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

On: Wednesday 30 March 2016

Start: 0845 Finish: 1300

In: The Boardroom, Harrogate District Hospital, Lancaster Park Road, Harrogate HG2 7SX

	AGENDA		
Item No	**Item**	**Lead**	**Paper Number**
0845	**Trust Research Update – Dr Alison Layton**		
0900	**Patient Story – Ms Libby Watkins, Specialty Manager, Radiology**		
0920	**General Business**		
1.0	**Welcome and Apologies for absence:** *To receive any apologies for absence:*	Chairman – Mrs Sandra Dodson	
2.0	**Declarations of Interest and Board of Directors Register of Interests** *To declare any interests relevant to the agenda for the meeting and to receive any changes to the register of interests pursuant to section 6 of the Board Standing Orders*	Chairman – Mrs Sandra Dodson	2.0
3.0	**Minutes of Board of Directors meeting held on 24 February 2016** *To review and approve the Minutes*	Chairman – Mrs Sandra Dodson	3.0
4.0	**Review of Actions schedule and Matters Arising** *To review the actions schedule and provide updates on progress of actions to the Board of Directors*	Chairman – Mrs Sandra Dodson	4.0
0940 - 1100			
	Overview	Chairman – Mrs Sandra Dodson	
5.0	**Report by the Chief Executive** *To be considered and any Board directions defined*	Chief Executive – Dr Ros Tolcher	5.0
6.0	**Integrated Board Report** *To be considered for comment*	Chief Executive – Dr Ros Tolcher	6.0
7.0	**Report by the Director of Finance** *To be considered for comment*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.0
7.1	**CIP 2015-16 and 2016-17 Updates** *To be considered and noted by the Board*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.1
7.2	**Operational Plan 2016-17** *To be considered and noted by the Board*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.2
7.3	**Licence Agreements** *For **approval** by the Board*	Director of Finance/Deputy Chief Executive – Mr Jonathan Coulter	7.3

1100 - 1115 BREAK			
8.0	**National Staff Survey 2015** *To receive a briefing and consider the outcomes*	Ms Cheryl Kershaw, Capita	
9.0	**Report by the Director of Workforce and Organisational Development** *To be considered for comment*	Director of Workforce and Organisational Development – Mr Phillip Marshall	9.0
10.0	**Oral Reports by Directorates** *i. Urgent, Community and Cancer Care* *ii Elective Care* *iii Integrated Care*	Clinical Director – Mr Andrew Alldred Clinical Director – Dr Kat Johnson Chief Operating Officer – Mr Robert Harrison	
11.0	**Report by Chairman of Quality Committee** *To include Minutes from meeting dated 3 February 2016 and brief report from meeting on 2 March 2016*	Chairman – Mrs Lesley Webster, Non-Executive Director	11.0 11.1
12.0	**Report by the Medical Director** *To be considered for comment*	Medical Director – Dr David Scullion	12.0
13.0	**Report by the Chief Nurse** *To be considered for comment*	Chief Nurse – Mrs Jill Foster	13.0
14.0	**Report by the Chief Operating Officer** *To be considered for comment*	Chief Operating Officer – Mr Robert Harrison	14.0
1230 - 1300			
15.0	**Reports:** *To receive report from the Audit Committee of the Board and **confirm** recommendation*	Committee Chairman – Mr Chris Thompson, Non-Executive Director	15.0
16.0	**Matters relating to compliance with the Trust's Licence or other exceptional items to report or that have been reported to Monitor and/or the Care Quality Commission** *To receive an update on any matters reported to regulators.*	Chairman – Mrs Sandra Dodson	
17.0	**Annual Report – Freedom of Information Requests** *To receive and consider the report*	Interim Head of Corporate Affairs – Mr Andrew Forsyth	17.0
18.0	**Any Other Relevant Business** *By permission of the Chairman*	Chairman – Mrs Sandra Dodson	
20.0	**Board Evaluation**	Chairman – Mrs Sandra Dodson	
21.0	**Confidential Motion** **The Chairman to move:** *'That members of the public and representatives of the press be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest'.*		

Harrogate and District NHS
NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (A charity raising funds for a South African Township.) 3. Trustee of Yorkshire Cancer Research 4. Chair of Red Kite Learning Trust – multi-academy trust
Dr Ros Tolcher	Chief Executive	Specialist Adviser to the Care Quality Commission
Mr Jonathan Coulter	Finance Director/Deputy Chief Executive	None
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church
Mr Phillip Marshall	Director of Workforce and Organisational Development	None
Mr Neil McLean	Non-Executive Director	Director of: 1. Northern Consortium UK Limited (Chairman) 2. Ahead Partnership (Holdings) Limited 3. Ahead Partnership Limited 4. 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

March 2016

3.0

Harrogate and District NHS
NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors' meeting held on Wednesday 24 February 2016 at 9.00am in the Boardroom, Harrogate District Hospital, Lancaster Park Road, Harrogate.

Present:
Mrs S Dodson, Chairman
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
Mr N McLean, Non-Executive Director
Professor S Proctor, Non-Executive Director
Dr D Scullion, Medical Director
Mrs M Taylor, Non-Executive Director
Mr C Thompson, Non-Executive Director
Dr R Tolcher, Chief Executive
Mr I Ward, Non-Executive Director
Mrs L Webster, Non-Executive Director

In attendance:
Mr A Alldred, Clinical Director, Urgent, Cancer and Community Care
Dr C Hall, Joint Deputy Medical Director
Dr K Johnson, Clinical Director, Elective Care Directorate
Dr C Taylor, Deputy Clinical Director, Integrated Care Directorate

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

Three Governors of the Trust

For the pre-brief only

Dr Richard Hobson, Consultant Microbiologist (DIPC to 29 Feb 16)
Dr Jenny Child, Consultant Microbiologist (DIPC wef 1 Mar 16)

Director of Infection Prevention and Control Briefing

Dr Hobson and Dr Child were welcomed. Cases of *Clostridium difficile* had proved to be most challenging during January. There had been no cases of MRSA bacteraemia this year to date, and there were none last year. As far as MSSA cases were concerned there had been five as against 19 at the same point last year.

The Trust has a reportable objective of no more than 12 cases of *C. difficile* due to lapses in care. At the end of January there had been 25 hospital cases and 27 cases in the community. Each case had been investigated by Root Cause Analysis (RCA) for lapses in care and four had been found to be attributable to lapses in care. There was no evidence of cross-infection.

21 of the 25 RCAs (including the four with lapses of care) had been discussed and agreed with the lead CCG. One remained to be discussed with North Leeds CCG with the outcome awaited.

There had been six cases in February (three on one ward). Strain-typing had been commenced but not completed. As of the end of December 2015 measures which had been put in place from August 2015 were having a positive effect and the curve was clearly downwards, although there was more work to do.

There had been more cases in 2015-16 than in prior years and this could be explained by increased sampling (45-60% more). The number of community cases had also increased commensurately but there was no evidence of the infection being exported from acute to community. Public Health England had visited in December and supported the theory of increased sampling affecting case numbers. However, the increase in January and February could not be explained this way – the main problem was possibly environmental contamination. Hand hygiene for both patients and staff was amongst areas to be targeted. Auditing had improved over the year but varied in quality and now needed to improve, perhaps by looking at better ways of undertaking them. Other measures could be better environmental cleaning and improved stool sampling, for example sampling earlier on admission and not waiting until a case was suspected.

The new Director of Infection Prevention and Control would be full-time and the microbiology team was now up to full establishment.

Dr Child said that the RCA process was good, and timely. More work on cleaning and decontamination was needed; whilst Bioquelle was effective other options could be easier and quicker. Professor Proctor asked how awareness of the need for cleaning and behavioural change for staff, patients and visitors could be raised. Mr Harrison responded that this would follow the approach taken in September and the action plan used then would be revisited and developed. Mrs Foster said that repetition was one key to raising awareness and she would take a paper to SMT around who cleans what and the sampling process. The Improving Patient Care Steering Group will champion this.

Mr Harrison said that staffing issues had been raised at RCA meetings but, whilst they could be a significant factor, no specific reasons had been given. They were, however, being addressed. Dr Hall wondered if there was an underlying problem in care homes and Mr Harrison said that outbreaks were not being seen so that was not really seen as an issue.

Dr Scullion observed that evidence suggests hand-hygiene was not a problem because there was no evidence of cross-infection. Staff, naturally, touch patients and so if the environment is the primary source then it needed to be the prime target.

Mrs Foster emphasised the challenge of undertaking hand hygiene audits, and the appropriate use of audit methodology. A programme of raising awareness and concentrating on hand washing after contact with bodily fluids was needed.

Mrs Dodson considered that the volunteer Hand Hygiene Champions scheme should be relaunched but Dr Tolcher said that volunteers could be part of the solution, especially in dealing with patient hand hygiene.

Mrs Dodson thanked Dr Hobson and Dr Child for their comprehensive briefing.

Mrs Dodson welcomed to the meeting the members of the public and Dr Hall, in her role as Joint Deputy Medical Director.

1. Apologies for Absence

An apology for absence was received from Dr Natalie Lyth, Clinical Director – Integrated Care Directorate, for whom Dr Taylor was deputising.

2. Declarations of Interest

There were no declarations of interest relevant to items on the agenda for the meeting.

3. Minutes of the meeting of the Board of Directors on 27 January 2016

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

Minute 5.13 Line 1 **Delete:** 'in Q1…….2017-18.

Minute 5.14 Line 4 **Delete:** 'arbitrary'

Minute 5.18 Line 12 **Delete:** 'Primary Care.'
Insert: 'the community.'

Minute 5.19 Line 2 **After:** 'Harrison'
Insert: 'and Mrs Foster'

Minute 6.8 Line 1 **Delete: '**but that there were data quality issues'

Minute 7.12 Line 3 **Delete:** '£1m'
Insert: '£1.5m'

Minute 7.12 Line 4 **Delete:** '£750,000'
Insert: '£500,000'

Minute 10.3 Line 6 **Delete:** 'There was…….again.'

Minute 10.1.2 Line 5 **Delete:** 'Dr Scullion …….obstetrics.'

4. Review of Actions Schedule and Matters Arising

Action 1 – Mr Coulter confirmed the integration of footprint and sustainability had been covered at the February strategy session. Board action complete.

Action 2 – Mrs Foster confirmed the outcome of re-inspections after Red Director Inspections would be routinely reported back to the Board of Directors. Board action complete.

Action 3 – Mr Thompson confirmed the reviewed and approved Terms of Reference for the Audit Committee were in the new format. Board action complete.

Action 5 – Dr Scullion said that this would be covered at the Board pre-brief in March. Board action complete.

There were no other Matters Arising.

Overview

Mrs Dodson said that the DIPC briefing had been a very helpful presentation, framing the business of the Board. It emphasised the Trust's concern about *C.difficile*. Enabling staff, visitors and patients to understand the challenge was an important aspect of quality of care.

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

- Finance – clarity on year-end position and the implications for the following year. The influence of January performance and delivering quality.
- Staffing levels – intertwined with agency cap and finance.
- Junior Doctor strike action – implications of escalation of industrial action.

It was noted that Dr Tolcher would depart the meeting at noon.

5. Report by the Chief Executive

5.1 Dr Tolcher's report had been circulated in advance of the meeting and was taken as read. She thanked everyone for their preparation and execution of the recent CQC inspection. It had exhibited the values of the Trust and had caused minimal disruption to patients and those who use our services. The Trust was awaiting the formal outcome.

5.2 Dr Tolcher started by drawing attention to the development of the Operational Plan and Sustainability and Transformation Plan (STP), the latter being a system-based multi-organisational, multi-year plan for clinical and financial sustainability.. There was as yet no feedback on the proposed Harrogate area. NHS Improvement roadmap set out expectations of fixing money, quality and performance through this approach. The initial guidance is that the STP should give a vision of what was to be achieved by 2021.

5.3 A systems-level approach was being taken so Ms Bloor (Harrogate and Rural District CCG) would be the executive lead for the development of the Harrogate STP whilst Dr Tolcher continued as chair of the Harrogate Health Transformation Board, which will sign off the STP, for a further six months.

5.4 Moving on to junior doctor industrial action, Dr Tolcher said it was too early to know how both junior doctors and those covering for them would react to the three planned 48-hour emergency cover only periods. Levels of goodwill were likely to reduce and there could be an effect on income if elective activity is reduced. Mr Marshall said that in parallel he had initiated work on the national imposition of the new contract looking first at current schedules, which will need to be worked through on an individual basis. There would be an event in March at which he expected more information about how to implement the contract from August 2016. He would keep the Local Negotiating Committee informed. Mr Coulter noted the need to engage with the LNC and that Foundation Trusts were expected to follow the national line decision and offer the new contract to junior doctors from August 2016 onwards..

5.6 Dr Johnson said that consultants and SAS doctors would keep patients safe at all times but there could be an effect on elective care. Dr Tolcher suggested that there would

be an effect on productivity. Dr Johnson said that theatre lists may have to be changed if they were without Junior Doctors. Dr Scullion highlighted that he was not sure what the British Medical Association's next steps might be, following the conclusion of the further periods of industrial action.

5.7 Professor Proctor commended the Trust's approach so far. It was no mean feat to continue to provide services during the strikes. She wondered about the significance of the likely Judicial Review – would the BMA freeze their action. Dr Scullion said that a judgement was needed as soon as possible. He believed that public support for the junior doctors would erode over time. Mr Thompson asked why the risks around the industrial action had been kept off the Risk Register. Dr Tolcher said that the Directorates should consider whether this should be included but at this stage the risk was likely to be below the threshold for recording on the Corporate Risk Register. **Action: Clinical Directors**

5.8 Mr McLean said that stances could move over time and that public support appeared to be weakening. The BMA would need leave to take forward a Judicial Review and that decision would be a useful flag as to the likelihood of success.

5.9 Dr Tolcher noted that consultant contract negotiations were also due. The current reliance on consultants to provide cover could create a perfect storm – to quote Don Berwick, a service 'cannot deliver clinical excellence when in conflict with its workforce'. Mrs Dodson said that patient safety remained paramount and that it was important that the whole workforce all subscribed to that view. She was not sure of the changes which might follow imposition of the contract – it could have a real impact on patient care.

5.10 Moving on to the financial report, Dr Tolcher noted a year to date position which was £2.6m adverse of plan and a forecast year-end position of a modest surplus. Mr Coulter would provide more detail in his report.

5.11 Reporting on the Senior Management Team meeting Dr Tolcher said that the Directorates had been congratulated on the safe delivery of the CIP programme with 100% of savings achieved. She believed that the programme for 2016-17 would hit the ground running in April. The task was now to convert those measures graded amber and red to green and take them through the Quality Impact Assessment process. There had been discussion about the *C.difficile* situation with support for planned maintenance deep cleaning to tackle environmental factors.

5.12 Dr Tolcher reflected that all actions on the Board Assurance Framework were on plan. The risk on building safety would be revised in the coming month. Three risks had been removed from the Corporate Risk Register, which demonstrated that the methodology was working satisfactorily.

5.13 Mrs Dodson reflected on the recent Royal visit which had been very positive and an affirming day for the Sir Robert Ogden Macmillan Centre, staff and volunteers. She invited questions on Dr Tolcher's report.

5.14 Mr Ward asked how it was expected to turn a £750,000k deficit into a small surplus and Mr McLean added particularly in the light of the 48-hour industrial action by junior doctors.

5.15 Mr Coulter said that the mobilisation reserve and historically high income during March would help to turn around the position. Whilst he would seek to maintain some contingency, some savings were also to be made against rostering; around £200,000 in

time balances were owed to the Trust. He had also not accounted for the availability of Vanguard funding. Whilst the year-end number is important, the run-rate into 2016-17 was of more concern. The aim was for non-recurrent CIP measures in the current year to be recurrent for 2016-17.

5.16 Mr Ward said that income was only 1% up on last year and this was a long-term challenge. Mr Coulter agreed that the Trust was working on fine margins in high numbers. He had not factored in the agency cap, for example. Agency requests were reducing. From the autumn the Trust will be on framework agencies at capped rates only so that premiums on agency costs would reduce. He pointed out that the tariff had been reduced by 1% so there had been a 2% increase in income. The Trust had also lost the York GP OOH service. It was more about contribution than income.

5.17 Mr Thompson asked whether it was premature to remove the ophthalmology risk. Dr Scullion replied that it was a very specific risk about the management of waiting lists, which had improved. Mr Harrison noted an incident recently had related to a patient who had not been put onto the list rather than being part of the backlog. Dr Tolcher emphasised that the risk had not disappeared – it was being managed at Directorate level.

5.18 Mrs Taylor asked about gaps in assurance around buildings in Durham, Darlington and Middlesbrough and the state of and liability for buildings. Mr Harrison said that searching questions had been asked in the tender. It was not intended to occupy some premises, with better premises identified. Appropriate processes were being followed.

5.19 Professor Proctor wondered whether the full findings from the Vanguard visit had been received. Dr Tolcher said that the written feedback was awaited. Regarding Value Proposition (VP) 2 she commented that transitional funding was at risk. Bids had been made nationally for twice as much funding as was available. If projects had made no progress they would be taken out of the process; funding might be reduced to 70% or even 50% of their original sums. It was already tight to keep VP (VP) 2 within the VP1 level. The situation was very difficult – there might be a need to reduce the deliverables. Roll-out of the pilot would be helpful in testing the hypothesis of the new care model. Turning to the West Yorkshire Urgent and Emergency Care bid there was only £12m for UEC Vanguard seven sites. Mr Harrison said that the VP may need to be rewritten, downscaling the acute part. Dr Tolcher said that the next iteration would examine what was in train: big transformational schemes might have to be removed.

5.20 Mrs Webster asked what VP2 covered. Mr Harrison said that VP1 was for 2015-16 and VP2 for 2016-17 onwards. Dr Tolcher said there was an indication that a re-bid might be necessary and less funding would be allocated. Mrs Webster asked at what point the Trust would consider ‘pulling the plug’ on the Vanguard. Dr Tolcher replied that she would not want to do so. There was significant transformational work underway with partners. Even if transitional support was not available, it would need to be revisited, to improve patient care. Mrs Dodson said that in the current fiscal climate the availability of less funding was to be expected.

5.21 Professor Proctor asked about the arrangements for planned maintenance deep cleaning, bed closures etc. Mrs Foster said that half a ward at a time would be closed. Swaledale ward would not be opened for this purpose, and the implications for patient safety would be a major consideration. Dr Scullion said advice would be sought from DIPC – if ultra violet decontamination was used then patients would not have to be

moved. Mr Alldred said this would be fast, with minimal effect on patients. The case was under financial examination.

5.22 Mrs Dodson enquired about the progress being made on the completion of SIRI action plans. Dr Johnson said plans were now clear about SMART actions. Non-SMART actions tended to run-on or not be deliverable. Where this was the case the matter would be moved onto the Risk Register. Dr Scullion said that increasingly the action plan was being taken forward in parallel with the SIRI investigation, which led to more objective action plans. Mr Alldred said his Directorate had made significant progress. There had been too many badly-focused actions and staff were now clear about what action plans should say and deliver. Mrs Dodson emphasised the importance of the linkage between the Lead Investigator and the wider investigation team, which Dr Scullion said was now built in. Dr Tolcher considered that there was a much better process for investigation and actions. The ambition was to achieve 100% completion, as reported at SMT. Mr McLean said that the NED involved must always be given the chance to sign off the action plan at the end of the process.

5.23 Mr Alldred noted the value of the new approach. It was clear that delivery is at the point of completion of the action plan. Mrs Dodson said this gave further assurance that closing the gap was taking place. Dr Tolcher said that the new approach would be tested out on two new SIRIs, whilst Dr Scullion added that quality assurance would be provided at the post-SIRI audit. Dr Tolcher suggested that it would be important to look at the outcome of audit and other action plans; Mrs Dodson said that there should be a timetable at the end of the audit. Finally Dr Scullion commented on where and how this would all be recorded.

6. Integrated Board Report

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

6.2 Mrs Webster noted the number of pressure ulcers in the community and that there was no specific target – she believed that there were 15 RCAs outstanding. Mrs Foster agreed that this was a large number but that no target was needed. Mrs Dodson said that the recent presentation on pressure ulcers had shown that the Trust had a better database. The differentiation between category 3 and 4 was important. Mrs Foster advised there had been no category 4 but would break out the numbers if necessary – she would also identify any in the narrative because they were an exceptional event. The last one had been in January 2015, in the community.

6.3 Mr Thompson welcomed the reduction in HMSR and SHMI. Sickness rates, however, were at a high level and showed consistent growth. Mr Marshall replied that there was a significant number of long-term sickness cases at present. As for short term sickness absence Directorates a process had commenced to review employees with the highest levels of sickness absence, in order to ensure that follow-up and support arrangements were in place in all cases. Coughs and colds had shown an increase and with only 50% uptake to date the flu vaccination was being offered again. Mr Alldred confirmed all long term sick absences were under review. The focus was on return to work interviews. He had identified no trends except seasonal.

6.4 Mrs Dodson said that a green rating for infection control did not feel right. Mr Harrison said this was green because the ambition is no more than 12 cases with a lapse in care. He did not feel this detracted from the debate. Dr Scullion said that the Trust was compelled to report this figure and recalled the debate prior to the meeting. Mrs Dodson

made clear that just because the indicator was green did not mean that the Board was not concerned.

6.5 Turning to temporary staff, Mrs Taylor asked for some details. Mr Coulter said these were not doctors and nurses. Other staff groups were under-spending but still had insufficient staff. He would be concerned if temporary staff numbers were rising and overspending. There was currently no financial pressure in this area, although the figures reflected figures from December not January. Mrs Dodson acknowledged the challenges of providing contemporaneous information. Mr Coulter said that overtime etc was paid a month in arrears and he needed to make clear that the figures were a month behind.

6.6 Mr Ward was disappointed with the narrative against the Emergency Department 4 hour standard – there should be more information rather than duplication of the graphic. Mr Harrison said that it had been very challenging in the ED in January. Dr Matt Shepherd had undertaken a lot of work to examine different ways of managing, including him shadowing the Shift Leader, for example. There had been a real shift in ED (for two weeks figures had reached 97%). National data showed the Trust to be performing in the top 10 (and sometimes 1st in the country). Dr Shepherd would be attending an event aimed at supporting struggling Trusts to offer HDFT experience and observe other best practice and to learn from other sites. There was an absolute commitment to the standard and the change in approach was repaying the impressive work and effort which had been expended.

6.7 Mrs Dodson noted that Sheffield Children's Hospital Trust was consistently number one with regard to the ED 4 hour standard; it was not a level playing field. She believed that ED was attaining a significantly high standard of performance. Mr McLean said that the model hospital dashboard would highlight such positive messages.

