal to NHS England and further conversations were needed. Dr Tolcher did comment that there had been changes since the start of what was a challenging project.

In response to a further comment from Mr Pearson, Dr Tolcher confirmed that plans involved looking at the Ripon Community Hospital site for an improved health facility and that the swimming pool may be located at an alternative site. Mr Pearson clarified this was consistent with the Ripon City plan.

## **10. Update from the Deputy Chair of Governors on Non-Executive Director Appraisals**

Ms Allen confirmed the Non-Executive Director appraisals had taken place and the meetings had been robust and energetic. Ms Allen and Mrs Dodson had carried out the Non-Executive Director appraisals and Ms Allen and Mr Ward had carried out the Chairman’s appraisal. She expressed her thanks to fellow Governors for their helpful feedback and applauded the new Governors for their input as well. Mrs Colvin had circulated each individual Non-Executive Director’s objectives to Governors and Ms Allen asked her fellow Governors to use them for continual assessment towards next year’s appraisals.

Ms Allen praised the collective wisdom of the Non-Executive Directors and their valuable contribution to the organisation.

Mrs Dodson asked Ms Henderson, new Company Secretary, if other Trusts shared the Non-Executive Directors’ objectives with Governors. Ms Henderson confirmed they did however, she noted that we provided more detail which was imperative for



Governors to fulfil their assessment process. Ms Henderson thanked Ms Allen for her leadership and enthusiasm in the appraisal process and confirmed there was a strong relationship between the Council of Governors and the Board.

## **11. Report from the Nominations Committee**

Mrs Dodson and Professor Proctor left the room at this stage in the meeting and Mr Ward took over as Chair assisted by Ms Allen.

Mr Ward summarised Paper 11.0 which had been circulated prior to the meeting and the recommendations of the Nominations Committee to the Council of Governors.

The Nominations Committee had met on 25 July to discuss the reappointment of Professor Proctor to a second term of office as Non-Executive Director/Vice Chair from 1 August 2016 to 31 July 2019 and the annual reappointment of Mrs Dodson, Chairman, from 1 October 2016. Of note was this would be Mrs Dodson's last year as Chairman as she would come to the end of her three terms of office on 30 September 2017.

Mr Ward referred to the minutes of the meeting held on 25 July and the Terms of Reference of the Nominations Committee and these were approved.

Moving on to the recommendation for the reappointment of Professor Proctor, Mr Ward asked if there were any questions or indeed any comments from the Governors who had been involved in the Nominations Committee. Ms Allen confirmed that Professor Proctor had achieved her objectives and brought a vast amount of experience to support the Trust in providing high quality care and she fully endorsed the recommendation.

The Council of Governors were in unanimous agreement and approved the recommendation.

Finally, Mr Ward moved on to the recommendation for the annual reappointment of Mrs Dodson commenting on the exemplary skills she brought to the role and her tremendous dedication to the organisation and its values. Again Ms Allen fully endorsed the recommendation and there were no further questions.

The Council of Governors were in unanimous agreement and approved the recommendation.

Ms Henderson confirmed that the Nominations Committee would reconvene later in the year to discuss the timeframe and process to reappoint a new Chairman and Mrs Dodson was keen for a robust handover period.

Mrs Dodson and Professor Proctor returned to the room at this stage of the meeting and Mr Ward was pleased to report that the recommendations had unanimously been approved.

## **12. Audit Committee update on the External Auditor Performance**

Mr Thompson, Non-Executive Director and Chair of the Audit Committee summarised Paper 12.0 which had been circulated prior to the meeting and taken as read.

Mr Thompson referred to the role of the External Auditor which Mr Smith had described clearly in his presentation earlier in the meeting. He also clarified that it was the Audit Committee's responsibility to evaluate the performance of both the Trust's External and Internal Auditors each year which in turn supports the Council of Governors appointment of the External Auditor. He added that in addition to this, the Audit Committee also evaluated its own performance as well.

Mr Thompson highlighted the additional work undertaken by KPMG during the last year and confirmed this was approved by the Audit Committee at an additional £5,000 above the standard audit fee.

Finally, Mr Thompson summarised the External Audit Effectiveness Assessment scores undertaken in April 2016 which were tabled in the paper. He was pleased to report there were no areas of concern to bring to the attention of the Council of Governors or the Board.

Mrs Dodson thanked Mr Thompson and highlighted to the public that a Governor observed each Audit Committee meeting. She expressed this was a complex committee which scrutinised both financial and audit papers and was an important element of governance assurance for the Council.

There were no questions for Mr Thompson.

## **13. External Auditor Appointment Process Update**

Ms Henderson provided an update on the process and timeline for the appointment of the Trust's External Auditor detailed in Paper 13.0. A typing error was noted on page 2 - invite bidders to submit proposals for consideration (issue documents) should read, 5 August and not 5 July. Ms Henderson thanked the Governors who had volunteered to be involved in the Auditor Selection Panel with support from the Finance Team, Internal Audit and Mr Thompson.

Mrs Dodson commented that the process was both robust and competitive.

There were no questions for Ms Henderson.

## **14. Any other business**

Mrs Dodson looked forward to seeing as many people as possible at the Annual Members' Meeting being held on 13 September at The Cedar Court Hotel in Harrogate from 6-8pm and also at the annual Open Event on 29 September between 3.30-7pm.

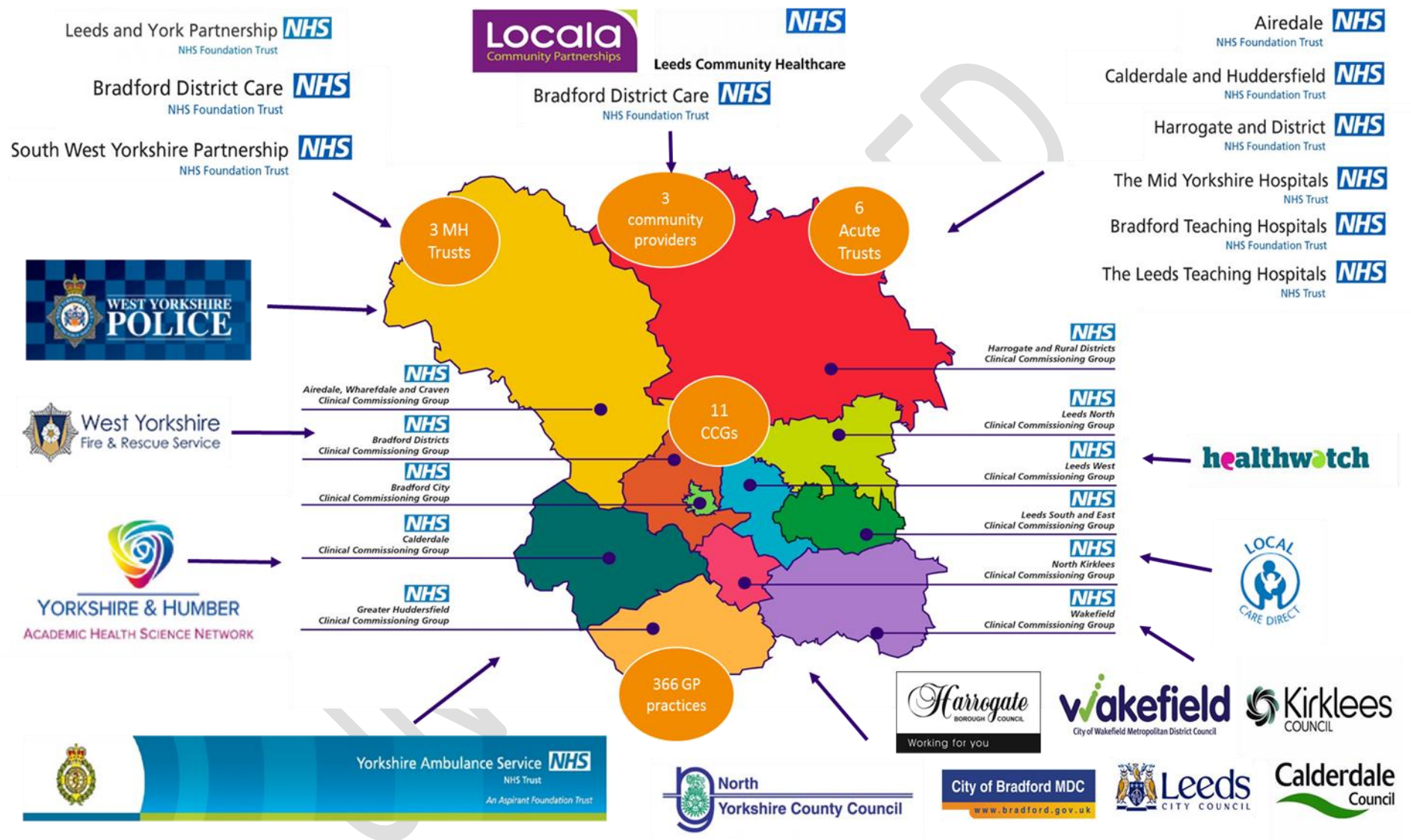


She thanked everyone for attending and confirmed the next meeting would take place on Wednesday, 2 November 2016 at 5.45 pm at St. Aidan's Church of England High School in Harrogate.

1. <https://improvement.nhs.uk/resources/risk-assessment-framework/>

Signed:.....

