Harrogate and District NHS
NHS Foundation Trust

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

On: Wednesday 25 November 2015

Start: 0900 Finish: 1230

In: The Derwent Room, The Pavilions, Wetherby Road, Harrogate

	AGENDA		
Item No	**Item**	**Lead**	**Paper Number**
0900 General Business			
1.0	**Welcome and Apologies for absence:** *To receive any apologies for absence:*	Chairman – Mrs Sandra Dodson	
2.0	**Declarations of Interest and Board of Directors Register of Interests** *To declare any interests relevant to the agenda for the meeting and to receive any changes to the register of interests pursuant to section 6 of the Board Standing Orders*	Chairman – Mrs Sandra Dodson	2.0
3.0	**Minutes of Board of Directors meeting held on 28 October 2015** *To review and approve the Minutes*	Chairman – Mrs Sandra Dodson	3.0
4.0	**Review of Actions schedule and Matters Arising** *To review the actions schedule and provide updates on progress of actions to the Board of Directors.*	Chairman – Mrs Sandra Dodson	4.0
4.1	**National Quality Board report** *To be considered by the Board*	Chief Nurse – Mrs Jill Foster	4.1
0915 - 1045			
5.0	**Report by the Chief Executive** *To be considered and any Board directions defined*	Chief Executive – Dr Ros Tolcher	5.0
6.0	**Integrated Board Report** *To be considered for comment*	Chief Executive – Dr Ros Tolcher	6.0
7.0	**Report by the Director of Finance** *To be considered for comment*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.0
7.1	**CIP 2015-16 and 2016-17 Updates** *To be considered and noted by the Board*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.1
7.2	**Business Plan 2016-17** *To be considered and noted by the Board*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.2
1045 – 1100 BREAK			

8.0	**Oral Reports by Directorates** *i. Urgent, Community and Cancer Care* *ii Elective Care* *iii Integrated Care*	Clinical Director – Mr Andrew Alldred Clinical Director – Dr Kat Johnson Clinical Director - Dr Natalie Lyth	
9.0	**Report by Chairman of Quality Committee** *To include highlighted Minutes from meeting dated 7 October 2015*	Chairman – Mrs Lesley Webster, Non-Executive Director	9.0
10.0	**Report by the Medical Director** *To be considered for comment*	Medical Director – Dr David Scullion	10.0
11.0	**Report by the Chief Nurse** *To be considered for comment*	Chief Nurse – Mrs Jill Foster	11.0
12.0	**Report by the Chief Operating Officer** *To be considered for comment*	Chief Operating Officer – Mr Robert Harrison	12.0
13.0	**Report by the Director of Workforce and Organisational Development** *To be considered for comment*	Director of Workforce and Organisational Development – Mr Phillip Marshall	13.0
1215 - 1230			
14.0	**Reports:** *To receive the highlighted Minutes of, and/or oral reports from, Board Committees:* *i. Finance Committee*	Committee Chairman - Mrs Maureen Taylor, Non-Executive Director	
15.0	**Matters relating to compliance with the Trust's Licence or other exceptional items to report or that have been reported to Monitor and/or the Care Quality Commission** *To receive an update on any matters reported to regulators.*	Chairman – Mrs Sandra Dodson	
16.0	**Any Other Relevant Business** *By permission of the Chairman* *i Receive Minutes of Council of Governors' Meeting - 29 July 2015*	Chairman – Mrs Sandra Dodson	16.1
17.0	**Board Evaluation**	Chairman – Mrs Sandra Dodson	
18.0 **1230**	**Confidential Motion** **The Chairman to move:** *'That members of the public and representatives of the press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.*		

Harrogate and District NHS
NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (A charity raising funds for a South African Township.) 3. Trustee of Yorkshire Cancer Research 4. Chair of Red Kite Learning Trust – multi-academy trust
Dr Ros Tolcher	Chief Executive	Specialist Adviser to the Care Quality Commission
Mr Jonathan Coulter	Finance Director/Deputy Chief Executive	None
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church
Mr Phillip Marshall	Director of Workforce and Organisational Development	None
Mr Neil McLean	Non-Executive Director	Director of: 1. Northern Consortium UK Limited (Chairman) 2. Ahead Partnership (Holdings) Limited 3. Ahead Partnership Limited 4. White Rose Academies Trust 5. White Rose Resourcing Limited 6. Swinsty Fold Management Company Limited 7. Acumen for Enterprise Limited 8. Leeds Apprenticeship Training Agency Limited 9. Yorkshire Campaign Board Chair Maggie's Cancer Caring Centres Limited
Professor Sue Proctor	Non-Executive Director	1. Director and owner of SR Proctor Consulting Ltd 2. Chair of LEAF Multi Academy Trust (Leeds) 3. Member – Council of University of Leeds 4. Member – Council of NHS Staff College (UCLH) 5. Associate – Good Governance Institute 6. Associate - Capsticks
Dr David Scullion	Medical Director	None
Mrs Maureen Taylor	Non-Executive Director	1. Independent Non Executive Member (Audit Group) – British Showjumping
Mr Christopher Thompson	Non Executive Director	1. Director/Trustee of Community Integrated Care Limited and Chair of the Audit Committee

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

November 2015

3.0

Harrogate and District NHS
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Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors meeting held on Wednesday 28 October 2015 at 9.00am in the Board Room, Harrogate District Hospital.

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

In attendance:
Mrs B Barron, Operational Director, Elective Care Directorate
Mrs J Crewe, Operational Director, Urgent, Cancer and Community Care Directorate
Dr N Lyth, Clinical Director, Integrated Care Directorate

Mr A Forsyth, Interim Head of Corporate Affairs (Minutes)

Two Governors of the Trust, one member of the public, two members of staff

Mrs Dodson welcomed members to the meeting and was delighted to welcome the Governors and members of staff, the latter taking advantage of attendance as a developmental opportunity. She noted that the agenda had been revised to focus it more appropriately but that this was a 'work in progress' and there needed to be even less narrative in some of the reports. Whilst this was the aim it was not an easy process.

1. Apologies for Absence

There were apologies for absence from Mr R Harrison, who was represented by Mr Nicholas, Mr Alldred, who was represented by Mrs Crewe and Dr Johnson, who was represented by Mrs Barron.

2. Declarations of Interest

There were no declarations of interest relevant to items on the agenda for the meeting. Mr Forsyth noted that 'nil' declarations had now been received from Mrs Mayfield and Mr Nicholas.

3. Minutes of the meeting of the Board of Directors on 23 September 2015

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

Minute 4 Action 11 Line 2:	After **Insert:**	'response' 'soon'
Minute 5.5	**Delete:** *in toto* **Insert:** 'The key for Dr Tolcher was ensuring that the service was safe. She said that considerable attention was focused on improving flow while protecting patients from harm. Clinical acuity was, rightly, being prioritised which means that people with less urgent needs will wait longer. Some of the breaches relate to people with complex needs and are clinically appropriate. Important work was in train to examine the patterns of demand in ED; increased demand between 10pm and 4am has been noted with a mixture of elderly, unwell patients and others with less urgent needs who chose to visit ED at those times. Work to improve patient flow includes improving consultant to consultant referral and timeliness of specialty assessment.'	
Minute 5.18 line 6	**Delete: '**She……by staff' **Insert: '**She understood that many staff did not use Rosterpro. Mrs Dodson said that the issue was that some staff did not use Rosterpro for planning their rosters and that a 'hearts and minds' campaign was needed for key ward managers. Mrs Harrison agreed and said that the real savings to be made were being lost because of a lack of engagement by some staff with the rostering tool.'	
Minute 7.6 line 2:	After **Insert:**	'Airedale' 'Acute'
Minute 7.6 line 3: Minute 7.6 line 4:	**Delete:** **Insert:** **Delete:**	'The' 'There was no appetite for centralising the' 'would not be……..satisfactory'
Minute 7.7 line 3	**Delete:**	', based in Sheffield,'
Minute 7.8 end	**Insert:**	'**Action: Dr Scullion to discuss with Mrs Webster'**
Minute 8.3 line 6:	**Delete:** **Insert:**	'paying District Nurse rates to non-qualified staff.' 'paying enhanced rates to non-District Nurse staff.'
Minute 10.2 line 1	**Delete:** 'Mrs Dodson said that…….his report. **Insert: '**Mrs Dodson said that the focus was clearly on recovery to the planned position. Mr Coulter recapped the three areas of concern – nurse staffing costs, medical	

staffing costs and the Cost Improvement Programme. As of the end of July a straight line forecast of the financial position would be to be £2.9m behind plan at the end of the year. A range of measures had been taken and key actions were summarised in his report.'

Minute 10.3 line 2: **Delete:** 'would be introduced from 1 October'
Insert: 'had been introduced for Q2.'

Minute 10.3 line 5: **Delete:** 'was currently…overall.'
Insert: 'had been 2 for August it was forecast to be 3 for the end of Q2.'

Minute 12.3 line 6: **Delete:** 'Dr Johnson…….engagement.'
Insert: 'Dr Johnson said that the Directorate were working with the orthopaedic team to set a clear vision and continued engagement'

Minute 14.2 line 6: **Delete:** 'Two other issues…..additional costs.
Insert: 'There were two issues which the Committee wanted to bring to the attention of the Board. First, there was a concern in respect of how it can be demonstrated satisfactorily that the learning from SIRIs is being suitably embedded throughout the Trust and second, that additional, unbudgeted, costs have arisen as a result of new quality procedures related to Maternity screening following the re-training in the use of growth charts.'

4. Review of Actions Schedule and Matters Arising

Action 1 – Dr Tolcher had included this in her report at Item 5. Board action complete.

Action 2 – Dr Tolcher said that this had been discussed at the most recent SMT meeting. There were 67 recommendations outstanding at the end of Q2 and this had now reduced to 22 with a target of zero by the end of the calendar year. SMT would revisit the position at its November meeting. She noted that an automated reminder system was now in place – whilst the problem was not fixed yet a determined effort was underway. Mrs Dodson said that this was now being taken forward at an appropriate level and that the Board action should be closed.

Action 3 – Dr Scullion took this and Action 9 together. He said that a business case for an additional consultant post in care of the elderly was being prepared for SMT and that work was continuing to provide consultant review within 12 hours and more consultants involved in elderly care. Mrs Dodson said that Board action was complete.

Action 4 – Mrs Dodson has written to the Chairman of LHTH and at the recent meeting of regional Chairmen the latter had thanked Trusts for their responses. Board action complete.

Action 5 – Dr Scullion said this was included in his report at item 10. Board action complete.

Action 7 – Dr Tolcher confirmed that this was part of the Board Development session which would follow the meeting. Board action complete.

Action 8 – This was to be taken at item 4.1. Board action complete.

Action 9 – This had been covered by Dr Scullion at Action 3. Board action complete.

There were no other Matters Arising.

4.1 Report of reducing avoidable admissions

4.1.1 Dr Lyth's report had been circulated in advance of the meeting and was taken as read. Mrs Dodson thanked her for the clarity of the report.

4.1.2 Dr Lyth said that this was 'work in progress'. She reminded members that the Trust was financially penalised for readmissions within 30 days of discharge. It was also an issue of care quality. Previous assumptions were that readmissions were the result of a large number of elderly patients being seen in the CAT service. It was important to understand whether poor discharge planning was a factor. Figures showed that of 670 non-elective readmissions in Q2, only 303 were aged over 70 and only 76 required admission to the elderly care ward. The study had provided a better understanding – for example, there had been 13 patients who had each been readmitted four times in the 30-day period and the focus was now turning to understanding frequent attenders; 11 of these patients had also had frequent readmissions in the May survey. A number of multiple admissions were recorded following repeated overdoses by people with a diagnosis of personality disorder, or no diagnosed mental health illness. There are pathways agreed with the mental health provider to address the needs of those who did have mental illness but more work is required for others. A number had been readmitted with medical problems. Work was continuing and she would report back to the Board when conclusions had been drawn.

4.1.3 Dr Tolcher said that a particular problem was providing effective support for people presenting to the ED with mental health needs and also providing appropriate ongoing support for people who have mental health needs admitted to general medical wards for treatment following overdose. Additional national funding had been made available for mental health liaison services in the Emergency Department and the Trust will be working with commissioners and colleagues in Tees, Esk and Wear Valley Trust to make best use of this. The number of people being admitted as a result of substance misuse or requiring detoxification has increased and the reasons for this were being explored. Dr Lyth's work was helpful in giving the Trust a better understanding of the position.

4.1.4 Mr McLean said that he had found the report helpful and wondered whether there would be action plans for each 'category' of readmission. Dr Lyth said that different patient pathways were needed. She said that better discharge planning for those with alcohol problems was one emerging theme. Dr Scullion said that it seemed that nothing inappropriate was done to these patients whilst they were in the hospital and some of these admissions were out-with the Trust's control. It was very resource intensive to work with those whose mental health problems meant they did not comply with treatment and pathways.

4.1.5 Mrs Crewe noted that readmissions had an effect on patient flow and that the Trust was using to good effect the resulting learning and partnership opportunities. She asked whether there were any particular trends in the data about care homes in general or particular care homes from which readmissions took place. Dr Lyth replied that the study did not have that level of detail because it was retrospective but that new work would be looking to identify such trends.

4.1.6 Mrs Webster emphasised that improving the patient experience was one of the current Quality Improvement priorities in the Quality Account and wondered how soon the Trust would know that it was not getting this element wrong. Mrs Dodson described the report as a starting point and wondered where future work should best be reviewed – Dr Tolcher's view was this was a high impact approach and provided first line qualitative information. She suggested that it should come back to the Board for a fuller update. Professor Proctor noted that the report covered avoidable readmissions rather than avoidable admissions.

4.1.7 Mrs Dodson commented that the provision of paediatric mental health support was already part of business planning. She asked that a full update be brought to the Board in January. **Action: Dr Lyth**

5. Report from the Chief Executive

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

5.2 Dr Tolcher noted that the listening events which had been provided for theatre staff had been poorly attended and that additional arrangements which had been put in place external to the department had also attracted few attendees. The HR team was looking back in depth at the outcomes of the 2014 National Staff Survey. On transfers between wards, Dr Tolcher said that there was a clear policy – only those with appropriate skills for the area into which they were transferring should be considered and they should be expected, welcomed and inducted. The Trust depended on having a flexible and willing workforce and would always ensure that there was safe staffing and that national guidelines were followed.

5.3 Moving on to safe staffing, Dr Tolcher drew out the importance of reacting to 'smoke detectors', as had happened in the Emergency Department and on the acute floor; no complaints or incidents had been reported but staff had been uneasy and, after investigation, action had been taken to address the issues. The Directorates had taken an objective look, and enhanced staffing, including improved skill mix, had been approved. This was organisationally positive; there were financial implications, in that the funding had come from the planned end of year surplus, but it was important to react quickly in such situations in order to assure care quality.

5.4 Dr Tolcher looked forward to discussing and agreeing the Trust's Vision and Mission at the subsequent Board Development session.

5.5 As far as the Vanguard work was concerned, the Value Proposition funding had been approved for the current year, although it had not yet arrived. Dr Tolcher said that there were some caveats in the approval letter, including the requirement to establish a partnering agreement with NHSE. She was disappointed to report that Yorkshire Health Network Limited (YHN), the GP federation, had indicated that it no longer wished to participate in the partnership. Discussions were ongoing in the hope that local GPs would still play the role envisaged. Withdrawal of YHN was not a showstopper as there were other ways in which primary care providers would be involved. Mrs Dodson noted that the GPs have a voice through the Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and Dr Tolcher agreed, saying that it was largely constructed of GPs. Under the Vanguard models there would be an enhanced role for GPs in caring for patients who do not have clinical needs requiring admission to hospital. She said that the pilot schemes, in Knaresborough and Boroughbridge, were going ahead and recruiting for staff had started.

5.6 Dr Tolcher briefly noted the financial position, which would be covered in depth later in the meeting.

5.7 Moving on, Dr Tolcher said that the Minutes of the September SMT meeting were available in the private section of the Board papers. In addition to the notes in her written report she said that at the October meeting the Directorates had submitted detailed financial recovery plans; these gave a higher level of confidence that the Trust would finish the year in surplus but would probably fall short of the forecast £1.8m planned level. SMT had also considered the longer-term Cost Improvement Programme (CIP), with the intention of moving away from transactional changes to clinical transformation measures which would deliver enduring efficiencies from 2016-17 onwards.

5.8 Dr Tolcher noted that the new national guidance on safe staffing had moved away from a ratio-based approach to one which was based around patient acuity. This was not just about nursing staff – the Trust must be mindful of having the right skills and resources for its patient profiles, and this included therapist and other healthcare providers. The guidance was helpful but the Trust would always have both a good methodology and foresight. It was not only inpatient staffing levels that would need to be considered - staffing levels in the Emergency Department and within the community were also important, although in the latter there would be new ways of working under the New Models of Care (NMOC) programme.

5.9 Turning to questions, Mr Thompson asked about the implications of work on IT systems under the West Yorkshire Association of Acute Trusts (WYAAT) alliance – would it compromise the Trust's IT strategy and cut across the Vanguard work. Responding, Mr Nicholas said that, on the contrary, it supported the IT strategy and would improve interoperability with other providers. Mr Thompson then asked to be reassured that work with the Ripon project was not in danger of overloading the management team, which seemed to be stretched already. Dr Tolcher said that this work was not demanding at the moment; the Trust was a major stakeholder in whatever emerged from the project and the next busy phase of work would be well into 2016. At the moment it was a question of checking that the Project Initiation Document (PID) was written at the right level. Mr Coulter added that the important step was for the commissioners to commission the right services at the right level. NHS Property Services would own any new building and it was important that any increased costs falling on to the Trust were recognised in the commissioning model. The end result for the Trust was likely to be changed revenue costs which were included in the contract by which it was commissioned to provide services. More details would be available in the New Year.

5.10 Professor Proctor had three questions – first she asked whether WYAAT included any mental health providers. Dr Tolcher said that this was not currently the position; WYAAT had grown from a small group of acute Trust CEOs and was now having conversations with mental health and community health providers, which may be included in time. At present WYAAT was concentrating on acute trusts. Her second question was about the adult safeguarding work – what were the implications and where would it be taken forward, to which Mrs Foster replied that all the work had already been fed in at the appropriate levels and it would be considered by the Quality Committee. Professor Proctor's final question was about the updating of corporate policies - what progress had been made? Dr Tolcher said that the work was on track for completion at the end of November although some steering group and sub-committees would not have met to endorse changes by then; the work, however, will have been completed.

5.11 Mrs Crewe said that the NMOC work was on track and that considerable work had been undertaken with practice staff and regular visits were taking place to practices. Dr

Tolcher reiterated her disappointment about the YHN decision but said that practices were positive and committed and the relationships were working.

5.12 Mrs Webster asked about progress with the use of electronic rostering, in the light of the cap on agency fees and expenditure. Mr Marshall replied that the Trust had engaged a company called Ocean's Blue to work with their Barnacles programme with Ward Managers and Lead Nurses. They would look into the granular detail of staff deployment, including best use of time balances, and he would bring a report on progress to the next Board meeting. **Action: Mr Marshall**

Mr Marshall went on to say that it would be challenging not to exceed the proposed capped rates of payment for agency staff and he would be refining his reports to show overtime, bank use and agency requirements. Mrs Webster asked whether there was any evidence of agencies adjusting rates, following the circulation of the proposed guidance. Mr Marshall said not at present but he was hoping that a similar model to the Comensura model would emerge. At present the priorities were to recruit to establishment, employ Trust staff to fill gaps, employ bank staff to fill vacancies and gaps and only then to go to agency staff.

5.13 Moving to the Board Assurance Framework (BAF) and Corporate Risk Register (CRR), Mrs Dodson said that it was important to see some movement, as had occurred this month. She noted that there were now two red risks and the BAF needed real focus from the Board. In the CRR Mrs Dodson noted that, as last month, there were two risks where actions were behind the planned timeline and she was concerned to know when they would be back on plan. Dr Tolcher said that as far as ward attenders were concerned the original plan had not delivered the expected outcomes and more work had been commissioned. Mrs Barron said that in the case of the ophthalmology patient backlog, significant work had taken place to reduce the number from around 3,000 to around 1,800 and that there was a 'time out' with the HaRD CCG and the Ophthalmology Department being planned for December to examine the potential for a more sustainable patient pathway. There was a lot of work going on and she was confident that solutions would be found. Mrs Dodson hoped that the work would produce a realistic and deliverable action plan which would deliver on time. Dr Tolcher said that it was important for these two risks to be back on plan or have a refreshed plan by the time of the next meeting of the Corporate Risk Review Group.

Action: Mrs Barron

6. Integrated Board Report

6.1 The report had been circulated in advance of the meeting and was taken as read. Mrs Dodson noted the synergy with the next item, the report by the Director of Finance.

6.2 Dr Tolcher proposed taking the report section by section. Taking Quality first she reminded the Board that the Safety Thermometer was a national point prevalence tool around a cluster of harms which took a snapshot once in the month and was therefore not always triangulated across the month. It was disappointing to fall below 95% (the Trust had been above this level since the Thermometer started in 2012) but she said that more important was the rate of falls, which was rated Red this month (measured as falls per 1,000 bed days). The Trust needed to understand why this had happened and whether or not it indicated an adverse trend.

6.3 Moving to Infection Control, Dr Tolcher said that this was rated Green based on avoidable lapses in care. However, there was an emerging theme relating to antibiotic stewardship and Dr Scullion was following this up for SMT. There could be an element of Junior Doctors prescribing 'just in case'. It was important to take the maximum learning

from the investigation so Public Health England had been engaged to look at the policies, systems and processes in place to try and understand what lay behind the trend.

6.4 Dr Tolcher asked Dr Scullion to comment on the mortality measures, which showed a divergence between HSMR (increasing) and SHMI (decreasing). Mrs Dodson wondered whether different periods over which they were measured could be a factor. Dr Scullion agreed that was possible but the difference is not great. He noted that both measures were within the expected range. Mr Nicholas added that the time frames could account for the difference as SHMI data is two months behind HSMR data. In addition, he said that HSMR measured a group of conditions that account for 80% of deaths within hospital and excluded specialist palliative care, whilst SHMI measured all deaths in hospital plus all patients who died within 30 days of discharge. Mr Coulter noted that these were both relative indicators which were regularly rebased. Comparison with unrebased figures from five years ago would show figures now that were significantly lower than previously.

6.5 Mrs Webster wondered how the Trust data compared with national data and whether the case note review was still being carried out. Dr Scullion said that the Mortality Review Group was continuing to review case notes and he was hoping to move to a better methodology, following discussions with Professor McClelland at Sheffield. Meanwhile the number of avoidable deaths was examined monthly – the new approach would look to align data across the region (and potentially wider in due course). Where lapses in care were identified then they would be investigated as serious incidents to provide action plans and learning opportunities.

6.6 On the issue of SIRIs and learning from them, Mr McLean asked from where the Board would draw assurance that these had been embedded. Dr Scullion said that it was difficult to know precisely how this could be demonstrated, except by analysis of trends year on year. Dr Tolcher said that by building clinical audit into the action plans there was a way of showing that the measures had made an impact and this would provide assurance. This was introduced as a requirement earlier in the year but it is too early yet to see the benefit of closing this loop.

6.7 Professor Proctor wondered what had been learnt as a result of the Patient Safety and Director Visits, and complaints over the previous quarter whilst Mrs Webster said that it was important to decide whether the Quality or Audit Committee was the best fit for providing assurance to the Board. Mr Ward noted that there had been no red complaints this year and linked this with SIRIs and Never Events; how could all this be used to good effect. Dr Tolcher replied that these were all different sources of intelligence about the quality of care being delivered. There were also issues which did not present as complaints but came in at a later date as claims. There was around a one-third correlation with complaints. There was overlap and the categories were not contiguous. Dr Scullion noted that a number of complaints were generated as a result of discussion with families after the completion of SIRI and Significant Event investigations.

6.8 Mrs Dodson said that that there was a need to watch the mortality indicators, with the possibility of stepping up action if rising trends were identified. Although it was challenging to understand why the two indicators were moving as they were, the detailed analysis needed to be undertaken offline. The Trust was not complacent. Dr Tolcher said that it would be important to understand mortality data in the context of NMOC where a greater number of patients would be dying at home (a positive change), which would present additional challenges. The HSMR was likely to fall whilst the SHMI would rise although this being a relative indicator the trend would also be affected by the rate of change in other providers. The indicators, however, did not measure whether or not it had been a ‘good’ death. Mr Coulter said that if expected deaths took place at home then the

HSMR indicator would rise. Mr Thompson commended to the Board Dr Scullion's previous paper on HSMR and SHMI, which he suggested was put into the BoardPad Reading Room, and said that it was right that the Board should ask every time it had concerns about the indicators and what they were demonstrating.

Action: Mr Forsyth

6.9 Moving on, Mrs Foster said that she was pleased to note that the October Safety Thermometer was back over 97% and was at its best ever level. She was happy with progress on Falls with fractures (22 to date in 2014-15, 9 in 2015-16). Mrs Webster said that the Quality Committee was addressing the RAG thresholds.

6.10 Mrs Taylor said that the Staff Friends and Family Test results were revealing. Mr Marshall said that he was taking part in a consultation led by NHS Employers regarding employer's views of the national test. For instance, some benchmarking organisations had surveyed less than 1% of their staff and therefore the credibility of such a return rate was questionable from a benchmarking point of view. Q2 results for the Trust, whilst remaining above the national average had shown a reduction, at 60%, of staff that were either extremely likely or likely to recommend the Trust as a place to work. In Q1 the Acute and Cancer Care Directorate (as was) had been surveyed, whilst in Q2 it had been Elective Care. In Q3 it was intended to ask all members of staff to respond. He noted that the consultation on Values and Behaviours had drawn positive comment and drew attention to the low levels of sickness absence. He was looking at improving staff engagement through a follow-up to Celebrating Success and the Dragon's Den in 2016, with more focus on engagement with all staff and family members. He was also looking at ideas for recognition of teams. In conclusion he felt it was right to have an Amber rating for this measure. Mrs Dodson said that the performance on staff sickness and absence was good and should be maintained, and Mr Marshall noted that the recent Partnership Forum had made no adverse comments, whilst making some helpful suggestions on ways to recognise the efforts of teams.

7. Report by the Director of Finance

7.1 Mr Coulter's written report had been circulated in advance of the meeting and was taken as read, alongside the relevant indicators within the Integrated Board Report.

7.2 Dr Tolcher drew attention to the rise in the percentage of cases of Delayed Transfer of Care (DTOC). These were patients whose clinical needs did not require an acute bed and this had an impact on patient flow. It was noted that delays for patients from the Leeds CCGs had gone up and there were conversations in train with the Leeds local authorities. To place this in context, however, she said the DTOCs numbered 8 or 9, as against more than 100 for Leeds TH. Mr Nicholas said that the position may improve following the outcome of the Discharge to Assess trial underway in Scarborough. Mr McLean thought the reason was the impact of funding and understaffing in care facilities. Dr Tolcher said that the DTOCs fell into three groups – those awaiting assessment, those assessed but waiting and those seeking private facilities for discharge. In this last situation the patient (and carers) had up to 28 days to decide on where to go. The suspension of charges against the local authority remained in place, as a gesture of goodwill and she did not believe that reinstating it would improve matters.

7.3 Mrs Dodson said that DTOCs had been a major subject of discussion at the recent meeting of Trust Chairs at Leeds TH. Patient-choice was currently not time-limited and there was national campaigning underway to address the approach of step-down facilities rather than continued occupation of an acute bed. Dr Tolcher pointed out that this would be different to the Trust step-down beds, which were for rehabilitation. Mr Ward said that he was disappointed that this was red – had actions from the bed audit not been tracking

this. Dr Tolcher reminded the Board that the bed audit had been a single, rather than rolling, event during which it had been found that 58% of beds were occupied by people whose needs could be met elsewhere. It had provided background and an evidence base for the NMOC work. To move forward the Trust needed to agree contractual KPIs including potentially avoidable clinical admissions.

7.4 Dr Tolcher said that the year to date spend on temporary agency and bank staff was 7.1%, as against 7.5% at the same point last year. This had been discussed in considerable detail at the recent SMT meeting, as agency spend was at its' highest level for 18 months and SMT was looking very closely at it, because it also had a quality impact. Mr Coulter pointed out that the Trust was spending less than 1% on agency nurses as against the new 3% threshold. Moving to the rest of his report Mr Coulter said that in September the Trust had an in-month surplus of c£300,000 but this was behind the planned level of surplus. For the year to date the Trust was £1.4m behind plan. Income for September had been around £0.5m behind plan including £300,000 in orthopaedics (equating to around 80 patients). The planning had been undertaken robustly based upon capacity and historical trends; this was much more around delivery of the plan. Mr Ward said that over the previous three months income was down by around £800,000 but costs had been lower in September – he asked whether the recovery plans realistic.

7.5 Mrs Barron said that she believed the position to be recoverable and that there was theatre capacity to cope. She was filling Saturday appointments with willing consultants requesting capacity. Appointments had been made to gaps in middle grade doctor posts and the consultants were confident that the Fellows were competent to operate unsupervised. A new consultant would start in January 2016, with evening sessions incorporated into the Job Plan and she was looking at options to deliver further capacity.

7.6 Moving to expenditure, Mr Coulter said that theatres had been underspent in the month whilst agency costs had amounted to £0.5m. This had encompassed ward 1:1 healthcare assistant roles (running at 25-30 during September) and covering gaps caused by staff sickness. He reminded the Board that the CIP had originally been costed at £10.2m but there had been a benefit from the Tariff change of £1.4m, which the Directorates had decided should be left in as a stretch target to fund service pressures when needed. This meant that the internal CIP target was £10.2m whilst the external, Monitor, target was £8.8m. The CIP schemes actioned to date would deliver £8.8m over the full 12 month period. Further work was underway on delivering the internal stretch target, some of which had already been committed (ED, acute floor, Woodlands ward and therapists) so must be realised. There had been clear and robust discussions at SMT.

7.7 Mr Coulter said that he proposed reporting a Financial Sustainability Risk Rating of 3 at the end of Q2. This is what was planned for at the beginning of the year. However, he wishes the Board members to be aware that the Trust had received notification of possible regulatory action from Monitor, based on the last monthly return (August). This was despite a lengthy telephone call on 22 October, in which the August position had been discussed in detail and no reference to any further action had been made. He was disappointed, therefore, to receive the letter. A response to the letter would be submitted as requested and the most important issue for the Trust was to return to the financial plan. Mrs Dodson sought and received **Board approval** to submit a FSRR of 3.

7.8 Mr Thompson asked about comments made in Dr Tolcher's report about medical equipment failures and to be reassured on actions being taken to support the asset register. Mr Coulter made it clear that if patient safety was affected then funding would be available to purchase medical equipment. Mrs Taylor noted the position on bladder scanners in Littondale ward, which she had seen during a Patient Safety Visit, and the

impact on the morale of staff as well as patients, reflected in FFT responses. Dr Tolcher said that these things were all related and noted that charitable funds were being used where appropriate. Dr Scullion emphasised that it was important that staff were properly trained to use and look after equipment.

7.9 Mr Nicholas said that whilst key national cancer targets had been met, those for the Emergency Department had not been met in September, either overall or for HDH alone. There were a number of challenges and issues including patient flows, specialty reviews, resources and staffing. The FLIP project had improved the position and standards had been agreed for specialty reviews; Board members were aware of the adjustments to staffing which had been agreed. Mrs Crewe said that the additional staff were being recruited, with Band 5/Band 6 nurses appointed, subject to checks. A new rota had been established for both medical and nursing staff, to address the changing complexity and time of activity in the Emergency Department.

7.10 Mr Nicholas said that the 62-day cancer performance was down in September but it had been delivered for the quarter. A report on the GP OOHs service would be taken to the November meeting of the Quality Committee. Mrs Crewe said that the report would pick up anomalies in the data quality. Mrs Webster said whilst she saw the benefits of the Integrated Board Report there needed to be a way of making it work better. There was a huge volume of work underway but many of the comments were the same as the previous month. She needed to be assured that progress was being made. Dr Tolcher said that this was an important point. In some cases it was the nature of the metric and in-month activity which meant that the comments were similar. As far as the GP OOHs service was concerned there was work continuing behind the scenes. She had asked at SMT about the quality of care provided – any avoidable harm would be the responsibility of the Trust – and been reassured that no patients were suffering harm and there was no compromise from not reaching the standard. Regular audits remained in place. Mrs Crewe acknowledged that assurance needed to be provided in the report and said that work on the GP OOHs service was gaining momentum. Dr Tolcher noted that there was some concern about a trend towards extended waiting times on the 18-week pathway.

7.11 Mrs Dodson closed by affirming that the ideal should be that the interpretation for all metrics, as well as the metrics themselves, are updated every month.

7.1 CIP 2016-17

7.1.1 Mr Coulter's report had been circulated in advance of the meeting and was taken as read. Some of the detail had been updated since the Finance Committee.

7.1.2 Mr Coulter said that the assumptions made around the Tariff on page 2 would be different as the planning process moved forward. However, the working assumption was that a saving of £9.1m would be needed. Trust wide £8.66m had been identified, which amounted to around 95% of the requirement. This compared with the position in February 2015 when around 85% of the current year's programme had been identified. The Transformation and Business Development programme were starting to feed in to the process. Quality Impact Assessments were taking place within Directorates and the Medical Director and Chief Nurse would report the outcome of their process to the Board in due course. Mr Coulter noted that a number of tenders were outstanding that could contribute to the efficiency programme but because they were commercially sensitive these would be covered in the confidential session of the meeting.

7.1.3 Mr Thompson said that a lot of hard work had been taking place and he was pleased to see that the Trust was further forward than this time last year. Mrs Dodson said that the Trust was a 'can do' organisation and efficiencies could always be found. Dr

Tolcher said that there was a strong focus on recurrent measures this year, to the extent that she anticipated that less than 10% would be non-recurrent. Mr Coulter also noted that the figure for savings calculated by the Carter Review had not yet been received.

7.1.4 Mrs Taylor wondered whether the plans were shared with the HaRD CCG, which Mr Coulter confirmed and said that the Quality Impact Assessment was also shared to reassure the CCG that patient safety was not compromised. Dr Tolcher said that the CCG was also looking at QIPP schemes. The Vanguard project was constructed around Non-Elective admissions and the CCG was also looking to reduce elective care costs at the Trust in order to manage within its financial allocation. The Trust would be working closely with the CCG to ensure clinically sound decision-making. It would be important to avoid unintended consequences.

7.2 Business Plan

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

7.2.2 Mr Coulter noted that the Business Plan would have to take into account the Five Year Forward View (of which four years were left) as well as the wider national context, seven day standards, the Carter Review and pay restraint. The commissioning environment was stable but assumptions had been made around Tariff reduction. The first draft Tariff for consultation was expected around the end of January with the final Tariff being confirmed at the end of March.