6.8 Mrs Webster was pleased that the CQUIN on sepsis and treatment was moving in the right direction and asked Dr Scullion if he was confident that it would reach 90%. He responded by saying that there were two components – screening and severity. It was now built into the clerking tool. Work was progressing in the ED on three urgent treatments (stroke and myocardial infarction being the other two). It would help to have the tool used by Yorkshire Ambulance Service. The standard was to see patients within an hour of arrival in ED. There were currently only 4 or 5 per month. The Trust was making progress towards 90% compliance by year-end.

6.9 Mr Harrison said the change had involved a huge amount of work. The shift in understanding around screening gave the Trust a better chance of achieving 90%. Payment was mitigated by achieving the CQUIN in Q1, Q2 and Q3. There was £20,000 - £30,000 at risk against small numbers so it was really challenging. Mrs Webster said that the CQUIN had clearly worked. Mr Alldred said this was a national directive about treating very poorly patients quickly. He was not complacent but missing one patient had a big effect. Dr Hall said it had previously taken a while to draw up the antibiotic but this situation had now been resolved. Dr Tolcher said this was a good example of how we can identify an issue and work to improve. Sepsis would be a Quality Priority for 2016-17.

7. Report by the Director of Finance

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

7.2 Mr Coulter advised the Trust would be reporting a Risk Rating of 3. In the recent Quarter 3 low-key telephone call with Monitor, he had explained the impact of FLIP. Medical staffing continued to exert financial pressures, as was the reduction in the agency cap. There where challenging conversations about situations where it was proposed to breach the policy.

7.3 Dr Johnson agreed that the agency cap was a concern. She was concerned about the impact on activity and finance if the Trust was unable to recruit. She was taking a retrospective look at pressures in emergency and cancer care. In orthopaedics there were no concerns about patient safety.

7.4 Mr Harrison said that significant progress had been made in shifting long-term locums onto the April capped rate. For ED Consultant low-risk shifts this needed to continue. The volume of breach requests has been markedly reduced with evidence that they were being used as a contingency whilst other solutions were being explored. There was an ethical issue around junior staff trying to hold the Trust to ransom. He had been contacting other Trusts and sharing with other networks. Dr Johnson said that whilst there were operational risks, they will have to play out. Mr Alldred said that it was important to hold the line. Mr Ward said that the introduction of the agency cap had forced a collective response. Whilst it was not without pain, it was proving to be an advantage.

7.5 Turning to the wheelchair service, Mr Coulter said that it was a block contract. There were concerns about waiting times and availability. The CCG had not yet given a definitive response so the Trust has invoiced for the sum of c£150,000. Mr Alldred said there was reputational risk and it important to the organisation that the situation was resolved. Mr Harrison said that conversations with the commissioners had been undertaken about not issuing of equipment in some circumstances – which the Trust wished to avoid. Dr Tolcher suggested that the Trust might take a hit in–year rather than let patients down but that this was not realistic in the longer-term. Mr Thompson said that the wheelchair contract would be up for tender within the next 12 months. In Mrs Dodson's view the wider system should be delivering.

7.1 CIP update

7.1.1 Mr Coulter's paper had been circulated in advance of the meeting and was taken as read. He emphasised that the priority was to turn non-recurrent measures into recurrent measures wherever possible.

7.2 Operational Plan 2016-17

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

7.2.2 Mr Coulter confirmed that the draft Operational Plan had been submitted on 8 February 2016. The covering letter noted that finalisation of the CIP 2016-17 was continuing, the Quality Priorities for 2016-17 were being developed, and the workforce profile awaited further work around Vanguard and the assumption of work in Durham, Darlington and Middlesbrough and a sensitivity analysis. The further discussion required with HaRD CCG around activity and its QiPP assumptions were also highlighted.

7.2.3 A further meeting with the HaRD CCG was scheduled for 29 February and the risks of the current position had been highlighted to Monitor. It was a challenging position for the CCG especially around CQUIN and system resilience. The deadline for agreement

of the contract was 31 March and to date the Trust had not made huge progress with the CCG. Mr Coulter said that escalation of the issues would need to be rapid, especially if they were issues of principle.

7.2.4 Mr McLean said that the issues needed to be resolved otherwise he favoured very early escalation. Mrs Dodson said that there had been detailed and rigorous conversation at the recent strategy Away Day. The Board **agreed** that rapid escalation should be pursued if it was clear that resolution was not likely.

7.2.5 Mr Coulter confirmed that the Trust had indicated that it would accept the control total which had been discussed at the January meeting of the Board and plan for delivery.

8. Oral reports by Directorates

8.1 Mr Alldred said that by June co-locating GP OOH and ED would create an Urgent and Emergency Care centre. There would be joint triage through ED and then streaming of patients. This was an important planning change which would be piloted in March.

8.2 He reported that the New Models of Care staff were really enthused with early dialogue with patients and GPs.

8.3 On antibiotic stewardship, a point prevalence study had stimulated a positive improvement in daily reviews, record keeping and antimicrobial stewardship. An audit of the replacement for TACCORD was underway for Quality Committee. The Directorate was working up a tender for a Community Pharmacy partner, which would be brought to the Board in March or April.

8.4 Work was in hand around the safe care of diabetes patients and the safe use of insulin. This could use Patientrack or EPMA and required specialist review early. Use of the technology proactively would make for early intervention.

8.2 Moving to the Elective Care Directorate, Dr Johnson said that there was work underway around agency and weekend theatre staffing and offering incentives to Trust staff. This had been well-received by the staff. The aim would be that over a set six-month period all agency staff would transition on to the Bank. Retention of theatre staff and their banding was included in the work, as was the possibility of recruitment through social media.

8.3 Orthopaedic procedures had recently been affected by half-term and theatre maintenance. One consultant with long waits had also been taken off Choose and Book. Dr Johnson was trying to increase capacity in March. The Ophthalmology follow-up backlog has continued to reduce and work continued to improve the position. The recent neonatal operational delivery network peer review had provided very positive feedback. As the first such assessment in the region it had set a high benchmark. The Directorate was self-assessing paediatric diabetes in readiness for a peer review and looking to develop a business case to recruit another Paediatric Consultant.

8.4 Mr McLean asked about the potential impact of the £3,000 personal maternity budget which had been reported in the press reports. Dr Johnson said that HDFT was ahead of game in providing, for example, hypnotherapy. It was not immediately clear what impact it might have, leading possibly to unwise patient choices. The maternity Facebook page is good at listing and reflecting patient choice.

8.5 Within the Integrated Care Directorate, Dr Taylor reported it had been very busy across the acute floor. A new consultant was working one day per week in CATT, which helped with capacity. There had been increases in outpatient endocrinology requirements. Good CVs had been received for a number of forthcoming consultant interviews. Nurse recruitment campaigns were underway and Dr Taylor hoped that many of 31 vacancies across Integrated Care Directorate would be filled. As far as the Deanery medicine visit report was concerned, some things would be challenged, after discussion with medical staffing and the junior doctors. There was, however, a need to increase support at weekends.

8.6 Dr Tolcher confirmed that Ms Barnett's role had been replaced with direct management oversight from Mr Harrison. Issues around Gastroenterology capacity were being addressed and she could report positive progress. The Durham, Darlington, Middlesbrough mobilisation work was going well with a positive attitudes apparent; in 1:1 discussions staff were keen to come across to HDFT.

8.7 The way in which the Trust works with North Yorkshire commissioners around the outcomes of the 5-19 programme was under scrutiny. Currently the required quarterly report was complex and ran to 40 pages (and the commissioners are requesting more information). The conversation with the commissioners was positive and Dr Tolcher was confident that a way forward would be found which would be a reasonable and fair position. Mrs Webster asked whether the reporting arrangements had been agreed in advance of the contract start. Mr Harrison said that this requirement was exceeding the original and there seemed to be different views taken by Public Health, the Community Manager and the Finance team. The learning from this experience was being shared with the mobilisation team for Durham, Darlington and Middlesbrough children's services. The 0-5 re-tender due was due this year.

9. Report by the Chairman of the Quality Committee

9.1 Mrs Webster reported on the February meeting, which had been observed by colleagues from the CQC and Deloitte. Deloitte had provided valuable feedback about the presentation of the quality dashboard and how it was used, and other matters. Some supporting resource would be required. Mr Picken (Deloitte) had provided positive feedback about the progress of Quality Committee.

9.2 The Quality Committee had looked at escalation and progress on pressure ulcers. It had received assurance about the processes. The Committee had reviewed new NICE guidance and received a report on the good outcomes of the bowel cancer audit.

10. Report by the Medical Director

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

10.2 Dr Scullion said that he would feed back the results of the sample casenote review into sepsis deaths, as flagged in the CUSUM alert, in a future Board report.

11. Report by the Chief Nurse

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

11.2 Mrs Foster reported some outstanding areas following Directors Inspections. No Patient Safety Visits had taken place in January as these were surpassed by CQC readiness service visits; more visits in the community were included in the forward plan.

11.3 Moving to nurse recruitment she said that at the most recent event 8 candidates had been expected, 12 arrived and 10 conditional offers had been made. Three were ready to go to Integrated Care posts and the others were students. Two who were at university in Bradford want jobs here. The next recruitment event will be in April after the York and Bradford University open days. A community recruitment event would be held on 27 February. There were currently 35 in-patient vacancies – 30 in Integrated Care and 13 candidates to take up some of the vacancies. Measures to alleviate the staffing issues were continuing and staffing remained above 90%. Concerns about Jervaulx and Byland wards were being offset by over-subscribing with CSWs.

11.4 Dr Taylor noted that the increased presence of Matrons (at evenings and weekends) was garnering very positive feedback. Mrs Foster said that they provided support for staff and she had also received good feedback. Dr Tolcher noted that there had been a downturn in complaints especially around communications with relatives and patients and Mr Harrison said that the Site Managers can remain focused by using Matrons to tackle some issues.

11.5 Mrs Dodson was delighted to hear about the success of the recruitment events, and of the positive effect that the presence of the Matrons was having. She asked about the timescale for the arrival of the new recruits. Mrs Foster said that this would usually be about three months but things were moving fast, especially with excellent HR support.

11.6 Moving on, Mrs Taylor asked about cannulisation in the light of challenge at the CQC focus group discussion with NEDs. She wondered, as a result of the discussion, who would be involved in training and where were the skill-sets going to be focused? Mrs Foster said that doctors, nurses and some CSWs, where appropriate, would be trained. The Trust was behind others in this area. The training was a quick process. Mrs Dodson said that the Trust would need a roadmap in preparation for Quality Summit, and Mr Marshall said we needed to move at pace; it had also been mentioned in the Deanery visit report.

11.7 Dr Hall said that there was a need to improve retention of Phlebotomists whilst Dr Scullion said this was one of a range of tasks to be taken away from junior doctors, although Dr Taylor reminded the Board that it is a core skill for doctors. Mrs Foster said that it would be helpful to have a cohort in ED and CATT, a view with which Mr Harrison agreed, but only if it could be done in a timely way. Mrs Dodson asked for an overview roadmap to be included in Mrs Foster's in March report. **Action: Mrs Foster**

11.8 Mrs Webster wondered whether using additional CSWs for 1:1 care was masking an issue whereby the remaining CSWs were overstretched. Mrs Foster said that, if appropriate, the cohort was being managed for 1:1.

11.9 Dr Taylor had noted the point, in the neonatal peer review, about the age profile of the nursing staff. Mrs Foster said that this was a challenge in neonatal nursing nationally and our staff are older; the Trust may face a 'cliff edge' around retirement. She would be looking at this in the context of the Nursing & Midwifery Strategy.

11.10 Dr Tolcher asked if the Woodland staffing levels were appropriate to the need. Mrs Foster confirmed they were and were being tracked. They were commensurate with activity and the numbers of patients but she conceded that there was more work to do.

11.11 Mrs Dodson reminded the Board that approval of the proposition around the complaints Key Performance Indicators (KPIs) had been requested. Mrs Foster said that this would provide a method of tracking the effectiveness of the complaints process using metrics. She pointed out that where the proposal stated 'UCL' this should read 'LCL'.
The Board **approved** the KPIs as amended and Mrs Dodson said that these would be reviewed by the Quality Committee.

[Dr Tolcher left the meeting]

12. Report by the Chief Operating Officer

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

12.2 The National Inpatient Survey Report had been really positive, although there were some issues to be addressed. The report was not bench-marked. The Trust had improved in many areas and staff commitment was particularly apparent.

12.3 In respect of the Carbon Energy Fund contract a major step forward had been the removal of the old switchgear. The Trust was starting to see measurement of savings delivering in line with the project plan.

12.4 Mr McLean picked up on the one standard where the Trust was significantly below the national average (73% against 69%) concerning patients not being asked about their quality of care. Mrs Foster said this had been picked up by the Providing a Safe Environment (PSE) steering group. Patients needed to be made more aware when they were being asked, which she believed was frequently. Mr McLean said that only 27% feel they are asked. Mr Harrison said that completion rates of the Friends and Family Test (FFT) – 40-50% - had no correlation with this outcome. Patients may not be recognising questions about their quality of care. The challenge was to find a way to improve the process so that patients feel that they were asked. Dr Hall suggested that the consultant could ask when doing rounds. Mrs Dodson said it could be linked to contact rounds and the Trust needed to improve both the question and the way it was asked. Mrs Foster said that more needed to be done by nursing staff and others with patient contact.

12.5 Mrs Webster asked how comments on the FFT were captured as they were part of the broader message on quality. Mr Marshall reported that he and Mr Ward had undertaken a Director's Inspection on Nidderdale ward where volunteers were being used to stimulate responses. Mr Ward added that the Trust must improve on the current 24% completed FFT responses. Mrs Dodson said this could involve making better use of volunteering resources.

12.6 Mr McLean reminded the Board members that the information was available in a public report and that the figure of 73% would be potentially damaging and needed addressing. Mrs Foster agreed that it was a serious issue and was being taken forward urgently through the PSE steering group. Targeted work would be needed to improve the response rate. **Action: Mrs Foster**

12.7 Mrs Dodson wondered how the Board would know that the position had improved. Mr Harrison said this would be through FFT responses and information from volunteers, who would need guidance on maintaining independence. If patients were more engaged we should see higher FFT response rates. The question could also be asked during Director's Inspections and Patient Safety Visits. Mrs Dodson requested that there should be a formalised process through the Senior Management Team. Mr Coulter said that a report would be brought to the April Board meeting. **Action: Mr Coulter**

12.8 Whilst acknowledging progress on hospital food, Professor Proctor wondered how to address the reported lack of choice? Mr Harrison said that the Catering team, Nutritionists and Dietetics were working together to understand what was not being offered. It was likely that staff were not proactive in telling patients that items other than those on the menu are available. Stickers on beds which were moved showing meal choices might help; there was linkage with shorter length of stay. Professor Proctor asked for an update in April. **Action: Mr Harrison**

13. Report by the Director of Workforce and Organisational Development

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

13.2 Mr Marshall said that he was delighted with the results of the Staff Survey, on which he would report more fully at the April meeting. It had covered both acute and community staff. The Trust had now been grouped into a new category which covered combined acute and community service providers, rather than just acute Trusts as before, and because this was a smaller cohort the rankings were restricted to average or below/ above average. He believed that the results would, however, have placed the Trust in the top 20% when ranked alongside the prior cohort of acute Trusts.. He reported that the response rate had been higher this year than last – and two key factors (including support to staff) were rated at the top nationally. There were some issues which would be looked at in detail. Mr Ward said these results could be used to aid recruitment and maximise publicity. Mrs Foster said that previous results – already on Trust website – had drawn comments from nursing candidates about the Trust's 'attention to quality of care'. Mrs Taylor said that the national terminology to describe the overall engagement score was not helpful.

13.3 Mr Coulter said that these were very positive results. The Keogh report had identified the linkage between staff engagement and mortality. Mr Marshall said that there would be discussions about external promulgation of the results.

13.4 Moving to job planning, Mr Marshall said that the recent audit had provided significant assurance. Doctors without a job plan within the previous 12 months were being emailed directly. 100% compliance was needed for pay progression and to support overall levels of efficiency. Pay progression had improved compliance with appraisal requirements. On the TUPE mobilisation for the new contracts, payroll provision was in hand until the processes were fully up and running and the payroll responsibility could fully transfer to the Trust in mid-May 2016.

13.5 Mr Marshall said that, following the decision of the Secretary of State to impose the new junior doctors' contract, more than 100 individual records for junior doctors, including work patterns, would need to be reviewed and potentially revised.

14. Proposed amendments to the Constitution of the Trust

14.1 The paper including the proposed changes had been circulated prior to the Board and was taken as read. In the absence of any questions, Mrs Dodson sought and received the **approval** of the Board for the changes. She emphasised the importance of the second amendment, which was in line with the business development aspirations of the Trust.

15. Report from the Chairman of the Finance Committee

15.1 Mrs Taylor's report had been circulated prior to the Board and was taken as read.

15.2 Mrs Taylor said that the Finance Committee had discussed a single item, the draft Operational Plan, at its last meeting. The risks attached to the draft Operational Plan and the conditions attached to the STP had been considered. Attainment of the efficiency ratings and the lack of a HaRD CCG QiPP plan were significant. She expected that these would all be resolved by 11 April, when the final version has to be submitted. Mrs Dodson said that this would tie up assurance around the Operational Plan.

15.1 Report from the Chairman of the Audit Committee

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

15.1.2 Mr Thompson said that his report was self-explanatory. There had been discussion around the year-end and periodic reporting. He had reported the comments of the Board on the annual review of effectiveness and the Audit Committee would look critically at the content and timing for the next review.

15.1.3 The Audit Committee had received proposals from KPMG for the 2015-16 audit, and had been given an outline of common weaknesses. Poor performance often reflected weak controls and processes.

16. Matters that have been reported to Monitor and/or the Care Quality Commission

16.1 Mrs Dodson said that the constitutional changes would need to be reported. Financial reports were now monthly and the reports on ED performance and agency cap compliance were weekly. She hoped that they would change to reporting by exception only.

17. Patient Story

17.1 Following discussions with Dr Tolcher, Mrs Foster and Mr Picken (Deloitte), Mrs Dodson proposed in future to start each Board meeting with a patient story to form a backdrop to and framework for the rest of the meeting, inviting patients and carers to give their narrative where possible.

17.2 Mrs Tracy Campbell, Head of Nursing, Integrated Care Directorate, recounted the story of a terminally ill patient admitted to the hospital in November 2015. Subsequently the patient's daughter had died. Police had visited the Trust and told the patient. There were no other relatives, so ward staff identified the body of the daughter (who had been a

regular visitor to her mother) and also arranged and attended her funeral (including at least one from annual leave).

17.3 The ward staff had welcomed back the patient to the ward after the funeral. Sadly the patient herself died on Christmas Day; there was no-one at her funeral, at her request.

17.4 Mrs Dodson said that the story should evoke an emotional response – this was staff going the extra mile. Above all it was about the quality of care. Mrs Foster said that it had been one of her proudest moments to understand the entirety of what was done by staff, who were otherwise under considerable pressure.

17.5 Thanking Mrs Campbell, Mrs Dodson recognised that some patient stories would describe circumstances were there had been a less positive experience.

17.6 Mr Harrison made an observation about the social isolation which this patient story had illustrated. The Trust was entering into engagement with local authorities over social isolation and had a role to play. Public Health data demonstrates that social isolation leads to increased acute admissions. The Trust would play a wider role as public sector body.

17.7 He noted that a 'pudding club' had been started, with the catering staff clubbing together to contribute funding. The Trust, through Mr Ash, was working with the voluntary sector and Age Concern to identify those for whom a discounted nutritious hospital meal would be appropriate. Mrs Dodson said that this showed how the Trust was part of the social community of Harrogate.

18. Any other Business

18.1 There was no other relevant business.

19. Council of Governors' Meeting Minutes

19.1 The minutes of the meeting held on 4 November 2015 were received.

20. Board Evaluation

20.1 Mrs Dodson asked what issues had had most impact and what would be taken forward.

20.1 Mr Coulter said that the patient story had given a perspective to the meeting. He also acknowledged that running two days together was less than ideal, noting that the public record should show that a full day strategy session had been held the day before the Board meeting.

20.2 Mr McLean said that much of the meeting had been reviewing rather than substantive discussions. Mrs Dodson said that she considered that matters had moved forward. Dr Hall felt that asking patients about their care and the work on cannulation had stimulated valuable discussions whilst Professor Proctor had valued the presentation on and discussion around *C. difficile.*

20.3 Mrs Webster considered that the Board's focus could be more strategic and Mrs Dodson agreed the Board needed to balance strategic and operational discussion.

20.7 Mr Alldred felt that the framework of the meeting had made room for discussion on quality of care and patients. He believed that the meeting had been engaging.

20.8 Mrs Dodson confirmed that she would not hold the private meeting before the public Board meeting as it would change the whole dynamic.

21. Confidential Motion

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

The Board agreed the motion unanimously.

The meeting closed at 12.38pm.