UNCONFIRMED



### **HDFT Council of Governor Meeting Actions Schedule – November 2016** **Completed Actions**

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

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

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	Confirm action complete or detail progress and when item to return to Board if required
1	6 February 2016	Circulate Ripon Fast Response Team visit report to Cllr Ennis and missing appendices from paper	Dr Sylvia Wood, Deputy Director of Governance		Complete
2	6 February 2016	Amended HDFT Constitution to be submitted for discussion and approval to Board of Directors 24 February	Mr Andrew Forsyth, Interim Head of Corporate Affairs		Complete
3	6 February 2016	Reminder communication to staff re collecting GP details from patients attending appointments	Mr Rob Harrison, Chief Operating Officer		Complete

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	Confirm action complete or detail progress and when item to return to Board if required
4	6 February 2016	Provide feedback from Quality Committee on findings from Well Led Review	Mrs Webster, Non-Executive Director		Complete
5	18 May 2016	Circulate salary benchmarking information provided to Remuneration Committee to all Governors for information	Mr Jonathan Coulter, Deputy Chief Executive/Director of Finance		Complete
6	4 November 2015	Update on the effectiveness of Quality of Care Teams	Mrs Jill Foster, Chief Nurse		Complete

### **HDFT Council of Governor Meeting Actions Schedule – 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 progress and when item to return to Council of Governor meeting if required
1	16 October 2013	Invite Governors to Consultant Interview Presentations	Mrs Angie Colvin, Corporate Affairs and Membership Manager	Ongoing	Ongoing
2	29 October 2014	Elected Governors to receive regular updates on the Healthy Ripon project	Chief Executive update	Ongoing	Ongoing
3	29 July 2015	Update on progress of Nutritional Assistants	Mrs Jill Foster, Chief Nurse	Further update 2 November 2016	Update provided 18 May 2016
4	3 August 2016	Calendar of meetings - 2017	Mrs Angie Colvin, Corporate Affairs	Ongoing	

This page has been left blank

## 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	
<b>Ms Pamela Allen</b>	Public elected	NONE	
<b>Mr Michael Armitage</b>	Public elected	NONE	
<b>Cllr Bernard Bateman</b>	Stakeholder	<b>Directorships, including non-executive directorships held in private companies or PLCs</b>  <b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>  <b>A position of Authority in a local council or Local Authority</b>  <b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	Chairman – The Think Tank (Bulb Ltd) Chairman – Oakmore Investments  President of AGE UK North Yorkshire President of Ripon YMCA  Chairman and County Councillor North Yorkshire County Council Councillor on Harrogate Borough Council  President of AGE UK North Yorkshire
<b>Dr Sally Blackburn</b>	Public elected	NONE	
<b>Mrs Yvonne Campbell</b>	Staff elected	NONE	

1 (updated October 2016)

Name	Governor Status	Interests Declared	
Mrs Cath Clelland	Public elected	<b>Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).</b>	Canny Consultants Ltd, Director and part owner York St John University Board of Governors
Dr Sarah Crawshaw	Stakeholder	<b>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</b>	National Institute for Health Research Clinical Research Network (NIHR CRN)
Ms Clare Cressey	Staff elected		NONE
Mrs Liz Dean	Public elected		NONE
Mr Tony Doveston	Public Elected	<b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>	Volunteer for Yorkshire Air Ambulance
Mrs Emma Edgar	Staff elected		NONE
Mrs Beth Finch	Stakeholder	<b>A position of Authority in a charity or voluntary organisation in the field of health and social care</b>	Operational Senior Service Manager, British Red Cross Independent living (Yorkshire Area)
		<b>Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services</b>	Operational Senior Service Manager, British Red Cross Independent Living (Yorkshire Area)
Cllr Ivor Fox	Stakeholder	<b>Position of authority in a local council or Local Authority</b>	Cllr Harrogate Borough Council
Mrs Jane Hedley	Public elected		NONE
Mrs Pat Jones	Public elected	<b>Position of authority in a local council or Local Authority</b>	Conservative Councillor representing Stray Ward Welcome to Harrogate Board Member
		<b>Position of authority in a charity or voluntary organisation in health and social care</b>	Trustee at Harrogate CVS Governor at Harrogate Ladies College Trustee at Harrogate International Festival

2 (updated October 2016)



Name	Governor Status	Interests Declared	
Mrs Sally Margerison	Staff elected	NONE	
Mrs Zoe Metcalfe	Staff elected	Position of authority in a local council or Local Authority	Harrogate Borough Councillor
Mr Peter Pearson	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)	Director – Severn Valley Railway (Holdings) PLC
		Position of authority in a local council or Local Authority	Conservative Councillor representing Spa Ward, Ripon City Council.
Mrs Joyce Purkis	Public elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Volunteer at St Michael's Hospice, Harrogate
Dr Daniel Scott	Staff elected	NONE	
Dr Jim Woods	Stakeholder	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)	Director of Yorkshire Health Network Ltd
		Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Partner: Dr Moss and Partners GP Surgery Partner: Harrogate Medical Services Part Owner: Kings Road Pharmacy
		Other	Liaison officer for Harrogate Division of North Yorkshire LMC/Chairman Harrogate LMC

This page has been left blank

**Report to the Trust Council of Governors: 2 November 2016**

<b>Title</b>	<b>Appendix 6.1 Governor Working Group – Volunteering and Education</b>
<b>Author(s)</b>	<b>Mrs Jane Hedley, Public Governor</b>
<b>Report Purpose</b>	<b>For information</b>

**This report summarises the items discussed at the last meeting of the Governor Working Group for Volunteering and Education, held on 4 October 2016.**

**The purpose of the group is to monitor, promote, develop and support the Volunteer Programme, Work Experience and Education Liaison and relevant workforce issues.**

**Mrs Hedley will highlight the Clinical Health Care Support Apprenticeship Scheme and outlines in this report the benefits of the Scheme.**

## Volunteering

We have 484 active volunteers; of these 394 are over 25 years of age and 90 under 25 years of age.

Volunteers conducted a 'Transforming Out-Patients Survey' in Orthopaedic, Dermatology and Gastroenterology out-patient clinics over two days.

Open Event: 15 Volunteers helped set up the display boards, serve refreshments, act as guides and greeters, and helping with tours. They also help with Medicine for Members events.

New Volunteer Opportunities: Complementary Therapist in the Sir Robert Ogden Macmillan Centre (SROMC); Reminiscence Therapy on Trinity Ward in Ripon, also a receptionist at Ripon Minor Injuries Unit most evenings from 6pm-9pm. Maternity volunteer for Pannal ward; Physio volunteer for the weekly Parkinson's exercise class; an activity volunteer to assist the Children's Play Therapist; many other admin volunteers.

A qualified art therapist has started with patients in the SROMC.

A number of hospital volunteers have been nominated for the Harrogate Volunteering Oscars.

The Annual Celebration of Volunteering will take place on Friday 16 December at 3pm in Herriots Restaurant, Harrogate District Hospital, when the theme will be "Volunteering Saves Lives".

## Work Experience

The Work Experience team have updated the guidance to participating schools to include a contract signature for the school, and guidance about what to wear and a reminder of the Infection Prevention Control policy.

A Work Experience timetable has been produced for all students showing clear daily procedure and times, including an induction checklist and a list of what they can do.

Positive feedback shows the placements are very successful, and the team is keen to learn if students have gone on to study medicine or gone into healthcare employment.

## Education Liaison

The Preparing for Medical School talk at St Aidan's was delivered by Mr Gary Hannant, Orthopaedic Consultant who gave the talk last year. The Medical Mock interviews and Nursing Mock interviews are taking place in the next few weeks. Students have booked places at all three events.

A very successful visit to the Pathology department was undertaken by Ripon Outwood Academy. The feedback owed much to the enthusiasm of the Blood Sciences Manager and his team; even the teacher planned to use some of the techniques in future teaching sessions. All the students became Trust members.

### The Clinical Health Care Support Apprenticeship Scheme

From 1 May 2017 the national apprenticeship scheme is being rolled out across all employers. In response to this the Trust is in the process of creating a Clinical Health Care Support Apprenticeship Scheme. The scheme is still in the development stage and it is envisaged that this opportunity will be made available for all newly recruited Band 2 Health Care Support Worker roles in hospital based services in the first instance. In the longer term this will be rolled out to other support roles across the Trust. The scheme will be available to people of all ages and will be a stepping stone for future employment and career progression in the Trust.

In partnership with a local education provider, all newly recruited Band 2 Healthcare Support Workers will undertake a 12 month day release training programme whilst working in the clinical area. Once they have completed the programme they will become a permanent member of the healthcare team.

Running this scheme will have significant benefits for the Trust and the people who use the services. It will create a well trained workforce, provide wider access to employment and career opportunities within the NHS. In the longer term it will help create a talent pipeline for our future nursing workforce and help staff realise their personal and professional potential.

This page has been left blank

**Report to the Trust Council of Governors: 2 November 2016**

<b>Title</b>	<b>Appendix 6.2 Governor Working Group – Membership Development and Communications</b>
<b>Author(s)</b>	<b>Ms Pamela Allen, Public Governor</b>
<b>Report Purpose</b>	<b>For information</b>

**This report summarises the items discussed at the last meeting of the Governor Working Group for Membership Development and Communications, held on 17 October 2016.**

**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 Annual Members Meeting**

## **Youth Members Forum**

Progress is being made in establishing the Youth Members Forum and Emily Reid is actively promoting it. A draft of the Youth Forum application form 2016/17 was reviewed and discussed by the Governor Working Group.

An initial meeting of the Forum's steering group is tentatively scheduled for 15 November 2016 from 6 to 7:30 pm in the Education Centre, Harrogate District Hospital.

## **Medicine for Members Event**

The topic "Achieving Excellence for the Frail Elderly" was presented on 13 October and 21 October 2016 by Dr Rebecca Leigh, Elderly Care Consultant. Very positive verbal feedback was received from the audience at the conclusion of the sessions. The sessions were well attended.

The next Medicine for Members' sessions are tentatively targeted for March 2017.

## **Elections**

The Notice of Election has now been published and elections are to be held of the following number of Governors in the following constituencies and classes:

- Public – Harrogate and surrounding villages, 2 seats
- Public – Knaresborough an east district, 1 seat
- Public – Ripon and west district, 1 seat
- Public – The Rest of England, 1 seat
- Public – Wetherby and Harewood, 1 seat
- Staff – Nursing and Midwifery, 2 seats

Nomination forms must be returned to UK Engage by 5pm on Monday, 7 November. Ballot packs will be issued to members on Tuesday, 22 November and the Close of Poll is 5pm on Thursday, 15 December.

For further details, please visit:

[www.uk-engage.org/hdft](http://www.uk-engage.org/hdft)

or contact Angie Colvin, Corporate Affairs and Membership Manager on 01423 554489 or by email at [angie.colvin@hdft.nhs.uk](mailto:angie.colvin@hdft.nhs.uk)

## **Annual Open Event**

The annual Open Event was held on 29 September 2016. The Governors' stand was well attended and 32 new Member applications were submitted.



Thanks to all Governors who helped to staff the stand.

### **Annual Members' Meeting**

The meeting was held at the Cedar Court Hotel in Harrogate on 13 September 2016 from 6 – 8 pm and there was a gratifying Membership turn out. The theme was 'What Matters to You? – Continuing the Journey.'

Written evaluations were submitted, and the **main** recurring feedback was:

- ❖ The meeting needs to allow more time for table discussion and Question and Answer opportunity at the end. Some suggested that the meeting could be longer.
- ❖ The slides were hard to read and too detailed.
- ❖ Having a buffet served would be appreciated.

Overall, the meeting was a success in many aspects. Suggestions/comments from the Members and others attending will be useful in planning future Annual Members' Meetings.

