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

Wednesday 27 April 2016

Start: 9.20am

Finish: 1.00pm

AGENDA			
Item No.	Item	Lead	Paper No.
9.00am Patient Story – In private			
9.20am Board Briefing – Rapid Process Improvement Workshop – Board			
9.35am General Business			
1.0	Welcome and Apologies for Absence <i>To receive any apologies for absence</i>	Mrs Sandra Dodson, Chairman	
2.0	Declarations of Interest and Board of Directors Register of Interests <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs Sandra Dodson, Chairman	2.0
3.0	Minutes of the Board of Directors meetings held on 30 March 2016 and 8 April 2016 <i>To review and approve the minutes</i>	Mrs Sandra Dodson, Chairman	3.0
4.0	Review Action Log and Matters Arising <i>To provide updates on progress of actions to the Board of Directors</i>	Mrs Sandra Dodson, Chairman	4.0
5.0	Board of Directors Terms of Reference <i>To review and approve the Terms of Reference</i>	Mrs Sandra Dodson, Chairman	5.0
6.0	Third Party Schedule <i>To receive a list of those Third Parties with which the Trust has a duty to co-operate</i>	Mrs Sandra Dodson, Chairman	6.0
10.05am – 11.15am			
	Overview by the Chairman	Mrs Sandra Dodson, Chairman	
7.0	Report by the Chief Executive <i>To be considered and any Board directions defined</i>	Dr Ros Tolcher, Chief Executive	7.0
8.0	Integrated Board Report <i>To be considered for comment</i>	Dr Ros Tolcher, Chief Executive	8.0
9.0	Report from the Chief Operating Officer <i>To be considered for comment</i>	Mr Robert Harrison, Chief Operating Officer	9.0
10.0	Report by the Director of Finance <i>To be considered for comment</i>	Mr Jonathan Coulter, Director of Finance	10.0

11.0	Licence and Lease Agreements <i>For approval by the Board of Directors</i>	Mr Jonathan Coulter, Director of Finance	11.0
11.15am – 11.30am - Break			
11.30am – 12.45pm			
12.0	Report by the Director of Workforce and Organisational Development <i>To be considered for comment</i>	Mr Phillip Marshall, Director of Workforce & Organisational Development	12.0
13.0	Report from the Medical Director <i>To be considered for comment</i>	Dr David Scullion, Medical Director	
14.0	Report from the Chief Nurse <i>To be considered for comment</i>	Mrs Jill Foster, Chief Nurse	14.0
15.0	Oral Reports from Directorates a) <i>Urgent, Community and Cancer Care</i> b) <i>Elective Care</i> c) <i>Integrated Care</i>	Mr Andrew Alldred, Clinical Director Dr Kat Johnson, Clinical Director Mr Robert Harrison, Chief Operating Officer	
16.0	Reports: <i>16.1 To receive the report and minutes from the Finance Committee held 18 April 2016</i>	Mrs Maureen Taylor, Non-Executive Director/ Chairman of the Finance Committee	16.1
	<i>16.2 To receive the report and minutes from the Quality Committee held 2 March 2016</i>	Mrs Lesley Webster, Non-Executive Director/Chairman of the Quality Committee	16.2
12.45pm – 1.00pm			
17.0	Matters relating to compliance with the Trust's Licence or other exceptional items to report, including issues reported to the Regulators <i>To receive an update on any matters of compliance</i>	Mrs Sandra Dodson, Chairman	
18.0	Any other relevant business not included on the agenda <i>By permission of the Chairman</i>	Mrs Sandra Dodson, Chairman	
19.0	Board Evaluation	Mrs Sandra Dodson, Chairman	
	Confidential Motion – the Chairman to move: <i>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, publicly on which would be prejudicial to the public interest.</i>		

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	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. Swinsty Fold Management Company Limited 5. Acumen for Enterprise Limited 6. 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, Safeguarding Board, Diocese of York 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	None
Mr Christopher Thompson	Non Executive Director	1. Director – Neville Holt Opera
Mr Ian Ward	Non-Executive Director	1. Vice Chairman and Senior Independent Director of Charter Court Financial Services Limited, Charter Court Financial Services Group Limited, Exact

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

April 2016

Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors' meeting held on Wednesday 30 March 2016 at 8.45am in the Boardroom, Harrogate District Hospital, Lancaster Park Road, Harrogate.

Present:

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

In attendance:

- Mrs Joanne Crewe, Operational Director for Acute and Cancer Care
- Mrs Beth Barron, Operational Director for Elective Care
- Dr Natalie Lyth, Associate Specialist Child Health
- Mr Andrew Forsyth, Interim Head of Corporate Affairs (Minutes)
- Ms Debbie Henderson, Company Secretary (Minutes)
- Ms Elizabeth Watkins, Radiology Services Manager

Three Governors of the Trust

For the pre-brief only

Dr Alison Layton, Associate Medical Director for Research

Trust Research Update – Board Briefing

Dr Alison Layton was welcomed to the meeting and provided an overview of regional developments associated with the Trust's Research and Development (R&D) Programme particularly related to governance arrangements, activity and funding, and strategic opportunities.

The Trust's R&D Team formed part of the Yorkshire and Humber Local Clinical Research Network (LCRN) and it was noted that the region had continued to perform well, demonstrated by its recent ranking as second highest recruiting network in the UK. In terms of recruitment by Trust, Harrogate and District NHS Foundation Trust (HDFT) had been placed fifth out of 23 also demonstrating a positive position.

In terms of challenges for R&D, Dr Layton reported that the LCRN are required to recruit 10% of the national target (65,000 patients per year) and have recruited 91% of the target number. The inability to recruit to the full patient target had resulted in a reduction in funding of £1m. Research

capability funding had also been 'top-sliced' for commercial recruitment and as a relatively small network, opportunities for global studies for the LCRN were not as strong as other networks.

The R&D team work within a number of legal and regulatory frameworks following a reorganisation of governance arrangements. The reorganisation had resulted in a more streamlined approach to the approvals process undertaken by the Health Research Authority (HRA) to enable the Trust to facilitate and deliver research in a more timely and efficient manner.

A discussion took place regarding the importance of preparation in the event of an external visit. Regular reports were produced regarding each study and submitted to the R&D Group for review.

Dr Layton briefed the Board on the diverse portfolio of research studies and the capacity to support the programme including over 40 members of staff including nurses, study administrators and support staff. Recruitment for research was in place for over 30 service areas and the vision would be to embed research in all clinical practice.

A dashboard had been established to identify high level objectives on which performance could be measured. There remained challenges, both locally and nationally in terms of timeliness of participant recruitment and recruiting to specific targets. The R&D Group would consider how to take these issues forward whilst taking into consideration the feasibility of any actions.

Improvements could be made with regard to the use of data analysis to ensure value for money and improving efficiencies. Of all research undertaken at present for the LCRN, only 2% represented commercial research and Dr Layton suggested that an increase in physical space for the R&D Team would support opportunities to enhance commercial research and income generation for the Trust.

Open access letters had been implemented to enhance cross organisational learning and integrated working. This included elements within job descriptions and induction to raise the profile of R&D. Training networks had also been embedded to ensure research studies become part of the curriculum.

Dr Layton provided an overview of some of the research initiatives over the past 12 months including: dementia and opportunities within the proposals for new care models; changing prescribing practices; pressure ulcers studies; and implementation of toolkits to measure the impact of research on patients and the organisation.

The Research Community website had been implemented as an online site to engage with patients and the public. Dr Layton invited board members to take part to help raise awareness of research activity and attracting participation.

Dr Layton presented the R&D wish-list for 2016/17 which included: enhanced visibility; increased engagement with patients and the membership; improvements to job planning and workforce development; driving quality; development of a business case for increased physical space; use of data and informatics to ensure value for money and enhance efficiencies; and exploring opportunities within the New Care Models Vanguard to align research with patient pathways.

Dr Layton referred to the current development of a Trust wide R&D Strategy and agreed to submit the strategy to the Board for approval at a later date.

Professor Proctor referred to the developments within the service being supported by communications and marketing and, suggested that the role of R&D be incorporated into the re-development of the Trust's website. Professor Proctor also asked if there would be scope to

enhance 'system wide' working. Dr Layton stated that discussions had commenced with the Vanguard teams to ensure opportunities for R&D would be incorporated into any proposals. From a national perspective, R&D representatives also sit on the Academic Health Science Network Board to help influence the strategy going forward.

Mrs Webster asked if a business case had been developed to support the request for further space. Mr Harrison confirmed that an outline case had been submitted for consideration and noted that further detail was required on return on investment.

With regard to governance arrangements, Mr Thompson asked what oversight was in place to ensure Board sightedness particularly when considering the possibility of a future external visit by the Medicines and Healthcare Products Regulatory Agency (MHRA). It was noted that although the possibility of an external visit by the MHRA was unlikely, due to the rigour of the inspections, should a visit ever take place, Dr Layton would work closely with members of the Senior Management Team to ensure all appropriate procedures and controls would be in place and working effectively.

Dr Scullion took an opportunity to formally thank the R&D Team for their continued hard work and progress throughout the year. Mrs Dodson thanked Dr Layton for the comprehensive briefing and emphasised the need to keep research and development in mind in all work undertaken by the Trust to continually drive up quality of service.

ACTION:

- **Submission of a Research and Development Strategy for Board approval – AL**

Patient Story

Ms Watkins attended the meeting to introduce the patient story which took the form of a letter from parents whose unborn child was diagnosed with a life limiting illness.

The letter referred to the compassion and dedication of the teams involved in the care and treatment of the parents and child through an extremely difficult time. The letter highlighted the work of the Sonographer, Screening Coordinator, Obstetrician, Paediatricians, Midwifery teams, and the staff of Farndale Suite.

The letter outlined the remarkable care provided by the staff, their kindness and professionalism, as well their expertise, candour and understanding when communicating with everyone involved.

It was noted that everyone involved in the care and treatment of the parents and child went above and beyond and the Board reflected on the importance and impact of whole team working. Mrs Dodson also commented that the story reflected the ambition of the Trust that exceptional care and compassion should always be the 'norm'. Dr Tolcher agreed and stated that the patient story fully encapsulated the Trust's brand of 'You Matter Most'.

In response to a query from Mr McLean regarding the Trust's proposed response to the patient letter, it was agreed that Mrs Dodson would respond on behalf of the Board.

ACTION:

- **A letter of thanks and acknowledgement to be sent in response to the patient letter on behalf of the Board – SD**

1. Apologies for Absence

Apologies for absence had been received from Dr K Johnson (Clinical Director for Elective Care) and Mr A Alldred (Acute and Cancer Care).

Mrs Dodson took an opportunity to welcome Ms Debbie Henderson to the Trust in her role as Company Secretary and Rosemary Peacock, Senior Research Fellow, Bradford Teaching Hospitals NHS Foundation Trust, attending the Board as an observer, as part of a research project into the use of patient data to inform quality.

2. Declarations of Interest

Professor Proctor declared an interest relating to agenda item 8 noting that her husband was an employee of Capita. There were no other declarations of interest relevant to items on the agenda for the meeting.

3. Minutes of the meeting of the Board of Directors on 24 February 2016

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

Minute 7.2 Line 2	Delete: 'low key'.
Minute 7.2.3 Line 3	Delete: 'CCG'
	Insert: 'Trust'
Minute 8.3(1) Line 3	Delete: 'replacement for'
	Insert: 'use of'
Section 8	Numbering of paragraphs required re-formatting.

4. Review of Actions Schedule and Matters Arising

Action 3 – Mrs Foster confirmed that the development of an overview roadmap for training of staff in cannulisation and other basic skills had been undertaken – board action complete.

Action 4 – Mr Marshall confirmed that the report from the NHS Staff Survey 2015 would be reported under agenda item 8 – board action complete.

There were no other matters arising.

Overview

Mrs Dodson said that the Non-Executive Directors had identified three key areas which they expected to be the underlying themes of the meeting:

- Strategic Governance – whole-system approach and governance in light of the development of the Sustainability and Transformation Plan (STP) and New Care Models Vanguard
- Transfer of Children's Services from Durham, Darlington and Middlesbrough – governance arrangements, support and oversight for the service.
- Contract Negotiations for 2016/17 – implications and risk.

Mrs Dodson congratulated Dr Tolcher on being named as one of the Top 50 chief executives in the NHS by leading healthcare publication the Health Service Journal. Dr Tolcher had been recognised particularly following the strategic partnership work and it was noted as a great accolade for both Dr Tolcher and the Trust.

5. Report by the Chief Executive

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

5.1 Following confirmation of Sustainability and Transformation Plan (STP) footprints by national bodies, there would be 44 STPs nationally. Harrogate and Rural District (HRD) would reside within the West Yorkshire STP spanning 11 CCGs and a population of 2.5 million. The development around STPs reflected a genuine desire of all organisations to deliver joined-up care for the benefit of the patients and local populations. Consideration would need to be given to the impact on contract negotiations and aligning the expectations of all national bodies. Clarity on leadership and governance arrangements had to be provided by mid-April with the full STP to be submitted at the end of June. The Board would be informed of any developments.

5.2 Dr Tolcher noted that the West Yorkshire STP would be an overarching plan with separate local STPs for each West Yorkshire area being developed for consideration as part of the full plan. Plans would be built upon the Vanguard proposals. As previously reported to the Board, Harrogate and Rural District (HaRD) CCG Accountable Officer Amanda Bloor would be the executive lead for the Harrogate STP. The Harrogate Health Transformation Board (HHTB), chaired by Dr Tolcher would provide oversight and the governance framework for the Harrogate Vanguard, STP planning, and the Ripon Partnership. The Clinical Board had also been established to monitor clinical and financial sustainability.

5.3 Mr Ward asked if the placement of the Harrogate area into the West Yorkshire footprint was a logical decision. Dr Tolcher confirmed that the placement was not only logical, but would also provide opportunities for the Trust in the future in terms of the Trust's strategic ambition and clinical alliance. Local system leaders across West Yorkshire would need to determine the initial actions required to deliver STP objectives by mid-April. Dr Tolcher agreed to circulate the correspondence and actions to Board members out-with the meeting. Mr Coulter also noted that Harrogate benefits from strong developing networks across the West Yorkshire region, without compromising the long standing clinical alliances already in place with York Foundation Trust.

5.4 Dr Tolcher confirmed that Heads of Terms and contract between the Trust and the main commissioner HaRD CCG had yet to be agreed. Regular meetings between the Trust and the CCG continued however, there remained a substantial gap between the CCG's offer and the Trust's proposals.

5.5 Dr Tolcher referred to the recent publication of the 'Learning from Mistakes League' drawing on data from the 2015 NHS staff survey and the National Reporting and Learning System (NRLS) to rate NHS provider organisations on their levels of openness and transparency in terms of reporting culture. HDFT had been placed at 47 in the national league, representing good levels of openness and transparency, which reflected the strong staff survey results and improvements in reporting of incidents and risks in the previous 12 months. NHS Improvement would be requesting all Trusts to produce an Openness and Transparency Charter. Details are yet to be received.

5.6 Dr Tolcher reported on a further challenging month with regard to A&E performance and noted that the Trust would be unlikely to achieve the 95% target for March and as a consequence for Quarter 4 as a whole. This would be the first quarter in which the Trust had ever failed the 95% target. It was acknowledged that the dip in performance had been despite the heroic efforts of all frontline staff and confirmed that all evidence provided assurance that services remained safe, and continued to be delivered on the basis of clinical priority. Weekend attendances had increased substantially and a review of the staffing profile would be undertaken to mitigate associated risks. Mr Jim Mackey, Chief Executive of Monitor/NHS Improvement had

sent a letter of thanks to the Trust both for responding to increasing pressures and the contribution to strengthening the national focus.

5.7 Professor Proctor referred to the increased activity in A&E and asked if there had been any opportunities identified as part of the Vanguard work to examine the definition of A&E and how the Trust could raise awareness of appropriateness of attendance. Dr Tolcher stated that following consideration there had been no evidence to suggest the increase had been due to inappropriate attendances, but had appeared to be a genuine increase in urgent and emergency care treatments. A pillar of the Vanguard work would focus on prevention and personal control of health and wellbeing. Mrs Crewe also stated that a system wide approach had been used to manage patient pathways to ensure patient care was managed in the most appropriate place. Significant work continued to be undertaken to explore different ways of working in the department to respond to the increase in activity, particularly Minor Injury Units.

5.8 Mr Harrison stated, as a member of the recently established West Yorkshire Urgent Care Network, that work had commenced to ensure enhanced patient understanding of the difference between MIU and A&E. The increase in attendances had resulted in exploring opportunities to convert non-clinical space into clinical space as well as other investment opportunities related to workforce.

5.9 From 1 April, all Trusts would be subject to expenditure ceilings covering all agency and locum staff. The ceiling for HDFT for 2016/17 is £6,306,000. In line with reductions for other local Trusts, this represented a reduction of around 30%. The ceiling had been reflected in the 2016/17 operating plan monthly expenditure profile to be submitted to NHS Improvement, and was a condition of receiving STP funding. Mr Coulter cautioned the Board of the possibility of a further reduction being announced and performance would be monitored via the Integrated Board Report. The Trust had requested clarification from Monitor/NHS Improvement regarding the control total prior to agreeing the Operating Plan. A response was yet to be received.

5.10 Professor Proctor asked if there had been any feedback from the Care Quality Commission (CQC) and their perception and response to the national challenges for Trusts. Dr Tolcher confirmed that there had been discussions at Chief Executive level and noted the clear message from NHS Improvement that organisations should take a pragmatic approach to addressing quality of care issues. Mrs Taylor asked if the STP funding should be pursued given the risks identified. Mr Coulter suggested that the agreement of the control total and potential to receive STP funding in February would not have altered the Trust's objectives within the Operating Plan. The objective to deliver the plan safely with a year-end surplus was not based on incentive schemes, rather based on enhancing quality of care for patients.

5.11 Mrs Webster referred to the challenges of managing gaps between planned objectives and the ceilings. Mr Coulter stated that agency spend had increased by approximately £500k between 2014/15 and 2015/16, and emphasised the importance of the impact on achievement of Cost Improvement Programmes (CIPs). Mrs Dodson suggested that the narrative contained within the Integrated Board Report would be particularly important going forward alongside oversight by the Finance Committee.

5.12 The results of the 2015 NHS National Staff Survey had now been published and would be discussed in more detail under agenda item 8. Dr Tolcher noted the alignment of the outcome of the staff survey with the patient story in terms of reflecting the Trust's culture, skill and expertise of the frontline staff.

5.13 Dr Tolcher updated the Board on the forthcoming two periods of planned junior doctor industrial action. The first would be a further 48 hour period of emergency cover only scheduled to take place on 6 and 7 April. Regrettably, the second would be a full withdrawal of care during

core hours scheduled to take place on 26 and 27 April, which would likely impact on elective care and out-patient activity. Although a disappointing position to be in nationally, the Trust continued to prepare emergency measures to ensure patient safety during both periods of action. Mrs Dodson noted that the Board of Directors' meeting was scheduled to take place on 27 April and it was agreed to proceed with the caveat that Clinical Directors, Operational Directors and the Chief Operating Officer may be called out to respond to operational pressures.

5.14 Dr Tolcher referred to the recent Senior Management Team meeting held on 23 March and confirmed that the Clostridium Difficile (C. Diff) outbreak had been contained. Actions to improve environmental conditions had been implemented.

5.15 It was acknowledged that planning for 7 day services would be a significant focus nationally for the next 12 months. A comprehensive plan would be developed to ensure a senior level decision making presence at weekends. Mr Thompson asked if the Trust should consider a pragmatic approach given the pressures facing the Trust. Dr Tolcher stated that proposals around 7 day working supported the Trust's longer term strategy and there had been no evidence to suggest that services could not be delivered safely. However, Dr Tolcher also confirmed that provision of services required analysis on a specialty by specialty basis and this would continue to be undertaken within the context of the clinical network. Mr Harrison also confirmed that there were some services (for example, diagnostics) which could be provided by strengthening and formalising systems to support partnership working and networks.

5.16 Mr McLean asked if the appointment of Consultants in Community Paediatrics, Neurology and Haematology were new or replacement staff. Dr Lyth confirmed that the appointments were new to the teams and provided additional robustness and resilience to the services. It was agreed to include detail of the requirement for appointments and their status in future reports.

ACTION:

- **Circulate the STP correspondence and actions to Board members out-with the meeting – RT**
- **Include details of the status and reasoning for new Consultant appointments in future reports – RT/NL**

6. Integrated Board Report

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

6.1 Mr McLean raised concern regarding identified lapses in adherence to infection prevention and control policies and antibiotic prescribing and review, and requested further clarity. Dr Tolcher confirmed that this referred to cases of C. Diff previously reported wherein a lapse in care had been identified by the Root Cause Analysis. Dr Scullion confirmed that prescribing practices remained strong and any gaps were monitored closely and appropriate action taken.

6.2 Mrs Taylor noted the reduction in timeliness of completion of Root Cause Analysis investigations. Mrs Foster confirmed that there had been no issues of concern and delays resulted from workload pressures. Response times would continue to be monitored. Mrs Foster also referred to a paper available in the 'Reading Room' to Board members, which would provide further clarity on antibiotic stewardship and environmental issues. Mrs Webster also confirmed that the Quality Committee continued to monitor performance in this area on behalf of the Board.

6.3 Mrs Dodson referred back to the challenges related to C. Diff in-year and suggested an overarching review of last year's performance. Dr Tolcher suggested that appropriate oversight and governance was in place to monitor performance and learning, including: the Infection Control Group; attendance of the Director for Infection Prevention and Control (DIPC) at Senior Management Team; and assurance reporting to the Quality Committee. It was agreed that learning from cases and action planning during 2015/16 be included in the annual report from the DIPC to provide additional assurance to the Board of Directors.

6.4 Dr Tolcher referred to the harm free percentage for February as 97.9%, which reflected the highest ever percentage reported by the Trust. The Board acknowledged the significant achievement, particularly in light of the workforce challenges and operational pressures over the last 12 months.

6.5 Mr Harrison noted the lack of RAG (red, amber, green) rating for the metrics related to avoidable admissions and reducing readmissions in older people, and stated that further information would be required to track progress following extension of the pilot work into wider localities. Further information on impact and the ability to track progress would be available from Quarter 2 2016/17.

6.6 Following an intention from the commissioners to allocate fines to the value of £10k per case for lapses of care related to C. Diff cases, Mr Coulter confirmed that fines should only be incurred for any cases above 12 in-year. The Trust's current position remained as 7 cases; the commissioners had been informed of the current position. Mr Harrison provided clarity of the Red rating for Infection Control due to performance exceeding trajectory of three cases per month (with the Trust reporting 4). It was anticipated that the Quarter 4 position would revert to Green.

6.7 Mr Thompson referred to the Green rating for complaints, but noted a spike in performance for February. Mrs Foster commented that a similar spike was noted for February in 2014/15 and that performance for 2015/16 overall would demonstrate a reduction in the number of complaints.

6.8 Mr Ward asked for clarity on the thresholds for Serious Incidents Requiring Investigation (SIRIs) and Never Events (NEs). Dr Tolcher confirmed that the threshold for the Trust for both was '0' and any reported SIRIs or NEs would result in a Red rating. Dr Tolcher agreed to reflect and review the thresholds to consider Amber rating for SIRI's and the inclusion of month on month performance.

6.9 In response to a query from Mr McLean regarding appraisal rates, Mr Marshall confirmed that information and training on the new values based appraisal methodology had been shared at directorate level and positive feedback had been received. Dr Tolcher queried the target of 85% and it was agreed to clarify this.

6.10 Mr Harrison noted that the information governance introduction and beginners guide modules for mandatory training on page 6 should be Amber rated, not Green.

6.11 With regard to the Maternity Caesarean Section rate performance, Mrs Webster noted the reduction in the rate of 3rd and 4th degree tears and whilst positive, requested clarity as to whether performance related to all births, and asked for detail regarding the threshold for strong performance. Dr Scullion confirmed that performance related to vaginal births only. 3% equated to approximately 42 of 1400 births which represented slightly higher than average. The Trust had observed a reduction in numbers as a result of additional training in instrumental deliveries, introduction of water births and episiotomy.

6.12 Mr Ward referred to the calculation of theatre utilisation performance and requested clarity regarding the exclusion of operating lists planned not to go ahead due to leave. Mr Harrison confirmed that performance only related to procedures scheduled to proceed, but confirmed that an additional metric would be included to reflect the proportion of available theatre sessions used and not used, to provide more understanding on utilisation of the asset.

6.13 Professor Proctor requested further detail regarding the increase in delayed transfers of care. Mr Harrison confirmed that delays had been a result of the lack of availability of trained nurses to undertake assessments following positive screening. Concerns had been raised with the commissioners. Mrs Webster asked if the Vanguard work could support these challenges. Mr Harrison stated that the Trust was exploring a move to a 'discharge to assess' model via partnership working with social care.

6.14 Mr Harrison noted strong operational performance particularly related to Referral to Treatment Times (RTT) and the positive impact on RTT performance on STP plans.

6.15 With regard to Cancer 62 day wait for treatment from GP referral, Mr McLean asked for further information on the four areas where performance had been below 85%. Mr Harrison confirmed that the areas related to tumour sites and reflected extremely low patient numbers. Actions to address challenges related to lung pathways continued to be explored with leads at tertiary centres. Dr Scullion emphasised the impact of complexities of patient pathways when treatment spanned multiple providers.

6.16 Mrs Dodson highlighted the importance of seeing patients as individuals and the Trust would endeavour to avoid patients waiting for treatment first and foremost. Mr Harrison and Dr Scullion provided assurance that individual breaches were reviewed and an ongoing rapid process improvement workshop was in place.

ACTION:

- **Additional information on learning from cases of C. Diff and associated action planning during 2015/16 to be included in the annual report from the – JF/JC**
- **Reflect and review the thresholds related to SIRIs and NEs to consider Amber rating for SIRIs and the inclusion of month on month performance – RT**
- **Seek clarity on the target compliance rates for appraisal completion – PM**

7. Report by the Director of Finance

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

7.1 The Trust reported a surplus in February of £90k, £144k ahead of plan. The positive position had been due to acute clinical activity, supported by positive variances in relation to pay and drug expenditure. Agency expenditure had reduced to 2.5% of pay.

7.2 Mr Coulter advised that the Trust would be reporting a Risk Rating of 3. The Trust had a positive cash position of £9.7m, £1.6m ahead of plan, due to the beneficial phasing of contract income from HaRD CCG. The underlying cash position remained behind plan. In terms of the year-end, mobilisation funding had been received in March to offset costs incurred. In addition, the work undertaken by Oceans Blue in relation to e-rostering had quantified time owed and a plan would be developed to recover costs.

7.3 Mr Ward asked if the budgets set for 2016/17 were realistic given expenditure during 2015/16. Mr Coulter stated that the budgets had been felt to be realistic going forward.

7.4 Mr Thompson emphasised the importance of agreeing the contract with CCGs in terms of impact on cash management for the coming year. Mr Coulter confirmed that an agreement had been made to pay the contract in eighths with an early payment in April, regardless of whether a final contract was in place. This would ensure liquidity was built into the system.

7.5 Following a query from Dr Tolcher regarding costs relating to Durham, Darlington and Middlesbrough contracts, Mr Coulter confirmed that payments from Middlesbrough had now been received.

7.1 Cost Improvement Plan (CIP) 2015-16 and 2016-17 Updates

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

7.1.1 Performance against the CIP in 2015/16 remained extremely positive with £10m of plans actioned in directorates, representing the full year effect of plans that were in place. Schemes were in place for 102% of the full year target following risk adjustment.

7.2 Operational Plan 2016-17

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

7.2.1 Mr Coulter confirmed that the draft Operational Plan had been submitted on 8 February 2016. The Board previously agreed to plan for the delivery of a financial control total of a surplus of £6.8m for 2016/17. Mr Coulter reported a slight amendment to the control total following correspondence issued in March, to ensure that the impact of donated income would be included within the overall control total. The revised control total would now be £7m.

7.2.2 Mr Coulter confirmed the key risk remained the pending contract negotiations between the Trust and the CCG as the final offer made by the CCG fell considerably short of the income expectation based on activity modelling. The Trust's plan had also assumed system resilience funding which the CCG currently had not included as this was a non-contractual matter. The community services element of the contract remained a block contract, with the CCG proposal significantly lower than the 2015/16 cost.

7.2.3 The Trust had requested the detail of the CCG financial plan and a response had yet to be received. The national timetable requested agreement of contracts by 31st March, but it was acknowledged that this was now unlikely. Mr Coulter referred to the opportunity to develop 'Heads of Terms' by the end of March which could be used to assist in agreement of the contract. Board members were notified of the defined process of mediation and arbitration should no agreement be reached by the end of April.

7.2.4 Feedback from Monitor following submission of the draft Operational Plan in February highlighted no issues of concern.

7.2.5 Mr Ward asked whether any action could be taken immediately to avoid a process of arbitration. Mr Coulter stated that both organisations were keen to avoid arbitration where possible. Dr Tolcher suggested that the Trust had taken a strategic, evidence based view when developing assumptions related to activity. It was important to reflect on the potential impact of being unable to agree the contract on other strategic activity including the development of STP plans and the New Care Models Vanguard work.

7.2.6 The Board of Directors noted: the ongoing work to finalise the Operational Plan for 2016/17; the Quality Priorities for 2016/17; and the current position in relation to the contract with HaRD CCG.

7.2.7 Board members were asked to note some outstanding issues in the plan related to contract negotiations and workforce planning for the Vanguard. It was agreed that an extraordinary meeting of the Board of Directors would be arranged to formally approve the plan prior to submission on Monday 11th April.

APPROVAL:

- The Board of Directors approved the Summary Financial plan to allow the issuing of budgets prior to 1 April 2015, and the Summary Capital Plan for 2016/17
- The Board of Directors approved the recommendation from Audit Committee that the HDFT 2015/16 Accounts should be prepared on a Going Concern basis

ACTION:

- An extraordinary Board meeting to be arranged to formally approve the Operating Plan prior to Monitor submission on Monday 11th April – DH

7.3. Licence Agreements

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

7.3.1 Following the successful award of the Children's Services' contracts in the localities of Durham, Darlington and Middlesbrough, and the forthcoming transfer of staff on 1st April 2016, Mr Coulter requested that the Board approve delegated authority to the Chief Executive and Chairman to enter into lease and licence agreements for accommodation associated with the contracts.