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Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – March 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
Investigate potential for HDFT to instigate Beacon Wards scheme (4.0)	Mrs Foster - Chief Nurse	January 2016 (September 2015)	Complete
Update report on reducing avoidable admissions (4.1.7)	Dr Lyth – Clinical Director, Integrated Care	January 2016	Complete
Adjust report to show true figures without distortion from advance cash payment (5.33)	Mr Coulter – Director of Finance	January 2016	Complete
Write to thank Mr Leinhardt for his service as Clinical Lead for Strategy (5.39)	Mrs Dodson - Chairman	January 2016	Complete
Brief Mr Ward re actions taken around Ripon Hospital (11.4)	Mr Alldred – Clinical Director, Urgent, Community and Cancer Care Directorate	January 2016	Complete
Provide figures for non-statutory actual v planned nurse staffing figures eg ED, community, paediatrics, maternity (11.6)	Mrs Foster – Chief Nurse	January 2016	Complete
Provide update on staff turnover and exit questionnaire information (13.6)	Mr Marshall – Director of Workforce and Organisational Development	January 2016	Complete
Consider whether changes in NI payments from 1 Apr 2016 should be recorded as a risk to the Trust (13.8)	Mr Coulter – Director of Finance	January 2016	Complete
Consider inclusion of clinical sustainability in future Board strategy session (17.4)	Mr Forsyth – Interim Head of Corporate Affairs	January 2016	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

HDFT Board of Directors Actions Schedule – Outstanding Actions

March 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	Date due to go to Board or when a confirmation of completion/ progress update is required	Detail progress and when item to return to Board if required
1	January 2016	Reflect trend in recruitment processes over last 12 months in routine Report (11.4)	Mrs Foster – Chief Nurse	**March 2016**	
2	February 2016	Risks around junior doctor industrial action to be reflected on Directorate Risk Registers (5.7)	Mr Alldred – Clinical Director, UCC Dr Johnson – Clinical Director, EC Dr Lyth – Clinical Director, IC	**March 2016**	
3	February 2016	Develop overview roadmap for training of staff in cannulisation and other basic skills (11.7)	Mrs Foster – Chief Nurse	**March 2016**	
4	February 2016	Full report on results of NHS Staff Survey 2015 (13.2)	Mr Marshall – Director of Workforce and Organisational Development	**March 2016**	

5	January 2016	Prepare report for Board on debtors through Finance Committee (7.6)	Mr Coulter – Director of Finance	April 2016	
6	February 2016	Identify measures to improve patient choice of meals and process for meal following patient if latter moved (12.8)	Mr Harrison – Chief Operating Officer	April 2016	
7	February 2016	Develop process for improving patient feedback on quality of care (12.6)	Mrs Foster – Chief Nurse	April 2016	
8	January 2016	Bring report to Board through Quality Committee to demonstrate that GP OOH service is safe for patients (6.8)	Mr Alldred – Clinical Director, Urgent Community and Cancer Care	April 2016	
8	November 2015	Report on number of emergency and elective Caesarean sections performed (6.6)	Dr Johnson – Clinical Director, Elective Care Directorate	May 2016	
9	January 2016	Update Board on progress with EDS2 action plan (11.10)	Mrs Foster – Chief Nurse	July 2016	
10	January 2016	Board to review Strategic KPIs on biannual basis (7.15)	Mr Coulter – Director of Finance	July 2016	
11	January 2016	Review and revise questions in annual Audit Committee survey (14.1.3)	Mr Thompson – Chair Audit Committee – Non-Executive Director	November 2016	

Report to the Trust Board of Directors: 30 March 2016	Paper No: 5.0

Title	Report from Chief Executive
Sponsoring Director	Dr Ros Tolcher
Author(s)	Dr Ros Tolcher
Report Purpose	To update the Board of Directors on significant strategic, operational and performance matters

Key Issues for Board Focus:

- National Sustainability and Transformation Planning (STP) footprints have been confirmed. Harrogate sits within the West Yorkshire STP. The 2015 National NHS Staff Survey result for the Trust places HDFT amongst the best in the country for Staff Engagement
- The Trust has been rated 'good' in the new National Learning from Mistakes League and ranked 47 out of 230
- Performance on NHS Constitution KPIs remains strong with all key metrics rated green or better in February
- The Patient Safety Thermometer harm free care score for February was the highest ever for the Trust at 97.9%
- The Trust reported a surplus in February of £90k, £144k ahead of plan. The year to date deficit therefore reduced to £660k before any adjustment for charitable funds.
- The Trust CIP position is positive with 98% of plans actioned

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

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

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

Patient Safety Visits

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

2.0 STRATEGIC UPDATE

2.1 Sustainability and Transformation Plan (STP)

Final STP footprints have been confirmed by the national bodies. There will be 44 STPs nationally. Harrogate and District sits within the West Yorks (WY) STP which spans 11 CCGs and a population of 2.5 million. Each STP will have a single 'leader' whose task is to coordinate to development of Sustainability and Transformation plans for the population served. This role is yet to be confirmed for West Yorks. The scale of the WY STP footprint means that local planning for local people will still be essential. As previously reported to the Board, the Harrogate and Rural District (HaRD) CCG Accountable Officer Amanda Bloor will be the executive lead for the Harrogate STP. The Harrogate Health Transformation Board (HHTB) will become the governance framework for the local STP and will sign off of plans. Separate work streams for each of the three themes (care and quality; health and wellbeing; finance and efficiency) have been agreed.

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. Verbal update will be given at the meeting.

2.3 National communications received and acted upon

2.3.1 New Learning from Mistakes League

The Secretary of State made a speech on 9 March at the Global Patient Safety Summit. As part of this announcement, both Monitor and the NHS TDA published a 'Learning from Mistakes League' which draws on data from the 2015 NHS staff survey and from the National Reporting and Learning System data to identify those NHS provider organisations that have:

- outstanding levels of openness and transparency;
- good levels of openness and transparency;
- significant concerns about openness and transparency; or
- a poor reporting culture

The 'Learning from Mistakes League' gives each Trust and Foundation Trust a rank alongside providers across the country and placement in one of the above 4 categories.

I am pleased to report that HDFT is placed at 47 in this national league, with good levels of openness and transparency. This reflects the strong staff survey results and improvements in our reporting of incidents and risk in the last 12 months.

The SofS also announced that he has asked NHS Improvement to task each Trust and Foundation Trust with producing an Openness and Transparency Charter and give a commitment that NHS Improvement will also publish estimates by Trust and Foundation Trust of avoidable mortality. We await the detail of this requirement.

2.3.2 **Monitor Q3 letter**

Following submission of the quarterly return Monitor has replied and noted that all was satisfactory and confirmed the green governance rating as submitted.

2.3.3 **A&E pressures**

Mr Jim Mackey, Chief Executive of Monitor/NHS Improvement wrote to Trusts on 10 March following publication of the figures for January 2016 which show the pressure on the A + E system, with very high levels of attendance and admissions. He also noted that flu cases have risen since the New Year and that this has had a significant impact on the NHS.

Whilst there is always room for improvement, and no system or hospital is perfect, he wrote that it was very clear that teams and NHS staff have been under immense strain and have done a great job to keep the service running in such difficult circumstances. He hoped these pressures would ease soon and wrote that NHS Improvement would continue to work with providers to help improve performance. However, he wanted Trusts to know that their efforts were appreciated and asked Chief Executives to pass on his thanks to their teams and keep up the efforts that everyone was putting in to make sure patients get the care that they need at a time of intense pressure. This communication well received by HDFT staff.

2.2.5 **Agency expenditure ceilings for all staff**

The National SRO for Agency Expenditure has written to all Trusts setting out expectations for 2016/17. From 1 April, NHS trusts and NHS foundation trusts will be subject to expenditure ceilings covering all agency and locum staff. These all-staff agency ceilings will replace the nursing agency ceilings from 1 April. The ceilings are based on trusts' reported agency expenditure in M1-M9 2015/16, and apply a reduction to an annualised version of this figure. The ceiling for HDFT for 2016/17 is £6,306,000. This compares with a total estimated spend in the current year of £9.3m. This represents a reduction in agency spend of around 30% and is in line with agency spend reductions for other local trusts. This ceiling is reflected in our 2016/17 operating plan monthly expenditure profile to be submitted to NHS Improvement, and is a condition of receiving the Sustainability and Transformation Funding.

I propose that this metric becomes a part of our Integrated Board Report for 2016/17, as despite a welcome reduction in agency spend in February this ceiling will remain a challenge to deliver.

2.4 **Staff Survey results**

The results of the 2015 NHS National Staff Survey have now been published. For the first time this year the Trust is evaluated in a peer group of Trusts which provide both acute and community services. Because of the relatively smaller size of this peer group findings are rated simply as Average or Above / Below Average rather than on the basis of 'top 20%' as in previous years.

I am very pleased to confirm that the Trust has been placed in the Above Average group and was also the Trust which recorded the best overall response rate (59% - up from 56% last year) in this group. There was one Key Factor for which the Trust was graded as below average, this being staff experiencing physical violence from patients, relatives or the public in the last 12 months. It is particularly pleasing to note that in the context of an exceptionally challenging year, the score for Staff

recommendation of the organisation as a place to *work or receive treatment* has increased from 3.80 last year to 3.92.
The Director of Workforce and Organisational Development will provide more detail in his report to the Board of Directors.

3.0 WORKING IN PARTNERSHIP

3.1 Harrogate District Public Services Leadership Board

The Harrogate District Public Services Leadership Board (PLSB) met on 25 February. The agenda included updates on local authority Devolution proposals; the threat from terrorism; Boundary Commission Review and discussion of the PSLB Plan on a page refresh.

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

3.2 Industrial Action by Junior Doctors

The majority of junior doctors at the Trust joined the two-day industrial action which took place on 9 and 10 March. Contingency planning meant that a relatively small number of outpatient appointments had to be cancelled; the Trust was, however, able to completely avoid cancelling any elective procedures. Mr Marshall will cover this in more detail in his report. As Board members will be aware the Secretary of State has decided to impose the new contract on junior doctors and an action plan is being developed to ensure that this can take place.

Two further periods of industrial action are planned. The first of these is a further 48 hour period of emergency cover only (6/7 April). The second, regrettably, is a full withdrawal of care during core hours on 26 and 27 April. The Trust is preparing emergency measures to ensure patient safety during both periods of action.

3.4 Harrogate Health Transformation Board

The Harrogate Health Transformation Board met on 23 March. National VP2 funding allocations are awaited. The HHTB received an update on the work of the workforce planning group from Phillip Marshall. A detailed review of programme risks was undertaken with all current and target risk scores reviewed and updated.

4.0 FINANCIAL POSITION

The Trust reported a surplus in February of £90k, £144k ahead of plan. The year to date deficit therefore reduced to £660k before the consolidation of charitable funds. The positive position in February was due to acute clinical activity being ahead of plan, supported by favourable variances in relation to Pay and Drug expenditure. Agency expenditure reduced to 2.5% of pay which is another positive in the month.

The Trust CIP position is positive with 98% of plans actioned so far. There are plans in place to achieve the Trust internal plan. The Trust currently has a favourable cash position of £9.7m, £1.6m ahead of plan. As previously described, because of the contract income profile this is expected to reduce to £3m at the end of the financial year.

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

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

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 23 March. Key issues discussed and for noting by the Board of Directors are as follows:

- the recent CDI outbreak appears to have ended with no new cases detected in the last 28 days.
- The Quality improvement priorities for 2016/17 were approved. Detailed SMART objectives will now be developed and appropriate KPIs will be added to the quality dashboard.
- ED performance was discussed. The 95% target for 4 hour waits was achieved during February, however demand has been high throughout Q4 and the target for Q4 overall is at risk. The number of attendances at weekends is 23% higher than for the same period last year.
- Information Governance training compliance is below the required 95% target to achieve level 2 on the IG Toolkit. Targeted intervention is required to correct this by the end of the month.
- Directorate updates had a specific focus on collation and use of FFT intelligence.
- Durham, Darlington and Middlesbrough mobilisation plans are all on track. Execs have been visiting key sites and engaging with staff. The National Staff Survey results for these staff groups will be accessed to understand any legacy issues.
- The draft leadership strategy was discussed and supported. More work is required to model the cost of implementation and plan for this.
- Detailed planning for 7 day services is required for 2016/17. An audit of current compliance with core standards will be conducted during April.

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.

6.1 Board Assurance Framework (BAF)

The Board Assurance Framework was reviewed by the Executive Directors on 22 March 2016. No new risks were added and one was 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. Six risks (BAFs# 6, 7, 8, 10, 11 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 whether all the target dates should be reviewed at a future Board development session.

One risk (BAF#16) has been removed from the BAF as the Corporate Risk Review Group has decided that the risk has been sufficiently mitigated to mean that it falls below the risk score thresholds and will be managed on the appropriate departmental risk registers.

There are five strategic risks which are assessed at a risk score of 12. No BAF entries have scores greater than 12.

The mitigated risk score of one risk (BAF#14 - delivery of integrated models of care) has been increased since the last report. The increase to Red 12 reflects the lack of decision on Value Proposition 2 and the continuing contract negotiations with the HaRD CCG.

The mitigated risk score for three BAF entries has been reduced reflecting progress achieving planned mitigations. These are BAF#s 9, 10, and 13.

The Board will examine BAF#3 in detail at the Board Development session following this 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	***Yellow 10***	*unchanged at 2*
BAF#10	Loss of Monitor Licence to operate	***Yellow 10***	*unchanged at 2*
BAF#11	Risk to current business	*Yellow 4*	*unchanged at 1*
BAF#12	External funding constraints	*Red 12*	*unchanged at 2*
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	*Amber 8*	*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 11 March 2016. There were no new risks to add to the register and the mitigated score for one risk (CR5: nurse staffing) remains the top scoring risk. 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.

There are currently no risks with progress behind plan.

7.0 New DIPC

I am pleased to report that Dr Jenny Child, who assisted with the Infection Prevention and Control brief at the February Board, took up the post of Director of Infection Prevention and Control on 1 March 2016.

8.0 Consultant appointments

I am pleased to confirm that following successful interviews the following consultant appointments have been made in the last month:
Dr Munib Haroon, Consultant Community Paediatrician
Dr Richard Davey, Consultant Neurologist
Dr Marketa Wilson, Consultant haematologist

Dr Ros Tolcher
Chief Executive
24 March 2016

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Report to the Trust Board of Directors: 30th March 2016	**Paper No: 6.0**

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

Key Issues for Board Focus:

- Both standardised mortality measures (HSMR and SHMI) reduced this month. HDFT's SHMI is now below expected levels.
- The Safety Thermometer harm free percentage for February was 97.9%, the highest percentage ever reported by the Trust.
- At the end of February, the number of hospital acquired C. diff cases was 31, of which 7 were deemed to be due to a lapse in care. 3 of the February cases have now been identified as an outbreak, which has exposed significant lapses in respect of adherence to IPC policies and antibiotic prescription and review.
- At 2.5% of the Trust's pay bill, agency expenditure has improved significantly in 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 returned to above the required 95% level in February at Trust level.
- The proportion of patients waiting less than 18 weeks improved again in February with all specialties above the 92% standard.

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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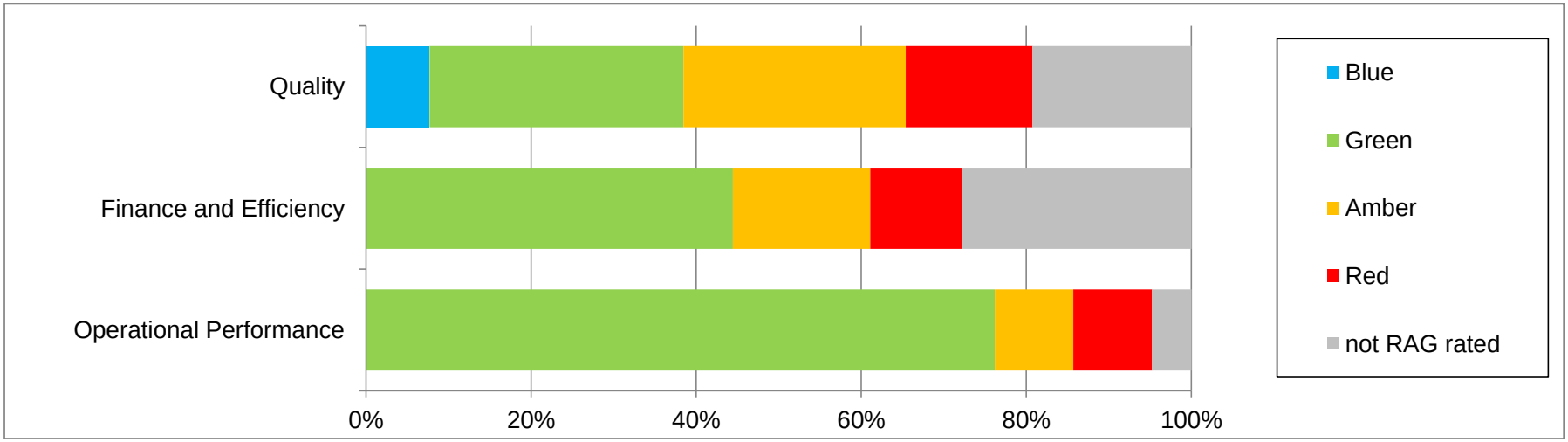
Integrated board report - February 2016

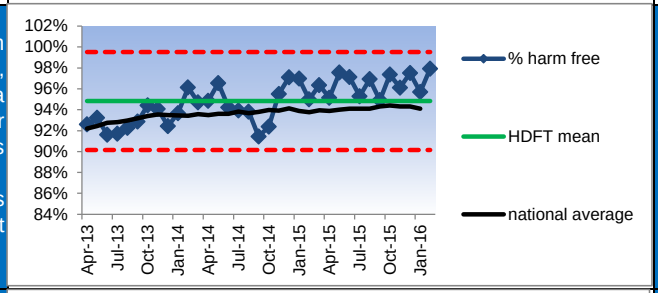
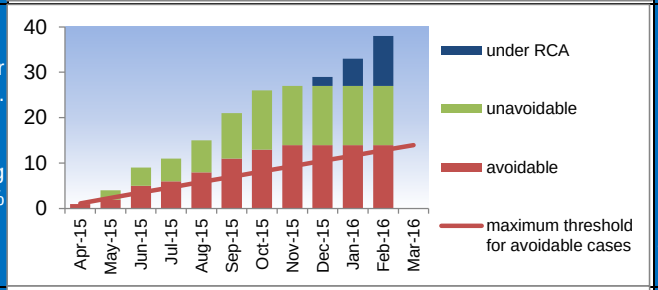
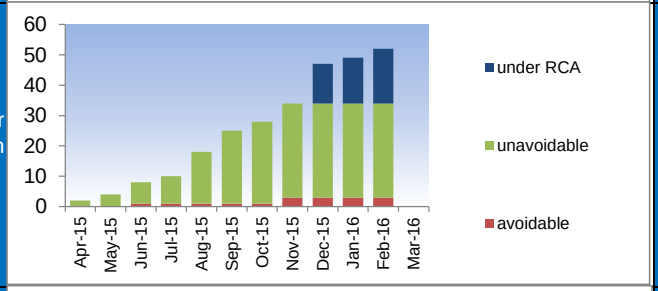
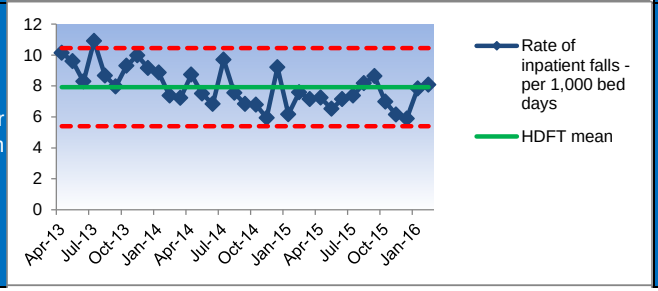
Key points this month

1. Both standardised mortality measures (HSMR and SHMI) reduced this month. HDFT's SHMI is now below expected levels.
2. The Safety Thermometer harm free percentage for February was 97.9%, the highest percentage ever reported by the Trust.
3. At the end of February, the number of hospital acquired C. diff cases was 31, of which 7 were deemed to be due to a lapse in care. 3 of the February cases have now been identified as an outbreak, which has exposed significant lapses in respect of adherence to IPC policies and antibiotic prescription and review.
4. At 2.5% of the Trust's pay bill, agency expenditure has improved significantly in month. Detailed work is ongoing with Clinical Directorates to reduce total agency spend and ensure compliance with the agency cap.
5. Performance against the A&E 4 hour standard returned to above the required 95% level in February at Trust level.
6. The proportion of patients waiting less than 18 weeks improved again in February with all specialties above the 92% standard.

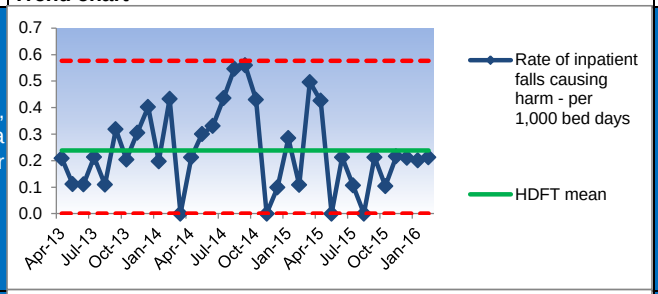
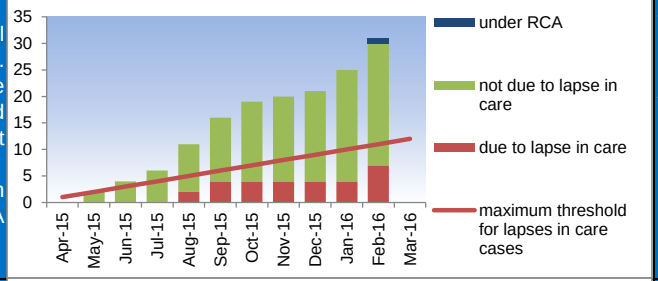
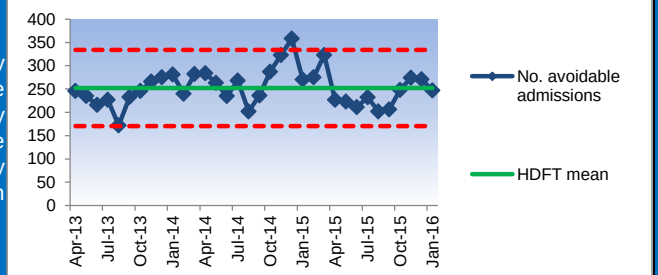
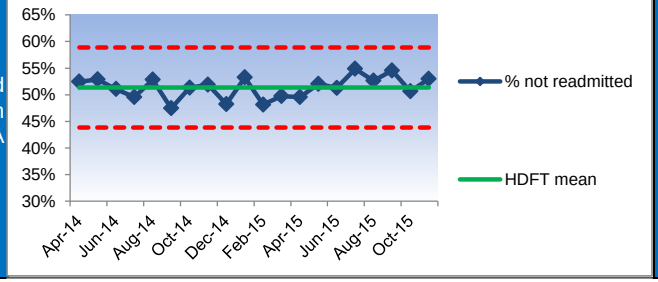
Summary of indicators



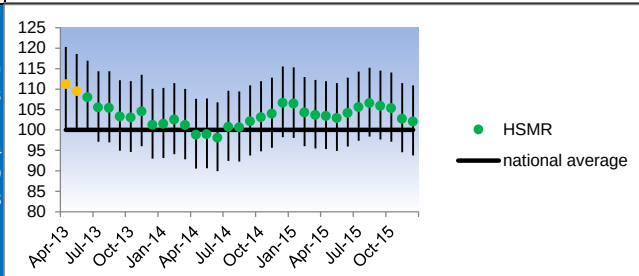
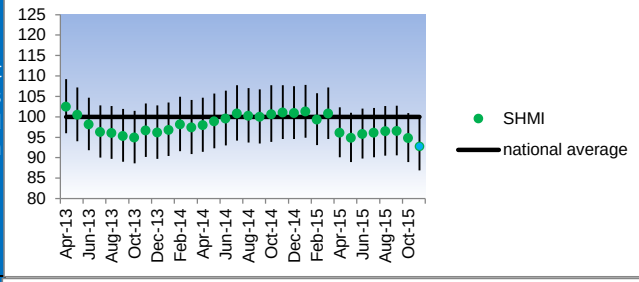
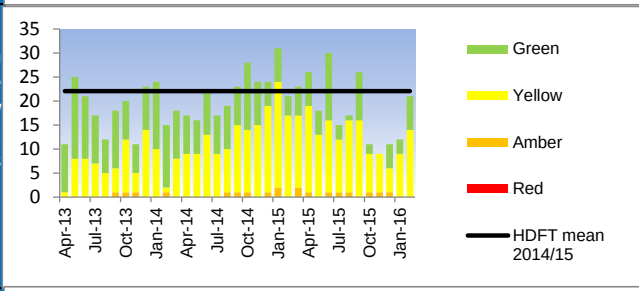
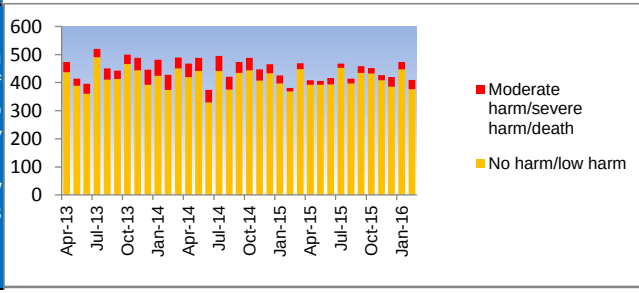
Quality - February 2016

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 February was 97.9%, the highest percentage ever reported by HDFT. This is a significant achievement for the Trust, particularly in light of the staffing challenges that we continue to face. It is reflective of the hard work and commitment of our staff in delivering the highest standard of care to our patients in both the community and hospital setting. The latest available national data shows that HDFT consistently remains 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.		As at end February, there were 38 hospital acquired grade 3 or grade 4 pressure ulcers year to date, of which 14 were deemed avoidable, 13 unavoidable and 11 were still under root cause analysis (RCA). The pressure ulcer working group continue to focus on actions required to prevent or reduce damage to tissue. This has clearly had a significant impact this year but further work is required to achieve our improvement trajectory for the year. We will shortly set a further improvement trajectory for 2016/17.
Pressure ulcers - community acquired	The chart shows the cumulative number of grade 3 or grade 4 community acquired pressure ulcers in 2015/16. The data includes community teams only.		As at end February, there were 52 community acquired grade 3 or grade 4 pressure ulcers year to date, of which 3 were deemed avoidable, 31 unavoidable and 18 were 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 8.1 per 1,000 bed days in February, an increase on the previous month and just above 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.