This page has been left blank

**Report to the Trust Council of Governors: 2 November 2016**

<b>Title</b>	<b>Appendix 6.3 Learning from Patient Experience Group</b>
<b>Author(s)</b>	<b>Joyce Purkis, Public Governor</b>
<b>Report Purpose</b>	<b>For information</b>

**This report summarises items discussed at the meeting of the Learning from Patient Experience Group held on 12 October 2016.**

**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.**

**Mrs Dean will highlight for discussion the quarterly Quality Reports.**

**Quality Report from Long Term and Unscheduled Care Directorate (Q2 2016/17)**

Incidents and complaints occurring in July and August, as well as compliments received, were documented. Themes and trends were identified to try and prevent recurrence of the former, thereby improving the patient experience. Overall the number of outstanding complaints awaiting investigation has reduced.

Liz Dean (Public Governor) and Judy Lennon (Chair of Patient Voice) expressed the view that although the quarterly Quality Reports presented by each Directorate all contained a lot of detail, sometimes the learning point ie. "This is what we did" was not emphasised. They would like reports to include the previous year's data for benchmarking purposes and for key themes (both positive and negative) to be highlighted. It was agreed that further discussion would take place with Jill Foster, Chief Nurse to review the style of the Quality Reports.

### **Chief Nurse Report**

The nurse recruitment campaign continues to be successful and 26 newly qualified nurses commenced work at the Trust this autumn as well as four further nurses from Spain. Much effort is made to retain these nurses by providing a comprehensive induction programme as well as buddying/mentoring schemes. The reasons given by experienced nurses leaving the organisation were also discussed. It was suggested that exit interviews should be made mandatory and that the interviews should be conducted by someone other than the individual's line manager.

### **Maternity Services National Survey Report and Action Plan**

There was focus on perinatal mental health. A business case is being written to fund a band 7 Midwife to attend clinics specifically to assess the emotional well-being of mothers. It is planned in future to involve women in their multidisciplinary handover. The special care baby unit hopes to achieve "baby friendly accreditation".

### **Equality and Diversity Stakeholder Group update**

Service user's feedback indicated further training for staff in deafness awareness would be useful.

### **Harrogate and Rural District Clinical Commissioning Group update**

The proposal that smokers and patients with BMI's >30 should first be referred to smoking cessation / weight reduction programmes prior to referral for elective surgery was explained.

### **Healthwatch update**

Healthwatch plans to work with local authorities and focus on (1) end of life care and (2) mental health in the Scarborough area.

### **Patient Voice Group update**

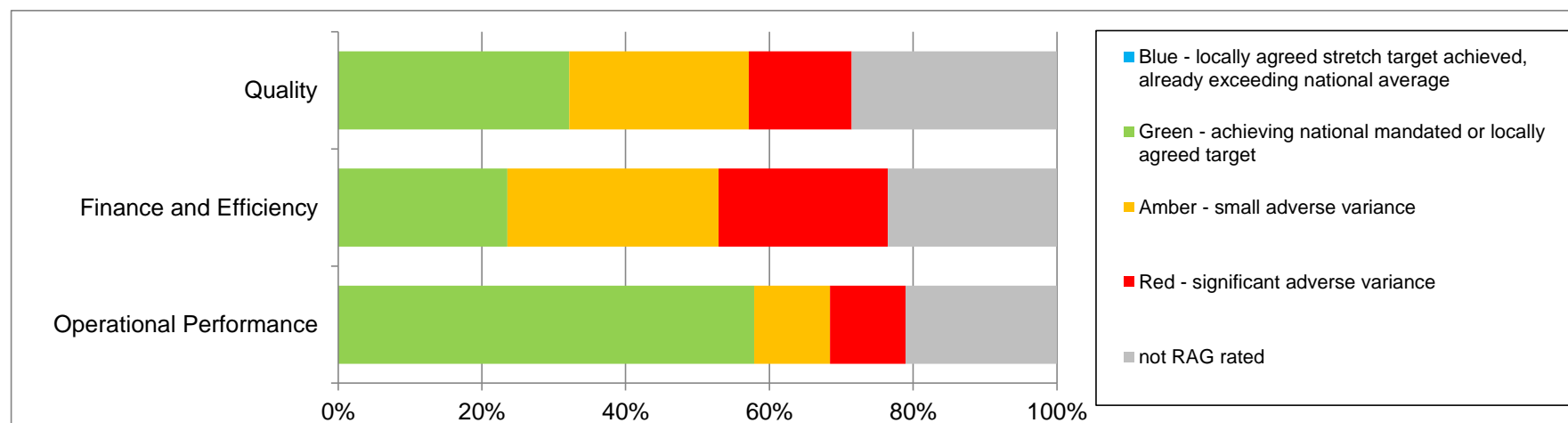
Progress has been made providing feedback and responding to Patient Voice Reports which give the Trust insight into the "independent" views of patients. Reports and the Trust's responses are published on the trust website. Reports are actioned through the normal Directorate processes and the Patient Voice Group have provided a template for use when documenting responses. Discussion took place as to how to keep issues live that cannot be actioned immediately due to financial and/or space constraints eg. use of bathroom for storage of equipment.

## Integrated board report - September 2016

### Key points this month

1. HDFT's Trust level performance on the A&E 4-hour standard improved to 96.2% in September. This means that the 95% standard has been delivered for Quarter 2 with overall quarter performance of 95.3%.
2. There were 4 cases of hospital acquired C.difficile reported in September bringing the year to date total to 17. Of these, 13 have now had root cause analysis (RCA) completed and agreed with HARD CCG. Of these, 4 have been determined to be due to a lapse in care and 9 not due to a lapse in care. The Trust's C. difficile trajectory for the full year 2016/17 is a maximum of 12 cases due to lapses in care.
3. The Trust delivered the financial plan for Quarter 2 and therefore will receive the second allocation of S&T funding (£1.15m).
4. The latest published national data on incident reporting showed that Acute Trusts reported an average ratio of 34 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for the same period was 18 which places the Trust in the bottom 25% nationally.
5. Delayed transfers of care increased to 5.8% when the snapshot was taken in September, which is the highest figure reported for some time.
6. Two new metrics have been added to the report this month looking at electronic staff rostering via Rosterpro.

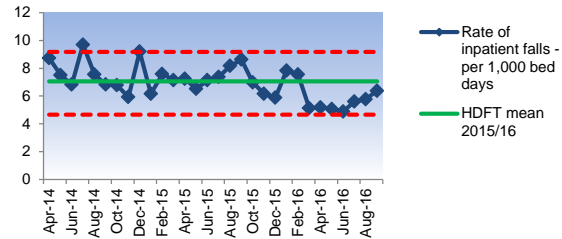
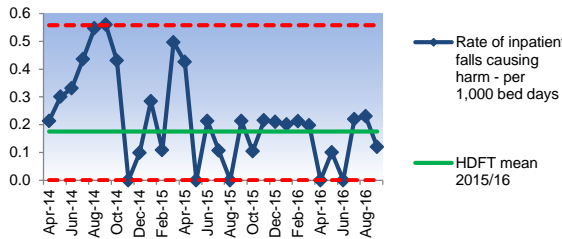
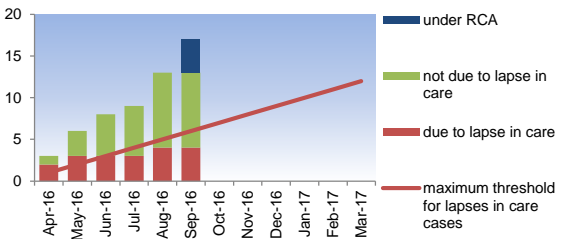
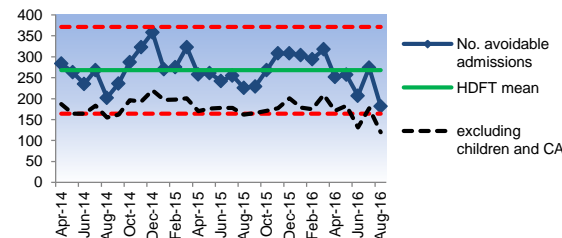
### Summary of indicators



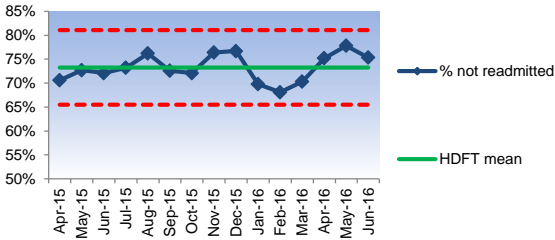

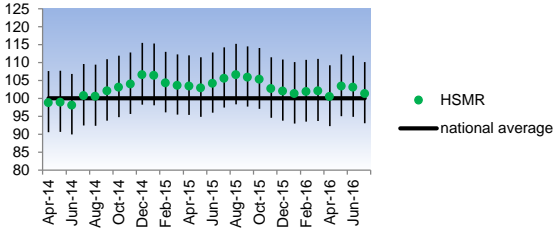

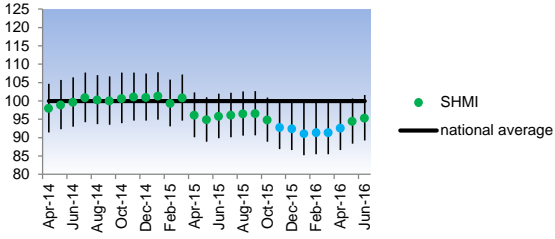

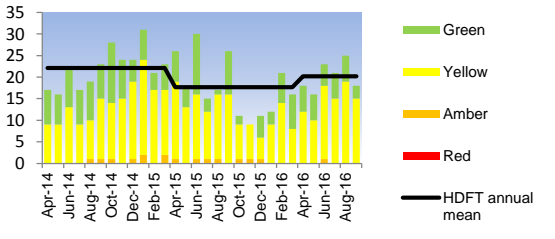

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Safety thermometer - harm free care</b>	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		<p>The harm free percentage for September was 94.6%, a decrease from 97.3% in the previous month but above the latest national average of 94.2%.</p> <p>The main reason for the decrease in performance was due to an increase in the number of old pressure ulcers (present on admission/commencement of care or developed within 72 hours) reported on this month's survey, with 23 compared to 13 last month.</p>	✓
<b>Pressure ulcers - hospital acquired</b>	The chart shows the cumulative number of category 3 or category 4 hospital acquired pressure ulcers in 2016/17. The data includes hospital teams only.		<p>There were 3 hospital acquired category 3 pressure ulcer reported in September. In the year to date, 16 hospital acquired category 3 or category 4 pressure ulcers have been reported. Of these, 6 were deemed to be avoidable, 5 unavoidable and 5 cases are still under root cause analysis (RCA).</p> <p>The Trust has set a local trajectory for 2016/17 of zero avoidable hospital acquired category 3 or category 4 pressure ulcers.</p>	✓
	This chart has been amended this month to also include category 2 hospital acquired pressure ulcers, as well as category 3 / category 4. The data includes hospital teams only.		<p>The number of hospital acquired category 2-4 pressure ulcers reported in 2016/17 to date is 91. This compares to 81 in the same period last year.</p> <p>A maximum trajectory for 2016/17 of 155 cases of category 2-4 hospital acquired pressure ulcers has been agreed via the Quality Committee.</p>	
<b>Pressure ulcers - community acquired</b>	The chart shows the cumulative number of category 3 or category 4 community acquired pressure ulcers in 2016/17. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact.		<p>There were 8 community acquired category 3 pressure ulcers reported in September. In the year to date, 45 community acquired category 3 or category 4 pressure ulcers have been reported. Of these 45 cases, 15 were deemed to be avoidable, 11 unavoidable and 19 cases are still under root cause analysis (RCA).</p> <p>A maximum trajectory for the number of category 2-4 community acquired pressure ulcers was agreed at the Quality Committee and will be based on a 20% reduction against the number of cases reported in 2015/16.</p>	✓