7.3.2 Mr Thompson asked if a risk should reside on the Board Assurance Framework and Corporate Risk Register related to third party properties as a result of the contracts. Mr Harrison confirmed that a due diligence exercise had been undertaken with regard to properties as part of the tender process. It was confirmed that the transfer of properties would not impact on the current risk level reported.

APPROVAL:

- The Board approved delegated authority to the Chief Executive and Chairman to enter into lease and licence agreements with Durham, Darlington and Middlesbrough Councils for occupancy of the premises associated with the 0-19 Children's Services in Durham, Darlington and Middlesbrough

8. National Staff Survey 2015

8.1 Cheryl Kershaw, Director of Surveys and Research from Capita, attended the Trust Board to deliver a presentation on the Trust's results of the NHS Staff Survey 2015. It was noted that 2015 represented the first year that HDFT was assessed within the combined acute and community Trust's peer group.

8.2 It was reported that of the 32 Key Findings, 23 had been rated better than average (of which 2 achieved the best score nationally for combined Acute and Community Trusts), 8 had been rated as average, and 1 rated worse than average (percentage of staff experiencing physical violence from patients, relatives or the public). The Overall engagement score had been better than average and had improved since 2014.

8.3 Mr McLean asked if there was a threshold based on length of service. It was confirmed that information could be analysed at this level. It was also confirmed that Trusts had the ability to benchmark themselves against all providers.

8.4 Mr Thompson noted in previous years a metric had been included regarding incidents of physical violence against staff from colleagues. It was confirmed that this had been included although results had not been statistically significant in terms of difference from the previous year.

The Board thanked Cheryl Kershaw for attending the meeting.

9. Report by the Director of Workforce and Organisational Development

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

9.1 Mr Marshall reported on the positive response received from the mental health resilience training which had been reflected in the results of the 2015 National Staff Survey. The next steps would be collation of the results with the Staff Friends and Family Test after which, results would be disseminated at directorate level for action.

9.2 Mr Marshall briefed the Board on the significant work undertaken as part of the implementation of the new Durham, Darlington and Middlesbrough contracts. Consultation continued with staff and union representatives with regard to the TUPE transfer as part of the implementation arrangements. There had been positive feedback regarding the management support during transfer.

9.3 Agreement had been confirmed for County Durham and Darlington NHS Foundation Trust to continue to provide a payroll service in April 2016. HDFT would then provide the service from 1 May 2016. South Tees NHS Foundation Trust and the HDFT's local mobilisation team had agreed the same process.

9.4 With regard to the planned Junior Doctor industrial action for 6 and 7, and 26 and 27 April, the Trust remained committed to ensuring minimum disruption for patients whilst respecting the rights of junior doctors during this time. Following agreement with British Medical Association representatives, the Trust had arranged listening events to discuss current concerns and potential changes required to implement the new contract. The development of approximately 150 job plans would be required between April and August and additional resource had been secured to facilitate this. The Operational Contingency Group would develop plans for the forthcoming industrial action to ensure all services remained safe.

9.5 Mr Harrison highlighted the likelihood of cancellations to elective care activity during the period. Mrs Webster asked how many junior doctors chose to support industrial action. This was confirmed as 98% of those eligible and Dr Scullion stated that correspondence had been sent to Consultants requesting an indication of numbers, however, the Trust would prepare for maximum walk-out as a contingency.

9.6 Mr McLean asked what support would be given to those who chose to work during the industrial action. Mr Marshall suggested working through the impact of a full walk-out and developing communications and support at that time. Dr Tolcher noted that the Trust supported the right to take action, but would continue to strongly support and promote the Trust values. The Trust would make a commitment to talk to junior doctors to understand their position and continue to provide this support leading up to, and throughout the period.

9.7 In terms of job planning, strong Internal Audit assurance was received related to policies for job planning, and processes continued to be a key focus of the Clinical Transformation Programme. Operational Directors stated that the Directorates continued to meet with Consultants to undertake job planning. Escalation processes were being worked through.

9.8 Mr Marshall referred to discussions with trade union colleagues with a specific remit for representation of community based staff. The discussions had focused on the best way to ensure staff in community settings felt engaged with the Trust. A questionnaire would be distributed to community staff to determine improvements that could be made. An invitation had also been extended to trade union colleagues to become more involved with monthly meetings to ensure the voice of the community staff would be prominent in any discussions regarding staff engagement.

9.9 Mr Thompson applauded the work undertaken particularly within the community workforce and asked if signage for the Community Wheelchair Service could be improved to become more permanent. Mr Harrison confirmed that the issues had been acknowledged and work was ongoing.

9.10 Mrs Dodson noted her disappointment at the decline in 2015/16 Flu Vaccine uptake in comparison to the previous two years. Mrs Foster confirmed that there had been a reduction nationally. The challenge for 2016/17 under a CQUIN target would be the achievement of as close to 75% as possible. Initiatives would include nasal vaccines however, it was acknowledged that other initiatives had been in place in 2015/16 and the decline reflected individual choice.

10. Oral reports by Directorates

Urgent, Community and Cancer Care

10.1 Mrs Crewe reported that staff engagement within the Directorate related to New Care Models Vanguard had demonstrated a high level of enthusiasm. Mrs Dodson requested that an update on engagement and the new locality work be included on the agenda for the Board to Board meeting in May.

ACTION:

- **To include an update on New Care Models Vanguard to the Board to Board meeting in May – JC**

Elective Care

10.2 Mrs Barron reported risks within the Directorate related to capacity issues and use of agency staff. The team continued to deliver elective activity and ensure maximisation of all opportunities.

10.3 With regard to theatre staffing, gaps had been identified and the development of a strategy to ensure effective workforce planning in theatres was underway.

Integrated Care Directorate

10.4 Dr Lyth referred to the development of comprehensive key performance indicators as part of the new Children's Services contract. Several indicators focused on public health and the majority of indicators did not currently outline specific metrics or trajectories. A request had been received from commissioners to gather data with a view to demonstrate improvement given the absence of national benchmarks at the current time.

10.5 Dr Lyth referred to the 85% target for antenatal checks and suggested that the indicator had originally been set too high and steps were being taken to adjust the indicator in light of intelligence from across the North Yorkshire region. Mrs Dodson emphasised the need to gather intelligence as soon as possible to enable the Board to understand objectives and achievements over time. Dr Tolcher noted the work involved to establish data sets and the need to ensure a forensic approach to scrutinise data to ensure realistic and appropriate targets and expectations.

10.6 Initial detail of data sets had been positively received by Durham, Darlington and Middlesbrough colleagues. The commissioners had also replied to note their support for the development of a separate vaccine team for Children's Services across North Yorkshire.

10.7 Dr Lyth noted the focus on agency spend and confirmation of formal agreements. With regard to gastroenterology, recognition of ways of working for the two Consultant teams had progressed, and regular walk rounds were now in place providing increased consistency within the service.

10.8 Teams continued to work hard on the mobilisation programme and Mr Harrison noted that management teams had reacted positively to the transfer. It was agreed to arrange a presentation providing an update following the transfer of services to the Council of Governors at the Board to Board session in May.

ACTION:

- **To include an update on Durham, Darlington and Middlesbrough Children's Services to the Board to Board meeting in May – RH**

11. Report by the Chairman of the Quality Committee

11.1 Mrs Webster reported on the March meeting and commented on the improved format of the Quarter 3 Patient Experience and Incident Report in terms of data and information. The Committee requested a review of the Trust's target for completion of actions and deadlines within timescale. It was suggested that the current target of 75% be moved to 100%. A further update would be provided at the April meeting.

11.2 The Committee had been briefed on the outbreak status of C. Diff and received assurance on the plans developed to manage the outbreak.

11.3 Mrs Webster reminded the Board that both Deloitte and Care Quality Commission had been in attendance at the meeting to observe as part of the Well Led Governance Review (WLGR) and CQC review respectively. The Committee recognised the value of implementing a number of the recommendations following the WLGR. It was agreed that the Quality Committee would retain responsibility for oversight of external reports received, and the methodology of review would remain unchanged.

11.4 The Committee had been briefed with regard to the risk in relation to achieving 95% compliance on Information Governance training and a further update would be provided later in the Board meeting under item 14.

12. Report by the Medical Director

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

12.1 Dr Scullion informed the Board that the response to the data collection exercise on potential avoidable mortality in acute Trusts had not yet been received.

12.2 Dr Scullion reported that the audit to assist in the collection of data to support a national baseline for the key 7 day working clinical standards had commenced. The audit was being overseen by the Health and Social Care Information Centre and involved a case note audit of up to 280 acute admissions over a defined 7 day period. The outcome of the audit would be expected at the end of Quarter 1 2016/17.

12.3 Dr Scullion briefed the Board on the process for GIRFT implementation (Getting it Right First Time). A GIRFT dashboard would be provided to all Acute Trusts in April/May containing an up to date data set and benchmark comparison with peer organisations. It was anticipated this would trigger an internal Orthopaedic review around relevant performance and practice adjustments in relation to optimum numbers of procedures, implant selection and infection rates. The Trust was expected to receive the data in June and an analysis would be undertaken by the Orthopaedic Team to identify any actions which may require implementation.

12.4 Dr Scullion referred to a planned meeting with Professor Sean Duffy (Strategic Lead for Cancer Services for the Leeds Cancer Centre) to discuss the establishment of system leadership and implementation of an integrated approach to cancer strategy which crossed the boundaries of the New Care Models. The initiative represented a regional approach to provide proof of concept for a West Yorkshire Cancer Alliance to allow both commissioners and providers to agree and deliver a joint strategic programme of work on cancer, in line with the objectives of local health systems to develop STPs.

12.5 Mr McLean referred to the Trust's ranking of 47 out of 230 Trusts regarding organisational reporting culture, and asked what actions had been put in place to improve the position. Dr Tolcher stated that the ranking reflected results from the National Staff Survey and NRLS submissions, and noted the Trust's ambition to be in the top 20% for all measures. Dr Tolcher reassured Board members that HDFT reported no 'red flags' and that culture in terms of reporting and patient safety continued to improve. Further information would be reported to the Board over the next 12 months as part of the implementation of the Quality Charter. Dr Scullion also noted that the Trust had a culture which viewed incident reporting positively, continually reinforced by raising awareness throughout the organisation via management teams and ward managers. Mrs Dodson suggested learning from top performing organisations to improve patient safety culture even further.

13. Report by the Chief Nurse

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

13.1 Mrs Foster provided an update following Director Inspections with all areas demonstrating improvement following review visits. No Patient Safety Visits had taken place in February and March and the Patient Safety Visit Programme for 2016/17 was under development and would be circulated to Board members for populating.

13.2 The nurse recruitment campaign continued and included attendance at open days at Bradford University and York University which promoted HDFT as an employer of choice. 35 student nurses had committed their future to the organisation in September. 17 of the 35 attended the 'keep in touch' event which focused on commencing employment and the Trust preceptorship programme. A further event had been arranged to take place in July.

13.3 Mrs Foster confirmed that 10 Registered Nurses had been provided with start dates, 10 had been provided with recruitment commencement dates and a further 12 interviews were planned. A recruitment day would take place on 23 April 2016 in the hospital and further dates have been arranged for the rest of the year.

13.4 Mrs Dodson and Mr Ward requested a breakdown of actual staffing numbers to be included in future reports. It was agreed to produce these figures based on overall numbers at Directorate level alongside month on month comparison.

13.5 Dr Tolcher confirmed the principle area of risk related to in-patient medical wards and queried the current position with regard to ward clerks. Mrs Foster confirmed that the current gap resulted from sickness absence not vacancies. Dr Tolcher suggested stronger contingency planning to address ward clerk absence.

13.6 Professor Proctor referred to the Quality Priorities, noting that care for frail elderly patients remained a priority on the Board Assurance Framework but had not been included in the 2016/17 priorities. A more detailed discussion at the Quality Committee was requested with regard to progress. Mrs Dodson confirmed that Quality Committee had been delegated responsibility for oversight of all Quality Priorities and the methodology by which assurance is gained should be discussed and agreed by the Committee at the April meeting. Mrs Foster, supported by Mrs Barron, confirmed that the development of a strategy for frail elderly care had been highlighted as an objective for 2016/17. Mrs Foster reassured the Board that priorities from 2015/16 would still receive appropriate oversight for the coming year.

13.7 Following initial feedback from the CQC visit, Mrs Foster reported that detailed work was being undertaken to develop additional skills for care support workers to support junior doctors, principally around venepuncture and cannulation, 7 days per week. Plans were in place to support training and develop competencies.

13.8 Following the identification of the Emergency Department as a safety hot spot, support roles had been successfully recruited and training was nearing completion.

13.9 Mrs Foster briefed the Board on the development of a task and finish group to oversee support for wards and departments to ensure joined up working of the phlebotomy and ECG services.

13.10 With regard to tea time volunteers, Mrs Foster reported that approximately 40 volunteers had been trained in patient hand hygiene. The role was being received positively by patients, staff and the volunteers.

13.11 Mr Thompson thanked Mrs Foster for the detailed information regarding nurse staffing and suggested the inclusion of a retrospective statement from her as Chief Nurse that there had been no safety incidents as result of unsafe staffing in future reports.

ACTION:

- **Circulate the Patient Safety Visit Programme to Board members – JF**
- **Actual nurse staffing numbers overall and at directorate level to be included in future reports, including month on month comparisons – JF**
- **Discussion at Quality Committee regarding process for ensuring oversight of Quality Priorities from the current year as well as 2016/17 priorities – JF**
- **Inclusion of a retrospective statement from the Chief Nurse in future reports providing assurance on safe staffing levels – JF**

14. Report by the Chief Operating Officer

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

14.1 Mr Harrison was able to confirm that the Trust achieved 95% compliance for Information Governance training for 2015/16 and would therefore, submit full compliance with the Information Governance Toolkit on 31st March.

14.2 With regard to stroke thrombolysis, Mr Harrison reported that all nine eligible patients were thrombolysed in Quarter 3, but only one (11%) within an hour. The average time to thrombolysis was 1 hour 40 mins. It was acknowledged that improvement would be required and work continued to prioritise development in this area.

14.3 Mrs Dodson asked when information would be available on the sustainability review of Acute Stroke Services. Mr Harrison confirmed that the review had considered HDFT 'at risk' in terms of hyper-acute stroke service, due to a lack of stroke physicians across the Yorkshire and Harrogate region. HDFT employed four physicians who also contributed to a regional rota. Mr Harrison confirmed that the Trust would continue to work with colleagues in Leeds regarding further provision of Hyper Acute Stroke Service over the next 18 months. Mr Harrison also provided assurance that the issues would not impact on the Trust's acute status.

APPROVAL:

- **The Board approved the submission of the Information Governance Toolkit for 2015/16**

15. Report from the Chairman of the Audit Committee

Mr Thompson's report had been circulated prior to the Board and was taken as read.

15.1 Mr Thompson reported that following consideration of financial and operational conditions relevant to a decision as to whether it was appropriate to prepare the annual financial statements on a "going concern" basis, the committee confirmed its recommendation to the Board to prepare the 2015/16 accounts on a Going Concern basis.

15.2 The committee discussed the process to be adopted for the appointment of the Trust's external auditors. It was agreed that the process should be delayed until Quarter 2. Mrs Dodson reminded the Board that responsibility for the appointment of external auditors laid with the Council of Governors and the proposal to delay the appointment until Quarter 2 would require approval from the full Council in May.

15.3 Mr Thompson confirmed his position on a Project Board overseeing the merger of North Yorkshire Audit Services and West Yorkshire Audit Consortium.

15.4 Mr Thompson reported that the Trust's performance in implementing the recommendations made by Internal Audit had been higher than any other organisation that utilised North Yorkshire Audit Services. The use of electronic recommendation tracking had been particularly successful.

ACTION:

- **Approval be sought from the Council of Governors at the May meeting to delay the external auditor appointment process until Quarter 2 2016/17 – DH**

16. 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

Mrs Dodson and Dr Tolcher confirmed that there were no issues to report.

17. Freedom of Information (FOI) Annual Report

Mr Forsyth's report had been circulated prior to the Board and was taken as read.

17.1 Mr Forsyth reported a reduction in figures for FOI requests responded to within the 28 day timeframe. This had been due to staffing pressures within the corporate team. A significant number of requests related to IT and requests for commercial information. Exemptions had been applied where appropriate however, additional pressure on staff to respond to these requests was acknowledged.

17.2 Mrs Taylor suggested providing more information publicly on the website to address the issue of repeat requests. Mr Forsyth noted that requests could often be very specific however, Ms Henderson, as part of the corporate services remit, would explore further options to ease the burden of FOI requests in the coming year.

18. Any other Business

18.1 It was acknowledged that the meeting represented Mr Forsyth's final Board meeting as Interim Head of Corporate Affairs. Mrs Dodson, on behalf of the Board, took an opportunity to thank Mr Forsyth for his professional and sterling work over the past 19 months and wished him well in his new role within the Workforce and Organisational Development team.

19. Board Evaluation

Mrs Dodson asked what issues had had most impact and what would be taken forward. Mr McLean stated that he found the Chief Executive's overview of the changing NHS environment, structures and interrelationships helpful. It was suggested that a visual document outlining this would have been beneficial.

The Board felt it was good hear progress around new services which provided significant assurance to the Board, particularly on workforce issues. The presentations on Research and Development and the results of the Staff Survey were also very positive and welcomed by the Board.

The Patient Story was felt to be overwhelmingly positive in terms of the competence of frontline staff.

Mrs Dodson closed the meeting by emphasising the Board's endorsement of the Trust's position on the contract negotiations.

20. 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 1.15pm

Report Status: Open

EXTRAORDINARY MEETING OF THE BOARD OF DIRECTORS

Minutes of the Board of Directors' meeting held on Friday 8 April 2016 at 1.30pm in the Boardroom, Harrogate District Hospital, Lancaster Park Road, Harrogate.

Present: Mrs S Dodson, Chairman
Dr R Tolcher, Chief Executive
Mr J Coulter, Director of Finance and Deputy Chief Executive
Mrs J Foster, Chief Nurse
Dr D Scullion, Medical Director
Professor S Proctor, Non-Executive Director
Mr C Thompson, Non-Executive Director
Mr I Ward, Non-Executive Director
Mrs L Webster, Non-Executive Director

In attendance: Mrs J Harrison, Deputy Director of Workforce & Organisational Development (representing Mr Phillip Marshall)
Mr J Mckie, Deputy Director of Finance
Mr P Nicholas, Deputy Director of Performance and Informatics
Ms D Henderson, Company Secretary (Minutes)

1. Welcome and Apologies for Absence

Apologies for absence had been received from: Mrs M Taylor (Non-Executive Director), Mr McLean (Non-Executive Director), Mr R Harrison (Chief Operating Officer) and Mr P Marshall (Director of Workforce & Organisational Development)

Mrs Dodson welcomed everyone to the meeting, the purpose of which was to ratify the Operational Plan 2016/17 for submission to NHS Improvement. Mrs Dodson encouraged everyone to take an opportunity to comment on the draft Operational Plan.

2. Purpose of the Meeting

2.1 Mr Coulter noted the purpose of the meeting was to approve the plan and associated self-certification documents for submission to NHS Improvement. Mr Coulter informed the Board that the original deadline for submission of Monday 11th April 2016 had since been extended and the submission date would now be 18th April 2016.

2.2 Mrs Dodson clarified that approval made by the Board at the meeting would result in the submission of the Operational Plan 2016/17 on 18th April 2016, and any significant developments on contract negotiations that would amend the plan would be communicated out-with the meeting and discussed at the Finance Committee on 18 April prior to submission.

3. Discussion re Operational Plan for 2016/17

The draft letter to the Senior Regional Manager at NHS Improvement and the draft Operational Plan 2016/17 had been circulated in advance of the meeting and was taken as read.

3.1 Mr Coulter referred to the draft letter to NHS Improvement which referenced the continuance of the contract negotiations between the Trust and Harrogate and Rural District CCG (HaRD CCG). The letter confirmed that the Trust would submit the plan accepting the conditions in relation to the release of Sustainability and Transformation Funding. The conditions had been noted as: deficit reduction in line with the control total; access standards as currently submitted; and progress against transformation. NHS Improvement responded to the Trust's request for clarity on the process for monitoring agency caps to confirm that metrics had not yet been finalised.

3.2 Mr Coulter confirmed that NHS Improvement had been comfortable with the Trust's activity assumptions, and following feedback, further adjustments had been made to reclassify the income in relation to the Durham, Darlington and Middlesbrough contracts. NHS Improvement also recognised that contract negotiations remained outstanding.

3.3 Mr Coulter referred to page 19 and 20 of the Operational Plan and the contracting position table, specifically the community line. The commissioners had reported that the contract offer for community would be £11.4m not £12.4m as previously offered. This resulted in an increase in risk from £0.4m to £1.4m.

3.4 The CCG had stated that there would be no Systems Resilience Group (SRG) funding available. To mitigate the SRG funding risk, the Trust agreed with the CCG to undertake an audit of readmissions to determine whether they had been unavoidable (and therefore paid for) or due to a lapse in care (which should not be paid for). The Trust was currently deducted over £0.9m in relation to readmissions from HaRD CCG, and the expectation was that following the audit, the deduction would be reduced by more than the potential loss of SRG funding.

3.5 In relation to the acute contract, Payment by Results (PbR) remained the contractual mechanism and therefore the risk to the plan would be one of cashflow rather than income. The Trust and HaRD CCG had agreed a payment profile of 1/8ths of £90m to mitigate the risk and reduce the impact on the Trust until the end of the 2016/17 financial year.

3.6 The initial CQUIN proposal from HaRD CCG had been to directly link the scheme to delivery of the CCG's QiPP programme, resulting in no payment being made if the QiPP proposals weren't delivered, effectively transferring the financial risk of £2.5m of the QiPP to the Trust. The Trust had not agreed to the proposal and was committed to agreeing an acceptable, reasonable and achievable CQUIN scheme that remained within the spirit of clinical quality improvement.

3.7 In summary, the Operational Plan 2016/17 included a contractual risk of £1.4m in respect of the community contract. The acute contract offer was below the anticipated activity profile but remained under PbR which mitigated the risk. In the absence of any agreement between the Trust and HaRD CCG in terms of the contract, the next steps would be local mediation or arbitration.

3.8 Mr Thompson expressed concern regarding the apparent conflict of interest and the lack of agreement of a contract and asked if the areas of dispute could be broken down at arbitration stage. Mr Coulter advised that the acute and community lines of the contract would be treated separately, and the SRG funding would not be included in the arbitration process, other than linked to the readmissions audit.

3.9 Should the Trust and the CCG proceed to arbitration, Mr Ward asked for the timeline for the arbitration process. Mr Coulter stated that the process would be completed by mid-May with an outcome several days after the process had completed.

3.10 Dr Tolcher reminded Board members that criteria for success for national funding associated with Sustainability and Transformation Plans would be good system leadership, and arbitration may reflect negatively on the local system. Dr Tolcher also emphasised that the Trust had been as reasonable as possible throughout negotiations.

3.11 Mrs Webster asked if the additional funding required for community services should not be forthcoming, would there be services the Trust would not be able to deliver. Dr Tolcher advised that a discussion would be required with commissioners to ask if there would be any services they would wish to disinvest from. From a safety point of view, the Trust would need to implement caps on activity.

3.12 Mrs Dodson asked how commissioners had evidenced their decision making to divest in services. Dr Tolcher referred to the use of the Right Care Data; national data which looked at spend at a programme level and speciality level. The health system spent more on elective care and orthopaedic work than comparable peers and Dr Tolcher advised that there could be opportunities for efficiencies at Primary Care level.

3.13 Mr Thompson noted that the West Yorkshire Vanguard was referred to under Section 3 and suggested that the local New Care Models Vanguard also be included.

3.14 Mrs Harrison requested changes to Section 7 – Approach to Workforce Planning section of the Plan as follows:

- Page 12, Section 7.4, the inclusion of two further Clinical Transformation Board workstream; Leadership and Strategy; and Productivity Improvement.
- Page 12, Section 7.5 – deletion of the reference to rolling out Rosterpro across the new contract areas in 2016/17.
- Page 15, Section 7.11 – with regard to the risk related to National Contract Negotiation for Junior Doctors and Consultants, Mrs Harrison confirmed that the Terms and Conditions had now been published and the Trust was completing an analysis on impact and noted the requirement for inclusion on the Annual Plan Return.

3.15 On page 5, with regard to volume assumptions and the 2% growth in non-elective activity, Mr Mckie clarified that the figures included other CCGs in the area. Mrs Dodson suggested including a footnote to provide clarity.

3.16 On page 22, with regard to the table of capital spend, Mr Thompson referred to the Nuclear Medicine Scanner and suggested including the value to demonstrate how it related to other larger capital funds.

3.17 On page 15, Section 7.11, Mrs Foster suggested the removal of the private providers name from the narrative.

3.18 On page 19, Professor Proctor referred to Directorates Service Pressures and asked if they adequately reflected the nursing pressures evident at the current time. Mr Coulter confirmed that the section referred to service pressures as opposed to cost pressures.

3.19 Professor Proctor asked if the team were confident that there had been no variances causing concern with other commissioning contracts. Mr Coulter confirmed that all other arrangements had been satisfactory and caused no cause for concern.

3.20 Mr Coulter thanked members of the Board for their contribution and asked for the Board's approval to submit the Operational Plan 2016/17 subject to the inclusion of the amendments raised.

3.21 Mrs Dodson suggested that the Board delegate authority to the Finance Committee which would meet on Monday 18th April, the day of submission, to approve any further amendments, particularly with regard to any substantial changes related to contract negotiations. It was agreed to circulate the final Operational Plan 2016/17 on Monday 18th April to all Board members for information.

APPROVAL:

- **The Board of Directors approved the HDFT Operating Plan 2016/17, subject to the amendments detailed in the minutes of the meeting; and**
- **The Board of Directors agreed to delegate authority to the Finance Committee to approve any further amendments, particularly with regard to any substantial changes related to contract negotiations.**

4. Board Declarations/Certificates for Completion

4.1 The Board agreed to delegate authority to Dr Tolcher, Chief Executive and Mr Coulter, Director of Finance as signatories for the statutory declarations and certificates on behalf of the Board of Directors, as follows:

1. Continuity of services condition 7 - Availability of Resources – Agreed
2. Declaration of interim and/or planned term support requirements – Not required
3. Statement of main factors taken into account in making the declaration – Not Applicable
4. Control Total and Sustainability & Transformation Fund Allocation – Confirmed (control total accepted: S&T fund allocation incorporated in the plan)

APPROVAL:

- **The Board of Directors agreed to delegate authority to Dr Ros Tolcher, Chief Executive and Mr Jonathan Coulter, Director of Finance as signatories for the statutory declarations and certificates on behalf of the Board of Directors.**

5. Any Other Business

There was no other relevant business. There being no other business, the Chairman declared the meeting closed.

Date and time of next meeting

Wednesday 27 April 2016, 8.45am, Boardroom, Trust Headquarters

HDFT Board of Directors Actions Schedule – April 2016

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
Integration of Footprint and sustainability to be covered at February strategy session (5.24)	Mr Coulter – Director of Finance	February 2016	Complete
Report back routinely to the Board on outcome of re-inspections after Red Director Inspections (11.2)	Mrs Foster – Chief Nurse	February 2016	Complete
Ensure reviewed and approved Terms of Reference for Audit Committee are in new format (14.1.1)	Secretary to Committee through Mr Thompson – Non-Executive Director	February 2016	Complete
Arrange for briefing on the governance around clinical research trials in the Trust (6.6)	Dr Scullion – Medical Director	February 2016	Complete
Develop overview roadmap for training of staff in cannulation and other basic skills (11.7)	Mrs Foster – Chief Nurse	February 2016	Complete
Full report on results of NHS Staff Survey 2015 (13.2)	Mr Marshall – Director of Workforce & OD	February 2016	Complete
An extraordinary Board meeting to be arranged to formally approve the operating plan prior to Monitor submission on Monday 11th April (7.2.7)	Ms Debbie Henderson, Company Secretary	April 2016	Complete
A discussion to take place at the Quality Committee on processes for ensuring oversight of quality priorities from the current year as well as 2016/17 priorities (13.6)	Mrs Lesley Webster, Chairman of the Quality Committee and Mrs Jill Foster, Chief Nurse	April 2016	Complete
Include details of the status and reasoning for new Consultant appointments in future reports (5.16)	Dr Ros Tolcher, Chief Executive	April 2016	Complete
Prepare report for Board on debtors through Finance Committee (7.6 – Jan 16)	Mr Jonathan Coulter, Director of Finance	April 2016	Complete
Risks around junior doctor industrial action to be reflected on Directorate Risk Registers (5.7 – Feb 16)	Mr Alldred – Clinical Director, UCC Dr Johnson – Clinical Director, EC	April 2016	Complete – risk documented on all registers

Item Description	Director/ Manager Responsible	Date of completion/progress update	Confirm action Complete
	Dr Lyth – Clinical Director, IC		
Identify measures to improve patient choice of meals and process for meal following patient if latter moved (12.8 – Feb 16)	Mr Robert Harrison, Chief Operating Officer	April 2016	Complete
Inclusion of an additional metric in the IBR to reflect the proportion of available theatre sessions used and not used (6.12 – March 16)	Mr Robert Harrison, Chief Operating Officer	April 2016	Action complete – included on IBR
Seek clarity on the target compliance rates for appraisal completion (6.9 – March 16)	Mr Phillip Marshall, Director of Workforce & Organisational Development	April 2016	Complete – confirmed the Trust's target as 85% for appraisal compliance
A letter of thanks and acknowledgement to be sent in response to the patient letter on behalf of the Board (March 16)	Mrs Sandra Dodson, Chairman	April 2016	Complete
Bring report to Board through Quality Committee to demonstrate that GP OOH service is safe for patients (6.8 – January 16)	Mr Alldred – Clinical Director, Urgent Community and Cancer Care	April 2016	Complete – verbal update to be provided at April meeting
Reflect trend in recruitment processes over last 12 months in routine Report (11.4 – January 16)	Mrs Jill Foster, Chief Nurse	April 2016	Complete – included in CNs report
Actual nurse staffing numbers overall at directorate level, and month on month comparisons to be included in future reports including (13.4 – March 16)	Mrs Jill Foster, Chief Nurse	April 2016	Complete – included in CNs report
The Patient Safety Visit Programme to be circulated to Board members (13.1 – March 16)	Mrs Jill Foster, Chief Nurse	April 2016	Complete
Circulate STP correspondence/objectives to Board members (5.3 – March 16)	Dr Ros Tolcher, Chief Executive	April 2016	Complete – detailed in CEO Report

HDFT Board of Directors Actions Schedule – Outstanding Actions

April 2016

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	Completion date	Detail of progress
1	February 2016	Develop process for improving patient feedback on quality of care (12.6)	Mrs Foster – Chief Nurse	April 2016	
2	March 2016	Reflect and review the thresholds related to SIRI's and NEs to consider Amber rating for SIRIs and the inclusion of month on month performance (6.8 – Mar 16)	Dr Ros Tolcher, Chief Executive/ Dr David Scullion, Medical Director	April 2016	
3	November 2015	Report on number of emergency and elective Caesarean sections performed (6.6)	Dr Johnson – Clinical Director, Elective Care Directorate	May 2016	
4	March 2016	To include an update on New Care Models Vanguard and DDM Children's Services Contracts to the Board to Board meeting in May (10.1 & 10.8)	Mr Jonathan Coulter, Director of Finance and Mr Robert Harrison, Chief Operating Officer	May 2016	
5	March 2016	Approval be sought from the Council of Governors at the May meeting to delay the external auditor appointment process until Q2 16/17	Ms Debbie Henderson, Company Secretary	May 2016	
6	March 2016	Submission of a Research and Development Strategy for Board approval	Dr Alison Layton - Associate Medical Director for Research	June 2016	
7	January 2016	Update Board on progress with EDS2 action plan (11.10)	Mrs Foster – Chief Nurse	July 2016	
8	January 2016	Board to review Strategic KPIs on biannual basis (7.15)	Mr Coulter – Director of Finance	July 2016	
10	January 2016	Review and revise questions in annual Audit Committee survey (14.1.3)	Mr Thompson – Chair Audit Committee – Non-Executive Director	November 2016	
11	March 2016	Additional information on learning from cases of C. Diff and associated action planning during 2015/16 to be included in the annual report (6.3)	Mrs Jill Foster, Chief Nurse	February 2017	

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Report to the Trust Board of Directors:	Paper No: 5.0
Title	Board of Director Terms of Reference
Sponsoring Director	Mrs Sandra Dodson, Chairman
Author(s)	Mrs Sandra Dodson, Chairman Ms Debbie Henderson, Company Secretary
Report Purpose	To conduct the annual review of the Board of Director's Terms of Reference

Key Issues for Board Focus:

The Board is required to undertake an annual review of its Terms of Reference to ensure that it is conducting its business appropriately and in accordance with them. An annual review also ensures that they remain up to date with the current Board structure and relevant legislation and best practice.