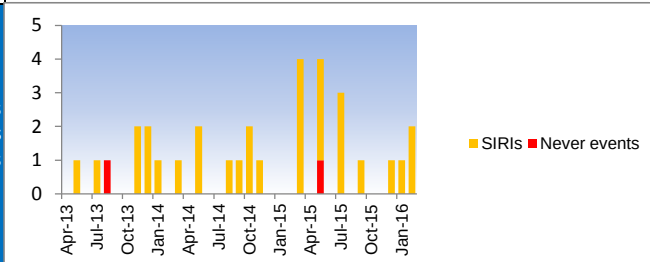
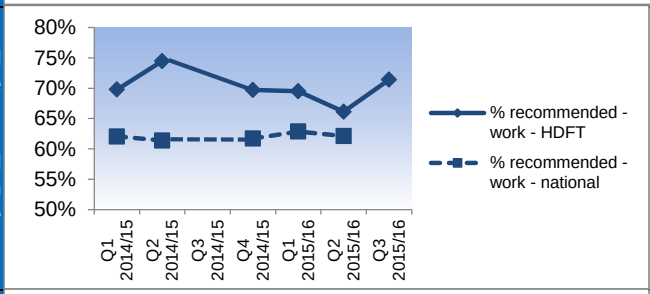
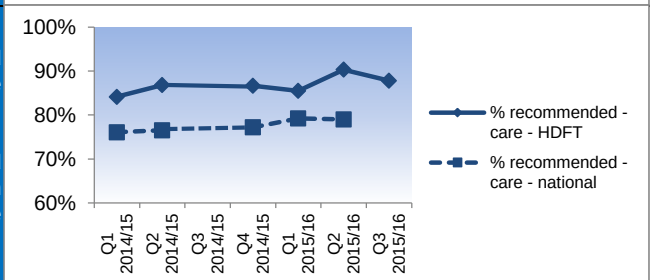
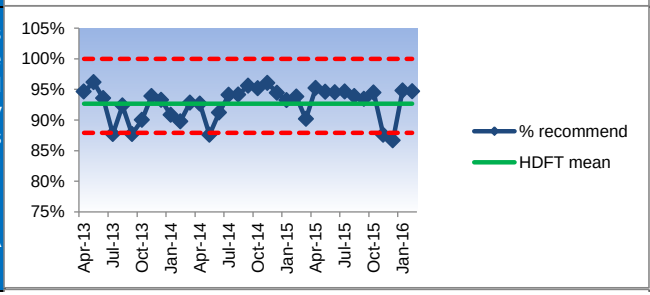
Quality - February 2016

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.		The rate of inpatient falls causing significant harm was 0.21 per 1,000 bed days in February, a slight increase on the previous month but below the average HDFT rate during 2014/15. There have been 18 inpatient falls causing moderate or severe harm in 2015/16 to date, of which 14 resulted in a fracture. This compares to 31 moderate harm falls in the same period last year.
Infection control	The chart shows the cumulative number of hospital acquired C. difficile cases during 2015/16. HDFT's C. difficile trajectory for 2015/16 is 12 cases. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital acquired MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2015/16.		There were 6 cases of hospital acquired C. difficile reported in February, bringing the year to date total to 31. RCA results indicate that 7 cases were deemed to be due to a lapse in care and 23 were not. Although the lapse in care findings are encouraging, they may be masking an underlying problem; 3 of the February cases have now been identified as an outbreak, which has exposed significant lapses in respect of adherence to IPC policies and antibiotic prescription and review. The Trust is beginning to fall behind on its ability to complete RCAs in a timely manner. No cases of hospital acquired MRSA have been reported in 2015/16 to date.
Avoidable admissions	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		The number of avoidable admissions decreased in January, and is lower than last January. 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.
Reducing readmissions in older people	The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services. A high figure is good. *This indicator is in development.*		For patients discharged in November, 53% were still in their own home at the end of February, an 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.

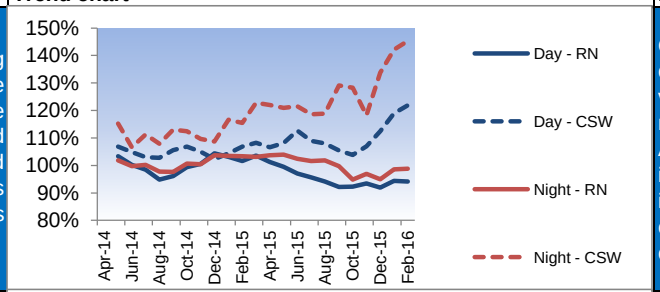
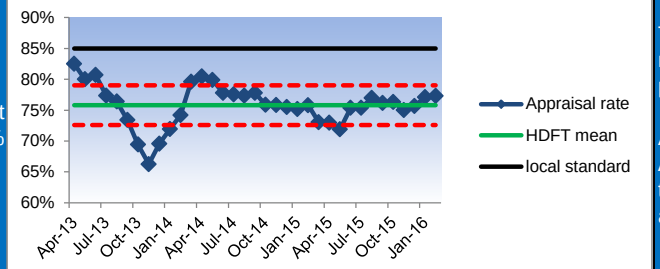
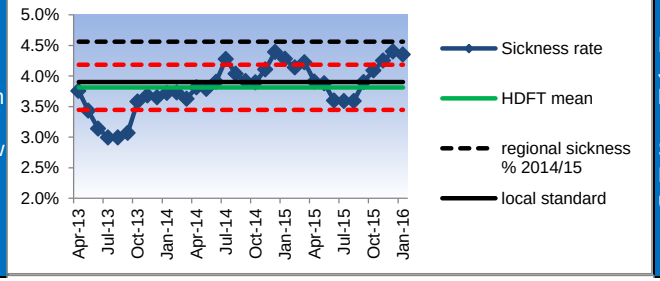
Quality - February 2016

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.		HDFT's HSMR decreased again in December to 102.05. It is above the national average but within expected levels. At specialty level, the same 3 specialties (Geriatric Medicine, Respiratory Medicine and Gastroenterology) have a standardised mortality rate above expected levels. At site level, Ripon Hospital standardised mortality is now within expected levels.
Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		HDFT's SHMI decreased again in November to 92.75 - this is below the national average and below expected levels. It is also the lowest level reported by the Trust in the last 3 years. At specialty level, 2 specialties (Geriatric Meidicine 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.
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.		21 complaints were received in February (none of which were classified as amber or red) compared to 12 last month. 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.
Incidents - all	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture		There were 410 incidents reported in February. The number of incidents reported each month remains fairly static but the proportion classified as moderate harm, severe harm or death has reduced during 2015/16. The latest published national data (for the 6 month period to end March 2015) showed that acute trusts reported an average ratio of 25 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 17.7.

Quality - February 2016

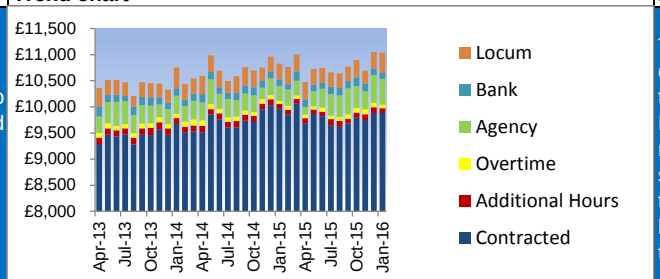
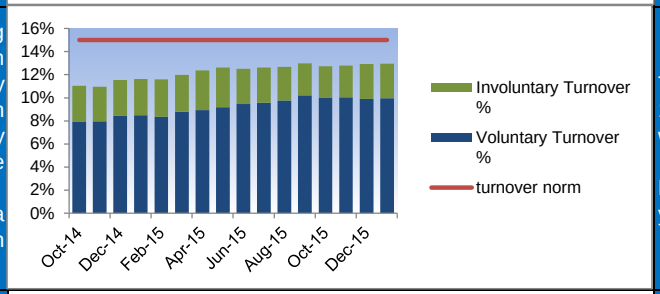
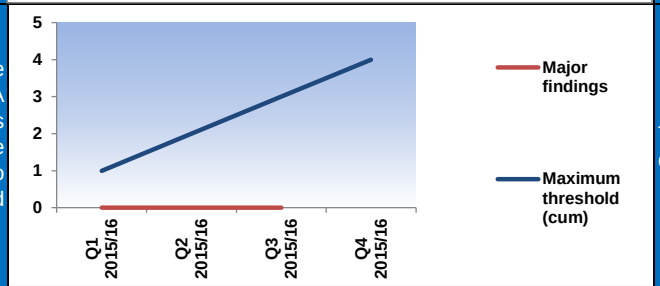
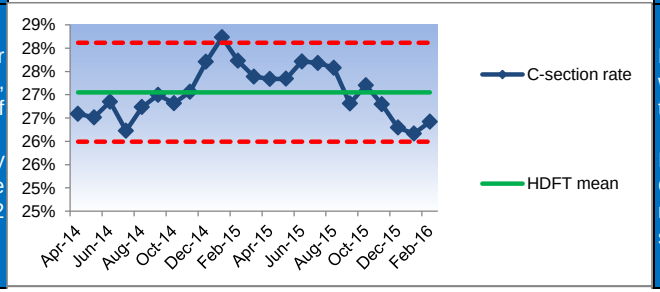
Indicator	Description	Trend chart	Interpretation
Incidents - SIRIs and never events	The chart shows the number of Serious Incidents Requiring Investigation (SIRIs) and Never Events reported within the Trust each month. The data includes hospital and community services.		There were 2 SIRIs reported in February. There were no never events reported this month.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. 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.		*There is no update of this data this month.* In Q3 2015/16, all staff within HDFT were surveyed. 71% of staff surveyed would recommend the Trust as a place to work, compared to the most recently published national average of 62%. 12% of HDFT staff would not recommend the Trust as a place to work to friends and family compared to the most recently published national average of 19%. Q3's results will be triangulated with the Staff Survey results to develop an action plan for implementation across the Trust
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. 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.		*There is no update of this data this month.* In Q3 2015/16, all staff within HDFT were surveyed. 71% of staff surveyed would recommend the Trust as a place to work, compared to the most recently published national average of 62%. 12% of HDFT staff would not recommend the Trust as a place to work to friends and family compared to the most recently published national average of 19%. Q3's results will be triangulated with the Staff Survey results to develop an action plan for implementation across the Trust
Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.		The % of patients recommending our services was 94.7% in February. The latest published national average is 92.9%.

Quality - February 2016

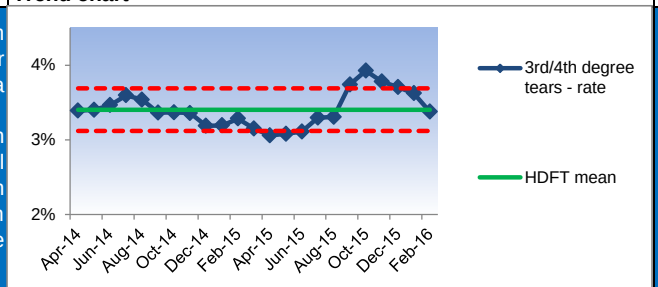
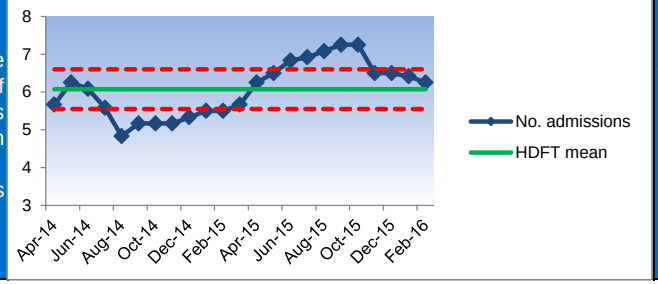
Indicator	Description	Trend chart	Interpretation
Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and 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 106.4%, compared to 105.5% last month. CSW staffing at night 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 poisiton 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 February 2016 was 77.3%, an increase on the previous month. All briefings have been completed for 'Values based Appraisals' and good feedback has been received on the new toolkit. Directorates are focused on delivery against the appraisal rate target.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff. A high percentage is good.		The data shown is for end February. The overall training rate for mandatory elements for substantive staff is 94%, compared to 92% last month. The Information Governance toolkit requires us to achieve 95% for both information governance training elements. Both remain below the standard - all management teams have been tasked with focusing on this area through Operational Delivery Group to ensure delivery of the 95% standard by the end of March.
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 small decrease in January to 4.35%. Drop in sessions in Elective Care Directorate have now come to a close. SHU wellness is currently underway, with sessions booked until May 2016. This is being promoted in nursing wards due to low uptake in those areas.

Competence Name	Total Employees	% Completed
Equality and Diversity - General Awareness	3491	95
Fire Safety Awareness	3491	91
Health & Safety	1490	99
Infection Prevention & Control 1	664	100
Infection Prevention & Control 2	2777	87
Information Governance: Introduction	3218	90
Information Governance: The Beginners Guide	272	91
Prevent Basic Awareness (December 2015)	3491	100
Safeguarding Children & Young People Level 1	3491	93

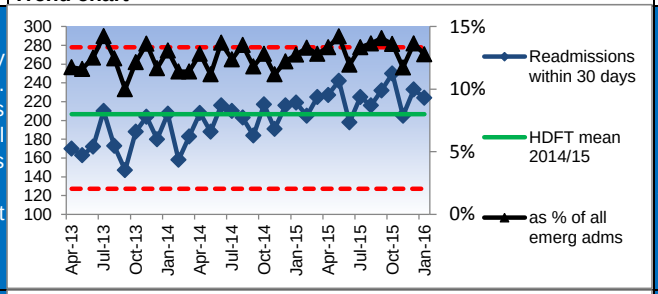
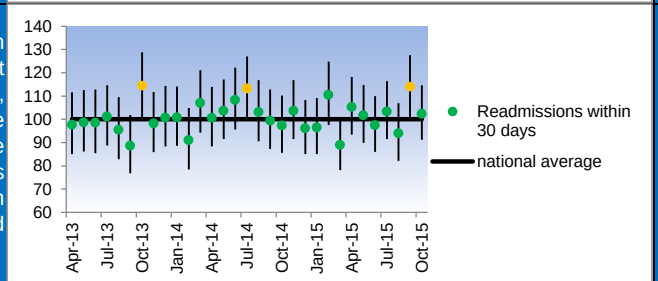
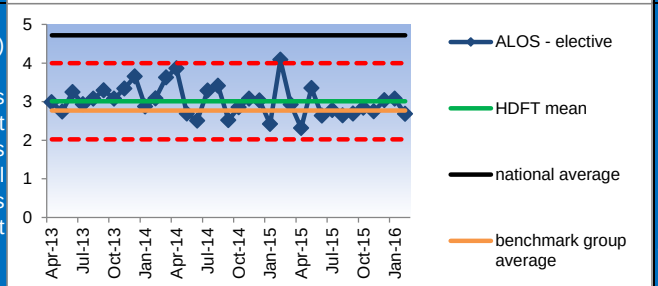
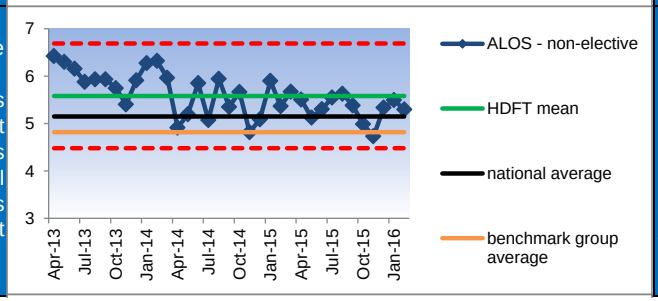
Quality - February 2016

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. *The traffic light criteria applied to this indicator is currently under review.*		The proportion of spend on temporary staff during 2015/16 to date is 7.7%, 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.		The staff turnover rate increased slightly to 13.0% for the rolling 12 months to January 2016 (compared to 12.9% last month), with 10% voluntary turnover and 3% involuntary turnover. HDFT's turnover rate has generally increased over the last 2 years but remains below the turnover norm of 15%.
Research internal monitoring	The Trust internally monitors research studies active within the Trust. The department mirrors the MHRA categorisation of critical, major and other findings (departures from legislative or GCP requirements). The department has set a standard of no critical and no more than four major findings per annum. Major and other findings are non-notifiable and dealt with locally.		There were no critical or major findings reported in the year to date.
Maternity - Caesarean section rate	The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month - 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 February 2016 was 26.4% of deliveries, an increase on last month but lower than the historical average. It is anticipated that the Royal College of Obstetricians and Gynaecologists will shortly publish a paper which will include a range of metrics standardised for local populations, including C-section rates. We will review this to benchmark our position.

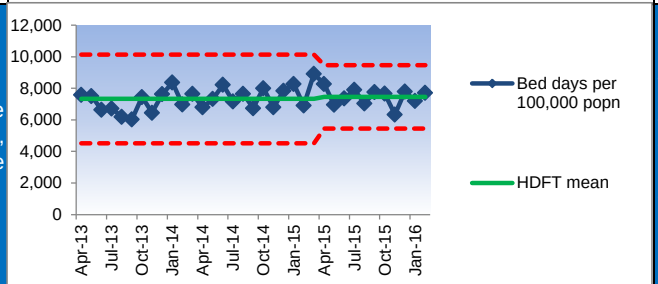
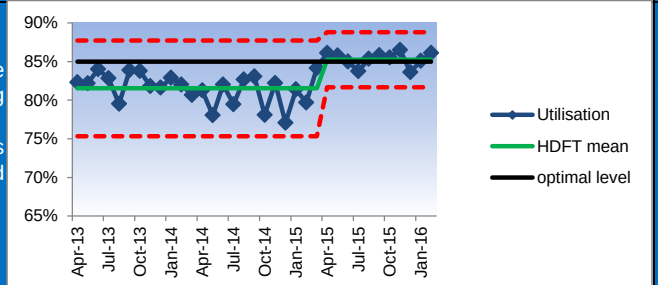
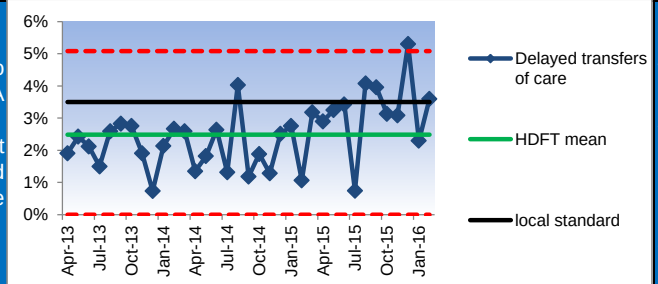
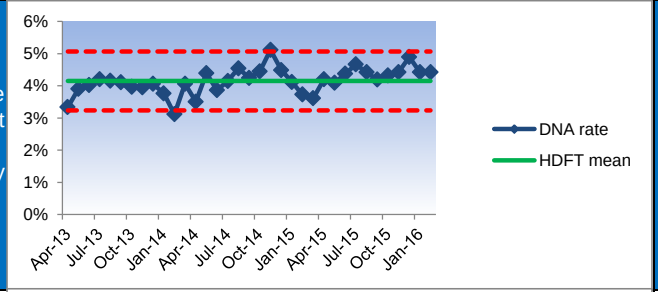
Quality - February 2016

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.		The rate of 3rd/4th degree tears reduced to 3.4% of deliveries in the 12 month period ending February 2016. 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.
Maternity - Unexpected term admissions to SCBU	This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour. We have amended the presentation of this indicator this month to show a 12 month rolling average position.		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. There were 4 term admissions to SCBU in February, compared to 5 in January. The average number per month over the last 12 months is 6.

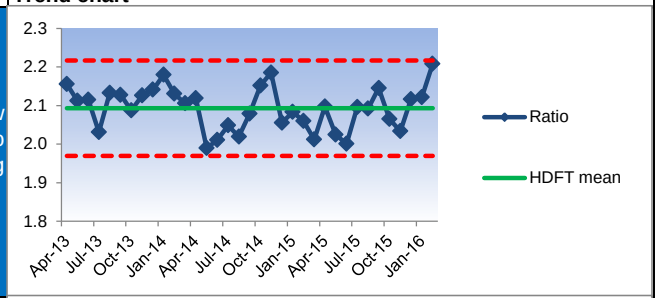
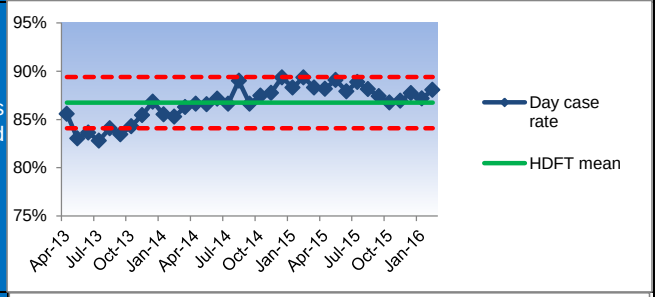
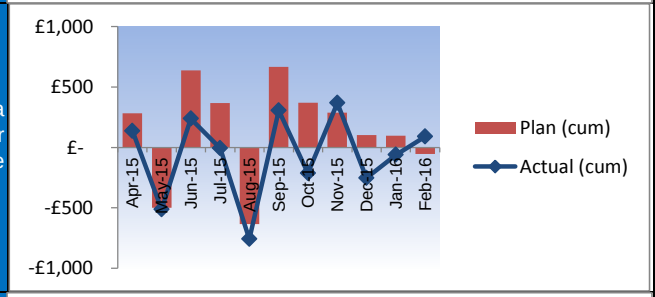
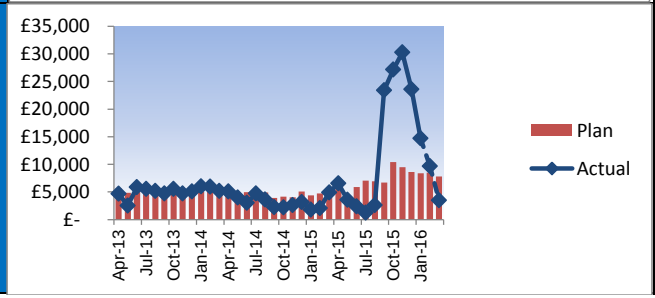
Finance and Efficiency - February 2016

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.		The number of readmissions decreased in January, 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. As part of CQUINs, a further case note audit of January and February readmissions will be undertaken and any themes identified, actions drawn up and implemented.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidites etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		*This indicator has not been updated this month.*
Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average elective length of stay for February was 2.7 days, a decrease on the previous month. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery. 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.
Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average non-elective length of stay for February was 5.3 days, a decrease on the previous month. An increase in non-elective length of stay is often seen during the winter months. 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.