7.2.3 Now that the contract with the HaRD CCG had been signed, discussions had begun around the 2016-17 contractual framework, with a view to agreeing principles before the end of the calendar year. In relation to capital, each Directorate would be allocated depreciation funding. The Board would be updated every month about the planning progress being made and the Finance Committee would meet in January, February and March; the Governor Working Group on the Business Plan has already held its first meeting. There would be timeouts to discuss NMOC and other big issues.

7.2.4 Mr Ward asked whether there was a likelihood that other one-off payments would be received and Mr Coulter said that at present there had been no indication of additional funding, although that would be dependent upon national issues; the CCG had stated that they had no further funding to expend.

7.2.5 Dr Tolcher said that the Trust was being prudent in planning; there were two potential sources of extra funding for 2015/16, mental health liaison and resilience funding. The system had also recognised transitional funding for the NMOC new work, which would cover the double-running needed. Mrs Webster expected the Plan to show both the double-running and the savings from new approaches to work. Mrs Dodson gained the agreement of the Board to the timeline for the Business Plan.

7.2.6 Moving to the Strategic Key Performance Indicators (KPI), Mr Coulter said that there was more refinement of the RAG ratings to be completed. Dr Tolcher said that each KPI would measure the strategic trajectory from today; they would be monitored and reported to the Board quarterly.

7.2.7 Mr McLean said that he found the narrative helpful and that it could be used a as a learning point for the narrative in the Integrated Board Report.

7.2.8 Mrs Barron said that in reviewing the Orthogeriatrician role, there would be a timeout in November which would seek to provide more cross cover, and thus resilience,

in care for the elderly frail patient. Mrs Dodson asked what level of achievement was needed and was there benchmarking, to which Dr Scullion replied that for hips 100% was the ideal for both patients and the Trust.

7.2.9 Mr Marshall said that the trades unions across the region had been discussing NMOC and the link between processes and staff FFT. They wanted to see longer-term contracts in place to improve continuity and reduce the resources 'wasted' on TUPE transfers in and out of organisations.

7.2.10 Reflecting on the Business Plan and CIP, Professor Proctor wondered how best to communicate the strategy around future models of care to the local catchment population – what to expect, for example. This could have a positive effect on the number of complaints. Mr Coulter said that the HaRD System Resilience Group would run a campaign although this may not be robust enough. Professor Proctor also thought there would be a need to manage expectations around the CIP.

7.2.11 In Dr Tolcher's view it was a matter of engagement not communication. The challenge to the system was widening community involvement in decision-making. There was a need to achieve more for less and the CCG was already looking at thresholds and how to involve the community in conversations about resourcing.

8. Directorate Reports

8.1 Mrs Crewe said that two Rapid Process Improvement Workshops had taken place around the Wheelchair service and the principles of a Wheelchair Charter had been agreed. Whilst there were some concerns, the feedback had been positive and there was commitment from the commissioners to change their plans.

8.2 The Urgent, Cancer and Community Care Directorate had started to plan for the CQC inspection with a series of briefings and a self-assessment programme designed to get a feel for the issues as well as engage with, and learn from, staff. The Quality of Care teams were also reviewing expectations and taking feedback from staff. Mrs Crewe said that the 'deep dive' on Trinity ward had been a valuable way of understanding concerns and rewarding good practice, and a similar process was underway in the Emergency Department.

8.3 Mrs Barron echoed the approach on preparation for the CQC inspection in Elective Care. She was pleased to report that Mrs Jackson had been appointed as Clinical Lead for Obstetrics and Gynaecology. A new Matron for Paediatrics had been appointed – she was experienced and had come from Leeds. The opening of the Maternity Assessment Centre had gone well and was featured on its' own Facebook page!

8.4 A new plastics service had been initiated, shared with York and run by Mr McLeod – Dr Tolcher hoped that it would be featured in the local media. Finally Mrs Barron noted that she was intending to hold an early meeting between the General Surgery teams around establishing consistency and capacity.

8.5 In Integrated Care, Dr Lyth said that the CQC inspection was an opportunity to showcase the services provided in the Trust. She reported that a new Consultant Community paediatrician would start work in July. A number of good applications had been received for the new Consultant Rheumatologist post. She was concerned that the Middle Grade rota, which should run at 1:9, was running with gaps at 1:7.6; this was a regional issue and causing challenges as external locums were difficult to find. In May consultants had been required to step down to perform middle grade roles 11 times. Two new Fellows posts had been approved.

8.6 On nursing, there were vacancies but plans were in place to fill them. Dr Lyth said that the FLIP had been made to work by the staff and early indications were that it was going well. Finally she noted that the artwork project at the Child Development Centre in Northallerton had been completed and would be opened on the forthcoming Friday. It had been funded by the efforts of the staff, who had shown considerable dedication and skill.

8.7 Mrs Dodson asked Dr Lyth to thank the staff involved in the FLIP, who had put in a lot of effort to make it work. The feedback she had received was that the new arrangement was working well.

8.8 Professor Proctor was encouraged to hear about the preparation for the CQC inspection and wondered how it would be communicated to the Board. Dr Tolcher said that the standards being worked to were the same as always it was a matter of making sure that staff are up to date. It was important that staff had confidence in plans to address known shortcomings and were not left feeling that nothing was happening. The Trust would be using the normal governance systems – good governance included good listening. Issues would be brought to the Board as part of normal business.

8.9 Mr Thompson asked about knowledge around the strategy and how information would be made available to staff. Dr Tolcher replied that once there was clarity around the objectives, the Vision and Mission, they would be part of a suite of documents, including the Well-Led Review self-assessment; the Marketing and Communications Manager would work up a strong set of visual representations on the Vision, Mission and Trust objectives.

8.10 Mr McLean expected that the Trust would manage any negative issues ahead of the CQC inspection from a staff perspective. Mr Marshall noted that an example of this could be Deanery triggered visits, where the Trust had changed the workforce model to accommodate the reduced availability of Middle Grade doctors.

9. Report by the Chairman of the Quality Committee.

9.1 The Minutes of the meeting on 2 September had been circulated in advance of the meeting and were taken as read.

9.2 Mrs Webster said that the October meeting had been well-attended and had a very full agenda. The Director of Infection Prevention and Control had been invited to bring a further report on *Clostridium. difficile* cases to the December meeting, to provide assurance about timely completion of Root Cause Analyses and on the external review which was in hand. The Committee had discussed the planned closure of the Local Supervising Authority and had asked the Matron to report back in January on the impact of this. Finally Mrs Webster noted that the Patient Experience report had been put into a new format which she considered to be a major step forward and a new way of looking at the information.

10. Report by the Medical Director

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

10.2 Dr Scullion said that the 7-day services self-assessment tool had not yet been published. He thought that there were likely to be further actions to follow the publication.

10.3 He noted also that the Requiem for Dr Toop, retired Consultant in Chemical Pathology, had been well-attended by staff and Board members; Mrs Dodson said that she had written to his widow conveying the condolences of the Board .

10.4 Dr Tolcher said that there could be media interest in the publication of the 7-day services self-assessment tool which could place the Trust on the wrong side of the average. Dr Scullion agreed, commenting that the tool was not geared up for small acute Trusts, rather it was a catch-all questionnaire.

10.5 In response to Mr McLean, Dr Scullion said that the NRLS data placed the Trust in around the middle of acute Trusts which indicated that reporting and attribution had improved, although the Trust remained an above average reporter of 'moderate' harm, so there was still work to do.

10.6 Drawing attention to the closure of Bootham Park on the grounds of concerns about the state of the properties, Mrs Webster asked about the risk the Trust had against NHS PS properties. Mr Coulter said that the position was improving, and more assurance was available, following work by the Estates team alongside NHS PS. The process was continuing. In the case of Bootham Park, because it had to be de-registered when changing providers it was not in a fit state to be registered by the new provider. This was a learning point for the Trust when taking on new contracts.

10.7 Mrs Taylor suggested an increase in the number of Patient Safety Visits to sites in the community, which was agreed. **Action: Mrs Foster**

11. Report by the Chief Nurse

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

11.2 Mrs Dodson said that she hoped to see the same frequency of Director Visits as Patient Safety Visits and that they would be reported in a similar way in future reports. Mrs Foster said that she would in future add them to her report. Mr McLean said that he had visited the Day Surgery Unit and theatres. The staff in the former were highly committed and had suggested improvements such as timings and other simple things. Dr Tolcher said that part of the new approach to quality was to recognise new ideas, especially from staff. Mrs Barron commented that there had been fantastic engagement as a result of the transformation work, with both improved efficiency and patient experience. Mrs Taylor had visited Littondale ward and had been impressed with their quality board. Overall the visit had been satisfactory but the staff felt that they were always the first ward to be asked to lend staff elsewhere in the Trust. Mr Coulter said that Littondale had taken changes to staffing positively and they were redeployed first because they were good.

11.3 Turning to nurse and midwife recruitment, Mrs Foster said that the processes following the recruitment event had been good but that it was important to keep the momentum going. The working group continued to meet every 10 days. There were currently 30 vacancies at Band 5 (the most crucial being four in CATT and AMU and four in Jervaulx/Byland) – these included vacancies, gaps and those recruited but not yet arrived. Gaps in Care Support Workers were almost nil and this had reduced the need for external 1:1 cover. An Open Event, covering both internal and Vanguard recruiting, was planned for 12 November. All those who had previously registered an interest, but had not yet attended an event, were being followed up and the Marketing and Communications Manager was examining ways in which the Trust could raise awareness and target potential recruits through social media.

11.4 Mr McLean asked that the position be reflected in future reports. Mr Marshall noted that there was around a 10% vacancy rate nationally and that nurses had now been added to the national shortage database, which could ease international recruitment. He was interested to know how to support local student nurses at Leeds to ensure continued linkage as they moved towards graduation.

11.5 Mr Ward asked whether the Emergency Department should be added to the list of wards in her report and Mrs Foster said that this would be part of the data to be seen by the Board. Dr Tolcher noted that the figures needed to reflect safe staffing across the totality of the Trust and not just those areas which were required by external authorities. In agreeing, Mrs Foster noted that where there had previously been 19 vacancies in theatres there was just one, following recruitment effort. Mrs Dodson considered that an executive summary, rather than the current depth of detail, would be of more value to the Board.

Action: Mrs Foster

11.6 Mrs Foster said that by the end of November all Care Support Worker vacancies would be filled. Additionally all paediatric posts will have been filled.

11.7 A review of the output and effectiveness of Quality of Care meetings had carried some stark messages and the recommendations had been seen at SMT. The recommendations were being taken forward and a report will be made at the November SMT.

11.1 Quarterly Claims Report

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

11.1.2 Mrs Foster wondered whether this report was useful to the Board or should be taken by another committee. Dr Tolcher felt that it needed visibility elsewhere. The question was what could be learned from the report. She noted that of 21 claims only 11 had been known prior to them being laid. She asked Dr Scullion to investigate and report in November as to whether the Trusts governance processes should have detected the other 10 claims before they were made, if the claimant had been so dissatisfied, should the Trust have been able to anticipate the claim?

11.1.3 Mr Thompson had concerns about the lack of data and asked that more information be included. The Audit Committee had been surprised previously by a major claim of which they had not received an early warning or visibility. It would be helpful to have some 'shorthand' indication of liability.

12. Report by the Chief Operating Officer

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

12.2 Mr Nicholas reiterated that the FLIP was working well and already releasing bed capacity. Mr Thompson asked whether the change in management arrangements for Imtech had impinged on the progress of the CEF project and Mr Coulter confirmed that there had been no increase in problems.

12.3 Mr Nicholas recommended that the Board approve the mid-year Information Governance Report and the submission of the Monitor Risk Assessment Framework as Green and this was **approved.**

13. Report by the Director of Workforce and Organisational Development

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

13.2 Mr Marshall said that the Junior Doctors' contract proposals would be the subject of a ballot of BMA members in November. He was organising two listening events with junior doctors at the Trust. He was part of the NHS Employers working Group. The Trust was drawing up contingency plans (via the Operational Delivery Group) to implement if industrial action took place. Mr Marshall also noted that he was part of the WYAAT HRD group which was looking at a reduction in agency costs as one of its workforce priorities.

13.3 Finally Mr Marshall commented that the revisit by Health Education Yorkshire and the Humber would take place in January and would look in detail at those areas identified in its previous report.

14. Reports

14.1 Mrs Taylor reported that at its' last meeting the Finance Committee had examined the CIPs (2015-16 and 2016-17), the Imtech contract, business development, repair and replacement of equipment and the Monitor Risk Assessment Framework.

14.2 Mr Thompson said that the Audit Committee had looked at the implementation of Internal Audit recommendations and he was looking forward to seeing considerable progress when the Committee next met, in December. The Terms of Reference were being revised for consideration in December.

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

15.1 Mrs Dodson confirmed that the Governance and Financial report had been approved earlier in the meeting, and that a response to the regulatory letter would be agreed and despatched before the deadline.

15.2 She noted that the Board Succession Plan and SIRI reports would be discussed in the closed session of the meeting.

16. Any Other Business

16.1 Minutes of the Council of Governors 16 May 2015

16.1 These Minutes were noted.

16.2 Treasury Management Policy

16.2 Mrs Dodson sought and received **approval** for the Treasury Management Policy, which had been circulated to Board members in advance of the meeting, and was taken as read.

17. Board Evaluation

17.1 Mrs Dodson said she accepted that the last part of the meeting had been rushed. Mr McLean was pleased to have felt that a thread had been picked up and carried through the meeting. Mrs Webster said that the Integrated Board Report was working for her and themes were being picked up better. Dr Tolcher thought that the meeting had been more strategic and less operational and anecdotal.

17.2 Dr Lyth asked that the Minutes be circulated earlier in draft form so that an inconsistencies could be agreed before publication. Mrs Dodson agreed, although she believed that nuances in the draft were better discussed at the Board meeting. Dr Tolcher was concerned that draft Minutes should not be published on the website and Mrs Dodson asked that this be considered without losing transparency.

Action: Mr Forsyth

17.3 Mrs Dodson thanked the Governors and member of the public for attending and then moved the Confidential Motion.

18. Confidential Motion

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

The Board agreed the motion unanimously.

The meeting closed at 12.45pm.

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – November 2015

Completed Actions

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

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

Item Description	Director/ Manager Responsible	Date of completion/progress update	Confirm action Complete
Report on Action Plan following Morecambe Bay Inquiry	Mrs Foster, Chief Nurse	July 2015	Complete
Circulate to Board members agreed HHTB Principles document	Dr Tolcher, Chief Executive	July 2015	Complete
Board Agenda to include monthly reports from, and Minutes of, Committees of the Board	Mr Forsyth, Interim Head of Corporate Affairs	July 2015	Complete
Invite comments on draft Integrated Board Report for final version at September Board meeting	Mr Forsyth, Interim Head of Corporate Affairs	July 2015	Complete
Report to Board on how changes resulting from implementation of Duty of Candour are being prioritised	Dr Scullion, Medical Director	July 2015	Complete
Possible changes to the Remuneration Committee to be discussed by NEDs	Mrs Dodson, Chairman	July 2015	Complete
Investigate the incidence of deaths which took place within 24 or 48 hours of admission on Thursdays or Fridays	Dr Scullion, Medical Director	September 2015 (July 2015)	Complete
Report on overarching review of growth charts and associated issues in	Dr Johnson, Clinical Director, Elective Care	September 2015	Complete
Mr Lavalette, NCEPOD Ambassador, to report biannually (Mar/Sep) on progress of NCEPOD work	Dr Scullion, Medical Director	September 2015	Complete
Report progress on GPOOH service	Mr Alldred, Clinical Director, Acute and Cancer Care	September 2015	Complete
Update on immunisation screening of staff	Mr Marshall, Director of Workforce and	September 2015	Complete

	Organisational Development		
Examine the possibility of seconding a substitute IPC nurse to Director Team visits when required	Mrs Foster, Chief Nurse	September 2015	Complete
Arrange a session on risk assessment for Non-Executive Directors	Mr Coulter, Director of Finance/Deputy Chief Executive	September 2015	Complete
Investigate linkage between HDF research nurse and Leeds University project on pressure ulcers	Mrs Foster – Chief Nurse	September 2015	Complete
Report on outcome of Clinical Lead discussions	Dr Johnson, Clinical Director, Elective Care	September 2015	Complete
Write to Nursing and Midwifery Council re concern about lack of statutory replacement	Mrs Foster, Chief Nurse	September 2015	Complete
Provide Board members with link to data underlying report	Mr Marshall, Director of Workforce and Organisational Development	September 2015	Complete
Circulate Healthwatch report on York Wheelchair service to Board members	Mr Alldred, Clinical Director, Acute and Cancer Care	September 2015	Complete
Update the Board on progress with managing transfers of nursing staff to cover shortages (5.8)	Dr Ros Tolcher – Chief Executive	October 2015	Complete
Report on implementation of action plans from Internal Audits (5.22)	Dr Ros Tolcher – Chief Executive	October 2015	Complete
Update the Board on issues around surgical care of the elderly (7.1.5)	Dr David Scullion – Medical Director	October 2015	Complete
Reply to letter on cancer pathways from Chairman of LTHT (7.4)	Mrs Sandra Dodson - Chairman	October 2015	Complete
Brief the Board on discussions with chairman of regional mortality group (7.7)	Dr David Scullion – Medical Director	October 2015	Complete
Develop and circulate a consistent narrative and direction of travel for the Trust (4.1.2)	Dr Tolcher - Chief Executive	October 2015	Complete
Board Paper on Admissions (including readmissions) (10.5)	Dr Lyth - Clinical Director, Integrated Care Directorate	October 2015 (July 2015)	Complete
Report to the Board on outcomes of National Emergency Laparotomy audit (7.3)	Dr Scullion - Medical Director	October 2015	Complete

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – Outstanding Actions

November 2015

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Board or when a confirmation of completion/ progress update is required	Detail progress and when item to return to Board if required
1	September 2015	Bring National Quality Board report to the Board (8.6)	Mrs Jill Foster – Chief Nurse	**November 2015**	
2	October 2015	Report on Ocean's Blue – Barnacles work with Ward Managers/Line Managers (5.12)	Mr Phillip Marshall – Director of Workforce and Organisational Development	**November 2015**	
3	October 2015	Refresh plan for reducing ophthalmology patient backlog (5.13)	Mrs Barron – Operational Director, Elective Care Directorate	**November 2015**	
3	October 2015	Medical Director paper on HSMI and SHMI to be placed in Reading Room (6.8)	Mr Andrew Forsyth – Interim Head of Corporate Affairs	**November 2015**	Complete
4	October 2015	Convey thanks of Board to team involved in executing FLIP project (8.7)	Dr Natalie Lyth – Clinical Director, Integrated Care Directorate	**November 2015**	
5	October 2015	Increase the number of Patient Safety Visits to community services (10.7)	Mrs Jill Foster – Chief Nurse	**November 2015**	
6	October 2015	Examine whether 10 unexpected claims (of 21) could or should have been anticipated (11.1.2)	Dr David Scullion – Medical Director	**November 2015**	
7	October 2015	Draft Minutes of Board meetings to be published in advance of	Mr Andrew Forsyth – Interim Head of Corporate Affairs	**November 2015**	

		final papers (17.2)			
8	September 2015	Update the Board on progress with review and archiving of policies (5.16)	Dr Ros Tolcher – Chief Executive	**November 2015**	
9	June 2015	Investigate potential for HDFT to instigate Beacon Wards scheme (4.0)	Mrs Foster - Chief Nurse	January 2016 (September 2015)	
10	October 2015	Update report on reducing avoidable admissions (4.1.7)	Dr Lyth – Clinical Director, Integrated Care	January 2016	

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 25 November 2015	Paper No: **4.1**
Title	How HDFT ensures nurse and care staffing capacity and capability across the in-patient wards.
Sponsoring Director	Jill Foster, Chief Nurse
Author(s)	Jill Foster, Chief Nurse Alison Mayfield, Deputy Chief Nurse
Report Purpose	To assure the Board of Directors how nurse and care staffing capacity and capability across the in-patient wards is planned, delivered and monitored to ensure the right people with the right skills, are in the right place at the right time (National Quality Board 2013)

Key Issues for Board Focus: For the Board of Directors to note how safe nurse staffing levels are planned, delivered and monitored and approve the recommendations of the report.

Related Trust Vision	
1. To deliver high quality care	Yes - the right levels of staff with the right skills are key to delivering high quality care.
2. To work with partners to deliver integrated care	
3. To ensure clinical and financial sustainability	Yes – to ensure the right levels of staff for the future

Risk and Assurance	The paper provides assurance on the quality monitoring systems in use for safe nurse and care staffing levels and identifies risks and challenges.
Legal implications/ Regulatory Requirements	The contents of this report reflect the focus on quality and safety standards with regard to nurse staffing levels which are integral to the Trust's regulatory framework

Action Required by the Board of Directors
To **note** how safe nurse staffing levels are planned, delivered and monitored and approve the recommendations of the report.

Context

The impact of nursing, midwifery and care staffing capability and capacity on the quality of care experienced by patients and patient outcomes has been well documented in several high profile reports notably, Francis (2013), Keogh (2013), Berwick (2013).

Introduction

Adult in-patient ward staffing levels have remained a key feature of the service developments at Harrogate and District NHS Foundation Trust (HDFT) with additional investment in 2015. This has ensured that all adult in-patient wards currently have a planned daytime Registered Nurse (RN): Patient ratio of no more than 1RN:8 patients, this RN figure does include the nurse in charge. This follows on from additional nursing investments in previous years since August 2008 (See Appendix 1).

To date in England there are no mandated minimum nurse staffing levels for acute adult in-patient wards. NICE guidance states that there is no single staff to patient ratio that can applied across all acute wards however suggests that Trusts take into account that there is "evidence of increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts" (NICE 2014). It does indicate that the 1:8 ratios exclude the nurse in charge.

NICE also makes recommendations about determining ward establishments and "on-the-day assessments" of nursing staff requirements and individual patient care needs with the emphasis being on "safe patient care" The importance of professional judgement linked with accredited decision support tools to assess dependency and acuity and the review of "safe nursing indicators" and "nursing red flag" events is stressed by NICE.

This has further being emphasised in a recent letter dated 13 October 2015 which I have attached a copy (Appendix 2) sent jointly by the TDA, Monitor, CQC and NICE to all NHS FT and Trust CEOs, FDs, MDs, COOs and Nursing Directors, titled "Safe staffing and efficiency" which emphasises the importance of "a rounded view of staffing", and looking "at staffing in a flexible way which is focused on the quality of care, patient safety and efficiency rather than just numbers and ratios of staff". The letter stresses that a 1:8 ratio is "a guide not a requirement".

Background

In August 2013 a workforce review was undertaken at HDFT for the adult in-patient wards and subsequent staffing papers were presented at the October 2013, May 2014 and November 2014 Board of Directors. This review particularly focused on the Registered Nurse to patient staffing ratios, and skill mix. A high proportion of patients on the adult wards at HDFT are elderly and HDFT staffing levels were benchmarked against the specific guidance (Safe Staffing for Older People's Wards-RCN Summary Guidance and Recommendations March 2012 and Safe Staffing for Older People's Wards RCN Toolkit October 2012). Since October 2013 HDFT has been working towards a minimum **1:7 RN: patient ratio** for the **adult in patient wards** (daytime shifts only) and **these numbers include the nurse in charge** on each shift. To note this ratio is a guide and needs to be taken in the context of a multiplicity of factors.

Nurse staffing reviews since 2008 at HDFT have all featured strong engagement of professional leaders including ward sisters, charge nurses and matrons. Nurse staffing tools (acuity tools) have been used to support decision making regarding required staffing levels and NICE (October 2014) has endorsed the Safer Nursing Care Tool (SNCT) which we use at HDFT in conjunction with professional judgement, patient feedback, patient safety incidents and key Quality Indicators.

This paper aims to provide an updated position status regarding acute adult in patient ward Registered Nurse to patient ratios and skill mix and also includes the results of a recent dependency study using the Safer Nursing Care Tool. (SNCT - see Appendix 3).

Guiding principles for adult in patient ward nurse staffing establishments at HDFT

- Professional judgement, Registered Nurse to patient ratios, skill mix, key performance indicators and the use of evidence based tools will be used guide decision making with regard to nurse staffing levels at HDFT.
- Ward sisters/charge nurses have three supervisory days factored into establishments on the adult in patient wards (with the exception of Harlow suite)
- Every ward has 1.00 wte band 7 Ward Sister/Charge Nurse and 1.00wte band 6 Sister/Charge Nurse, with a second rotational band 5 to 6 initiative in operation on most wards.
- Each ward has a ward clerk.
- Most wards have a nutritional assistant
- Headroom uplift to establishments per ward which includes annual leave 14.96%, Study leave 1.92%, Sickness 3.9%. Total 20.78%.

The general ward establishments do not include:

- Further 1:1 care requirements (in addition to recent investment)
- Winter pressures
- Maternity leave cover for staff (which is currently accommodated through a central resource which enables backfill)

  However, there is some central funding to support pressures arising from the above.

Using National Standards with Local Professional Judgement

AT HDFT the adult in patient wards RN to patient staffing ratios and skill mix have been RAG rated using this toolkit in a modified form. The tool is a recommendation for **daytime shift** staffing only.

Table 1: Summary RCN recommendations October 2012

Table 1: Summary RCN recommendations

	Registered nurse (RN) patient ratio	Staff: patient ratio	Number of RNs	Total staff on duty
Unsafe	1:9	1: 4.6	3	6
Basically safe care	1:7	1: 3.3 – 3.8	≥4	≥8
Ideal, good quality care	1:5 - 1:7	1: 3.3 – 3.8	4 - 6	≥8

This has been considered, with a HDFT suggested interpretation of these recommendations below:

Table 2: HDFT recommendations August 2013

HDFT recommended staff / patient ratio			
	RN to patient ratio	**Staff to patient ratio**	**Skill mix**
Unsafe	**1:8.1 and above**	**1:4.6 and above**	**Less than 50:50**
Basically safe care	**1:7.1 to 1:8**	**1:3.9 to 1:4.5**	**Up to 64:36**
Ideal, good quality care	**1:5 to 1:7**	**1:3.3 to 1:3.8**	**65:35**

The current nursing ratios are based on existing budgets (including additional 2015/16 investment) and are detailed in table 3.The assessment criteria are based on the HDFT interpretation above, and have been applied to the early and late daytime shifts only. Therefore the graph below shows for example, that Wensleydale has one RN to seven beds on the early shift and one RN to seven beds on a late shift. (Please note the graph assumes that the bed occupancy is 100% as the bed numbers have been used in compilation of the analysis below).

***To note* - this data includes the nurse in charge of the shift.**

Table 3: RN on shift to Patient ratio November 2015

Tables 3 and 4 show that based on the above RCN recommendations six wards are in the ideal, good quality care category for both the early and late shift and three wards this being Granby, Jervaulx and Byland ward are in this category for their early shift. Four wards are in the basically safe care category for both early and late shifts and three wards this being Jervaulx, Granby and Byland in this category for their Late shift. No wards are in the "unsafe" category for daytime shifts. The registered nurse to patient ratio does not include the ward managers when they are on a supervisory day.

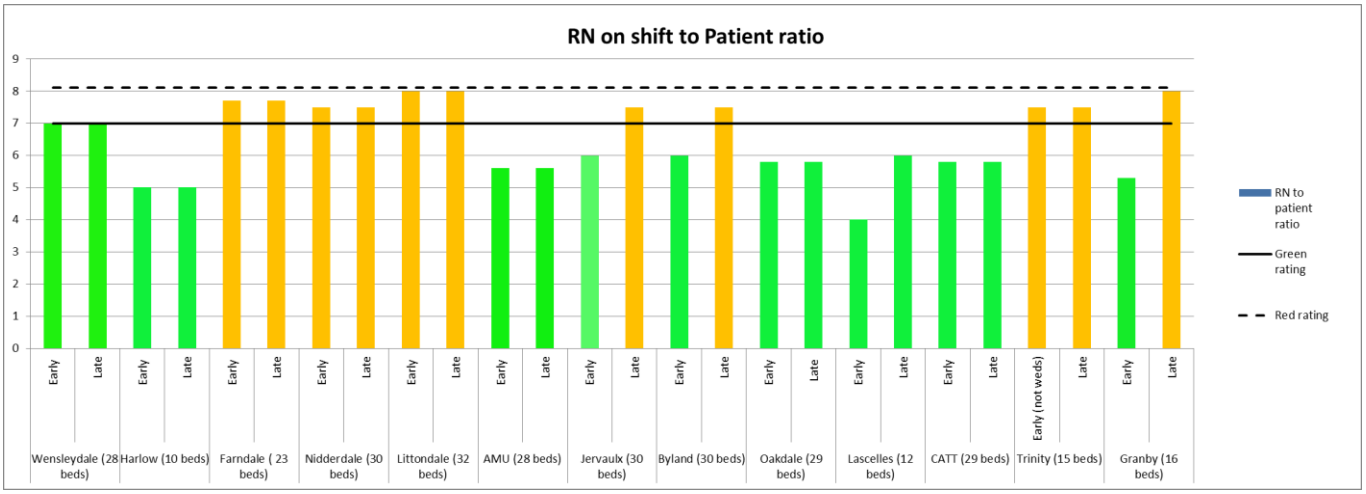


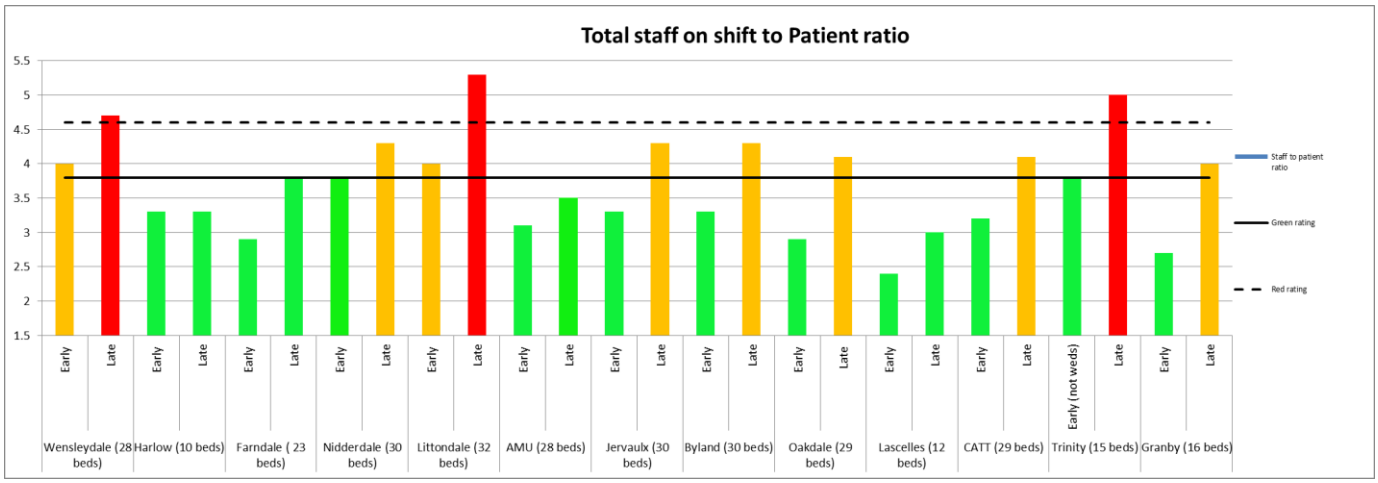
Table 4: November 2014 RN on shift to patient ratios including night duty

Table 4 includes the night duty RN:Patient ratios at HDFT. The RCN guidance does not make any recommendations re the RN:Patient night duty ratios however professional Judgement would advise that we should work towards a minimum night duty ratio of 1RN:10 patients for our adult in patient wards.

Ward	Beds	Early	Late	ND
Wensleydale	28	1:7	1:7	1:14
Harlow	10	1:5	1:5	1:5
Farndale	23	1:7.7	1:7.7	1:11.5
Nidderdale	30	1:7.5	1:7.5	1:10
Littondale	32	1:8	1:8	1:10.7
AMU	28	1:5.6	1:5.6	1:7
Jervaulx	30	1:6	1:7.5	1:10
Byland	30	1:6	1:7.5	1:10
Oakdale	29	1:5.8	1:5.8	1:7.3
Lascelles	12	1:4	1:6	1:6
CATT	29	1:5.8	1:5.8	1:9.7
Trinity	15	1:7.5	1:7.5	1:7.5
Granby	16	1:5.3	1:8	1:8

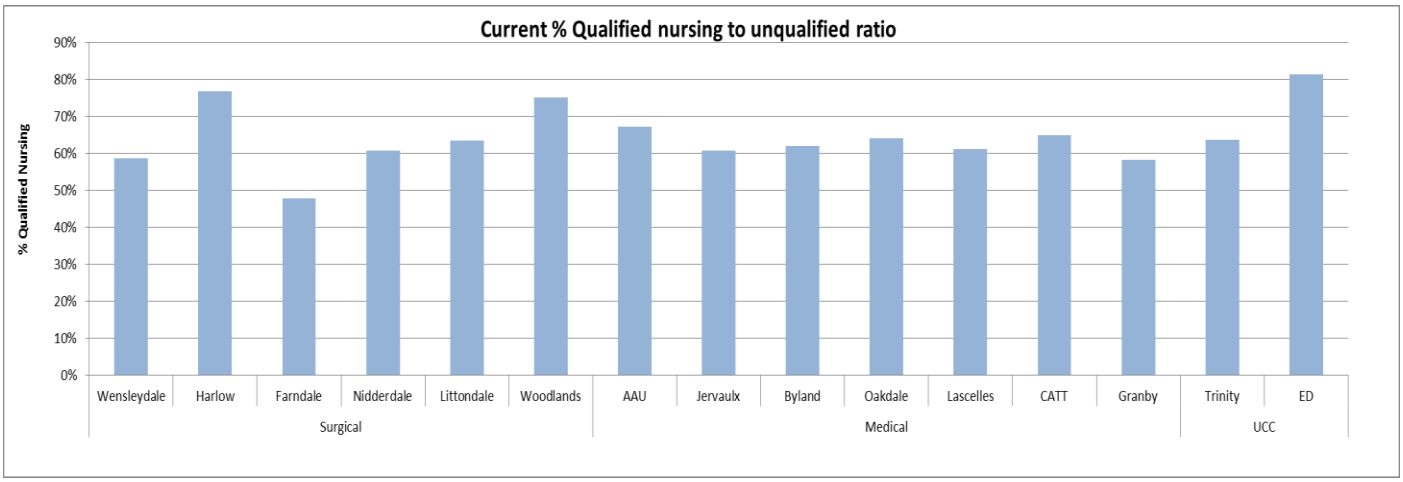
The information above indicates the qualified staffing numbers on shift only. Please see below for the total staffing position on shift by ward, based on the HDFT interpretation of the RCN recommendations.

Table 5: November 2015 Total staff on shift to patient ratio (**see table 2 for description of the standard)**



The graph above shows for example, that on the late shift Littondale has one staff member to 5.3 patients. Whereas Farndale has one staff member to 3.8 patients. Total staff on shift includes the nutritional assistant (counted in the early shift)

Table 6: Skill mix Registered to Unregistered nurses November 2014



As an average across all the adult wards(excluding ED and Woodlands) the skill mix ratio is currently 62:38. The skill mix percentages are based on overall establishment not number of staff on shift.