Key changes to the Terms of Reference are:

- Further detail on the Quality and Performance section to include reference to clinical effectiveness, patient safety and patient experience; reviewing management performance; and overseeing delivery of planned services.
- Streamlining of the governance section to make clearer the Board's responsibility on the overall governance of the Trust.
- Inclusion of a separate risk management section.
- Inclusion of a 'notice of meetings' and 'meeting administration' section.
- Further detail on Board committee structures and reporting lines.

Related Trust Objectives

1. To deliver high quality care	Yes. Provision of robust governance processes and oversight to support the Board in fulfilling its role to provide leadership, and ensure the achievement of the overall Trust's strategic objectives.
2. To work with partners to deliver integrated care	
3. To ensure clinical and financial sustainability	

Risk and Assurance	The Terms of Reference provide assurance that the Board has clarity on its collective role and responsibilities, and the associated accountability as a unitary Board.
Legal implications/Regulatory Requirements	This review complies with the regulatory requirement to examine the Terms of Reference on an annual basis.

Action Required by the Board of Directors

The Board of Directors are asked to review and **approve** the Terms of Reference.

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HDFT Board of Directors

Terms of Reference

Harrogate and District NHS Foundation Trust is independent organisation with accountable relationships including the Foundation Trust membership, public, regulatory bodies and commissioners. The Board of Directors reports to the Council of Governors that represents the membership of the Trust.

Comment [DH1]: Removed - Constitution reflects accountability arrangements.

The general duty of the Board, and of each director individually, is to promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole and for the public.

Comment [DH2]: Maintained

These terms of reference describe the role and working of the Board of Directors and are for the guidance of the Board and for the information of the Trust as a whole. Within this document the following references apply:

Comment [DH3]: Removed

- 'The Trust' means Harrogate and District NHS Foundation Trust; and
- 'The Board' means the Board of Directors of Harrogate and District NHS Foundation Trust.

Membership

Comment [DH4]: Maintained

The Trust has a unitary Board of Directors which exercises all the powers of the Trust on its behalf, but the Board may delegate any of those powers to a Committee of Directors or to an Executive Director.

In accordance with the Trust's Constitution, the composition of the Board of Directors shall be:

- The Chair of the Trust
- A minimum of six Non-Executive Directors (including the Vice Chair and the Senior Independent Director of the Trust)

Executive Directors including:

- The Chief Executive (the Chief Accountable Officer)
- The Finance Director (the Chief Finance Officer)
- The Medical Director (who shall be a registered medical or dental practitioner)
- The Chief Nurse (who shall be a registered nurse or midwife)
- Two other Executive Directors (currently the Chief Operating Officer and Director of Workforce and Organisational Development)
- A Deputy Chief Executive who will be one of the above.

All Executive and Non-Executive Directors hold a vote.

Quorum

A quorum is at least five of the whole number of the Directors present including at least two Executive Directors and three Non-Executive Directors, one of whom is the Chair and as such has a casting vote.

An officer in attendance for an Executive Director but without formal acting up status may not count towards the quorum.

Frequency

The Board meets on a monthly basis.

There will be a minimum of ten meetings of the Board per year.

Additional meetings of the Board may be called in accordance with the Trust's Standing Orders

Comment [DH5]: Included section on voting

Comment [DH6]: Maintained

Comment [DH7]: Maintained

Responsibilities

The Board is responsible for decision making associated with:

- The strategic direction of the Trust.
- The provision of high quality and safe healthcare services, healthcare delivery, education, training and research.
- Overall performance of the Trust in relation to standards set by the Department of Health, Monitor, the Care Quality Commission and other relevant bodies.
- Ensuring the Trust exercises its functions effectively, efficiently and economically.
- Effective governance measures.
- Compliance with the Trust's Licence.
- Compliance with the Trust's Constitution.

Comment [DH8]: Included sections on notice of meetings and meetings administration

Comment [DH9]: Maintained

Duties

As a unitary Board, Directors will work in a way that makes the most effective use of all its skills.

The duties of the Board can be categorised as follows:

Leadership and Culture

The Board:

- Ensures there is a clear vision and strategy for the Trust that people know about and that is being implemented, within a framework of prudent and effective controls which enable risk to be assessed and managed.
- Sets values, ensuring they are widely communicated and that the behaviour of the Board is entirely consistent with those values.
- Ensures a strong duty of candour is embedded across the organisation.
- Ensures the Trust is an excellent employer through the development of a workforce strategy and its appropriate implementation and operation.

Comment [DH10]: Included risk reference as separate section

Comment [DH11]: Maintained

Comment [DH12]: Maintained and expanded

Comment [DH13]: Maintained

- Ensures that Directors and staff adhere to any codes of conduct adopted or introduced from time to time.

Comment [DH14]: Maintained

Comment [DH15]: Included two further bullets on reporting structure and senior appointments

Strategy

The Board:

- Sets and maintains the Trust's strategic vision, aims and objectives ensuring the necessary financial, physical and human resources are in place for it to meet its objectives.
- Develops and maintains an annual business plan and ensures its delivery as a means of taking forward the strategy of the Trust to meet the expectations and requirements of stakeholders.
- Ensures that national policies and strategies are effectively addressed and implemented within the Trust.
- Ensures that the Trust delivers its strategy within the available resources.

Comment [DH16]: Maintained

Comment [DH17]: Included 'the views of the Council of Governors'

Comment [DH18]: Maintained

Comment [DH19]: Removed, duplicated in finance and quality sections

Quality

The Board:

- Ensures that the Trust operates effectively, efficiently and economically.
- Sets the annual quality priorities for the Trust.
- Monitors the delivery of quality performance.
- Monitors feedback relating to the experiences of people who use our services and the processes for proactive engagement.
- Promotes a culture of safety.
- Reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken to ensure the delivery of high quality services.
- Ensures the proper management of resources and that financial and quality of service responsibilities are achieved.

Comment [DH20]: Removed duplicated in Finance section

Comment [DH21]: Removed – within the broader responsibility for ensure quality of service delivery

Comment [DH22]: Maintained and expanded further

Comment [DH23]: Maintained

Comment [DH24]: Within new expanded bullets

Comment [DH25]: Maintained

Comment [DH26]: Maintained

Finance

The Board:

- Ensures the continuing financial viability of the organisation.
- Reviews performance, identifying opportunities for improvement and ensuring those opportunities are taken to ensure the delivery of high quality services.
- Ensures the proper management of resources and that financial and quality of service responsibilities are achieved.
- Acts as corporate Trustee for the Trust's charitable funds.

Comment [DH27]: Maintained and expanded

Comment [DH28]: Removed duplicated above

Comment [DH29]: Removed duplicated above

Comment [DH30]: Maintained

Comment [DH31]: Included bullet on financial stewardship, VFM, control, planning and strategy

Governance

The Board:

- Ensures that the Trust has comprehensive governance arrangements in place that enable the Trust's resources to be appropriately managed and deployed, that key risks are identified and effectively managed and that the Trust fulfils its accountability requirements in line with the requirements of the Trust's licence
- Ensures that the Trust complies with its governance and assurance obligations in the delivery of safe clinically effective services taking account of people who use our services and carer experiences.

Comment [DH32]: Section re-worded and expanded to reflect the Board's broader responsibility for governance.

- Oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required.
- Monitors and reviews strategy to ensure the Trust's objectives are met.
- Ensures delivery of national and local standards.
- Ensures compliance with the principles of corporate governance and with appropriate codes of conduct, accountability and openness applicable to Foundation Trusts.
- Formulates, implements and reviews standing orders and standing financial instructions as a means of regulating the conduct and transactions of Trust business.
- Ensures that the statutory duties of the Trust are effectively discharged.
- Ensures appointments are made to statutory roles.
- Engages with partners and stakeholders, for example staff, Governors, and Commissioners.
- Ensures an effective system of integrated governance, risk management and internal control across the whole of the Trust's clinical and corporate activities.
- Ensures that there are sound processes and mechanisms in place to ensure effective patient and carer involvement with regard to development of care plans, the review of quality of services provided and the development of new services.
- Ensures there are appropriately constituted appointment arrangements for senior positions such as Consultant medical staff and Executive Directors.
- Establishes appeals panels as required by employment policies particularly to address appeals against dismissal and final stage grievance hearings.

Ethics and integrity

Comment [DH33]: Section maintained under leadership and culture

The Board:

- Ensures that high standards of leadership and culture and personal integrity are maintained in the conduct of Trust business.
- Abides by the seven principles of public life: selflessness, integrity, objectivity, accountability, honesty, transparency and leadership.

Communication

The Board:

- Ensures an effective and transparent communication channel exists between the Trust, its Governors, Members, staff and the local community.
- Ensures the effective dissemination of information on organisational strategies and plans and also provides a mechanism for feedback.
- Ensures that those Board proceedings and outcomes that are not confidential are communicated publically, primarily via the Trust's website.
- Publishes an annual report and annual accounts.

Comment [DH34]: Maintained and expanded

Comment [DH35]: Removed duplicated under quality

Comment [DH36]: Removed duplicated under meetings, frequency.

Comment [DH37]: Maintained and expanded to include QA and statutory docs.

Comment [DH38]: Included additional bullet on ensuring governors are equipped to fulfil their statutory role.

Comment [DH39]: Maintained

Committees

The Board is responsible for establishing and maintaining committees with delegated powers as prescribed by the Trust's Standing Orders and/or by the Board.

Comment [DH40]: Removed, ToR is to outline the responsibility for the Board as a whole. Separate role descriptions are available and will be reviewed

Role of the Chair

The Chair is responsible for leading the Board and for ensuring that it successfully discharges its overall responsibilities for the Trust.

The Chair is responsible for the effective running of the Board and Council of Governors. The Chair is responsible for ensuring that the Board as a whole plays a full part in the development and determination of the Trust's strategy and overall objectives.

The Chair oversees the Board's decision-making processes.

Role of the Chief Executive

Comment [DH41]: As above

The Chief Executive is the Accountable Officer of the Trust and is responsible to the Board for running the Trust's business and for proposing and developing the Trust's strategy and overall objectives for approval by the Board.

The Chief Executive is responsible for implementing the decisions of the Board and its committees, providing information and support to the Board and Council of Governors. The Chief Executive is also responsible for implementing robust succession plans to ensure continuous delivery of high quality services.

The Chief Executive reports to the Chair.

Other matters

Comment [DH42]: Removed as above

The Trust Board shall be supported administratively by the Deputy Director of Corporate Affairs whose duties in this respect will include:

- Agreement of the agenda for Board meetings with the Chair and Chief Executive
- Collation of reports and papers for Board meetings
- Ensuring that suitable minutes are taken, keeping a record of matters arising and issues to be carried forward
- Advising the Board on governance matters.

A full set of papers comprising the agenda, minutes and associated reports and papers will be sent within the timescale set out in Standing Orders to all Directors and others as agreed with the Chair and Chief Executive.

The Board shall self-assess its performance following each Board meeting and carry out an annual formal assessment of its processes and the performance of its individual Directors.

Review

Comment [DH43]: Included the requirement for annual review of effectiveness

These terms of reference for the Board will be reviewed annually.

April 2015

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Harrogate and District NHS Foundation Trust Board of Directors

Terms of Reference

1. Introduction

- 1.1 Harrogate and District NHS Foundation Trust is led by a unitary Board of Directors which is responsible for exercising all the powers of the Trust on its behalf, however may delegate any of those powers to a committee of the Board or to an Executive Director.

2. Membership

- 2.1 The members of the Board shall comprise of the Chairman of the Trust, Chief Executive Officer, all the Non-Executive Directors and Executive Directors who hold voting rights on the Board.
- 2.2 In accordance with the Trust's Constitution, the composition of the Board of Directors shall be:
- The Chairman of the Trust;
 - A minimum of six Non-Executive Directors (including the Vice-Chairman and the Senior Independent Director);
 - The Chief Executive Officer (also the Chief Accountable Officer);
 - Executive Directors to include as a minimum:
 - Director of Finance (also the Chief Accounting Officer);
 - Medical Director (who shall be a registered medical or dental practitioner);
 - Chief Nurse (who shall be a registered nurse or midwife);
 - Two other Executive Directors (currently the Chief Operating Officer and Director of Workforce and Organisational Development);
- 2.3 The Deputy Chief Executive shall be selected from the Executive Director cohort (currently the Director of Finance).
- 2.4 Only members of the Board shall be entitled to attend meetings.
- 2.5 Clinical Directors from the three operational Directorates' will have a standing invitation to meetings of the Board of Directors, but will not hold voting rights. Other officers of the Trust and other individuals may be invited to attend meetings or part of meetings as required by the Board or as the Chairman sees fit.
- 2.6 The record of attendance of members will be included in the annual report of the Board.

3.0 Voting

- 3.1 Members of the Board will each be entitled to cast a single vote on matters before it. In the case of an equality of votes the Chairman of the meeting is to have a casting vote. Provisions to deal with conflicts of interest are provided for in the Trust's Standing Orders.

4. Quorum

- 4.1 No business shall be transacted at meetings of the Board unless a minimum of five voting Directors are present including at least two Executive Directors and three Non-Executive Directors. A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers or discretions vested in or exercisable by the Trust.
- 4.2 An officer representing an Executive Director at meetings of the Board of Directors may not count towards the quorum, unless formal 'acting up' status has been previously agreed.

5. Frequency

- 5.1 The Board shall meet formally in public on a monthly basis, at a location that it may determine. There will be a minimum of ten meetings per year. Additional meetings of the Board may be called in accordance with the Trust's Standing Orders.

6.0 Notice of Meetings

- 6.1 Meetings of the Board shall be called by the secretary in accordance with the annual schedule of business or as determined by the Chairman.
- 6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Board and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to members and other attendees as appropriate at the same time.
- 6.3 The agenda of the Board of Director meetings held in public shall be forwarded to the Council of Governors prior to the meeting, and ensure that agenda, minutes and supporting papers are available publicly on the Trust's website.
- 6.4 After each Board meeting held in public, the Board of Directors must make available a copy of the minutes to the Council of Governors.

7.0 Meetings Administration

- 7.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Board, including the names of those present and in attendance.
- 7.2 The Secretary shall keep a separate record of all points of action arising from the meetings and all issues carried forward.
- 7.3 The Chairman shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and the Secretary shall minute them accordingly.

8.0 Main Responsibilities

- 8.1 The general duty of the Board and of each Director individually, is to promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole, and for the public.
- 8.2 As a unitary body, the Board of Directors is responsible for decision making associated with:
 - 8.2.1 The strategic direction of the Trust;
 - 8.2.2 The provision of high quality and safe healthcare services, healthcare delivery, education, training and research;
 - 8.2.3 Overall performance of the Trust in relation to standards set by regulatory bodies.
 - 8.2.4 Ensuring the Trust exercises its functions effectively, efficiently and economically;
 - 8.2.5 Ensuring effective arrangements are in place for governance and risk management;
 - 8.2.6 Ensuring compliance with the Trust's Provider Licence and associated legislation, regulation and best practice.

9.0 Duties

- 9.1 Leadership and Culture. The Board:
 - 9.1.1 Ensures there is a clear vision for the Trust that people understand and that is being implemented within a framework of prudent and effective controls.
 - 9.1.2 Sets values, ensuring they are widely communicated and that the behaviour of the Board is entirely consistent with those values.
 - 9.1.3 Promotes and patient-centred culture of openness, transparency and candour, has an intolerance of poor standards and fosters a culture which puts patients first.
 - 9.1.4 Ensures the Trust is an excellent employer through the development of a workforce strategy and its appropriate implementation and operation.
 - 9.1.5 Ensures that Directors, Governors, staff and volunteers adhere to any codes of conduct adopted or introduced.
 - 9.1.6 Implements an effective Board and Committee structure and clear lines of accountability and reporting throughout the organisation.
 - 9.1.7 Ensures there are appropriately constituted appointment arrangements for senior appointments such as Executive Directors and consultant medical staff.

9.2 Strategy. The Board:

- 9.2.1 Sets and maintains the Trust's strategic vision, aims and objectives ensuring that the necessary financial, physical and human resources are in place for it to meet its objectives.
- 9.2.2 Develops and maintains an annual business plan, with due regard to the views of the Council of Governors, and ensures its delivery, as a means of taking forward the strategy of the Trust to meet the expectations and requirements of stakeholders.
- 9.2.3 Ensures that national policies and strategies are effectively addressed and implemented within the Trust.

9.3 Quality and Performance. The Board:

- 9.3.1 Ensures that the Trust's quality of service responsibilities for clinical effectiveness, patient safety and patient experience are achieved.
- 9.3.2 Monitors and reviews management performance to ensure the Trust's objectives are met and identifies opportunities for improving the delivery of high quality services.
- 9.3.3 Monitors feedback relating to the experiences of people who use the services and the processes for proactive engagement.
- 9.3.4 Ensures it engages with all stakeholders, including patients and staff on quality issues and that issues are escalated appropriately and dealt with when required.
- 9.3.5 Ensures the proper management of resources and that responsibility for financial and quality of service are achieved.
- 9.3.6 Oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required.
- 9.3.7 Ensures that there are sound processes and mechanisms in place to ensure effective patient and carer involvement with regard to development of care plans, the review of quality of services provided and the development of new services.

9.4 Finance. The Board:

- 9.4.1 Ensures the Trust operates effectively, efficiently and economically to ensure the continuing financial viability of the organisation.
- 9.4.2 Ensures the proper management of resources and that financial and quality of service responsibilities are fulfilled, and ensures the achievement of targets and requirements of stakeholders within available resources.
- 9.4.3 Ensure effective financial stewardship through effective value for money, financial control and financial planning and strategy.
- 9.4.4 Acts as corporate Trustee for the Trust's Charitable Funds.

9.5 Governance. The Board:

- 9.5.1 Ensures compliance with relevant principles, systems and standards of good corporate governance and has regard to contemporary guidance, and appropriate codes of conduct, accountability, openness and transparency.
- 9.5.2 Ensures that the Trust complies with the requirements of its Licence, governance and assurance obligations in the delivery of safe clinically effective services.
- 9.5.3 Ensures that the Trust has comprehensive governance arrangements in place guarantee the resources vested in the Trust are appropriately managed and deployed.
- 9.5.4 Ensures that all required returns and disclosures are made to the Regulators.
- 9.5.5 Formulates, implements and reviews Standing Orders and Standing Financial Instructions as a means of regulating the conduct and transactions of the Trust's business.
- 9.5.6 Agrees the schedules of matters reserved for decision by the Board of Directors.
- 9.5.7 Ensures proper management of, and compliance, with, statutory requirements of the Trust and, ensures the statutory duties of the Trust are effectively discharged.
- 9.5.8 Establishes appeals panels as required by employment policies particularly to address appeals against dismissal and final stage grievance hearings.

9.6 Risk Management and Internal Control. The Board:

- 9.6.1 Determines the nature and extent of the risk it is willing to take in achieving its strategic objectives.
- 9.6.2 Ensures that key risks are identified and effectively managed and that the Trust fulfils its accountability requirements in line with the requirements of the Provider Licence.
- 9.6.3 Ensures an effective system of integrated governance, risk management and internal control across the whole of the Trust's clinical and corporate activities.

9.7 Communication and Engagement. The Board:

- 9.7.1 Ensures relationships are maintained with the Trust's stakeholders, regulators, public, governors, staff and patients, such that the Trust can discharge its wider duties.
- 9.7.2 Meets its engagement obligations in respect of the Council of Governors and members and ensures that the Governors are equipped with the skills and knowledge they require to undertake their role.
- 9.7.3 Works in partnership with service users, carers, local health organisations, local government authorities and others to provide safe, effective, accessible and well governed services.

- 9.7.4 Ensures the effective dissemination of information on organisational strategies and plans, providing a mechanism for feedback.
- 9.7.5 Holds an annual meeting of its members which is open to the public.
- 9.7.6 Approves and publishes the Trust's Annual Report and Accounts, Quality Accounts and other statutory submissions.

10.0 Committees

- 10.1 The Board is responsible for establishing and maintaining committees with delegated responsibilities and powers as prescribed by the Trust's Standing Orders and/or by the Board of Directors.

11. Review and revision

- 11.1 These Terms of Reference will be reviewed annually and the Board will conduct an annual review of its effectiveness and shall act on its findings.

DH/V1 20 April 2016

Report to the Trust Board of Directors:	Paper No: 6.0
Title	Third Party Schedule
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Ms Debbie Henderson, Company Secretary
Report Purpose	To update the Board with the Trust Third Party Schedule
Key Issues for Board Focus: The Board of Directors is required, under the Foundation Trust Code of Governance, to maintain a schedule of the specific third party bodies in relation to which the NHS Foundation Trust has a duty to cooperate.	

Related Trust Objectives	
1. To deliver high quality care	Yes, to support the Board in fulfilling its statutory duty to promote the success of the organisation so as to maximise the benefits for the members of the organisation as a whole, and for the public.
2. To work with partners to deliver integrated care	
3. To ensure clinical and financial sustainability	

Risk and Assurance	None.
Legal implications/Regulatory Requirements	The Trust is required to maintain this schedule of third parties.

Action Required by the Board of Directors The Board is asked to receive the updated Third Party Schedule.

Third parties with roles in relation to Harrogate and District NHS Foundation Trust

April 2016

This list is indicative and not exhaustive and is split into third parties with a specific remit in healthcare and those with a more general remit. The list may change from time to time and will be added to as appropriate.

1. Third parties with statutory enforcement powers with a statutory remit specific to healthcare:

NHS Improvement
Care Quality Commission

Bodies with statutory enforcement powers include, for example, the Health and Safety Executive, the regulators of health professionals such as the General Medical Council, the Nursing and Midwifery Council and the fire authorities. NHS Improvement does not reasonably expect to be involved in the resolution of issues covered by such bodies, except where persistent failures may indicate fundamental governance failings and a breach of the Licence.

2. Regulators of individual health professionals:-

General Chiropractic Council
General Dental Council
General Medical Council
General Optical Council
General Osteopathic Council
General Pharmaceutical Council
Health Professions Council
HM Inspectorate of Prisons
Nursing and Midwifery Council

Each of the above regulators has the power to demand the release of information where it relates to a hearing about the fitness to practise of health professionals. Some regulators may also have powers in relation to the accreditation of courses, education or training for health professionals wishing to register.

3. Third parties with a general statutory remit:

Charities Commission
Environment Agency
Equality and Human Rights Commission
Fire Authorities
Health and Safety Executive
HM Coroner
Human Tissue Authority
Information Commissioner's Office
Public Accounts Committee
Secretary of State for Health (may issue directions applicable to Foundation Trusts)

4. Third parties with statutory role but no enforcement powers with a remit specific to healthcare:

Bodies that have a statutory role in setting or monitoring compliance with health care standards, but no direct enforcement powers, include commissioners and scrutiny of health committees.

Commissioners
Health and Wellbeing Boards
Public Health England
NHS Blood and Transplant
Parliamentary and Health Service Ombudsman
NHS Health and Social Care Information Centre
Overview and scrutiny committees of local authorities
Healthwatch North Yorkshire and Healthwatch England
North Yorkshire County Council Scrutiny of Health Committee

5. *Third parties with a general remit:*

Ofsted
HM Inspectorate of Prisons
National Audit Office

6. *Third parties with no statutory role but a legitimate interest:*

There are bodies with no statutory powers over NHS Foundation Trusts which may have a legitimate interest in their operations. NHS Improvement expects that NHS Foundation Trusts will generally cooperate with such bodies and a failure to cooperate may, under certain circumstances, constitute a breach of the governance licence condition and grounds for action.

These bodies include nationally recognised accreditation services, such as Clinical Pathology Accreditation (UK) Ltd, committees, working groups and forums advising the Department of Health on topics across health and social care such as the National Specialised Commissioning Group, some arm's length bodies such as the National Institute for Health and Clinical Excellence (NICE), and the medical Royal Colleges.

NHS Improvement expects such bodies to influence NHS Foundation Trusts through the advice they give and NHS Foundation Trusts to report to NHS Improvement any issues raised by such bodies that could indicate a breach of their governance condition. NHS Improvement will review any reports of non-cooperation, failure to take account of relevant advice or serious or persistent concerns from such third parties with the NHS Foundation Trust and make its own judgment on how to proceed. NHS Improvement may choose to intervene if it believes this to be necessary.

Clinical Pathology Accreditation Ltd
Committees, working groups and forums advising Department of Health on topics across health and social care
Confidential Enquiries
Criminal Records Bureau
Health Education England
NHS Business Services Authority
NHS Litigation Authority
Universities and Post Graduate Deaneries
Royal Colleges, including:-

- Royal College of Anaesthetists
- Royal College of General Practitioners
- Royal College of Midwives
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists

- Royal College of Physicians
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Speech and Language Therapists
- Royal College of Surgeons

Report to the Trust Board of Directors: 27 April 2016	Paper No: 7.0
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Title	Report from Chief Executive
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Dr Ros Tolcher, Chief Executive
Report Purpose	To update the Board of Directors on significant strategic, operational and performance matters

Key Issues for Board Focus:

- The Trust reported a surplus in March of £1,039k. The Trust achieved 100% of planned savings during 2015/16. The full year surplus is therefore £379k.
- The Quarter 4 Emergency Department 4 hour waiting time performance was just below the 95% standard at 94.4%. Overall 95.6% of patients attending the Emergency Department were seen and treated or discharged within 4 hours.
- There have been 34 cases of C. difficile reported during 2015/16. The number of cases in which a lapse in care contributed to infection is below the ceiling set by NHS Improvement.
- The Trust has sustained strong operational performance in 2015/16 meeting all 18 week and cancer waiting times.
- I would like to thank staff across the organisation for their continued hard work and commitment to patients.

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

Legal implications/ Regulatory Requirements	Nil
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Action Required by the Board of Directors

- The Board is requested to **note** the strategic and operational updates.
- The Board is asked to **note** progress on risks recorded in the BAF and Corporate Risk Register.
- The Board is asked to join me in acknowledging the significant achievement of colleagues across the Trust in sustaining high quality care and financial grip during an exceptionally challenging year.

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 Patient Safety Visits

Reports on Patient Safety Visits and Director Inspections are covered in the Chief Nurse report.

1.2 Summary of 2016/17

This CEO report covers performance for the full year 2015/16. There is much to be proud of and I wish to formally thank staff in every part of the Trust for their hard work, dedication and commitment. In summary:

- People using our services have continued to rate them as amongst the best nationally.
- Patient Safety Thermometer scores have been consistently above the national average and in February reached 97.9%, the highest percentage ever reported by the Trust.
- Indicators of safety culture are improving. The Trust was ranked 47th nationally in the National Learning League.
- We achieved all NHS Constitution KPIs with the exception of the Quarter 4 Emergency Department waiting time indicator.
- The 2015 National Staff Survey findings placed the Trust third in its category and fourteenth nationally for overall engagement. The number of staff who would recommend HDFT as a place to work or receive care increased significantly.
- We achieved 100% of the internal stretch savings target.
- Revenue has grown by approximately 10% as a result of new business tenders.

2.0 STRATEGIC UPDATE

2.1 Sustainability and Transformation Plan (STP)

Following confirmation of the nationally determined STP footprints last month, work has commenced to prepare local and West Yorkshire plans. We welcome the appointment of Rob Webster, CEO designate of the South West Yorkshire Partnership NHS Foundation Trust as the overall lead for developing the West Yorks STP. STP plans need to address the three 'gaps' described in the Five Year Forward View (care and quality; health and wellbeing; funding and efficiency) and address the nine 'Must Do's' in the STP plan guidance. Under the auspices of the Healthy Futures Group the emerging priority areas for work are: mental health; cancer services; cardiovascular disease; children's services and specialist services. An initial high level STP for West Yorkshire, including a 'local' STP for Harrogate was submitted on 15 April in line with national requirements.