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Falls</b>	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 6.4 per 1,000 bed days in September, an increase on previous months but remaining below the HDFT 2015/16 average rate.  The falls sensors are now in place on Byland, Jervaulx, Farndale and Trinity wards and there is a plan to roll out to the other ward areas by November.	✓
<b>Falls causing harm</b>	The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The data includes falls causing moderate harm, severe harm or death. A low rate is good.		The rate of inpatient falls causing moderate harm, severe harm or death was 0.12 per 1,000 bed days in September, a decrease on the previous month and below the average HDFT rate for 2015/16.  There have been 6 inpatient falls causing moderate or severe harm in 2016/17 to date, all of which resulted in a fracture. This compares to 9 moderate or severe harm falls in the same period last year.	✓
<b>Infection control</b>	The chart shows the cumulative number of hospital acquired C. difficile cases during 2016/17. HDFT's C. difficile trajectory for 2016/17 is 12 cases, no change on last year's trajectory. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2016/17. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.		There were 4 cases of hospital acquired C. difficile reported in September, bringing the year to date total to 17 cases. All 17 cases have now have root cause analysis (RCA) completed by HDFT and 13 of the RCAs have been discussed and agreed with HARD CCG. Of the 13 cases discussed and agreed, 4 have been determined to be due to a lapse in care and 9 were determined to not be due to a lapse in care. No cases of hospital acquired MRSA have been reported in 2016/17 to date.	✓
<b>Avoidable admissions</b>	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		There were 182 avoidable admissions in August, a decrease on last month and below the HDFT average. There is some seasonality in this metric so a reduction during the summer months is expected. However this is lower than the level in the same period last year.  An extra line has been added to the chart to show the number of avoidable admissions excluding CAT (Clinical Assessment Team) attendances and admissions aged 0-17 years. This allows us to isolate and track the adult emergency admissions that may be avoided by the New Care Model.	✓

## Quality - September 2016

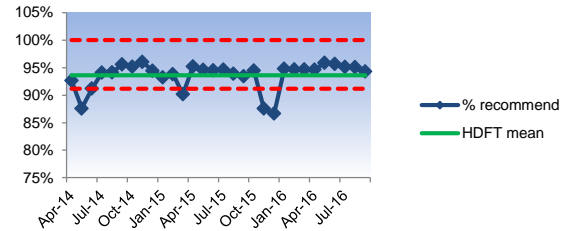

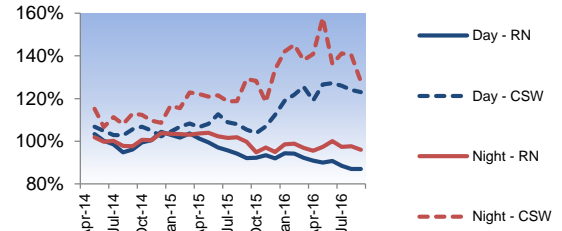

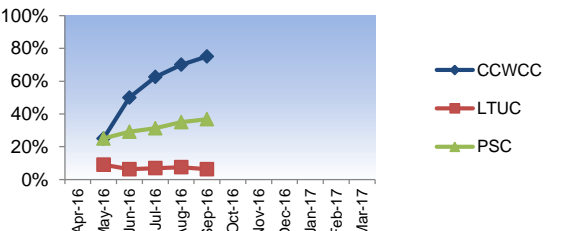

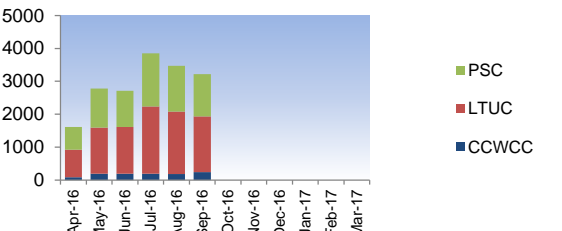

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Reducing readmissions in older people</b>	The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services. A high figure is good. <i>This indicator is in development.</i>		For patients discharged in June, 75% were still in their own home at the end of September, a decrease on the previous month.  Following a deterioration in performance on this metric earlier this year, a case note audit of a sample of patients is being carried out to understand any themes and actions required and the results will be reported by Long Term and Unscheduled Care Directorate in the Autumn.	
<b>Mortality - HSMR</b>	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 decreased to 101.34 in July and remains within expected levels. At specialty level, 2 specialties (Geriatric medicine and Gastroenterology) have a standardised mortality rate above expected levels.	
<b>Mortality - SHMI</b>	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 95.23, compared to 94.37 last month. However this remains below the national average and within expected levels.  At specialty level, 2 specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.	
<b>Complaints</b>	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.		18 complaints were received in September compared to 25 last month, with none classified as amber or red. This is just above the 2015/16 average.	



## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Incidents - all</b>	<p>The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services.</p> <p>A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture</p>		<p>The latest published national data shows that Acute Trusts reported an average ratio of 34 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for the same period was 18 which places the Trust in the bottom 25% nationally. There was an increase in moderate harm incidents reported by HDFT during this period - reasons for this are known and include the fact that duty of candour was introduced in this period and there was a change in the way staff assessed severity.</p>	✓
<b>Incidents - SIRIs and never events</b>	<p>The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.</p> <p>We have changed this indicator to now include both comprehensive and concise SIRIs and have amended the presentation to show a cumulative position.</p>		<p>There were no comprehensive SIRIs and no never events reported in September.</p> <p>There have been 67 concise SIRIs and 2 comprehensive SIRIs reported in the year to date. In 2015/16, HDFT reported an average of 9.6 SIRIs per month.</p>	✓
<b>Friends &amp; Family Test (FFT) - Staff - % recommend as a place to work</b>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in.</p> <p>The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 71% of staff would recommend the Trust as a place to work.</p>		<p>In Quarter 2, 70.4% of HDFT staff surveyed would recommend HDFT as a place to work, this remains above the most recently published national average of 64%.</p> <p>The Staff Friends and Family Test is now surveying the whole Trust rather than by Directorate. This will allow us to benchmark our response rate. During 2015/16, the whole Trust was only surveyed during Quarter 3.</p>	✓
<b>Friends &amp; Family Test (FFT) - Staff - % recommend as a place to receive care</b>	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in.</p> <p>The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 88% of staff would recommend the Trust as a place to work. .</p>		<p>In Quarter 2, 87.3% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is an increase on Q1 and above the most recently published national average of 80%.</p> <p>The Staff, Friends and Family Test is now surveying the whole Trust rather than by Directorate. This will allow us to benchmark our response rate. During 2015/16, the whole Trust was only surveyed during Quarter 3.</p>	✓

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Friends &amp; Family Test (FFT) - Patients</b>	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.		94.3% of patients surveyed in September would recommend our services, a slight reduction on last month but remaining above the latest published national average.  The technical problems with the automated phone call service were fixed in August and phone calls reinstated to all services that were previously using them.	
<b>Safer staffing levels</b>	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 102% in September. CSW staffing remains high compared to plan - this is reflective of the increased need for 1-1 care for some inpatients.  A significant focus is being placed on recruitment of RN staff including open events and targeted recruitment campaigns including the use of social media. The Trust is also participating the Global Health Exchange Programme which will enable the Trust to recruit RNs from India who will work in the Trust for 3 years developing their nurse education and skills. The RNs will then return to India to utilise their skills and further develop the Indian health economy.	
<b>Electronic rostering timeliness</b>	The chart shows the proportion of rosters that were published on time on Rosterpro (at least 4 weeks before the roster start date). It includes data for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. Data presented is for a rolling 12 months period and is split by Clinical Directorate. A high percentage is good.		This is the first time that this metric has been presented. Overall, 22% of rosters were published on time during the period May to September 2016. CCWCC and PSC Directorates have shown consistent improvement in the number of rosters being published on time. LTUC directorate's performance remains static and was at 6% in September to date.	
<b>Electronic rostering hours owed</b>	This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 30 hours or more. Data is split by Clinical Directorate for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. A low number is good.		This is the first time that this metric has been presented. The number of unused hours has been reducing since July. There have been significant improvements in data quality within the Rosterpro system during this period.	