Table 7: ITU/HDU staffing based on Critical care network guidance

ITU/HDU	Standard for Critical Care Network	HDFT Beds	Requirement based against standard	Currently funded	Unregistered nurse establishment	Skill Mix
	6 wte Registered Nurses per level 3 bed	5 level 3 beds	30 wte Registered Nurses	32.53 wte RN *	2.40	93:7

To note – The ITU/HDU figure does not include additional winter funding of extra level 3 ITU bed.

Table 8: CURRENT Emergency Department Establishment and staff on shift

Registered Nurse Establishment	Unregistered Nurse Establishment
35.99wte	8.2wte

This establishment includes additional investment from October 2015 of 0.56wte RN and 3.58wte unregistered nurses. The department currently has a funded establishment to provide an RN rota shown in the table below:

	Current							
		Sun	Mon	Tue	Wed	Thu	Fri	Sat
RN Charge	Early 07:30 - 15:30	1	1	1	1	1	1	1
	Late 12:30 - 20:30	1	1	1	1	1	1	1
	Night 20:15 - 7:45	1	1	1	1	1	1	1
Qualified	Early 07:30 - 15:30	4	4	4	4	4	4	4
	Late 12:30 - 20:30	6	6	5	5	5	6	6
	Twilight 18:00 - 00:00	1	1	1	1	1	1	1
	Night 20:15 -07:45	3	4	3	3	3	4	4

The ENP services have a funded establishment to provide a service from 10:00 to 22:00, 7 days a week.

Hard Truths, 2014

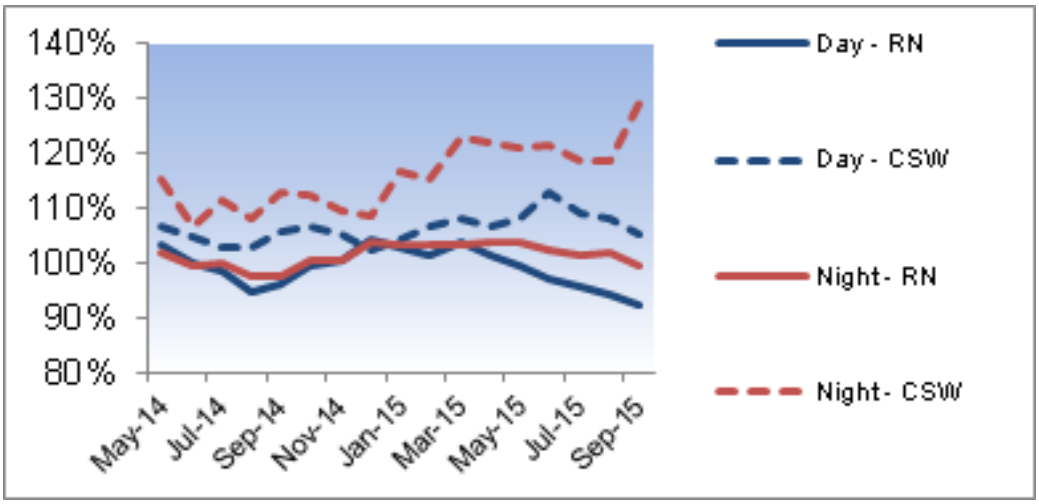
In March 2014 NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the "Hard Truths" commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels and this guidance follows on from the National Quality Board (NQB) guidance issued in (Nov 2013)

HDFT has been publishing registered and unregistered nursing fill rates actual versus planned since June 2014. In addition the daily actual versus planned staffing numbers are displayed in the inpatient ward areas.

The table below shows the registered nurse and care support worker actual versus planned data since May 2014

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 break down of this data is published on the Trust website. The Trust aims for 100% staffing overall but staffing below or above this level on any given day is not necessarily indicative of an inappropriate or unsafe staffing level.

Table 9: Safer staffing data taken from HDFT Integrated Board Report October 2015



Nursing dependency/Acuity studies

"The Safer Nursing Care Tool (SNCT) was originally developed in conjunction with the Association of UK University Hospitals (AUKUH), when it was known as the "AUKUH Patient Care Portfolio". It has been widely used across the NHS, private sector and in some overseas hospitals. The Shelford Group commissioned a review of the tool and it has recently been relaunched as the Safer Nursing Care Tool (SNCT)" NQB 2013. NICE have recently endorsed this tool to be used alongside the NICE guidelines on safe staffing.

The tool comprises two parts: An acuity and dependency tool which can be used alongside nurse sensitive indicators which have been identified as quality indicators of care with specific sensitivity to nursing intervention or lack of intervention.

The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms.

The multiplier allows 22% uplift for annual leave/ study leave etc. At HDFT the multipliers have been adjusted slightly to accommodate for the 20.78% uplift which is inbuilt into the ward establishments.

To date four acuity studies using the SNCT have been undertaken, the latest study being July/August 2015, the results of these studies are detailed in appendix 3. A further study is scheduled for January/February 2016.

The SNCT acuity studies have been undertaken across the adult in patient wards with the exception of ITU/HDU and the Lascelles Unit.

Each study runs for 20 continuous days and each day a patients level of care is determined based on their care needs for the last 24 hours.

Table 10: SNCT levels of care

Level 0	Patient requires hospitalisation. Needs met by provision of normal wards cares
Level 1a	Acutely ill patients requiring intervention or those who are unstable with a greater potential to deteriorate
Level 1b	Patients who are in a stable condition but are dependent on nursing care to meet most or all of the activities of daily living.
Level 2	May be managed within clearly identified, designated beds, resources with the required expertise and staffing level or may require transfer to a dedicated Level 2 facility/unit.
Level 3	Patients needing advanced respiratory support and/or therapeutic support of multiple organs.

The table attached as Appendix 3 gives the results of the last four studies undertaken and gives detail regarding the current wte establishment for each ward (as of November 2015), the average recommended establishment based on the results of the study and ward activity data. Data on the average number of empty beds per day has been added to reflect bed occupancy for the period of the study.

Points to note from the dependency/acuity study July/August 2015

- Littondale and Wensleydale ward had a number of empty beds during periods of the study.
- Jervaulx current wte establishment is below the minimum daily requirement.
- It is recommended that the dependency studies are undertaken at different times of the year to identify seasonal trends and support workforce planning. This study should be viewed in conjunction with professional judgement and nurse sensitive indicators.

Recommendations (November 2015)

Ensure professional judgement exercised locally continues to be key determinant of safe staffing levels and continue to use this combined with RN:Patient ratios, skill mix, “Red flag events” (NICE 2014) dependency scoring and intelligence form Key Performance Indicators to determine the number of nurses required.

- Nurse vacancies should be avoided through proactive recruitment.
- Nursing sickness should be managed in line with HDFT sickness policy
- The level of supervisory time for ward sisters/charge nurses should be kept under review.
- The Trust should continue to use the NICE endorsed SNCT and undertake a further study in January/February 2016 across the adult in patient wards.
- Further consideration to undertaking daily dependency scoring

- Continue to monitor key nurse sensitive indicators through the monthly quality and safety dashboard.
- Continue to display actual versus planned staffing levels in the ward areas and publish by ward data on the Trust website.
- Manage nursing agency staffing costs through use of approved frameworks unless locally agreed.

Appendix 1 – Changes in budget Adult Ward Establishments 07/08-15/16

Changes in budgeted Adult Ward Establishments - 07/08 to 15/16

WARD	Original wte total 07/08	ments Aug 2008 & internal skill mix reviews (wte)	Developments Apr 2010 (wte)	Reconfiguration commenced Aug 2012 (wte)	Development of Stroke services Dec 2012 (wte)	April 2013 investment / infra structure funded	2013 & 2014 developments	Long day and Study leave adj	2015 developments	Revised wte total	Overall increase from Aug '08 to Oct '15 (wte)	
Harlow												
Registered	8.7			2.4			0.9	-0.5		11.5		2.8
Unregistered	4.0	0.1		-2.0			1.4	-0.1		3.5		-0.5
Total	**12.7**	**0.1**	**0.0**	**0.4**	**0.0**	**0.0**	**2.4**	**-0.6**	**0.0**	**15.0**	**18%**	**2.3**
Farndale												
Registered	16.3	0.2		0.0			-0.4	-1.2		14.9		-1.4
Unregistered	13.2	4.1		-0.3		-0.4	0.8	-1.0		16.3		3.2
Total	**29.4**	**4.3**	**0.0**	**-0.3**	**0.0**	**-0.4**	**0.4**	**-2.2**	**0.0**	**31.2**	**6%**	**1.8**
Wensleydale (prev Swale)												
Registered	12.2	-1.9		5.8		3.6		-2.0		17.7		5.6
Unregistered	4.9	1.9		2.7		3.2	0.0	-0.2		12.5		7.6
Total	**17.1**	**0.0**	**0.0**	**8.5**	**0.0**	**6.8**	**0.0**	**-2.2**	**0.0**	**30.3**	**77%**	**13.2**
Nidderdale												
Registered	19.9	0.1		1.1				-1.8	1.0	20.3		0.5
Unregistered	8.3	2.1		0.6		1.8		-1.3	1.8	13.2		4.9
Total	**28.1**	**2.2**	**0.0**	**1.7**	**0.0**	**1.8**	**0.0**	**-3.1**	**2.8**	**33.5**	**19%**	**5.4**
Littondale												
Registered	22.5	-0.6		0.0				-1.6		20.3		-2.2
Unregistered	10.0	0.4		1.5		0.4		-0.6		11.7		1.7
Total	**32.5**	**-0.2**	**0.0**	**1.5**	**0.0**	**0.4**	**0.0**	**-2.2**	**0.0**	**32.0**	**-2%**	**-0.5**
AAU												
Registered	16.4	1.9		0.0			1.8	0.3	6.1	26.5		10.1
Unregistered	8.4	2.3		0.0		4.8	0.0	-1.6		13.9		5.5
Total	**24.8**	**4.2**	**0.0**	**0.0**	**0.0**	**4.8**	**1.8**	**-1.3**	**6.1**	**40.4**	**63%**	**15.6**
Jervaulx												
Registered	18.0	-1.9		1.7			6.0	-1.7		22.1		4.1
Unregistered	11.5	1.9		1.6			0.1	-1.1	0.4	14.3		2.8
Total	**29.5**	**0.1**	**0.0**	**3.3**	**0.0**	**0.0**	**6.1**	**-2.9**	**0.4**	**36.4**	**23%**	**6.9**
Byland												
Registered	18.4	-1.8	1.8	-0.5		6.0	0.0	-1.7		22.1		3.7
Unregistered	10.6	2.6		1.8			0.1	-1.5		13.5		2.9
Total	**29.0**	**0.7**	**1.8**	**1.3**	**0.0**	**6.0**	**0.1**	**-3.3**	**0.0**	**35.6**	**23%**	**6.6**
Oakdale												
Registered	21.0	1.9		5.8	1.8		-0.3	-2.7		27.4		6.5
Unregistered	12.1	-0.1		0.2	2.2		0.2		0.8	15.3		3.2
Total	**33.1**	**1.8**	**0.0**	**6.0**	**4.0**	**0.0**	**-0.2**	**-2.7**	**0.8**	**42.8**	**29%**	**9.7**
Lascelles												
Registered	13.6	0.7		0.0		-0.2	0.1	-0.3	0.2	14.0		0.4
Unregistered	6.5	2.6		0.0			0.2	-0.4		8.9		2.4
Total	**20.1**	**3.3**	**0.0**	**0.0**	**0.0**	**-0.2**	**0.3**	**-0.7**	**0.2**	**22.9**	**14%**	**2.8**
CATT												
Registered	24.2	2.1		0.0		4.4	0.0	-2.0	-4.8	23.8		-0.4
Unregistered	8.1	1.6		0.0		2.5	0.0	-0.6	1.2	12.9		4.7
Total	**32.4**	**3.6**	**0.0**	**0.0**	**0.0**	**6.9**	**0.0**	**-2.6**	**-3.6**	**36.7**	**13%**	**4.3**
Granby												
Registered	15.7	0.3		-16.0		12.4	1.8	-0.4		13.9		-1.8
Unregistered	11.6	0.5	3.4	-15.5		10.4	0.0	-0.5		9.9		-1.7
Total	**27.3**	**0.8**	**3.4**	**-31.5**	**0.0**	**22.8**	**1.8**	**-0.9**	**0.0**	**23.8**	**-13%**	**-3.5**
Trinity												
Registered	10.1					3.4		-1.0		12.5		2.4
Unregistered	11.4					-4.8			0.5	7.1		-4.3
Total	**21.5**	**0.0**	**0.0**	**0.0**	**0.0**	**-1.4**	**0.0**	**-1.0**	**0.5**	**19.6**	**-9%**	**-1.9**
Grand Total												
Registered	**216.9**	**1.1**	**1.8**	**0.3**	**1.8**	**29.6**	**9.8**	**-16.7**	**2.5**	**247.1**	**14%**	**30.2**
Unregistered	**120.6**	**19.8**	**3.4**	**-9.5**	**2.2**	**17.9**	**2.8**	**-9.0**	**4.6**	**153.0**	**27%**	**32.4**
Combined	**337.6**	**20.8**	**5.2**	**-9.2**	**4.0**	**47.5**	**12.6**	**-25.6**	**7.1**	**400.1**	**19%**	**64.4**
Number of beds (incl Trinity)	**321**									**313**	**-2%**	**-8**

Comments

Includes nutritional assistants.
Includes ward manager clinical and management time
The changes in April 2010 to Granby and Byland were agreed and funded through service development via the annual planning process
The Sept 2013 developments include the provision of 3 qualified staff on an early shift on Granby, which is being funded centrally.
Regarding Trinity, the 07/08 wte numbers are assumed to be the same level as those that transferred to the Trust in 11/12.

Appendix 2 - (Letter from Monitor re Safe Staffing and Efficiency)

To: NHS foundation trust and NHS trust Chief Executives

Cc: NHS foundation trust and NHS trust Nurse Directors, Medical Directors, Finance Directors and Operations Directors

13 October 2015

Dear colleague

Safe staffing and efficiency

We know that many organisations have taken a systematic and thoughtful approach to staffing wards and services safely over the past two years, by responding positively to the guidance issued by the National Quality Board and by NICE, embracing transparency about their planned versus actual staffing, and focusing on how to make services as safe as possible within available resources. We are also aware that recent messages to the system on safe staffing and on the need to intensify efforts to meet the financial challenge have been seen as contradictory. We recognise that it is important to offer clarity to the system as we work together to close the gaps in health and wellbeing, care and quality, and funding and efficiency identified in the Five Year Forward View.

The current safe staffing guidance has been designed to support decision makers at the ward/service level and at the Board to get the best possible outcomes for patients within available resources. The guidance supports - but does not replace - the judgements made by experienced professionals at the front line. The responsibility for both safe staffing and efficiency rests, as it has always done, with provider Boards.

As set out in the guidance, it is important for providers to take a rounded view of staffing. Providers should be able to demonstrate that they are able to ensure safe, quality care for patients and that they are making the best use of resources. This should take account of patient acuity and dependency, time of day and local factors, such as line of sight for those caring for patients. In some cases, these factors will mean a higher number of nurses per patient, and in other cases it will mean a lower number or different configuration of staff can be justified. Some trusts have taken innovative approaches whereby Allied Health Professionals are included in their ward based teams, and this can have a positive impact on patient outcomes. We support this approach where appropriately implemented.

It is therefore important to look at staffing in a flexible way which is focused on the quality of care, patient safety and efficiency rather than just numbers and ratios of staff. We would stress that a 1:8 ratio is a guide not a requirement. It should not be unthinkingly adhered to: achieving the right number and balance of clinical and support staff to deliver quality care based on patient needs in an efficient way that makes the best possible use of available resources is the key issue for provider Boards. Where trusts are able to maximise the proportion of time spent by clinical staff focusing on care that contributes most directly to patient outcomes (including through the use of innovation and technology) there are likely to be benefits for both patient care and for efficiency.

Trusts are responsible for ensuring that they get the balance right by neither under-staffing nor over-spending, and are able to secure the right complement of clinical staff to meet local patient need and circumstances.

CQC always assesses staffing levels as part of rating a service on safety in its programme of comprehensive inspections. These assessments include observation of care delivery, listening to staff and patients, assessing outcomes of care and discussions with nurse managers about assessment of acuity levels and achievement of planned staffing levels. Staffing ratios are never the sole determinant of a rating.

We will continue to work with and support trusts to secure both safe staffing and greater efficiency. This will include:

- Further progress on the Model Hospital led by Lord Carter, who will be working with providers to develop a way to use data on the nursing and care hours per patient, so that staffing arrangements remain safe across a range of different times and situations. Lord Carter's team

will be working closely with front-line staff to put in place a more sophisticated approach to measurement of nursing time and its connections with outcomes, costs and other critical measures; and

- Development of further safe staffing guidance. We are currently reviewing the responses we had to the letter dated 4 August 2015 and will confirm further details on the development of the guidance and timescales in due course.

In order to support your efforts to manage your agency staffing costs, the mandatory use of approved frameworks for procuring nursing agency staff will come into effect from 19 October. Further work is being taken forward at pace by Monitor and the NHS TDA to introduce a national rate-cap for all agency staff, to include medical and other agency staff later this autumn.

As we collectively work on both the efficiency and the safe staffing agendas, we recognise the need for clarity and consistency across the work of all teams in the arm's length bodies in this area. We will be working hard across the national organisations and in close partnership with providers and all clinicians to ensure these are delivered in the next phase of work.

The financial and quality challenges that you are grappling with are unprecedented, and we thank you for all you are doing for patients and their families.

Yours sincerely

Ed Smith, Chairman-Designate NHS Improvement
Sir Mike Richards, Chief Inspector of Hospitals
Dr Mike Durkin, National Director of Patient Safety, NHS England
Jane Cummings, Chief Nursing Officer for England
Sir Andrew Dillon,
Chief Executive, National Institute for Health and Care Excellence

Appendix 3 – Summary of safer nursing care tool data

Summary of safer nursing care tool data - Jul/Aug 2015

		Staffing levels indicated by tool			Average daily totals reported:											
Ward	Ward Establishments (as of November 2015)	Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
Bolton (AMU)	[39.34]	38.38	43.37	33.17	0.71	0.24	0.06	3.82	4.18	1.47	0.00	0.18	0.06	0.06	0.06	0.29
Bolton Escalation	ward not open during Jul/Aug 15															
Byland	35.6	35.17	46.01	29.07	0.56	0.11	0.00	1.61	0.50	0.11	0.00	0.22	0.00	0.11	2.44	0.00
Farndale	31.24	26.40	34.59	15.93	4.00	2.30	0.20	2.90	0.40	0.10	0.00	0.00	0.05	0.00	0.00	3.65
Fountains (CATT)	[36.7]	33.28	40.99	19.66	3.83	19.22	0.00	9.06	1.00	7.22	0.33	0.39	3.61	0.06	0.22	0.00
Granby	23.79	19.09	20.68	17.31	0.27	0.09	0.00	1.00	1.09	0.18	3.18	0.09	0.00	0.00	0.00	0.00
Granby Escalation		4.02	4.71	3.33	2.50	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00	0.00	0.00	0.00
Harlow	14.96	6.75	9.78	3.91	3.10	0.52	0.90	3.00	1.57	0.19	0.19	0.05	0.00	0.00	0.00	0.00
Jervaulx	36.4	45.95	51.07	38.62	0.90	0.14	0.00	1.67	0.71	0.14	0.00	0.24	0.00	0.00	4.00	0.00
Littondale	32.01	26.90	35.97	15.06	7.95	3.30	0.85	5.90	2.40	2.35	1.25	0.05	0.00	0.00	0.20	2.30
Nidderdale	33.48	28.38	31.17	24.44	2.45	3.35	0.85	5.85	2.15	1.55	3.20	0.10	0.00	0.00	0.15	2.15
Oakdale	42.75	38.45	42.79	34.29	2.38	0.38	0.00	1.76	1.19	0.48	0.00	0.33	0.00	0.05	0.67	0.00
Swaledale	ward not open during Jul/Aug 15															
Trinity	19.64	25.59	27.45	22.35	0.10	0.24	0.05	0.57	0.05	0.05	0.00	0.05	0.00	0.00	0.71	0.00
Wensleydale	30.24	17.55	25.88	11.73	10.90	0.76	2.86	4.81	1.00	0.33	0.05	0.00	0.00	0.00	0.38	0.00

Summary of safer nursing care tool data - Jan/Feb 2015

		Staffing levels indicated by tool			Average daily totals reported:											
Ward		Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
Bolton		38.87	45.87	24.92	2.88	1.19	0.00	5.13	6.31	3.19	0.00	0.31	0.56	0.00	1.63	0.00
Bolton Escalation		7.27	9.25	5.67	0.40	0.10	0.00	1.00	1.90	1.40	0.00	0.00	0.10	0.00	0.00	0.00
Byland		38.97	46.67	29.13	1.13	0.06	0.00	1.44	1.00	0.25	0.00	0.19	0.13	0.00	1.44	0.06
Farndale		35.99	39.19	29.73	1.05	1.38	0.05	1.10	0.14	0.33	0.00	0.14	0.05	0.00	2.48	1.81
Fountains		35.83	44.30	23.32	3.52	19.05	0.00	7.95	0.71	9.86	0.43	0.33	1.81	0.86	0.52	0.00
Granby		22.27	23.84	20.15	0.40	0.20	0.05	2.00	1.35	0.35	2.30	0.05	0.00	0.00	0.95	0.00
Granby Escalation		3.59	5.93	0.00	2.37	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00	0.00	0.00	0.00
Harlow		8.68	11.10	6.92	1.60	1.00	0.80	2.40	0.70	0.30	0.20	0.00	0.00	0.00	0.05	0.00
Jervaulx		42.69	46.99	31.68	0.90	0.10	0.00	2.10	1.70	0.15	0.00	0.40	0.60	0.00	2.35	0.00
Littondale		35.21	42.72	26.93	2.44	3.33	0.39	5.00	2.50	2.67	0.83	0.11	0.00	0.00	0.00	3.72
Nidderdale		35.94	42.03	28.37	4.82	3.06	0.82	7.06	2.94	1.41	3.06	0.12	0.00	0.31	0.56	5.94
Oakdale		39.62	42.27	35.66	1.80	0.30	0.05	1.40	1.20	0.50	0.00	0.20	0.10	0.10	0.25	0.05
Swaledale		15.96	21.39	5.93	2.24	0.00	0.00	0.00	3.24	0.88	0.00	0.00	0.18	0.00	0.00	4.65
Trinity		no data submitted yet (20/02/15)														
Wensleydale		30.42	45.45	21.70	3.62	1.43	2.86	5.57	2.05	1.19	0.00	0.14	0.00	0.00	0.00	2.90

Summary of safer nursing care tool data - Sep/Oct 2014

		Staffing levels indicated by tool			Average daily totals reported:											
Ward		Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
Bolton		35.59	44.26	26.75	2.76	0.38	0.00	4.81	5.90	2.38	0.00	0.10	2.24	0.00	0.43	0.00
Bolton Escalation		0.65	5.92	0.00	5.43	0.00	0.00	0.24	0.57	0.33	0.00	0.00	0.00	0.00	0.00	0.00
Byland		41.10	44.16	37.23	1.25	0.20	0.00	1.70	1.50	0.30	0.00	0.40	0.65	0.00	0.25	0.00
Farndale		27.42	32.22	21.09	3.48	2.95	0.10	3.14	0.33	0.38	0.05	0.00	0.24	0.00	0.76	2.24
Fountains		41.15	52.50	21.16	3.94	18.00	0.06	7.22	0.72	10.89	0.11	0.28	11.83	0.00	0.11	0.00
Granby		19.01	21.40	13.79	0.90	0.10	0.10	1.86	1.48	0.38	2.67	0.05	0.05	0.00	0.24	0.05
Harlow		8.93	11.50	6.92	1.81	0.48	0.95	2.19	1.24	0.43	0.00	0.00	0.00	0.00	0.00	0.00
Jervaulx		44.17	47.31	39.75	0.81	0.14	0.00	1.48	1.38	0.48	0.00	0.10	0.10	0.00	4.43	0.00
Littondale		29.79	35.16	22.57	8.00	3.38	0.48	6.33	2.90	2.81	0.71	0.19	0.00	0.00	0.05	2.48
Nidderdale		29.99	33.77	21.52	3.25	3.55	1.00	6.35	2.00	2.20	3.50	0.15	0.00	0.10	1.10	6.05
Oakdale		35.62	40.08	26.55	4.19	1.29	0.00	2.67	2.33	1.14	0.00	0.24	0.00	0.00	0.00	0.00
Trinity		22.90	25.77	18.17	2.38	0.14	0.00	0.57	0.38	0.14	0.00	0.05	0.00	0.00	0.00	0.00
Wensleydale		18.67	25.51	5.93	9.86	0.76	3.29	5.57	1.67	0.76	0.19	0.00	0.00	0.00	0.00	0.19

Summary of safer nursing care tool data - Feb/Mar 2014

		Staffing levels indicated by tool			Average daily totals reported:										
Ward		Average of all days	Maximum daily requirement	Minimum daily requirement	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
Bolton		37.55	43.53	28.39	0.50	0.00	3.65	5.95	2.40	0.10	0.30	3.55	0.05	0.45	0.25
Bolton Escalation		6.12	7.46	5.00	0.00	0.00	0.33	1.22	0.11	0.00	0.00	0.33	0.00	0.00	0.11
Byland		44.20	49.44	40.07	0.10	0.00	1.00	1.62	0.38	0.00	0.43	0.29	0.00	1.14	0.00
Farndale		30.17	37.38	24.57	1.14	0.00	2.10	0.24	0.19	0.00	0.00	0.76	0.00	2.38	0.29
Fountains		37.19	45.48	30.76	18.67	0.00	6.95	0.38	12.33	0.24	0.33	13.90	0.00	0.48	0.00
Granby		18.86	22.53	14.46	0.10	0.00	1.43	1.52	0.29	0.00	0.24	0.00	0.00	0.05	0.00
Granby Escalation		5.32	6.73	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Harlow		8.90	12.58	5.00	0.47	1.37	2.21	0.53	0.32	0.11	0.00	0.05	0.00	0.11	0.00
Jervaulx		48.32	51.90	41.79	0.00	0.00	1.45	1.60	0.50	0.00	0.20	0.00	0.00	1.40	0.15
Littondale		31.18	39.70	21.46	3.18	1.50	5.23	1.86	1.68	1.45	0.00	0.41	0.05	0.82	2.18
Nidderdale		31.80	34.38	24.17	3.76	1.05	4.57	0.81	0.95	3.14	0.29	0.10	0.05	0.14	1.29
Oakdale		36.77	41.87	32.88	1.48	0.00	1.48	0.48	0.10	0.10	0.19	0.00	0.05	1.57	0.00
Swaledale		13.21	16.92	8.00	0.14	0.29	3.57	3.71	0.33	0.10	0.00	0.43	0.00	0.05	0.00
Trinity		24.84	27.68	19.30	0.06	0.12	0.18	0.12	0.00	0.06	0.06	0.00	0.00	0.00	0.00
Wensleydale		22.70	27.46	15.00	1.00	3.52	4.30	0.13	0.17	0.00	0.00	0.00	0.00	0.04	0.26

Report to the Trust Board of Directors: 25 November 2015	Paper number: **5.0**

Title	Report from the Chief Executive
Sponsoring Director	Chief Executive – Dr Ros Tolcher
Author(s)	Chief Executive
Report Purpose	To receive and note the contents of the report.
Previously considered by	N/A

Key Issues:

1. Refreshed Vision and Mission statements are proposed for sign off by the Board of Directors.
2. There is a considerable focus on ensuring safe staffing levels with recruitment initiatives and careful rostering.
3. The Safety Thermometer score has returned to 97.4% which is above the national average. The HSMR and SHMI standardised mortality metrics both moved in an adverse direction this month. A case note review is underway.
4. The result of a National Ballot of Doctor in Training is awaited. The Trust is developing contingency plans to ensure service continuity and safety I the event of strike action.
5. The NHS England New Care Models team made a site visit to the Harrogate Vanguard project this month.
6. The year to date financial position is a deficit of £800k, compared to £600k at the end of September. The key driver in October related to lower than planned income. Whilst we effectively balanced our expenditure budget in October the decision to fund a number of key pressures on our wards and the Emergency Department has impacted the overall position. Robust financial controls remain in place and CIP schemes are performing well.
7. This report should be read alongside the Trusts Intergraded Performance Report.

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

Risk and Assurance	
Legal implications/Regulatory Requirements	No additional risks

Action Required by the Board of Directors

The Board of Directors is asked to:

- To **approve** the proposed Vision and Mission statements
- To **note** the key areas of operational pressure and **actions** being taken to assure sound delivery
- To **note** the Trust's financial position
- To **note** changes to the Board Assurance Framework and corporate risks

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 Developing a Quality Charter for the Trust

HDFT has a longstanding and strong reputation for the quality of care provided. The Trust has quality at the heart of its Vision and Mission statements (see below), and the first of its three strategic objectives is to drive up the quality of care provided. The Board of Directors, Council of Governors and staff at every level of the organisation are committed to an unwavering focus on delivering care of the highest quality. Work is underway to specify a 'Quality Charter' to ensure a consistent methodology for continuous quality improvement. This will be structured around ambition, culture, assurance and staff engagement. An outline proposal has been supported by the Senior Management Team (SMT) and a detailed proposal will be presented to the Quality Committee in January 2016.

1.2 Nurse Recruitment

At the time of writing the number of gaps related to qualified nursing in the hospital is 32. This includes vacancies and maternity leave. The Trust is also recruiting to nine additional posts to ensure a safe level of staffing for additional ITU capacity and the potential need for escalation beds.

Sustaining a full establishment of qualified nurses remains a priority and an area of both quality and financial risk. Two recent recruitment events have been successful in attracting new registered nurses to the Trust and a concerted campaign of recruitment will continue.

Recruitment to new posts in the early implementation Vanguard Pilot sites is also underway.

1.3 Safe Staffing Levels

Ensuring a safe level of staffing via substantive appointments for all clinical areas is key to providing high quality care and staff morale. Monitoring of staffing levels shows high fill rates for support workers and Registered Nurses on night shifts. Where individual patients require 1:1 support the number of support workers per shift will exceed establishment. The level of RN cover for day shifts has reduced this month, driven in part by RN vacancies. The needs of patients are continuously monitored on a ward-by-ward and shift-by-shift basis to ensure that the safety of patients is not compromised. In order to monitor the safety of care, staff are being encouraged to report incidents attributable to staffing levels and this is reflected in an increase in the number of incidents coded as 'workload staffing' over the last three successive months. Work is ongoing to triangulate data on staffing levels, acuity scores and key indicators of care quality. Clusters of workload staffing incidents have been reported from Byland and Granby wards. Byland ward also reported a dip in patient FFT scores in month; Granby recorded a fall in the ward safety thermometer score.

The Head of Nursing for Integrated Care is developing a mechanism for red-flagging high levels of acuity to support safe and efficient deployment of staff. This is in line with NICE recommendations.

As in previous months, workforce gaps are a primary driver of adverse spending variance as well as a risk to care quality. Directorates are exploring opportunities for skills development in non-registered workforce and volunteer therapeutic support workers to mitigate these risks in the longer term.

1.4 Relaunch of the Butterfly Scheme.

The Butterfly Scheme aims to improve the care of people with memory problems through improved understanding of dementia. HDFT was the first Trust in the country to adopt the Scheme when it was first launched and on 17 November the founder of the scheme visited to Trust to re-launch the scheme. The event was well supported event with 135 staff trained.

2.0 STRATEGIC UPDATE

2.1 Developing the Trust's Vision and Mission statements

Following a detailed process of staff engagement and involvement and further to the Board of Directors development session last month, the Senior Management Team reviewed the final draft wording for the Trust's Vision and Mission statements at its meeting this month and makes the following recommendation:

Vision:	To Provide Excellent Healthcare Every Time
Mission:	To be an exceptional provider of healthcare for the benefit of our communities, our staff and our partners

The Trust now has a complete suite of vision, mission, values and objectives and these will be collated in to a visual schematic for use across the organisation. The annual corporate goals are already being used to frame personal objectives.

The Board of Directors is asked to **approve** the Vision and Mission statements.

2.2 Potential industrial action by Doctors in Training

At the time of writing the Trust is awaiting the outcome of a ballot for Industrial Action being run by the BMA. This is in response to the proposed Junior Doctor Contract reform due to be implemented with effect from 3 August 2016. The BMA has indicated that if the ballot is in favour of industrial action, this will take place on 1, 8 and 16 December.

Detailed contingency plans to ensure the safety of people using our services and minimise disruption during any industrial action are being drawn up. The CCG is being kept informed.

The Trust has held two joint Junior Doctor Engagement Events with the BMA in order to clarify the current position, collect feedback and clarify our expectations in the event of a vote for strike action.

2.3 Harrogate and Rural District Clinical Board

A joint CCG/HDFT Clinical Board is being set up, the purpose of which is to ensure that local elective care pathways, services and provision are re-designed to ensure clinical and financial sustainability for the longer term.

It is noted also NHS Improvement (Monitor) has established a steering group, with representation from the national bodies and the Academy of Medical Royal Colleges, to look at developing a clear definition of clinical sustainability based on minimum activity volumes and clinical interdependencies. This will be used to support the reconfiguration of services where required.

3.0 WORKING IN PARTNERSHIP

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

The HHTB met on 20 October. A Partnership Agreement will be agreed between NHS England and the Harrogate Vanguard partners, setting out the support being made

available to develop our local new care model (NCM). HHTB is also developing a Memorandum of Understanding to set out the principles and values underpinning the partnership, supporting working together and decision-making. It will reflect the approach to: risk management, quality, governance, patient experience, finance and oversight of the transitional funding.

A report out from HHTB is accessible via the Reading Room for members of the Board of Directors.

Following further discussion about the important role to be played by Primary Care in the New Model, Yorkshire Health Network Ltd is now re-engaged with the work of the HHTB and its various subgroups.

The Trust hosted a highly successful recruitment event with partners on 12 November with a number of RNs, Physiotherpists and Occupational Therapists being offered positions. The early implementer pilot site will formally go live in January 2016.

On 13 November we welcomed two members from the NHSE NCM team on a site visit.

Some key messages from the NHSE team:

- We will have to submit our value proposition for 2016/17 by the end of December.
- They recognised our strengths in the involvement of the voluntary and community sector and mental health services as being central to the NCM and suggest that we make this one of our Unique Selling Points (USPs).
- Recognition that clinical input and responsibility of primary care is critical and therefore the engagement of GPs and practices as well as local leadership is really key to the success of the new care model.
- They set us the challenge of raising our profile nationally.