Work has commenced to explore the potential for adopting an 'Accountable Clinical Network' approach for Cancer Services across West Yorkshire. The Trust is engaged in the scoping and proof of concept work.

Local (Harrogate) STP planning has also commenced and will be overseen by the Harrogate Health Transformation Board (HHTB).

Detail of the local and regional governance arrangements will be placed in the Reading Room.

2.2 2016/17 Contracts

At the time of writing the Trust is yet to agree a 2016/17 contract with our main commissioner, HaRD CCG. A verbal update will be given at the meeting.

2.3 Directorate Review

Following a period of staff engagement, the three new clinical directorates have been agreed. Further detail will be provided by the Chief Operating Officer in his report. The change in directorate structures reflects the growing importance of county wide services and in particular the significant portfolio of services to children, young people and families. The underpinning principle when determining the directorate structure was to enable the best possible experience for people using our services. From May, the three clinical directorates will be:

- Long Term and Unscheduled Care
- Children's and County Wide Community
- Planned and Surgical Care

2.4 Executive Lead for Children

I am pleased to confirm that Mrs Jill Foster, Chief Nurse has become Executive lead for Children. Mrs Foster already holds executive responsibility for safeguarding. This additional role is a further reflection of the importance of children's services in the Trust's overall portfolio.

2.5 Acute Medical Model in Smaller District General Hospitals (DGHs)

The NHS National Planning Guidance- *Delivering the Forward View*, published December 2015 invited expressions of interest from smaller DGHs to explore the 'reinvention of the acute medical model in small district general hospitals'. The Trust submitted an expression of interest which was accepted and a site visit is planned for 25 April. This programme is being led by the NHS England New Care Models team. The work will explore the specific challenges of sustaining clinical standards in the context of smaller units and rural or sparse populations.

2.6 National communications received and acted upon

2.6.1 National policy developments: NHS raising concerns/whistleblowing policy

On 1 April 2016, NHS Improvement in partnership with NHS England, published a single national integrated Whistleblowing Policy to help standardise the way NHS organisations support staff who raise concerns. The publication of the policy follows a public consultation on the draft policy in November 2015.

All NHS organisations are required to adopt the policy either sitting alongside or integrated with existing local policies as appropriate by 31 March 2017. Trusts have been invited to comment on the policy particularly to gather views on how effective implementation will be achieved. HDFT are currently undertaking a review of the Trust's internal policy and will contribute to discussions regarding the impact of the national policy at a local level.

3.0 WORKING IN PARTNERSHIP

3.1 Harrogate Clinical Board

As reported to the Board of Directors in January, there was an initial scoping meeting of the proposed Harrogate Clinical Board in January. The remit of the group is to ensure clinically-led, shared plans for service re-design in elective care. A number of clinical specialties were selected for the first phase of work, namely gynaecology, gastroenterology, paediatrics, dermatology and musculo-skeletal and orthopaedics. Reducing expenditure on elective work is key to commissioner savings plans and restoring financial balance. The CCG has secured additional help and support from NHS England to expedite this work using a Rapid Results methodology.

3.2 Industrial Action by Junior Doctors

The majority of junior doctors at the Trust joined the second two-day period of industrial action which took place on 6 and 7 April. Contingency planning meant that a relatively small number of outpatient appointments had to be cancelled. For the first time during recent industrial action it was also necessary to cancel elective work in order to ensure the safety of patients. Four elective cases were deferred.

A further period of industrial action will take place between Tuesday 26 April and Thursday 28 April 2016. This proposed action is a very significant change from previous periods of action and will result in the full withdrawal of labour. Regrettably, this is the first time the NHS has had to respond to such an eventuality. The Trust has developed plans to ensure patient safety during core hours on 26 and 27 April.

NHS providers received correspondence from NHS England/NHS Improvement providing guidance on reducing demand in urgent and emergency care during industrial action; and best practice suggestions for mitigating the loss of junior doctor capacity during industrial action. The Trust has considered these carefully and can provide assurance to the Board that the guidance has been followed.

3.3 Harrogate Health Transformation Board (HHTB)

The Harrogate Health Transformation Board met on 20 April. National VP2 funding has been awarded at a level substantially below the value indicated in the first round of submissions. It is unlikely that the hoped for benefits will be realised at the scale and pace originally described and new plans are being developed. This presents a risk to the overall project, particularly in the light of reducing commissioner investment in community services.

A fundamental requirement of achieving clinically and financially sustainable services is reducing reliance on acute hospital bed-based care for frail older people. The partnership is aiming to reduce acute medical bed numbers at the end of Quarter 2.

The Key Messages from the meeting have been placed in the Boardpad Reading Room.

4.0 FINANCIAL POSITION

The Trust reported a year end operational surplus of £27k. The reported position in the accounts will be a surplus of £377k, but this includes a £350k technical benefit due to the recent valuation of the Sir Robert Ogden Macmillan Centre. Whilst this overall position is behind our surplus plan of £1.8m, this is still a positive result for the organisation at the

end of the year and results in a Financial Stability Risk Rating (FSRR) of 3. Whilst we have had a FSRR of 3 for all four quarters of the year, the outcome of Q4 is a stronger rating than previous quarters.

In relation to the Trust CIP position, the whole of the internal target for 2015/16 was achieved, which is a positive position to end the year. The cash balance was £5.5m, which is behind our plan due to the non-achievement of our planned surplus.

The year-end accounts have been prepared and will be submitted on 22 April for external audit, and we will consider the accounts at our Board meeting in May.

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

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 20 April. Key issues discussed and for noting by the Board of Directors are as follows:

- C.Diff- there have been 34 cases year to date with seven confirmed lapses in care. There is a growing view that environmental contamination is relevant and plans are in place to address this.
- Positive progress on falls and pressure ulcers continues. The number of hospital acquired pressure ulcers has fallen by 36% with notable improvements in Jervaulx, Bylands, Oakdale and Trinity Wards.
- The Emergency Department 4 hour target of 95% was missed by a small margin in Q2 (94.4%). Activity has increased, particularly during out of hours periods. Breaching the target will lead to enhanced monitoring by NHS Improvement.
- Appraisal compliance stands at 75% against a target of 85%. Directorates are working hard to correct this position.
- Clinical Directors provided updates on readiness and assurance in respect of the pending Junior Doctors Industrial Action.
- The HDFT Communications and Marketing Strategy was agreed.
- The Pharmacy outsourcing business case was endorsed for recommendation to the Board of Directors.
- The Strategy for the Care of Frail Older People was agreed. This will be presented to the Board of Directors at its May Meeting.
- Subgroup annual reports were received and noted. These provide strong assurance on the effectiveness of SMT subgroups reflecting improvements made following the Trust wide review of governance during 2015.
- The Deanery report and action plan was reviewed.
- Colleagues across the Trust were thanked for their work throughout the last 12 months.

The Minutes from SMT meetings are available in the BoardPad Reading Room.

6.0 BOARD ASSURANCE AND CORPORATE RISK

The summary current position of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) is presented below. There will be an opportunity to discuss both the BAF and CRR during the confidential session of the Board, due to the detail of their

content. The full BAF is lodged in the 'Reading Room' and provides full detail on the key controls, gaps in assurance, and actions being taken.

6.1 Board Assurance Framework (BAF)

The Board Assurance Framework was reviewed by the Executive Directors on 19 April 2016. No new risks were added nor removed. All risks have comprehensive action plans to address the gaps in controls; there were no changes in progress scores.

Some new key controls have been added as a result of the completion of action plans, and additional actions have been added to mitigate increased levels of risk. Seven risks (BAF#'s 6, 7, 8, 10, 11, 12 and 13) are currently assessed as having achieved their target risk score. The target dates have been revisited for all risks and the Board will be invited to discuss the need for a review of the BAF and its content in its entirety at a future Board Strategy session.

There are five strategic risks (BAF #'s 1, 2, 4, 14, and 15) which are assessed at a risk score of 12. No BAF entries have scores greater than 12.

The residual risk score of one risk (BAF#15 - Misalignment of Commissioner/partner strategic plans) has been increased since the last report. The increase to Red 12 reflects the ongoing contract negotiations between the Trust and the CCG.

There has been one reduction in the mitigated risk score for BAF #9 – Failure to Deliver the Operating Plan 2016/17, reflecting the submission of the Operating Plan for 2016/17 on 18 April.

Progress on actions levels for all risks remained at either 1 or 2, demonstrating that actions for implementation remain on track.

The Board will examine BAF#3 in detail at the Board Development session following the April meeting, as part of the detailed review of all risks in the BAF across the year. The strategic risks are as follows:

Ref	Description	Risk score	Progress score
BAF#1	Lack of Medical, Nursing and Clinical staff	Red 12	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 Incidents	Amber 9	unchanged at 2
BAF#4	Lack of integrated IT structure	Red 12	unchanged at 2
BAF#5	Service Sustainability	Amber 8	unchanged at 2
BAF#6	Understanding the market	Amber 8	unchanged at 2
BAF#7	Lack of robust approach to new business	Yellow 4	unchanged at 2
BAF#8	Visibility and reputation	Amber 8	unchanged at 1
BAF#9	Failure to deliver the Operational Plan	Amber 8	unchanged at 2
BAF#10	Loss of Monitor Licence to operate	Yellow 5	unchanged at 2
BAF#11	Risk to current business	Yellow 4	unchanged at 1
BAF#12	External funding constraints	Red 12	Improved to 1
BAF#13	Focus on Quality	Yellow 4	unchanged at 2
BAF#14	Delivery of integrated models of care	Red 12	unchanged at 2
BAF#15	Misalignment of strategic plans	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

6.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 8 April 2016. There were no new risks to be added to the register and the mitigated score for one risk (CR5: nurse staffing) remains the top scoring risk at 15. There are currently three risks on the Corporate Risk Register.

The top-scoring risk remains:

CR5 – Risk of patient harm due to lack of experienced qualified nurses due to a national shortage in registered nurses.

Risk score was increased in January to C3 x L5= 15 due to concerns raised by trained staff on the medical wards. Strengthened controls have been put in place and the risk for patients is being closely managed. This risk will reduce when recently recruited staff come in to post.

One risk remains with actions behind plan:

CR 2 – Risk to the quality of service delivery in Medicine due to reduction in trainee numbers. The Local Education and Training Board requested specific actions be implemented. An action plan following the Deanery visit has now been reviewed by SMT and significant work is ongoing to address the risks identified.

7.0 Consultant appointments

Consultant appointments and retirements are now reported in the Medical Directors report.

Dr Ros Tolcher
Chief Executive
20 April 2016

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Report to the Trust Board of Directors: 27 April 2016	Paper No: 8.0
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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:

- Both standardised mortality measures (HSMR and SHMI) reduced this month. HDFT's SHMI remains below expected levels.
- The number of hospital acquired C. diff cases reported during 2015/16 was 34, of which seven were deemed to be due to a lapse in care. Four cases are still under root cause analysis.
- The agency bill for March was 3.16% of Trust pay expenditure, an increase on last month. Detailed work is ongoing with Clinical Directorates to reduce total agency spend and ensure compliance with the agency cap.
- Performance against the A&E 4 hour standard was below the required 95% level in March and for Quarter 4 overall.
- The Trust achieved all cancer waiting times standards in each quarter of 2015/16.

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.

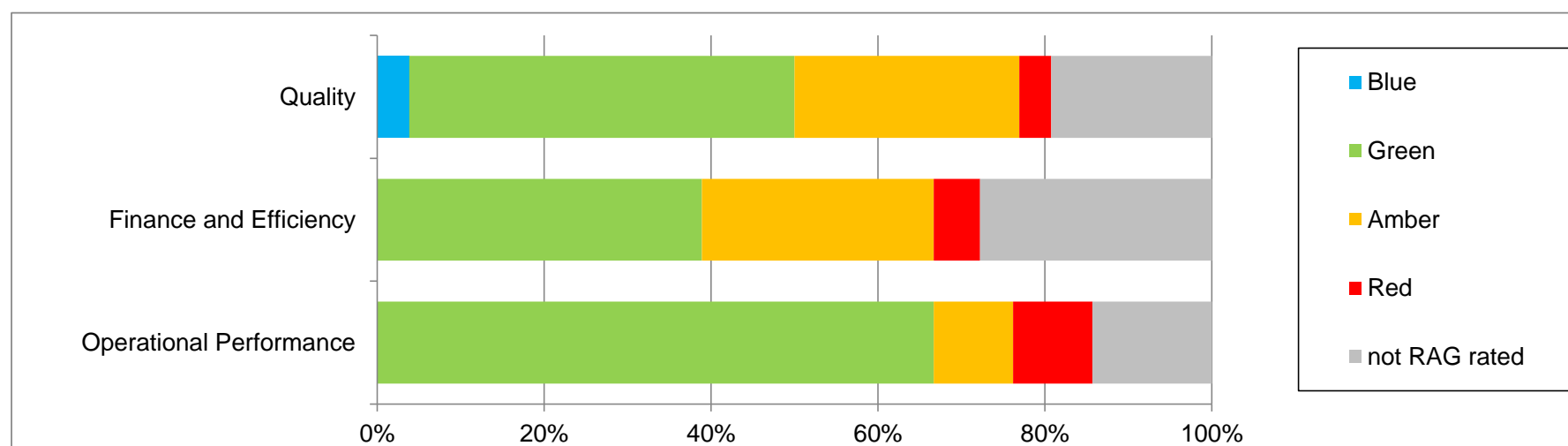
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Integrated board report - March 2016

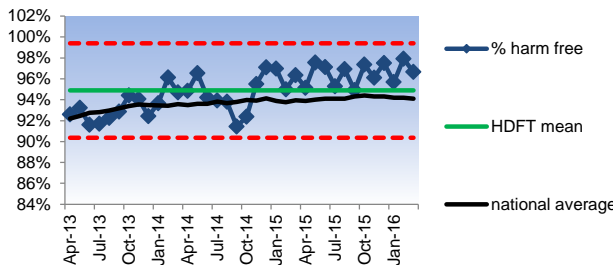
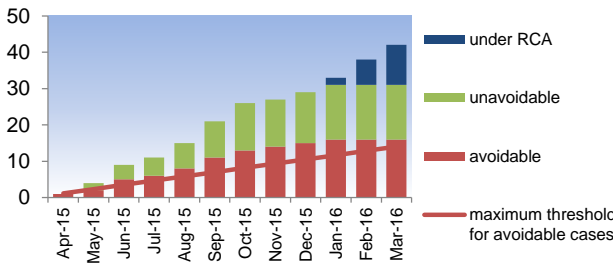
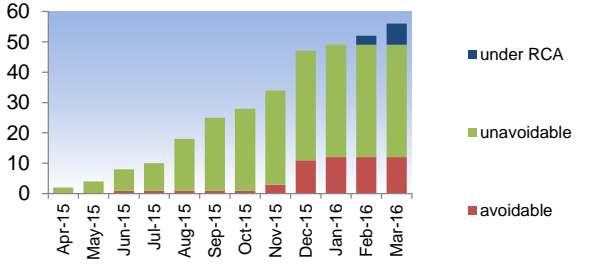
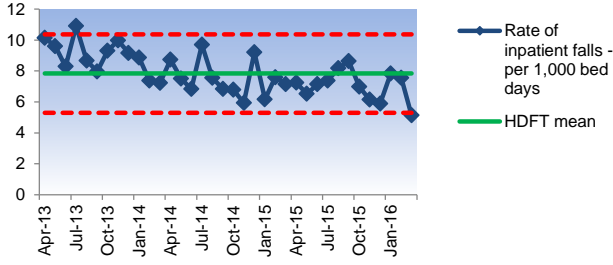
Key points this month

1. Both standardised mortality measures (HSMR and SHMI) reduced this month. HDFT's SHMI remains below expected levels.
2. The number of hospital acquired C. diff cases reported during 2015/16 was 34, of which 7 were deemed to be due to a lapse in care. 4 cases are still under root cause analysis.
3. The agency bill for March was 3.16% of Trust pay expenditure, an increase on last month. Detailed work is ongoing with Clinical Directorates to reduce total agency spend and ensure compliance with the agency cap.
4. Performance against the A&E 4 hour standard was below the required 95% level in March and for Quarter 4 overall.
5. The Trust achieved all cancer waiting times standards in each quarter of 2015/16.

Summary of indicators



Quality - March 2016

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.		The harm free percentage for March was 96.7%, a decrease on the previous month but still above the 95% standard and well above the national average of 94.1%.
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.		There were 42 hospital acquired grade 3 or grade 4 pressure ulcers reported in 2015/16, of which 16 were deemed avoidable, which is above our locally agreed performance trajectory of a maximum of 14 avoidable cases. The total number of category 2, 3 and 4 pressure ulcers reported during 2015/16 was 155 (across hospital and community services) representing a reduction of 36% on 2014/15. The Trust set a target of a 20% total reduction.
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.		There were 56 community acquired grade 3 or grade 4 pressure ulcers reported in 2015/16, of which 12 were deemed avoidable, 37 unavoidable and 7 are still under root cause analysis (RCA). The pressure ulcer working group is focussing on better assessment and verification of grading within the community teams.
Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls was 5.1 per 1,000 bed days in March, a significant decrease on the previous month and below the average HDFT rate during 2014/15. The falls sensors are now in place on Byland, Jervaulx and Farndale wards and there is a plan to roll out to the other ward areas.

Quality - March 2016

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.	<p>Rate of inpatient falls causing harm - per 1,000 bed days</p> <p>HDFT mean</p>	<p>The rate of inpatient falls causing significant harm was 0.19 per 1,000 bed days in March, a decrease on the previous month and below the average HDFT rate during 2014/15.</p> <p>There were 20 inpatient falls causing moderate or severe harm in 2015/16, of which 16 resulted in a fracture. This compares to 36 moderate or severe harm falls in 2014/15, representing a 45% reduction.</p>
Infection control	<p>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. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework.</p> <p>Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.</p>	<p>under RCA</p> <p>not due to lapse in care</p> <p>due to lapse in care</p> <p>maximum threshold for lapses in care cases</p>	<p>There were 3 cases of hospital acquired C. difficile reported in March, bringing the year to date total to 34. Root cause analysis (RCA) results indicate that 7 cases were deemed to be due to a lapse in care and 23 were not. 4 cases are still under RCA.</p> <p>No cases of hospital acquired MRSA were reported in 2015/16 to date.</p>
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.	<p>No. avoidable admissions</p> <p>HDFT mean</p>	<p>The number of avoidable admissions decreased in February, and is slightly lower than last February.</p> <p>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. This is also the focus of the New Care Models work and one of the metrics being used to evaluate this pilot.</p>
Reducing readmissions in older people	<p>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.</p> <p><i>This indicator is in development.</i></p>	<p>% not readmitted</p> <p>HDFT mean</p>	<p>We have amended the calculation of this indicator so that it correctly handles patients who had multiple admissions and multiple contacts with community services.</p> <p>For patients discharged in December, 77% were still in their own home at the end of March, a slight increase on the previous month. This is also the focus of the New Care Models work and one of the metrics being used to evaluate this pilot.</p>

Quality - March 2016

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.		<p>HDFT's HSMR decreased again in January to 101.31. It is above the national average but within expected levels. At specialty level, 2 specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.</p> <p>At site level, Ripon Hospital standardised mortality is now within expected levels.</p>
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.		<p>HDFT's SHMI decreased again in November to 92.42 - this is below the national average and below expected levels for the second consecutive month. It is also the lowest level reported by the Trust in the last 3 years.</p> <p>At specialty level, 2 specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels and looking at the data by site, Ripon hospital has a higher than expected mortality rate.</p>
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.		<p>16 complaints were received in March (none of which were classified as amber or red) compared to 21 last month.</p> <p>The recent introduction of matrons at the weekends and on evening shifts is believed to be continuing to contribute to a reduction in the number of complaints received overall.</p>
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		<p>There were 407 incidents reported in March. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced over the last 3 years.</p> <p>The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for 2015/16 to date is 16.2.</p>

Quality - March 2016

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.	<p>Legend: SIRIs (yellow), Never events (red)</p>	There were no SIRIs and no never events reported in March.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in.</p> <p>The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>	<p>Legend: % recommended - work - HDFT (solid line with diamonds), % recommended - work - national (dashed line with squares)</p>	<p><i>There is no update of this data this month.</i></p> <p>In Q4 2015/16, staff from Integrated Care Directorate and some staff from Corporate Directorate (Estates and Hotel Services) were surveyed. The survey has now closed and we are awaiting the data.</p>
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care	<p>The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in.</p> <p>The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trusts aim is to feature in the top 20% of Trusts nationally.</p>	<p>Legend: % recommended - care - HDFT (solid line with diamonds), % recommended - care - national (dashed line with squares)</p>	<p><i>There is no update of this data this month.</i></p> <p>In Q4 2015/16, staff from Integrated Care Directorate and some staff from Corporate Directorate (Estates and Hotel Services) were surveyed. The survey has now closed and we are awaiting the data.</p>
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.	<p>Legend: % recommend (solid line with diamonds), HDFT mean (solid green line)</p>	The % of patients recommending our services was 94.7% in March. The latest published national average is 92.8%.

Quality - March 2016

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.		Overall staffing compared to planned was at 105%, compared to 106% last month. CSW staffing remains very high compared to plan - this is reflective of the increased need for 1-1 care for some inpatients. A significant focus is being placed on recruitment of RN staff including open events and targeted recruitment campaigns including the use of social media. Senior nurses continue to engage with students who have committed their future to this organisation and accepted a position for September.																														
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 March 2016 was 75.1%, a decrease on the previous month. Appraisal rate compliance will be addressed at Clinical Directorate board meetings this month.																														
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.	<table><thead><tr><th>Competence Name</th><th>Total Employees</th><th>% Completed</th></tr></thead><tbody><tr><td>Equality and Diversity - General Awareness</td><td>3449</td><td>95</td></tr><tr><td>Fire Safety Awareness</td><td>3449</td><td>92</td></tr><tr><td>Health & Safety</td><td>1491</td><td>99</td></tr><tr><td>Infection Prevention & Control 1</td><td>660</td><td>100</td></tr><tr><td>Infection Prevention & Control 2</td><td>2740</td><td>88</td></tr><tr><td>Information Governance: Introduction</td><td>3182</td><td>95</td></tr><tr><td>Information Governance: The Beginners Guide</td><td>266</td><td>98</td></tr><tr><td>Prevent Basic Awareness (December 2015)</td><td>3449</td><td>100</td></tr><tr><td>Safeguarding Children & Young People Level 1</td><td>3449</td><td>94</td></tr></tbody></table>	Competence Name	Total Employees	% Completed	Equality and Diversity - General Awareness	3449	95	Fire Safety Awareness	3449	92	Health & Safety	1491	99	Infection Prevention & Control 1	660	100	Infection Prevention & Control 2	2740	88	Information Governance: Introduction	3182	95	Information Governance: The Beginners Guide	266	98	Prevent Basic Awareness (December 2015)	3449	100	Safeguarding Children & Young People Level 1	3449	94	The data shown is for end March. The overall training rate for mandatory elements for substantive staff is 94.8%, compared to 93.6% last month. The Information Governance toolkit requires us to achieve 95% for both information governance training elements. Following a significant focus on this area through Operational Delivery Group, the 95% standard was achieved for the end of March.
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Safeguarding Children & Young People Level 1	3449	94																															
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 has seen a decrease in February to 4.18%. There will be a rollout of specific Mentally Healthy Workplace training, which is a follow up to the successful series of Personal Resilience workshops carried out in 2015. Sessions are open to all staff and aim to provide skills to reduce stress in the workplace environment.																														

Quality - March 2016

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. <i>The traffic light criteria applied to this indicator is currently under review.</i>		The proportion of spend on temporary staff during 2015/16 was 7.6%, compared to 7.1% last year. 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 is greater than supply nationally.
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.		Turnover rates are remaining fairly static with the Trust rate for the rolling 12 months to February 2016 being 12.86%, a slight decrease from 12.96% seen last month. Work continues to focus on areas with high levels of turnover, such as nursing and ODPs.
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 2015/16.
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 - as a result we have amended the presentation of this indicator this month to show a 12 month rolling average position.		HDFT's C-section rate for the 12 months ending March 2016 was 27.1% of deliveries, an increase on last month. The Royal College of Obstetricians and Gynaecologists recently published a paper which included a range of metrics standardised for local populations, including C-section rates. Overall HDFT was "as expected" in terms of standardised C-section rates. The report is being reviewed in detail by the maternity team to benchmark our position.

Quality - March 2016

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.	<p>3rd/4th degree tears - rate</p> <p>HDFT mean</p>	<p>The rate of 3rd/4th degree tears was 3.4% of deliveries in the 12 month period ending March 2016, no change on last month.</p> <p>The maternity team carry out a full review of all cases of 3rd/4th degree tears. Consideration is currently being made to a clinical re-audit of 3rd/4th degree tears occurring with normal deliveries.</p>
Maternity - Unexpected term admissions to SCBU	<p>This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour.</p> <p>We have amended the presentation of this indicator this month to show a 12 month rolling average position.</p>	<p>No. admissions</p> <p>HDFT mean</p>	<p>The chart shows the number of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). The maternity team carry out a full review of all term admissions to SCBU.</p> <p>There were 7 term admissions to SCBU in March, compared to 4 in February. The average number per month over the last 12 months is 6.</p>

Finance and Efficiency - March 2016

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.		<p>The number of readmissions decreased in February, both actual numbers and as a percentage of all emergency admissions. However this is still higher than the average number of emergency readmissions last year.</p> <p>As part of CQUINs, a further case note audit of January and February readmissions is being undertaken and any themes identified, actions drawn up and implemented.</p>
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidities etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		<p>We have amended the presentation of this indicator this month to show a 12 month rolling average position. HDFT's standardised readmission rate for the 12 month period ending December 2015 was 101.2 - above the national average but within expected levels.</p>
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.		<p>The average elective length of stay for March was 3.4 days, an 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.</p> <p>Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.</p>
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.		<p>The average non-elective length of stay for March was 4.8 days, a decrease on the previous month.</p> <p>Two average lines have been added to the chart (national average and the average for a group of similar benchmarked trusts). These will enable us to understand where HDFT sit and whether our actions have an impact compared to other Trusts.</p>

Finance and Efficiency - March 2016

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 demographic changes during this period and the number of admissions for this group will assist in understanding this further. This is also the focus of the New Care Models work and one of the metrics being used to evaluate this pilot.
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.		Theatre utilisation increased to 86.3% in March. The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of this. As can be seen, the number of cancelled sessions in February was high - however this was due to planned theatre maintenance in both main theatres and day surgery unit which was arranged alongside clinician annual leave.
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 reduced to 1.5% when the snapshot was taken in March, 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 was 4.2% in March, no significant change on recent months. DNA rates at outreach clinics continue to be monitored to ensure that they are not significantly higher than clinics on the main site. During Q4, the DNA rate for first outpatient appointments at outreach clinics reduced from 5.1% to 4.7%, but remains above the DNA rate on the main Harrogate site (4.4%).

Finance and Efficiency - March 2016

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.	<p>Ratio</p> <p>HDFT mean</p>	Actions with HARD CCG continue and are on plan.
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.	<p>Day case rate</p> <p>HDFT mean</p>	The Day Surgery Transformation group continues their work and are on plan.
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.	<p>Plan (cum)</p> <p>Actual (cum)</p>	The Trust reported an underlying surplus for 2015/16 of £27k, £1,773k behind plan.
Cash balance	Monthly cash balance (£'000s)	<p>Plan</p> <p>Actual</p>	The Trust year end cash balance was £5.5m. This is £2.2m behind plan. Although this could be linked to the Trust's financial performance, there is a significant number of outstanding debts. Work is being undertaken to address this. It should also be noted that the Trust is yet to invoice Harrogate and Rural District CCG for £3.8m in relation to the 2015/16 overtrade.