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality																		
Staff appraisal rates	<p>The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.</p> <p>The figures from May 2016 onwards exclude employees currently on maternity leave, career break or suspension and staff who TUPE transferred into the organisation from Darlington, Durham and Middlesbrough from 1st April 2016.</p>	<p>Legend: Appraisal rate (blue line with diamonds), HDFT mean (green line), local standard (black line).</p>	<p>The appraisal rate for the 12 months up to the end of September is 71.2%, a decrease of 2.1% from August. PSC Directorate currently has the lowest compliance rate of all Directorates within the Trust at 63.8%. The data cleansing is ongoing for the Durham, Darlington and Middlesbrough teams who transferred on 1 April 2016; the information for these areas will continue to be reported separately until the data cleansing process has completed. As at the end of September, 63.8% of DDM staff had recorded appraisals. Operational Directors are meeting throughout October in order to review the progress of action plans designed to deliver 90% compliance by December.</p>	✓																		
Mandatory training rates	<p>The table shows the most recent training rates for all mandatory elements for substantive staff. The table excludes staff who TUPE transferred into the organisation on 1st April 2016. A high percentage is good.</p>	<table><thead><tr><th>Competence Name</th><th>% Completed</th></tr></thead><tbody><tr><td>Equality, Diversity and Human Rights - Level 1</td><td>92</td></tr><tr><td>Fire Safety Awareness</td><td>90</td></tr><tr><td>Infection Prevention &amp; Control 1</td><td>99</td></tr><tr><td>Infection Prevention &amp; Control 2</td><td>82</td></tr><tr><td>Information Governance: Introduction</td><td>86</td></tr><tr><td>Information Governance: The Beginners Guide</td><td>81</td></tr><tr><td>Prevent Basic Awareness (December 2015)</td><td>99</td></tr><tr><td>Safeguarding Children &amp; Young People Level 1 - Introduction</td><td>93</td></tr></tbody></table>	Competence Name	% Completed	Equality, Diversity and Human Rights - Level 1	92	Fire Safety Awareness	90	Infection Prevention & Control 1	99	Infection Prevention & Control 2	82	Information Governance: Introduction	86	Information Governance: The Beginners Guide	81	Prevent Basic Awareness (December 2015)	99	Safeguarding Children & Young People Level 1 - Introduction	93	<p>The data shown is for the end of September and excludes the staff who were TUPE transferred into the organisation on the 1st April 2016. The overall training rate for mandatory elements for substantive staff in this group is 91%.</p> <p>The new follow up procedure is now in place for Directorates to use and we hope to see a positive impact on compliance going forward.</p>	✓
Competence Name	% Completed																					
Equality, Diversity and Human Rights - Level 1	92																					
Fire Safety Awareness	90																					
Infection Prevention & Control 1	99																					
Infection Prevention & Control 2	82																					
Information Governance: Introduction	86																					
Information Governance: The Beginners Guide	81																					
Prevent Basic Awareness (December 2015)	99																					
Safeguarding Children & Young People Level 1 - Introduction	93																					
Mandatory training rates	<p>The table shows the most recent training rates for all mandatory elements for substantive staff. The table only includes staff who TUPE transferred into the organisation on 1st April 2016. A high percentage is good.</p>	<table><thead><tr><th>Competence Name</th><th>% Completed</th></tr></thead><tbody><tr><td>Equality, Diversity and Human Rights - Level 1</td><td>42</td></tr><tr><td>Fire Safety Awareness</td><td>50</td></tr><tr><td>Infection Prevention &amp; Control 1</td><td>97</td></tr><tr><td>Infection Prevention &amp; Control 2</td><td>48</td></tr><tr><td>Information Governance: Introduction</td><td>46</td></tr><tr><td>Information Governance: The Beginners Guide</td><td>-</td></tr><tr><td>Prevent Basic Awareness (December 2015)</td><td>41</td></tr><tr><td>Safeguarding Children &amp; Young People Level 1 - Introduction</td><td>94</td></tr></tbody></table>	Competence Name	% Completed	Equality, Diversity and Human Rights - Level 1	42	Fire Safety Awareness	50	Infection Prevention & Control 1	97	Infection Prevention & Control 2	48	Information Governance: Introduction	46	Information Governance: The Beginners Guide	-	Prevent Basic Awareness (December 2015)	41	Safeguarding Children & Young People Level 1 - Introduction	94	<p>The data shown is for the end of September and shows the statistics for the TUPE staff that transferred into the organisation on the 1st April 2016 from Middlesbrough, Durham and Darlington. The overall training rate for mandatory elements for substantive staff in this group is 56%. This is an increase of 7 percentage points since last month. The TUPE staff compliance figures will be reported separately until January 2017 at which point we plan to amalgamate the figures into one table of data.</p> <p>This allows the newly transferred staff time to establish systems and processes to access their mandatory training, complete data validation and increase their overall compliance to the level we have achieved across the Trust prior to their transfer.</p>	⚠
Competence Name	% Completed																					
Equality, Diversity and Human Rights - Level 1	42																					
Fire Safety Awareness	50																					
Infection Prevention & Control 1	97																					
Infection Prevention & Control 2	48																					
Information Governance: Introduction	46																					
Information Governance: The Beginners Guide	-																					
Prevent Basic Awareness (December 2015)	41																					
Safeguarding Children & Young People Level 1 - Introduction	94																					
Sickness rates	<p>Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.</p>	<p>Legend: Sickness rate (blue line with diamonds), HDFT mean (green line), regional sickness % 2014/15 (dashed red line), local standard (black line).</p>	<p>The sickness rate for August is 3.96%, above the Trust threshold of 3.90%. Gastrointestinal problems continued to be the leading cause for sickness absence during August. CCWCC Directorate continue to have the highest rate for sickness within the directorates, recording 4.62% for August. The HR team remains focused on attendance management across the Trust, particularly in relation to the resolution of long term sickness cases. Flu jabs are currently being administered across the Trust with the aim of combating cough, cold and flu related absence.</p>	✓																		

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Temporary staffing expenditure - medical/nursing /other</b>	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. <i>The traffic light criteria applied to this indicator is currently under review.</i>		The proportion of spend on temporary staff during September was 4.1%, a significant reduction when compared to 7.6% during 2015/16.	✓
<b>Staff turnover rate</b>	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.		Voluntary turnover comprised 8.3% of the overall figure of 11.6%, a reduction of 0.2% on the previous month. The reduction of voluntary turnover can be attributed to success of the recently implemented Retention strategy.  A presentation was undertaken at the Retention group in October detailing the findings of a study that our Graduate Trainee undertook in relation to nursing retention across the generations. Key findings have been presented for consideration and action by the group.	✓
<b>Maternity - Caesarean section rate</b>	The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month - as a result we have amended the presentation of this indicator this month to show a 12 month rolling average position.		HDFT's C-section rate for the 12 months ending September 2016 was 28.3% of deliveries, an increase on last month and remaining higher than average.  The major contributing factor to the recent upward trend appears to be a significant increase in elective caesarean sections, with the emergency caesarean section rate remaining static and within expected parameters.	✓
<b>Maternity - Rate of third and fourth degree tears</b>	Third and fourth degree tears are a source of short term and long term morbidity. A previous third degree tear can increase the likelihood of a woman choosing a caesarean section in a subsequent pregnancy. Recent intelligence suggested that HDFT were an outlier for third degree tears with operative vaginal delivery. Quality improvement work is being undertaken to understand and improve this position and its inclusion on this dashboard will allow the Trust Board to have sight of the results of this.		The rate of third or fourth degree tears was 2.4% of deliveries in the 12 month period ending September 2016, remaining well below previous months.  The rolling 12 months rate is at its lowest point since the dashboard was created. This may reflect the significant amount of quality improvement work aimed at reducing the incidence of third degree tears.	✓

## Quality - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Maternity - Unexpected term admissions to SCBU</b>	<p>This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour.</p> <p>We have amended the presentation of this indicator this month to show a 12 month rolling average position.</p>	<p>Legend: No. admissions (blue line), HDFT mean (green line)</p>	<p>The chart shows the number of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). The maternity team carry out a full review of all term admissions to SCBU.</p> <p>There were 2 term admissions to SCBU in September. The average number per month over the last 12 months is 4.3.</p>	

## Finance and Efficiency - September 2016

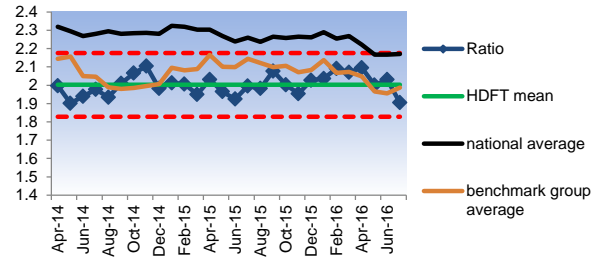
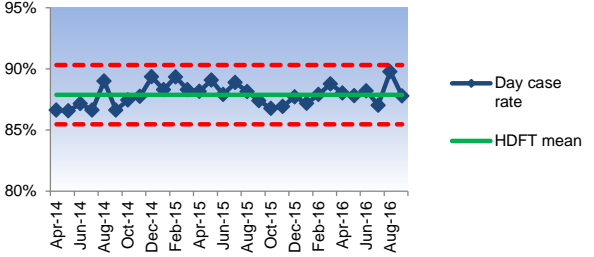
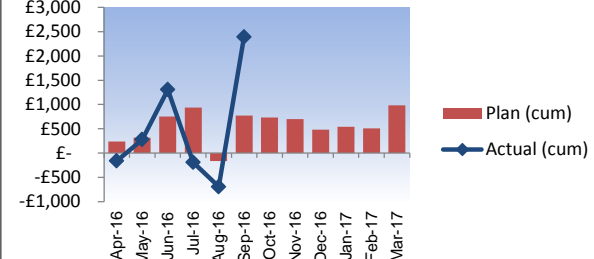
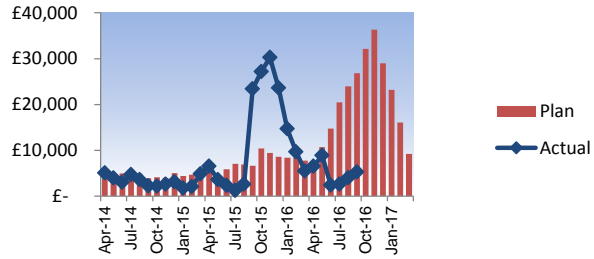
Indicator	Description	Trend chart	Interpretation	Data quality
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions increased in August, when expressed as a percentage of all emergency admissions. The rate is above the average rate for 2015/16.  HDFT and HARD CCG will be undertaking an audit of readmissions in Quarter 3 to determine the proportion of readmissions which were avoidable.	✓
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidities etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		<i>This data has not been updated this month.</i> HDFT's standardised readmission rate for the 12 month period ending May 2016 was 103.4 - above the national average but within expected levels.	✓
Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average elective length of stay for September was 2.7 days, a decrease on the previous month. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery.	✓
Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average non-elective length of stay for September was 4.8 days, a decrease on the previous month and remaining below the HDFT average.	✓



## Finance and Efficiency - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Non-elective bed days</b>	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. A lower figure is preferable.		Non-elective bed days for patients aged 18+ have been lower over the last few months and are in line with the 2016/17 trajectory. The decrease may be partly due to seasonality, although the reduction appears to be more marked than in the previous year. The 2016/17 trajectory is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition. For next month, an additional trajectory will be calculated taking into account the impact of targeted reductions in length of stay through the transformation programmes.	✓
<b>Theatre utilisation</b>	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of this. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.		Theatre utilisation decreased to 83.8% in September. However the number of cancelled sessions reduced to 6.3%. The agency cap is still impacting on theatre staffing and hence on utilisation.	⚠
<b>Delayed transfers of care</b>	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 increased to 5.8% when the snapshot was taken in September, remaining above the maximum threshold of 3.5% set out in the contract. Further work to understand the reasons for this continued increase is being carried out by the Discharge Steering Group.	✓
<b>Outpatient DNA rate</b>	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 6.1% in July, a significant increase on previous months. This increase was seen across a number of specialties. However local data shows the DNA rate returning to normal in August and September. HDFT's DNA rate remains below that of both the benchmarked group of Trusts and the national average.	✓