3.2 **Update from the West Yorkshire Association of Acute Trusts (WYAAT)**
WYAAT met on 2 November. The impact of reducing nursing home capacity on patient flow was discussed. A system level view of this will be developed. Emerging themes relating to the West Yorkshire Urgent Care Vanguard were explored. The group is leading a piece of work on the potential Acute Service Model for the Vanguard as part of the shared Value Proposition.

Jim Mackey, the recently appointed CEO of NHS Improvement, will be attending the next meeting of the group.

A report out from WYAAT is accessible via the Reading Room for members of the Board of Directors.

3.3 **Leeds Teaching Hospital NHS Trust clinical collaboration**
A joint HDFT/LTHT meeting was held on 15 November to explore opportunities to further develop clinical collaboration. This was a positive meeting, with good clinician engagement which generated a number of potential opportunities.

3.4 Mr David Leinhardt has resigned from his role as Clinical Lead for Strategic Planning and Development after a number of years. Mr Leinhardt has made a valuable contribution to the strategic development of the Trust over the years and in particular providing clinical support for IT development. I would like to record my thanks to Mr Leinhardt for the role he has played.

4.0 FINANCIAL POSITION

The Trust delivered an in-month deficit of just over £200k in October. This was below plan by over £500k, as a surplus in month had been planned. We therefore have a year to date deficit of £800k (£600k at the end of September). The key driver in October related to our income performance. Whilst we effectively balanced our expenditure budget in October this follows the decision to fund a number of key pressures on our wards and the Emergency Department.

The Monitor rating remains 3, but as is detailed in the Finance Director's report, this is a weak three. As a result of the financial position to date, a review of the capital programme is underway and a number of schemes that had been planned will need to be deferred. Risk assessments are taking place in relation to protecting patient safety, and a revised programme will be agreed.

This process is outwith a national request to defer capital expenditure and is driven by the need to manage our cash position. However, it should be noted that there could be some national revenue compensation available for Trusts that restrict expenditure on capital between now and the end of the financial year. Further details are awaited.

In addition to action in relation to the capital programme, recovery plans are being monitored across the Trust, and an NHS Improvement (Monitor) checklist in relation to financial control is being reviewed. An action plan in relation to this checklist will be brought to the Audit Committee next month.

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

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

Key issues from the SMT meeting held on 18 November:

- Increases in HSMR and SHMI rates and underlying themes discussed. A case note review relating to Trinity Ward will provide further information.
- Safe staffing levels, vacancies and workforce gaps and mitigations to ensure safe care were discussed in detail.
- The in-month and year to date financial position were reviewed. Positive progress on delivering this year's CIP continues and schemes amounting to a risk adjusted value of 69% of the indicative 2016/17 CIP requirement have been identified.
- Operational pressure points were discussed in detail, including the potential for penalties. The RTT target for incomplete pathways in T&O was missed in October. Measures to recover this position have been agreed. The ED 95% 4- hour wait target was also missed for the second month. The underlying reasons for this are multifactorial. Attendance and conversion rates are not significantly different. The main focus is on patient flow.
- Contingencies for potential Industrial Action by Doctors in Training discussed.
- SMT was updated on progress updating actions following Internal Audit recommendations. The situation has improved with the number of actions more than 3 months overdue now reduced to 19. Assurance was given that this position will improve further by the end of the month.
- An update on policies on the intranet was provided. A considerable amount of work has been undertaken with many documents updated and either ratified or awaiting approval by the relevant subgroup. There remain however a substantial number of documents requiring review.
- An outline plan for the Quality Charter was approved.

Agreed minutes from the October SMT meeting are available to Board members to view via the BoardPad Reading Room.

6.0 COMMUNICATIONS RECEIVED AND ACTED UPON

Nil to note

7.0 BOARD ASSURANCE AND CORPORATE RISK

7.1 Board Assurance Framework (BAF)

The BAF was fully reviewed and updated on 17 November. There are 16 Risks recorded on the BAF.

There have been reductions in residual risk scores for two entries:

- BAF#7 (lack of robust approach to new business) has been reduced from 8 to 4, now that all bids for new business include comprehensive costings to avoid loss-making contracting. This now matches the Target Risk.
- BAF#15 (alignment of strategic plans) has been reduced from 12 to 8, reflecting the progress made in establishing workshops between partners, a leader's session, and the recruitment of staff to the partnership. An additional control has been added following the successful clinical 'timeout' with Leeds THT.

One risk (BAF#14 - delivery of integrated models of care) has had the target risk reassessed from Red 12 to Yellow 4, on the basis that the original target risk was set incorrectly. The residual risk remains at Amber 8.

There are no entries with scores above 12 and plan progress scores are unchanged since last month.

Risk BAF#4 (Lack of integrated IT structure) has been rewritten and the controls and assurances updated following an extensive review at the recent Executive team 'timeout'.

The strategic risks are as follows:

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

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

The full BAF is lodged in the BoardPad Reading Room. The BAF lists the key controls and assurances on the controls and lists gaps and actions being taken.

7.2 **Corporate Risk Register (CRR)**

The CRR was most recently reviewed at the monthly meeting of the Corporate Risk Review Group on 13 November and SMT on 18 November.

The top-scoring risks on the CRR are:

- COR 63- Patient harm due to failure to identify and manage mental health and mental capacity needs
- C49c- Risk to business objectives due to non-delivery of locality wide IT system
- CR 2- Risk to the quality of service delivery due to national labour market conditions (Middle Grades and Registered Nurses) reduction in trainee numbers and medical staff vacancies arising from HEYH process

Action plans for each of the top scoring risks are rated 2.

No new risks have been added to the CRR this month. Two risks have been removed as follows:

COR 74: Harm to ward-attending patients: changes to staffing and skill mix has reduced the current risk score to 8 (consequences 4 x Likelihood 2). Action will continue to be recorded on the Directorate Risk Register.

CR4- Risk of delays to patient care, financial risk and increased pressure on staff due to inability to prepare parenteral chemotherapy for patients. The chemo isolator equipment had been commissioned and the risk reduced to 8 (consequences 4 x Likelihood 2). Action will continue to be recorded on the Directorate Risk Register.

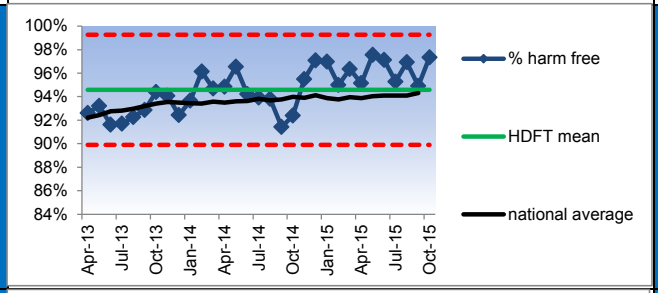
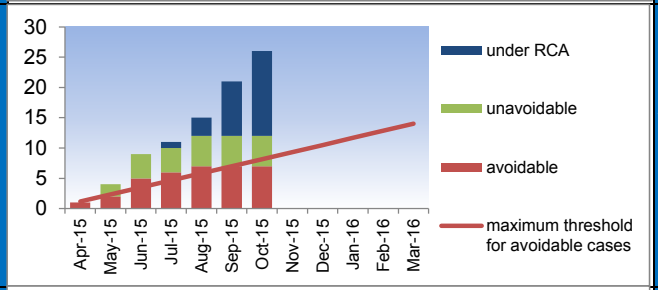
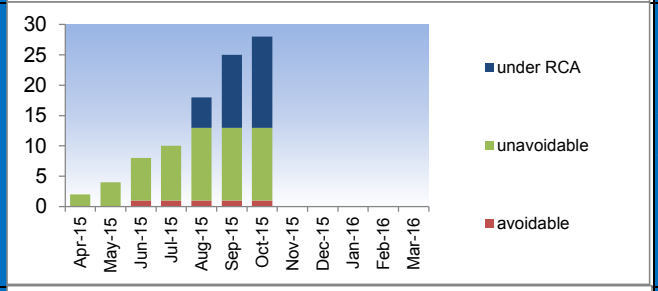
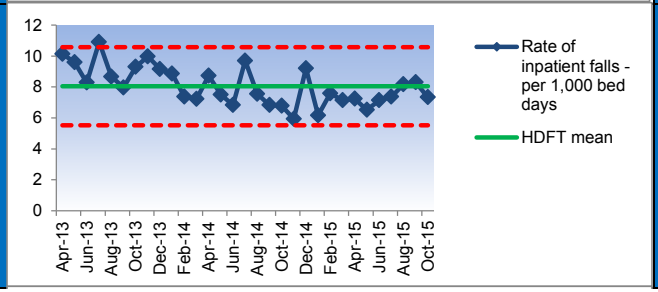
One risk remains with actions behind plan:

COR 64: Harm to ophthalmology patients Red 12. It has not been possible to reduce the backlog of patients waiting at the rate hoped for. Following discussion at SMT a revised, timed action plan will be developed.

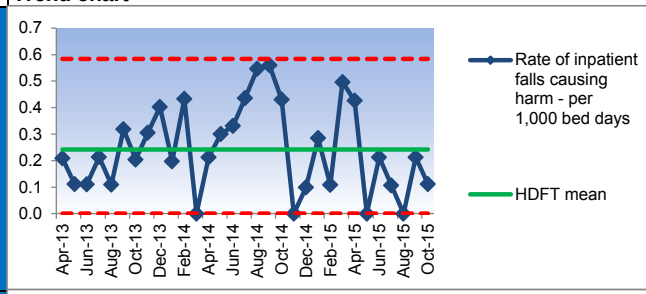
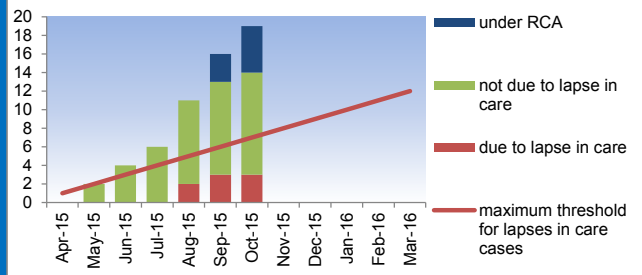
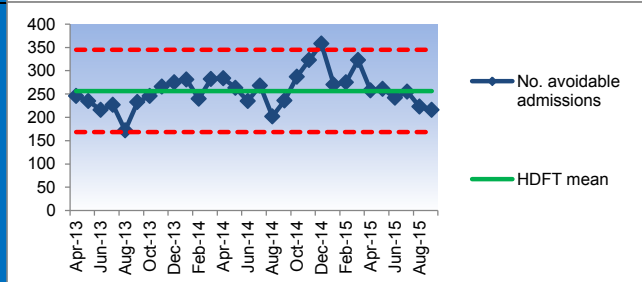
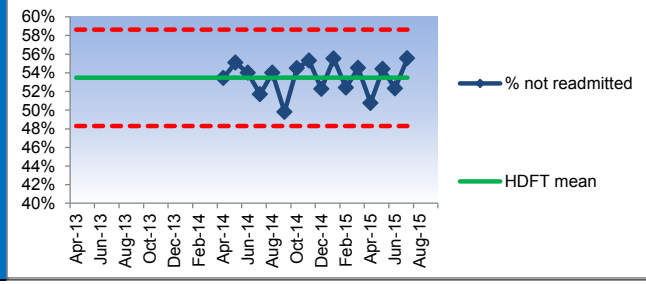
There were no risks to escalate to the Board Assurance Framework this month.

Dr Ros Tolcher
Chief Executive
21 October 2015

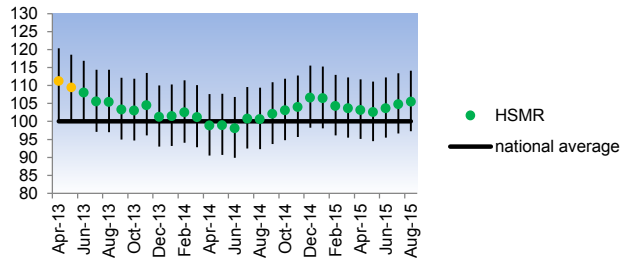
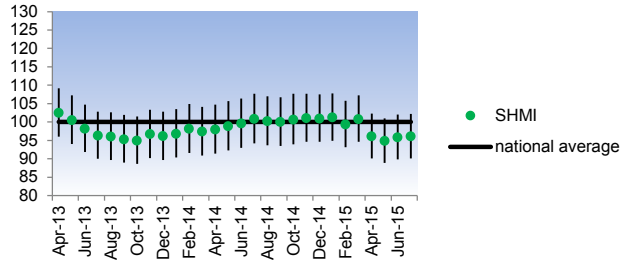
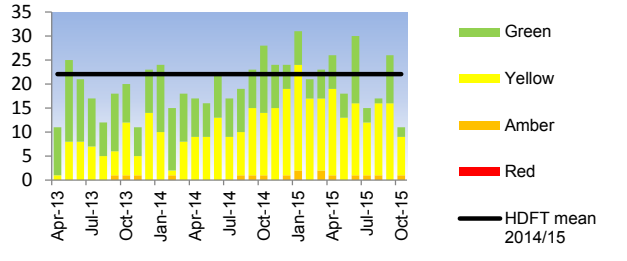
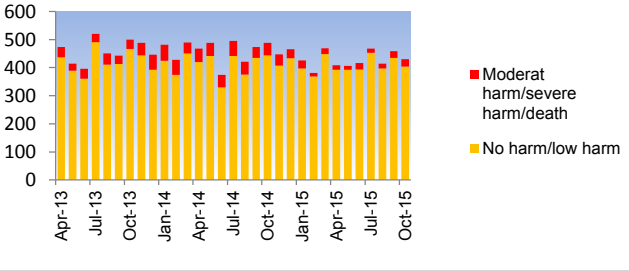
Quality - October 2015

Indicator	Description	Trend chart	Interpretation
Safety thermometer - harm free care	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		HDFT's performance rose to 97.4% harm free in October. The latest available national data shows that HDFT remains above the national average of 94.3%.
Pressure ulcers - hospital acquired	The chart shows the cumulative number of grade 3 or grade 4 hospital acquired pressure ulcers in 2015/16. The data includes hospital teams only. A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.		As at end October 2015, there were 26 hospital acquired grade 3 or grade 4 pressure ulcers year to date, of which 7 were deemed avoidable, 5 unavoidable and 14 were still under root cause analysis (RCA).
Pressure ulcers - community acquired	The chart shows the cumulative number of grade 3 or grade 4 community acquired pressure ulcers in 2015/16. The data includes community teams only.		As at end October 2015, there were 28 community acquired grade 3 or grade 4 pressure ulcers year to date, of which 1 was deemed avoidable, 12 unavoidable and 15 were still under root cause analysis (RCA).
Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls per 1,000 bed days was 7.3 in October 2015, a reduction on the previous month and below the average HDFT rate during 2014/15.

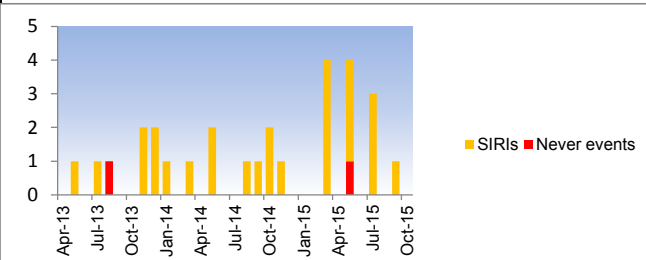
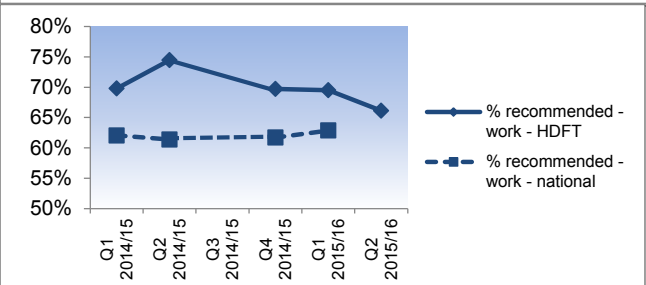
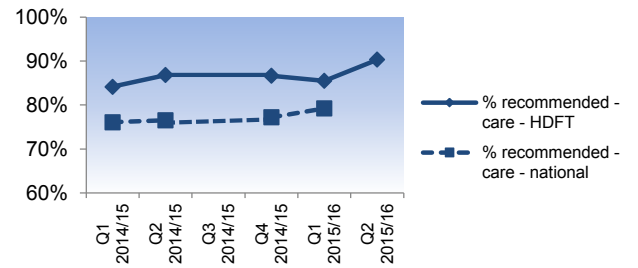
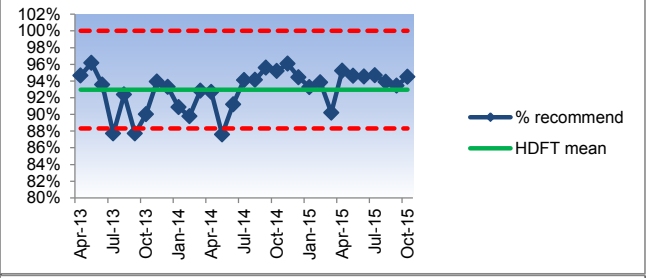
Quality - October 2015

Indicator	Description	Trend chart	Interpretation
Falls causing harm	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 significant harm per 1,000 bed days was 0.11 in October 2015, a reduction on the previous month and below the average HDFT rate during 2014/15.
Infection control	The chart shows the cumulative number of hospital acquired C. difficile cases during 2015/16. HDFT's C. difficile trajectory for 2015/16 is 12 cases. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.		There were 3 cases of hospital acquired C. difficile reported in October 2015, bringing the year to date total to 19 cases. 14 cases have had root cause analyses completed by HDFT. The initial reports suggest that 3 were due to a lapse in care and 11 were not due to a lapse in care - these are being agreed with HARD CCG. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. No cases of hospital acquired MRSA have been reported in 2015/16 to date.
Avoidable admissions	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		The number of avoidable admissions reduced in September 2015. The chart demonstrates some seasonality with this metric with more avoidable admissions occurring over the winter months last year. An admission avoidance/urgent care project group has been established and the Trust is working with HARD CCG to develop care models and pathways that support patients to stay in their own home and reduce the risk of hospital admissions.
Reducing readmissions in older people	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. *This indicator is in development.*		For patients discharged in July 2015, 56% were still in their own home at the end of October. This is an increase on the previous month.

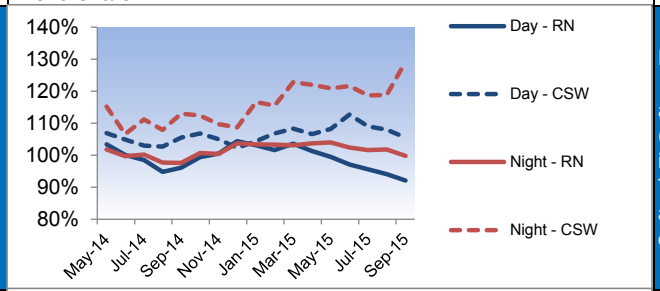
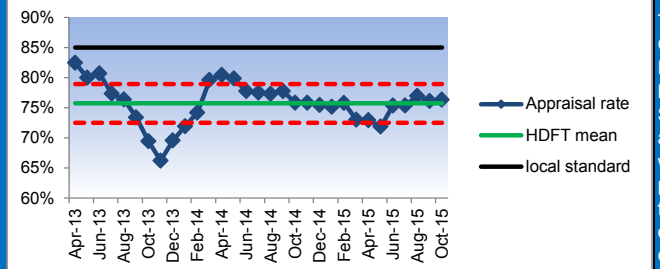
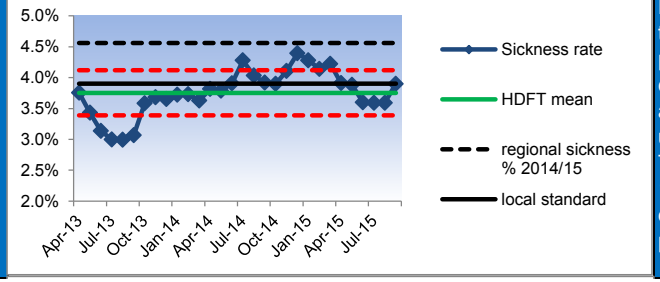
Quality - October 2015

Indicator	Description	Trend chart	Interpretation
Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		HDFT's HSMR increased in August to 105.47. It is above the national average but within expected levels. At specialty level, there were 3 specialties (Geriatric Medicine, Respiratory Medicine and Gastroenterology) with a standardised mortality rate above expected levels. Looking at the data by site, Ripon hospital has a higher than expected mortality rate. The Clinical Director for UCCC Directorate has commissioned a retrospective clinical case note review of all deaths at or within 30 days of discharge from Ripon Hospital.
Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		HDFT's SHMI increased in July to 96.03 but remains below the national average and within expected levels. At specialty level, there were 2 specialties (Geriatric Meidicine and Gastroenterology) with a standardised mortality rate above expected levels. Looking at the data by site, Ripon hospital has a higher than expected mortality rate. The Clinical Director for UCCC Directorate has commissioned a retrospective clinical case note review of all deaths at or within 30 days of discharge from Ripon Hospital.
Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.		11 complaints were received in October, 1 of which was classified as amber. 3 out of 11 complaints in October had concerns re: communication, compared with 16 out of the 26 complaints in September.
Incidents - all	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture		There were 430 incidents reported in October 2015. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced during 2015/16. The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25.0 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's reporting ratio for 2015/16 to date is 21.2.

Quality - October 2015

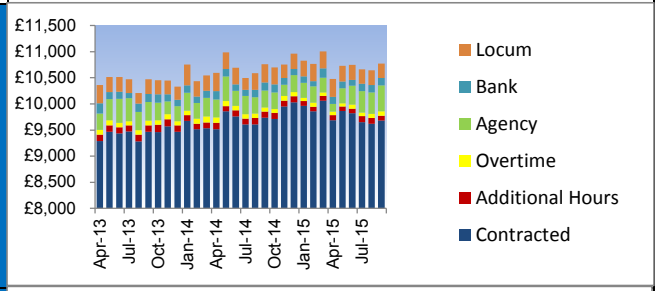
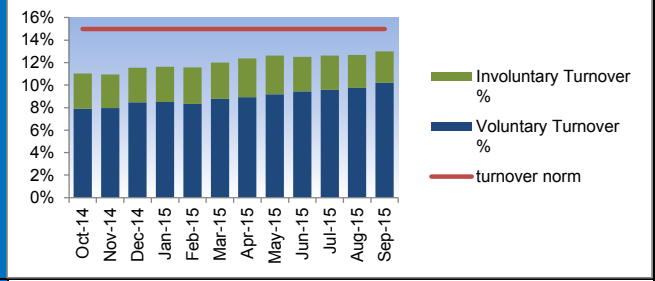
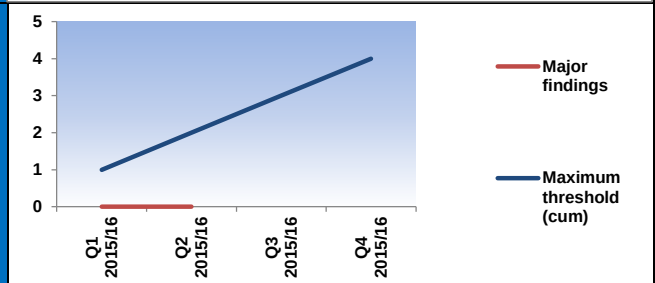
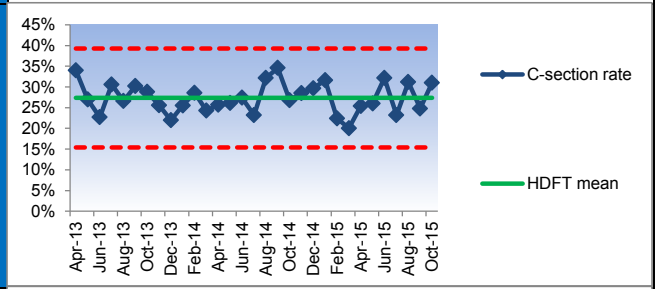
Indicator	Description	Trend chart	Interpretation
Incidents - SIRIs and never events	The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.		There were no never events and no SIRIs reported in October 2015.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. HDFT surveyed all staff for each survey during 2014/15. During 2015/16, a proportion of staff will be surveyed each quarter (except in Q3 when a local decision has been taken that all staff will be surveyed) which is in line with national guidance. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.		In Q2 2015/16, staff from Elective Care Directorate and some staff from the Corporate Directorate were surveyed. 66.1% of staff surveyed would recommend the Trust as a place to work. HDFT's score for Q1 was above the latest available national average and placed the Trust 50 out of 149 acute trusts. In light of our position nationally, the Trust has taken the decision to survey all HDFT staff in Q3 and the results will be available in January 2016. The national comparative data for Q2 has yet to be published. Significant attention is being given to the theme of staff engagement and a number of initiatives are currently being planned including specific staff recognition schemes.
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. HDFT surveyed all staff for each survey during 2014/15. During 2015/16, a proportion of staff will be surveyed each quarter, (except in Q3 when a local decision has been taken that all staff will be surveyed) which is in line with national guidance. The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.		In Q2 2015/16, staff from Elective Care Directorate and some staff from the Corporate Directorate were surveyed. 90.3% of staff surveyed would recommend the Trust as a place to receive care. HDFT's score for Q1 was above the national average and placed the Trust 39 out of 149 acute trusts. In light of our position nationally the Trust has taken the decision to survey all HDFT staff in Q3 and the results will be available in January 2016. The national comparative data for Q2 has yet to be published. Significant attention is being given to the theme of staff engagement and a number of initiatives are currently being planned including specific staff recognition schemes.
Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.		The chart shows the overall score (% who would recommend the service) for all HDFT services currently participating in the FFT survey. 94.5% of the 5,300 patients surveyed in October would recommend the service to friends and family. This is above the latest published national average of 92.6%. Response rates vary between services but the Clinical Directorates are working on maximising these.

Quality - October 2015

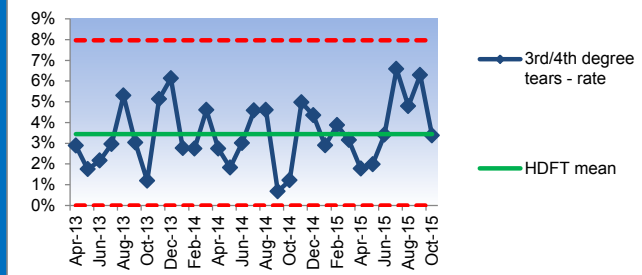
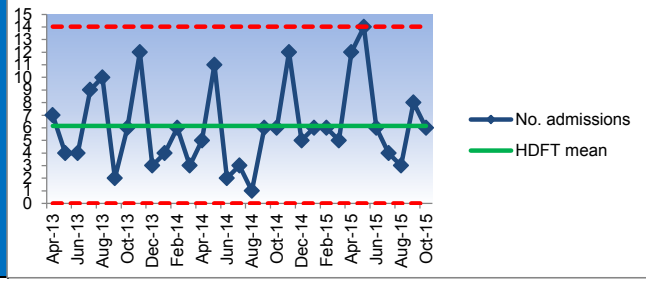
Indicator	Description	Trend chart	Interpretation
Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.		Registered nurse/midwife (RN) staff levels reduced in October - this was as a result of a combination of vacancies, sickness and also a small number of bed closures. Care support worker (CSW) staffing at night increased - this is reflective of the increased need for 1-1 care for some inpatients. The Trust aims for 100% staffing overall but staffing below or above this level on any given day is not necessarily indicative of an inappropriate or unsafe staffing level.
Staff appraisal rates	The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 85% of staff appraised. A high percentage is good.		The locally reported cumulative appraisal rate for the 12 months to end October 2015 was 76.3%, a slight increase on the previous month. Data from the 2014 national staff survey suggested that 87% of HDFT had been appraised within the last 12 months. Skills for Health have produced a draft report to review best practice around appraisal and identify barriers within our own organisation which may be preventing managers/staff engaging in the appraisal process. The appraisal documentation is under review taking feedback from the organisation to create a better fit between organisational objectives, values and behaviours as well as job based competence, utilising an approach of appreciative enquiry.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.		The data shown is for end October 2015. The overall training rate for mandatory elements for substantive staff is 91%, compared to 89% last month. The individual follow up procedure has been reviewed following feedback from the Directorates. We are now following up line managers where compliance is below 85% rather than the previous approach of targeting 20% of managers in the Directorates. Focusing efforts specifically on areas of lower compliance should make for a more effective process.
Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		HDFT's staff sickness rate was 3.9% in September 2015, on the Trust threshold level (3.9%) and an increase on the previous month. The cumulative rate (April-Sept 15) is currently 3.76%. There has been an increase in the number of absences due to Gastrointestinal problems, which is not uncommon at this time of year. The Staff Health and Wellbeing Advisor commences in post on 17th November. She will undertake the relevant training in early December with a view to commencing the pilot programme in January 2016.

Competence Name	Total Employees	% Completed
Equality and Diversity - General Awareness	3520	95
Fire Safety Awareness	3520	85
Health & Safety	1383	98
Infection Prevention & Control 1	679	100
Infection Prevention & Control 2	2798	85
Information Governance: Introduction	3246	86
Information Governance: Beginners	268	75
Safeguarding Adults Awareness	3525	99
Safeguarding Children & Young People 1	3520	90

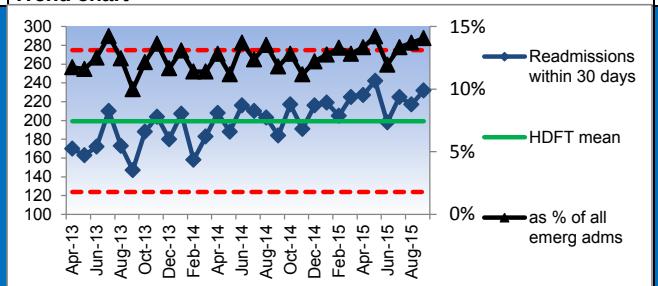
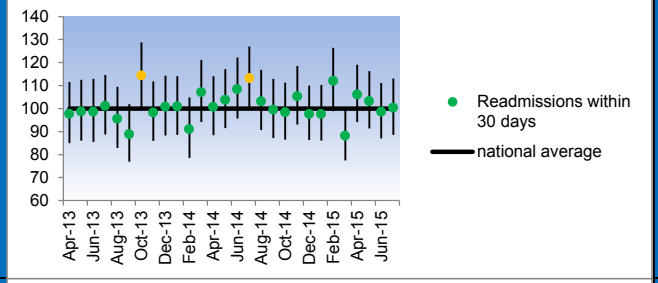
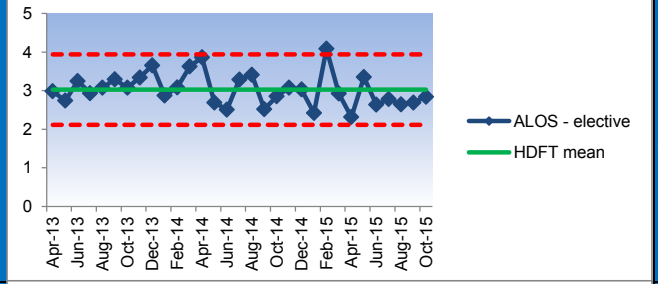
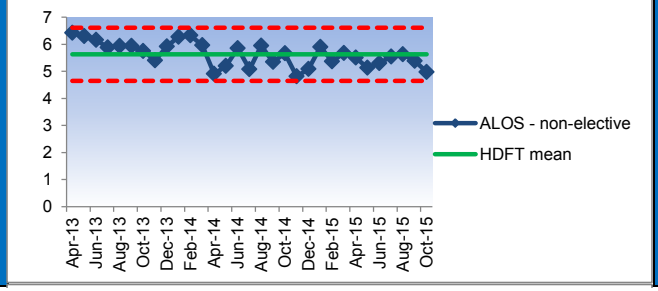
Quality - October 2015

Indicator	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. *The traffic light criteria applied to this indicator is currently under review.*		The proportion of spend on temporary staff during 2015/16 to date is 7.3%, compared to 7.5% in the same period in 2014/15. It is to be noted that the total staffing spend is in line with budgeted spend in month. However concern remains regarding the number of registered nurse vacancies and the impact this is having on agency spend. Sickness will also be a driver of increased use of temporary and agency staff. Registered Nurses have recently been added to the National Shortage Occupation List given that the current demand for registered nurses is greater than supply nationally. An open day as part of a strategic recruitment campaign has taken place; a further review of vacancies and next steps is to be undertaken by the Chief Nurse.
Staff turnover rate	The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		The staff turnover rate was at 12.99% for the rolling 12 months to September 2015 with 10.21% voluntary turnover and 2.78% involuntary turnover. HDFT's turnover rate has generally increased over the last two years but remains below the turnover norm of 15%. Exit questionnaire return across the Trust is low and an all user bulletin informing managers of the importance of this information is to be sent out this month.
Research internal monitoring	The Trust internally monitors research studies active within the Trust. The department mirrors the MHRA categorisation of critical, major and other findings (departures from legislative or GCP requirements). The department has set a standard of no critical and no more than four major findings per annum. Major and other findings are non-notifiable and dealt with locally.		There were no critical or major findings reported in the year to date.
Maternity - Caesarean section rate	The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month, but looking longitudinally it is a barometer for the care we provide antenatally and in labour.		HDFT's C-section rate in Oct-15 was 31.0% of deliveries. Of the C-sections carried out, 55% were elective (planned) and 44% were non-elective (emergency).

Quality - October 2015

Indicator	Description	Trend chart	Interpretation
Maternity - Rate of third and fourth degree tears	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 3rd/4th degree tears reduced to 3.4% of deliveries in Oct-15.
Maternity - Unexpected term admissions to SCBU	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.		The chart shows the number of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). There were 6 term admissions to SCBU in October, which is in line with the average number over the last two years.

Finance and Efficiency - October 2015

Indicator	Description	Trend chart	Interpretation
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions within 30 days is increasing. However when expressed as a % of all emergency admissions (black line on the chart), there has been no significant change over the last two years. Data collection for the readmissions case note audit has commenced with a clinical proforma attached to notes of patients who have been readmitted to support the data capture.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidites etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		The standardised readmission rate for HDFT for Jul-15 (latest data available) was 100.3, an increase on the previous month. This is just 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 Oct-15 was 2.8 days, a slight increase on the previous month. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery.
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 Oct-15 was 5.0 days, a decrease on the previous month. There is a focus on patient flow and discharge through the Unplanned Care Transformation Programme which is looking to optimise internal efficiencies to minimise length of stay.