Finance and Efficiency - March 2016

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><thead><tr><th>Element</th><th>Plan</th><th>Actual</th></tr></thead><tbody><tr><td>Capital Service Capacity rating</td><td>4</td><td>3</td></tr><tr><td>Liquidity rating</td><td>4</td><td>4</td></tr><tr><td>I&E Margin rating</td><td>3</td><td>3</td></tr><tr><td>I&E Margin Variance rating</td><td>2</td><td>3</td></tr><tr><td>Financial Sustainabiltiy Risk Rating</td><td>3</td><td>3</td></tr></tbody></table>	Element	Plan	Actual	Capital Service Capacity rating	4	3	Liquidity rating	4	4	I&E Margin rating	3	3	I&E Margin Variance rating	2	3	Financial Sustainabiltiy Risk Rating	3	3	The Trust will report a risk rating of 3 for the year to March. This is in line with the Trust plan and an improvement on the 3 reported in previous months																																															
Element	Plan	Actual																																																																		
Capital Service Capacity rating	4	3																																																																		
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CIP achievement	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.	<table><thead><tr><th>Month</th><th>Actual</th><th>Identified</th><th>Risk adjusted identified</th><th>Target</th></tr></thead><tbody><tr><td>Apr-15</td><td>7,000</td><td>10,000</td><td>8,000</td><td>10,000</td></tr><tr><td>May-15</td><td>8,000</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Jun-15</td><td>7,500</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Jul-15</td><td>8,000</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Aug-15</td><td>8,000</td><td>10,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Sep-15</td><td>8,500</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Oct-15</td><td>8,500</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Nov-15</td><td>9,000</td><td>10,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Dec-15</td><td>9,000</td><td>10,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Jan-16</td><td>9,000</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Feb-16</td><td>9,000</td><td>9,000</td><td>8,000</td><td>10,000</td></tr><tr><td>Mar-16</td><td>9,000</td><td>9,000</td><td>8,000</td><td>10,000</td></tr></tbody></table>	Month	Actual	Identified	Risk adjusted identified	Target	Apr-15	7,000	10,000	8,000	10,000	May-15	8,000	9,000	8,000	10,000	Jun-15	7,500	9,000	8,000	10,000	Jul-15	8,000	9,000	8,000	10,000	Aug-15	8,000	10,000	8,000	10,000	Sep-15	8,500	9,000	8,000	10,000	Oct-15	8,500	9,000	8,000	10,000	Nov-15	9,000	10,000	8,000	10,000	Dec-15	9,000	10,000	8,000	10,000	Jan-16	9,000	9,000	8,000	10,000	Feb-16	9,000	9,000	8,000	10,000	Mar-16	9,000	9,000	8,000	10,000	The Trust achieved the 2015/16 CIP target non recurrently. This is an excellent achievement as a result of a significant effort across the Trust.
Month	Actual	Identified	Risk adjusted identified	Target																																																																
Apr-15	7,000	10,000	8,000	10,000																																																																
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Capital spend	Cumulative Capital Expenditure by month (£'000s)	<table><thead><tr><th>Month</th><th>Actual - cum - 2014/15</th><th>Actual - cum - 2015/16</th><th>Plan - cum - 2015/16</th></tr></thead><tbody><tr><td>Apr</td><td>1,000</td><td>1,000</td><td>1,000</td></tr><tr><td>May</td><td>1,500</td><td>1,500</td><td>1,500</td></tr><tr><td>Jun</td><td>2,000</td><td>2,000</td><td>2,000</td></tr><tr><td>Jul</td><td>2,500</td><td>2,500</td><td>2,500</td></tr><tr><td>Aug</td><td>3,000</td><td>3,000</td><td>3,000</td></tr><tr><td>Sep</td><td>3,500</td><td>3,500</td><td>3,500</td></tr><tr><td>Oct</td><td>4,500</td><td>4,500</td><td>4,500</td></tr><tr><td>Nov</td><td>6,500</td><td>6,500</td><td>6,500</td></tr><tr><td>Dec</td><td>9,000</td><td>9,000</td><td>9,000</td></tr><tr><td>Jan</td><td>10,000</td><td>10,000</td><td>10,000</td></tr><tr><td>Feb</td><td>10,000</td><td>10,000</td><td>10,000</td></tr><tr><td>Mar</td><td>11,914</td><td>11,914</td><td>12,000</td></tr></tbody></table>	Month	Actual - cum - 2014/15	Actual - cum - 2015/16	Plan - cum - 2015/16	Apr	1,000	1,000	1,000	May	1,500	1,500	1,500	Jun	2,000	2,000	2,000	Jul	2,500	2,500	2,500	Aug	3,000	3,000	3,000	Sep	3,500	3,500	3,500	Oct	4,500	4,500	4,500	Nov	6,500	6,500	6,500	Dec	9,000	9,000	9,000	Jan	10,000	10,000	10,000	Feb	10,000	10,000	10,000	Mar	11,914	11,914	12,000	Trust capital expenditure was £11,914k for 2015/16. Although this was below the initial plan, the actual resources available reduced due to the Trust's financial position. Work was undertaken with the Clinical Directorates in Q3 and Q4 to manage capital expenditure and identify schemes which could be carried over into 2016/17. In total, £950k of capital schemes were carried over.													
Month	Actual - cum - 2014/15	Actual - cum - 2015/16	Plan - cum - 2015/16																																																																	
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Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	<table><thead><tr><th>Date</th><th>Agency spend</th><th>HDFT mean</th><th>maximum threshold</th></tr></thead><tbody><tr><td>Apr-13</td><td>3.0%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jul-13</td><td>4.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Oct-13</td><td>3.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jan-14</td><td>2.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Apr-14</td><td>3.0%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jul-14</td><td>2.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Oct-14</td><td>2.0%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jan-15</td><td>2.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Apr-15</td><td>1.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jul-15</td><td>3.5%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Oct-15</td><td>4.0%</td><td>3.0%</td><td>5.0%</td></tr><tr><td>Jan-16</td><td>3.16%</td><td>3.0%</td><td>5.0%</td></tr></tbody></table>	Date	Agency spend	HDFT mean	maximum threshold	Apr-13	3.0%	3.0%	5.0%	Jul-13	4.5%	3.0%	5.0%	Oct-13	3.5%	3.0%	5.0%	Jan-14	2.5%	3.0%	5.0%	Apr-14	3.0%	3.0%	5.0%	Jul-14	2.5%	3.0%	5.0%	Oct-14	2.0%	3.0%	5.0%	Jan-15	2.5%	3.0%	5.0%	Apr-15	1.5%	3.0%	5.0%	Jul-15	3.5%	3.0%	5.0%	Oct-15	4.0%	3.0%	5.0%	Jan-16	3.16%	3.0%	5.0%	The agency bill for March was 3.16% of Trust pay expenditure. Detailed work is ongoing with Clinical Directorates to reduce total agency spend and ensure compliance with the agency cap.													
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Finance and Efficiency - March 2016

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.	<p>£4,000 £3,500 £3,000 £2,500 £2,000 £1,500 £1,000 £500 £-</p> <p>Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16</p> <p>— Average cost 2015/16 — Cost of recruitment — Lowest in network — Highest in network</p>	The Research department has a delivery budget of £69,212 per month. The Yorkshire and Humber Clinical Research Network calculate the cost of recruitment at each NHS site. It is desired that HDFT return a cost of recruitment that is in line with previous years.
Research - Invoiced research activity	Aspects of research studies are paid for by the study sponsor or funder.	<p>£250,000 £200,000 £150,000 £100,000 £50,000 £0</p> <p>Q1 2015/16 Q2 2015/16 Q3 2015/16 Q4 2015/16</p> <p>■ Invoiced amount (cum) — Target (cum)</p>	<p>As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.</p> <p>Data for Q4 will be reported in next month's report.</p>

Operational Performance - March 2016

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.	<table border="1"> <thead> <tr> <th>Indicator</th><th>Q4 score</th><th>Indicator</th><th>Q4 score</th></tr> </thead> <tbody> <tr> <td>18 weeks - incomplete</td><td>0.0</td><td>Cancer - 14 days</td><td>0.0</td></tr> <tr> <td>A&E - 4 hour standard</td><td>1.0</td><td>Cancer - 14 days - breast symptoms</td><td>0.0</td></tr> <tr> <td>Cancer - 62 days to treatment</td><td>0.0</td><td>C-Difficile</td><td>0.0</td></tr> <tr> <td>Cancer - 62 days to treatment - screening</td><td>0.0</td><td>MRSA</td><td>0.0</td></tr> <tr> <td>Cancer - 31 day subsequent treatment - surgery</td><td>0.0</td><td>Compliance with requirements regarding access to healthcare for patients with learning disabilities</td><td>0.0</td></tr> <tr> <td>Cancer - 31 day subsequent treatment - drugs</td><td>0.0</td><td>Community services data completeness - RTT information</td><td>0.0</td></tr> <tr> <td>Cancer - 31 day subsequent treatment - radiotherapy</td><td>N/A</td><td>Community services data completeness - Referral information</td><td>0.0</td></tr> <tr> <td>Cancer - 31 day first treatment</td><td>0.0</td><td>Community services data completeness - Treatment activity information</td><td>0.0</td></tr> </tbody> </table>	Indicator	Q4 score	Indicator	Q4 score	18 weeks - incomplete	0.0	Cancer - 14 days	0.0	A&E - 4 hour standard	1.0	Cancer - 14 days - breast symptoms	0.0	Cancer - 62 days to treatment	0.0	C-Difficile	0.0	Cancer - 62 days to treatment - screening	0.0	MRSA	0.0	Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0	Cancer - 31 day subsequent treatment - drugs	0.0	Community services data completeness - RTT information	0.0	Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0	Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0	<p>HDFT's governance rating for Q4 is Green. The Trust's performance against the A&E 4 hour standard was below 95% for Q4. However this does not affect the Trust's overall governance rating as long as the Trust reports performance above the 95% standard next quarter.</p> <p>The Trust reported 34 cases of hospital acquired C. difficile in 2015/16. RCA results indicate that 23 of these cases were not due to lapses in care and therefore these would be discounted from the trajectory for 2015/16. 4 cases are still under RCA.</p>
Indicator	Q4 score	Indicator	Q4 score																																				
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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.		<p>95.7% of patients were waiting 18 weeks or less at the end of March, no change on last month with performance remaining above the required national standard of 92%.</p> <p>At specialty level, Trauma & Orthopaedics performance has deteriorated and was below the 92% standard in March. Concern remains about sustaining performance for this specialty, particularly in light of the new agency cap from 1st April and the impact it has on theatre staffing.</p>																																				
A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.		<p>HDFT's overall Trust level performance for March 2016 was 94.4%, below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Q4 overall is also below 95%.</p> <p>Further information is provided on this performance position in the Chief Operating Officer's report.</p>																																				
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.		<p>Delivery at expected levels.</p>																																				

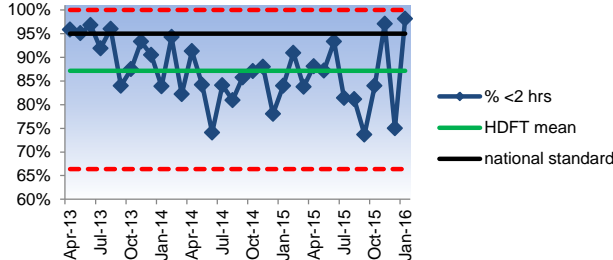
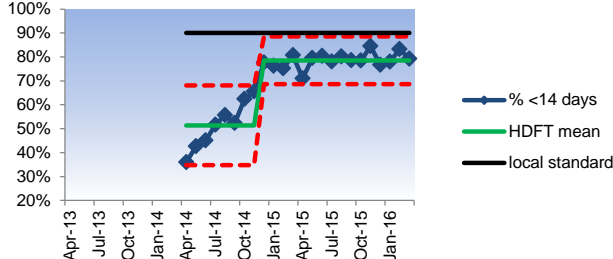
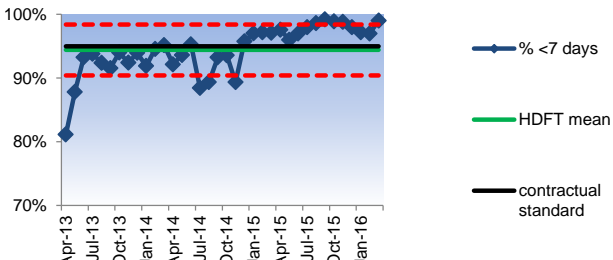
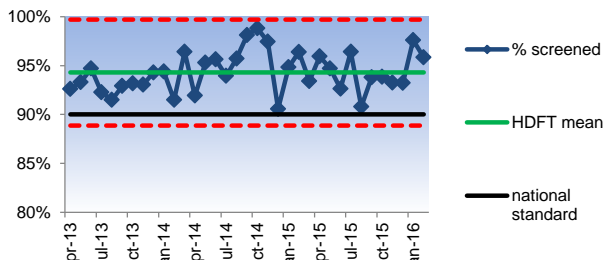
Operational Performance - March 2016

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.		Delivery of the 93% standard remains challenging due to increased demand on the service. However, the Clinical Directorates worked well together to achieve this in February and March.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Delivery at expected levels.

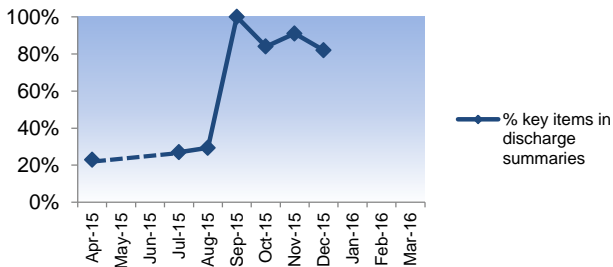
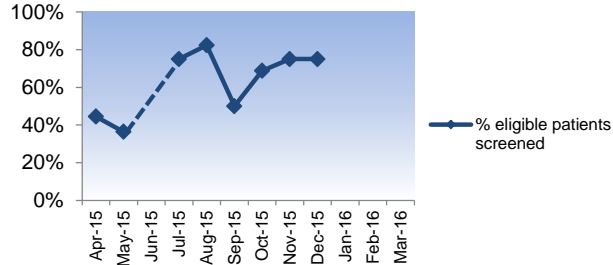
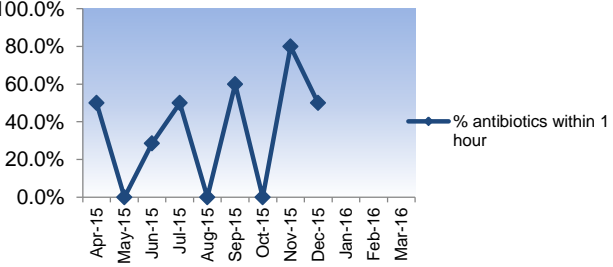
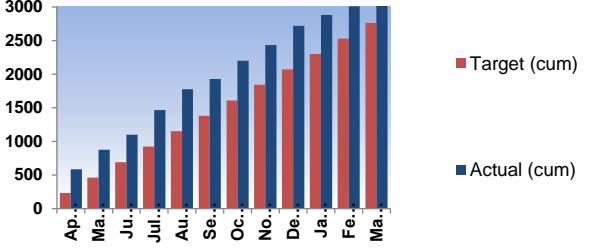
Operational Performance - March 2016

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.		<p>Trust total delivery at expected levels.</p> <p>Of the 11 cancer sites treated at HDFT, 2 had performance below 85% - gynaecological (0.5 breach) and head and neck (1 breach).</p> <p>One patient waited over 104 days for treatment in March. This was due to clinical complexity and patient choice.</p>
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.		<p>Delivery at expected levels.</p>
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.		<p>Delivery at expected levels.</p>
GP OOH - NQR 9	<p>NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation.</p> <p>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.</p>		<p><i>There is no update of this data this month.</i> The Trust recently changed the way that some patient groups are managed within the GP OOH service to improve efficiency and patient experience. Reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for some of the NQRs is now incorrect. We have been working with YAS to resolve this and have made some progress but are not yet confident that the data reported accurately reflects performance. The recent problems with the data have reiterated that the NQRs are out of date. We are proposing revised metrics which more comprehensively reflect both the quality and responsiveness of the GP OOH service.</p>

Operational Performance - March 2016

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 (home visits) started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.		<i>There is no update of this data this month.</i> The Trust recently changed the way that some patient groups are managed within the GP OOH service to improve efficiency and patient experience. Reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for some of the NQRs is now incorrect. We have been working with YAS to resolve this and have made some progress but are not yet confident that the data reported accurately reflects performance. The recent problems with the data have reiterated that the NQRs are out of date. We are proposing revised metrics which more comprehensively reflect both the quality and responsiveness of the GP OOH service.
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.		In March, 79% of babies had a new born visit within 14 days of birth, remaining below the 95% standard. 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.
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.		Performance above expected levels.
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. It is anticipated that the Trust will achieve this CQUIN for Q4.

Operational Performance - March 2016

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.	 <p>% key items in discharge summaries</p>	<p>There is no update on this data this month. Data for Q4 will be presented in April's report.</p> <p>It is anticipated that the Trust will achieve this CQUIN for Q4.</p>
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.	 <p>% eligible patients screened</p>	<p>There is no update on this data this month. Data for Q4 will be presented in April's report.</p> <p>There has been significant in-year improvement in the screening of patients. However the full year achievement of this CQUIN remains challenging.</p>
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.	 <p>% antibiotics within 1 hour</p>	<p>There is no update on this data this month. Data for Q4 will be presented in April's report.</p> <p>The in-year fluctuations in performance reflect the very low numbers of patients which fall within this requirement. The full year delivery of this CQUIN will be challenging.</p>
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.	 <p>■ Target (cum) ■ Actual (cum)</p>	<p>Recruitment has been good to date. Currently recruitment stands at 365 over its target year to date. The department currently has an online study which recruits very well - 48% of recruits in 2015/16 have been via this route.</p>

Operational Performance - March 2016

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.	<table><caption>Estimated data from the trend chart</caption><thead><tr><th>Directorate</th><th>N/A</th><th>PIC</th><th>Large Scale</th><th>Observational</th><th>Interventional</th><th>Commerical</th></tr></thead><tbody><tr><td>Elective Care</td><td>15</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Integrated Care</td><td>15</td><td>5</td><td>15</td><td>10</td><td>10</td><td>5</td></tr><tr><td>Urgent, Community & Cancer...</td><td>10</td><td>5</td><td>5</td><td>5</td><td>5</td><td>5</td></tr><tr><td>Trustwide</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr><tr><td>Corporate Services</td><td>5</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr></tbody></table>	Directorate	N/A	PIC	Large Scale	Observational	Interventional	Commerical	Elective Care	15	5	5	5	5	5	Integrated Care	15	5	15	10	10	5	Urgent, Community & Cancer...	10	5	5	5	5	5	Trustwide	1	1	1	1	1	1	Corporate Services	5	2	2	2	2	2	The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (PIC) or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.
Directorate	N/A	PIC	Large Scale	Observational	Interventional	Commerical																																							
Elective Care	15	5	5	5	5	5																																							
Integrated Care	15	5	15	10	10	5																																							
Urgent, Community & Cancer...	10	5	5	5	5	5																																							
Trustwide	1	1	1	1	1	1																																							
Corporate Services	5	2	2	2	2	2																																							

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.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Falls causing harm	IP falls causing moderate harm, severe harm or death, per 1,000 bed days	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, Monitor and contractual requirement
Quality	Infection control	No. hospital acquired C.diff cases	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc
Quality	Avoidable admissions	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	Reducing readmissions in older people	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 (95% confidence interval).	Comparison with national average performance.
Quality	Mortality - HSMR	Summary Hospital Mortality Index (SHMI)	Blue if no. complaints in latest month is below LCL, 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	Mortality - SHMI	No. complaints, split by criteria	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Complaints	Incidents split by grade (hosp and community)	Green if latest month =0, red if latest month >0.	
Quality	Incidents - all	SIRI and never events (hosp and community)		
Quality	Incidents - SIRIs and never events	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally and/or the % staff recommending the Trust is above 95%, Green if in top 25% of acute trusts nationally, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to receive care	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	Friends & Family Test (FFT) - Patients	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	Safer staffing levels	RN and CSW - day and night overall fill rates at trust level	Annual rolling total - 85% green, Amber between 70% and 85%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months	Blue if latest month >=95%, Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Mandatory training rate	Latest position on the % staff trained for each mandatory training requirement	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	Staff sickness rate	Staff sickness rate		
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	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	Maternity - Rate of third and fourth degree tears	No. third or fourth degree tears as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	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	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	Length of stay - elective	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Length of stay - non-elective	Average LOS for non-elective patients		

Section	Indicator	Further detail	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		
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%. Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Day case rate	% elective admissions that are day case	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by Monitor
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 achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	CIP achievement	Cost Improvement Programme performance	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	Green if on or above plan, amber if less than 10% behind plan YTD, red if > 10% behind plan YTD.	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	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by Monitor
Operational Performance	Monitor governance rating			
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	NHS England, 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	Green if above or on target, red if below target.	
Operational Performance	Directorate research activity	The number of studies within each of the directorates	to be agreed	

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Report to the Trust Board of Directors: 27 April 2016	Paper No: 9.0
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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 Specialist
Report Purpose	For information

Key Issues for Board Focus:

1. Emergency Department 4 hour performance was below the 95% standard for Quarter 4.
2. Plans are in place to ensure continued service delivery for the duration of the junior doctor's industrial action in April.
3. The consultation of the review of directorate structures has concluded, and a preferred composition of Clinical Directorates has been reached.

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 Quarter 4 Governance section of the Risk Assessment Framework.

1.0 EMERGENCY DEPARTMENT 4 HOUR PERFORMANCE

Performance against the A&E 4 hour waiting times target was below the required 95% in March at Trust level and for Quarter 4 overall (94.7%). Sustained delivery of this standard remains challenging and this is the first time that the Trust has been below the 95% standard for the quarter overall.

The 2015/16 Monitor Risk Assessment Framework states breaching the A&E waiting times target in two quarters of any four-quarter period and in any additional quarter over the subsequent three quarters would trigger a Governance concern.

The development and implementation of plans to enable the Trust to move back to a positive performance position continue, including reviewing staffing deployment and requirements, co-location with GPOOH, and a review of departmental physical clinical capacity.

2.0 COMMUNITY CHILDREN'S SERVICES

Mobilisation of the 0-19 Services across County Durham, Darlington and Middlesbrough

The mobilisation of the 0-19 services across County Durham, Darlington and Middlesbrough has gone smoothly, however there remain a minor number of estates issues to be resolved to reduce overcrowding and identify permanent bases. This is being resolved in partnership with the commissioners.

The provision of Safeguarding Children Services has been complicated due to the change in commissioning arrangements and transfer of safeguarding responsibilities to the Local Authority who commission services. The 0-19 practitioners across County Durham and Darlington are receiving their training, advice, support and supervision from the County Durham and Darlington (CDDFT) Safeguarding Children Team with a Service Level Agreement (SLA) in place between 1st April 2016 and 30th June 2016 until TUPE can be resolved. From 1st July 2016 HDFT's Safeguarding Children Team will assume full responsibility for the practitioners who have TUPED into the Organisation.

North Yorkshire 5-19 KPI Reporting

The North Yorkshire 5-19 team, Information Department and commissioners are continuing to work together on the development of performance reports, this work has identified that the 5-19 practitioners require further SystmOne training to ensure the agreed KPIs can be reported against. This training has commenced with identified teams and the whole service will have been trained by the middle of May.

3.0 JUNIOR DOCTORS INDUSTRIAL ACTION

Further junior doctor industrial action is scheduled for 26 & 27 April 2016. This comprises a further 48 hour period of which there will no junior doctor cover at all between 8am-5pm on both days. This is set to be a challenging time for the organisation and therefore directorates have been working on plans to ensure that care will be provided safely throughout the strike. In anticipation of the strike action the Trust has had to respond to a significant volume of national assurance returns to NHS England to demonstrate appropriate plans are in place for the duration of the strikes.

4.0 CARBON AND ENERGY FUND

The final sections of the electrical infrastructure works have now been completed and the whole installation has been inspected by the Trust's External Authorising Engineer. There are some final tests to be undertaken which are planned for the end of April before formal handover to the Trust, which is scheduled for the first week in May.

The internal lighting replacement works are also progressing well with approximately 66% of the fittings now replaced. The contractor is projecting that the lighting installation will be complete by the end of June.

The second of the two new boilers has been delivered to site and is currently being connected into the distribution system. It is expected that this will be operational before the end of April. All the new equipment associated with the chilled water infrastructure has been lifted into the various locations on the roof and work is progressing well to ensure that cooling is available in advance of the summer months.

5.0 DIRECTORATE INTEGRATION OF SERVICES

The consultation on the review of directorate structures to achieve full integration of all Children's Services following the transfer of 0-19 Children's Services from Durham, Darlington and Middlesbrough has concluded. Overall the feedback was overwhelmingly supportive of the proposal, specific areas of feedback centred around five key areas:

1. Radiology
2. Community Equipment
3. Outpatients
4. Paediatrics
5. Chronic pain and fatigue

Following a detailed review of all feedback from the consultation process a preferred composition of Clinical Directorates has been reached. The next phase will be to complete the consultation and placement process for the Directorate Management teams. It is therefore planned that the new Clinical Directorate structures will take effect from 16 May 2016.

It is recognised that these changes may create uncertainty for some staff and therefore the intention is to transition to the new structure and integrate the new services as quickly as possible whilst maintaining safety, standards of services and a manageable work balance within the Clinical Directorates. Support will be provided to any individuals whose roles are affected by change.

Details of the composition of the new directorates are shown below:

- Long Term and Unscheduled Care
- Planned and Surgical Care
- Children's and County Wide Community Care

Long Term and Unscheduled Care	Planned and Surgical Care	Children's and County Wide Community Care
<p>Emergency Medicine Acute Medicine Cardiology Respiratory GPOOH MIUs Community Response and Overnight Service Stroke Care Elderly Neurology Neuro rehabilitation Community Local Integrated Teams Trinity Ward Diabetes and Endocrinology Discharge Planning Nutrition and Dietetics Tissue Viability Resuscitation Cancer Services End of Life Care SPC Haematology Oncology Pharmacy Pathology Radiology IPC / TB / NEAT Therapy Services aligned to specialities above Specialist Nursing Services aligned to services above</p>	<p>T&O Rheumatology MSK Main Theatres Anaesthetics Critical Care Acute Pain Ophthalmology ENT Max Fac Orthodontics Dermatology Plastics Audiology Day Surgery Obstetrics and Gynaecology Urology Vascular General Surgery Gastroenterology Bowel Screening Endoscopy PAAU All outpatient departments and locations Catheter Lab Therapy Services aligned to specialities above Specialist Nursing Services aligned to services above</p>	<p>North Yorkshire 0 - 19 Children's Services Durham 0 - 19 Children's Services Darlington 0 - 19 Children's Services Middlesbrough 0 - 19 Children's Services North Yorkshire Autism service Community Paediatrics and Child Development Centres CHIS Safeguarding Children Looked after Children Vaccination and Immunisation Acute Paediatrics SCBU Living with Pain Team and Chronic Fatigue Service Psychology Speech and Language Therapy Podiatry Wheelchair Services Community Equipment Community Dental Services Therapy Services aligned to specialities above Specialist Nursing Services aligned to services above</p>

6.0 SERVICE ACTIVITY

Variances above or below 3% are as follows:

At the end of 2015/16, new outpatient activity was 3.5% below plan. All other HDFT activity was no more than 3% above or below plan.

For Leeds North and West CCG, follow-up outpatient appointments were 6.4% below plan and elective admissions were 6% above plan for 2015/16.

7.0 FOR APPROVAL

The Board is asked to **approve** Quarter 4 Governance section of the Risk Assessment Framework as **Green** for submission to Monitor as detailed in the Integrated Board Report.

Report to the Trust Board of Directors: 27th April 2016	Paper No: 10.0
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Title	Report from the Director of Finance
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	Review of the Trust's financial position

Key Issues for Board Focus:

1. The Trust reported an underlying surplus of £27k for 2015/16. This resulted in a Financial Sustainability Risk Rating (FSRR) of 3 for the year.
2. The Trust achieved cost improvement programme targets for 2015/16, which is very positive. 2016/17 will again be challenging in this area, however, a significant number of plans are already in place.
3. The Trust submitted the Operational Plan for 2016/17 at the beginning of April.

Related Trust Objectives

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

Risk and Assurance	There is a risk to delivery of the 2016/17 financial plan if budgetary control is not improved. Mitigation is in place through regular monthly monitoring, and discussions on improving this process are ongoing.
Legal implications/Regulatory Requirements	

Action Required by the Board of Directors

The Board is asked to –

1. Note the contents of this report.
2. Approve the submission of the return to NHS Improvement and FSRR of 3 for Quarter 4.
3. Note the submission of the Operational Plan for 2016/17 and Board Declarations/Certificates to NHS Improvement.

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2015/16 Financial Position

Financial Performance

- The Trust reported an underlying surplus for 2015/16 of £27k. This is outlined on page 3 in more detail.
- The Trust achieved both the internal and external CIP targets for 2015/16. This is an excellent achievement and reflects the hard work undertaken by each Directorate.
- Planning for 2016/17 CIP is outlined on pages 7 and 8. The work done on planning for 2016/17 has been positive, however, there are a number of risks still in the programme and this needs to be a continued focus.
- The Trust's year end cash balance was £5.5m. This is £2.2m behind plan. Although this could be linked to the Trust's financial performance, there is a significant number of outstanding debts. Work is being undertaken to address this. It should also be noted that the Trust will be invoicing Harrogate and Rural District CCG for £3.8m in relation to the 2015/16 overtrade.

Monitor Financial Sustainability Risk Rating (FSRR)

- The table below outlines the Trust's FSRR for the year to 31 March 2016

March– 16	Plan	Actual
Capital Service Capacity rating	4	3
Liquidity rating	4	4
I&E Margin rating	3	3
I&E Margin Variance rating	2	3
Financial Sustainability Risk Rating	3	3

- As demonstrated above, this is at planned levels, and reflects an improvement on the position reported in previous months.
- The Board is asked to approve the submission of the Monitor return and FSRR of 3 for Quarter 4.

2015/16 Financial Position

2016/17 Operational Plan

- The Board of Directors has previously discussed the development of the Operational Plan at its meetings in December 2015, January, February and March 2016.
- Work has progressed with the Clinical and Corporate Directorates to finalise the plan for submission to NHS Improvement in April 2016.

Current Position

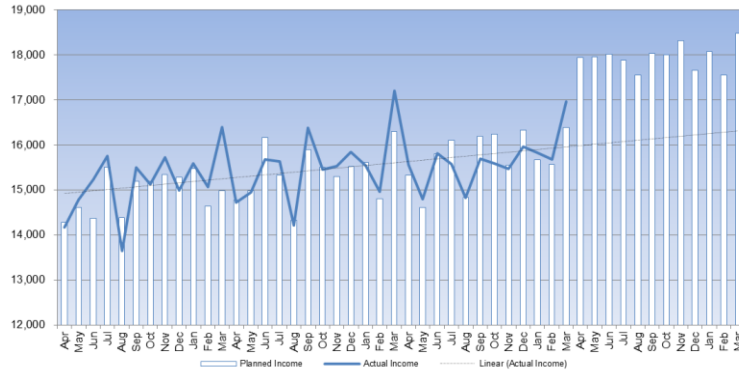
- An Extraordinary Meeting of the Board of Directors was held on 8 April 2016 to consider the Operational Plan for 2016/17 in detail.
- The Board of Directors approved the Operational Plan for 2016/17, subject to the incorporation of the amendments agreed at the meeting and also agreed to delegate authority to the Finance Committee to approve any further amendments, particularly with regard to any substantial changes related to contract negotiations.
- In addition, the Board of Directors also considered the Board Declarations / Certificates that accompany the Operational Plan. The Board of Directors agreed to delegate authority to the Chief Executive and Deputy Chief Executive / Finance Director as signatories for the statutory declarations and certificates on behalf of the Board of Directors.
- The Operational Plan has subsequently been updated to incorporate the requested amendments and was submitted, together with the Board Declarations / Certificates, to NHS Improvement on 18 April 2016.
- The Board of Directors is asked to note the submission of the Operational Plan for 2016/17 and Board Declarations / Certificates to NHS Improvement.
- These will be published on the Trust website in the near future.