## Finance and Efficiency - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Outpatient new to follow up ratio</b>	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 decreased in July and is now below both the national average and the benchmark group average.  The Trust is working closely with HARD CCG on the Elective Rapid Testing Programme as part of the work of the Joint Clinical Board. The three specialties running the rapid testing programme all have reducing face to face follow ups as part of their ambition.	✓
<b>Day case rate</b>	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 decreased to 87.9% in September but remains within expected levels.	✓
<b>Surplus / deficit and variance to plan</b>	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 reported a surplus of £2,927k for the year to the end of September, £38k ahead of plan. This position includes S&T funding of £2,300k. Recovery plans have had an impact in September, with the month being the highest level of acute income of the year to date, and the overspend on ward nursing reduced from £113k in August to £26k in September due to actions taken during the month. As a result of the positive performance (financially and performance standards achievement), the Trust will be eligible for the second quarter of S&T funding of £1.15m.	✓
<b>Cash balance</b>	Monthly cash balance (£'000s)		The Trust had a cash balance of £5.28m at the end of September. This is in line with our revised plan of £5.06m that we have submitted to NHS Improvement following agreement of our contract cash phasing profile with HARD CCG.	✓



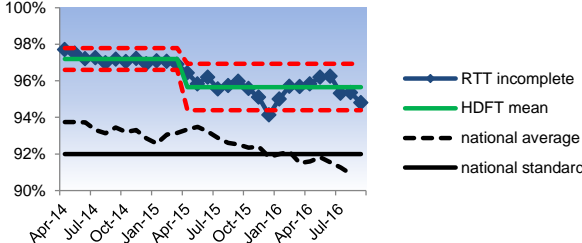
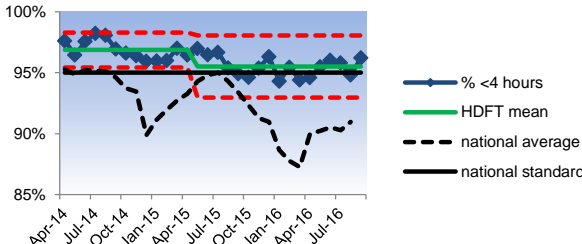
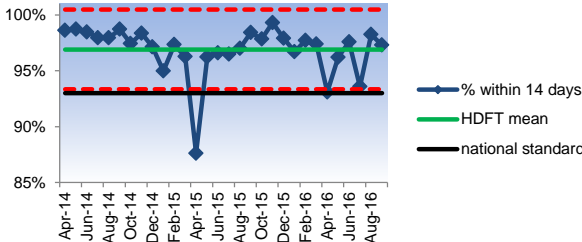
## Finance and Efficiency - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality																																																																	
NHS Improvement Financial Performance Assessment	From next month, the financial performance of providers will be assessed by NHS Improvement via the "Use of Resources Metrics (UOR)" comprising the following five metrics - Liquidity Ratio, Capital Servicing Capacity, I&E Margin, I&E Distance from Plan and Agency. For this month, the existing Financial Sustainability Risk Rating (FSRR) will be used.	<table><thead><tr><th>Element</th><th>Plan</th><th>Actual</th></tr></thead><tbody><tr><td>Capital Service Capacity rating</td><td>4</td><td>4</td></tr><tr><td>Liquidity rating</td><td>4</td><td>4</td></tr><tr><td>I&amp;E Margin rating</td><td>4</td><td>4</td></tr><tr><td>I&amp;E Margin Variance rating</td><td>3</td><td>4</td></tr><tr><td>Financial Sustainability Risk Rating</td><td>4</td><td>4</td></tr></tbody></table>	Element	Plan	Actual	Capital Service Capacity rating	4	4	Liquidity rating	4	4	I&E Margin rating	4	4	I&E Margin Variance rating	3	4	Financial Sustainability Risk Rating	4	4	The Trust will report a risk rating of 4 for September.	<div>✓</div>																																															
Element	Plan	Actual																																																																			
Capital Service Capacity rating	4	4																																																																			
Liquidity rating	4	4																																																																			
I&E Margin rating	4	4																																																																			
I&E Margin Variance rating	3	4																																																																			
Financial Sustainability Risk Rating	4	4																																																																			
CIP achievement	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.	<table><thead><tr><th>Month</th><th>Actual</th><th>Identified</th><th>Risk adjusted identified</th><th>Target</th></tr></thead><tbody><tr><td>Apr-16</td><td>5,000</td><td>9,000</td><td>7,000</td><td>9,000</td></tr><tr><td>May-16</td><td>6,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Jun-16</td><td>6,500</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Jul-16</td><td>7,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Aug-16</td><td>7,500</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Sep-16</td><td>8,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Oct-16</td><td>8,500</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Nov-16</td><td>9,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Dec-16</td><td>9,500</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Jan-17</td><td>10,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Feb-17</td><td>10,500</td><td>8,000</td><td>7,000</td><td>9,000</td></tr><tr><td>Mar-17</td><td>11,000</td><td>8,000</td><td>7,000</td><td>9,000</td></tr></tbody></table>	Month	Actual	Identified	Risk adjusted identified	Target	Apr-16	5,000	9,000	7,000	9,000	May-16	6,000	8,000	7,000	9,000	Jun-16	6,500	8,000	7,000	9,000	Jul-16	7,000	8,000	7,000	9,000	Aug-16	7,500	8,000	7,000	9,000	Sep-16	8,000	8,000	7,000	9,000	Oct-16	8,500	8,000	7,000	9,000	Nov-16	9,000	8,000	7,000	9,000	Dec-16	9,500	8,000	7,000	9,000	Jan-17	10,000	8,000	7,000	9,000	Feb-17	10,500	8,000	7,000	9,000	Mar-17	11,000	8,000	7,000	9,000	79% of CIP schemes have been actioned to date. Plans are in place for 104% of the efficiency requirement, the risk adjusted total reduces to 97%.	<div>✓</div>
Month	Actual	Identified	Risk adjusted identified	Target																																																																	
Apr-16	5,000	9,000	7,000	9,000																																																																	
May-16	6,000	8,000	7,000	9,000																																																																	
Jun-16	6,500	8,000	7,000	9,000																																																																	
Jul-16	7,000	8,000	7,000	9,000																																																																	
Aug-16	7,500	8,000	7,000	9,000																																																																	
Sep-16	8,000	8,000	7,000	9,000																																																																	
Oct-16	8,500	8,000	7,000	9,000																																																																	
Nov-16	9,000	8,000	7,000	9,000																																																																	
Dec-16	9,500	8,000	7,000	9,000																																																																	
Jan-17	10,000	8,000	7,000	9,000																																																																	
Feb-17	10,500	8,000	7,000	9,000																																																																	
Mar-17	11,000	8,000	7,000	9,000																																																																	
Capital spend	Cumulative Capital Expenditure by month (£'000s)	<table><thead><tr><th>Month</th><th>Actual - cum - 2015/16</th><th>Actual - cum - 2016/17</th><th>Plan - cum - 2016/17</th></tr></thead><tbody><tr><td>Apr</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>May</td><td>1,500</td><td>1,500</td><td>1,500</td></tr><tr><td>Jun</td><td>2,000</td><td>2,000</td><td>2,000</td></tr><tr><td>Jul</td><td>2,500</td><td>2,500</td><td>2,500</td></tr><tr><td>Aug</td><td>3,000</td><td>3,000</td><td>3,000</td></tr><tr><td>Sep</td><td>3,500</td><td>3,500</td><td>3,500</td></tr><tr><td>Oct</td><td>4,000</td><td>4,000</td><td>4,000</td></tr><tr><td>Nov</td><td>4,500</td><td>4,500</td><td>4,500</td></tr><tr><td>Dec</td><td>5,000</td><td>5,000</td><td>5,000</td></tr><tr><td>Jan</td><td>5,500</td><td>5,500</td><td>5,500</td></tr><tr><td>Feb</td><td>6,000</td><td>6,000</td><td>6,000</td></tr><tr><td>Mar</td><td>6,500</td><td>6,500</td><td>6,500</td></tr></tbody></table>	Month	Actual - cum - 2015/16	Actual - cum - 2016/17	Plan - cum - 2016/17	Apr	1,000	1,000	1,000	May	1,500	1,500	1,500	Jun	2,000	2,000	2,000	Jul	2,500	2,500	2,500	Aug	3,000	3,000	3,000	Sep	3,500	3,500	3,500	Oct	4,000	4,000	4,000	Nov	4,500	4,500	4,500	Dec	5,000	5,000	5,000	Jan	5,500	5,500	5,500	Feb	6,000	6,000	6,000	Mar	6,500	6,500	6,500	Capital Expenditure was £1,652k behind plan at the end of September.	<div>✓</div>													
Month	Actual - cum - 2015/16	Actual - cum - 2016/17	Plan - cum - 2016/17																																																																		
Apr	1,000	1,000	1,000																																																																		
May	1,500	1,500	1,500																																																																		
Jun	2,000	2,000	2,000																																																																		
Jul	2,500	2,500	2,500																																																																		
Aug	3,000	3,000	3,000																																																																		
Sep	3,500	3,500	3,500																																																																		
Oct	4,000	4,000	4,000																																																																		
Nov	4,500	4,500	4,500																																																																		
Dec	5,000	5,000	5,000																																																																		
Jan	5,500	5,500	5,500																																																																		
Feb	6,000	6,000	6,000																																																																		
Mar	6,500	6,500	6,500																																																																		
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.	<table><thead><tr><th>Month</th><th>Actual</th><th>Ceiling</th></tr></thead><tbody><tr><td>Apr-16</td><td>320,000</td><td>550,000</td></tr><tr><td>May-16</td><td>380,000</td><td>550,000</td></tr><tr><td>Jun-16</td><td>280,000</td><td>550,000</td></tr><tr><td>Jul-16</td><td>320,000</td><td>550,000</td></tr><tr><td>Aug-16</td><td>420,000</td><td>550,000</td></tr><tr><td>Sep-16</td><td>220,000</td><td>550,000</td></tr><tr><td>Oct-16</td><td>0</td><td>550,000</td></tr><tr><td>Nov-16</td><td>0</td><td>550,000</td></tr><tr><td>Dec-16</td><td>0</td><td>550,000</td></tr><tr><td>Jan-17</td><td>0</td><td>550,000</td></tr><tr><td>Feb-17</td><td>0</td><td>550,000</td></tr><tr><td>Mar-17</td><td>0</td><td>550,000</td></tr></tbody></table>	Month	Actual	Ceiling	Apr-16	320,000	550,000	May-16	380,000	550,000	Jun-16	280,000	550,000	Jul-16	320,000	550,000	Aug-16	420,000	550,000	Sep-16	220,000	550,000	Oct-16	0	550,000	Nov-16	0	550,000	Dec-16	0	550,000	Jan-17	0	550,000	Feb-17	0	550,000	Mar-17	0	550,000	The agency bill for September was 1.7% of Trust pay expenditure. Expenditure remains below the agency ceiling set by NHS Improvement but is above the benchmark the Trust has set in month.	<div>✓</div>																										
Month	Actual	Ceiling																																																																			
Apr-16	320,000	550,000																																																																			
May-16	380,000	550,000																																																																			
Jun-16	280,000	550,000																																																																			
Jul-16	320,000	550,000																																																																			
Aug-16	420,000	550,000																																																																			
Sep-16	220,000	550,000																																																																			
Oct-16	0	550,000																																																																			
Nov-16	0	550,000																																																																			
Dec-16	0	550,000																																																																			
Jan-17	0	550,000																																																																			
Feb-17	0	550,000																																																																			
Mar-17	0	550,000																																																																			