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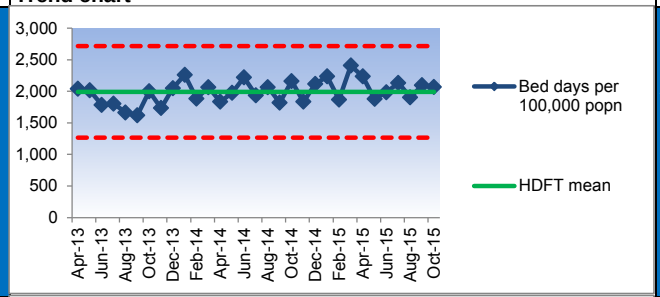
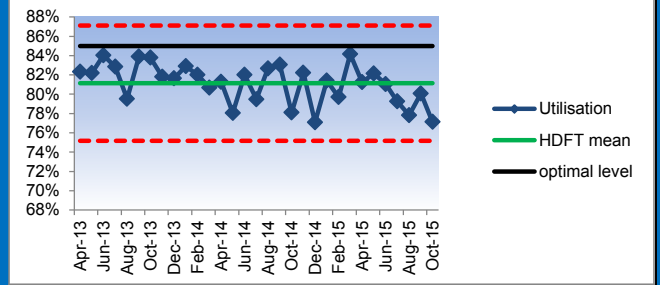
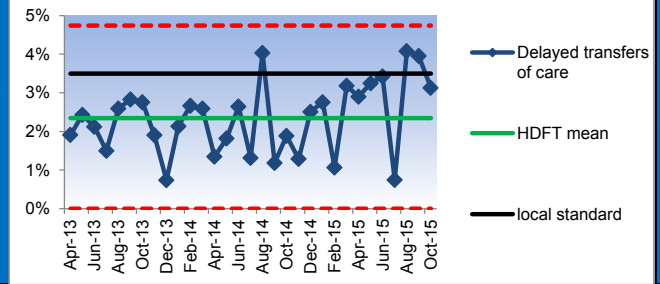
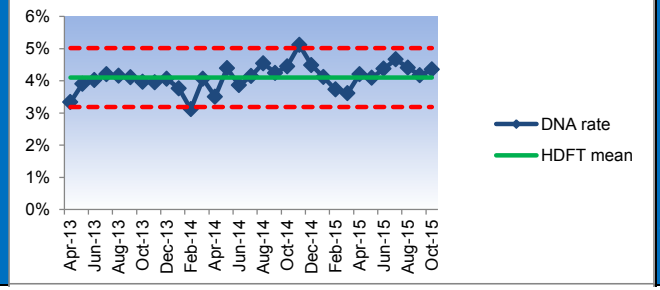
Indicator	Description	Trend chart	Interpretation
Non-elective bed days	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. A lower figure is preferable.		As can be seen, the number of non-elective bed days for patients aged 18+ has remained fairly static over the last two years. Further analysis of this new indicator will be completed to look at the demograghic changes during this period and the number of admissions for this group will assist in understanding this further.
Theatre utilisation	The percentage of time utilised during elective theatre sessions only (i.e. those planned in advance for waiting list patients). A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal. *Caution should be exercised when interpreting this indicator as there are data quality issues with the reported data.*		Theatre utilisation decreased in October 2015 to 77.1%. However, there was a planned closure of some theatres for maintenance which will have impacted upon this figure. The Elective Care Directorate are continuing to review the utilisation of theatres and will be working with the anaesthetic team to ensure that the impact on elective theatre lists of gaps in the anaesthetic rota is minimised. The utilisation calculation is being reviewed to ensure that it correctly handles lists that are cancelled in advance.
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.		Delayed transfers of care were at 3.1% when the snapshot was taken in October. This is an improvement on the previous two months and the level is now below the maximum threshold of 3.5% set out in the contract.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		The DNA rate for outpatient first attendances in Oct-15 was 4.4%, an increase on the previous month but within expected levels. DNA rates at outreach clinics are being monitored to ensure that they are not significantly higher than clinics on the main site. During Q2, the DNA rate for first outpatient appointments at outreach clinics was 5.2%, compared to 4.3% on the main Harrogate site. Directorate teams will be asked to focus on why offsite rates are higher if this persists.

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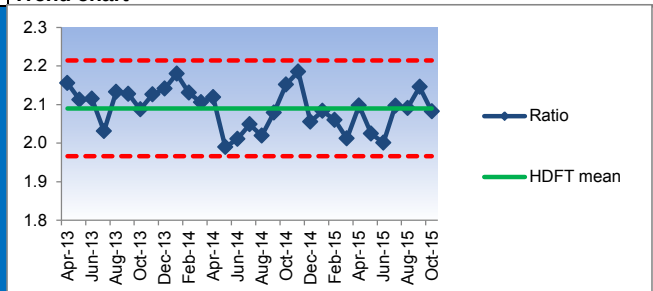
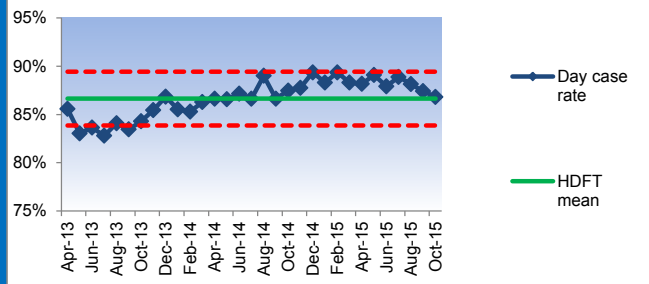
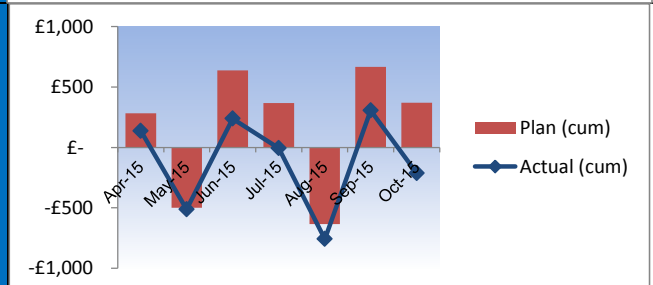
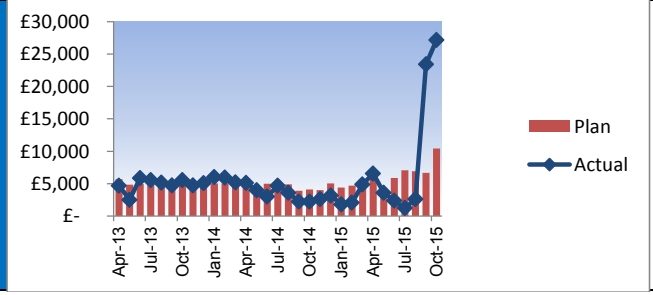
Indicator	Description	Trend chart	Interpretation
Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		The new to follow up ratio was 2.09 in Oct-15, a decrease on the previous month. The Deputy Director of Performance & Informatics is leading a review with the CCG of patients who wait longer than 6 months for a follow up appointment. Changes to the PAS system have enabled the Trust to record clinical conditions for each follow up attendance and monitoring reports have been set up and shared with HARD CCG.
Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The elective day case rate in October was 86.8%. As can be seen from the chart, the day case rate steadily increased during 2013/14 and 2014/15 and has now levelled off during 2015/16. Through the Day Surgery Transformation group, a number of new patient pathways have been assessed and setup recently. Work is ongoing to review and support developments of Best Practice Tariff and the directorate has agreed a cross specialties 'default to day surgery' list of procedures.
Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.		The Trust reported a deficit of £212k for October, £583k behind plan. This has resulted in a year to date position of £803k deficit, £1,993k behind plan. Actions are being taken to focus on recovery plans within directorates, strengthen various processes linked to SFIs, additional checks in relation to vacancy control and a review of capital expenditure. Expenditure was approximately balanced to plan for October, however, this was the result of service pressures being funded and contingency being phased into the position. Income remains behind plan. Further work is required to ensure activity recovery plans are in place and identification of any issues which are impacting on these.
Cash balance	Monthly cash balance (£'000s)		The cash balance at the end of October improved on previous months. This is a result of the agreement in relation to cash profiles with HARD CCG, as well as a catch up payment following contract agreement. The Trust is yet to invoice for overtrades in 2015/16. The increase in cash is positive, however, it should be noted that following payment in November, there will be no more monthly contract payments in relation to the acute contract, only overtrade payments which are yet to be finalised.

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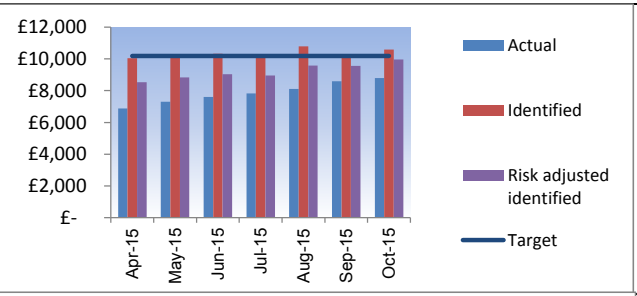
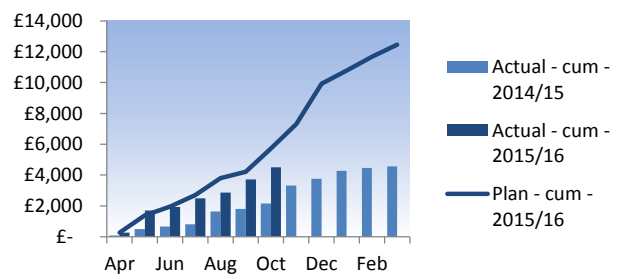
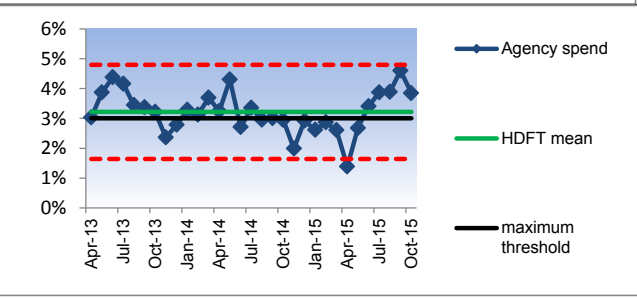
Indicator	Description	Trend chart	Interpretation
Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating now includes four components, as illustrated in the table to the right. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns). This indicator monitors our position against plan.	<table><tr><th>Element</th><th>Plan</th><th>Actual</th></tr><tr><td>Capital Service Capacity rating</td><td>4</td><td>3</td></tr><tr><td>Liquidity rating</td><td>4</td><td>3</td></tr><tr><td>I&E Margin rating</td><td>3</td><td>2</td></tr><tr><td>I&E Margin Variance rating</td><td>2</td><td>2</td></tr><tr><td>Financial Sustainabiltiy Risk Rating</td><td>3</td><td>3</td></tr></table>	The Trust will report a risk rating of 3 for the year to October This is in line with the Trust plan following the introduction of the new metrics previously discussed. Despite still being a 3, the Trust's current position means this is weaker than initially planned.
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.		86% of plans have been actioned by directorates. A further 12% of plans are in place at present following risk adjustment.
Capital spend	Cumulative Capital Expenditure by month (£'000s)		Capital Expenditure is behind plan. This is due to a delay in relation to the Carbon Energy Fund Scheme. All other schemes are on plan. Work is currently underway to estimate what plans can safely be deferred/delayed as a result of the Trust's financial position.
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.		Although agency expenditure remains high, there was a fall in October. The average agency spend per month is 3.4% of total pay expendiutre, however, each of the past 4 months has been higher than this with October spend equating to 3.9% of pay expenditure.

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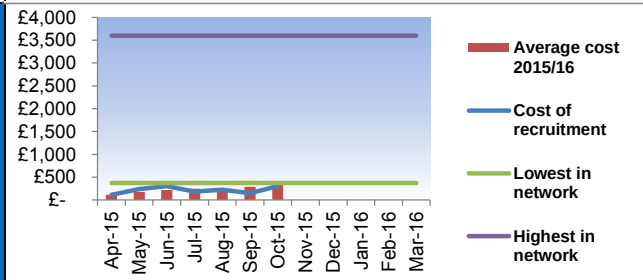
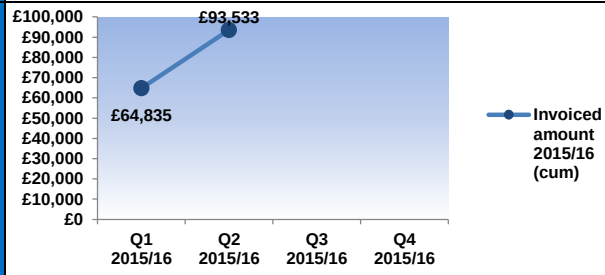
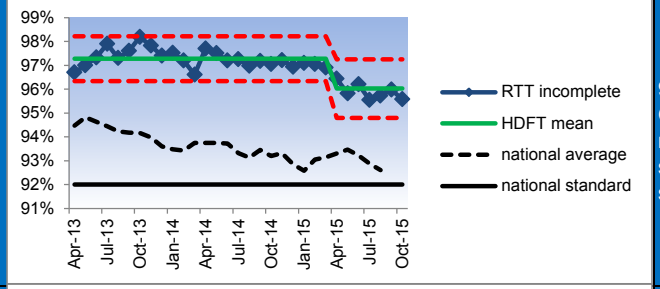
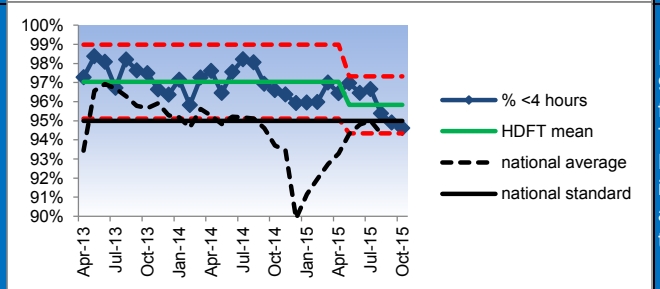
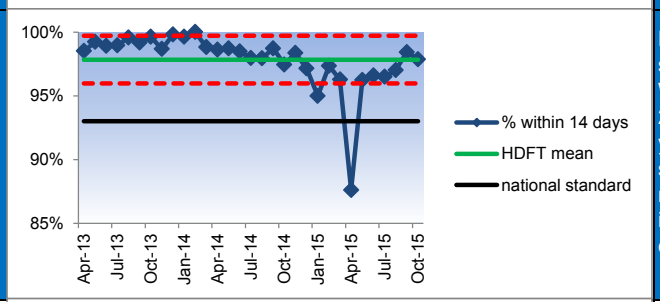
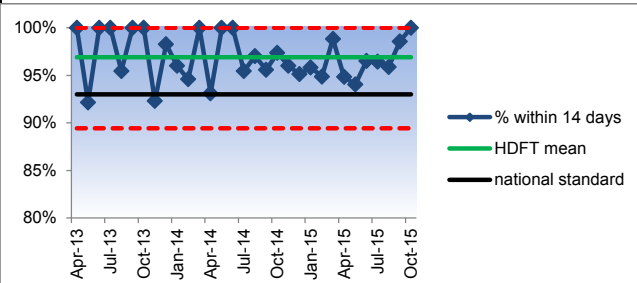
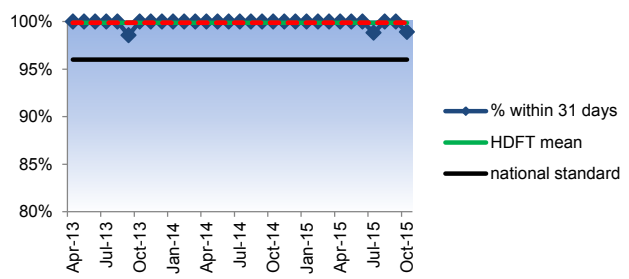
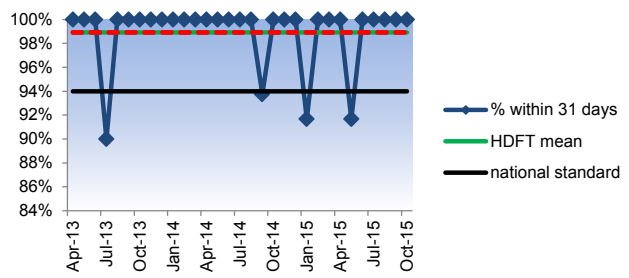
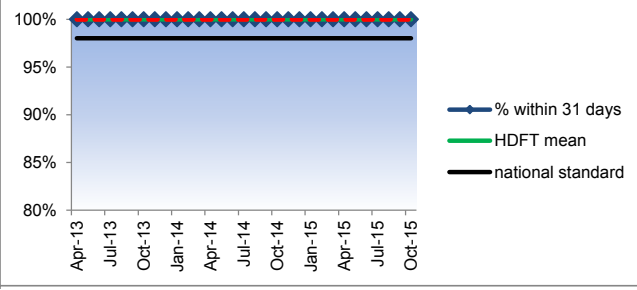
Indicator	Description	Trend chart	Interpretation
Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies. The Research department has a delivery budget of £69,212 per month. A low figure is preferable.		In 2014/15, the range across the network for recruitment cost was £372 to £3599, HDFT achieved a figure of around £375. HDFT's average cost per recruitment remains low.
Research - Invoiced research activity	Aspects of research studies are paid for by the study sponsor or funder.		As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.

Operational Performance - October 2015

Indicator	Description	Trend chart	Interpretation
Monitor governance rating	Monitor use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the left shows how the Trust is performing against the national performance standards in the "access and outcomes metrics" section of the Risk Assessment Framework. An amended Risk Assessment Framework was published by Monitor in August 2015 - updated to reflect the changes in the way that the 18 weeks standard is monitored.	See table below	HDFT's governance rating for Q3 to date is Green. The Trust reported 19 cases of hospital acquired C. difficile year to date at end October. 11 of these cases have been agreed with HARD CCG to not be due to lapses in care and therefore these would be discounted from the trajectory for 2015/16.
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.		95.6% of patients were waiting 18 weeks or less at the end of October, a reduction on last month but remaining above the required national standard of 92%. At specialty level, one specialty (Trauma & Orthopaedics) was below the 92% standard in October.
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. Histroical 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 overall Trust level performance for October 2015 was 94.6%, below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. There has been a clear focus on three areas for improvement - ED staffing model, including a level of non-recurrent investment, speciality review process and patient flow and bed availability. Significant progress has been made, but this is not translating into improved performance at this stage.
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.		Provisional performance for October is above the required standard at 100%. Whilst the Trust achieved the required 93% for each quarter of 2014/15, there was a deterioration in performance during the year as illustrated in the trend chart. There has been a significant increase in the number of 2 week wait referrals received by the Trust since Q4 2014/15, partly due to the impact of several national and local cancer awareness campaigns.

Indicator	Q3 to date score	Indicator	Q3 to date 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		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		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

Operational Performance - October 2015

Indicator	Description	Trend chart	Interpretation
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		The Trust consistently achieved the 93% standard throughout 2014/15 and 2015/16 to date, with provisional performance at 100% in October 2015.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.
Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust was above the required 94% standard for all quarters of 2015/16 to date.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.

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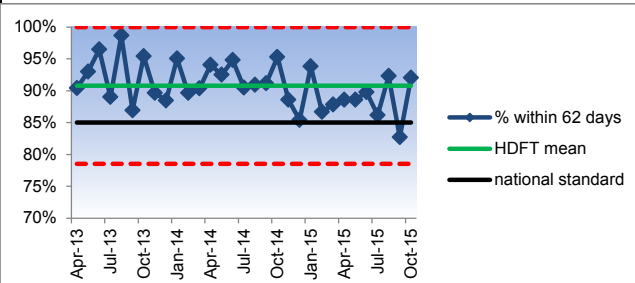
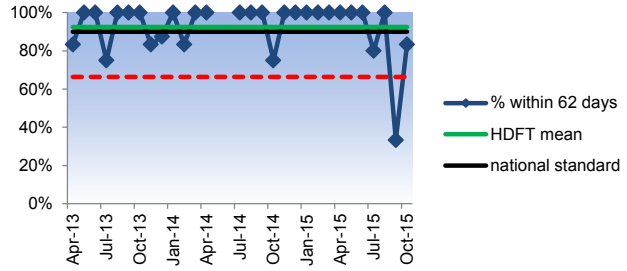
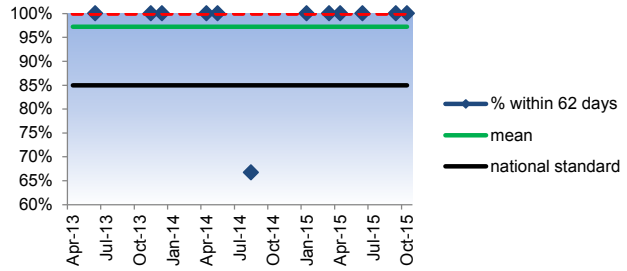
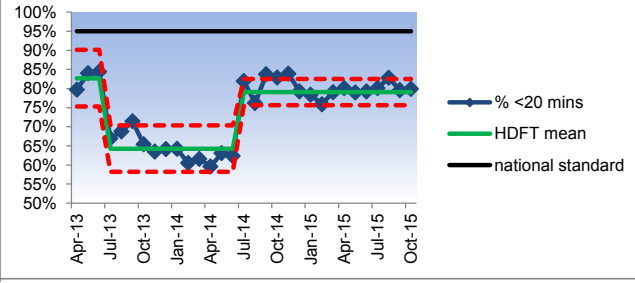
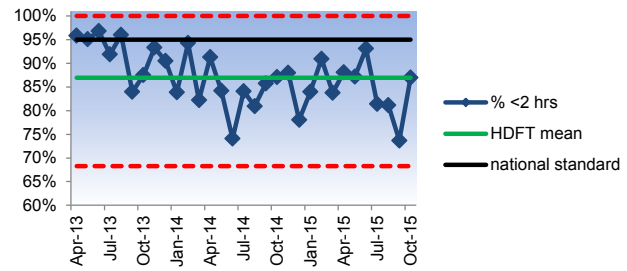
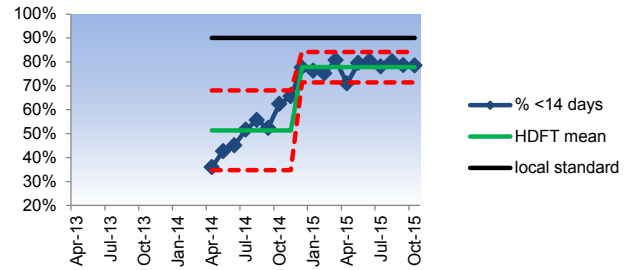
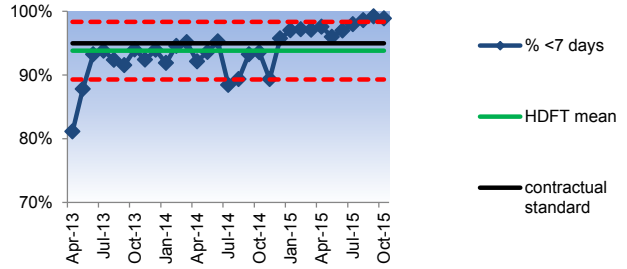
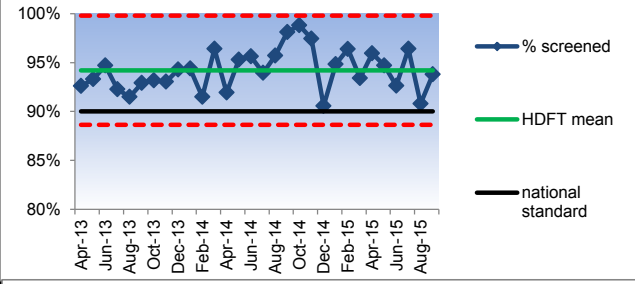
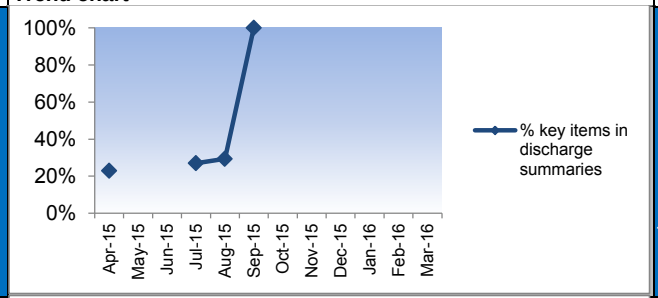
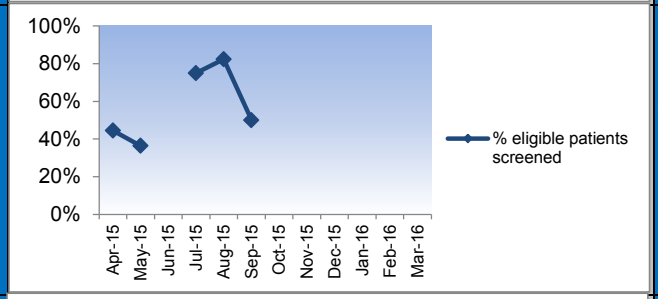
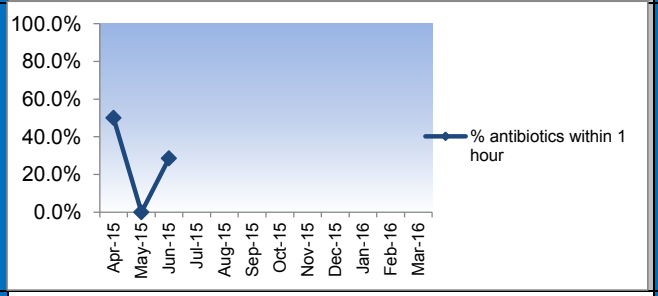
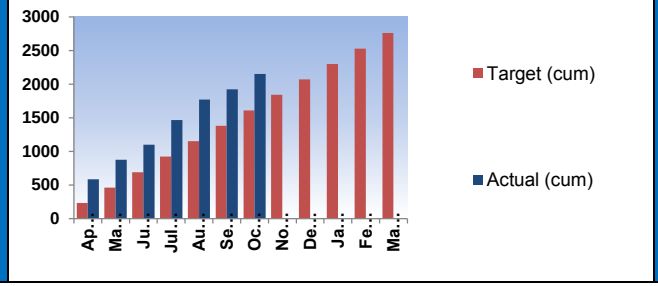
Indicator	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Provisional performance for October 2015 is above the operational standard at 92.0%. Of the 11 cancer sites treated at HDFT, 9 had performance above 85% in October and 2 had performance below 85% - colorectal (2 breaches) and gynaecological (0.5 breach). One patient treated in October had waited longer than 104 days for treatment. The main reason for the delay in treatment was clinical complexity.
Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 90% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.
Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 85% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.
GP OOH - NQR 9	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. The data presented excludes Selby and York as these do not form part of the HDFT OOH service from April 2015. A high percentage is good.		Performance in October 2015 was at 79.9%, below the 95% standard. This is a continued trend and the service have been requested to do further work to improve the performance in this area.

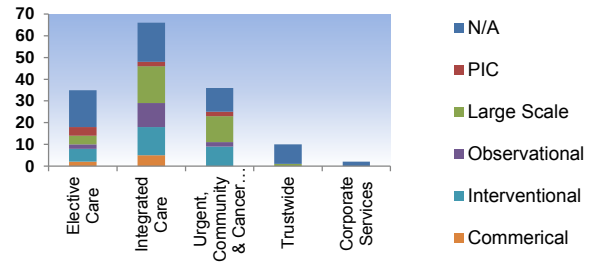
Operational Performance - October 2015

Indicator	Description	Trend chart	Interpretation
GP OOH - NQR 12	NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations 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.		Performance in October 2015 was at 86.9%, an increase on last month but remaining below the 95% standard. The direct booking of face to face contacts into OOH clinic slots by NHS111 commenced in month, it is anticipated this will strengthen performance against this measure.
Health Visiting - new born visits	The number of babies who had a new born visit by the Health Visiting team within 14 days of birth. Data is not available for 2013/14. A high percentage is good.		As can be seen from the chart, the performance on this metric improved significantly during 2014/15 - this was partly due to improved data capture over this period. In October 2015, 78.5% of babies had a new born visit within 14 days of birth.
Community equipment - deliveries within 7 days	The number of standard items delivered within 7 days by the community equipment service. A high percentage is good.		In October 2015, 98.9% of standard items were delivered within 7 days, above the 95% contractual requirement and an increase on recent months. In addition, 100% of priority items were delivered within 24 hours and 100% of urgent items were delivered within 6 hours.
CQUIN - dementia screening	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.		Recurrent achievement of this standard. Ongoing monitoring. No new actions identified.

Operational Performance - October 2015

Indicator	Description	Trend chart	Interpretation
CQUIN - Acute Kidney Injury	Percentage of patients with Acute Kidney Injury (AKI) whose discharge summary includes four defined key items. The aim of this national CQUIN is to improve the provision of information to GPs for patients diagnosed with AKI whilst in hospital. The target for the CQUIN is to achieve at least 90% of required key items included in discharge summaries by Q4 2015/16. A high percentage is good.		The Trust recently submitted the Q2 results to NHS England and HARD CCG. Overall 50% of key items were included in discharge summaries for the sampled AKI patients during Q2, an improvement on the Q1 baseline position and above the improvement trajectory agreed with the CCG. For September, all discharge summaries for AKI patients were reviewed by a consultant and this was also used as a training opportunity for junior doctors. Further work is required to ensure delivery of the required 90% compliance by Q4.
CQUIN - sepsis screening	Percentage of patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis. A high percentage is good.		The Trust recently submitted the Q2 results to NHS England and HARD CCG. Overall 68% of patients presenting to ED/other wards/units who met the criteria of the local protocol were screened for sepsis during Q2, an improvement on the Q1 baseline position and above the improvement trajectory agreed with the CCG. Continued work to raise awareness with medical and nursing staff is planned, including a sepsis awareness week later this month. The Trust is required to achieve 90% compliance by Q4.
CQUIN - severe sepsis treatment	Percentage of patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting. A high percentage is good.		The Trust reported a baseline position to NHS England and HARD CCG in October. A sample of 48 case notes from Q1 patients with a coded diagnosis of sepsis were reviewed. Of these, 15 had evidence of severe sepsis, Red Flag sepsis or septic shock, 6 of which were screened. This gives an overall performance of 40% for Q2. Continued work to raise awareness with medical and nursing staff is planned, including a sepsis awareness week later this month. The Trust is required to achieve 90% compliance by Q4.
Recruitment to NIHR adopted research studies	The Trust has a recruitment target of 2,750 for 2015/16 for studies adopted onto the NIHR portfolio. This equates to 230 per month. A higher figure is good.		Recruitment has been good to date. Currently recruitment stands at 540 over its target year to date.

Operational Performance - October 2015

Indicator	Description	Trend chart	Interpretation
Directorate research activity	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.		The directorate research teams are subject to studies that are available. The 'type of study', Commercial, Interventional, Observational, Large scale, 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 adopted by the NIHR. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.

Indicator traffic light criteria

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

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

Report to the Trust Board of Directors: 25 November 2015	Paper No: 6.0

Title	Integrated Board Report
Sponsoring Director	Dr. Ros Tolcher, Chief Executive
Author(s)	Rachel McDonald, Head of Performance & Analysis
Report Purpose	For information

Key Issues for Board Focus:

- The Safety thermometer has returned to an above average score this month.
- The HSMR and SHMI standardised mortality metrics both moved in an adverse direction this month.
- Agency spend in relation to pay spend reduced in October, but remains high.
- Safer staffing levels - Registered nurse/midwife (RN) staff levels reduced in October. Despite this, the total number of incidents and the number of inpatient falls both reduced this month. This is being monitored at ward level for any variance from the Trust position.
- Performance against the A&E 4 hour standard remains below the required 95% level.
- Three new quality metrics have been introduced to the report this month which reflect quality and safety within maternity care.

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

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

Action Required by the Board of Directors
To note current performance.

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 25 November 2015	Paper No: 7.0

Title	Financial Position
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	Review of the Trusts financial position

Key Issues for Board Focus:

1. The Trust reported a deficit in October of £212k, increasing the year to date deficit to £803k. The year to date variance is now £1,993k adverse

2. Performance against the cost improvement programme continues to improve with £8.8m of plans actioned. It is important that work continue in order to achieve the full £10.2m plan.

3. The Trust will report a continuity of services risk rating of 3. Although this is at planned levels, the current I&E position means that it is a weaker 3 than planned.

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

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

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

Action Required by the Board of Directors

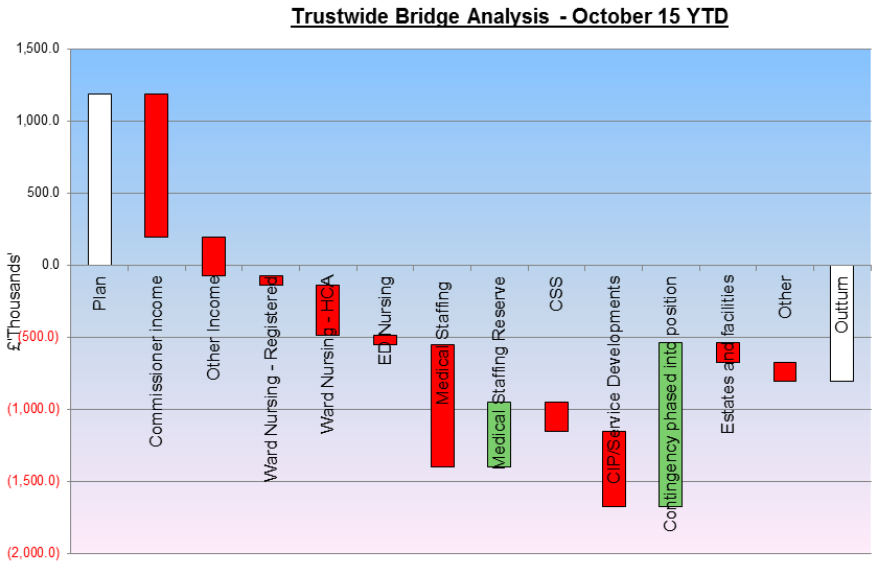
The Board of Directors is asked to **note** the contents of this report.

2015/16 Financial Position to date

October Financial Position

- As outlined in the Integrated Board Report, the Trust reported a deficit of £212k in October, £583k behind plan.

- Performance in October subsequently increased the year to date deficit to £803k, £1,993k behind plan. The main drivers for this are outlined in the bridge diagram on the right.



- There is a significant adverse variance in relation to income of £1,262k. The key drivers for this are –
  - Acute Income £849k adverse – further work underway to understand casemix in certain areas
  - Community income £70k adverse
  - Private Patient and RTA income £175k adverse
  - Non clinical income £94k adverse – accumulation of smaller variances

- The variance in relation to expenditure is improving (£12k favourable variance in month), however, this follows the funding of a number of service pressures and the appropriate phasing of contingency into the position. Actual expenditure for October was £15,806k, £330k higher than the average monthly spend for April to September.

- Income and Expenditure trends are outlined on pages 6 and 7 of this report.

- Recovery plans are in place for each directorate. There needs to be a clear focus on the implementation of these plans. These are currently being reviewed and updates will be given to the Board on progress.

2015/16 Financial Position Continued

- As well as focus on recovery plans, work is underway to review uncommitted capital schemes with a view to delay items where possible. The table below outlines the resource issue as a result of the Trust financial position.