Overview Income & Expenditure Position

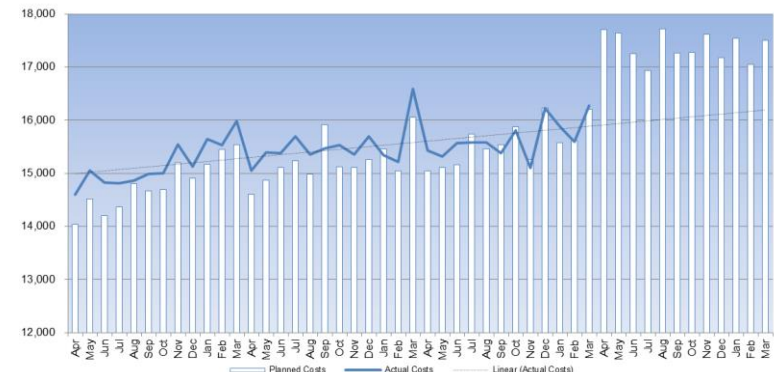
	Budget		Actual	Cumulative
	Annual Budget £000	Proportion To Date £000	To Date £000	Variance £000
INCOME				
NHS Clinical Income (Commissioners)				
NHS Clinical Income - Acute	134,235	134,235	132,754	(1,481)
NHS Clinical Income - Community	38,135	38,135	38,461	326
System Resilience & Better Care Funding	569	569	488	(81)
Non NHS Clinical Income				
Private Patient & Amenity Bed Income	1,854	1,854	1,589	(265)
Other Non-Protected Clinical Income (RTA)	523	523	356	(167)
Other Income				
Non Clinical Income	13,111	13,111	13,727	616
Hosted Services	386	386	406	20
TOTAL INCOME	188,814	188,814	187,781	(1,032)
EXPENSES				
Pay				
Pay Expenditure	(128,136)	(128,136)	(128,335)	(199)
Non Pay				
Drugs	(14,011)	(14,011)	(13,829)	182
Clinical Services & Supplies	(17,635)	(17,635)	(18,091)	(456)
Other Costs	(17,272)	(17,272)	(20,231)	(2,958)
Reserves :				
Pay	(639)	(639)	0	639
Pay savings targets	0	0	0	0
Other Reserves	(3,323)	(5,123)	0	5,123
High Cost Drugs	1,375	1,375	0	(1,375)
Non Pay savings targets	342	342	0	(342)
Other Finance Costs	(18)	(18)	(10)	8
Hosted Services	(395)	(395)	(399)	(4)
TOTAL COSTS	(179,711)	(181,511)	(180,894)	617
EBITDA	9,102	7,302	6,887	(415)
Profit / (Loss) on disposal of assets	0	0	(340)	(340)
Depreciation	(4,763)	(4,763)	(4,572)	191
Interest Payable	(59)	(59)	(119)	(60)
Interest Receivable	20	20	46	27
Dividend Payable	(2,500)	(2,500)	(2,288)	212
Net Surplus/(Deficit) before donations and impairments	1,800	0	(385)	(385)
Donated Asset Income	0	0	412	412
Net Surplus/(Deficit)	1,800	0	27	27
Reversal of Impairment	0	0	350	350
Net Surplus/(Deficit)	1,800	0	377	377
Consolidation of Charitable Fund Accounts	0	0	(465)	(465)
Consolidated Net Surplus/(Deficit)	1,800	0	(86)	(86)

Income & Expenditure Run Charts

Planned and Actual Income Apr 2013 - Mar 2017

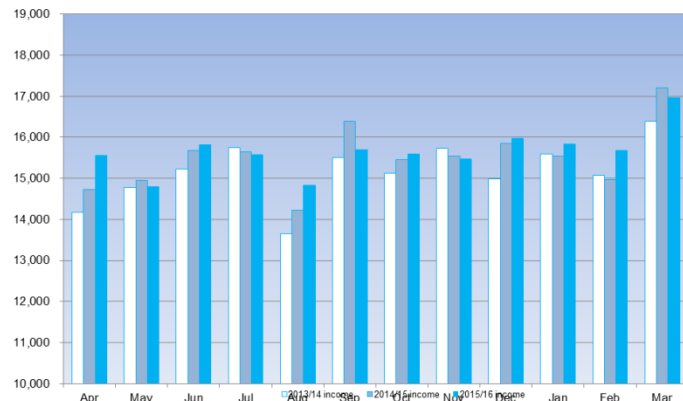


Planned and Actual Costs Apr 2013 - Mar 2017

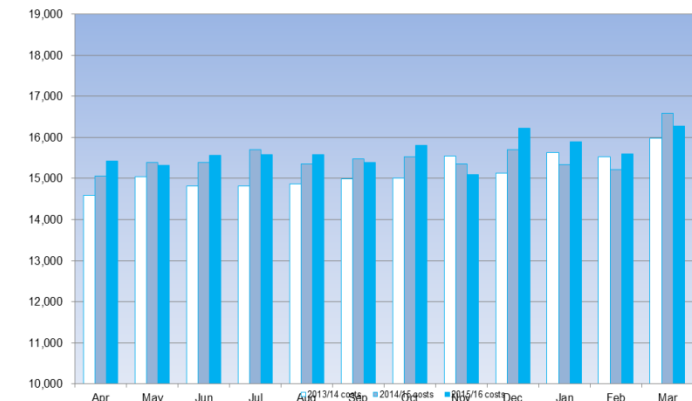


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978	2013/14 expenditure plan	14,039	14,523	14,197	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535
2013/14 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 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	-116	161	858	242	-730	314	-69	382	-290	115	436	1,417	2013/14 variance	559	528	628	446	53	329	301	343	218	469	80	448
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%	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 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 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 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 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	-62	-36	-491	312	-111	487	-55	240	322	-67	158	896	2014/15 variance	456	519	280	459	379	-436	405	253	427	-119	162	540
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%	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 income plan	15,335	14,610	15,799	16,105	14,830	16,202	16,245	15,554	16,329	15,677	15,560	16,385	2015/16 expenditure plan	15,052	15,109	15,164	15,739	15,466	15,536	15,874	15,267	16,229	15,581	15,615	16,204
2015/16 income actual	15,564	14,802	15,810	15,578	14,826	15,689	15,595	15,467	15,968	15,828	15,686	16,967	2015/16 expenditure actual	15,427	15,314	15,572	15,584	15,584	15,384	15,807	15,099	16,222	15,890	15,597	16,275
2015/16 variance	229	192	11	-527	-4	-513	-650	-87	-361	151	126	582	2015/16 variance	375	205	408	-155	118	-152	-67	-168	-7	309	-18	70
2015/16 % variance	1.5%	1.3%	0.1%	-3.3%	0.0%	-3.2%	-4.0%	-0.6%	-2.2%	1.0%	0.8%	3.6%	2015/16 % variance	2.5%	1.4%	2.7%	-1.0%	0.8%	-1.0%	-0.4%	-1.1%	0.0%	2.0%	-0.1%	0.4%

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

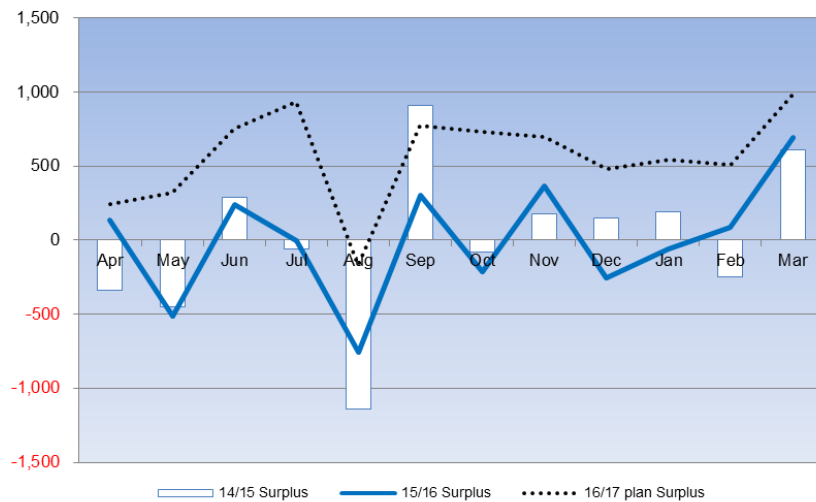


Actual costs 2013/14, 2014/15 & 2015/16

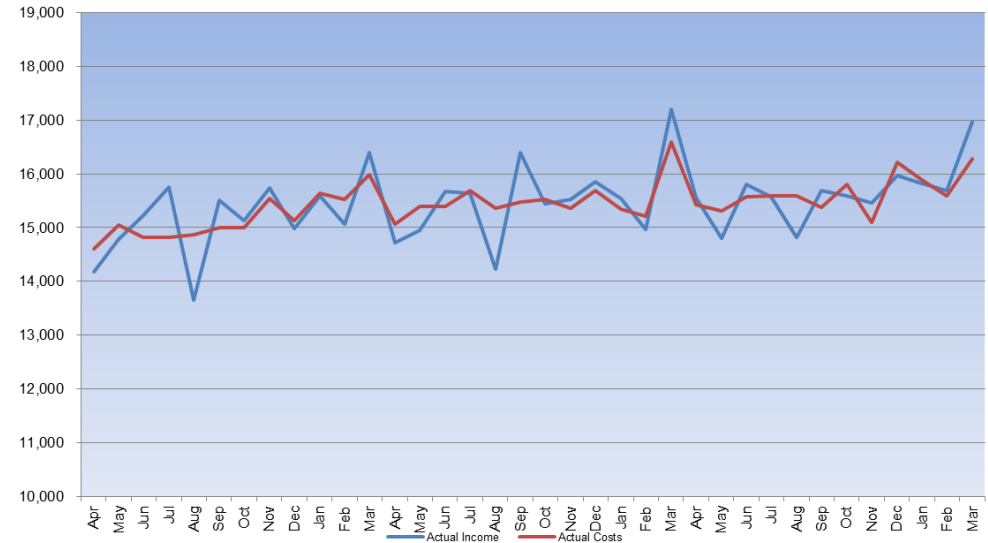


Income & Expenditure Run Charts

Comparison of monthly Surplus/(Deficit) - April 14 to March 16



Actual Income against Actual Cost April 2013 - March 2016



	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	15,467	15,968	15,828	15,686	16,967
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	15,807	15,099	16,222	15,890	15,597	16,275
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	-212	368	-254	-62	90	693

2015/16 Efficiency Update

- The Trust achieved both internal and external CIP plans for 2015/16. This is an excellent achievement by all Directorates.
- It is important that this momentum continues into 2016/17. Current plans are outlined in the following slides.

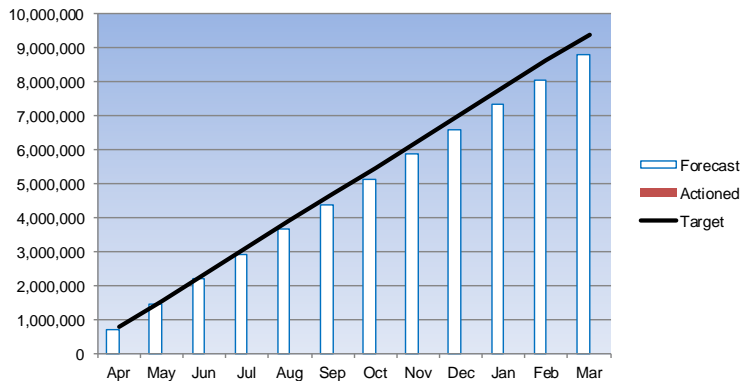
Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute Care	2,823,600	2,832,230				2,832,230	100%	2,832,230	100%
Elective Care	3,165,500	3,215,000				3,215,000	102%	3,215,000	102%
Integrated Care	2,800,200	2,800,200				2,800,200	100%	2,800,200	100%
Corporate	1,463,600	1,429,560				1,429,560	98%	1,429,560	98%
Total	10,179,000	10,276,990	0	0	0	10,276,990	101%	10,276,990	101%
Target		10,179,000				10,179,000		10,179,000	
Variance		97,990				97,990	101%	97,990	101%
Target less ETO benefit		8,779,000				8,779,000		8,779,000	
Variance		1,497,990				1,497,990	117%	1,497,990	117%

2016/17 Efficiency Update

- Significant amounts of work have gone into the Cost Improvement Programme for 2016/17 so far. This is reflected in the number of plans in place and that the plans cover the full year target.
- The risk adjusted total of 80% reflects that a number of risks are in place which need to be addressed.
- It is key that plans are actioned from April and the Trust starts the year in a positive position.
- At present the figures below do not reflect the risk in relation to contract discussions. The outcome of this may have an impact on the required saving level.

Trustwide Cost Improvement Programme

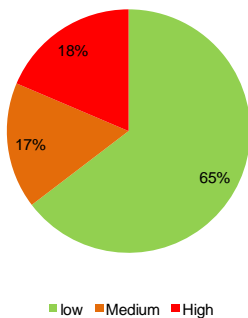
2016/17



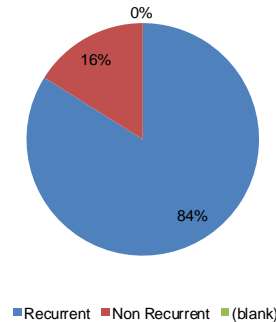
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	9,400,000	0	6,232,810	1,608,500	1,783,684	9,624,994	102%	7,564,706	80%
% age of target			66%	17%	19%				

Top 10 schemes		Top 10 as % of schemes -		31%	
No.	Scheme	Value	Risk		
1	Business Development 1	450,000	low		
2	Maternity Review	400,000	low		
3	Corporate Overhead review	336,960	low		
4	Recurrent skill mix review	315,000	low		
5	Non recurrent skill mix review	300,000	low		
6	Respiratory and Cardiology Review	293,000	low		
7	Carbon Energy Fund	266,000	low		
8	Review Inpatient Workstream	252,300	High		
9	Workforce review	200,000	High		
10	Business Development 2	200,000	Medium		

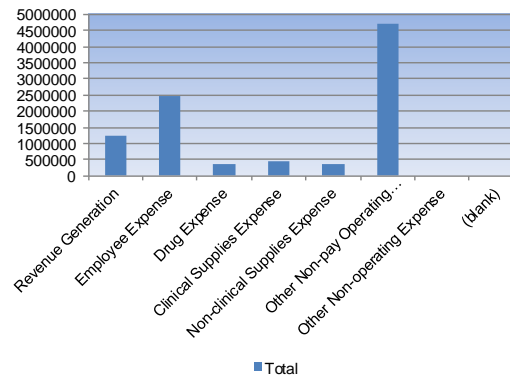
CIP schemes by Risk



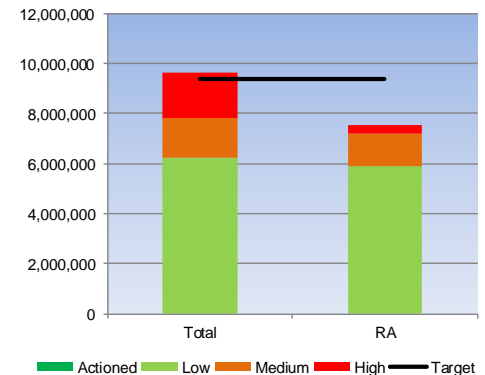
Recurrent V Non Recurrent Plans



Efficiency Category



Risk Profile

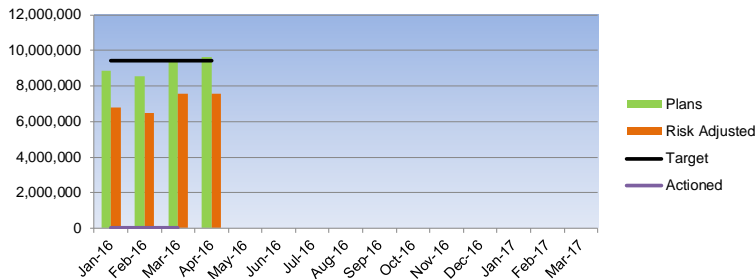


2016/17 Efficiency Update

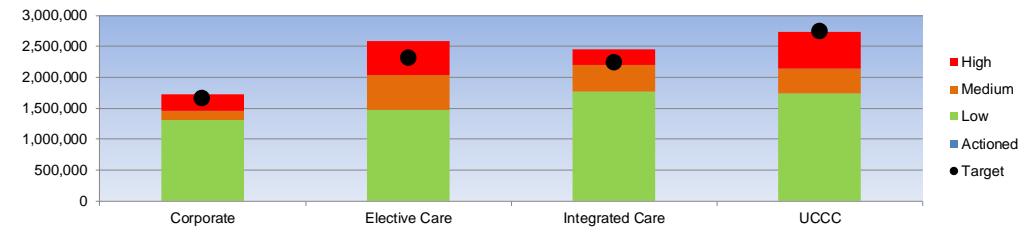
Trustwide Cost Improvement Programme

2016/17

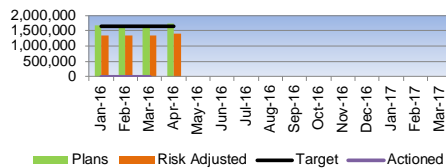
Trustwide Monthly Progress against Target (Full Year Effect)



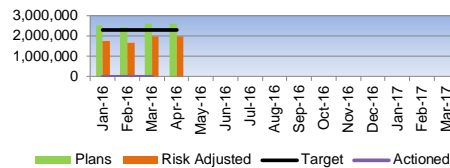
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate	1,650,100	0	1,315,460	141,915	272,500	1,729,875	105%	1,417,719	86%
Elective Care	2,305,800	0	1,465,900	574,085	547,635	2,587,620	112%	1,961,400	85%
Integrated Care	2,238,200	0	1,768,600	423,500	252,300	2,444,400	109%	2,069,430	92%
UCCC	2,743,800	0	1,738,899	404,000	593,200	2,736,099	100%	2,093,794	76%



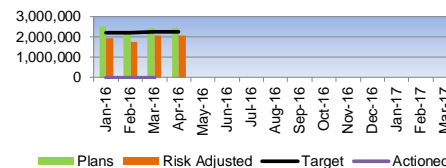
Corporate Monthly Progress against Target (Full Year Effect)



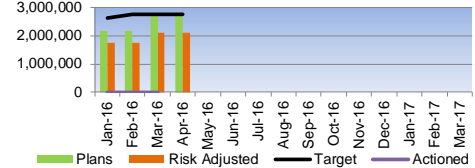
Elective Care Monthly Progress against Target (Full Year Effect)



Integrated Care Monthly Progress against Target (Full Year Effect)



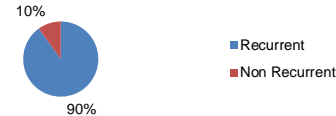
Urgent, Community and Cancer Care Monthly Progress against Target (Full Year Effect)



Corporate R - NR Split



Elective Care R - NR Split



Integrated Care R - NR Split



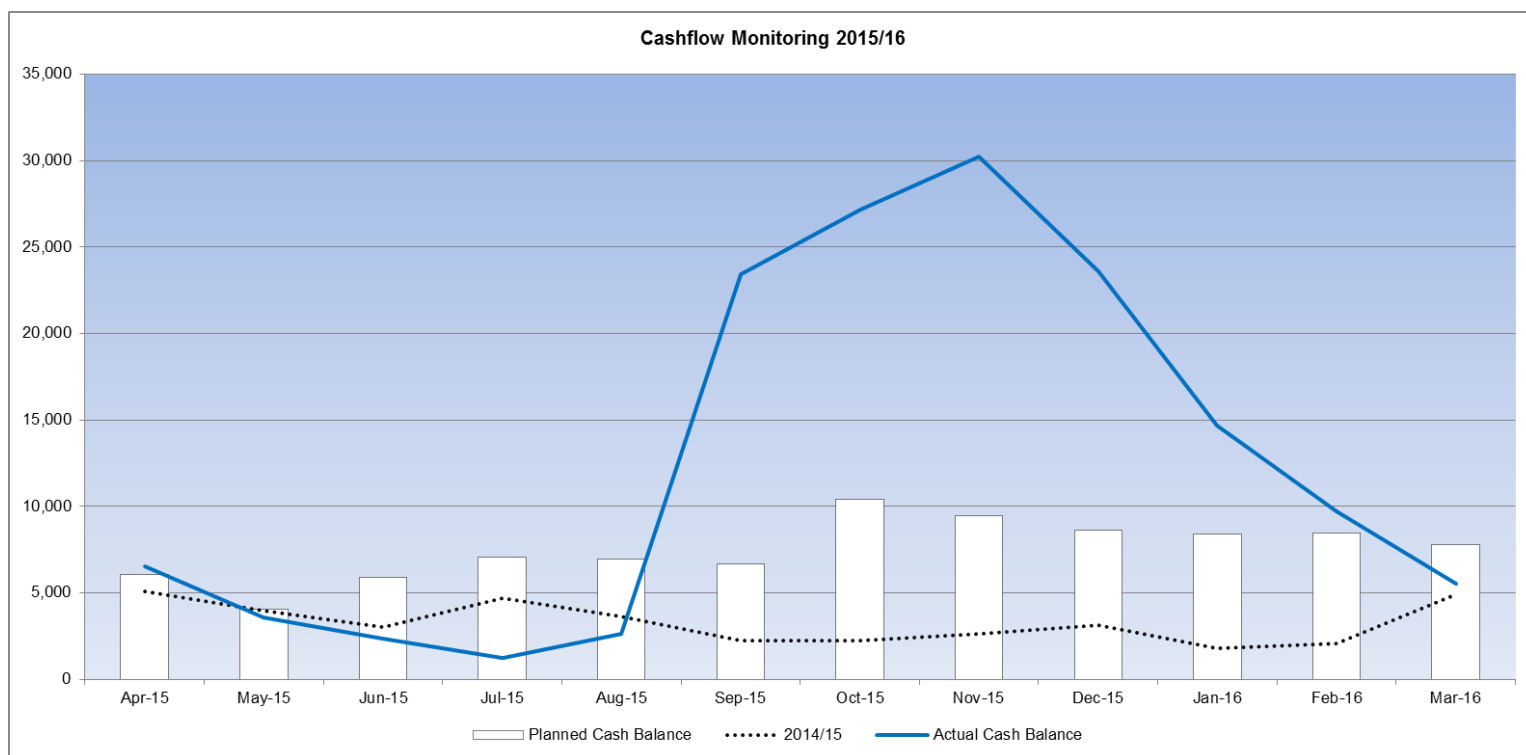
Urgent, Community and Cancer Care R - NR Split



Cash Management

	0 to 30 Days £000	31 to 60 Days £000	61 to 90 Days £000	Over 91 Days £000	Total £000
NHS Debts	1,353	1,154	366	3,761	6,634
Insurance Companies	121	31	25	25	202
Other	896	96	60	96	1,148
Totals	2,370	1,281	451	3,882	7,984

Feb 16 - Top 5 Debtors	£
NHS ENGLAND	1,180,208.87
YORK TEACHING HOSPITALS NHS FOUNDATION TRUST	1,015,814.67
NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	984,798.61
MIDDLESBROUGH COUNCIL	764,200.00
NHS HARROGATE RURAL DISTRICT CCG	750,810.65
	4,695,832.80



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Report to the Trust Board of Directors: 27 th April 2016	Paper No: 11.0
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Title	Alwoodley Medical Centre
Sponsoring Director	Jonathan Coulter
Author(s)	Angela Gillett
Report Purpose	For approval

Key Issues for Board Focus:

- Approval to enter into a licence agreement for clinic accommodation in the newly built Alwoodley Medical Centre.

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	Potential risk of not having accommodation available to occupy if legal agreements are not in place.
Legal implications/Regulatory Requirements	Licence to be signed by Chief Executive and Chair Person

Action Required by the Board of Directors

Approval is requested to:

- Enter into a licence agreement in relation to outreach clinics at the new Alwoodley Medical Centre.

1. Background

1.1 The Trust was approached by a North Leeds GP Practice regarding the provision of outreach services in a new facility being built in Alwoodley, North Leeds.

1.2 Since the initial approach, the Trust has worked closely with the practice to agree a range of outreach services that could be delivered in the new practice. The Trust has been allocated dedicated clinic space to deliver these new services.

1.3 A Business case for the Trust to utilise clinic space at a newly built facility in Alwoodley has been developed and was approved in March 2016.

1.4 The purpose of this paper is to outline the following:

- Timescales for the implementation/mobilisation
- Obtain approval from the Board of Directors to enter into a formal lease agreement

2. Current position

2.1 Discussions have been ongoing with the GP Practice and architects, and agreement was reached to allow the Trust sole use of 3 clinic rooms and sessional use of a treatment room.

2.2 The Trust has appointed DAC Beachcroft solicitors to act on its behalf and negotiate a licence in respect of the clinic accommodation in the GP Practice.

2.3 Directorates have agreed a clinic timetable and are making arrangements to release clinics on patient systems.

2.4 Clinics are scheduled to go live on 3rd May 2016.

3. Timetable

3.1 The licence will commence with effect from 3rd May 2016.

4. Conclusion

5.1 The licence will be made ready for signing in due course.

5. Request for approval

6.1 Approval is requested to enter into a licence in respect of the Alwoodley Medical Centre.

Report to the Trust Board of Directors: 27 April 2016	Paper No: 12.0
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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. To deliver high quality care	Through the pro-active management of workforce matters, including recruitment, retention and staff engagement.
2. To work with partners to deliver integrated care	To work with external organisations such as Health Education England and others to commission our future workforce and develop the existing workforce.
3. To ensure clinical and financial sustainability	By seeking to recruit and retain our workforce to full establishment and minimise our use of agency staff.

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 April 2016

a) Agency Cap Progress

A paper has been produced with input from Clinical Directorate leads, Finance and Human Resources which sets out the current position within the Trust in relation to the implementation of the NHS Improvement Agency Cap. The cap was first introduced in November 2015, with a phased reduction in rates in February and April 2016. The cap still enables exemptions to be made on patient safety grounds for which the Trust has an escalation process in place. The paper was prepared for consideration by the Senior Management Team at this month's meeting.

The paper describes the mitigating action that is currently being taken across the Trust to reduce our reliance on Agency staff, with the associated timescales for planned actions and provided recommendations on the approach moving forward. Significant progress has been made to date on reducing the costs of employing agency staff members in the Trust.

b) Junior Doctors Industrial Action

The British Medical Association (BMA) has announced further periods of industrial action in relation to the imposition of the new contract for junior doctors. Initially these periods of industrial action were to result in the provision of emergency care only, this has now escalated to a full stoppage of work between:-

- 08:00 - 17:00 on Tuesday 26 April 2016
- 08:00 - 17:00 on Wednesday 27 April 2016

Directorates are in the process of developing their plans for service provision during these periods in order to ensure that the Trust is well prepared and that high quality patient care remains our primary focus. It is likely that there will be an increased level of disruption to our patients in comparison to the previous industrial action. Contingency arrangements are also being planned in the event that junior doctors might need to be recalled if patient safety became compromised. These arrangements have been discussed with our local and regional British Medical Association (BMA) colleagues.

c) Implementation of new Junior Doctors' Contract

The Terms and Conditions for the phased implementation of the new contract were published on 31 March 2016, in anticipation of implementation in August 2016. The task of reviewing and revising the rotas for junior doctors is now underway.

Listening events with our junior doctors commenced on 14 April. The purpose of these events is to discuss any current concerns around rota arrangements as well as potential changes required to implement the new contract. The feedback from our current junior doctors will support the development of new rotas, where required, which we envisage will improve the experience of junior doctors in the future.

d) A Focus on Attendance Management

In the last few months sickness absence rates have been above the Trust target of 3.9%, which is in line with the seasonal trend that the Trust usually experiences. There are a number of initiatives under way throughout the Trust focussing on improving levels of attendance as well as the overall health and wellbeing of our staff.

A working group has been established to review Trust-wide processes for attendance management within our medical workforce. The aim of this work is to ensure a standardised approach is taken in relation to reporting, recording and managing the absence of medical staff. This was identified as a gap through a recent internal audit report.

The appointment of a Health and Wellbeing Advisor within Occupational Health launched the pilot Sheffield Hallam University (SHU) Wellness programme. This involves conducting individual health assessments for staff, to support individuals to identify areas that they would like to address in order to improve their health and wellbeing. This is particularly aimed at ward staff and Clinical Directorates are being approached to seek their support to enable staff to access this.

Following on from a successful pilot of Personal Resilience workshops in 2015; the Trust is about to launch Mentally Healthy Workplace training. This programme is open to all staff with the intention of providing employees with the skills to identify and address stress in the work environment.

“Free Fruit Day” was launched in the Trust on NHS Change Day in 2015. This initiative has now been expanded to offer a Fruit and Vegetable stall at the front of the hospital site selling fresh produce Monday to Friday.

A social media campaign is under development to promote Health & Wellbeing initiatives and news amongst Trust staff. This will be supported by the establishment of a health and wellbeing working group that will focus on key initiatives moving forward.

e) Confirmation of Mobilisation on 1 April 2016

On 1 April 449 staff transferred into Harrogate and District NHS Foundation Trust from South Tees Hospitals NHS Foundation Trust and County Durham and Darlington NHS Foundation Trust to deliver the 0 - 19 Healthy Child Programme (HCP) for Middlesbrough, County Durham and Darlington.

The transfer has been extremely well managed across the Trust with only a small number of low level issues identified. Payroll has been arranged to transfer in May via a Mass Organisational Change (MOC) process through the Trust's Electronic Record System.

Six welcome events have been arranged to take place throughout April. These have been well received by staff who are extremely positive about their transfer to Harrogate and District NHS Foundation Trust.

f) Support for Staff with Drug/Alcohol Dependency Issues

There have been some recent local and national employment relations cases that have involved NHS staff who have a level of dependency on substances. This can be in the form of drugs and or alcohol. It is important that as a Trust we are vigilant and make our workforce aware of the policies and procedures that are available to them if they declare a concern relating to substance misuse (drug or alcohol).

Staff can be referred to Occupational Health (OH) for assessment of fitness to continue to work or return to work, and also for support and advice. Staff may self-refer if they do not wish to declare problems directly to their manager; this is an important route for staff to gain early access to support and advice before problems escalate. The Trust policy indicates that staff who declare problems will be offered support and rehabilitation to assist them in overcoming dependency.

Consideration is being given to raising staff awareness of substance misuse and dependency issues, and the availability of confidential support and advice about safe working, access to treatment services and rehabilitation.

g) Appraisal Compliance Rates for Year End by Directorate

The table shows the number of assignments and number of assignments appraised in the last 12 months, for the 12 month period ending 31 March 2016.