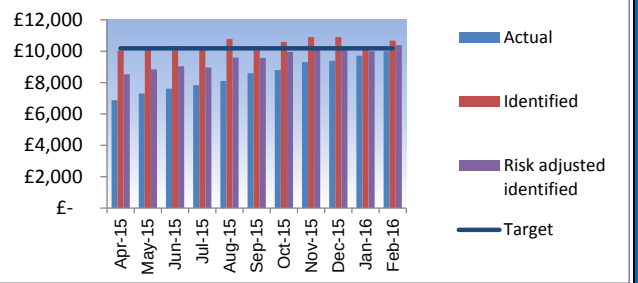
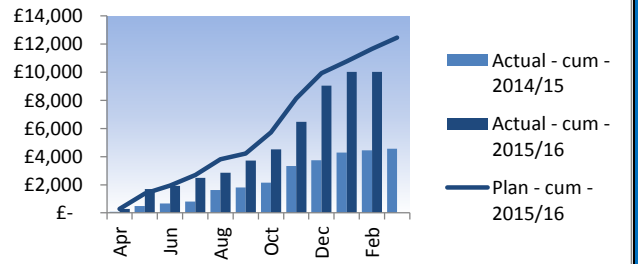
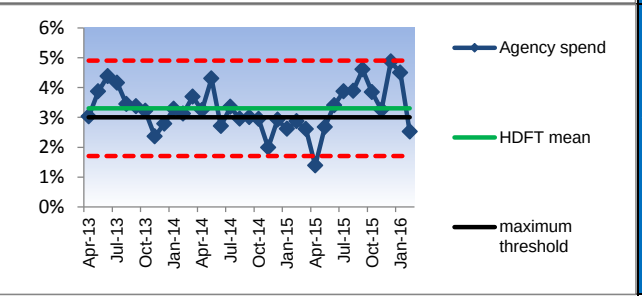
Finance and Efficiency - February 2016

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 demograghic 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 86.1% in February 2016. However, the calculation excludes operating lists that are planned not to go ahead due to annual leave or study leave etc. and the number of these lists increased in February, particularly during the half term week.
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 increased to 3.6% when the snapshot was taken in February, above the maximum threshold of 3.5% set out in the contract. A number of actions are being undertaken including ongoing dialogue with North Yorkshire County Council, Leeds City Council and the Partnership Commissioning Unit. There are particular concerns relating to the timeliness of continuing healthcare assessments and these have been picked up with the CCG.
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 4.4% in February, no change on last month. DNA rates at outreach clinics continue to be monitored to ensure that they are not significantly higher than clinics on the main site. During Q3, the DNA rate for first outpatient appointments at outreach clinics was 5.1%, compared to 4.5% on the main Harrogate site. Directorate teams will be asked to focus on why offsite rates are higher if this persists.

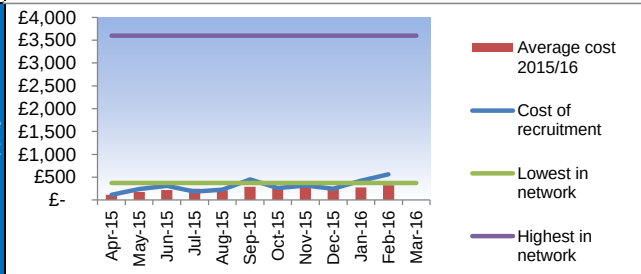
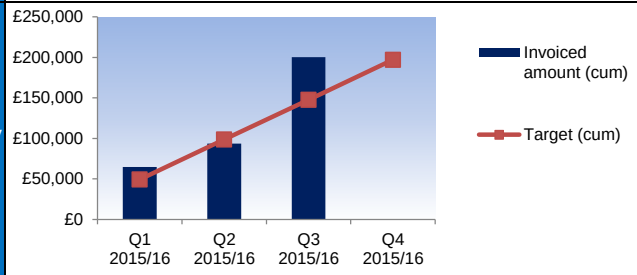
Finance and Efficiency - February 2016

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.		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.		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.		The Trust reported a surplus in February of £90k, £144k ahead of plan. The year to date deficit therefore reduced to £660k before any adjustment for charitable funds.
Cash balance	Monthly cash balance (£'000s)		The cash position is positive, however, as the profile suggests there will be no more monthly contract payments in relation to the acute contract with HaRD CCG, only overtrade payments which are yet to be finalised. This will be carefully managed until the end of the financial year

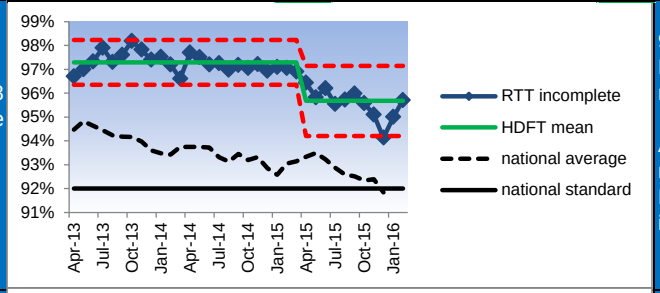
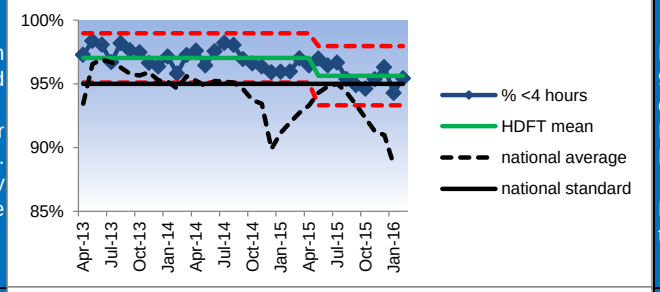
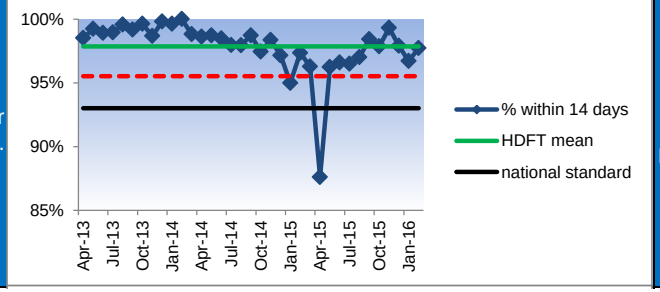
Finance and Efficiency - February 2016

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><tr><th>Element</th><th>Plan</th><th>Actual</th></tr><tr><td>Capital Service Capacity rating</td><td>4</td><td>3</td></tr><tr><td>Liquidity rating</td><td>4</td><td>3</td></tr><tr><td>I&E Margin rating</td><td>3</td><td>2</td></tr><tr><td>I&E Margin Variance rating</td><td>2</td><td>2</td></tr><tr><td>Financial Sustainabiltiy Risk Rating</td><td>3</td><td>3</td></tr></table>	The Trust will report a risk rating of 3 for the year to February, which is in line with the Trust plan. Despite still being a 3, the Trust's current position means this is weaker than initially planned.
CIP achievement	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.		98% of plans have been actioned by directorates. A further 4% of plans are in place at present following risk adjustment.
Capital spend	Cumulative Capital Expenditure by month (£'000s)		Capital Expenditure is behind plan. This is due to a delay in relation to the Carbon Energy Fund Scheme. All other schemes are on plan. Work is currently underway to estimate what plans can safely be deferred/delayed as a result of the Trust's financial position.
Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.		At 2.5% of the Trust's pay bill, agency expenditure has improved significantly in month. Detailed work is ongoing with Clinical Directorates to reduce total agency spend and ensure compliance with the agency cap.

Finance and Efficiency - February 2016

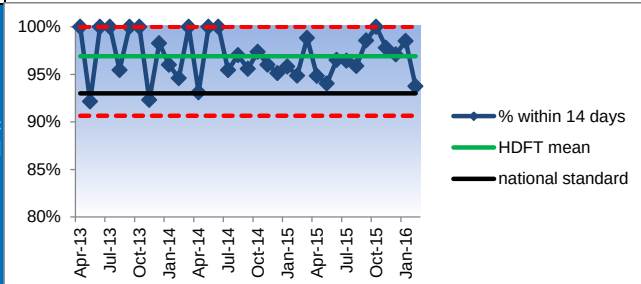
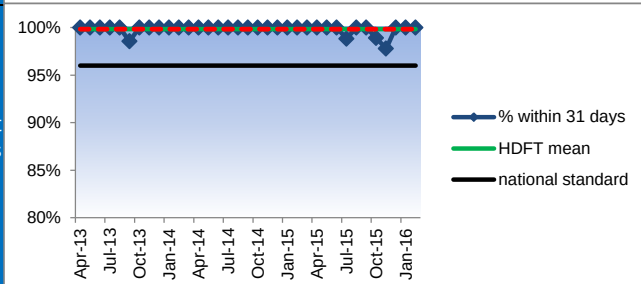
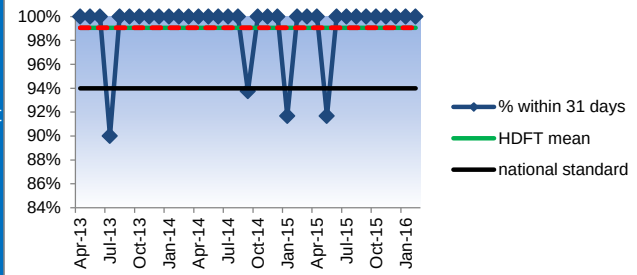
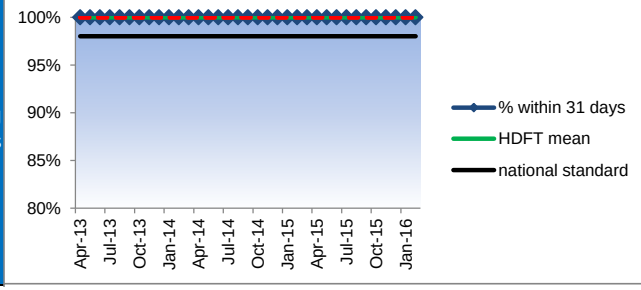
Indicator	Description	Trend chart	Interpretation
Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies. The Research department has a delivery budget of £69,212 per month. A low figure is preferable.		The Research department has a delivery budget of £69,212 per month. The Yorkshire 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.		As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.

Operational Performance - February 2016

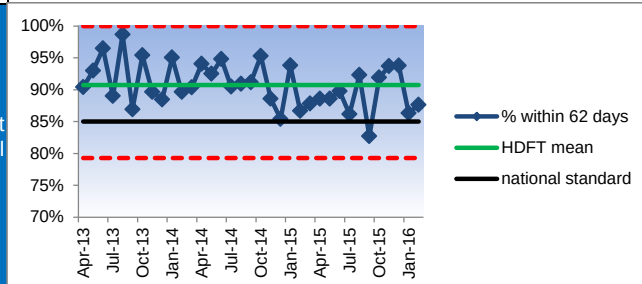
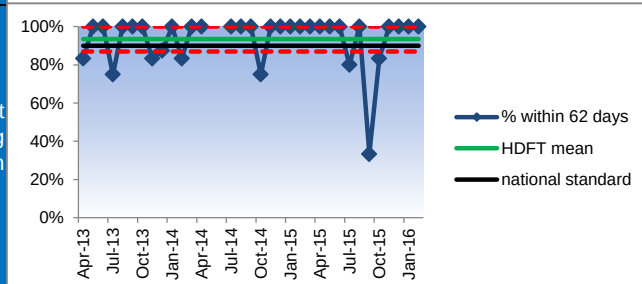
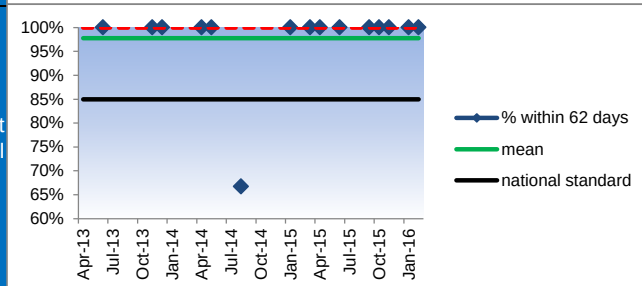
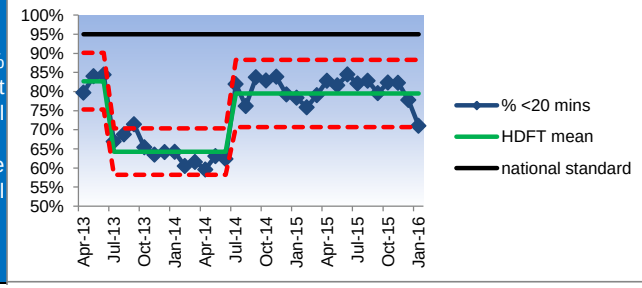
Indicator	Description	Trend chart	Interpretation
Monitor governance rating	Monitor use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the left shows how the Trust 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.	See table below	HDFT's provisional governance rating for Q4 to date is Green. The Trust reported 31 cases of hospital acquired C. difficile year to date at end February. Provisional 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.
RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.		95.7% of patients were waiting 18 weeks or less at the end of February, an increase on last month and remaining above the required national standard of 92%. Actions that have been undertaken by the Clinical Directorates means that all specialties achieved the 92% standard in February, with Trauma & Orthopaedics continuing to show an improved position.
A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.		HDFT's overall Trust level performance for February 2016 was 95.4%, above the required 95% standard and an improvement on last month. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was below the 95% standard at 94.6%. Further information is provided on this performance position in the Chief Operating Officer's report.
Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels.

Indicator	Q4 to date score	Indicator	Q4 to date score
18 weeks - incomplete	0.0	Cancer - 14 days	0.0
A&E - 4 hour standard	0.0	Cancer - 14 days - breast symptoms	0.0
Cancer - 62 days to treatment	0.0	C-Difficile	0.0
Cancer - 62 days to treatment - screening		MRSA	0.0
Cancer - 31 day subsequent treatment - surgery	0.0	Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0
Cancer - 31 day subsequent treatment - drugs		Community services data completeness - RTT information	0.0
Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Referral information	0.0
Cancer - 31 day first treatment	0.0	Community services data completeness - Treatment activity information	0.0

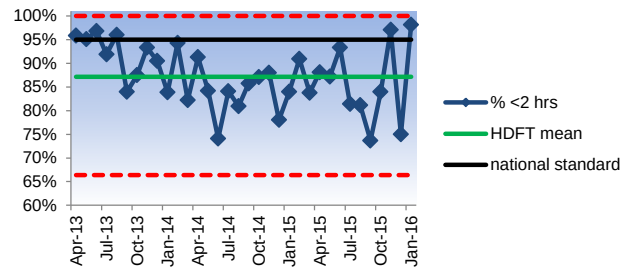
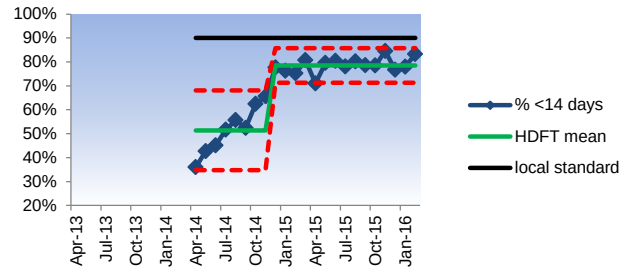
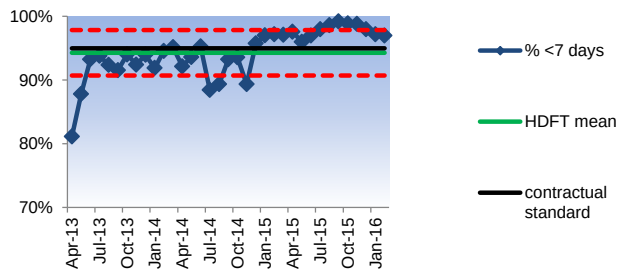
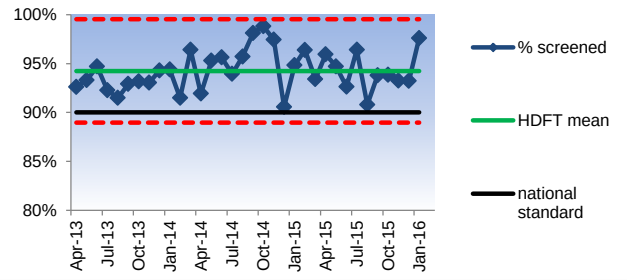
Operational Performance - February 2016

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 was challenging during February due to increased demand on the service. However, the Clinical Directorates worked well together to achieve this.
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.

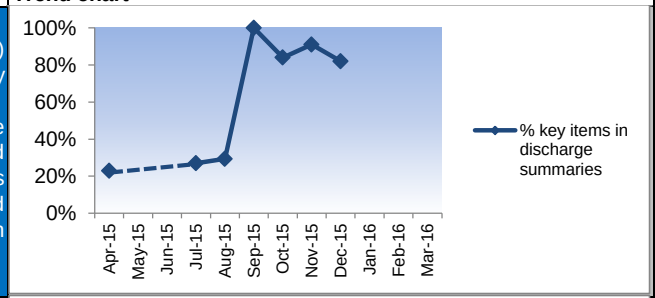
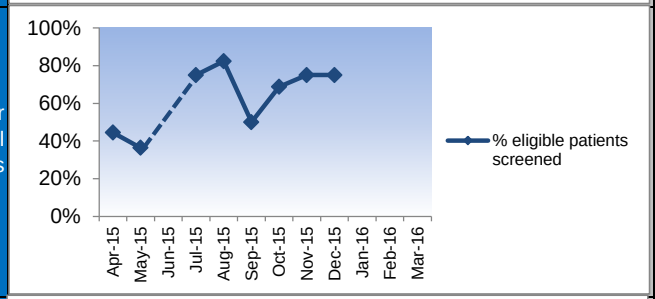
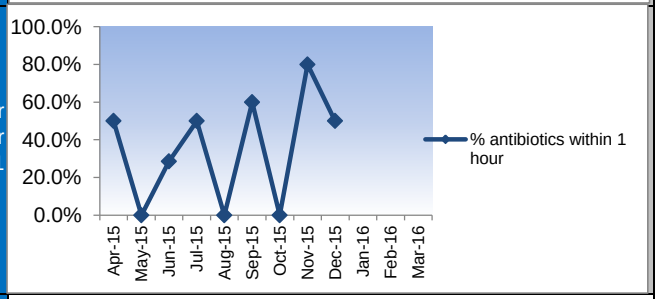
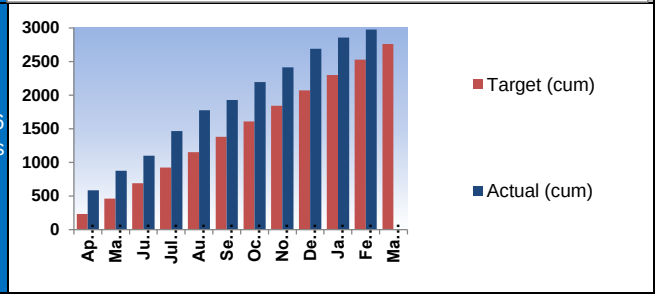
Operational Performance - February 2016

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.		Trust total delivery at expected levels. Of the 11 cancer sites treated at HDFT, 4 had performance below 85% - colorectal (1 breach), gynaecological (1 breach), head and neck (1 breach) and upper gastrointestinal (1 breach). No patients waited over 104 days for treatment in February.
Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.		Delivery at expected levels.
Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Delivery at expected levels.
GP OOH - NQR 9	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. The data presented excludes Selby and York as these do not form part of the HDFT OOH service from April 2015. A high percentage is good.		*There is no update of this data this month.* Performance in January was at 71%, below the 95% standard. This is a continued trend and the service have been requested to do further work to improve the performance in this area.

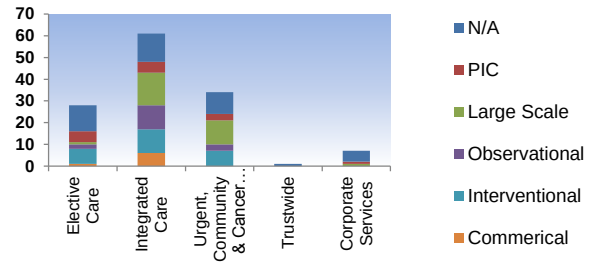
Operational Performance - February 2016

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.		*There is no update of this data this month.* Performance improved in January to 98%, above the 95% standard. The direct booking of face to face contacts into OOH clinic slots by NHS111 commenced recently, it is anticipated this will strengthen performance against this measure.
Health Visiting - new born visits	The number of babies who had a new born visit by the Health Visiting team within 14 days of birth. Data is not available for 2013/14. A high percentage is good.		As can be seen from the chart, the performance on this metric improved significantly during 2014/15 - this was partly due to improved data capture over this period. In February, 86% of babies had a new born visit within 14 days of birth, an increase on last month but remaining below the 95% standard.
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 - February 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.		*There is no update on this data this month. Data for Q4 will be presented in April's report.* It is anticipated that the Trust will achieve this CQUIN for Q4.
CQUIN - sepsis screening	Percentage of patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis. A high percentage is good.		*There is no update on this data this month. Data for Q4 will be presented in April's report.* There has been significant in-year improvement in the screening of patients. However the full year achievement of this CQUIN remains challenging.
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.		*There is no update on this data this month. Data for Q4 will be presented in April's report.* 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.
Recruitment to NIHR adopted research studies	The Trust has a recruitment target of 2,750 for 2015/16 for studies adopted onto the NIHR portfolio. This equates to 230 per month. A higher figure is good.		Recruitment has been good to date. Currently recruitment stands at 448 over its target year to date. The department currently has an online study which recruits very well - 54% of recruits in 2015/16 have been via this route.