	£'000
Resources available	12,413
Current plans / commitments	12,869
Over-commitment if deliver financial plan	**-456**
I&E impact on resource availability	-1,400
Over-commitment based on I&E position	**-1,856**

Commitments by Area	Programme £'000	Spend to date £'000	Balance £'000	Contractual commitment £'000	Revised balance £'000	Tendered (unsigned) £'000	Uncommitted £'000
Large schemes	8895	4272	4623	4460	163	0	163
14/15 c/f	2007	1273	734	223	511	241	270
15/16 new	1669	678	991	480	511	89	422
Endowment	298	209	89	89	0	0	0
Total	**12869**	**6432**	**6437**	**5252**	**1185**	**330**	**855**

- Directorates are currently in the process of reviewing schemes to gain a view of which could be deferred. These are being assessed against the following criteria –
  - Quality and Safety
  - Access
  - Finance
- In addition, the timing of the committed schemes is being reviewed to assess the scope of further capital slippage.
- Clearly patient safety is a priority and therefore any emerging issues will be addressed where this is affected.

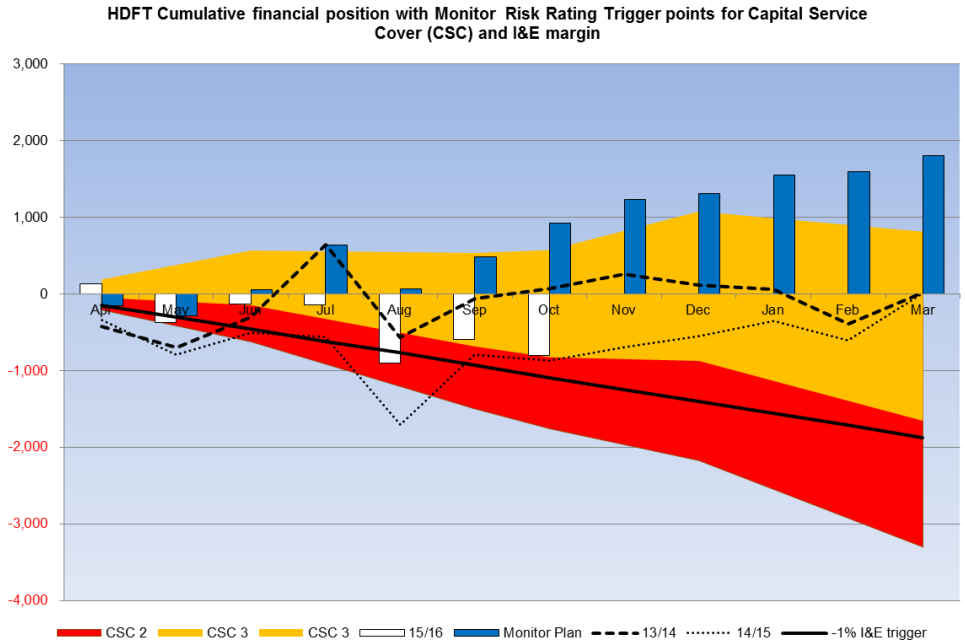
2015/16 Financial Position Continued

Monitor Financial Sustainability Risk Rating (FSRR)

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

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

- Despite reporting a 3 in line with the Monitor financial plan, there are clearly elements which are behind plan as a result of the Trust's financial position. The graph below gives an indication of the trigger points that would generate a lower risk rating.



- If the Capital Service Cover Rating (CSC) drops to a 2, the Trust FSRR will subsequently fall to a 2 which will prompt Monitor to consider regulatory action.

- Given how close the position is to this, as well as concerns from Monitor following August's position, it is important that recovery plans and other items take effect.

- A checklist in relation to financial control that Monitor have provided to other Trusts is being reviewed. Various actions in relation to Vacancy Control, SFI's and cash management are being developed, and an action plan will be shared with Audit Committee next month.

Overview Income & Expenditure Position

Summary Income & Expenditure 2015/16
For the month ending 31st October 2015

2014/15 Actual £000		Budget: Annual Budget £000	Budget: Proportion To Date £000	Actual To Date £000	Cumulative Variance £000
	INCOME				
	NHS Clinical Income (Commissioners)				
127,628	NHS Clinical Income - Acute	133,586	77,479	76,630	(849)
38,756	NHS Clinical Income - Community	38,432	22,297	22,226	(70)
3,459	System Resilience & Better Care Funding	561	408	334	(74)
	Non NHS Clinical Income				
1,606	Private Patient & Amenity Bed Income	1,854	1,076	1,004	(72)
438	Other Non-Protected Clinical Income (RTA)	523	305	202	(103)
	Other Income				
13,747	Non Clinical Income	11,987	7,410	7,316	(94)
486	Hosted Services	152	152	152	(0)
186,119	**TOTAL INCOME**	**187,096**	**109,127**	**107,865**	**(1,262)**
	EXPENSES				
	Pay				
(128,850)	Pay Expenditure	(125,410)	(73,822)	(74,836)	(1,014)
	Non Pay				
(13,605)	Drugs	(9,583)	(8,175)	(8,186)	(12)
(18,493)	Clinical Services & Supplies	(16,696)	(10,222)	(10,547)	(326)
(18,307)	Other Costs	(16,366)	(9,767)	(10,873)	(1,106)
0	**Reserves :** Pay	(2,755)	(444)	0	444
0	Pay savings targets	0	0	0	0
0	Other Reserves	(3,457)	(1,135)	0	1,135
0	High Cost Drugs	(3,590)	0	0	0
0	Non Pay savings targets	42	0	0	0
(11)	**Other Finance Costs**	(18)	(10)	(10)	1
(543)	**Hosted Services**	(161)	(161)	(161)	0
(179,810)	**TOTAL COSTS**	(177,993)	(103,736)	(104,614)	(878)
6,309	**EBITDA**	**9,102**	**5,391**	**3,251**	**(2,140)**
(34)	Profit / (Loss) on disposal of assets	0	0	(2)	(2)
(4,092)	Depreciation	(4,763)	(2,778)	(2,670)	108
(55)	Interest Payable	(59)	(34)	(43)	(8)
20	Interest Receivable	20	11	22	11
(2,530)	Dividend Payable	(2,500)	(1,400)	(1,538)	(138)
(381)	**Net Surplus/(Deficit) before donations and impairments**	**1,800**	**1,190**	**(979)**	**(2,169)**
392	Donated Asset Income	0	0	176	176
(587)	Impairments re Donated assets	0	0	0	0
0	Impairments re PCT assets	0	0	0	0
(577)	**Net Surplus/(Deficit)**	**1,800**	**1,190**	**(803)**	**(1,993)**
(102)	Consolidation of Charitable Fund Accounts	0	0	0	0
(679)	**Consolidated Net Surplus/(Deficit)**	**1,800**	**1,190**	**(803)**	**(1,993)**

Negative sign under variance indicates an UNDER-recovery of forecast income, or an OVER-spending against budget

Overview Total Directorate Position

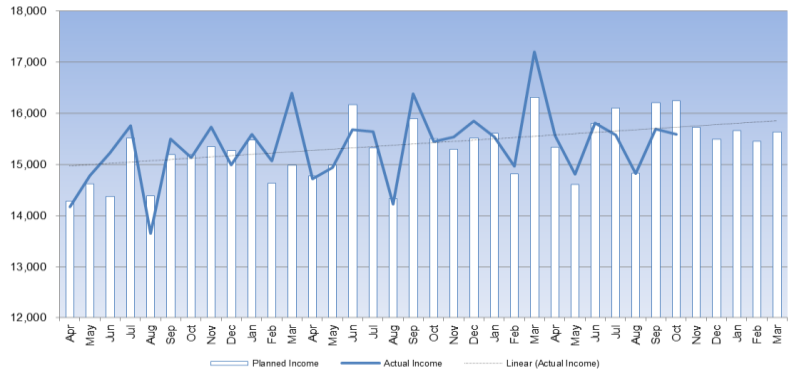
Net Income & Expenditure Position

For the month ending 31st October 2015

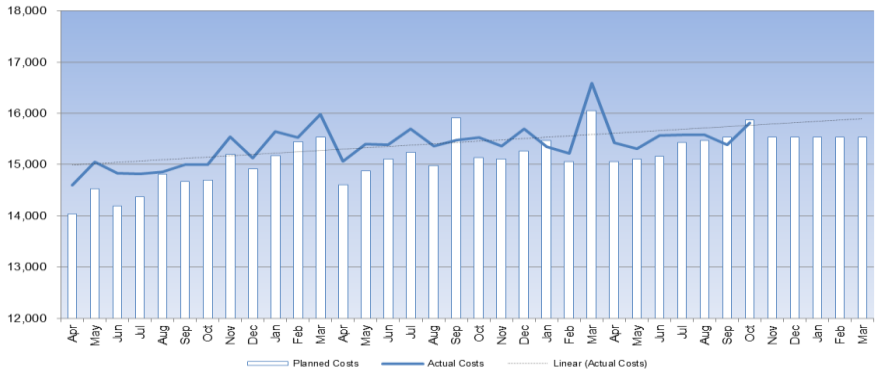
2013/14 Actual £000	Opening Budget £000		Annual Budget £000	Workforce Budget wte	Workforce Contracted wte	Workforce Actual wte	In Month Budget £000	In Month Actual £000	In Month Variance £000	Cumulative Budget £000	Cumulative Actual £000	Variance (o.s)/u.s £000
2,169	1,274	Non-Comissioner Income	1,218				92	88	(3)	834	783	(52)
(36,721)	(34,989)	Pay	(32,253)	824.75	797.40	782.78	(2,786)	(2,887)	(100)	(19,017)	(19,769)	(752)
(9,172)	(2,947)	Non-Pay	(6,348)				(784)	(799)	(14)	(5,347)	(5,454)	(107)
(43,724)	**(36,662)**	**Total Integrated Care Directorate**	**(37,384)**	**824.75**	**797.40**	**782.78**	**(3,479)**	**(3,597)**	**(118)**	**(23,530)**	**(24,441)**	**(911)**
3,180	1,764	Non-Comissioner Income	3,220				275	268	(7)	2,083	2,078	(5)
(29,388)	(28,642)	Pay	(32,233)	766.26	695.61	688.34	(2,695)	(2,665)	30	(18,858)	(18,820)	38
(12,671)	(7,202)	Non-Pay	(10,748)				(1,089)	(1,186)	(97)	(7,273)	(7,941)	(668)
(38,879)	**(34,080)**	**Total Acute & Cancer Care Services Directorate**	**(39,762)**	**766.26**	**695.61**	**688.34**	**(3,509)**	**(3,583)**	**(74)**	**(24,048)**	**(24,683)**	**(636)**
1,360	1,457	Non-Comissioner Income	1,538				130	157	27	884	895	10
(43,027)	(40,216)	Pay	(42,580)	910.15	878.71	871.75	(3,806)	(3,791)	15	(25,359)	(25,617)	(258)
(13,347)	(9,307)	Non-Pay	(12,393)				(1,191)	(1,245)	(54)	(7,972)	(8,339)	(367)
(55,014)	**(48,066)**	**Total Elective Care Directorate**	**(53,436)**	**910.15**	**878.71**	**871.75**	**(4,867)**	**(4,879)**	**(11)**	**(32,447)**	**(33,061)**	**(615)**
(19,852)	**(18,471)**	**Corporate (Clinical)**	**(16,362)**	**451.70**	**437.74**	**450.76**	(1,351)	(1,377)	(26)	(9,453)	(9,668)	(215)
(157,469)	(137,279)	**Total Clinical Spend**	(146,943)	2952.86	2809.46	2793.63	(13,207)	(13,436)	(230)	(89,477)	(91,853)	(2,377)
(7,626)	**(7,802)**	**Corporate (inc. CNST)**	(11,965)	**149.95**	**143.30**	**142.69**	(1,025)	(982)	43	(6,790)	(6,878)	(88)
(27,478)	**(26,273)**	**Total Corporate Position**	**(28,327)**	**601.65**	**581.04**	**593.45**	**(2,376)**	**(2,359)**	**17**	**(16,243)**	**(16,546)**	**(303)**
165,503	165,941	**Commissioner Income**	172,018				14,929	14,287	(642)	100,184	99,176	(1,009)
(388)	(19,158)	**Central**	(11,309)		(18.03)	(23.03)	(327)	(81)	246	(2,728)	(1,424)	1,304
21	**1,702**	**Total before donations & impairments**	**1,800**	**3,102.81**	**2,934.73**	**2,913.29**	**371**	**(212)**	**(583)**	**1,190**	**(979)**	**(2,169)**
5,297	0	**Donations for Capital Expenditure**	0						0	0	176	176
(3,340)	0	**Impairments on Donated assets**	0						0	0	0	0
(1,305)		**Impairments on PCT assets**	0						0	0	0	0
672	**1,702**	**Trust reporting position**	**1,800**	**3,102.81**	**2,934.73**	**2,913.29**	**371**	**(212)**	**(583)**	**1,190**	**(803)**	**(1,993)**
457		**Charitable funds consolidation**	0						0	0	0	0
1,129	**1,702**	**Total Trust reported position**	**1,800**	**3,102.81**	**2,934.73**	**2,913.29**	**371**	**(212)**	**(583)**	**1,190**	**(803)**	**(1,993)**

Income & Expenditure Run Charts

Planned and Actual Income Apr 2013 - Mar 2016



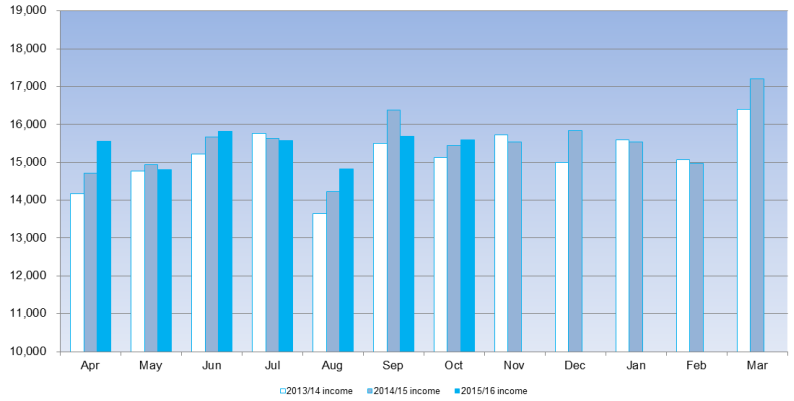
Planned and Actual Costs Apr 2013 - Mar 2016



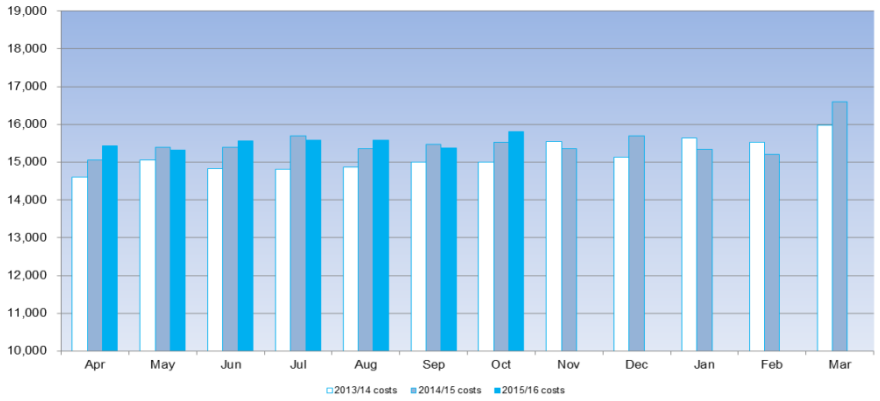
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978
2013/14 income actual	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2013/14 variance	**-116**	**161**	**858**	**242**	**-730**	**314**	**-69**	**382**	**-290**	**115**	**436**	**1,417**
2013/14 % variance	-0.8%	1.1%	6.0%	1.6%	-5.1%	2.1%	-0.5%	2.5%	-1.9%	0.7%	3.0%	9.5%
2014/15 income plan	14,779	14,981	16,165	15,325	14,332	15,901	15,506	15,293	15,523	15,606	14,809	16,305
2014/15 income actual	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2014/15 variance	**-62**	**-36**	**-491**	**312**	**-111**	**487**	**-55**	**240**	**322**	**-67**	**158**	**896**
2014/15 % variance	-0.4%	-0.2%	-3.0%	2.0%	-0.8%	3.1%	-0.4%	1.6%	2.1%	-0.4%	1.1%	5.5%
2015/16 income plan	15,335	14,610	15,799	16,105	14,830	16,202	16,245	15,732	15,488	15,664	15,454	15,630
2015/16 income actual	15,564	14,802	15,810	15,578	14,826	15,689	15,595					
2015/16 variance	**229**	**192**	**11**	**-527**	**-4**	**-513**	**-650**					
2015/16 % variance	1.5%	1.3%	0.1%	-3.3%	0.0%	-3.2%	-4.0%					

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 expenditure plan	14,039	14,523	14,197	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535
2013/14 expenditure actual	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2013/14 variance	**559**	**528**	**628**	**446**	**53**	**329**	**301**	**343**	**218**	**469**	**80**	**448**
2013/14 % variance	4.0%	3.6%	4.4%	3.1%	0.4%	2.2%	2.0%	2.3%	1.5%	3.1%	0.5%	2.9%
2014/15 expenditure plan	14,602	14,875	15,107	15,236	14,983	15,912	15,128	15,105	15,268	15,465	15,052	16,051
2014/15 expenditure actual	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2014/15 variance	**456**	**519**	**280**	**459**	**379**	**-436**	**405**	**253**	**427**	**-119**	**162**	**540**
2014/15 % variance	3.1%	3.5%	1.9%	3.0%	2.5%	-2.7%	2.7%	1.7%	2.8%	-0.8%	1.1%	3.4%
2015/16 expenditure plan	15,052	15,109	15,164	15,429	15,466	15,536	15,873	15,533	15,533	15,533	15,533	15,533
2015/16 expenditure actual	15,427	15,314	15,572	15,584	15,584	15,384	15,806					
2015/16 variance	**375**	**205**	**408**	**155**	**118**	**-152**	**-67**					
2015/16 % variance	2.5%	1.4%	2.7%	1.0%	0.8%	-1.0%	-0.4%					

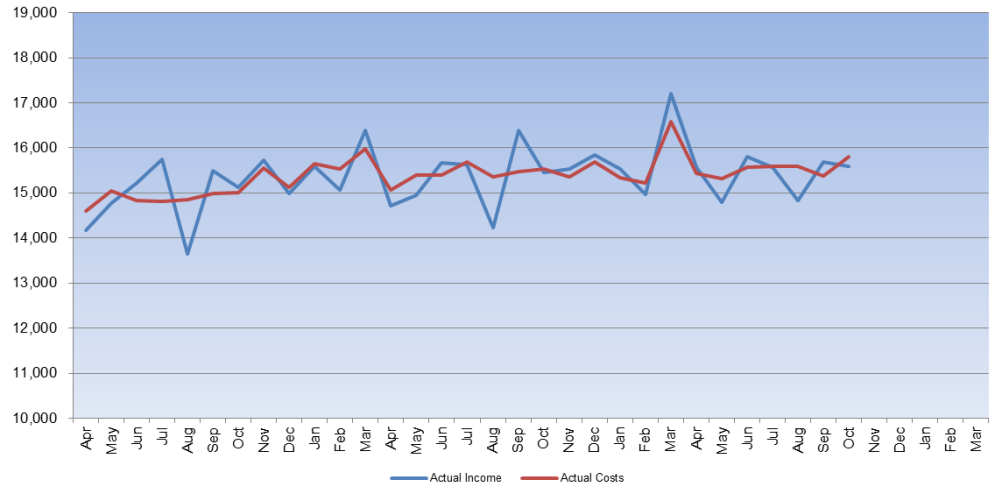
Actual Income 2013/14, 2014/15 & 2015/16

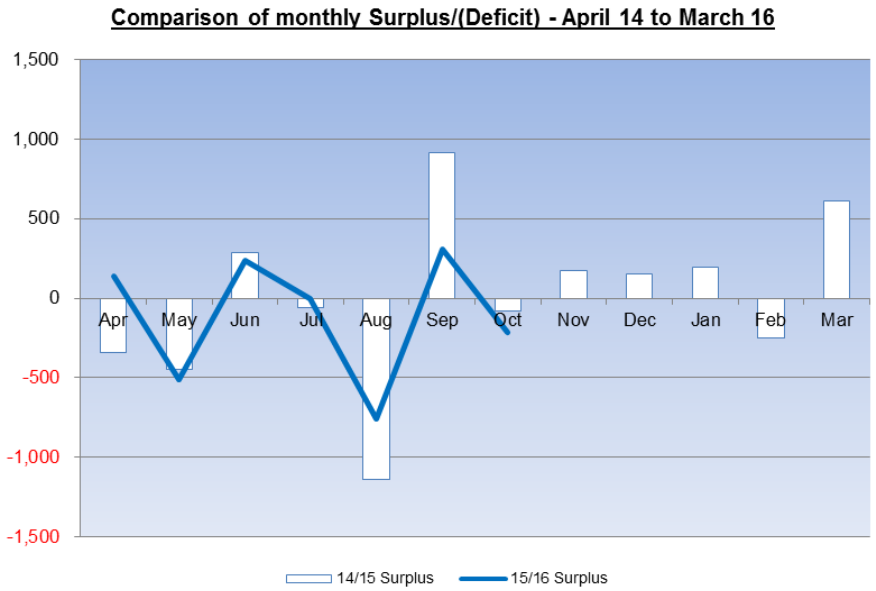


Actual costs 2013/14, 2014/15 & 2015/16



Income & Expenditure Run Charts

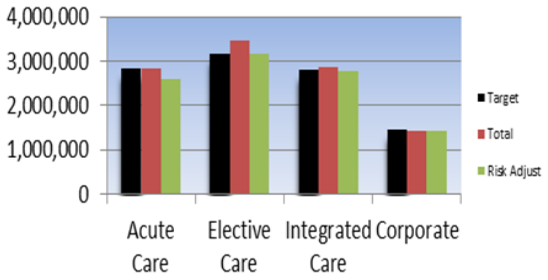




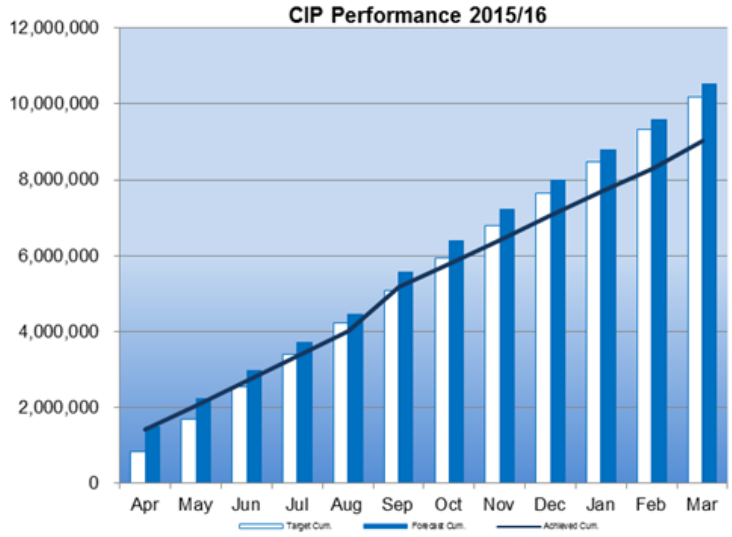
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2014/15 income	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2015/16 income	15,564	14,802	15,810	15,578	14,826	15,689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

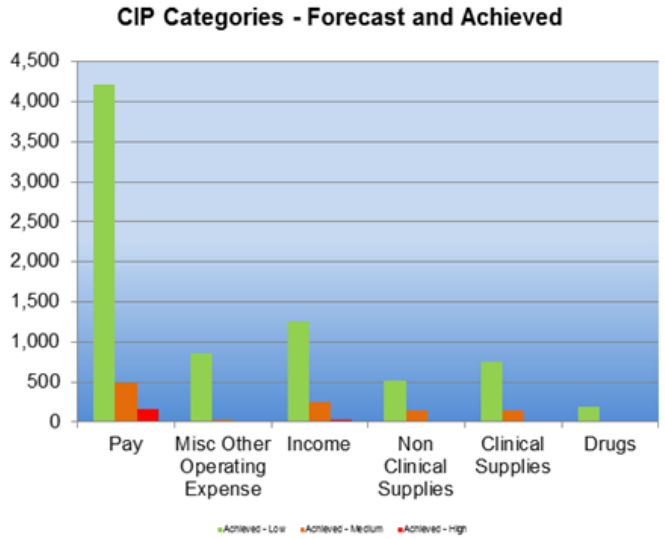
2015/16 Efficiency Update

- Performance against the cost improvement programme (CIP) in 2015/16 remains positive with £8.797k of plans actioned in directorates. This is the full year effect of plans that are in place.
- Schemes are place for the full year target, however, once risk adjusted this figure drops to £9,958k, 2% short of the Trust full year target.



Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute Care	2,823,600	2,486,630	38,963	22,289	275,718	2,823,600	100%	2,596,620	92%
Elective Care	3,165,500	2,773,100	307,850	49,569	338,100	3,468,619	110%	3,172,833	100%
Integrated Care	2,800,200	2,148,800	317,000	393,932	0	2,859,732	102%	2,765,096	99%
Corporate	1,463,600	1,388,560	0	43,080	0	1,431,640	98%	1,423,024	97%
Total	**10,179,000**	**8,797,090**	**663,813**	**508,870**	**613,818**	**10,583,591**	**104%**	**9,957,572**	**98%**
Target		10,179,000				10,179,000		10,179,000	
Variance		**-1,381,910**				**404,591**	**104%**	**-221,428**	**98%**
Target less ETO benefit		8,779,000				8,779,000		8,779,000	
Variance		**18,090**				**1,804,591**	**121%**	**1,178,572**	**113%**





Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 25 November 2015	**Paper No: 7.2**

Title	**Business Plan 2016/17**
Sponsoring Director	Jonathan Coulter
Author(s)	Jonathan Coulter /Angela Gillett
Report Purpose	For Information

Key Issues for Board Focus:

- Current position regarding the development of the plan
- High level financial assumptions.
- Next steps to be actioned in line with the proposed timetable.

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

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

Action Required by the Board of Directors

- The Board is requested to **note** the work that needs to be progressed over the coming weeks and months to agree the content of the Business Plan for 2016/17.

1. Background

1.1 The Board of Directors at its meeting on 28 October 2015 considered a paper outlining the process for the development and agreement of the Business Plan for 2016/17.

1.2 The purpose of this report is to update the Board of the:-

- Current position regarding the development of the plan
- High level financial assumptions.
- Next steps to be actioned in line with the proposed timetable.

2. Financial Planning

2.1 The financial environment within the NHS remains extremely challenging, and it is clear that significant efficiency savings will be required over the planning period.

2.2 The outcome of the comprehensive spending review, the consultation on the national tariff and planning guidance are still awaited. However, we are continuing to progress with the development of the plan at this stage, based on the following planning assumptions.

- Continued tariff reduction of 1.5% year on year
- Cost pressures within the service of around 2.5% per year, creating a minimum efficiency requirement of 4%. National informal soundings suggest a slightly lower efficiency factor within the tariff, but our planning assumptions remain unchanged at present
- No change in tariff rules in respect of the Marginal Rate Emergency Tariff (MRET) being set at 70% of full tariff price, with discussion with Commissioners in relation to reinvestment in services to reduce non-elective activity.
- Specific pressures being experienced in relation to medical staffing and in particular the cost of locum and agency staff.
- CCG allocations that will be flat in real terms.
- The tighter regulatory requirement in respect of the Financial Sustainability Risk Rating, and the commitment we will need to make as a Board in relation to our confirmation or otherwise that we will have a risk rating of at least three for the following 12 months.
- The level of surplus generated to deliver a capital programme that will be required to achieve the Trust's strategic objectives.
- The impact of CIP not delivered in 2015/16 or delivered non-recurrently only.

3. Current positon

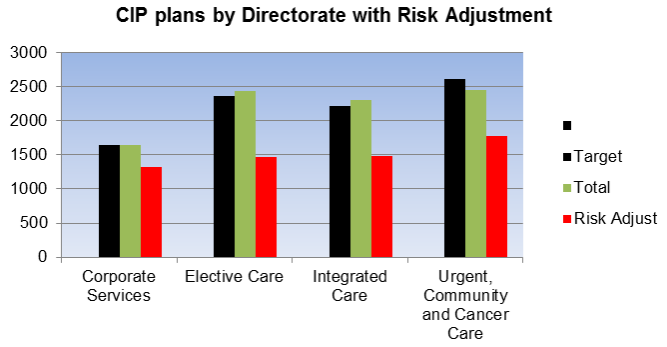
- **Activity and Capacity plans**

3.1 Each of the Clinical Directorates has undertaken an activity and capacity review to determine the levels of growth that are likely to be achieved over the planning period and the capacity requirements. This work is currently being validated with a view to details being finalised in the next two weeks.

- **Efficiency Programme**

3.2 Significant progress has been made with regard to the efficiency programme with plans identified to deliver £9m in efficiencies across Directorates. This is an excellent position at this stage of the planning cycle. The table below summarises the detail of the efficiency programme for 2016/17:

Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,650	0	1,174	185	288	1,648	100%	1,322	80%
Elective Care	2,363	0	442	1,081	914	2,438	103%	1,468	62%
Integrated Care	2,218	0	595	954	762	2,311	104%	1,481	67%
Urgent, Community and Cancer Care	2,620	0	732	1,228	495	2,455	94%	1,777	68%
Trustwide Total	**8,851**	**0**	**2,944**	**3,449**	**2,459**	**8,852**	**100%**	**6,048**	**68%**
		%age of target	33%	39%	28%				



- **Cost pressures**

3.3 A list of cost pressures from each of the Directorates has been compiled and is currently being reviewed and will be finalised next week.

- **Service pressures and developments**

3.4 Each Directorate is considering any service pressures that need to be taken forward in 2016/17 with the emphasis being on developments that contribute to the delivery of additional income, efficiency or address patient safety. Discussions are continuing with Directorate Boards to agree prioritised lists, fully risk assessed, which then will be considered further as and when funding becomes available. It is anticipated that this work will be completed over the next two weeks.

- **Capital Investment Programme**

3.5 Work is continuing to develop the strategic capital plan for the Hospital site and it is anticipated that a more detailed update will be available for the time out in December.

3.6 A review is currently taking place in relation to the progression of the schemes in the 2015/16 capital investment programme due to the current overspend - see the report from the Finance Director paper for more details. A number of projects that are currently identified as uncommitted in the capital plan i.e. no tenders let or equipment purchased are being held and risk assessed to determine if they could be delayed until 2016/17.

3.5 The impact of the 2015/16 position will have an effect on the schemes to be taken forward in 2016/17, but Directorates have still been requested to identify their capital priorities. As previously indicated to the Board, the process for identifying capital priorities will change slightly for 2016/17, with greater devolvement to Clinical Directorates in agreeing the schemes and equipment to be progressed within their capital allocations. Discussions are ongoing within the Directorates to identify their capital priorities and it is anticipated that this work will be concluded by mid-December.

4. Timetable

4.1 We are still awaiting the planning guidance nationally that will outline the deadlines for submission of our plan to Monitor (NHS Improvement) and also the timetable for tariff information and contract negotiations. Informally, we are expecting to need to submit a draft plan in February and a final version in early April. However, we continue to be on programme to ensure that our plan is agreed by the end of March 2016.

4.2 We are meeting on a fortnightly basis across Directorates to ensure that the information required is produced and discussed, and in addition discussions are being held within Directorates and individual Directorate plans are developed.

4.3 Significant amount of the groundwork will be completed before Xmas, which will allow robust and inclusive debate through Directorates, SMT and the Board about our priorities and financial actions we need to take through the planning period.

4.4 The Quality Committee meets monthly and part of the agenda will be a discussion about the quality priorities for 2016/17. It is intended to review the quality priorities for 2015/16 to assess how these are being met and whether the focus continues to be on these initiatives as well as identifying any new priorities to be taken forward in 2016/17. It is anticipated that the priorities for 2016/17 will be identified by February/March 2016.

4.5 The Governor task and finish group to discuss the business plan is meeting regularly and will continue to do so during the planning process.

5. Next Steps

5.1 The key milestones to be actioned over the coming weeks will be:-

- Finalise activity and capacity plans
- Finalise the Efficiency Programme
- Identify service and capital plans to be taken forward over the planning period, taking account of national policy and guidance.
- Understand the impact of any guidance issued centrally and reflect any change in assumptions in our planning

6. Conclusion

6.1 The Board of Directors is asked to note the:-

- Work that needs to be progressed over the coming weeks and months to agree the content of the Business Plan for 2016/17.

Quality Committee
Minutes
Wednesday 7 October 2015, 2.00 – 4.00 pm, The Boardroom, Trust HQ

Members present:

Mrs L Webster	Non-Executive Director (Chair)
Professor S Proctor	Non-Executive Director
Mr N McLean	Non-Executive Director (from 2.30pm)
Mr R Harrison	Chief Operating Officer
Mr P Marshall	Director of Workforce and Organisational Development
Mrs J Foster	Chief Nurse
Dr S Wood	Deputy Director of Governance
Mrs A Leng	Head of Risk Management
Mr A Alldred	Clinical Director, Urgent, Community & Cancer Care
Dr K Johnson	Clinical Director, Elective Care Directorate
Ms K Barnett	Operational Director, Integrated Care (representing Dr Lyth)

In attendance:

Ms P Allen	Public Governor
Mrs A Pedlingham	Maternity Matron
Ms C Howard	Information Manager
Dr R Hobson	Consultant Microbiologist / Director of Infection Prevention and Control
Mrs S White	Corporate PA (minutes)

No	Item	Actions
1.	Welcome and apologies Apologies were received prior to the meeting by the record taker from Dr N Lyth, Clinical Director, Integrated Care Directorate, Dr R Tolcher, Chief Executive and Dr D Scullion, Medical Director. Mrs Webster welcomed Ms Allen, Public Governor, to the meeting to observe and ask questions.	
2.	Minutes of the Last Meeting and Matters Arising The minutes of the meeting held on 2 September 2015 were approved as a correct record subject to the following amendments being made: • 6.1 – Communication between GP and Middle Grade doctor to say "no record of the call is maintained by the Trust" – sentence to read: *Mrs Foster asked if the initiative had made a difference to the number of patients being admitted and it was noted that a record of the telephone conversation is expected to be made in the patients notes held at the Surgery where the GP calling in is based and therefore no record of calls is maintained by the Trust.* • 8.2 – Policies Review – the minutes suggested a new group was to be established and this was not proposed. Agreed to remove "be" and "to" and it therefore to read: *Dr Wood advised work had commenced in relation to reviewing policies. It had been suggested groups established within the organisation identify policies and strategy they have responsibility for and monitor when due for review - ensuring someone is identified to have overall*	*Mrs White*

responsibility for the work.