## Finance and Efficiency - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality																											
Research - Invoiced research activity	Aspects of research studies are paid for by the study sponsor or funder.	<table><thead><tr><th>Quarter</th><th>Invoiced amount (cum)</th><th>Target (cum)</th></tr></thead><tbody><tr><td>Q1 2015/16</td><td>£40,000</td><td>£50,000</td></tr><tr><td>Q2 2015/16</td><td>£80,000</td><td>£100,000</td></tr><tr><td>Q3 2015/16</td><td>£150,000</td><td>£150,000</td></tr><tr><td>Q4 2015/16</td><td>£200,000</td><td>£200,000</td></tr><tr><td>Q1 2016/17</td><td>£70,000</td><td>£50,000</td></tr><tr><td>Q2 2016/17</td><td>£110,000</td><td>£100,000</td></tr><tr><td>Q3 2016/17</td><td>£160,000</td><td>£150,000</td></tr><tr><td>Q4 2016/17</td><td>£220,000</td><td>£220,000</td></tr></tbody></table>	Quarter	Invoiced amount (cum)	Target (cum)	Q1 2015/16	£40,000	£50,000	Q2 2015/16	£80,000	£100,000	Q3 2015/16	£150,000	£150,000	Q4 2015/16	£200,000	£200,000	Q1 2016/17	£70,000	£50,000	Q2 2016/17	£110,000	£100,000	Q3 2016/17	£160,000	£150,000	Q4 2016/17	£220,000	£220,000	<p><i>There is no update of this indicator this month.</i></p> <p>As set out in the Research &amp; Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.</p>	
Quarter	Invoiced amount (cum)	Target (cum)																													
Q1 2015/16	£40,000	£50,000																													
Q2 2015/16	£80,000	£100,000																													
Q3 2015/16	£150,000	£150,000																													
Q4 2015/16	£200,000	£200,000																													
Q1 2016/17	£70,000	£50,000																													
Q2 2016/17	£110,000	£100,000																													
Q3 2016/17	£160,000	£150,000																													
Q4 2016/17	£220,000	£220,000																													

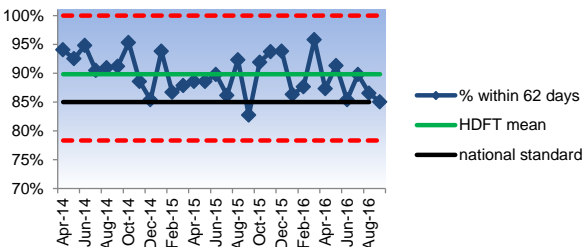

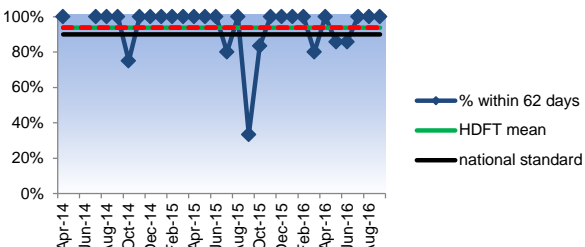

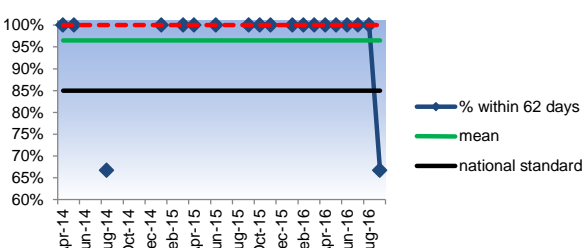

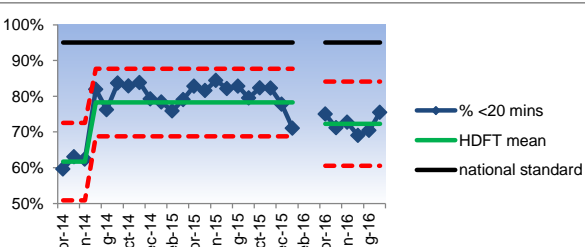

## Operational Performance - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality																																				
NHS Improvement governance rating	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 left shows how the Trust is performing against the national performance standards in the "access and outcomes metrics" section.	<table><tr><th>Indicator</th><th>Q2 score</th><th>Indicator</th><th>Q2 score</th></tr><tr><td>18 weeks - incomplete</td><td>0.0</td><td>Cancer - 14 days</td><td>0.0</td></tr><tr><td>A&amp;E - 4 hour standard</td><td>0.0</td><td>Cancer - 14 days - breast symptoms</td><td>0.0</td></tr><tr><td>Cancer - 62 days to treatment</td><td>0.0</td><td>C-Difficile</td><td>0.0</td></tr><tr><td>Cancer - 62 days to treatment - screening</td><td>0.0</td><td>MRSA</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - surgery</td><td>0.0</td><td>Compliance with requirements regarding access to healthcare for patients with learning disabilities</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - drugs</td><td>0.0</td><td>Community services data completeness - RTT information</td><td>0.0</td></tr><tr><td>Cancer - 31 day subsequent treatment - radiotherapy</td><td>N/A</td><td>Community services data completeness - Referral information</td><td>0.0</td></tr><tr><td>Cancer - 31 day first treatment</td><td>0.0</td><td>Community services data completeness - Treatment activity information</td><td>0.0</td></tr></table>	Indicator	Q2 score	Indicator	Q2 score	18 weeks - incomplete	0.0	Cancer - 14 days	0.0	A&E - 4 hour standard	0.0	Cancer - 14 days - breast symptoms	0.0	Cancer - 62 days to treatment	0.0	C-Difficile	0.0	Cancer - 62 days to treatment - screening	0.0	MRSA	0.0	Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0	Cancer - 31 day subsequent treatment - drugs	0.0	Community services data completeness - RTT information	0.0	Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0	Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0	HDFT's governance rating for Quarter 2 is Green. 17 cases of hospital acquired C.difficile have been reported in the year to date. Of these, 13 have now had root cause analysis (RCA) completed and agreed with HARD CCG - 4 have been determined to be due to a lapse in care. The Trust's C. difficile trajectory for the full year 2016/17 is a maximum of 12 cases due to lapses in care.	<div>✓</div>
		Indicator	Q2 score	Indicator	Q2 score																																			
		18 weeks - incomplete	0.0	Cancer - 14 days	0.0																																			
		A&E - 4 hour standard	0.0	Cancer - 14 days - breast symptoms	0.0																																			
		Cancer - 62 days to treatment	0.0	C-Difficile	0.0																																			
		Cancer - 62 days to treatment - screening	0.0	MRSA	0.0																																			
		Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0																																			
		Cancer - 31 day subsequent treatment - drugs	0.0	Community services data completeness - RTT information	0.0																																			
		Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0																																			
Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0																																					
RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.		94.8% of patients were waiting 18 weeks or less at the end of September, a decrease on last month but remaining above the required national standard of 92%.  At specialty level, Trauma & Orthopaedics and Gastroenterology were below the 92% standard in September.	<div>✓</div>																																				
		A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.		HDFT's Trust level performance for September 2016 was 96.2%, an increase on last month and above the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. At a Trust level, performance for Quarter 2 overall was above the 95% standard at 95.6%.  Performance for Harrogate ED was above the standard in September (95.3%) but below for the quarter overall (94.7%).	<div>✓</div>																																		
Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.				Delivery at expected levels.	<div>✓</div>																																		

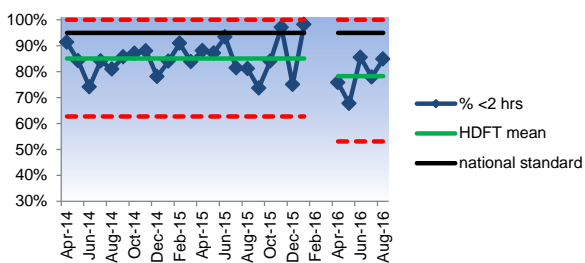

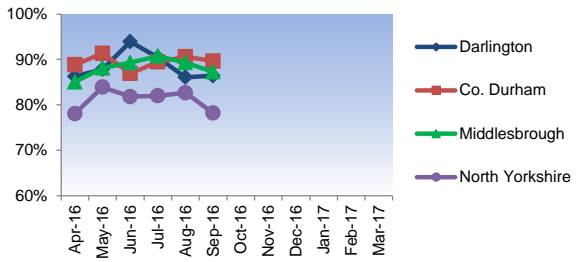

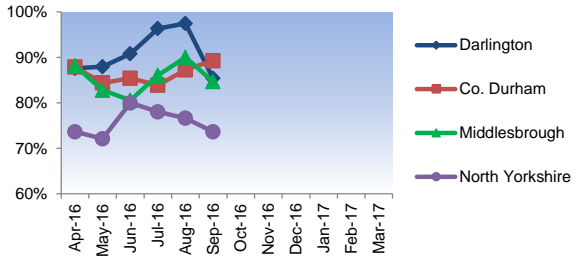

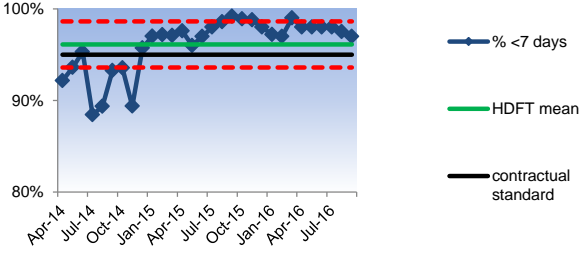

## Operational Performance - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Cancer - 14 days maximum wait from GP referral for symptomatic breast patients</b>	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels.	✓
<b>Cancer - 31 days maximum wait from diagnosis to treatment for all cancers</b>	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.	✓
<b>Cancer - 31 day wait for second or subsequent treatment: Surgery</b>	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Provisional performance is below the required 94% standard in September with 2 breaches of the 31 day standard. However performance for Quarter 2 overall is above the standard at 94.7%.	✓
<b>Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug</b>	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.	✓