Operational Performance - February 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.		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.

Indicator traffic light criteria

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Quality	Safety thermometer - harm free care	% harm free	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	Pressure ulcers - hospital acquired	No. grade 3 and grade 4 avoidable hospital acquired pressure ulcers	Green if no. avoidable cases is below local trajectory year to date, red if above trajectory year to date.	A maximum threshold of 14 avoidable cases during 2015/16 has been locally agreed. This reflects a 50% reduction on last year's figure.
Quality	Pressure ulcers - community acquired	No. grade 3 and grade 4 community acquired pressure ulcers	tbc	tbc
Quality	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of <=50% of HDFT average for 2014/15, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2014/15, Amber if YTD position is a reduction of up to 20% of HDFT average for 2014/15, Red if YTD position is on or above HDFT average for 2014/15.	
Quality	Falls causing harm	IP falls causing moderate harm, sever harm or death, per 1,000 bed days		Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	Infection control	No. hospital acquired C.diff cases	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, Monitor and contractual requirement
Quality	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	Reducing readmissions in older people	The proportion of older people 65+ who were still at home 91 days after discharge from hospital into rehabilitation or reablement services.	tbc	tbc
Quality	Mortality - HSMR	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	
Quality	Mortality - SHMI	Summary Hospital Mortality Index (SHMI)		Comparison with national average performance.
Quality	Complaints	No. complaints, split by criteria	Blue if no. complaints in latest month is below 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	Incidents - all	Incidents split by grade (hosp and community)	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	Incidents - SIRIs and never events	SIRI and never events (hosp and community)	Green if latest month =0, red if latest month >0.	
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally 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%.	
Quality	Friends & Family Test (FFT) - Staff	% staff who would recommend HDFT as a place to receive care		Comparison with performance of other acute trusts.
Quality	Friends & Family Test (FFT) - Patients	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	Safer staffing levels	RN and CSW - day and night overall fill rates at trust level	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months	Annual rolling total - 85% green. Amber between 70% and 85%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	Mandatory training rate	Latest position on the % staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	Staff sickness rate	Staff sickness rate	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	Temporary staffing expenditure - medical/nursing/other	Expenditure per month on staff types.	tbc	tbc
Quality	Staff turnover	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Quality	Research internal monitoring	No. critical or major findings reported	Green if <1 per quarter (cumulative)	Locally agreed target.
Quality	Maternity - Caesarean section rate	Caesarean section rate as a % of all deliveries	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	Green = better than expected or as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	Length of stay - elective	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	
Finance and efficiency	Length of stay - non-elective	Average LOS for non-elective patients		Comparison with performance of other acute trusts.

Section	Indicator	Further detail	Proposed traffic light criteria	Rationale/source of traffic light criteria
Finance and efficiency	Non-elective bed days for patients aged 18+	Non-elective bed days at HDFT for HARD CCG patients aged 18+, per 100,000 population	Improvement trajectory to be agreed.	Improvement trajectory to be agreed.
Finance and efficiency	Theatre utilisation	% of theatre time utilised for elective operating sessions	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
Finance and efficiency	Delayed transfers of care	% acute beds occupied by patients whose transfer is delayed - snapshot on last Thursday of the month.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
Finance and efficiency	Outpatient DNA rate	% first OP appointments DNA'd	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	Outpatient new to follow up ratio	No. follow up appointments per new appointment.		
Finance and efficiency	Day case rate	% elective admissions that are day case		
Finance and efficiency	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
Finance and efficiency	Cash balance	Monthly cash balance (£'000s)	Green if on plan, amber <10% behind plan, red >10% behind plan	Locally agreed targets.
Finance and efficiency	Monitor continuity of services risk rating	The Monitor Continuity of Services (CoS) risk rating is made up of two components - liquidity and capital service cover.	Green if rating =4 or 3 and in line with our planned rating, amber if rating = 3, 2 or 1 and not in line with our planned rating.	as defined by Monitor
Finance and efficiency	CIP achievement	Cost Improvement Programme performance	Green if achieving stretch CIP target, amber if achieving standard CIP target, red if not achieving standard CIP target.	Locally agreed targets.
Finance and efficiency	Capital spend	Cumulative capital expenditure	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
Finance and efficiency	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
Finance and efficiency	Research - Cost per recruitment	Cost of recruitment to NIHR adopted studies	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 - Invoiced research activity		to be agreed	
Operational Performance	Monitor governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by Monitor
Operational Performance	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%.	NHS England
Operational Performance	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	NHS England, Monitor and contractual requirement of 95% and a locally agreed stretch target of 97%.
Operational Performance	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	% urgent GP referrals for suspected cancer seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	% GP referrals for breast symptomatic patients seen within 14 days.	Green if latest month >=93%, Red if latest month <93%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	% cancer patients starting first treatment within 31 days of diagnosis	Green if latest month >=96%, Red if latest month <96%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Surgery	% cancer patients starting subsequent surgical treatment within 31 days	Green if latest month >=94%, Red if latest month <94%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	% cancer patients starting subsequent anti-cancer drug treatment within 31 days	Green if latest month >=96%, Red if latest month <96%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	% cancer patients starting first treatment within 62 days of urgent GP referral	Green if latest month >=85%, Red if latest month <85%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant screening service referral	% cancer patients starting first treatment within 62 days of referral from a consultant screening service	Green if latest month >=90%, Red if latest month <90%.	NHS England, Monitor and contractual requirement
Operational Performance	Cancer - 62 day wait for first treatment from consultant upgrade	% cancer patients starting first treatment within 62 days of consultant upgrade	Green if latest month >=85%, Red if latest month <85%.	NHS England, Monitor and contractual requirement
Operational Performance	GP OOH - NQR 9	% telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	GP OOH - NQR 12	% face to face consultations started for urgent cases within 2 hours	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	Health Visiting - new born visits	% new born visit within 14 days of birth	Green if latest month <=95%, Amber if between 90% and 95%, Red if <90%.	Contractual requirement
Operational Performance	Community equipment - deliveries within 7 days	% standard items delivered within 7 days	Green if latest month >=95%, Red if latest month <95%.	Contractual requirement
Operational Performance	CQUIN - dementia screening	% emergency admissions aged 75+ who are screened for dementia within 72 hours of admission	Green if latest month >=90%, Red if latest month <90%.	CQUIN contractual requirement
Operational Performance	CQUIN - Acute Kidney Injury (AKI)	% patients with AKI whose discharge summary includes four defined key items	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - sepsis screening	% patients presenting to ED/other wards/units who met the criteria of the local protocol and were screened for sepsis	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	CQUIN - severe sepsis treatment	% patients presenting to ED/other wards/units with severe sepsis, Red Flag Sepsis or Septic Shock and who received IV antibiotics within 1 hour of presenting	to be agreed with CCG during Q2 2015/16	CQUIN contractual requirement
Operational Performance	Recruitment to NIHR adopted research studies	No. patients recruited to trials	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: 30 March 2016	Paper No: 7.0

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

Key Issues for Board Focus:

1. The Trust reported a surplus in February of £90k, £144k ahead of plan.
2. The year to date deficit therefore reduced to £660k before the consolidation of charitable funds.
3. The Trust will report a continuity of services risk rating of 3. Although this is at planned levels, the current I&E position means that it is a weaker 3 than planned.

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

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

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

Action Required by the Board of Directors

The Board of Directors is asked to note the contents of this report and approve the recommendation from Audit Committee in relation to Going Concern.

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2015/16 Financial Position to February

Financial Performance

- The Trust reported a surplus in February of £90k, £144k ahead of plan. The year to date deficit therefore reduced to £660k before any adjustment for charitable funds.

- The positive position in February was due to Acute clinical activity being ahead of plan, supported by favourable variances in relation to Pay and Drug expenditure. Agency expenditure reduced to 2.5% of pay which is another positive in the month.

- The year to date variance to plan currently stands at £2,279k. This relates to –
  - Acute contract income £1,200k (0.98%) adverse variance.
  - Adverse variance for non NHS clinical income of £375k.
  - Pay expenditure is £898k ahead of plan and continues to be a significant pressure.

- The Trust CIP position is positive with 98% of plans actioned so far. There are plans in place to achieve the Trust internal plan as outlined on page 7.

- The Trust currently has a favourable cash position of £9.7m, £1.6m ahead of plan. As previously described, because of the contract income profile this is expected to reduce to £3m at the end of the financial year. Further information is included on page 8.

- It is important that the improvement in February continues through March and into 2016/17. Discussions have focused on ensuring directorates are meeting activity plans in March while controlling expenditure, in particular pay expenditure which improved in February. This must continue into the new financial year in order to meet the financial plan. Meetings with the directorates have therefore focused on starting 2016/17 positively.

2015/16 Financial Position to February

Monitor Financial Sustainability Risk Rating (FSRR)

• The table below outlines the Trusts FSRR for the year to February

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

• As demonstrated above this is at planned levels, however, the adverse I&E position of the Trust means that this is a weaker 3 than planned.

Going Concern - Recommendation

• The Audit Committee considered at its 10th March 2016 meeting the appropriateness of preparing the HDFT 2015/16 Accounts on a going concern basis. The Audit Committee recommends to the Board of Directors that the HDFT 2015/16 Accounts should be prepared on a going concern basis.

Overview Income & Expenditure Position

Summary Income & Expenditure 2015/16

For the month ending 29th February 2016

2014/15 Actual £000		Budget Annual Budget £000	Budget Proportion To Date £000	Actual To Date £000	Cumulative Variance £000	Change in Variance £'000
	INCOME					
	NHS Clinical Income (Commissioners)					
127,628	NHS Clinical Income - Acute	134,157	122,552	121,352	(1,200)	195
38,756	NHS Clinical Income - Community	38,529	35,064	34,674	(390)	(140)
3,459	System Resilience & Better Care Funding	569	539	473	(66)	4
	Non NHS Clinical Income					0
1,606	Private Patient & Amenity Bed Income	1,854	1,698	1,488	(211)	(15)
438	Other Non-Protected Clinical Income (RTA)	523	479	315	(164)	(27)
	Other Income					0
13,747	Non Clinical Income	12,770	11,685	12,190	505	40
486	Hosted Services	230	230	323	93	68
186,119	**TOTAL INCOME**	**188,632**	**172,247**	**170,815**	**(1,432)**	**126**
	EXPENSES					
	Pay					
(128,850)	Pay Expenditure	(127,912)	(117,418)	(118,316)	(898)	42
	Non Pay					0
(13,605)	Drugs	(13,119)	(12,837)	(12,623)	214	104
(18,493)	Clinical Services & Supplies	(17,283)	(16,000)	(16,539)	(539)	2
(18,307)	Other Costs	(17,216)	(16,183)	(17,672)	(1,489)	(174)
						0
						0
0	**Reserves :** Pay	(789)	0	0	0	0
0	Pay savings targets	0	0	0	0	0
0	Other Reserves	(3,623)	(1,333)	0	1,333	(7)
0	High Cost Drugs	326	0	0	0	0
0	Non Pay savings targets	342	0	0	0	0
(11)	**Other Finance Costs**	(18)	(16)	(10)	7	1
(543)	**Hosted Services**	(239)	(239)	(325)	(86)	(68)
(179,810)	**TOTAL COSTS**	(179,530)	(164,026)	(165,485)	(1,459)	(100)
6,309	**EBITDA**	**9,102**	**8,221**	**5,330**	**(2,891)**	**26**
(34)	Profit / (Loss) on disposal of assets	0	0	0	0	0
(4,092)	Depreciation	(4,763)	(4,366)	(4,180)	187	24
(55)	Interest Payable	(59)	(54)	(8)	46	74
20	Interest Receivable	20	18	47	29	3
(2,530)	Dividend Payable	(2,500)	(2,200)	(2,098)	103	9
(381)	**Net Surplus/(Deficit) before donations and impairments**	**1,800**	**1,619**	**(908)**	**(2,527)**	**136**
392	Donated Asset Income	0	0	247	247	8
(587)	Impairments re Donated assets	0	0	0	0	0
0	Impairments re PCT assets	0	0	0	0	0
(577)	**Net Surplus/(Deficit)**	**1,800**	**1,619**	**(660)**	**(2,279)**	**144**
(102)	Consolidation of Charitable Fund Accounts	0	0	(214)	(214)	0
(679)	**Consolidated Net Surplus/(Deficit)**	**1,800**	**1,619**	**(874)**	**(2,493)**	**144**

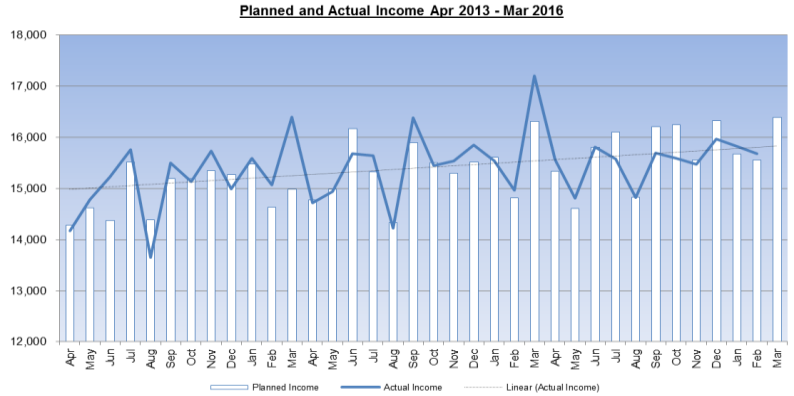
Negative sign under variance indicates an UNDER-recovery of forecast income, or an OVER-spending against budget

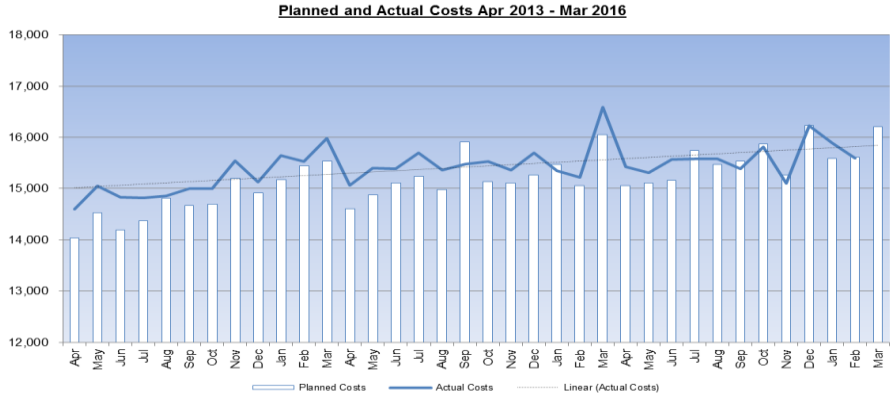
Overview Total Directorate Position

For the month ending 29th February 2016

2014/15 Actual £000		Annual Budget £000	Workforce			In Month			Cumulative		Variance (o.s)/u.s £000
			Budget wte	Contracted wte	Actual wte	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	
2,169	Non-Comissioner Income	1,388				102	126	24	1,282	1,258	(23)
(36,721)	Pay	(32,692)	826.08	791.43	775.70	(2,710)	(2,823)	(113)	(30,092)	(31,111)	(1,019)
(9,172)	Non-Pay	(8,790)				(869)	(769)	101	(8,426)	(8,579)	(153)
(43,724)	**Total Integrated Care Directorate**	**(40,094)**	**826.08**	**791.43**	**775.70**	**(3,477)**	**(3,465)**	**12**	**(37,236)**	**(38,432)**	**(1,196)**
3,180	Non-Comissioner Income	3,524				309	313	4	3,284	3,296	13
(29,388)	Pay	(32,999)	809.52	711.19	707.09	(2,796)	(2,716)	80	(30,154)	(29,758)	396
(12,671)	Non-Pay	(12,287)				(1,061)	(1,121)	(60)	(11,577)	(12,327)	(750)
(38,879)	**Total Acute & Cancer Care Services Directorate**	**(41,762)**	**809.52**	**711.19**	**707.09**	**(3,549)**	**(3,524)**	**24**	**(38,447)**	**(38,788)**	**(341)**
1,360	Non-Comissioner Income	1,555				128	120	(8)	1,409	1,344	(65)
(43,027)	Pay	(43,727)	914.67	890.19	865.13	(3,667)	(3,633)	34	(40,259)	(40,572)	(313)
(13,347)	Non-Pay	(13,646)				(1,203)	(1,162)	41	(12,706)	(13,073)	(367)
(55,014)	**Total Elective Care Directorate**	**(55,818)**	**914.67**	**890.19**	**865.13**	**(4,741)**	**(4,674)**	**67**	**(51,556)**	**(52,301)**	**(745)**
(19,852)	**Corporate (Clinical)**	**(16,481)**	**452.25**	**440.28**	**453.86**	(1,408)	(1,510)	(101)	(15,110)	(15,395)	(285)
(157,469)	**Total Clinical Spend**	(154,155)	3002.52	2833.09	2801.78	(13,175)	(13,174)	2	(142,349)	(144,916)	(2,567)
(7,626)	**Corporate (inc. CNST)**	(12,195)	**151.85**	**148.44**	**149.91**	(1,042)	(1,024)	18	(11,079)	(11,106)	(27)
(27,478)	**Total Corporate Position**	**(28,676)**	**604.10**	**588.72**	**603.77**	**(2,451)**	**(2,534)**	**(83)**	**(26,189)**	**(26,501)**	**(312)**
165,503	**Commissioner Income**	172,686				14,182	14,240	59	158,155	156,497	(1,658)
(388)	**Central**	(4,536)		(21.27)	(21.27)	(18)	253	272	(3,107)	(1,382)	1,726
21	**Total before donations & impairments**	**1,800**	**3,154.37**	**2,960.26**	**2,930.42**	**(55)**	**296**	**350**	**1,619**	**(908)**	**(2,527)**
5,297	**Donations for Capital Expenditure**	0					8	8	0	247	247
(3,340)	**Impairments on Donated assets**	0						0	0	0	0
(1,305)	**Impairments on PCT assets**	0						0	0	0	0
672	**Trust reporting position**	**1,800**	**3,154.37**	**2,960.26**	**2,930.42**	**(55)**	**304**	**358**	**1,619**	**(660)**	**(2,279)**
457	**Charitable funds consolidation**	0					(214)	(214)	0	(214)	(214)
1,129	**Total Trust reported position**	**1,800**	**3,154.37**	**2,960.26**	**2,930.42**	**(55)**	**90**	**144**	**1,619**	**(874)**	**(2,493)**

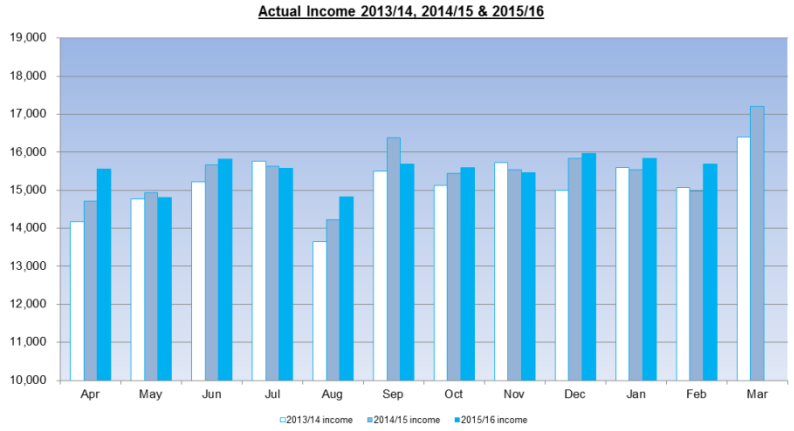
Income & Expenditure Run Charts

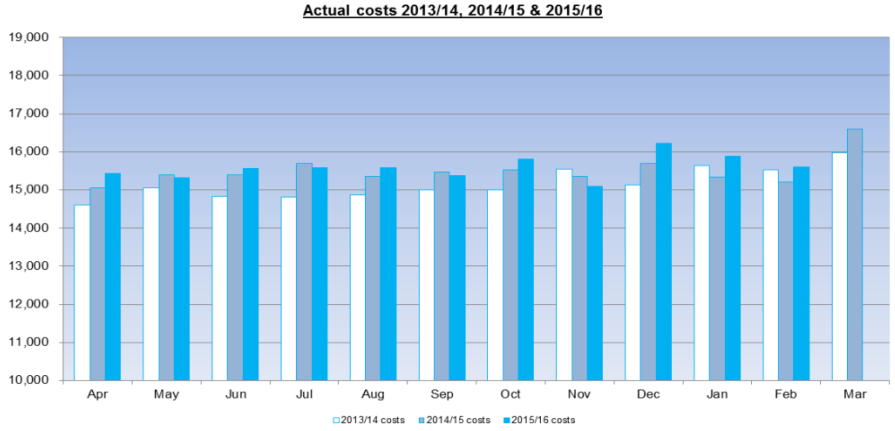




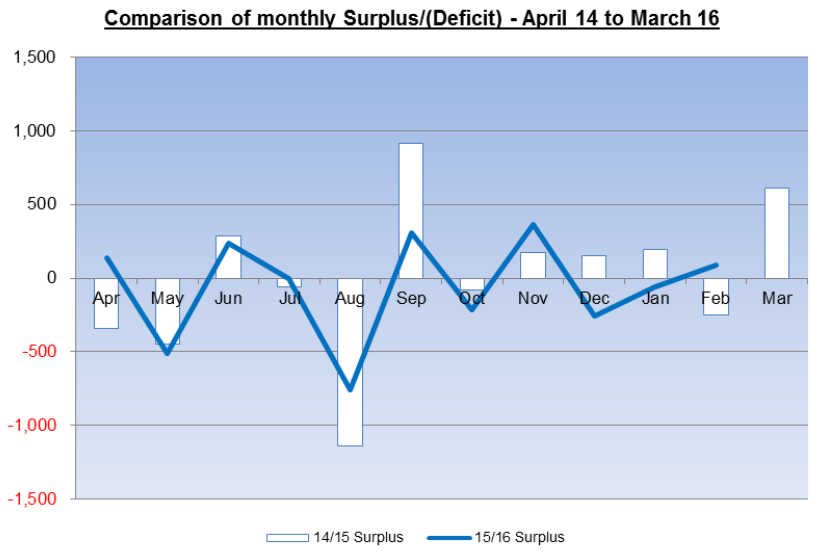
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978
2013/14 income actual	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2013/14 variance	**-116**	**161**	**858**	**242**	**-730**	**314**	**-69**	**382**	**-290**	**115**	**436**	**1,417**
2013/14 % variance	-0.8%	1.1%	6.0%	1.6%	-5.1%	2.1%	-0.5%	2.5%	-1.9%	0.7%	3.0%	9.5%
2014/15 income plan	14,779	14,981	16,165	15,325	14,332	15,901	15,506	15,293	15,523	15,606	14,809	16,305
2014/15 income actual	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2014/15 variance	**-62**	**-36**	**-491**	**312**	**-111**	**487**	**-55**	**240**	**322**	**-67**	**158**	**896**
2014/15 % variance	-0.4%	-0.2%	-3.0%	2.0%	-0.8%	3.1%	-0.4%	1.6%	2.1%	-0.4%	1.1%	5.5%
2015/16 income plan	15,335	14,610	15,799	16,105	14,830	16,202	16,245	15,554	16,329	15,677	15,560	16,385
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	
2015/16 variance	**229**	**192**	**11**	**-527**	**-4**	**-513**	**-650**	**-87**	**-361**	**151**	**126**	
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%	