Matters Arising

- IT Strategy – Priorities – Going Paperless in Obstetrics and Gynaecology
  Mrs Webster had raised this issue at the last Board of Directors' meeting and briefed the Quality Committee on the response. In terms of IT, it was included in the Corporate Risk Register and was already part of the review of the Trust's IT strategy. Mr Harrison advised that this strategy would be discussed at the Executive Director time-out on 15 October 2015, as would progress in terms of mitigating actions in relation to Board assurance and the Corporate Risk Register. He noted that progress is being maintained but the strategy is reviewed as things change. Dr Johnson referred to discussions at the Board of Directors' meeting in terms of finance and quantifying the risk and felt these had been covered to her satisfaction. The costs associated with the increase in scanning was to be borne by the directorate and this was an additional financial risk

2.1 Action Log

The outstanding actions on the schedule were reviewed and the following updates given:

- 4, Clinical Effectiveness Policy – currently out for consultation, with Ms Rebecca Wixey leading on this work. It was agreed that the November meeting would be an appropriate time to receive this. The Clinical Effectiveness Strategy might be deferred to December's meeting.
- 4, Integrated Log – Mrs Webster and Mrs White looking at the creation of this log. *Mrs Webster*
- 4, RAG rating – document received.
- 4, Infection Prevention and Control - Dr R Hobson to join the meeting at 3.20 pm.
- 4, Quality dashboard – community services – to be covered under section 8 – including the Maternity dashboards. It was noted that dashboard information relating to community services was still awaited and Mr Harrison confirmed that Mrs Joanne Crewe and Ms Rachel McDonald were compiling this information and once agreed would form part of the Integrated dashboard. It was anticipated that this information would also link in with Vanguard and unplanned transformation work. In answer to a question from Mrs Webster, Mr Harrison confirmed that Community Services were adequately represented at the Quality Committee as all three clinical directorates have responsibility for community services.

The following actions were closed:

- Items 7, 2, 4 – now complete - to add dates of completion. *Mrs White*
- Items 6,10, 5 9 all completed – completion dates to be added.

3. New Items and Hot Spots

The Quality Committee was made aware of the following recently identified issues and actions implemented to offset risks related to Quality Service provision :-

- Mr Harrison reported that a review of the Emergency Department had been

undertaken in relation to patient flow and the medical capacity to review patients in a timely manner. A briefing paper had been prepared for consideration following the review and to support the necessary increases/changes in staffing £50k of non-recurrent, funding had been made available, from 1 October 2015, this included increasing care support worker hours to allow them to carry out documentation in relation to patients to free up junior doctors' time.

- A formal concern had been raised by one of the physicians in relation to the acute medical floor, and just prior to the new Acute Admissions Unit (Flip Project) going live. The concerns regarded patient flow, turnover of senior staff on the unit, and support for junior medical staff , in particular for Coronary Care. These concerns had been addressed and it was noted that the investment in the new unit had included agreed training requirements and further support for discharge.
- Ms Barnett reported that action plans were being produced in relation to support required for the Lascelles Unit and Byland Ward and these would be reported on at the next Quality Committee. *Ms Barnett*
- Mr Alldred reported that a "deep dive" quality review of Trinity Ward had been undertaken, the outcome of which had been reassuring. Some work would be undertaking around the current culture, purpose of the unit and referral patterns. Dr Scullion would also be taking forward a separate piece of work on mortality issues. Mr Alldred noted that well over half of the patients on this ward would have a palliative care diagnosis.
- Dr Johnson referred to an issue of low morale in theatres and noted that a piece of work, with support from HR, is underway to understand the issues and identify how things might be improved.
- Dr Johnson also reported that facilitation was to be undertaken around clinical leadership and activity targets. A meeting had been scheduled specifically with the orthopaedic staff in November. In addition a piece of work to seek wider engagement with the whole consultant body was planned, with an evening event to be held in the future.
- It was noted that a concern had been raised by staff on Woodlands Ward around staff competencies in relation to looking after children with certain conditions and as a result a scoping exercise was being undertaken. A report on this would be brought back to November's Quality Committee meeting. Dr Johnson confirmed that it was not believed children were at risk. *Dr Johnson*

It was noted that the Senior Management Team, employ a number of devices in relation to identifying concerns and hotspots in the Trust. In addition to reviewing performance, daily reports and themes, more informal approaches were employed in the form of informal walk-rounds and conversations with staff. These are welcomed by the Staff and it was generally considered that staff are comfortable about raising concerns when they feel something is not quite right.

4. Items from Forward Plan

Reports on the following items were received.

Information Governance Toolkit

Ms Howard provided a brief background on this toolkit, explaining that it is a Department of Health (DH) toolkit developed and maintained by the Health and Social Care Information Centre (HSCIC), with the aim of demonstrating that the

organisation can be trusted to maintain the confidentiality and security of personal information. Within the toolkit are 45 Standards covering data protection, secure storage of personal information and sharing information internally and externally. The Trust has to ensure the correct policies and procedures are in place. A score of Level 1-3 is given for each Standard and to achieve full compliance with the toolkit it is necessary to achieve Level 2 or higher. It was noted that as at July 2015 the Trust had an equal number of Level 2 and Level 3s, and is constantly striving to improve on this.

It was noted that a performance update was due for submission soon and the final submission for the year was due on 31 March 2016. It was expected that the level of compliancy would change very slightly as one of the Standards had been changed – patients to have access to their own patient record – the Trust does not currently have the necessary technology to implement this.

An area where there was a risk in achieving was in relation to Standard 112 linked to our mandatory training – Information Governance mandatory training compliance is now 95% for the organisation – previously for this Standard it was a "reasonable level" of mandatory training. It was confirmed that an action plan was in place and a lot of work was on-going with Workforce Development to look at cohorts of staff not undertaking training and to increase compliance. Currently the organisation is at a compliance level of approximately 80%.

It was noted that compliance with the toolkit is also required for the organisation to be successful when tendering for new services as it provides assurance that the Trust has safeguards in place to maintain confidentiality and security of personal information.

Ms Howard explained that this is a self-assessment toolkit and evidence is uploaded. The Internal Audit department undertake an annual audit in November time to provide assurance that evidence is correct and to make any recommendations for improvement.

In answer to a question relating to progress on achieving the standards, Ms Howard advised that the Trust has improved the levels significantly every couple of years and there are now no Level 1s and has always moved one or two up to Level 3 each year, however it was getting more difficult to achieve this. Plans were in place to achieve targets and focus on those targets which have greatest significance to the Trust.

Professor Proctor referred to Standard 205, subject access requests and the requirement for online access to health records, and asked when the Trust would be in a position to facilitate this, noting that the technology was not yet in place. Mr Harrison advised that the Secretary of State has stated 2020, but the Trust hopes to have this in place before that date.
A number of demonstrations of systems that could provide this had been seen, the organisation now needed to consider the options and the financial resources it could commit. This would be discussed at the Executive Directors' time-out. Currently a patient can request a copy of their medical record and be provided with a full, hard copy, including copies of any notes held electronically. Mrs Webster asked how often patients ask for this information and it was noted that there was a significant number of requests; however this was manageable at the moment.

Mr Harrison explained that the digital road map is about patients having access to records to support their own care, particularly in relation to long term conditions. If they were to be provided with a complete record of their notes and reports it could potentially be confusing for patients and difficult for them to understand, it was therefore important to understand what information would be most valuable for patients to have access to, to help with their care.
Mr Harrison was asked if there would be a charge for this information, like in primary care, and he said there would, but it would not be significant. Dr Johnson advised that in maternity services, the patient holds their own record and copies are kept in the hospital. Mrs Webster referred to recent discussions at the National Patient Safety Conference about the development of apps for mobile phones which allow data to be carried around by patients, which would make moving around easier. Mr Harrison advised that patients would only require information relevant to managing their health care – a personalised information set - with menus and options from their records. Work would be undertaken with GPs in relation to this.

In relation to performance on the Standards within the toolkit, it was noted that a report is received at the October Board of Directors' meeting for approval, having been approved by the Data Information Governance Steering Group (DIGSG). During the year any risks identified are escalated and meetings are held with Information Governance leads to ensure they are maintaining and improving on their standards.

The Quality Committee considered whether a performance target in relation to achievement of Level 3s would be appropriate.
It was noted that the report was received by the Committee for assurance on the process, in addition Professor Proctor noted that performance is scrutinised in detail by the Audit Committee and suggested that if there were any exceptional items, these would be brought to the Quality Committee, prior to sign off by the Board of Directors at the end of March.
It was agreed that in terms of performance, for this year, if the current number of level 2s increased and level 3s reduced then this would be returned for discussion to the Quality Committee in January 2016.

It was also noted that as the toolkit priorities may change for next year this target would be re-assessed for next year, and thereafter annually.

<u>Local Supervising Authority (LSA) Audit Report</u>

Mrs Pedlingham presented the LSA action plan, compiled following the audit in November 2014, in relation to the efficiency of supervision of midwives at a local level. It was noted that a further audit visit had taken place in July 2015, when the LSA had been impressed with the good progress made. A further action plan would be produced when the report from the visit was received.

The outstanding issues and progress was highlighted:-

- Develop improved communications strategy with service users to enhance the role of supervisors of midwives – a social media site had been developed and this would be uploaded with profiles of supervisors, rather than have another user event.

- Following the last visit the Trust had been asked to be a pilot site for supervisors holding caseloads for women. A time-out in November 2015 would be taking place to discuss how to take this forward.
- To support women in their choice of birth – notice board to be populated with information following refurbishment of the department
- Succession planning – a six month course at Masters Level is required to become a supervisor. However, from April 2017 a change of statute would see the LSA ceasing to exist. No announcement had been made as to what the future arrangements would be for professional supervision. Staff were therefore reluctant to undertake this course whilst the future of supervision was uncertain. Following two recent retirements in maternity services and a secondment, the team had reduced from 9 to 7 - supervision is being maintained.

  Mrs Foster reported that she had written to the Nursing and Midwifery Council (NMC) and the DH regarding the future arrangements for professional supervision but to date had only received an acknowledgement. In the meantime the Trust was considering what this would mean for the organisation in terms of keeping women safe and the options that might be available, for example, an assessment framework, individual organisations having their own supervisory post. Mrs Pedlingham advised that some Trusts had already made the decision to recruit substantive supervisors and others were linking up with neighbouring Trusts. It was agreed that the risk profile would increase as we move closer to 2017 and the Quality Committee need to keep this issue under review. *Mrs Foster*

  Mrs Pedlingham advised that she meets regularly with Mrs Foster and Ms Keogh to discuss this. A business case was being prepared to ensure that women and midwives are supported from 2017 and it was hoped to have this by the end of December 2015 / early January 2016.

  It was agreed that Mrs Pedlingham would attend January's Quality Committee meeting to report on progress with this business case. *Mrs Pedlingham*

<u>Maternity Screening Report</u>

The report had not been submitted prior to the meeting and it was therefore deferred to November's meeting. *Mrs White*

<u>NICE Compliance Quarterly Report</u>

Mrs Leng presented this report on behalf of Ms Wixey and apologised for its late circulation. It was agreed that a one page summary would be circulated with the minutes of the meeting so that updates on progress could be received from the directorates at the next meeting. *Ms Wixey /Mrs White*

It was noted that the paper summarised guidance issued by NICE and how the Trust monitors compliance, if relevant to our services. Since May 2015, 65 pieces of guidance had been issued, 15 were not relevant to this Trust, and currently a number were outstanding:-

- May – two outstanding
- June – three outstanding
- July – four outstanding

In terms of the other pieces of guidance, work was on-going with clinicians to address.

Professor Proctor commented that it was a helpful paper which raised a significant number of alarms concerning how the Trust stands in relation to cost implications of this guidance as budgets are set at the beginning of the year and we are expected to comply with new guidelines? Mr Alldred advised that in the vast majority of cases NICE pass the cost back through to the CCG as these are funded by NHS England. Mr McLean asked what the risk to the Trust was if guidance is not dealt with, should a completion date be specified? Mr Alldred advised that implementation of some of the guidance is not always straightforward; some are massive pieces of work and need planning for.

Further discussion was deferred to the next meeting to allow committee members to read the report and raise any questions and also for the directorates to report back on progress regarding the outstanding pieces of guidance. *All*

Well Led Review Governance

Dr Wood presented a paper which clarified the process for the well led review of governance. The process was noted and that in terms of the content, it covered largely what was in the Board Assurance Framework. A framework for organisations to assess themselves against and linked in with what the CQC define as well led. It had been expected to start this work earlier in the year and have an external review later but because of the forthcoming CQC visit it was planned to have an external review before December 2015. This was a large piece of work to be undertaken in a short space to time.

The timetable of steps and processes was noted and that key pieces of work would be identified and planned in around preparation for the CQC visit.

The internal review would be looked at by Executive and Non-Executive Directors in the forthcoming week. In terms of the external review, tenders had been invited and six had been received. The methodology is well prescribed and the Trust would be required to provide a lot of evidence to the external review. An external review of governance arrangements had not been undertaken in the past, only self assessment. No advice from other Trusts had been sought as learning would be specific to individual trusts. Mr McLean referred to work PWC had done in relation to this, based on work Monitor had done with the big audit firms on governance, which might be useful, it was noted that that this had already been reviewed by the Trust

5. Patient Experience and Incident Report & (5.1)
Risk Management Aggregated Annual Report 2014/15 (5.2)

The two reports were received and taken as read. The Patient Experience and Incident Report was presented in a new format, which was being trialled and would therefore continue to evolve. It contained contributions from a number of colleagues and covered a number of elements: feedback received by the Patient Experience Team, comments from social media, patient compliments, information from Friends and Family Test, local and national surveys, and included the top ten themes and trends.

The Quality Committee felt this was just what was needed in terms of direction of travel. It was really comprehensive in terms of breadth rather than focusing just

on negatives, with a good amount of detail but not too much. It was considered that it would generate different types of questions from before, for example, what is the impact of duty of candour and are we confident that front line staff have sufficient understanding of this? It also raised a question about how social media is used to best effect as use has tended to be sporadic; neighbouring trusts are using to a greater extend. Since the appointment of Paul Widdowfield, the new communications manager, more use of social media was being encouraged. Mrs Leng advised that as part of a review of the Patient Experience Team the use of Twitter would be explored.

It was noted that the next report was due in November and any concerns would be escalated to the Quality Committee.

NRLS Report – Sept 2014 and Oct 2014 – March 2015 (5.3 & 5.4)

This report had been circulated with the meeting papers for information.

6. Infection Prevention and Control Update

Dr Hobson joined the meeting to specifically update the Committee on the Clostridium Difficile (C diff.) numbers and the progress with the Trust's action plan in relation to this. He referred to the Quality dashboard and the fact that staff have a variable degree of control about some of the things reported on; however he found it hard to understand why compliancy in relation to staff hand hygiene was not 100%. Compliance is mandatory and the monthly audits are not onerous. He felt it was more of a management issue than an issue for Infection Prevention and Control (IPC).
He reported on a recently initiated incentive report introduced to encourage wards to engage in these monthly audits and tabled a league table showing the outcome of this incentive. Areas with good performance receive a certificate and those with poor performance are highlighted in red - the table is shared with all wards to encourage areas to do better.

Dr Hobson noted that the audit might not make any difference to the quality of hand washing, or might not be fully capturing hand hygiene, however he likened it to 'bare below the elbows', commenting that whilst there is no scientific evidence to show it works, it makes a lot of sense and demonstrates infection prevention and control is taken seriously and thought about on a regular basis.
He felt it was important to ensure that hand hygiene was robust and monitoring was valid. He also felt that delivery of the target required management intervention rather than IPC intervention. He noted that it was perceived to be an IPC target and he did not consider this to be accurate.

Mr Harrison noted that individuals appear to be struggling to undertake the monthly audits and may need assistance from their line managers and more education on the importance of undertaking these audits. Dr Hobson agreed that further work in this area would be helpful to enable audits to be undertaken that are meaningful, and preferably not the same person each month undertaking them, but supporting staff to undertake in a different way to get the level of assurance required. Mrs Foster noted that the immediate focus would be on clinical areas with high throughput of patients.

Reference was made to the increasing number of cases of C.diff and the outcome

of the hand hygiene audits and whether the two things were related, whether it highlighted some complacency around hand hygiene and, if so, how could this be addressed. Dr Johnson advised that this issue had been discussed by her directorate's Quality Board, when it had been agreed that because of the way the audit is done it adds to complacency around hand hygiene as staff know the audit is taking place. This had been raised with IPC but no advice had been forthcoming. It was agreed it should be debated in the appropriate forum. *Mrs Foster*

In relation to C.diff it was noted that there had now been 16 cases, some of which had been confirmed as not being attributable to the care provided by the organisation. Dr Hobson noted that as part of providing assurance that a quality service is provided, data has been collated on testing and policies and procedures have been reviewed for when a sample is sent to the lab for testing. There were a number of policies with conflicting guidance governing submission.

There had been a significant change in the personnel making this decision in IPC since the end of the last year and the new team, all trained in Leeds, have a different approach to sampling. Dr Hobson advised that more of the samples received in the lab said to be diarrhea are now tested for C.diff.
In August to September 2015, primarily when most of the C.diff cases had been identified, the number of samples tested increased by 70% when compared with the equivalent month in 2014. The team was confident that this change in approach had detected more than previously. Dr Hobson had discussed the change in approach with the CCG and confirmed they were happy with it.

A Root Cause Analysis (RCA) is undertaken for each case and of the 16 cases, 10 had been undertaken to date and submitted to the CCG.
In relation to 6 of these there had been no identified 'lapse in care' by the organisation which had caused the patient to contract C.diff.
In relation to the next four cases, it was noted that in two cases C.diff had not been detected – patient may not have had C.diff but something similar. In relation to the other two cases, a lapse in care regarding documentation of C.diff risk assessment protocol on the ward resulted in the patient not being identified as at a higher risk of C.diff., and the other was down to the choice of antibiotic – a high risk antibiotic for C.diff.
With regard to the latest 6 cases, Dr Hobson had no details as yet, so was unable to comment.

Dr Hobson noted that the current approach to sampling was best for patients as if C.diff was present it was being detected. However, because of the way the figures are gathered you can make an unwitting change in your sampling protocols which affects the figures.

Mrs Webster asked if there was any other themes other than those already mentioned, and was anything being missed as a result of the length of time taken to complete the RCAs? Mr McLean commented that the Quality Committee needs to drive progress on resolving this issue.
Dr Hobson advised that the availability of microbiologists to attend the initial RCA meeting is a problem and the recent appointment of an additional microbiologist should help address this.
Mrs Foster noted that improvements have been made regarding completing RCAs but we were not yet where we want to be.
Mr Alldred confirmed that no common themes had emerged from the RCAs

undertaken to date which, provided further assurance, but agreed that improvement in the time to complete the RCA's was required. It was noted that this issue had been considered by the Operational Delivery Group (ODG) and a number of actions had been agreed to speed up the process.

Dr Hobson suggested that it would be a good idea to invite an external assessor to undertake a review of the Trust's testing policy and that he had already discussed this with one of his regional colleagues, who had offered to undertake this review. Mrs Foster commented that she felt the right decision has been made for the right reason but it would be good to have an external review. The Quality Committee was in agreement with this suggestion and requested that this took place as soon as possible. Dr Hobson advised that the CCG had also suggested someone to undertake the external review and he would approach this person if his initial contact was unavailable to do this in the near future. *Mrs Foster*

Mrs Webster invited Dr Hobson to attend the December Quality Committee meeting to provide an update on the external review of policies and procedures. Plus an update on hand hygiene concerns would be received. *Mrs White/ Dr Hobson*

Mrs Webster thanked Dr Hobson for attending the meeting.

7. CQC Compliance

Mrs Webster noted that the framework had been circulated and asked the representatives from the directorates if there were any concerns regarding this and did they feel staff were feeling ready?

- Dr Johnson reported that work was on-going to collect the information referred to in the templates and managers have been asked to look at this and provide support to clinicians.

- Mr Alldred reported a similar position in his directorate, with a focus on policies, terms of reference, etc. The templates were helpful but take quite a lot of time to complete. It would be a challenge but he was confident the directorate would be ready.

- Ms Barnett noted the templates were helpful especially in terms of thinking about evidence.

Dr Wood advised that detailed completion of the forms was not required and they would not be gathered together and held centrally - this was for directorate use in terms of preparation. Other preparatory work would be starting in relation to engaging with staff about the process of inspection, reviewing policies, risk registers, etc. to make sure everything was up to date, the latter things we would be doing anyway.

8. Dashboards (8.1- 8.4)
   - Integrated
   - Quality
   - HDFT Maternity Dashboard
   - Regional (Y&H) Maternity Dashboard

A couple of issues relating to the Quality dashboard had been picked up earlier in the meeting and Mrs Webster requested that if anyone had any issues they wished to raise from any of the dashboards that they raise them with her and she would consider for the next meeting. *All/ Mrs Webster*

Dr Johnson requested the maternity dashboards be deferred to the next meeting and considered at the beginning of the meeting. *Mrs Webster*

Mr Alldred suggested moving the dashboards higher up the agenda and Mrs Webster explained that she had moved them lower down because they tended to be covered earlier in the meeting by exception, therefore she would prefer to leave them where they were for the present time. However she would ensure that the quality measures for the Maternity area to be included in the Integrated dashboard would be covered next time earlier in the meeting *Dr Johnson*

9. New Reports Received

This report was received and taken as read.

10. Items to escalate to Board of Directors

- C.diff external review – progress report requested in December. *Mrs Webster*
- Speed of completing RCAs
- Supervision of midwives – forthcoming changes and the business plan to deal with these.
- Patient Experience and Incident Report – new format was well received and provides more confidence on the position.

11. Any Other Business

It was agreed that the paper on RAG ratings in relation to the Integrated Dashboard would be considered at the next meeting. Committee members were requested to email Mr Harrison to advise which ones they would like to discuss at the meeting so that discussions could focus on these. *All/ Mr Harrison*

12. Reflection on Meeting

- Timing had been an issue with a lot of items to be considered in just two hours and it was therefore agreed to extend future meetings to 4.30 pm. *Mrs White*

13. Next meeting
Wednesday 4 November 2015, 2.00 – 4.30 pm, Boardroom, Trust HQ

Dates of Meetings in 2016
Schedule of dates received.

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 25 November 2015	**Paper No: 10.0**

Title	Report from the Medical Director
Sponsoring Director	Dr David Scullion
Author(s)	Dr David Scullion
Report Purpose	To update the Board on clinical matters for the month of November 2015

Key Issues for Board Focus:

- Case note review underway at Ripon Memorial Hospital
- North Yorkshire Mental Health five-year strategy published
- DNACPR and 'ceilings of care'

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

Risk and Assurance	The paper provides a measure of assurance on clinical issues to the Board
Legal implications/ Regulatory Requirements	None

Action Required by the Board of Directors

The Board is recommended to **consider and comment** on the report

1. Mortality update

A sample of case notes (approx. 25% sample) from Ripon Community Hospital has been randomly selected for case note review by Drs Watt and Willoughby. This follows an earlier alert of higher than expected overall mortality. Dates have been chosen by both reviewers to review the case note set. The results will be fed back to the Board when available. I hope this can be by the January Board meeting, on the assumption the review is completed in November.

Mortality probability scores have also been retrieved from the original full case note set in the light of a further monthly rise in both HSMR and SHMI (104.78/105.47 and 95.74/96.06 respectively). An initial inspection suggests that a number of mortality probability scores seem disproportionately low considering the coded morbidities. This will be an area for early more detailed analysis.

The first training half day for the new structured case note review has been set for 22 January 2016. Early interest in attending is encouraging.

Rachel McDonald has been asked to produce non-rebased mortality statistics for the Trust similar in style to those presented to the Board of the CQC by the CEO and MD of Wigan, Wrightington and Leigh Acute Trust.

2. Research and Development

A recent meeting took place between myself, Dr Tolcher and Professor Paul Stewart, Dean of Leeds Medical School. Amongst other topics of discussion was a willingness to explore joint academic appointments between Leeds and smaller peripheral hospitals. These could take the form of Senior Lecturer or even professorial appointment. There is mutual benefit for both organisations in terms of research output, clinical capacity and more formalised links with the tertiary centre. Early work has progressed in Rheumatology, and further discussion is planned in Cardiology and possibly Orthopaedic and Haemato-Oncology. I will update the Board on the progress of these discussions.

3. WYAAT Medical Directors meeting

The first meeting took place on 4 November. Trust representation mirrors that of WYAAT. This was a useful meeting which focused largely on the current position in the region from the perspective of Medical Directors. Future meetings will occur every other month, the next in Leeds. More in-depth discussion of possible projects / work streams will be explored.

4. Senior clinical staff engagement event:

This took place on Thursday 19 November. A verbal report on outcomes and actions of this event will be available.

5. Mental health/capacity:

Two further training events have been scheduled for mental capacity. Initial expressions of interest from a number of different staff group attendees is encouraging. Updated policies concerning mental capacity and Deprivation of Liberty Standards are in an advanced stage of completion. In addition to providing guidance to staff members, they will be sent to the CQC a part of the document library requested prior to the forthcoming inspection.

The North Yorkshire Mental Health Strategy for the next five years has been recently published. This is a lengthy multi-agency document, the fundamentals of which are encapsulated in a mental health charter focused on whole person wellbeing, equal partnership, accessibility, early intervention, integration, cost-effectiveness, respect and safety. I am currently working my way through the detail of the document.

Recent additional non-recurrent funding has been made available to CCGs via NHSE. The value of this funding is as yet unclear, as is the manner in which it will be deployed. No commitment has been made. The CCG will be reviewing the impact of recent recurrent funding increases into urgent mental health pathways prior to deciding on how this additional money will be utilised. Further discussions will take place via SRG.

6. Clinical Board membership

Following discussion at Director Team, some changes to the CCG membership complement will be made, with an emphasis on increasing clinical input. Myself, Kat Johnson and Rob Harrison will represent the Trust at Board level with further input from senior clinicians through more focused clinical working groups. Progress with this piece of work will be fed back to Board.

7. DNACPR and 'ceilings of care'

Discussions around End of Life Care are difficult and often inconsistent. Misleading communication can lead to inappropriate treatment causing distress to both patients and relatives. Research suggests decisions around resuscitation are best framed within a wider discussion around overall treatment goals and choices. In short, DNACPR decisions should be made in the context of a wider treatment plan.

The Health Select Committee recently produced a report recommending the Government review the use of DNACPR orders in the acute care setting. Emphasis should be on recording this as part of an overall treatment plan, the so called 'ceilings of care'. A working group has been established to develop a national form to record anticipatory decisions around DNACPR and other life sustaining forms of treatment. This group has already met and their aim is to produce a working document as early as possible in 2016. I welcome this approach and will feed back to Board as progress is made known. Local implementation will be led by Nicki West and the Resuscitation Committee.

Report to the Trust Board of Directors: 25 November 2015	Paper No: 11.0

Title	Chief Nurse Report
Sponsoring Director	Jill Foster, Chief Nurse
Author(s)	Jill Foster, Chief Nurse
Report Purpose	To provide the Board of Directors with an update on care quality improvement and patient experience within the Trust

Key Issues for Board Focus: This paper sets out the position for defined aspects of care quality and patient experience within the Trust. There is particular focus on local and national nursing and midwifery issues including actual versus planned nurse staffing levels and an update on nurse recruitment and the relaunch of the Butterfly Scheme for the care of patients with dementia and memory impairment

Related Trust Objectives	
1. To deliver high quality care	Yes by improving patient safety, the effectiveness of care and patient experience
2. To work with partners to deliver integrated care	Yes by working with partners to improve dementia care and to provide future workforce
3. To ensure clinical and financial sustainability	Yes by ensuring a safe , competent workforce in the right numbers

Risk and Assurance	The paper provides assurance on the quality monitoring systems in use and identifies risks and challenges.
Legal implications/ Regulatory Requirements	The contents of this report reflect the focus on quality and safety standards which are integral to the Trust's regulatory framework

Action Required by the Board of Directors
The Board of Directors is asked to **note** this report on the progress with care quality and patient experience

Patient Safety Visits
Since the last report to Board there has been two Patient Safety Visits to the Ripon Fast Response Team and the Phlebotomy service.

Further visits, particularly to community services are being planned.

Director Inspections
In July, four inspections were undertaken – Nidderdale (GREEN), Littondale (GREEN), Farndale (re-visit GREEN) and Wensleydale (re-visit GREEN).
In August, two inspections were undertaken – AMU Fountains (GREEN) and Trinity (RED).

In September, one inspection was undertaken – ED (AMBER / RED).

In October, one inspection was undertaken – Jervaulx (GREEN). There was also a Director's Inspection review of Trinity Ward (GREEN).

Further inspections are planned and updates will be provided.

Complaints
Of the 11 complaints received in October:

- Medical = 4
- Nursing = 4
- Medical/Nursing = 2
- Medical/Nursing/Other = 1

1 Complaint was graded Amber
8 Complaints were graded Yellow
2 Complaints were graded Green

Relaunch of the Butterfly Scheme
On Tuesday 17th November 2015 we relaunched the Butterfly Scheme. The Butterfly Scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn't as reliable as it used to be; memory impairment can make hospitalisation distressing. In hospital, dozens of staff can pass through a patient's life each day and in order to deliver appropriate care, they need to know that a patient has dementia or memory impairment and how to support them; this is where the Butterfly Scheme comes in. The Butterfly Scheme has now been adopted by over a hundred hospitals across the length and breadth of the UK. HDFT was the first organisation in the country to adopt the scheme but its use had become less evident across the Trust. Therefore I was delighted to renew our partnership with Barbara Hodgkinson, the co-founder of the scheme. Barbara helped us to relaunch the scheme and lead our training sessions.

I am pleased to report 135 staff attended the launch and received training about dementia and the Butterfly Scheme.
Our next steps are to ensure the wards and departments have up to date resources and the Dementia Champions, led by Gemma Gregory, Matron for Older People are meeting to plan the launch across the wards. The Dementia Champions will continue to deliver the training for staff and an e- training package and certificate is being developed.

I believe this is a step forward to becoming a dementia friendly organisation.

Nurse Recruitment
Another successful nurse recruitment event was held on Thursday 12th November 2015. We made conditional offers to 14 RN's in total, 10 of whom are Newly Qualified who complete their training in September 2016.

We attended a recruitment event at Leeds Beckett University were we had a lot of interest in our stand from AHP's and nurses. We have got a number of contacts to stay in touch with who qualify next year in across different professional groups (Speech and Language Therapy, Physiotherapy, Biochemical studies, Counselling, Dieticians, Nursing).

We have interview sessions planned for care support workers. We will continue to improve our social media profile and forge links with local universities. A recruitment event is planned for January 2016

Actual versus planned nurse staffing – In-patient areas October 2015
The table below summarises the average fill rate on each ward during **October 2015.** The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

	Oct-2015			
	Day		Night	
Ward name	**Average fill rate registered nurses/midwive**	**Average fill ra - care staff**	**Average fill rate registered nurses/midwive**	**Average fill ra - care staff**
AMU	88%	96%	97%	111%
Byland	87%	106%	76%	192%
CATT	94%	98%	106%	103%
Farndale	95%	97%	100%	108%
Granby	105%	113%	100%	165%
Harlow	104%	66%	100%	-
ITU/HDU	97%	-	95%	-
Jervaulx	85%	109%	73%	195%
Lascelles	75%	127%	100%	100%
Littondale	95%	105%	97%	129%
Maternity Wards	88%	142%	99%	158%
Nidderdale	97%	96%	101%	139%
Oakdale	95%	103%	96%	123%
Special Care Baby Uni	99%	92%	103%	-
Trinity	98%	102%	100%	100%
Wensleydale	87%	81%	100%	90%
Woodlands	94%	113%	76%	90%
Emergency Dept	91%	95%	91%	93%
Trust total	**92%**	**104%**	**95%**	**128%**

Further information on this month's data

On the 5 October 2015 two of our acute medical wards formerly known as Fountains and Bolton ward were reconfigured to improve patient flow and enhance the patient experience. From this date the functionality of Fountains ward became CATT located on

the former Bolton ward and Bolton ward became AMU located on the previous Fountains ward. This has resulted in some further nurse staffing investment into these areas. On both wards where the (RN) fill rate was less than planned this reflects current band 5 RN vacancies and some sickness. The Trust is actively recruiting to fill vacancies.

On Byland and Jervaulx ward the day and night duty RN hours were less than planned due to RN vacancies and some sickness. An assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of the patients. Additional care staff were deployed to support the ward as required. The Trust continues to actively recruit to fill vacancies in this area.

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

On Harlow Suite the daytime care staff hours in October were less than planned due to vacancies; however this was compensated for in RN hours as required.

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

The actual daytime RN hours on the Lascelles Unit were less than planned in October due to vacancies and staff sickness; however the number of staff on duty was sufficient to meet the dependency needs of the patients at that time. Additional care staff were deployed to support the daytime staffing.

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined from March 2015 to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels.

For the Special Care Baby Unit (SCBU) although the daytime care staff hours appear as less than planned it is important to note that the bed occupancy levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of both babies and families.

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In October this is reflected on the wards; Byland, Granby, Jervaulx, Littondale, Nidderdale Oakdale wards.

On Wensleydale ward although the daytime RN hours and the day and night time care staff hours were less than planned in October due to vacancies and sickness, an assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of the patients.

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the day and night time staffing levels are less than 100% in October, the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review.

Report to the Trust Board of Directors: 25th November 2015	**Paper No: 12.0**

Title	**Report from Chief Operating Officer**
Sponsoring Director	Robert Harrison, Chief Operating Officer
Author(s)	Rachel McDonald, Head of Performance & Analysis Jonathan Green, Information Analyst
Report Purpose	For information and approval of two submissions

Key Issues for Board Focus:

- Emergency Department performance.
- Middlesbrough 0-19 Children's Services.

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

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

Action Required by the Board of Directors

That the Board of Directors note the information provided in the report and approve the IM&T strategy which was presented to the Board of Directors in July 2014.

1.0 EMERGENCY DEPARTMENT PERFORMANCE

Performance against the 4 hour target continues to be below the level we would expect. Recruitment for the additional non-medical staffing that was supported by the Executive Team at the end of September is progressing and all new staff will be in post by the end of November. Sickness has reduced and an additional Staff Nurse has joined the team, which has enabled the department to maintain more consistent nurse staffing numbers. However, this remains a challenge.

A cross organisational protocol has been developed and agreed for patients that present in ED that require a review from one of our Specialty teams.

The first version of the Non-elective Flow Live Dashboard has been introduced and this is designed to provide an understanding of the pressures in ED and in the long term throughout the system, providing real time information to support the management of flow through the hospital. In addition to the transformation projects planned to improve patient flow, we are also working on projects that will reduce the number of patients needing to come to hospital. A Rapid Process Improvement Workshop (RPIW) is planned at the end of November aimed at ensuring that patients with problems with their Catheters receive care in their own homes wherever possible.

2.0 MIDDLESBROUGH 0-19 CHILDREN'S SERVICES

The Trust has recently been awarded the contract to run Children's Services (0-19years) in Middlesbrough. This is a 10 year contract to provide Health Visitors and School Nurses across Middlesbrough. The Trust is the current provider of these services across North Yorkshire and went through a competitive tendering process to win the contract and is a significant achievement for the Trust as it is outside of the North Yorkshire boundary.