Directorate	No. of Assignments Appraised	No. of Assignments (*)	% Appraised
Corporate Services	455	520	87.50%
Elective Care	547	824	66.38%
Integrated Care	521	730	71.37%
Urgent, Community and Cancer Care	576	720	80.00%
TOTAL	2,099	2,794	75.13%

(*) The 'Assignment Count' is based on the number of assignments active as 31 March 2016 and excludes bank staff and new starters within the last 12 months. Employees who have had an absence, (such as long term sickness and maternity), of longer than 6 months in the rolling 12 month period prior to 31 March 2016 have also been removed from the assignment count to take into account absences.

I will now be writing personally to those areas that have not achieved the target as set out in the Integrated Board Report and Accountability Framework to seek immediate compliance. The comprehensive training programme to support the introduction of the new appraisal process has now been completed with many positive comments received about the new simplified approach and that it has improved the quality of the appraisal experience and process.

h) Job Planning

Below is the latest job planning figures for Consultants and SAS Grades as at 31 March 2016:-

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	%
UCCC	25	17	68.00%	7	28.00%	1	4.00%
Elective Care	59	34	57.63%	14	23.73%	11	18.64%
Integrated Care	39	36	92.31%	2	5.13%	1	2.56%
Total	123	87	70.73%	23	18.70%	13	10.57%

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	%
UCCC	5	4	80.00%	0	0.00%	1	20.00%
Elective Care	39	11	28.21%	3	7.69%	25	64.10%
Integrated Care	3	2	66.67%	0	0.00%	1	33.33%
Total	47	17	36.17%	3	6.38%	27	57.45%

i) Staff Quality Recognition Schemes

The single most powerful determinant of care quality is the collective knowledge, skills and behaviours of the people providing care - our staff. Strong ambitions for care quality, a capable and motivated workforce and a positive culture which enables excellence and innovation are the fundamental building blocks of sustainable high quality care. These ambitions are set out in the Trust's Quality Charter. Planning to deliver the Charter is now at an advanced stage.

The Quality of Care Champions Scheme will be part of the Charter, which has been designed as a systematic way to unlock discretionary effort and acknowledge and reward individual staff who train in and deliver quality improvement work. The scheme will be based on:

- i) a commitment to reward and recognise those who are carrying out actual improvement activity
- ii) an extended quality improvement training offer, which has been devised in collaboration with the Yorkshire and Humberside Academic Health Science Network's Improvement Academy

Added to the Quality of Care Champions Scheme will be the Chairman and Chief Executive's recognition awards which will be made on an ad hoc basis and will recognise the many ways that our staff make a difference to the lives of patients. It is envisaged that these awards will be launched in May 2016.

j) Celebrating Success and the Long Service Awards

The search for the winners of the 2016 Celebrating Success Awards has commenced and all colleagues across the Trust are being encouraged to apply for an award to recognise innovative approaches in relation to patient care / team working. The Trust has decided to replicate the success of the Dragons Den format used previously.

Each year, through the Long Service Awards scheme, the Trust celebrates those staff who have reached 25, 35 or 40 years' service in recognition of their contribution to the NHS over the years. This year, for the first time and in response to feedback from staff, the long service awards will be presented at a Summer Fair to be held on Sunday 26 June 2016. This will be a family-centred event, held at the Harrogate Rugby Ground, Rudding Lane, Harrogate, between 11.00 am and 4.00 pm.

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Report to the Trust Board of Directors: 27 April 2016	Paper No: 13.0
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Title	Report by the Medical Director
Sponsoring Director	Medical Director - Dr David Scullion
Author(s)	Dr David Scullion
Report Purpose	To update the Board on current clinical issues

Key Issues for Board Focus:

- Continuing reduction in both Summary Hospital level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR).
- Preparation in response to the Junior Doctors Industrial Action planned to take place on 26 and 27 April.
- Use of NHSLA claims information for research purposes.

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 assurance on clinical matters
Legal implications/Regulatory Requirements	None

Action Required by the Board of Directors

The Board of Directors is requested to **receive and consider** the Report

Report by the Medical Director - April 2016

1 Mortality

Both Summary Hospital level Mortality Indicator (SHMI) and Hospital Standardised Mortality Ratio (HSMR) have decreased this month. SHMI performance stands at 92.42 (92.75 for the previous month) and HSMR performance stands at 101.31 (102.05 for the previous month). The same caveats apply to outlier specialties as in my report of March 2016. I have no concerns in any of these three clinical areas. Recent case note reviews in two of these has failed to highlight any lapses of care.

The latest crude mortality rate stands at 1.35% with a rolling 12 month average of 1.16%. There is a slow but consistent downward trend both locally and nationally.

We have received a Cumulative Sum of Outcomes alert for January 2016 in the category of Acute Cerebrovascular Disease. There was an observed death rate of six over an expected rate of 5.41. I am not intending to subject this statistic to an intensive case note review at this stage.

2 Junior Doctors issues

The Terms and Conditions of Service for the new Junior Doctor contract have been published and will come into effect in August 2016. These terms have been reviewed by the Secretary of State, including his responsibilities under the Public Sector Equality Duty. There remains the possibility that the BMA will seek further legal redress under the equality agenda, however this may be unlikely given the recent improvements in the contract offer of November 2015. This specifically seeks to improve the terms of less than fulltime workers, those seeking to change specialties due to disability and those on maternity leave. Documents to assist in the implementation of the contract have been received.

Communication from Dr Kathy Maclean (Medical Director of NHS Improvement) is expected around the assurance that Boards will wish to receive regarding implementation of the new contract. A further update will follow.

A two day full withdrawal of labour (0800-1700hrs) of junior doctors in training is scheduled for the 26th and 27th of April 2016.

3 Be Clear on Cancer Campaign

The next symptom awareness campaign will take place in July/August 2016 and will focus on respiratory symptoms such as cough and unexplained shortness of breath. The campaign will focus on the over 50's and will be rolled out across all areas of the media. The decision to run a campaign on respiratory symptoms is based on statistics from earlier campaigns of public awareness in 2012 and 2014. Not only were a greater number of cancers diagnosed for a comparative period, but a higher number of early stage cancers was detected.

4 Use of NHSLA claims information for research purposes

Following on from previous work done by 'Getting it Right First Time' in the Orthopaedic sector, they have now teamed up with the NHS Litigation Authority to access further litigation data from Acute Trusts regarding a much greater breadth of surgical specialties. By analysing data on claims histories, it is anticipated that variation in practice (and therefore quality) will be smoothed out leading to a decrease in litigation going forward. The programme is predicted to produce savings of £3.85bn over five years. It will result in an

individual report for each Trust followed by a site visit and an eventual national report. In the longer term this work is expected to be rolled out in all medical specialities. The Trust has signed up to its data being analysed in this way.

The Trust has also received a consultation document from the NHS Litigation Authority regarding proposals for the setting of future Clinical Negligence Scheme for Trusts (CNST) contributions. This document is currently being studied in lieu of an organisational response.

5 Consultant appointments, resignations and retirements

Dr Tracy Jackson is leaving the Trust at the end of April to take up a post of Consultant in benign Gynaecology in Leeds. Tracy has been a Consultant in Harrogate for the last eight years and her contribution to the department and wider Trust will be missed.

Dr Chandra Jampala has also decided to resign as a Consultant in Paediatrics to pursue a career in the Middle East, largely for family reasons. He has been a Consultant in Harrogate since November 2010 and has led the neonatal service.

Dr Ann Buxton, Consultant Pathologist will be retiring from the Trust in May having been a Consultant since 1990.

Mr Pravin Singh, Consultant Urologist, has announced he will be retiring, to take effect from September 2016.

I am sure the Board would like to take this opportunity to wish them all well in both the next phase of their career and in retirement.

6 Chaplaincy matters

The Reverend Tim Parker has been appointed to an external Parish and will be leaving the Trust Chaplaincy service. Tim has been a valuable member of the Chaplaincy Team, leading them through a recent period of succession planning. He has made no secret of the fact that life as a Parish Priest has always been his goal. I am sure the Board would like to join me in wishing Tim well in the next phase of his career.

7 Inquest

The inquest into the death of an elderly patient was heard in Harrogate on 25th and 26th April. The patient suffered a serious spinal injury following a fall in a nursing home, injuries which directly contributed to her subsequent death. Witnesses were called from the Trust in order to assist the Coroner. A verdict of accidental death was returned. No criticism of the Trust was made by HMC. I am grateful to the risk management team and to staff members who were called as witnesses and who performed creditably under stressful circumstances.

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Report to the Trust Board of Directors: 27 April 2016	Paper No: 14.0
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Title	Chief Nurse Report
Sponsoring Director	Chief Nurse
Author(s)	Jill Foster, Chief Nurse
Report Purpose	To receive, note and approve the contents of the report

Key Issues for Board Focus:

1. To note the results of Director Inspection Visits 2015/16
2. To understand current registered nurse vacancies and the steps being undertaken to maintain safe staffing levels including robust registered nurse recruitment
3. To acknowledge the reduction in harm to patients through the reduction in hospital acquired pressure ulcers and falls.
4. To approve the Equality and Diversity work plan.

Related Trust Objectives

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

Risk and Assurance

Legal implications/ Regulatory Requirements	No additional risks
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Action Required by the Board of Directors

The Board of Directors are asked to:

- To **note** the results of the director inspection visits 2015/16
- To understand the current registered nurse vacancies and **acknowledge** the actions being undertaken to ensure safe nurse staffing levels and robust recruitment campaigns
- To **acknowledge** the reduction in harm to patients through the reduction in hospital acquired pressure ulcers and falls.
- To **approve** the Equality and Diversity work plan.

Unannounced Directors' Inspections 2015-2016

Date	Ward/Dept.	Risk Rating	Critical Issues	Review Date	Outcome	Critical Issues
09/06/15	Farndale	Red	No VIP scores No nurse in charge badge	13/07/2015	Green	Good evidence on review
12/06/15	Wensleydale	Red	No VIP scores	13/07/2015	Green	Good evidence on review
01/07/15	Nidderdale	Green				
13/07/15	Littondale	Green				
06/08/15	AMUF	Green				
28/08/15	Trinity	Red	No cannula documentation no VIP scores	22/10/2015	Green	Good evidence upon review
21/09/15	ED	Amber/Red	Emergency doors not working General fabric to the environment	11/02/2015	Amber	General fabric to the environment
13/10/15	Jervaulx	Green				
16/11/15	Byland	Red	Failed due to no VIP scores	26/02/2016	Green	
03/11/15	Granby	Green				
08/12/2015	Oakdale	Red	Cleanliness soiled toilet seat	24/12/2015	Green	
21/12/2015	Woodlands	Green				
05/01/2016	Theatres	Red	Medicine cupboard unattended & open	24/03/2016	Green	
29/01/2016	Day Surgery	Red	Cleanliness Medicine Fridge open Patient call bell issues. No nurse in charge badge worn	06/05/2016	TBC	
11/02/2016	Nidderdale	Green				
01/03/2016	Pannal and MAU	Red	No Cannula / VIP/. Gaps in control drugs checks/ toilet not clean / lack of assurance with cleanliness equipment.	TBC	TBC	IPC Team will monitor IV cannula and feedback findings to Jill Foster
17/03/2016	Delivery Suite	Green				

Unannounced Directors' Inspections 2016-2017

14/04/2016	Mortuary	Green				
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Patient Safety Visits

Since last reported, there has been a patient safety visit to the Radiology Department.

Patient safety visits for 2016/17 are being planned, with a view to commence in April 2016 and with particular regard to increase the number of patient safety visits in the community.

Complaints update – March 2016

The number of complaints received in March is 16. In March 2015 the Trust received 22 complaints. Of the 16 complaints received in **March 2016**, 8 were graded Yellow and 8 Green. The total number of complaints for 2015/16 is 213 subject to final verification. The total number of complaints 2014/15 was 265.

Registered Nurses Vacancies

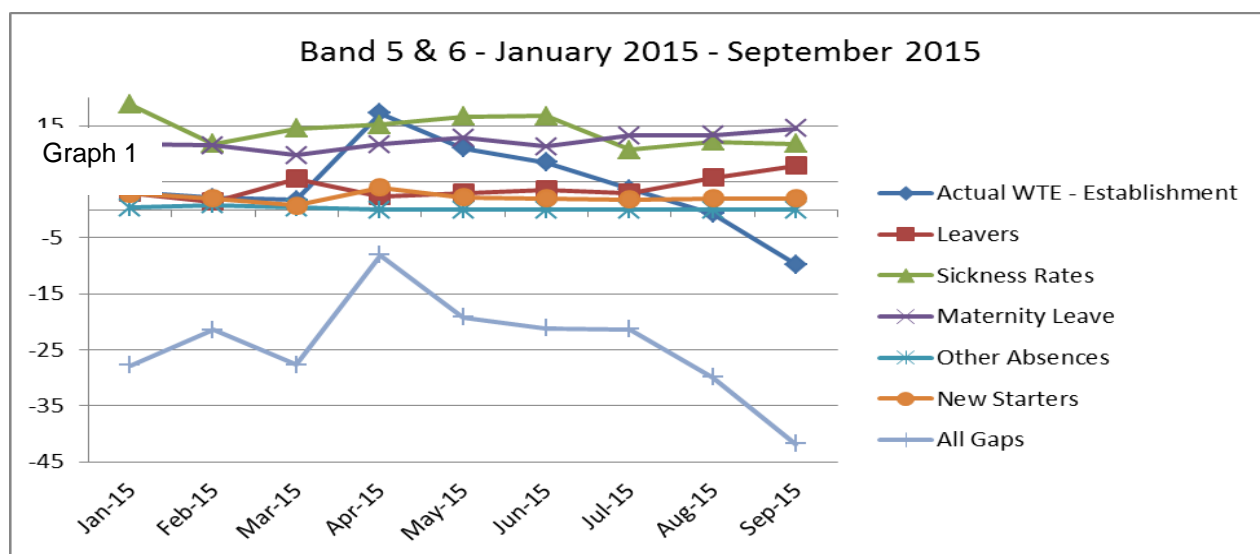
Since August the Trust's Recruitment & Retention group has worked to maximise the effectiveness of our approach to registered nurse recruitment to include open days, innovative social media campaigns, keeping in touch events for student's candidates approaching qualification, attendance at career fairs and consideration of incentive schemes to secure candidates i.e. payment of NMC first year registration fees. It is the view of the membership of the recruitment group that whilst these efforts have successfully stabilised what had been a significant increase in vacancies the strategy is limited by available nurses in the system.

This view is supported by the recent report published by Health Education England in December 2015 which predicts a shortfall in Yorkshire and the Humber for 2015 alone of 1,453.3 WTE (Whole Time Equivalent) qualified nurses increasing to a shortfall of 2951.0 WTE (over the next 5 years). These figures support the view that successful recruitment of nurses domestically is fundamentally challenging as opposed to being a matter of effort, strategy or speed of recruitment.

This following data shows the staff establishment and vacancy factor across all inpatient wards, for the time period January 2015 to March 2016. This data has then been used to predict the establishment and vacancy factor for April 2016 to December 2016 based on the averages seen since the creation of the weekly nurse recruitment group and introduction of the open days in August/September 2015.

January 2015 to September 2015

All figures expressed as a Whole Time Equivalent (WTE)



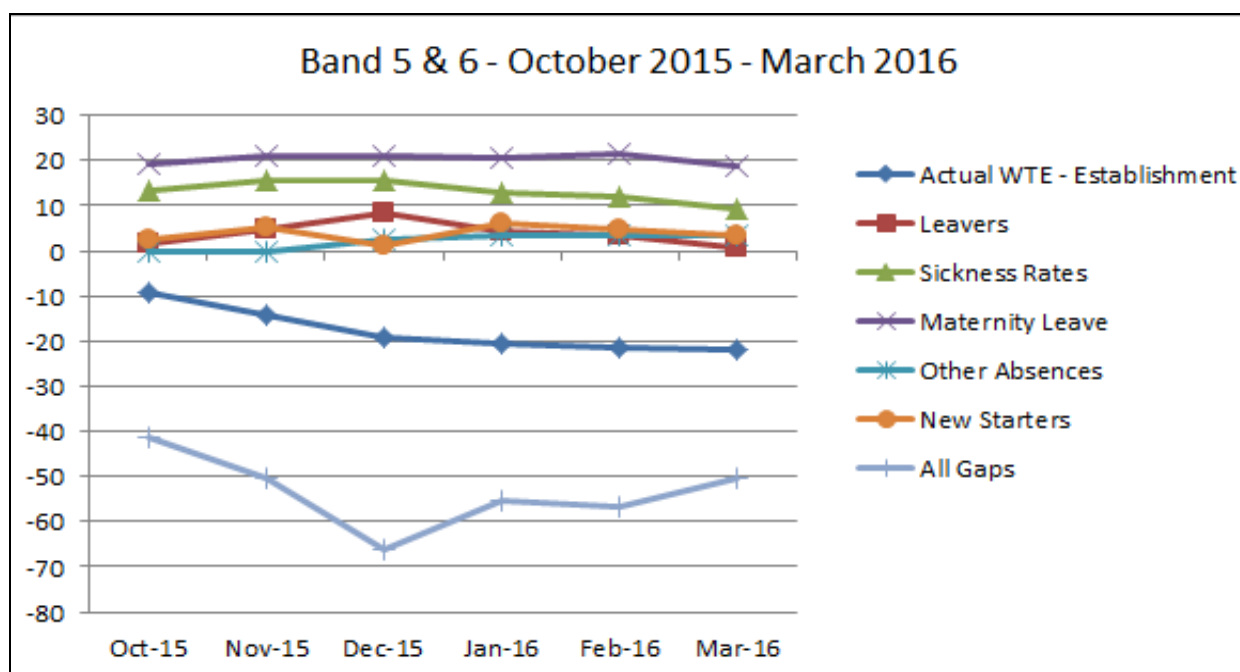
The graph above shows the data across all inpatient wards from January 2015 to September 2015 for band 5 and band 6. The following equation was used to establish the real time vacancy factor across all the inpatient wards.

$$\text{Variance in Actual WTE \& Establishment} - \text{Leavers} - \text{Sickness Rate} - \text{Maternity Leave} - \text{Other Absences} + \text{New Starters} = \text{All Gaps}$$

The graph shows a positive establishment on the inpatient wards until April 2015. From this date a constant decline can be seen (blue line with diamond), resulting in a negative figure from August 2015.

Areas affecting the establishment and vacancy factor include the slight increase in leavers seen month on month and consistent level of new starters which only exceeds the number of leavers for the month of April. Throughout this period, the average number of leavers was 3.95 WTE and the average number of new recruits was 2.19 WTE.

The wards have experienced consistent levels of sickness and maternity throughout this period, averaging 14.23 WTE per month sickness and 12.19 WTE per month maternity leave. The number of absences for other reasons, including careers breaks, suspensions with and without pay stayed at a negligible figure throughout this period.



The graph above shows an increase in the number of new starters, averaging 3.93 WTE per month. This is an increase of 1.74 WTE per month. The graph shows for 5 out of 6 months the number of new starters has matched or exceeded the number of leavers.

The number of leavers from the Trust has also declined in this 6 month period, averaging 3.82 WTE per month. This represents a decreased of 0.13WTE from the previous 9 months.

This positive trend can be seen in the reduction of the gap between actual WTE against the ward establishment. In March 2016, the largest reduction was seen representing 6 WTE.

The number of all gaps reached its lowest figure in December, 65.96. With the combination of more new starters, lower sickness numbers and a reduction in leavers, the gap has reduced by 15.69WTE.

What this means

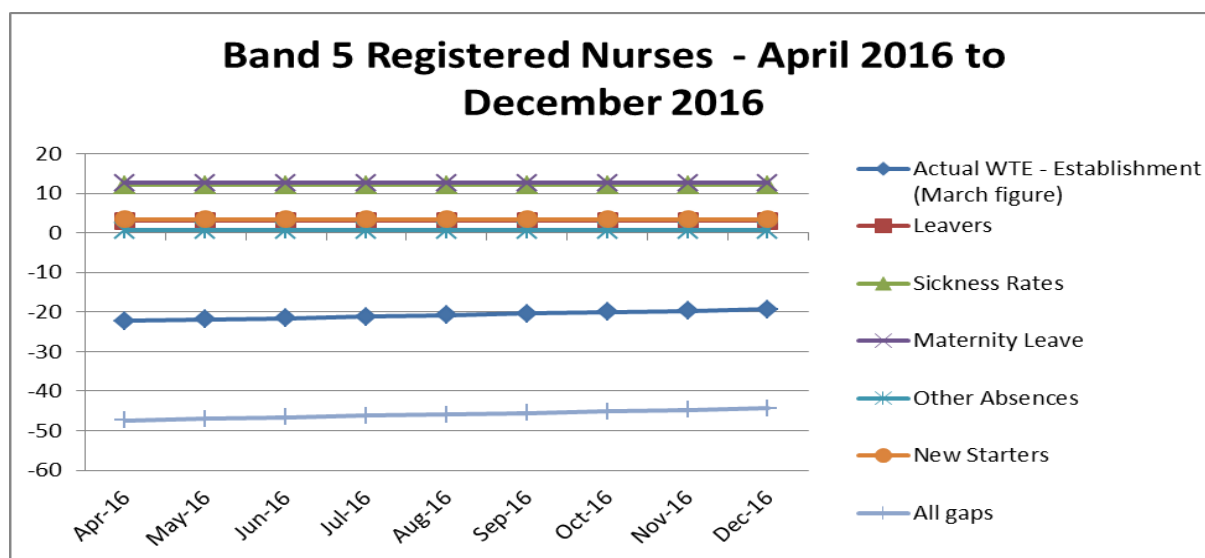
Until August 2015 the number of Registered Nurses leaving the organisation was greater than the number recruited. As a result of the current recruitment campaign this trend has been reversed and recruitment numbers is exceeding those leaving. However the number is marginal and there is still a significant gap.

The Future

April 2016 to December 2016

All figures expressed as a Whole Time Equivalent (WTE)

Using the average number of new starters (based on performance since September), leavers, sickness rates, maternity leave and other absences (based on performance between January 2015 to March 2016), the following table predicts the staffing requirement for all inpatient wards. This time period was selected to reflect the positive work undertaken in recent months.



The graph above highlights the potential to reduce the gap between the Band 5 registered nurses' actual WTE and the establishment on the wards. At the end of April 2016 to predicted gap will be -22.28 WTE, with an expected reduction of 2.96 WTE by December 2016 to -19.32 WTE.

The predicted all gaps on the wards will also potentially reduce, as shown in the graph above. The predicted all gaps for the end of April 2016 will be -47.36, with an expected reduction of 2.96 WTE by December to -44.4 WTE.

What this means

If all the variables remain constant the current gaps in the registered nursing staff for the in-patient areas will reduce by 3 WTE, leaving a gap of 44.4 WTE.

What has not been factored in is the student nurse recruitment. Currently 35 student nurses have committed their futures to the organisation in both the hospital and community. They have not been included as it is not a certainty that all the student nurses will take up their roles in September.

Actual Versus Planned Nurse Staffing Levels

The table below summarises the average fill rate on each ward during **March 2016**. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved. The average fill rate on each ward during February 2016 is included for comparison.

Ward name	Mar-2016				Feb-2016			
	Day		Night		Day		Night	
	Average fill rate - registered nurses/mid wives	Average fill rate - care staff	Average fill rate - registered nurses/mid wives	Average fill rate - care staff	Average fill rate - registered nurses/mid wives	Average fill rate - care staff	Average fill rate - registered nurses/mid wives	Average fill rate - care staff
AMU	92%	113%	96%	142%	94%	111%	101%	131%
Byland	85%	147%	79%	232%	87%	143%	87%	224%
CATT	92%	127%	120%	113%	96%	111%	120%	107%
Farndale	94%	135%	100%	153%	93%	141%	100%	179%
Granby / Oakdale	89%	112%	93%	126%	93%	128%	100%	122%
Harlow	98%	81%	87%	-	105%	98%	100%	-
ITU/HDU	101%	-	101%	-	94%	-	95%	-
Jervaulx	82%	159%	87%	214%	87%	145%	83%	209%
Lascelles	91%	107%	100%	100%	92%	106%	100%	100%
Littondale	98%	130%	100%	177%	98%	120%	101%	162%
Maternity Wards	90%	93%	98%	87%	86%	79%	102%	84%
Nidderdale	97%	127%	100%	113%	95%	105%	94%	110%
Oakdale	data merged with Granby				96%	125%	96%	160%
Special Care Baby Unit	95%	95%	100%	-	94%	94%	109%	-
Trinity	91%	120%	105%	126%	139%	129%	100%	210%
Wensleydale	92%	139%	100%	108%	85%	133%	102%	114%
Woodlands	100%	111%	90%	106%	101%	109%	97%	103%
Trust total	92%	126%	97%	138%	94%	122%	99%	145%

Key

Red = < 90%

Blue = >110%

ED staffing	104%	161%	89%	100%	97%	122%	93%	90%
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Further information on this month's data

On the medical wards Jervaulx and Byland where the Registered Nurse fill rate was less than 100% against planned; this reflects current band 5 Registered Nurse vacancies and is reflective of the local and national position in particular regarding the difficulties in recruiting Registered Nurses. The Trust is engaged in an extensive recruitment plan in response to this. Extra care staff were deployed to support the wards during this period and this is shown in the enhanced care staff, day and night time hours. In addition further care staff hours were required at times in both areas to provide intensive 1:1 patient support.

In March the planned staffing levels for Oakdale and Granby were merged to reflect the closure of Oakdale ward for a period of time in order to undergo intensive cleaning.

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

On Harlow Suite although the RN and care staff hours were less than planned, the ward occupancy levels varied throughout the month which enabled staff to assist in other areas.

In March the planned staffing levels on Lascelles remain adjusted to reflect the closure of two beds on the unit in response to staff sickness and vacancies in this area.

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

For the Special Care Baby Unit (SCBU) although the daytime RN and 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 March this is reflected on the wards; Acute Medical Unit (AMU), Byland, CATT, Farndale, Granby/Oakdale, Jervaulx, Littondale, Trinity and Wensleydale wards.

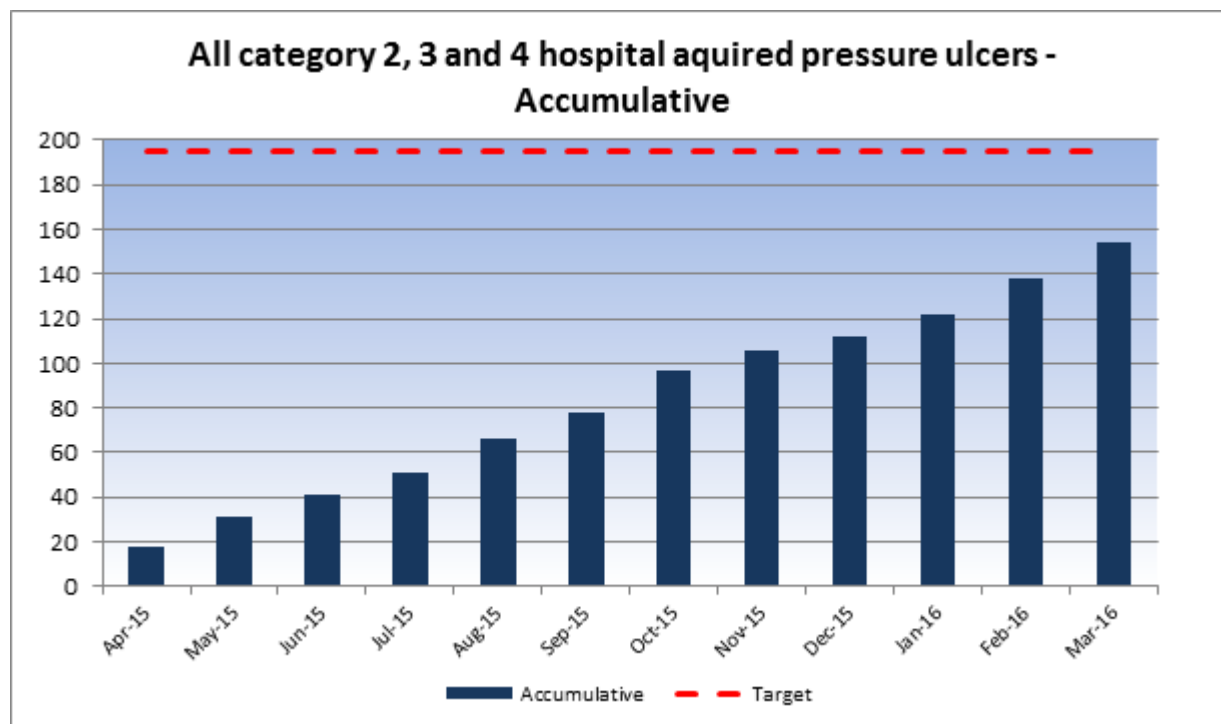
The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the night time RN staffing levels are less than 100% in March, the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual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

Workload/Staffing Incidents reported via Datix						
Ward/Department	Jan 2016	Feb 2016	March 2016	Jan 2015	Feb 2015	March 2015
CATT	1	5	4			
AMU	2		4	2	2	2
Granby	1		1			
Oakdale	4	1		1		
Byland	2	5	3		2	
Jervaulx	2	1	1	4		
Lascelles				5		
Littondale	1	1	1	2		
Nidderdale		2		2	1	
Farndale	2	1	1			1
Wensleydale			1			
Harlow	4				1	1
ITU			1			1
Emergency Dept	4		1		2	
Main Theatres		1	1			
Day Surgery			1			
Trinity	2		1		2	2
Maternity	3	4		4		5
Paediatrics						2
Community	1	1				2
Other	3	4	7	2	6	5
Total	33	26	28	22	16	21

The actual versus planned staffing information is an indication of where the gaps are and therefore the areas at increased risk to patient safety. This information in conjunction with the increased reporting of workload/staffing incidents on Datix show the highest areas of risk due to nurse staffing levels are on the acute floor, CATT and AMU and the frail elderly floor Byland and Jervaulx. This is also reflected in the conversations at ward level where staff are feeling under increased pressure. In other ward and department areas the concerns being raised are the movement of staff to support these areas.

On balance I believe we continue to provide safe and effective care to patients. This view is supported by our metrics related to safe and effective care such as the reductions in pressure ulcers, falls and complaints. However the risk to patient safety is increased by the current vacancy level should be noted.