## Operational Performance - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>Cancer - 62 day wait for first treatment from urgent GP referral to treatment</b>	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Trust total delivery at expected levels.  Of the 11 cancer sites treated at HDFT, 3 had performance below 85% in September - colorectal (3 breaches), head and neck (1 breach) and lung (1 breach).  3 patients waited over 104 days for treatment in September. The main reasons for the delays were clinical complexity and patient choice.	
<b>Cancer - 62 day wait for first treatment from consultant screening service referral</b>	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.	
<b>Cancer - 62 day wait for first treatment from consultant upgrade</b>	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		One patient (0.5 accountable) was treated at Leeds in September after day 62. This means that for Quarter 2 there have been 4.5 treatments and 0.5 over 62 days giving a performance of 88.9%. However this will not be reportable as it is below the de minimis level of 5 pathways per quarter.	
<b>GP OOH - NQR 9</b>	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. A high percentage is good.		Performance remains below the required 95% for this metric and was at 76% in September.  Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.	










## Operational Performance - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>GP OOH - NQR 12</b>	NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations (home visits) started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.		<i>This indicator has not been updated this month.</i> Performance remains below the required 95% for this metric but has improved to 85% in August.  Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.	
<b>Children's Services - 10-14 day new birth visit</b>	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 September, 86% of babies in Darlington, 90% of babies in Co. Durham, 87% of babies in Middlesbrough and 78% of babies in North Yorkshire were recorded on Systmone as having had a new birth visit within 14 days of birth.	
<b>Children's Services - 2.5 year review</b>	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 September, 89% of children in Darlington, 89% of children in Co. Durham, 85% of children in Middlesbrough and 74% of children in North Yorkshire were recorded on Systmone as having had a 2.5 year review.	
<b>Community equipment - deliveries within 7 days</b>	The number of standard items delivered within 7 days by the community equipment service. A high percentage is good.		Performance remains above expected levels.	

## Operational Performance - September 2016

Indicator	Description	Trend chart	Interpretation	Data quality
<b>CQUIN - dementia screening</b>	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	<p>% screened HDFT mean national standard</p>	Delivery at expected levels.	✓
<b>Recruitment to NIHR adopted research studies</b>	The Trust has a recruitment target of 2,800 for 2016/17 for studies on the NIHR portfolio. This equates to 234 per month. Over recruitment is encouraged.	<p>Actual (cum) Target (cum)</p>	The year to date position on recruitment to research studies is 9% below plan, an improvement on the position reported last month. There are a number of issues that have impacted recruitment year to date including availability of suitable studies, changes in types of studies and also capacity within the research team. An increase in the availability of studies suitable for our population and additional capacity within the research team means that we are confident that we will be back on target by the end of the financial year.	✓
<b>Directorate research activity</b>	The number of studies within each of the directorates - included in the graph is Trustwide where the study spans directorates. The Trust has no specific target set for research activity within each directorate. It is envisaged that each clinical directorate would have a balanced portfolio.	<p>Student N/A PIC Large Scale Observational Interventional Commercial</p>	The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (PIC) or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.	✓

## Data Quality - Exception Report

Report section	Indicator	Data quality rating	Further information
Quality	Mandatory training rates - Darlington, Durham & Middlesbrough staff	Amber 	This indicator includes training data for TUPE staff that transferred into the organisation on 1st April 2016 from Middlesbrough, Durham and Darlington. There are some concerns about the quality and completeness of this information.
Operational Performance	GP Out of Hours - National Quality Requirement 9	Amber 	Following patient pathway changes in late 2015, reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for NQR9 was incorrect. Significant work from has been carried out by information staff at HDFT and we are now able to report performance again for this metric again, based on calculations from raw data extracts from the Adastra system. The new calculations have been shared with HARD CCG.
Operational Performance	GP Out of Hours - National Quality Requirement 12	Amber 	
Quality	Reducing readmissions in older people	Amber 	This indicator is under development. We have recently amended the calculation of this indicator so that it correctly handles patients who had multiple admissions and multiple contacts with community services.
Finance and efficiency	Theatre utilisation	Amber 	The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of cancelled sessions.
Operational Performance	Children's Services - 10-14 day new birth visit	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Operational Performance	Children's Services - 2.5 year review	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering timeliness	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering hours owed	Amber 	Caution should be exercised as further work is required to understand the completeness and quality of this data.






Indicator traffic light criteria

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Quality	Safety thermometer - harm free care	% harm free	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	Pressure ulcers - hospital acquired	No. 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	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of >=50% of HDFT average for 2015/16, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2015/16, Amber if YTD position is a reduction of up to 20% of HDFT average for 2015/16, Red if YTD position is on or above HDFT average for 2015/16.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Falls causing harm	IP falls causing moderate harm, severe harm or death, per 1,000 bed days	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
Quality	Infection control	No. hospital acquired C.diff cases	tbc	tbc
Quality	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	Reducing readmissions in older people	The proportion of older people 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services.	tbc	tbc
Quality	Mortality - HSMR	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Quality	Mortality - SHMI	Summary Hospital Mortality Index (SHMI)	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2015/16, Amber if on or above HDFT average for 2015/16, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Complaints	No. complaints, split by criteria	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Incidents - all	Incidents split by grade (hosp and community)	Green if less than 8 SIRIs reported per month in the year to date and no never events reported in the current month; Amber if 8 or 9 SIRIs and reported per month in the year to date and no never events reported in the month; Red if 1 or more never event reported in the current month and/or 10 or more SIRIs reported per month in the year to date.	
Quality	Incidents - SIRIs (comprehensive and concise) and never events	The cumulative number of SIRIs (comprehensive and concise) and the number of never events reported in the year to date. The indicator includes hospital and community data.		
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally and/or the % staff recommending the Trust is above 95%, Green if in top 25% of acute trusts nationally, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to receive care	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	Friends & Family Test (FFT) - Patients	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	Locally agreed target level based on historic local and NHS performance
Quality	Safer staffing levels	RN and CSW - day and night overall fill rates at trust level	Annual rolling total - 90% green, Amber between 70% and 90%, red <70%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months	Blue if latest month >=95%, Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	Mandatory training rate	Latest position on the % staff trained for each mandatory training requirement	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	
Quality	Staff sickness rate	Staff sickness rate	tbc	tbc
Quality	Temporary staffing expenditure - medical/nursing/other	Expenditure per month on staff types.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Quality	Staff turnover	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	Maternity - Caesarean section rate	Caesarean section rate as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	tbc
Quality	Maternity - Rate of third and fourth degree tears	No. third or fourth degree tears as a % of all deliveries.	tbc	tbc
Quality	Maternity - Unexpected term admissions to SCBU	Admissions to SCBU for babies born at 37 weeks gestation or over.	tbc	tbc
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 2015/16, Amber if latest month rate > HDFT average for 2015/16 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	Readmissions - standardised	Standardised emergency readmission rate within 30 days from HED	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	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		

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Non-elective bed days for patients aged 18+	Non-elective bed days at HDFT for HARD CCG patients aged 18+, per 100,000 population	Green if latest month < 2016/17 trajectory, amber if latest month below 2015/16 level plus 0.5% demographic growth but above 2016/17 trajectory, red if above 2015/16 level plus 0.5% demographic growth.	A 2016/17 trajectory has been added this month - this is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition.
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
Finance and efficiency	Delayed transfers of care	% acute beds occupied by patients whose transfer is delayed - snapshot on last Thursday of the month.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
Finance and efficiency	Outpatient DNA rate	% first OP appointments DNA'd		
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally. Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Day case rate	% elective admissions that are day case	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by NHS Improvement
Finance and efficiency	NHS Improvement Financial Performance Assessment	An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	Green if achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	CIP achievement	Cost Improvement Programme performance	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	to be agreed	
Finance and efficiency	Research - invoiced research activity	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by NHS Improvement
Operational Performance	NHS Improvement governance rating			
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
Operational Performance	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	% urgent GP referrals for suspected cancer seen within 14 days.	Green if latest month >=93%, Red if latest month <93%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	% GP referrals for breast symptomatic patients seen within 14 days.	Green if latest month >=93%, Red if latest month <93%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	% cancer patients starting first treatment within 31 days of diagnosis	Green if latest month >=96%, Red if latest month <96%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Surgery	% cancer patients starting subsequent surgical treatment within 31 days	Green if latest month >=94%, Red if latest month <94%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	% cancer patients starting subsequent anti-cancer drug treatment within 31 days	Green if latest month >=96%, Red if latest month <96%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	% cancer patients starting first treatment within 62 days of urgent GP referral	Green if latest month >=85%, Red if latest month <85%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant screening service referral	% cancer patients starting first treatment within 62 days of referral from a consultant screening service	Green if latest month >=90%, Red if latest month <90%	NHS England, NHS Improvement and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant upgrade	% cancer patients starting first treatment within 62 days of consultant upgrade	Green if latest month >=85%, Red if latest month <85%	NHS England, NHS Improvement and contractual requirement
Operational Performance	GP OOH - NQR 9	% telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	GP OOH - NQR 12	% face to face consultations started for urgent cases within 2 hours	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	Children's Services - 10-14 day new birth visit	% new born visit within 14 days of birth	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
Operational Performance	Children's Services - 2.5 year review	% children who had a 2 and a half year review	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
Operational Performance	Community equipment - deliveries within 7 days	% standard items delivered within 7 days	Green if latest month >=95%, Red if latest month <95%	Contractual requirement
Operational Performance	CQUIN - dementia screening	% emergency admissions aged 75+ who are screened for dementia within 72 hours of admission	Green if latest month >=90%, Red if latest month <90%	CQUIN contractual requirement
Operational Performance	Recruitment to NIHR adopted research studies	No. patients recruited to trials	Green if above or on target, red if below target.	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	

#### Data quality assessment

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