As the Middlesbrough service is on the boundary of the current North Yorkshire service this will allow HDFT to build on and improve current services across Middlesbrough and North Yorkshire. A mobilisation group has been established to begin the service transfer – the start date of the new contract is 1st April 2016. This is fantastic achievement and the team who prepared the bid should be really proud of their work.

3.0 NORTHALLERTON CHILD DEVELOPMENT CENTRE (CDC) ART PROJECT

The Child Development Centre in Northallerton has been refurbished and officially unveiled by some of the children who access services there. The total cost of the project came to £4,445, and the team raised the entire amount in under one year via the Harrogate Hospital and Community Charity.

4.0 FALLS SENSOR MAT TRIAL

The Falls Sensor Mat trial commenced on Byland ward in November. In other Trusts the use of a falls sensor mat has resulted in a dramatic reduction in falls and the consequent requirement for one-to-one care.

5.0 CARBON AND ENERGY FUND

The project continues to make good progress and over the course of November all the new air-cooled chillers have been lifted into their various locations on the roof. The first of the replacement boilers, which was installed in October, has now been connected into the infrastructure system and the second new boiler is due on site in early December.

The lighting replacement programme has seen work undertaken across site as well as a new lighting installation along Willaston Crescent which has significantly improved this access route across the site. Further work is planned in Willaston car park. With respect to the overall programme the project remains on target for completion in July 2016 and project costs remain within the allocated budget.

6.0 SERVICE ACTIVITY

For 2015/16 to date at the end of October, elective admissions from all commissioners were 3% above plan, and new outpatient appointments (consultant and nurse-led) were 2.9% below plan. For Leeds North and West CCG, new outpatient appointments were 3% below plan, follow-up outpatient appointments were 5.9% below plan, and elective admissions were 12.2% above plan for the year to date.

7.0 FOR APPROVAL

In July 2014, the Board of Directors were presented with the revised IM&T strategy, however, approval of this strategy was not recorded in the minutes and therefore the Board are asked to formally minute their approval to the current strategy.

Report to the Trust Board of Directors: 25 November 2015	Paper No: 13.0

Title	Workforce and Organisational Development Update
Sponsoring Director	Director of Workforce and Organisational Development
Author(s)	Director of Workforce and Organisational Development
Report Purpose	To provide a summary of performance against key workforce matters

Key Issues for Board Focus:

This report provides information on the following areas:

a) Workforce Performance Indicators
b) Training, Education and Organisational Development
c) Service Improvement and Innovation

Related Trust Objectives	
1. Driving up quality	Through the pro-active management of workforce matters, including recruitment, retention and staff engagement
2. Working with partners	By working with NHS England and the Yorkshire and Humber LETB on standards of education, training and leadership at the Trust
3. Integrating care	By the delivery of multi-disciplinary learning and development interventions. Also, via service innovation and improvement initiatives
4. Growing our business	By ensuring we have the right number of staff with the right skills in place to continue with the delivery of high quality services

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

Action Required by the Board of Directors

The Board is asked to **note** and comment on the update on matters specific to Workforce, Training and Education, Service Improvement and Innovation and Organisational Development.

Key Messages for November 2015

a) Job planning

The latest job planning figures are shown below for Consultants and Staff and Associate Specialist Grades (SAS) as at 30 October 2015.

JOB PLANNING CENTRAL REPORT – CONSULTANTS							
Directorate	Number of Consultants	Job Plans within 12 months	%	Job Plans older than 12 months	%	Number of Consultant with no Job Plans recorded	%
Urgent, Community and Cancer Care	24	19	79.17%	5	20.83%	0	0.00%
Elective Care	57	16	28.07%	27	47.37%	14	24.56%
Integrated Care	37	15	40.54%	9	24.32%	13	35.14%
Total	118	50	42.37%	41	34.75%	27	22.88%

JOB PLANNING CENTRAL REPORT - SAS GRADES							
Directorate	Number of SAS Doctors	Job Plans within 12 months	%	Job Plans older than 12 months	%	Number of SAS Doctors with no Job Plans recorded	%
Urgent, Community and Cancer Care	6	5	83.33%	0	0.00%	1	16.67%
Elective Care	40	4	10.00%	3	7.50%	33	82.50%
Integrated Care	2	1	50.00%	0	0.00%	1	50.00%
Total	48	10	20.83%	3	6.25%	35	72.92%

b) Rosterpro Internal Audit

Following the recent audit for Rosterpro concerning the ward based rosters, a number of actions have been undertaken. The speed of the system remains an issue for actions which require cross roster redeployments. This is due to be improved with the upgrade of the Rosterpro server on the 12 November and the system will be out of commission for part of that day.

Guidance notes have been issued to roster managers regarding some of the key areas of the roster management, including scheduling of annual leave, publication of rosters and some common pitfalls to be aware of. There have been a number of issues raised around time balances when staff are

redeployed across two rosters; we have assured managers that the hours are accounted for in the time balance of the individuals.

Oceans Blue commenced their opening meetings with roster managers in early November and a steering group has been established to overview the actions associated and to review the outputs from the programme.

c) Living Wage

The Trust has decided to implement the Living Wage, to provide some background this is calculated annually by the Centre for Research and Social Policy at Loughborough University. The calculations take into account what households need in order to have an acceptable standard of living – decisions around what this comprises of are made by groups of members of the public. The calculations also take into account rises in the cost of living. To be noted this is different to both the current National Minimum Wage and the National Living Wage as announced in the 2015 Budget.

The Living Wage is an hourly rate, calculated independently by the Living Wage Foundation and is updated annually. This is different to the NHS agenda for change salary scales.

The UK Living Wage is currently £8.25 an hour, outside London and the London Living Wage is currently £9.40 an hour.

The Trust will be implementing this from 1 November 2015, the calculation will be based on both basic salary and any enhancements staff receive. The Living Wage provides an annual salary of £16,087 for a full time member of staff and rates are to be pro-rata for part time members of staff. Therefore all staff whose basic salary is below this rate will receive a letter explaining how and if they will be affected and how any Living Wage payment they may receive will be calculated. Based on this the monthly threshold for receipt of the Living Wage will be £1,340.58 (full time), therefore anyone, who works full time, who is in receipt of a salary including enhancement and basic salary below this threshold will receive a Living Wage top up, part time members of staff will be adjusted accordingly. As enhancements are paid a month in arrears the first payment of the Living Wage will be in December.

d) Junior Doctors

The BMA wrote to the Trust on 28 October informing us of their intention to ballot for Industrial Action. This is in response to the Junior Doctor Contract reform with a new contract due to be implemented with effect from 3 August 2016. Ballot papers were distributed on 5 November and it is due to close on 18 November. If the ballot is in favour of industrial action then this will usually be scheduled within 4 - 8 weeks. The BMA will need to provide the Trust with 7 days' notice of any strike action. Notification has been received of three dates on which industrial action will be taken if the ballot outcome is in favour of this.

The Trust scheduled a joint Junior Doctor Engagement Event with the BMA, taking place on 12 and 17 November. The purpose of these events was to clarify the current position in relation to the Junior Doctor Contract reform, collect feedback and clarify our expectations in the event of a vote for strike action. We have always enjoyed good levels of engagement from our Junior Doctors and it is our belief that we can continue to do so regardless of the outcome of this ballot.

e) Absence Audit Limited Assurances

Internal Audit have recently produced a report on the management of absence throughout the Trust, this highlighted that there were high levels of return to work completion and recording of absences within the non-medical workforce. However, concerns were highlighted regarding the management of sickness absence for medical staff – actions have been identified to be completed by the end of 2015. Directorates have been tasked with taking these forward within departments.

f) Workforce and Organisational Development Strategy 2015-2020 – Excellent Workforce, Excellent Care

The Workforce and Organisational Development Strategy was considered and approved at the Senior Management Team meeting on Wednesday 18 November 2015. A copy has been placed in the reading room for Board members' information. The Strategy has been the subject of consultation with Directorates and trade union colleagues. A supporting action plan will now be developed to assist with the implementation of the Strategy.

g) Rosterpro – Electronic Staff Rostering

The Trust commissioned Oceans Blue to work with us in order to assist with improving the efficiency of how departmental and ward managers use the rostering system. Oceans Blue visited the Trust on the 5th and 6th November and visited 22 locations, primarily ward areas including the Emergency department, meeting with the leads for rostering in those areas. They spent three days in the Trust working through the detail of the Rosterpro dashboard in each area with a particular focus on time balances. An upgrade to the IT server has also taken place recently to speed up the operation of the system which has been a frustration to the system users. Oceans Blue have made further recommendations regarding local IT efficiencies that could be made to improve service user experience and these are being discussed with the Trust's IT team.

All anomalies and errors identified by Oceans Blue have been brought to the attention of departmental/ward managers so corrective action can be taken between now and when the company visit the Trust again on 26/27 November. Work is also progressing to test acuity against staffing levels.

I am delighted to advise that as per our commitment, all agreed areas both in the hospital and community are now live on Rosterpro, and this is before the target date set of 31 December 2015.

The work to date will enable accrued time balances to be deployed therefore resulting in efficiency gains including savings on the use of bank and agency staff.

Harrogate and District NHS
NHS Foundation Trust

Council of Governors

Minutes of the public Council of Governors' meeting held on 29 July 2015 at 17:45 hrs at Harrogate College, Hornbeam Park, Harrogate.

Present:

Mrs Sandra Dodson, Chairman
Ms Pamela Allen, Public Governor
Mr Michael Armitage, Public Governor
Cllr. Bernard Bateman, Stakeholder Governor
Dr Sally Blackburn, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Dr Sarah Crawshaw, Stakeholder Governor
Mrs Liz Dean, Public Governor
Cllr John Ennis, Stakeholder Governor
Mr Andrew Forsyth, Interim Head of Corporate Affairs
Mrs Jill Foster, Chief Nurse
Mrs Jane Hare, Public Governor
Dr Claire Hall, Deputy Medical Director
Mr Robert Harrison, Chief Operating Officer
Mrs Jane Hedley, Public Governor
Mrs Pat Jones, Public Governor
Mrs Sally Margerison, Staff Governor
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mr Jordan McKie, Deputy Director of Finance
Mr Neil McLean, Non-Executive Director
Mrs Joanna Parker, Stakeholder Governor
Mr Peter Pearson, Public Governor
Prof. Sue Proctor, Non-Executive Director
Mrs Joyce Purkis, Public Governor
Mr Andy Robertson, Public Governor
Dr Daniel Scott, Staff Governor
Dr Ros Tolcher, Chief Executive
Mr Ian Ward, Non-Executive Director
Mrs Lesley Webster, Non-Executive Director
Rev. Dr Mervyn Willshaw, Public Governor/Deputy Chair of Council of Governors
Mrs Fiona Wilson, Staff Governor
Dr Jim Woods, Stakeholder Governor

In attendance:

Mr Andy Smith, Senior Manager, KPMG
3 members of the public

1. Apologies for absence and introductions

Apologies were received from Mrs Carol Cheesebrough, Staff Governor, Mrs Cath Clelland, Public Governor, Mr Jonathan Coulter, Deputy Chief Executive/Finance Director, Mrs Emma Edgar, Staff Governor, Mrs Jane Farquharson, Stakeholder Governor, Dr David Scullion, Medical Director, Mrs Maureen Taylor, Non-Executive Director and Mr Chris Thompson, Non-Executive Director.

Mrs Dodson offered a warm welcome to the members of the public and thanked Harrogate College for the use of the meeting room. Mrs Dodson introduced Dr Claire Hall, Deputy Medical Director and Mr Jordan McKie, Deputy Finance Director who were attending on behalf of Dr David Scullion, Medical Director and Mr Jonathan Coulter, Deputy Chief Executive and Finance Director. Mrs Dodson also introduced Carolyn Heaney representing the Department of Health's Connecting Programme and Mr Andy Smith, Senior Manager from KPMG.

Mrs Dodson provided an overview of the meeting format and highlighted the introduction of the new integrated Board report.

2. Minutes of the last meeting, 16 May 2015

The minutes of the last meeting were agreed as a true and accurate record subject to the following amendments:

Page 6, item 7, third bullet point, amend local improvement tool to national improvement tool. The amended minutes would now read as:

The Trust's safety thermometer score, a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, was consistently above 91% and above 95% in the last five months. The Trust had been focussing on this area as part of the Quality Account which Mr Forsyth referred to earlier in the meeting.

Page 8, item 8, second paragraph, amend Mrs Purkis to Mrs Parker. The amended minutes now read as:

Following the presentation on the Trust's Values an Behaviours Framework, Mrs Parker, Stakeholder Governor asked how the Trust would embed the values and behaviours with the existing workforce and what would happen if these were not being demonstrated.

3. Matters arising and review of actions schedule

The two outstanding items on the actions schedule were ongoing.

With reference to a question submitted at the last meeting in May, regarding a gynaecological oncology service at the Sir Robert Ogden Macmillan Centre and recorded on page 8 and 9 of the minutes, Dr Tolcher provided an update confirming that the Trust did not yet have a Consultant Oncologist in Gynaecology in post. The Trust had not received any applicants in response to a national advert but remained hopeful that another advert would prove successful.

3.1 Election of Deputy Chair of Council of Governors/Lead Governor

Following the last meeting in May, Mrs Dodson confirmed she had received one expression of interest from Ms Allen to take over the role of Deputy Chair of Council of Governors and Lead Governor when Rev. Dr Willshaw stood down on 31 December.

Ms Allen was asked to leave the room at this stage in the meeting.

Mrs Dodson confirmed she had met with Ms Allen to discuss the role and responsibilities of Deputy Chair of Council of Governors and Lead Governor. Following a conversation with Rev. Dr Willshaw it was agreed that Ms Allen

would be an excellent replacement to bring a unique perspective to the role; she had previous health care management experience in the United States and had shown dedication to the Trust in her time as a Public Governor. Mrs Dodson asked for comments to which Mrs Purkis highlighted Ms Allen's active commitment to her Public Governor role.

Mrs Dodson therefore recommended to the Council of Governors the appointment of Ms Allen as Deputy Chair of the Council of Governors and Lead Governor from 1 January 2016. The Council of Governors unanimously approved the recommendation, proposed by Mrs Purkis and seconded by Mrs Hedley.

Ms Allen returned to the meeting and was informed of the approval to which she was honoured.

4. Declaration of interests

All Non-Executive Directors present at the meeting declared an interest regarding item 6.0 on the agenda - Paper 6.1, report from the Remuneration Committee.

In addition, Mrs Dodson and Mr Ward expressed a declaration of interest regarding item 6.0 on the agenda in relation to Paper 6.0, report from the Nominations Committee.

4.1 Council of Governors' Declaration of Interests

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 the Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

5. Governor sub committees

Mrs Dodson clarified the role of the sub committees and thanked Governors for their commitment and involvement.

5.1 Volunteering and Education

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

Rev. Dr Willshaw confirmed he had provided an overview of the group at the last meeting in May. He highlighted the following areas from the report submitted at appendix 5.1:

<u>Volunteering</u>
The report provided a good overview of the range of imaginative opportunities for the 587 active volunteers.

<u>Work Experience</u>
Rev. Dr Willshaw was delighted to report that a total of 174 work experience and medical placements would have taken place between September 2014 and August 2015.

Education Liaison

The contract with North Yorkshire Business Education Partnership (NYBEP) to provide the education and work experience programmes would cease on 31 July and thanks were given to Claire Healy for her hard work. There would be a transitional period now and both areas of work would continue to be managed by the Corporate Secretarial Team in the Trust and overseen by the Governor Working Group.

Finally, Rev. Dr Willshaw was delighted to confirm that Mrs Hedley, Public Governor would be taking over as Chair of the group as he would be standing down as a Governor at the end of the year.

Mrs Dodson reiterated the importance of the work of the group which provided an important link to the public and supported medical staff to engage with our future workforce. She thanked Rev. Dr Willshaw for his contribution and commitment to the group.

Mrs Colvin confirmed that, under her line management, the Corporate Secretarial Team would be taking over the facilitation of both programmes and they were looking forward to working with the group to drive forward further opportunities.

There were no questions for Rev. Dr Willshaw however, Mr McLean highlighted his experience in education and would be happy to support the work of the group.

5.2 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 forthcoming Annual Members' Meeting taking place on Thursday, 3 September, 6-8pm at the Pavilions of Harrogate. She was delighted that this year the event would be more interactive in order to encourage active engagement and participation of Trust members and the general public.

Mrs Dodson endorsed Ms Allen's comments and reminded Governors that it was their statutory duty to convene the Annual Members' meeting.

Finally, Ms Allen reminded Governors regarding the annual Trust Open Event taking place on Thursday, 24 September from 3.30-7pm at Harrogate District Hospital.

There were no questions for Ms Allen.

5.3 Patient and Public Involvement

Mrs Purkis provided a verbal update on the Learning from Patient Experience Group, chaired by the Chief Nurse.

The purpose of the group was to understand, monitor, challenge and seek to improve the quality of the experiences of the 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 & Behaviours.

Key responsibilities included setting annual objectives and a plan of work, promoting leadership in setting a culture of continuous improvement in delivering high quality care and leading work to ensure compliance with CQC fundamental standards. Additional responsibilities had been added to the Terms of Reference of the group to include empowering staff to make changes to improve patient experience and learning from national and local audits, patient surveys and quality improvement projects.

The group met every month and in addition to key members of staff the membership of the group consisted of two Public Governors, one representative from the Voluntary Sector, two lay representatives and a representative from the Patient Voice Group.

There were no questions for Mrs Purkis.

6. Reports from the Nominations Committee and Remuneration Committee

Mrs Dodson confirmed that both the Nominations Committee and Remuneration Committee were formal sub-committees of the Council of Governors and formed part of their statutory responsibilities. Both committees had met in the previous month regarding the reappointment of Mr Ward, Non-Executive Director to a second term of office, the annual reappointment of Mrs Dodson, Chairman and the remuneration of Non-Executive Directors including the Chairman.

Mrs Dodson passed the Chair to Prof. Proctor at this stage in the meeting and Mr Ward and Mrs Dodson left the room.

Prof. Proctor summarised Paper 6.0 which had been circulated prior to the meeting. The Nominations Committee had met on 22 July and unanimously endorsed Mrs Dodson's recommendation that Mr Ward was reappointed for a second term from 1 October 2015, subject to the approval of the Council of Governors. The Nominations Committee also unanimously recommended the continuation of Mrs Dodson's third term of office from 1 October 2015, again subject to the approval of the Council of Governors and the continued annual reappointment, in accordance with the Trust's Constitution. The minutes of the Nominations Committee had also been circulated with the paper for ratification.

The Council of Governors were in unanimous agreement of both recommendations and the minutes of the Nominations Committee were ratified.

Prof. Proctor passed the Chair to Rev. Dr Willshaw at this stage in the meeting and the remaining Non-Executive Directors present left the room.

Rev. Dr Willshaw summarised Paper 6.1 which had been circulated prior to the meeting.

The Remuneration Committee had also met on 22 July and held a detailed discussion regarding the remuneration for the Chairman and Non-Executive Directors in the coming 2015/16 financial year. Rev. Dr Willshaw asked the Council of Governors to note that Non-Executive Directors had only received one uplift over the last six years, however due to current financial challenges and Department of Health guidance, the recommendation of the Remuneration Committee was not to apply a pay uplift to the salaried of the Chairman and Non-Executive Directors for the financial year 2015/16 in keeping with very senior managers and Executive Directors.

The Governors on the Committee acknowledged the continued hard work and dedication of the Non-Executive Directors and passed on their thanks.

Dr Tolcher commented that she and Mr Coulter attended the Remuneration Committee in an ex officio capacity and reiterated the valuable work of the Non-Executive Directors.

The Council of Governors were all in favour of the recommendation and the Remuneration Committee minutes were ratified.

The Non-Executive Directors and the Chairman returned to the room at this stage in the meeting. Prof. Proctor and Rev. Dr Willshaw clarified the approval of both recommendations and Rev. Dr Willshaw again thanked the Non-Executive Directors for their hard work and enthusiasm. On behalf of the Executive Team, Dr Tolcher endorsed Rev. Dr Willshaw's comments.

7. Update from the Deputy Chair of Governors on Non-Executive Director Appraisals

Rev. Dr Willshaw confirmed the Non-Executive Director appraisals had taken place and went well. Rev. Dr Willshaw and Mrs Dodson had completed Non-Executive Director appraisals and Rev. Dr Willshaw and Mr Ward had completed the Chairman's appraisal. He expressed his thanks to fellow Governors for their helpful feedback and recognised that it was difficult for new Governors to offer their assessment. In addition feedback had also been received from the Executive Team and fellow Non-Executive Directors and again Rev. Dr Willshaw found this most helpful and passed on his thanks.

Rev. Dr Willshaw summarised the appraisal process which included a robust, lengthy and detailed discussion to look at, and review, annual objectives. Governors would receive a copy of the Non-Executive Directors' updated objectives and be asked to use them for continual assessment.

Action: Mrs Colvin

Mrs Dodson thanked Rev. Dr Willshaw for the amount of time he spent undertaking appraisals and to the Council of Governors for their involvement.

There were no questions.

7.1 Update on Non-Executive Director 360 degree feedback pilot

Mrs Dodson provided an update on Non-Executive Director 360 degree feedback, a pilot commissioned by Health Education Yorkshire and the Humber to develop an innovative 360 degree feedback approach to support leadership development for Non-Executive Directors (NEDs). This work, responding to needs initially identified by our Chairman, utilises a feedback framework that reflects the distinct role of Non-Executive Directors and a process to translate feedback into swift and meaningful actions that strengthen governance and inform Non-Executive Director appraisal and development.

Mr Marshall conveyed his thanks to Health Education Yorkshire and the Humber and informed Governors that NHS Providers would be highlighting the pilot at a national conference as best practice.

8. External Audit Assurance Report to Council of Governors

Mrs Dodson welcomed Mr Smith from KPMG to the meeting.

The External Audit Annual Report 2014/15 had been circulated prior to the meeting. Mr Smith highlighted the following key messages from the report:

- Use of resources – KPMG concluded that the Trust had adequate arrangements to secure economy, efficiency and effectiveness in its use of resources;
- Annual report and accounts; and
- Quality report – KPMG provided a clean (limited assurance) opinion on the Trust's quality accounts with one recommendation regarding the 18 weeks indicators.

Mr Smith acknowledged the work of the Trust's Finance Team and thanked them for their support.

Mr Ward asked for a comparison in the performance of the Trust against other Trusts. Mr Smith responded that the Trust had performed very well both in terms of finance and governance. He commented that the vast majority of Trusts found it a challenge to break even and financial pressures often included a significant deficit outcome. He added that the Trust's performance was reflected in both its Monitor ratings and Care Quality Commission reports.

Mrs Dean made an observation that KPMG's findings included a low number of issues to which Mr Smith confirmed these findings were small and had all been amended by the Trust.

Dr Scott commented on the unadjusted audit difference relating to the estimation of income from NHS Leeds North. Mr McKie confirmed there was often a delay in reconciliation month on month however this did not affect business planning. Mr Smith assured Governors that audit often identified a number of relatively low differences between Trusts and Commissioners and the Trust compared very well with just one difference.

Mrs Dodson thanked Mr Smith for his presentation and commented that both Governors and Board colleagues were reassured by the detailed and positive report. On behalf of the Finance Team, Mr McKie passed on thanks to the External Audit team.

9. Update from the Chief Executive

Dr Tolcher informed the Council that her update would take on a different style to previous meetings and proposed a ten minute presentation followed by a break to give Governors the opportunity to ask questions regarding the integrated Board report.

Dr Tolcher presented the following headlines:

<u>Current issues</u>
Dr Tolcher highlighted current issues centred around the Trust's objectives including focus on implementing new models of care, constantly driving high quality care through fundamental initiatives such as falls and pressure ulcers and growing the business through contracts and new opportunities.

<u>New Models of Care</u>
Dr Tolcher's provided an update on New Models of Care; a vision to ensure the people of Harrogate and Rural Districts receive high quality affordable healthcare, and play an active role in making decisions about their own health. The aim is to ensure more people

stay healthier and independent for longer, have choice and control over their lives and care, and that costs are reduced across the system

Dr Tolcher highlighted a pictorial summary of the formal site visit with NHS England New Models of Care Team on 29 May entitled 'What Matters to Us'. The six partners in the Vanguard site are:

- Harrogate and District NHS Foundation Trust;
- Harrogate and Rural District Clinical Commissioning Group;
- North Yorkshire County Council;
- Tees Esk and Wear Valley NHS Foundation Trust;
- Harrogate Borough Council; and,
- Yorkshire Health Network.

Dr Tolcher talked about the two key strands of the new care model: new models of prevention and care – 'what we do' and enabling better care – 'how we do it', focussing on people being at the centre of the health and care system

Dr Tolcher then went on to provide an update on progress and in response to Mrs Wilson's question about project timescales, she confirmed we were required to submit a 'Value Proposition' setting out the resources required and the outcomes we would deliver in order to access the national transformation fund. The initial deadline for submission was 30 June however, due to further work required in respect of the clinical model and financial impact, agreement was made with the New Models of Care Team to submit further information by the end of August. All partners were working closely on the bid and contact was made with a number of other Vanguard sites to share information and ideas.

Mrs Margerison was pleased to report positive feedback from community colleagues and asked if there had been any decisions regarding community Hubs.

Dr Tolcher stated that the New Models of Care programme would create integrated care teams in five localities however, the boundaries were still to be determined and there would be no money to spend on additional buildings. The teams would include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector.

Dr Woods clarified that it was still to be decided where the Hubs would be located however early discussions included Harrogate, Knaresborough, Nidderdale, Boroughbridge and Ripon.

Mr Harrison added that there would be three substantive localities and two smaller ones, the probability that Boroughbridge and Nidderdale would be the latter. Travel time and the size of the population would be a factor in deciding.

In response to Mr Harrison, Mrs Margerison commented that small teams such as the Cardiology team, currently cover a large area and are often required to travel long distances. She asked about team capacity to which Mr Harrison added that the intention would be to 'up-skill' teams and improve the use of technology which would reduce the amount of travel time.

Mr Harrison also clarified Dr Tolcher's earlier comments regarding premises, confirming that the programme would be seeking existing buildings that were fit for purpose as finances would not be used on new buildings.

Mrs Hedley asked how the new system would be monitored. Dr Tolcher commented that, similar to the implementation of any new model, early warning detectors would be a priority and clinical staff would have an important role in pathway design.

Cllr. Bateman asked if the Ripon project was part of the New Models of Care programme. Dr Tolcher clarified that the two projects went hand in hand with plans for the Ripon project to include a fit for purpose hospital, new care models, and enhanced leisure facilities; all of which would aim to provide the best support for local people.

Dr Woods commented regarding the various communication methods with different groups and different systems. Dr Tolcher agreed that this was a good example that all stakeholders were determined to provide safe, consented, information sharing.

A break took place at this stage in the meeting.

Following the break, Dr Tolcher provided an overview of the financial plan 2015/16. The planned surplus was £1.8m requiring cost savings of £8.8m however, an additional target had been set to save a further £1.4m requiring a total of £10.2m savings. The year to date position at the end of June was a deficit of £134k which was £554 behind our planned surplus. Three key areas of overspend in the plan were: ward nursing, medical staffing and Emergency Department staffing. Budget holders and the Finance Team continued to focus on the delivering the required cost savings.

At this stage in the meeting Dr Tolcher invited Governors to ask questions about the Integrated Performance dashboard.

Mr Pearson highlighted the data regarding pressure ulcers under Quality in the Integrated Performance dashboard. The report showed the number of grade three or grade four pressure ulcers acquired whilst the patient was in receipt of our care. The data included hospital and community teams. The total number reported for June 2015 was eight (all grade three), an increase on the previous month. He also commented on a 'no-blame' culture and asked for assurance that staff were encouraged to report such issues.

In response, Mrs Foster confirmed that in terms of the total number of pressure ulcers to date this year, the trend was in fact down. Work continued on staff education and awareness of both avoidable and unavoidable pressure ulcers and Mrs Foster was pleased to report that improvements continue. Mrs Foster also assured Mr Pearson that staff were encouraged to report pressure ulcers with no element of blame, but to learn from action plans.

Cllr. Ennis asked for a comment on the importance of the Friends and Family test in relation to Outpatients given the Care Quality Commission had identified Outpatients as a higher risk area.

Dr Tolcher confirmed that the Friends and Family test would capture this information. In addition, Mr Harrison confirmed the Trust was receiving good results from the Friends and Family Test survey and 15% of the sample was from the automated call back system.

The Finance and Efficiency dashboard reports the percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the Trust in advance. Rev. Dr Willshaw was disappointed to see that the outpatient Did Not

Attend (DNA) rate for first attendances in June 2015 was 4.3%, an increase on the previous month, and enquired about the cost impact of this.

Mr Harrison agreed that 4.3% was a significant number however, he was pleased to report that this figure was low compared to other Trusts and the text and remind service was being used.

Mrs Dean asked if the Trust knew the reasons why patients did not turn up for their appointments. In response, Mr Harrison confirmed people often tried to let us know however we recognised that there were some issues with the outpatient letters and work was underway with the assistance from an external company to make improvements in this area.

Mrs Crawshaw asked if we could try to offer more appointments at short notice. Mr Harrison acknowledged that this was a good suggestion but confirmed that unfortunately this was not always possible in some specialities.

Mrs Parker commented on the Commissioning for Quality and Innovation payment (CQUIN) data referred to in the Operational Performance report noting there was no red, amber, green (RAG) rating. She also noted the dementia screen data and asked about the challenges this posed in the community.

Mr Harrison confirmed that the CQUINs payment framework encouraged care providers to share and continually improve how care was delivered and to achieve transparency and overall improvement in healthcare. This was a challenging national and local scheme with some dependence on partnership working and sharing records. The Trust was utilising the Patientrack system and discharge summary where applicable and staff training continued.

In relation to the CQUIN for dementia screening the data captured was the proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step1). 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. Mrs Foster confirmed that the Trust was continuing to work hard to capture the wider community information. In addition to the report, Mr Harrison confirmed that the Trust was on track to deliver the CQUIN requirements for Quarter 1.

Mr Marshall referred to the agency spend shown in the Finance and Efficiency report and explained that there were still issues in both medical and nurse staffing. He commented that the Trust was now making a saving on locum costs by using a neutral vendor model. Comensure (the neutral vendor) had been selected by the Trust as the lead agency for the appointment of all future external locum medical staff. Through this model the Trust had implemented agreed rates of pay with other Trusts across Yorkshire and the Humber.

Mrs Dodson moved to the tabled questions submitted prior to the meeting.

10. Q&A session for members of the public and Governors

Mr Pearson, Public Governor submitted the following questions:

"In light of the draft guidance from NICE reported today concerning care of the dying, in particular that they must be helped to drink:

1. What guidance does HDFT give on care for the dying, specifically hydration?

2. **Has it been possible yet to consider the new guidance from NICE?**
3. **If so, is current HDFT policy/guidance compliant, or will it need to be reviewed?"**

Mrs Foster clarified that when the Liverpool Care Pathway for the dying patient was phased out mid 2014 the Trust replaced this with a 'Care Plan in the Last Days of Life' which had been developed based on local feedback from colleagues. With reference to draft guidance from NICE, Mrs Foster confirmed that discussions would take place with the End of Life Care Steering Group and any Trust policy would comply with national guidance.

"Is there anything to report on the Healthy Ripon Project? What is the current prospect of real progress being made?

Mr Pearson felt that Dr Tolcher had touched on this subject earlier in the meeting but on talking to Ripon residents it was felt that the project was being slowed down.

Cllr Bateman commented that Mrs Probert had been the main driver of the project and stated that a 'lead' was required. He added that the initial group had disappeared and that communication was key going forward.

Dr Tolcher confirmed that stakeholders were still heavily engaged however the project was incredibly challenging and complicated. A meeting had taken place earlier in the week and a developer's feasibility report would be tabled at the Clinical Commissioning Group Governing Body meeting in October. Dr Tolcher confirmed that the Trust had a stake in the project and she attended the meetings where there was a huge amount of activity underway.

Mrs Hedley, Public Governor stated that she was a member of the Trust's Nutritional Group. There had been a reduction in Nutritional Assistants in the hospital and she expressed concerns regarding the nutritional needs of patients and how this information was being passed on to the right person.

Mrs Foster confirmed that Nutritional Assistants were instrumental in patient care and there had been an increase in referrals. There were Nutritional Assistants on wards five days a week between 7 am and 3 pm however there was no backfill when staff were on annual leave, off sick, during evenings and at weekends. Mrs Foster clarified that everyone needed to understand how to risk assess patients and make a nutritional referral and work was underway to make progress in this area.

Mrs Hedley stated that the Nutritional Group had highlighted a number of issues and some were being raised on a monthly basis.

Mrs Dodson confirmed that Nutritional Assistants were the spearhead for nutritional support however there was a need for all staff to work together to provide high standards of fundamental care. She suggested that Mrs Foster could provide an update on progress at the next meeting in November.

Action: Mrs Foster

11. Non-Executive Directors update including time for discussion

11.1 Overview of the new Quality Committee

Mrs Webster provided an overview of the newly formed Quality Committee in her role as Chair. The Quality Committee, a committee of the Board of Directors,

would act on behalf of the Board to contribute to setting strategy as this relates to quality, oversee arrangements for quality governance and seek assurances on the delivery of high quality care and regulatory compliance. An inaugural meeting of the Quality Committee took place on 1 July and membership included Non-Executive Directors, the Chief Executive, Chief Nurse, Medical Director, Director of Workforce and Organisational Development, Deputy Director of Governance, Head of Risk Management and Clinical Directors. There was a review of the closing minutes of decommissioned groups and objective setting for the year ahead to include overarching strategy, regulatory compliance and the quality dashboard, to include a deep dive into detail when required. The draft agenda was considered and a plan of action with key reports and regular items.

Mrs Colvin agreed to circulate the dates of future Quality Committee meetings for Governors to attend in an observation capacity.

Action: Mrs Colvin

There were no more questions for Non-Executive Directors and Mrs Dodson moved on to any other business.

12. Any other business

12.1 Draft Annual Members' Meeting Minutes

The draft Annual Members' Meeting minutes from 4 September 2014 were presented to Governors to agree prior to the next Annual Members' meeting taking place on 3 September 2015. Mrs Dodson asked for feedback, include any inaccuracies, to be forwarded to Mr Forsyth as soon as possible.

Mr Pearson highlighted his visit to the Open Day on 16 July at The Orchards in Ripon, a specialist in-patient rehabilitation and recovery unit, for the people of North Yorkshire. The new unit contained nine en-suite bedrooms, a single bedsit style apartment and a range of modern facilities to assist with daily living skills, as well as a number of group rooms and visitor accommodation Both he and Mr Robertson commented that they were impressed with the building.

13. Date and time of next meeting

Mrs Dodson thanked everyone for attending and confirmed the next meeting would take place on Wednesday 4 November at 5.45 pm at St. Aidan's High School in Harrogate.