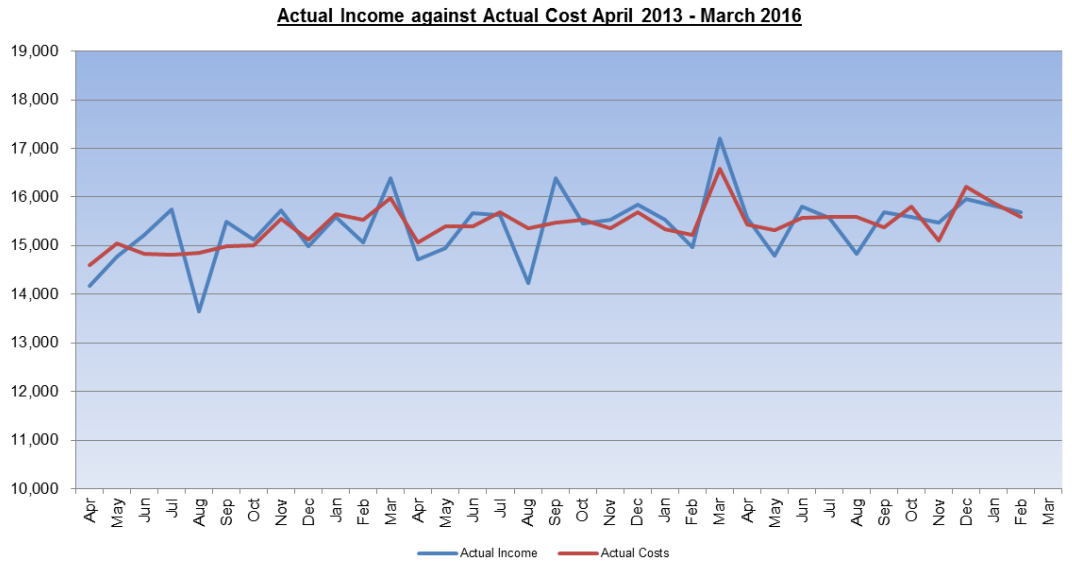
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 expenditure plan	14,039	14,523	14,197	14,368	14,808	14,665	14,700	15,203	14,908	15,172	15,450	15,535
2013/14 expenditure actual	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2013/14 variance	**559**	**528**	**628**	**446**	**53**	**329**	**301**	**343**	**218**	**469**	**80**	**448**
2013/14 % variance	4.0%	3.6%	4.4%	3.1%	0.4%	2.2%	2.0%	2.3%	1.5%	3.1%	0.5%	2.9%
2014/15 expenditure plan	14,602	14,875	15,107	15,236	14,983	15,912	15,128	15,105	15,268	15,465	15,052	16,051
2014/15 expenditure actual	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2014/15 variance	**456**	**519**	**280**	**459**	**379**	**-436**	**405**	**253**	**427**	**-119**	**162**	**540**
2014/15 % variance	3.1%	3.5%	1.9%	3.0%	2.5%	-2.7%	2.7%	1.7%	2.8%	-0.8%	1.1%	3.4%
2015/16 expenditure plan	15,052	15,109	15,164	15,739	15,466	15,536	15,874	15,267	16,229	15,581	15,615	16,204
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	
2015/16 variance	**375**	**205**	**408**	**-155**	**118**	**-152**	**-67**	**-168**	**-7**	**309**	**-18**	
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%	





Income & Expenditure Run Charts

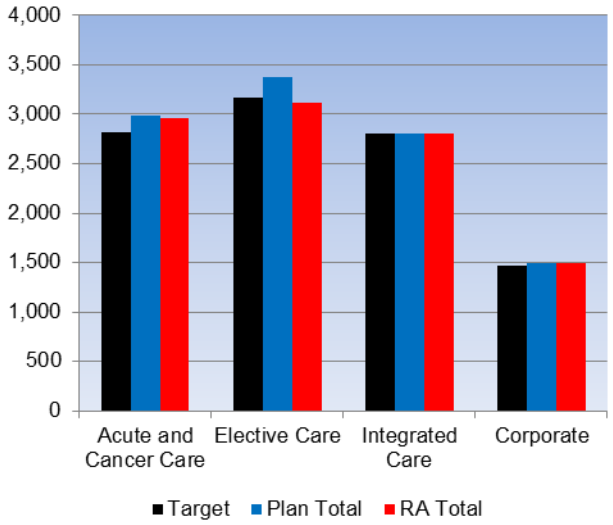


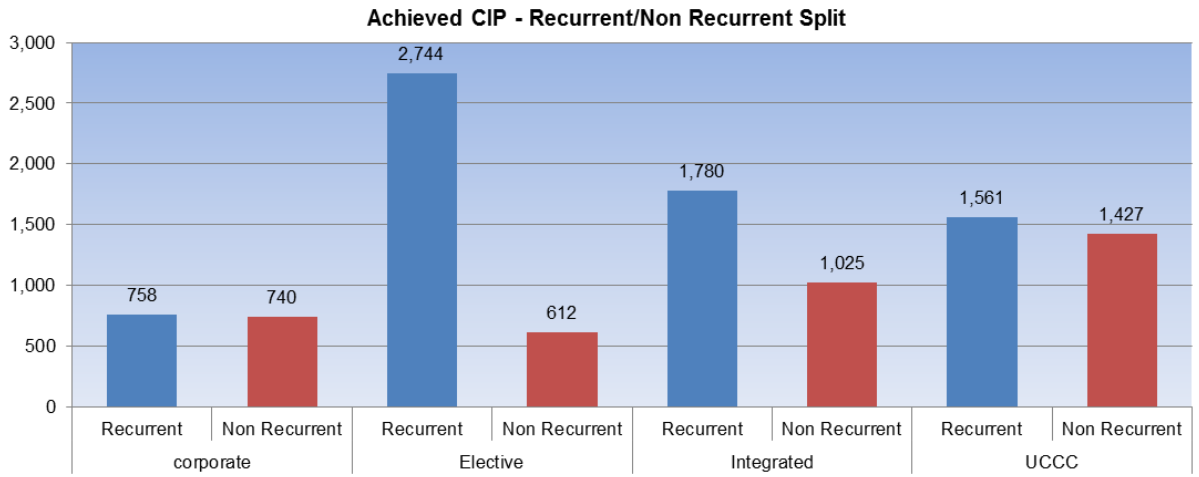


	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2014/15 income	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2015/16 income	15,564	14,802	15,810	15,578	14,826	15,689	15,595	15,467	15,968	15,828	15,686	0
2013/14 costs	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2014/15 costs	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2015/16 costs	15,427	15,314	15,572	15,584	15,584	15,384	15,807	15,099	16,222	15,890	15,597	0
13/14 Surplus	-427	-273	402	941	-1,208	508	129	185	-139	-53	-457	412
14/15 Surplus	-341	-449	287	-58	-1,141	912	-82	175	150	193	-247	610
15/16 Surplus	137	-512	238	-6	-758	305	-212	368	-254	-62	90	

2015/16 Efficiency Update

- Performance against the cost improvement programme (CIP) in 2015/16 remains extremely positive with £10m of plans actioned in directorates. This is the full year effect of plans that are in place.
- Schemes are place for 102% of the full year target following risk adjustment.
- The amount of CIP achieved non recurrently has steadily grown over the year and now stands at 36% of achievement.



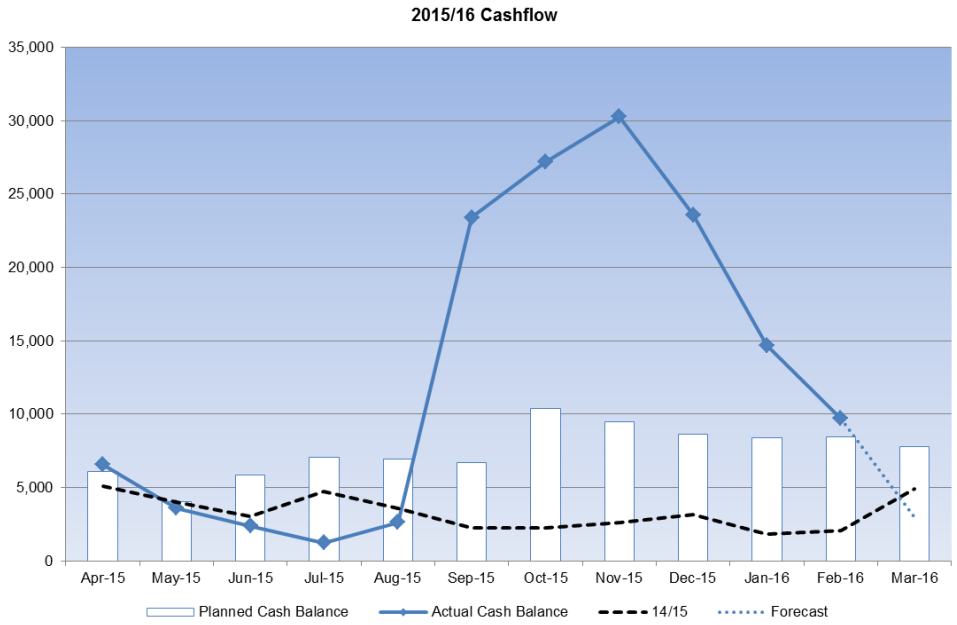


Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute Care	2,823,600	2,803,230	64,782	117,707	2,500	2,988,219	106%	2,959,439	105%
Elective Care	3,165,500	2,935,750	101,300	34,169	310,200	3,381,419	107%	3,121,360	99%
Integrated Care	2,800,200	2,800,200	4,892	0	0	2,805,092	100%	2,804,847	100%
Corporate	1,463,600	1,464,160	0	34,080	0	1,498,240	102%	1,491,424	102%
Total	**10,179,000**	**10,003,340**	**170,974**	**185,956**	**312,700**	**10,672,970**	**105%**	**10,377,070**	**102%**
Target		10,179,000				10,179,000		10,179,000	
Variance		**-175,660**				**493,970**	**105%**	**198,070**	**102%**
Target less ETO benefit		8,779,000				8,779,000		8,779,000	
Variance		**1,224,340**				**1,893,970**	**122%**	**1,598,070**	**118%**

Cash Management

- The Trust currently has a favourable cash position of £9.7m, £1.6m ahead of plan. As previously described, because of the contract income profile this is expected to reduce to £3m at the end of the financial year.

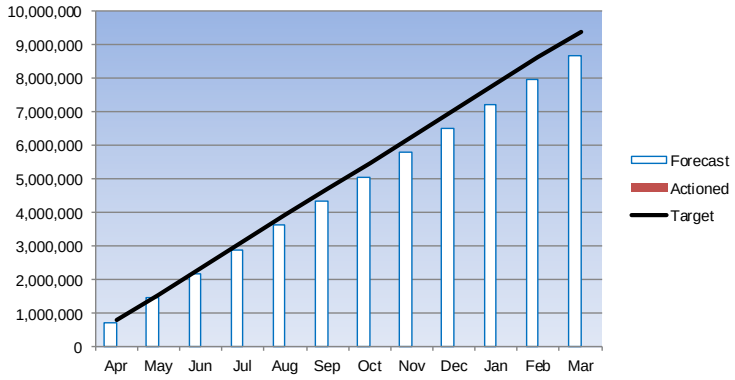
Feb 16 - Top 5 Debtors	£
NHS ENGLAND	1,180,208.87
YORK TEACHING HOSPITALS NHS FOUNDATION TRUST	1,015,814.67
NHS HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	984,798.61
MIDDLESBROUGH COUNCIL	764,200.00
NHS HARROGATE RURAL DISTRICT CCG	750,810.65
	4,695,832.80



	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

2016/17 Efficiency Planning

Trustwide Cost Improvement Programme

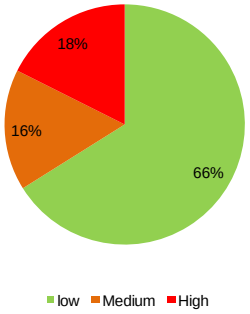


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	9,400,000	0	6,288,859	1,543,500	1,665,635	9,497,994	101%	7,542,343	80%
		%age of target	67%	16%	18%				

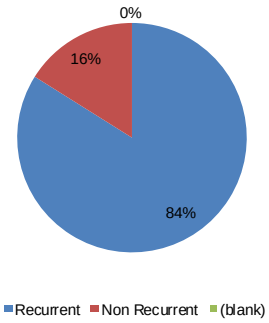
Top 10 schemes Top 10 as % of schemes - 32%

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	Skill Mix Review R	315,000	low
5	Skill Mix Review NR	300,000	low
6	Respiratory/Cardiology Review	293,000	low
7	Carbon Energy Fund	266,000	low
8	Review Inpatient Workstream	252,300	High
9	Care assistant workforce review	200,000	High
10	Business Development 2	200,000	Medium

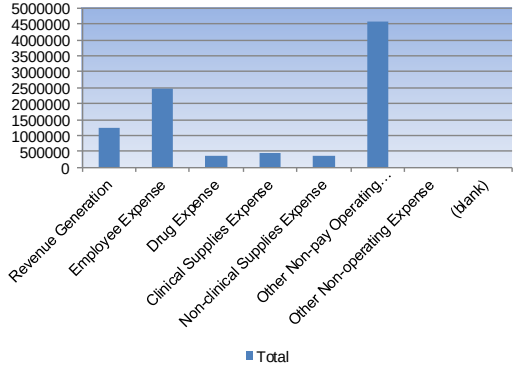
CIP schemes by Risk



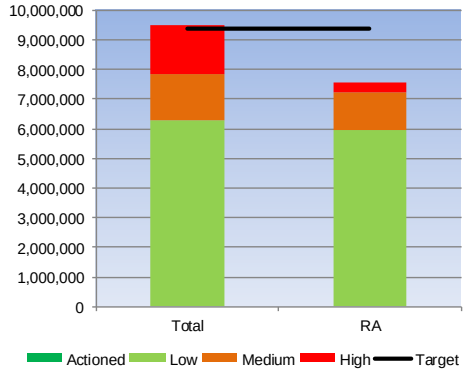
Recurrent V Non Recurrent Plans



Efficiency Category

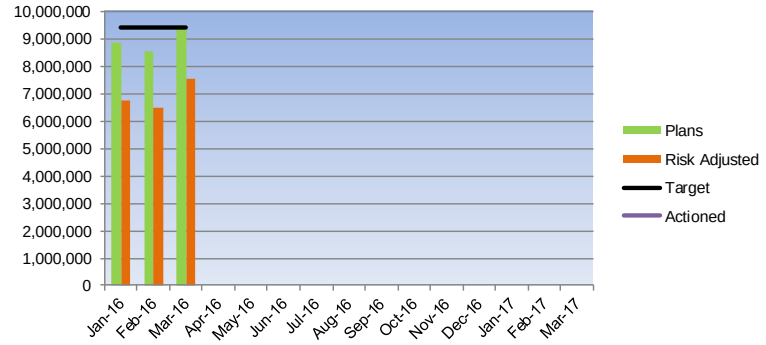


Risk Profile

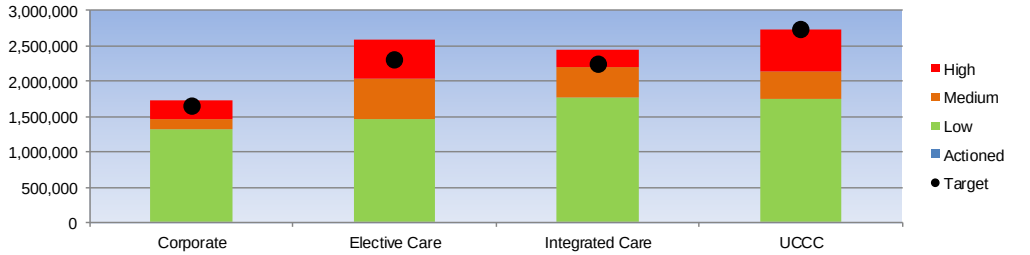


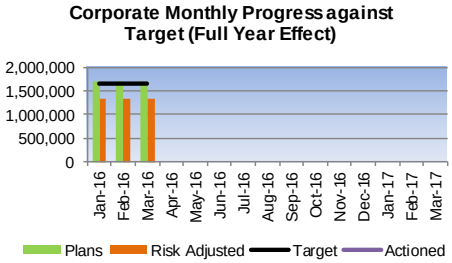
2016/17 Efficiency Planning

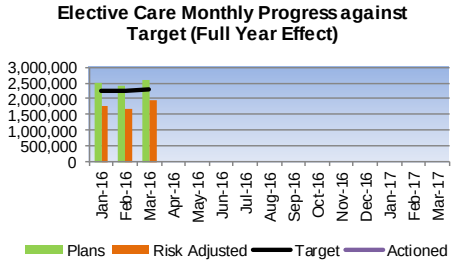
Trustwide Cost Improvement Programme

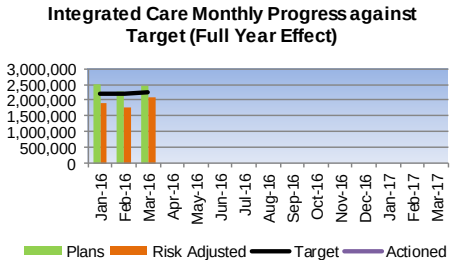


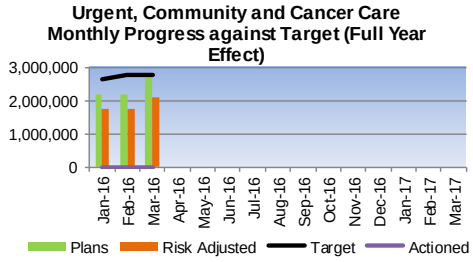
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate	1,650,100	0	1,315,460	141,915	272,500	1,729,875	105%	1,417,719	86%
Elective Care	2,305,800	0	1,465,900	574,085	547,635	2,587,620	112%	1,961,400	85%
Integrated Care	2,238,200	0	1,768,600	423,500	252,300	2,444,400	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%

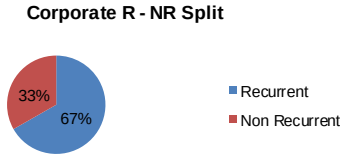


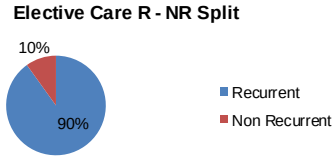


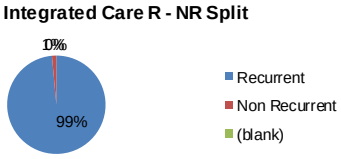


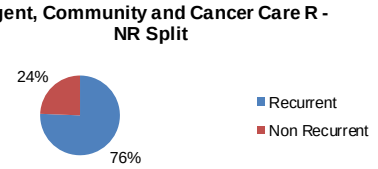












Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 30 March 2016	Paper No: 7.2

Title	Operational Plan 2016/17
Sponsoring Director	Jonathan Coulter
Author(s)	Jonathan Coulter / Jordan McKie /Angie Gillett
Report Purpose	For Information

Key Issues for Board Focus:

- Current position regarding the finalisation of the plan
- Current position regarding the negotiations on the 2016/17 contract with HaRD CCG

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

Risk and Assurance	Quality, finance and performance risks are addressed through the development of the Operational Plan.
Legal implications/ Regulatory Requirements	The Trust is developing the Operational Plan for March 2016 in readiness for the new financial year and submission to Monitor in April 2016.

Action Required by the Board of Directors

The Board of Directors is asked to note the

- Work that is ongoing in respect of the finalisation of the Operational Plan for 2016/17.
- Note the Quality priorities for 2016/17
- Note the current position in relation to the contract with HaRD CCG
- Approve the Summary Financial plan to allow the issuing of budgets to budget holders prior to 1 April 2015.
- Approve the Summary Capital Plan for 2016/17

1. Background

1.1. The Board of Directors has previously discussed the development of the Operational Plan at its meetings in December 2015, January and February 2016.

1.2. As the Board will be aware a draft copy of the operational plan was submitted to Monitor on 8 February. At that stage we identified a number of areas where further work needed to be undertaken and amendments made to the draft plan. These were as follows: -

- Negotiations with our local CCG in respect of a contract for 2016/17
- Our updated efficiency programme.
- Further work on the workforce profiling across the year within the detailed templates as plans in relation to our Vanguard project and the transfer of staff from Durham, Darlington and Middlesbrough are finalised.
- Sensitivity analysis in relation to the S&T funding as rules in relation to this are confirmed
- Our quality priorities for 2016/17, as we are going through a consultation process at present involving stakeholders and our Governors.

1.3. The purpose of this paper is to provide the Board of Directors with an update regarding the: -

- Areas of the plan that required further amendment
- Ongoing discussions with Commissioners regarding agreement of the various acute and community services contracts
- Finalisation of the financial plan including efficiency programme for internal approval to enable budgets to be issued for 1st April
- The next steps to be actioned in order to complete the operational plan for submission in April 2015.

2. Control Total update

2.1 As the Board is aware, we agreed to plan for the delivery of a financial control total of a surplus of £6.8m for 2016/17, which would include additional Sustainability and Transformation (S&T) funding of £4.6m. Access to the S&T funding was dependent upon a number of conditions, namely

- Delivery of our control total
- Delivery of standards in relation to 18 weeks, Emergency Department and Cancer
- Development of an STP
- Compliance with Agency Cap rules
- Engagement in delivering the Carter Review productivity improvements

2.2 In recent correspondence each Trust has now also been issued with an Agency Spend ceiling that equates to around a 30% reduction in agency spend when

compared to 2015/16. Delivery of this reduction is also being linked to access to the S&T funding.

2.3 In relation to the control total, we received a slight amendment to our control total in correspondence issued in early March, to ensure that the impact of donated income is included within the overall control total. Our revised control total is now £7m with the increase of £200k purely a reflection of the likely movement in donated income.

2.4 A definitive list of actions linked to the control total has been requested from NHS Improvement to ensure a robust sensitivity analysis can be undertaken.