Total number of Hospital Acquired Pressure Ulcers and Falls 2015/16



Total number of category 2, 3 and 4 pressure ulcers for 2015/16 = 155 representing a reduction of 36% based on 2014/15 outturn. The Trust set a target of a 20% total reduction.

The Community has seen a significant increase in number of category 2 and 3 pressure ulcers reported from **115** in 2014/15 to **173** in 2015/16. This increase in reporting is due to increased awareness and education within the community teams enabling the nursing teams risk assess, prevent and minimise tissue damage to patients in their care.

Falls

Inpatient falls reported per month 2015/16 - No Harm, Low, Moderate, Severe and Death

Month	No Harm	Low	Moderate	Severe	Death	Totals
April	44	20	4 (#)	0	0	68
May	45	20	0	0	0	65
June	55	10	2 (#)	0	0	67
July	58	10	1 (#)	0	0	69
August	45	33	0	0	0	78
September	57	22	1 (#)	1(#)	0	81
Oct	47	19	1(#)	0	0	67
Nov	38	17	2 (2# - same pt)	0	0	57
Dec	42	9	2 (1#)	0	0	56
Jan	65	11	2 (1#)	0	0	78
Feb	65	9	2 (1#)	0	0	71
March	43	7	2	0	0	52
Total	604	187	19	1	0	809

Total number of falls 2014/15 = 859. Total number of falls 2015/16 = 809

Total number of moderate falls 2014/15 = 36. Total number of moderate falls 2015/16 = 20 representing a 45% reduction.

These two metrics are proxy indicators for the safety and quality of care our patients receive. Whilst staffing the wards and departments has been a challenge throughout the year it has been possible to reduce the level of harm to patients through focus, leadership, teamwork, organisation of care, education and setting expectation. I will be setting challenging targets for 2016/17.

Equality and Diversity Work Plan

In January I asked the Board to note the approach taken to meet the requirements of EDS2, and to approve the summary report for publication. The Equality Delivery System (EDS) for the NHS was launched in November 2011 then developed a refreshed version known as EDS2. The main purpose is to help NHS organisations, in discussion with local partners including local people, review and improve their performance for people with characteristics protected by the Equality Act 2010, with the aim of meeting the following equality objectives.

Equality Objectives

Better Health Outcomes

To ensure that our services provide effective and safe treatment and care that is sensitive to people's personal and cultural needs as well as appropriate to their clinical condition.

Improved patient access and experience

To seek effective feedback about the experiences of people with protected characteristics who use our services in order to improve access and experience, and improve staff awareness and communications about equality.

A representative and supported workforce

To utilise the workforce equality group to deliver action plans focused on improving the availability of workforce equality information to assess our progress towards ensuring we have a representative and supported workforce.

Inclusive leadership

To ensure that Trust leaders have the right information and skills to promote equality within and beyond the organisation and to support their staff to work in a fair, diverse and inclusive environment.

To help the Trust deliver these objectives the Equality and Diversity Group have developed a work plan which is in Appendix One. The EDS2 guidance requires this to be published in April 2016. The plan has been supported at SMT and I am now seeking Board approval to publish the plan on the Trust website.

Jill Foster
Chief Nurse
April 2016

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Board Committee report to the Board of Directors

Committee Name:	Finance Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	18 th April 2016
Date of Board meeting for which this report is prepared	27 th April 2016

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

1. The latest financial position for 2015/16 was considered. Provisional results indicate a surplus position for the year.
2. Schemes for CIP programme for 2016/17 have been identified which after risk assessment amount to 80% of the total required. Work is ongoing on this.
3. The Financial Sustainability Risk Rating for Q4 will be 3 but a stronger 3 than the previous quarter with improved ratings on achieved surplus and liquidity.
4. There is an improved cash position at year end but a number of debtors which need to be chased. An increase in the bad debt provision is proposed for 2015/16 accounts.
5. No local report has emerged from the Carter Review as yet although there are national recommendations.
6. It was reported that the contract with HaRD CCG is still not agreed and would be subject to mediation in the following week. If this is unsuccessful the next stage will be arbitration.
7. The Final Operational Plan is due to be submitted to NHS Improvement on 18th April and as a result of not yet agreeing the HaRD CCG contract, will include risk elements totalling £2m.
8. Two business cases were considered and discussed. These were:
 - Services from the new Alwoodley Health Centre
 - Seeking a Community Pharmacy Partner to provide a range of medicines services.
9. BAF Risks 14 and 15 were discussed and it was noted that these risks are increasing given the issues around the HaRD CCG contract.

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

- Items 6 and 9 above.

Matters for decision

- The Community Pharmacy Business case will be presented for approval in the confidential section of the agenda.

Action Required by Board of Directors:

None.

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**Quality Committee
Minutes**

Wednesday 2 March 2016, 2.00 – 4.30 pm, The Boardroom, Trust HQ

Members present:

Mrs L Webster	Non-Executive Director (Chair)
Professor S Proctor	Non-Executive Director
Mr Neil McLean	Non-Executive Director
Dr R Tolcher	Chief Executive
Mr R Harrison	Chief Operating Officer
Mrs J Foster	Chief Nurse
Dr S Wood	Deputy Director of Governance
Dr C Hall	Deputy Medical Director
Mr A Alldred	Clinical Director, Urgent, Community & Cancer Care
Dr K Johnson	Clinical Director, Elective Care Directorate
Ms T Campbell	Head of Nursing, Integrated Care
Mrs J Harrison	Deputy Director of Workforce and Organisational Development
Mrs M Jackson	Patient Safety Manager

In attendance:

Mr Michael Armitage	Public Governor (observing)
Mrs S White	Corporate PA (minutes)

No	Item	Actions
1.	<p><u>Welcome and apologies</u></p> <p>Apologies were noted from Mrs A Leng, Head of Risk Management and Mr P Marshall, Director of Workforce and Organisational Development</p> <p>Mrs Webster welcomed everyone to the meeting particularly Mr Armitage, Public Governor, who was in attendance observing the meeting. Mr Harrison introduced Ms Campbell, Head of Nursing, who would be representing Dr Lyth for the Integrated Care Directorate.</p>	
2.	<p><u>Minutes of the Last Meeting and Matters Arising</u></p> <p>The minutes of the meeting held on 3 February 2016 were received, taken as read and approved subject to amending item 13, page 11, 2015 Picker inpatient survey - to replace '1%' with 'one'.</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none"> <p><u>Compliance with NICE Guidance</u></p> <p>Mr Alldred reported that the Trust had now confirmed it is compliant with the two technical appraisals discussed at the previous meeting, following agreement at the APC (Area Prescribing Committee). The report had already been submitted to the CCG and this would need to be updated to reflect this.</p> 	
2.1	<p><u>Action Log</u></p> <p>The outstanding actions on the schedule were reviewed and progress noted/</p>	

actions closed:-

Ref 13: Friends and Family Test – Work on-going within directorates to increase response rates and review how FFT would be dealt with going forward, including how feedback on the quality of care can be obtained. Agreed this action could be closed.

Ref 23: Clinical Effectiveness Strategy – Request to defer until July 2016. Dr Wood confirmed that this was the overarching strategy and she did not believe delaying this would present any risks. Verbal update on progress would be received in May 2016 when the next quarterly report was due.

Ref 26: LSA – Report deferred to next meeting.

Ref 42 – Update re patient information, policies and guidelines on the intranet – included within the Patient Experience Report – item 9. Closed.

Ref 46 – re-admission rate of bowel cancer patients – It was noted that a report was received from Mr Leinhardt at the previous meeting. However the action related to data on the integrated dashboard which had appeared to suggest HDFT might be an outlier, possibly as a result of the small number involved. It was agreed that the Directorate Board would review the analysis and identify any further improvements.

Dr Johnson

Ref 47 - Patient experience poster to be shared with the Quality Committee for information.

Dr Johnson

Ref 48 – WHO checklist - poor compliance – Confirmed staff are completely engaged with WHO checklist and the issue relates to forgetting to undertake the process. Plans in place to address this, including incorporating into the Bluespier theatre system by July 2016. Report back to August's Quality Committee to confirm that action has taken place.

Dr Johnson

Ref 52 – Cross reference of non-compliance of NICE guidelines on risk register – Mr Alldred confirmed that this had not been included on the risk register as the Trust was now compliant. Closed.

3. Hot Spots

3.1 Any Immediate Safety Concerns

- Infection Control – Outbreak of Clostridium Difficile (C.Difficile)

Mrs Foster reported that following concerns raised at Board an urgent meeting had been convened to discuss and agree how to respond to this. The outbreak involved Oakdale (two patients with similar strain of C.difficile and a potential third case).

Immediate action had been taken. A deep clean was already in progress on Oakdale, with patients being moved to Granby and patients from Granby being re-located on Swaledale whilst this took place. A communication plan was in place to ensure patients and relatives understood the situation and also to make sure all staff understand their responsibilities in relation to infection prevention and control.

Further immediate action to be taken included:-

- Emphasising the importance of hand hygiene for both staff and patients
- Reviewing cleaning of different sections by facilities staff, nursing staff, etc and addressing leadership/role model behaviour issues so staff are aware of what is required
- Urgent team brief to take place on 3 March 2016 for all staff

- Dr Child has taken on the Director of Infection Prevention and Control (DipC) role and together with the Deputy Director of Facilities and Deputy Director of Estates would be undertaking a walkabout, with matrons, looking at macerators, sluices and the disciplines around using these, and develop any remedial actions required

Mr McLean referred to deep cleaning and discussions at the Board of Directors the previous week regarding the use of UV technology to reduce environmental decontamination and whether this been escalated. Mr Harrison advised that an investment of approximately £50,000 would be required if the Trust wished to move to UV technology. The benefits of this over the current method of decontamination were noted: quicker turnaround times and minimum disruption for patients. No decision on this had yet been made. It was recognised that other measures would still be needed in addition to this technology and that good hand hygiene technique would still be paramount.

Professor Proctor referred to the hand hygiene audits which showed the organisation could do better. It was noted that every opportunity is taken, e.g. team brief, staff meetings, to stress the importance of hand hygiene. The majority of areas/departments were now carrying out the audits and any that were not, were being taken to task.

In relation to the patients affected by the outbreak, Mrs Foster advised that all three had been very poorly on being admitted to hospital and two had since died from their existing illness, unrelated to the C.difficile infection.

- Children's Theatre Lists

Dr Johnson highlighted an issue which had come to light during and following the Care Quality Commission (CQC) inspection visit. Children should be taken first on theatre lists to enable the shortest fasting time. During the inspection visit it was noted that children were not always first on the list. At the time there had been an understanding that this was unusual, but a review had subsequently been undertaken. The results of which, was that from a sample of 130 children due for operation, 18 of these should have been first and were not, excluding any clinical reasons.

The review had also highlighted that paediatric patients were not always ready on time to go down to theatres and so another case was taken ahead of them. The process and staffing levels were being reviewed as a consequence.

Mrs Foster

This issue had been discussed at the Elective Care's Quality and Governance Group and escalated to the Elective Care Board. Mrs Foster confirmed that nursing staff have oversight of this and noted that Quality Committee was due to receive a report about Woodlands Ward nurse staffing from the new Matron in May 2016 and agreed to ensure that an update on this was also included.

Mr McLean noted that during a safety visit he had participated in, to Day Surgery, staff there had commented that children having tonsillectomy

Dr Johnson

were sometimes put later on the theatre list whereas it would be sensible to put them first as there is a 6-hour recovery period before discharge. The child may have to stay overnight if they have surgery later in the day. Dr Johnson agreed to follow this up.

- Standards of Children's Surgery

Issues had been identified regarding the frequency of meetings, governance and leadership in relation to Standards of Children's Surgery and this was being looked into. It was expected by the end of March this group would have met to discuss the issues and have made a commitment to meet regularly.

Dr Johnson noted that it should be made clear when setting objectives with clinicians who have leadership roles what the expectations are in relation to this as their SPA time is unregulated.

Dr Wood noted that this was a failing around governance and that we need to be vigilant about the potential for failings in other areas. The annual reporting process within the governance framework is due soon and will be reporting to Senior Management Team Dr Johnson confirmed that ensuring groups are functioning and using reporting templates to provide information had been discussed at Elective Care's Quality and Governance Group..

3.2 Hot Topics from Board of Directors

There were no hot topics from the Board of Directors meeting held on 25 February 2016.

3.3 Quality Dashboard

This dashboard had been provided for information and the following areas were discussed:-

- Friends and family test – inpatient locations – It was noted that there had been a reduction in the proportion of positive responses and the Quality Committee requested assurance from the directorates that action was being taken to address this. Information was also sought on how the intelligence is being used and where the areas of least satisfaction are. Ms Campbell noted that it requires consistently chasing to keep the numbers up. Mr Harrison noted the consistent correlation between lower levels of satisfaction and occupancy levels e.g. bed occupancy in January is much higher. He confirmed that the Operational Delivery Group (ODG) regularly review FFT.

Dr Johnson noted that in maternity services, if they are aware of a patient's dissatisfaction, more information is requested so that issues can be resolved. There is an expectation that the ward manager will act on feedback. Mr Alldred confirmed that this is what happens in the Emergency Department (ED). Comments are shared within quality meetings/ward sisters meetings. Reports are included in the directorate governance reports for all to see.

Dr Tolcher asked what the themes were from negative responses as these are key. Mr Alldred noted that in ED the theme is waiting times. In relation to the Integrated Care department, Ms Campbell was not aware

of any themes. Dr Wood reported that she had reviewed recent comments and had contacted ward managers for feedback. She noted one apparently negative response associated with a positive comment relating to the CATT had been tracked back and the response had been incorrectly entered into the database and she had asked for the dashboard to be amended to reflect this. One comment had mentioned noise on wards at night but there were no clear themes from the small number of negative comments left by patients.

It was agreed that it was difficult to pick up themes and trends from the small number of negative comments – in January there had been only five from ward areas. It was agreed that some negative comments relate to the way the questions are phrased and some may be down to the individual patient's circumstances. Consideration was being given to using volunteers differently to get feedback, e.g. after assisting patients at meal times, rather than nursing staff asking for feedback.

Mr Harrison noted that 600 people had responded out of 2000 elective and non-elective inpatients making a response rate of 33%. Mr Alldred advised that it was proportionately the same in GPOOH and ED and comments are fed-back to the service and used to improve.

The Quality Committee sought assurance that the organisation is delivering quality services to its patients. It was noted 370 people left comments and only five of these were not likely to recommend. Mrs Foster referred to the national inpatient survey which on the whole had been a good report and other reports which include care received, e.g. Macmillan survey, which gave us some excellent results.

It was noted that in relation to feedback on outpatient and community services, there had been some technical difficulties in November/December 2015 when the scripts used to collect this information had been changed; this had resulted in some confusion over completing this. The Trust had reverted to the original script and the results had returned to the 'normal' level.

- Directors' Inspection

Professor Proctor referred to directors' unannounced inspections and areas showing as 'red' or 'amber', particularly on Pannal. Dr Johnson advised that there was predominantly in relation to cannulisation – one baby with a cannula not documented – this should now be 'green'. Dr Tolcher agreed to raise this at SMT.

Dr Tolcher

3.4 Exception reports from Directorates

There were none to note.

4. Feedback from Deloitte's review of Quality Committee

Following the last Quality Committee meeting when Steven Picken had observed the proceedings he had subsequently met with Mrs Webster and Dr Wood to discuss his observations and make recommendations in relation to improvements. Mrs Webster described his findings, which were mainly very positive, and recommendations for consideration:-

- Agenda
Well put together, providing assurance in the right areas.
- Quality Dashboard
It was felt this dashboard was a collection of data that required analysis by the Quality Committee rather than a real dashboard. Some examples of other trusts' dashboards were provided for information. Steven Picken had offered to meet with the relevant person to discuss ideas for presenting this differently.
A number of options were considered as to how this report could be improved upon, bearing in mind the significant time it takes to produce and the new Model Hospital Dashboard which was expected in a couple of months as one of the outcomes of the Carter Review. It was agreed to build on what was already there and produce a different summary sheet showing different snapshots. Mr Harrison, Information Services, Mrs Foster and representatives from the clinical directorates would discuss and agree the likely timescale to produce the specification and change the report, possibly within two months. A verbal report to update on the outcome of the initial discussion would be received at the next meeting.
- Integrated Board Report (IBR)
Suggested a front sheet be included.
- Gaps in assurance
It was suggested the agenda would benefit from regular, broader themed reports such as the Patient Experience Report. It was noted that the committee does not have a report that integrates patient safety reports. It receives some elements of patient safety but in different reports e.g. mortality is included in the IBR, incidents and SIRS trends are included in the Patient Experience and Incident Report. Dr Wood suggested that a new themed Patient Safety Report could include the information about incidents currently in the patient experience report, the claims trend information that currently goes directly to Board, together with analysis of mortality, CAS (Central Alerting System) alerts etc. Mrs Jackson confirmed that Mrs Leng would be supportive of this move. Dr Wood agreed to bring some suggestions to the next Quality Committee. The importance of not making reporting onerous was agreed and assurance on quality of care is required not the detail. Further discussion to take place at the next meeting.
- CQC Readiness
An on-going plan regarding CQC readiness and self-assessment was suggested, including mock inspections and internal peer reviews to keep the momentum going following the recent inspection visit.
It was agreed that plans were put in place in the run up to the inspection visit and it would not be right to create a culture of continuous preparation. The Quality Committee requires assurance that standards are being maintained and any areas of concern are being addressed and it was agreed this is reflected by the breadth of the Quality Committee's agenda. This approach would be refreshed when we are advised of our next inspection visit. It was agreed CQC readiness could now be removed from the agenda and noted that there would be an action plan in response to the report in due course.

Mr Harrison

*Dr Wood/
Mrs Leng*

- Reporting

The Quality Committee receives some reports which have data but do not provide a sufficient level of analysis and executive summary to deliver assurance.

Report cover sheets had been introduced at the last meeting to enable clarity of purpose for long technical papers, but it was suggested in the feedback that an analysis of what is being reported is included along with recommendations regarding the level of assurance.

Mr Harrison asked for clarity regarding the summary sheets and report templates for future reporting. It was agreed further guidance as to what was expected would be provided before the next meeting.

*Mrs Webster/
Dr Wood*

- Managing external reports and reports from steering groups

Ms Webster described this responsibility transferring to the Quality Committee under the new governance structure and reported that Steven Picken considered this was more about seeing evidence of process working, rather than gaining assurance on quality aspects and was labour intensive for this Committee.

Dr Wood noted that Steven Picken had felt the summaries of recent reports received at the last meeting were too detailed, but that the committee had felt they were very helpful. There was consideration given to summarising the entire process and providing a one page summary to confirm whether assurance has been provided or not. However Mr Harrison and Mr Alldred felt that the framework was helpful in terms of reviewing in the directorate and reporting upwards what is happening, and it was suggested that the committee keep the current process in place, this was agreed.

- Feedback/committee members interaction

It was noted that Steven Picken had suggested that committee members talked to their own subject and that the committee would benefit if all members participate in discussions and ensure appropriate assurance in matters outside their area of expertise. Mrs Webster noted her reliance on everyone being involved to provide their expertise. It was agreed that in view of the number of observers at the previous meeting it was not a fair reflection of the interaction of the committee members.

- Timing of agenda items

Timing of items had been recommended and was now included.

5. Progress Reports on Quality Priorities – Patient Flow

Two reports had been received and these were taken as read. The key messages were highlighted by Dr Johnson and Mr Alldred.

5.1 Elective Care

- Update on harm to ward attending patients – audit of gynaecology showed a reduction in the number of patients being admitted, with lots of telephone advice being given as middle tier doctors were receiving the referrals rather than bed managers. It was expected that this would

reduce the numbers admitted as an emergency. It was noted that a number of patients waited a significantly long time on one occasion while the team dealt with emergencies. Dr Johnson confirmed her expectation that delays would be explained to waiting patients. Mr Harrison noted that the reported delays were substantially less than most hospitals in the country.

5.2 Integrated Care

No report had been received as a result of changes within the directorate. Mr Harrison confirmed that a report would be submitted to Dr Wood to assist in preparation for the Quality Account.

5.3 Urgent, Community and Cancer Care

- It was noted the title of the report should say Patient Flow
- Key elements of monitoring and next steps were set out
- Update on transformation work taking place
- Pilot of pharmacists doing Discharge Medications (TTOs) instead of junior doctors had taken place as part of the review of using practitioners differently in the future in light of the gaps in medical trainees from the Deanery. Mr Alldred reported the success of this pilot which could release 2.5 WTE junior doctors time and the quality of TTOs would be significantly better. A business case was being worked up to compare the increased pharmacist requirement v time benefit saving of junior doctors.

Dr Hall asked if the Deanery would have any concerns regarding this and the potential de-skilling of junior doctors. Mr Alldred confirmed that TTOs is one component of the discharge process and junior doctors would still be prescribing. The junior doctors are keen for pharmacists to take this task on as it significantly frees up their time. Mr Alldred agreed to provide a summary of the analysis of the data for the next Quality Committee meeting.

Mr Alldred

Mrs J Harrison asked what the implications of the tasks moving from junior doctors would be for the organisation, in terms of potentially reducing the need for locums. It was noted both Integrated Care and Elective Care would be considering this.

Mr McLean referred to the high number of prescriptions requiring a level of intervention. Mr Alldred advised that these can be minor things missed off, a new prescription where drugs might interact or potential errors. These are picked up by pharmacists when they carry out the second check of prescriptions. It was agreed that the figure was concerning and Dr Tolcher advised that she had not been aware of the level of errors. Mr Alldred agreed to share further information on this at the next meeting to provide assurance on the quality of interventions and extent of near-misses.

Mr Alldred

Dr Tolcher noted 26% of TTOs had been submitted earlier and queried whether discharge was taking place earlier in the day as a result. Dr Hall noted that a further Rapid Process Improvement Workshop (RPIW) report out was imminent and she was not aware of the current position regarding the improved timeliness of discharge. This would be followed up in the directorates, at ODG and at SMT, with a verbal report in relation to the quality of discharge to the next Quality Committee meeting.

Mr Harrison

Another task undertaken by junior doctors was cannulation and a move to this being undertaken by nursing staff as part of using practitioners differently in the future was also underway. The committee was reminded that this is an important area of care, still required to be delivered by junior doctors and that it was important to maintain competency levels in cannulation by this group of practitioners.

On a separate issue, Mrs Webster referred to GPOOH status still showing as 'red' and asked what progress had been made on the ongoing data quality issues, especially in the light of recent media coverage on a trust 'fudging' data, and how could the Quality Committee be assured that the issue would be resolved in a timely fashion? Mr Harrison reported that work was in progress with Yorkshire Ambulance Service (YAS). There had been some cases where 'drop-ins' had not been reflected in the data and the issue about 'starting and stopping the clock' had still not been resolved which was frustrating. Discussions were on-going and a further update was due to be received at the next Quality Committee meeting.

6. Report on professional supervision for midwives as a result of changes to LSA

This report was deferred to the next meeting.

Mrs Foster

Mrs Foster noted there was very little to update. However, for assurance purposes she confirmed that the supervision process remains in place and is expected to be until April 2017. In terms of midwives stepping up for supervisory training, there could potentially be gaps going forward. At the present time the Trust has an adequate number of supervisors to staff.

Patient safety – assurance reports

7. No report was due to be received.

Effective Care and Outcomes – assurance reports

8. External Reports Received

8.1 New Reports received since last meeting

This report was received and noted. Dr Wood highlighted the receipt of the National Staff Survey 2015 since the last meeting. Mr Marshall would be preparing a report on the results and it was agreed that quality issues would be discussed at a future meeting of the Quality Committee. Dr Wood to agree with Mr Marshall when this would be appropriate.

*Dr Wood/
Mr Marshall*

If anyone was aware of any new reports not logged, they were requested to advise Dr Wood.

All

Summary of Recent Reports:

8.2 CQC Maternity Survey 2015

It was noted that a report was being prepared but action plans from the ward managers were required to enable this to be completed. The report would be received at the next meeting of the Quality Committee.

Mrs Foster

Progress with Action Plans

8.3 Urgent, Community and Cancer Care

8.4 Integrated Care

It was noted that the new process was taking time to become embedded and reports from these two directorates would be received at the next Quality Committee meeting.

*Mr Alldred
Ms Campbell*

8.5 Providing a Safe Environment Steering Group

This report was received and noted.

8.6 New process for ongoing assurance

Covered under item 4.

Patient Experience – assurance reports

9. Patient Experience and Incident Report Q3 2015/16

This report was received and taken as read. Mrs Jackson highlighted the key messages:-

- New complaints metric presented for the first time and the number of complaints was below HDFT average in 2014/15 – ‘green’. The number of formal complaints had fallen since Q4 2014/15 from 75 to 32 in Q3 2015/16
- Response rate to complaints is still poor – aiming for target of 95% - noted some improvement but a long way to go
- Complaints upheld by Ombudsman as percentage of complaints received 33% (1 out of 3)
- Number of complaints actions completed within deadline 34% against a target of 75%. Dr Tolcher suggested the target should be more ambitious – 100%. Mrs Jackson agreed to raise this with Mrs Leng.

Mrs Leng

The percentage of complaints upheld was discussed and it was noted that in more than half of the cases the outcome is that we disagree with the complainant. Dr Tolcher commented that some trusts start on the basis that every complaint is upheld until investigated. It was noted that if measures to reduce the number of complaints are successful it would be expected that the number of complaints that do come in would be upheld.

Professor Proctor noted that this is a really helpful report and asked if any action is taken to capture how people feel about the complaints process in the same way as we capture how patients feel about the care provided. Mrs Jackson advised that the Patient Voice Group undertakes audits on this. It was also planned to undertake a satisfaction survey, in real time, with individual complainants in the near future.

It was confirmed that in response to complaints, patients’ expectations of timescales are managed and if an extension is necessary, they are made aware of the reasons for this.

It was noted that the increased visibility of a senior nurse out of hours appears to be having an impact on the numbers of formal complaints and had been a really positive move in terms of ensuring people have a better experience of care.

Regulatory Compliance – assurance reports

10. CQC Compliance
Item covered under item 4.
11. Assurance and Governance report from SMT
This report was presented for information and comment having been received at the Board of Directors meeting. It was agreed that going forward this report would be received at the Board of Directors meeting and any areas deemed to require a deeper level of assurance would be brought to the Quality Committee. *Dr Tolcher*
- Dr Tolcher noted that action plans in relation to SIRIs had been discussed at SMT and a concerted effort was to be made to complete outstanding action plans. A further report would be received at SMT in March.
12. Information Governance Toolkit – exception report
Mr Harrison reported that the forthcoming Information Governance submission would be in line with the information provided to the Quality Committee in October 2015 – Level 2 would be achieved in all areas.
- A risk in relation to achieving 95% compliance on Information Governance training was highlighted. This is required for level 2. It was noted that a significant amount of work had been undertaken and was on-going to make staff aware of the importance of this training target and the potential affects on the Trust's business objectives of not achieving this. Failure to achieve compliance would result in the Trust no longer being an approved bidder for tenders and as a consequence the Trust would lose some of the services it currently provides when they are out to tender next year.
13. Policy review - update
It was noted that the Clinical Effectiveness Strategy would be received in July 2016. *Ms Wixey*

Any Other Business and Evaluation

14. Any Other Business
Patient Experience Group
Mrs Foster reported that the number of out-of-date patient information leaflets, etc on the intranet had been further reduced from 30% to 15%. The impetus to continue to update this information would be maintained.
15. Items to escalate to Board of Directors
It was agreed that the following items would be escalated:- *Mrs Webster*
- C.difficile outbreak
 - Patient Experience and Incident Report Q3 received and noted
 - Ambition for complaints action to be completed within deadline to increase from 75% to 100% under consideration
 - Actions from Deloitte's review considered and some recommendations would be taken forward
 - Oversight of external reports received and acting on recommendations to

stay within the remit of this Committee

16. Reflection on Meeting

Mrs Webster noted that to ensure Quality Committee meetings are as effective as possible the following would occur:-

- A new template would be provided for the new financial years quality initiatives *Dr Wood*
- Template for assurance reports with an executive summary to be circulated with guidance as to its use *Dr Wood*
- Reports to be provided to Mrs White by the Thursday of the week before the meeting *All*
- Minutes and Action Log to be circulated more timely after meetings. If committee members have an action - the report to be provided by the Thursday of the week before the meeting *Mrs White*
All

Next meeting - Wednesday 6 April 2016, 2.00–4.30pm, Boardroom, Trust HQ.

Board Committee report to the Board of Directors

Committee Name:	Quality Assurance Committee
Committee Chair:	Lesley A Webster
Date of last meeting:	06/04/2016
Date of Board meeting for which this report is prepared	27/04/2016

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

Quality Priorities for FY16/17: The Committee discussed and agreed that it would be kept updated on the progress for delivery of the 4 new priorities each quarter by the Lead individual for each priority. It was confirmed that measuring outcomes should be easier for these than the current priorities, therefore the Committee is expecting there to be clear metrics and objectives of what each priority will achieve in the year.

Quality Priorities for FY15/16: The Quality Committee considered how it would gain assurance that the work associated with the previous priorities is maintained. It was agreed that this would be monitored by the appropriate Quality and Governance group meetings within the directorates, progress would be captured in the minutes from these meetings, providing the required assurance; with the expectation that any issues/delays to progress would be escalated to the Quality Committee.

GPOOH Action Plan: An update was received. The service is still reporting red against the NQRs which is why the QAC continues to receive regular updates from this area. The value of the NQR results which specifically measure responsiveness was discussed. The Trust also needs to be assured about the quality of outcomes as part of the service delivery. We gained assurance that work is underway to develop strong methods to measure the quality of outcomes. The Committee endorsed a suggestion that the Trust might develop its own internal NQR for responsiveness, however this would have to be agreed by the Board and CCG, work continues in this area and it is next on the agenda for June.

Clinical Effectiveness and Audit Programme - Year End Update 2015/16 and Draft Programme 2016/17: Report received and audit programme approved.

Health & Safety Annual Report: Received and noted ongoing progress towards implementation of electronic control books

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

Concerns noted around nurse staffing, especially on CATT and acute wards.

Matters for decision

None.

Action Required by Board of Directors:

Note minutes of meeting 02/03/2016.

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