3. Sustainability and Transformation Plan (STP)

3.1 The work we are currently undertaking to finalise our Operational Plan for 2016/17 will form the basis of the 5 year STP. As the Board is aware, a number of STP footprints have been agreed across the country, and we are a part of the West Yorkshire STP footprint. Within the WY STP, there will be a number of more local chapters, including a section in relation to the Harrogate geographical patch, which will contribute to and link with the WY STP.

3.2 Work is beginning to assess the planning gaps in relation to Health & Wellbeing, Care & Quality, and Finance & Efficiency both across Harrogate partners and the wider WY patch, and this analysis will begin to inform the STP priorities.

4. Current Position

Commissioning Contracts

HaRD CCG

4.1 Our Operational Plan income expectation from HaRD CCG equates to £106m. This is based upon outturn activity in 2015/16, with adjustments for demographic growth and tariff inflation. It also includes 15/16 levels of funding for System Resilience and a community contract value that also includes demographic growth and tariff inflation in line with our recent Value Proposition submission that we made in relation to our New Care Models programme.

4.2 Following meetings with the CCG and also exchange of correspondence, the final offer made by the CCG equates to £99.2m. The breakdown of this offer and comparison with our assumptions is outlined in the table below:

	15/16 £m	Tariff 16/17 £m	Demographic growth 16/17 £m	HDFT position £m	CCG position £m	Variance £m
Community	12.65	0.14	0.06	12.85	12.40	-0.40
Acute	88.50	1.40	1.78	91.68	85.80	-5.88
SRG	0.48	0.00	0.00	0.48	0.00	-0.48
Other**	1.05	0.01	0.00	1.06	1.03	-0.03
Total	**102.68**	**1.55**	**1.84**	**106.07**	**99.23**	**-6.84**

* using CCG outturn assessment
** includes MSK, autism, GP OoH, community geriatrician, podiatry, HMDS

4.3 The CCG have also proposed that the contract operate under a fixed sum principle rather than Payment by Results, which given the current level of funding being offered, would clearly not be acceptable to ourselves.

4.4 In terms of risks to the Trust that are linked to our plan I would like to highlight the following:

- We have assumed system resilience funding which the CCG currently have not proposed to fund in 2016/17 (£480k)
- the community element of the contract remains a block contract, with the CCG proposal £450k (3.5%) lower than our expectation

4.5 Whilst negotiations continue with the CCG (and I will be able to update the Board at the meeting), we have an income risk of approaching £1m. We would hope to mitigate this risk through contract agreement, but failing a satisfactory agreement we would need to consider increasing our CIP programme from £9.4m to 10.4m, with an element of this cost reduction having to be found from within our community services. A further cost reduction of £1m would be a significant challenge to the organisation in terms of the value and the timing of the actions required.

4.6 The national timetable is to have agreed and signed contracts by 31st March. This is now unlikely, but we have the opportunity to develop 'Heads of terms' by the end of March which can then be used to help finalise the contract. There is clearly then a defined process of mediation and arbitration if no agreement can be reached quickly in April.

Other Contracts

4.7 Other contracts are being agreed in line with planning expectations.

5. Operational Plan 2016/17

5.1 Work will continue over the coming weeks to finalise the operational plan. This will entail inclusion of a workforce profile, details of our quality priorities, sensitivity analysis, as well as the current position on our contracts at the time of submission of the plan.

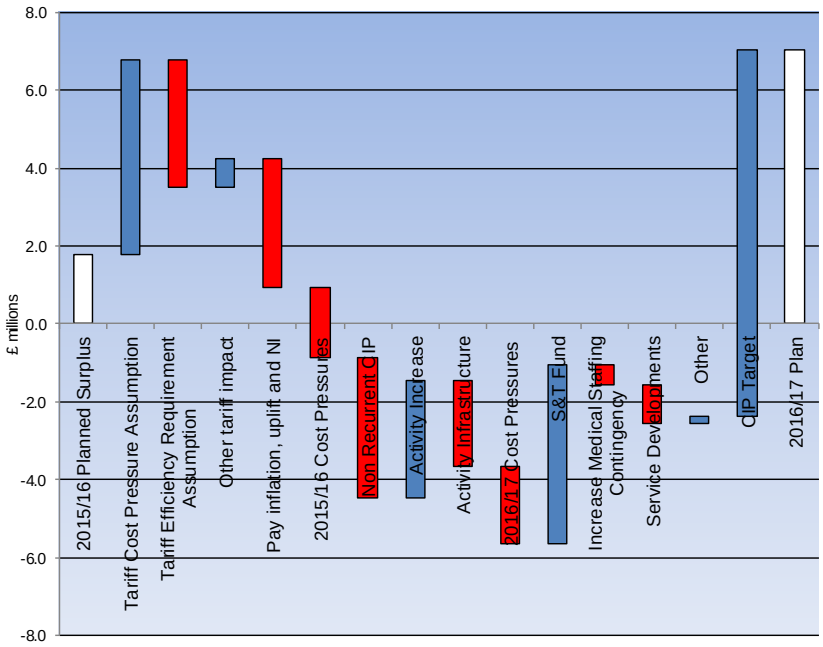
5.2 Given the work that is likely to continue between the Board meeting and the 11 April, in particular in relation to the ongoing discussions with HaRD CCG, the Board need to agree a process for the sign off of the plan.

6. Financial Plan

6.1. The diagram below outlines the key assumptions made in developing the Trust financial plan for 2016/17. This results in a £7.0m surplus, achieving the control total set by NHS Improvement.

Planning Assumptions

	£'m
2015/16 Planned Surplus	1.8
Tariff Cost Pressure Assumption	5.0
Tariff Efficiency Requirement Assumption	-3.3
Other tariff impact	0.7
Pay inflation, uplift and NI	-3.3
2015/16 Cost Pressures	-1.8
Non Recurrent CIP	-3.6
Activity Increase	3.0
Activity Infrastructure	-2.2
2016/17 Cost Pressures	-2.0
S&T Fund	4.6
Increase Medical Staffing Contingency	-0.5
Service Developments	-1.0
Other	0.2
CIP Target	**9.4**
2016/17 Plan	7.0



6.2. Attached at **Appendix A** is the Summary Trust Financial Plan for 2016/17.

6.3. Budgets for Directorates have been built up using the planning assumptions and resultant efficiency requirement. All Directorates have been actively involved in developing the financial plan and will be signing off their individual budgets before the end of March.

6.4. The Board is requested to approve the summary financial plan and assumptions used, so that the budgets that have been created on this basis can be issued before 1st April.

7. Capital priorities

7.1 Each of the Directorates has identified the Capital priorities to be progressed in 2016/17. Indicative capital allocations have been agreed with each of the Clinical and Corporate Directorates. Funds will be released in the first quarter of 2016/17 to progress the agreed priorities. Details are attached at **Appendix B.**

7.2 In addition, work is progressing to develop the capital strategy for the District Hospital Site for the next five to ten years. Initial focus is on determining our future capacity levels and bed requirements following the introduction of new care models and delivery of our business development strategy. Based on these findings it will be possible to identify a series of options for the future site configuration. A workshop is being planned for March 2016 to share initial findings and an update on the outcome of the session will be given at the Board Meeting.

8. Quality Priorities

8.1. The quality priorities for 2016/17 have been discussed and agreed at SMT and are detailed below: -

Reduce morbidity and mortality related to sepsis

There is a national focus on reducing morbidity and mortality related to sepsis, with inclusion in the national CQUIN for 2015/16 and 2016/17. We will be aiming to achieve the national CQUIN requirements in ED and inpatients for screening, treatment and review.

The metrics that can be used to monitor performance and improvement are:

- CQUIN audit data
- Case note review of patient deaths resulting from sepsis
- Mortality from sepsis rate - ICNARC, HED

Improve care of people with learning disabilities (LD)

This relates to the Trust' Equality and Diversity objectives and we will aim to increase the identification of people with LD flags, and then use that information to deliver high quality, personalised care.

The metrics that can be used to monitor performance and progress are:

- No. of LD flags on hospital systems
- Demonstration of using information to provide reasonable adjustments
- Patient / carer feedback from FFT and other surveys, complaints, compliments.
- Staff training levels

Provide high quality stroke care - demonstrated by improvement in national indicators

Our Sentinel Stroke National Audit Programme (SSNAP) audit results are not improving and want to focus on addressing the indicators that relate to the provision of high quality stroke care.

The metrics that will be used to monitor performance and progress will be the quarterly SSNAP dataset.

Improve the management of inpatients on insulin

We are focusing on this because of increasing medicines safety incidents including SIRI that relate to insulin prescription and administration.

The metrics for monitoring performance and progress include:

- Datix reports relating to insulin management
- Insulin dashboard
- Staff training

We will establish working groups with appropriate representation to progress the work, monitor progress with identified metrics on the quality and safety dashboard where possible, and report work and progress through the Senior management Team and Quality Committee.

9. Conclusion

9.1. The Board of Directors is asked to:-

9.1.1. Note the work that is ongoing in respect of the finalisation of the Operational Plan for 2016/17

9.1.2. Agree the process for final approval of the Operational Plan prior to submission.

9.1.3. Note the Quality priorities for 2016/17

9.1.4. Note the current position in relation to the contract with HaRD CCG

9.1.5. Approve the Summary Financial plan to allow the issuing of budgets to budget holders prior to 1 April 2016

9.1.6. Approve the Summary Capital Plan for 2016/17

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Appendix A - Financial Plan Summary
Harrogate and District NHS Foundation Trust
Board of Directors - 30th March 2016

Summary of Plan

	units	Actual 2013-14	Actual 2014-15	Out-turn 2015-16	Plan 2016-17
Summary Income and Expenditure Account					
Operating income (inc. in EBITDA)					
NHS Clinical income	£m	167.980	169.843	170.863	178.881
Non-NHS Clinical income	£m	1.961	2.216	3.181	28.675
Non-Clinical income	£m	12.297	13.008	12.093	12.135
Total operating income, inc. in EBITDA	£m	**182.239**	**185.067**	**186.138**	**219.691**
Operating expenses (inc in EBITDA)					
Employee expense	£m	(126.184)	(129.020)	(128.020)	(152.170)
Non-Pay expense	£m	(49.283)	(49.867)	(50.931)	(52.733)
PFI / LIFT expense	£m	0.000	0.000	0.000	0.000
Total operating expense, inc. in EBITDA	£m	**(175.467)**	**(178.887)**	**(178.951)**	**(204.903)**
EBITDA	£m	**6.772**	**6.180**	**7.187**	**14.788**
EBITDA margin %	%	*3.7%*	*3.3%*	*3.9%*	*6.7%*
Operating income (exc. from EBITDA)					
Donations and Grants for PPE and intangible assets	£m	5.048	0.532	0.225	0.000
Operating expenses (exc. from EBITDA)					
Depreciation & Amortisation	£m	(4.122)	(4.092)	(4.727)	(5.183)
Impairment (Losses) / Reversals	£m	(4.645)	(0.587)	0.000	0.000
Restructuring costs	£m	0.000	0.000	0.000	0.000
Total operating expense, exc. from EBITDA	£m	**(8.767)**	**(4.679)**	**(4.727)**	**(5.183)**
Non-operating income					
Finance income	£m	0.021	0.020	0.041	0.041
Gain / (Losses) on asset disposals	£m	(0.059)	(0.034)	0.000	0.000
Gain on transfers by absorption	£m	0.000	0.000	0.000	0.000
Other non - operating income	£m	0.000	0.000	0.000	0.000
Total non-operating income	£m	**(0.038)**	**(0.014)**	**0.041**	**0.041**
Non-operating expenses					
Interest expense (non-PFI / LIFT)	£m	(0.045)	(0.055)	(0.090)	(0.090)
Interest expense (PFI / LIFT)	£m	0.000	0.000	0.000	0.000
PDC expense	£m	(2.283)	(2.530)	(2.375)	(2.746)
Other finance costs	£m	(0.014)	(0.011)	(0.010)	(0.010)
Non-operating PFI costs (e.g. contingent rent)	£m	0.000	0.000	0.000	0.000
Loss on transfers by absorption	£m		0.000	0.000	0.000
Other non-operating expenses (including tax)	£m	0.000	0.000	0.000	0.000
Total non-operating expenses	£m	**(2.342)**	**(2.596)**	**(2.475)**	**(2.846)**
Surplus / (Deficit) after tax	£m	**0.674**	**(0.577)**	**0.251**	**6.800**
Profit/(loss) from discontinued Operations, Net of Tax	£m	0.000	0.000	0.000	0.000
Surplus / (Deficit) after tax from Continuing Operations	£m	**0.674**	**(0.577)**	**0.251**	**6.800**
Memorandum Lines:					
Surplus / (Deficit) before impairments and transfers	£m	**5.319**	**0.010**	**0.251**	**6.800**
One off income/costs	£m	(4.704)	(0.621)	0.000	0.000
Normalised Surplus / (Deficit)	£m	**5.378**	**0.044**	**0.251**	**6.800**
Normalised surplus/(deficit) margin %	%	*2.9%*	*0.0%*	*0.1%*	*3.1%*

Summary Statement of Financial Position

Non-current Assets					
Intangible assets	£m	0.238	0.345	0.424	0.424
Property, Plant & Equipment	£m	84.621	87.588	95.191	101.585
On-balance sheet PFI	£m	0.000	0.000	0.000	0.000
Other	£m	0.356	0.360	0.341	0.341
Total non-current assets	£m	**85.215**	**88.293**	**95.956**	**102.350**
Current Assets					
Cash and cash equivalents	£m	5.186	4.898	3.674	9.261
Other current assets	£m	14.922	13.154	16.041	16.041
Total current assets	£m	**20.108**	**18.052**	**19.715**	**25.302**
Current Liabilities					
Overdrafts and drawdowns in committed facilities	£m	0.000	0.000	0.000	0.000
PFI / LIFT leases	£m	0.000	0.000	0.000	0.000
Other borrowings	£m	(0.545)	(0.545)	(1.000)	(1.000)
Other current liabilities	£m	(17.092)	(15.330)	(15.826)	(16.063)
Total current liabilities	£m	**(17.637)**	**(15.875)**	**(16.826)**	**(17.063)**
Non-current Liabilities					
PFI / LIFT leases	£m	0.000	0.000	0.000	0.000
Other borrowings	£m	(4.355)	(3.810)	(11.775)	(16.765)
Other non-current liabilities	£m	(0.423)	(0.360)	(0.306)	(0.260)
Total non-current liabilities	£m	**(4.778)**	**(4.170)**	**(12.081)**	**(17.025)**
Reserves	£m	82.908	86.300	86.764	93.564

Summary Statement of Cash Flows

Surplus (Deficit) from Operations	£m	**3.054**	**2.033**	**2.685**	**9.605**
Operating activities					
Non-operating and non-cash items in operating surplus/(def	£m	8.722	4.716	4.727	5.183
Operating Cash flows before movements in working capi	£m	**11.775**	**6.749**	**7.412**	**14.788**
Movements in working capital	£m	(5.342)	(0.538)	0.000	0.001
Increase/(Decrease) in non-current lines	£m	0.000	(0.063)	0.000	(0.046)
Net cash inflow/(outflow) from operating activities	£m	**6.433**	**6.148**	**7.412**	**14.743**
Investing activities					
Capital Expenditure (Accruals basis)	£m	(8.423)	(5.114)	(12.667)	(11.577)
Increase/(decrease) in Capital Creditors	£m	(0.871)	0.555	0.000	0.404
Proceeds on disposal of PPE, intangible assets and investme	£m	0.362	0.025	0.000	0.000
Other cash flows from investing activities	£m	0.021	0.021	0.041	0.041
Net cash inflow/(outflow) from investing activities	£m	**(8.911)**	**(4.513)**	**(12.626)**	**(11.132)**
Financing activities					
Public Dividend Capital repaid	£m	0.000	0.000	0.000	0.000
Repayment of borrowings	£m	0.000	(0.545)	(0.544)	(1.000)
Capital element of finance lease rental payments	£m	0.000	0.000	0.000	0.000
Interest element of finance lease rental payments	£m	0.000	0.000	0.000	0.000
Interest paid on borrowings	£m	(0.024)	(0.059)	0.000	(0.267)
Support funding required	£m			0.000	0.000
Other cash flows from financing activities	£m	0.320	(1.319)	3.455	3.244
Net cash inflow/(outflow) from financing activities	£m	**0.296**	**(1.923)**	**2.911**	**1.977**
Opening cash and cash equivalents less bank overdraft	£m	7.368	5.186	**5.977**	**3.674**
Net cash increase / (decrease)	£m	(2.182)	(0.288)	(2.303)	5.588
Changes due to transfers by absorption	£m	0.000	0.000	0.000	0.000
Closing cash and cash equivalents less bank overdraft	£m	**5.186**	**4.898**	**3.674**	**9.262**

Financial Sustainability Risk Rating

Capital Service Cover					
Material Adjustments to:					
Revenue Available for Capital Service	£m	0.000	0.000	0.000	0.000
Capital Service	£m	0.000	0.000	0.000	0.000
Revenue Available for Capital Service	£m	6.793	6.200	7.228	14.829
Capital Service	£m	(2.342)	(3.141)	(3.019)	(3.846)
Capital Service Cover metric	0.0x	**2.90**	**1.97**	**2.39**	**3.86**
Capital Service Cover rating	Score	**4**	**3**	**3**	**4**
Liquidity					
Material Adjustments to:					
Working Capital for FSRR	£m	0.000	0.000	0.000	0.000
Operating Expenses within EBITDA, Total	£m	0.000	0.000	0.000	0.000
Working Capital for FSRR	£m	(0.292)	(0.397)	0.289	5.639
Operating Expenses within EBITDA, Total	£m	(175.467)	(178.887)	(178.951)	(204.903)
Liquidity metric	Days	(0.60)	(0.80)	0.58	9.91
Liquidity rating	Score	**3**	**3**	**4**	**4**
I&E Margin					
Material Adjustments to:					
Normalised Surplus/(Deficit)	£m			0.000	0.000
Adjusted Total Income	£m			0.000	0.000
Normalised Surplus/(Deficit)	£m			0.251	6.800
Adjusted Total Income	£m			186.404	219.732
I&E Margin	%			0.13%	3.09%
I&E Margin rating	Score			**3**	**4**
I&E Margin Variance From Plan					
I&E Margin - Plan from 15/16 APR	£m			0.97%	
I&E Margin - 15/16 Out-turn	£m			0.13%	
I&E Margin Variance From Plan	%			-0.83%	-0.83%
I&E Margin Variance From Plan rating	Score			**3**	**3**
2* Override	Text	**No**	**No**		
1 Rating Trigger	Text	**No Trigger**	**No Trigger**	**No Trigger**	**No Trigger**
Continuity of Service Risk Rating	Score	**4**	**3**		
Financial Sustainability Risk Rating	Score			**3**	**4**

Appendix B - Capital Priorities

Harrogate and District NHS Foundation Trust

Board of Directors - 30th March 2016

Priority	Description
Elective Care	
1	Upper limb Capital
2	Endoscopy IT system
3	Olympus PSD 30 Diathermy
4	Neoprobe
Integrated Care	
1	Soundproofing - 2015-16 plan
2	2nd Echo Room, Cardio Lab equipment & Cath Lab (Potential Lease)
3	FLIP Project - Final Stage (Medical HOB & Accomodation upgrade)
Urgent, Community and Cancer Care	
1	Autoclaves
2	Bariatric Fridges
3	3* ED Monitors
5	GP OOH Kit for cars
6	Podiatry Couches
Corporate	
	Curtains
	Food Trolleys
	Replacement Courier Vehicle
	Hot Holding Cabinets
	Bain Maries
	10 grid combination oven
	Replacement Hand Held Radios
	Replacement Pagers for teletracking
	Repacement Wheelchairs
	Blast Chillers
	Waste Collection Trolleys
	Medical Equipment
	Annual PC replacement programme
	HL7 interface (pathology/ICE)
	iCS (PAS)
	Pathology
	Conveyor Belt in supplies
	Lecture Theatre upgrade
Estates	
	Fire Alarm Upgrade
	Water regulations
	Flooring replacement
	Main vacuum plant replacement
	UCV replacement programme
	Lifts
	Medical gas manifolds
	Wensleydale nurse call
	Drainage
	Pipework replacement
	Roofing replacement
	Window replacement programme
	Road repairs/bollards
	Fewston booster pumps (in X-Ray plant room)
	Internal drainage
	Strayside & Abbey Dormas
	AHUs

Area	16/17
Theatres	73,000
ENDOSCOPY	120,000
ENDOSCOPY	28,000
Theatres	12,000
	25,600
	TBC
	70,000
Pathology	120,000
Mortuary	150,000
Emergency Department	33,000
OOH	TBC
Podiatry	48,000
Domestics	45,000
Catering	75,000
Portering	23,000
Catering	32,000
Catering	20,000
Catering	5,000
Portering	6,000
Portering	9,000
Portering	24,000
Catering	10,000
Portering	9,000
Equipment Library	50,000
Information Technology	200,000
Information Technology	50,000
Information Technology	100,000
Information Technology	100,000
Finance	15,000
Human Resources	40,000
Estates	30,000
Estates	15,000
Estates	50,000
Estates	TBC
Estates	TBC
Estates	25,000
Estates	10,000
Estates	30,000
Estates	10,000
Estates	40,000
Estates	100,000
Estates	60,000
Estates	5,000
Estates	10,000
Estates	25,000
Estates	15,000
Estates	75,000

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 30 March 2016	**Paper No: 7.3**

Title	Licence Agreements for Durham, Darlington and Middlesbrough accommodation
Sponsoring Director	Director of Finance/Deputy Chief Executive - Jonathan Coulter
Author(s)	Angela Gillett
Report Purpose	For approval of licensing agreements

Key Issues for Board Focus:

- Approval to enter into lease and licence agreements for accommodation associated with the contracts for Children's Services in Durham, Darlington and Middlesbrough

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	Leases and licences to be signed by Chief Executive and Chair Person under seal

Action Required by the Board of Directors

Retrospective **approval** is requested to:

- Enter into lease and licence agreements with Middlesbrough, Durham and Darlington Councils for occupancy of the premises associated with the 0-19 Children's Services in Durham, Darlington and Middlesbrough

1 Background

1.1 The Trust successfully secured three Childrens Services' contracts in the localities of Middlesbrough, Durham and Darlington. The services and staff will transfer on 1st April 2016.

For the Trust to operate these services it will be necessary to use a number of properties across the localities and therefore the Trust will need to enter into formal lease and licence agreements.

1.2 The Planning Department are working with our solicitors to agree the leases and licence agreements

1.3 The purpose of this paper is to outline the:

- Proposed arrangements for each locality
- Timescales for the implementation
- Obtain retrospective approval from the Board of Directors to enter into formal lease/ licence agreements (the execution of the lease/licence agreements being carried out on 29th March in order to meet the required timescales of implementation by 1st April 2016)

2. Current position

2.1 Discussions have been ongoing with Durham, Darlington and Middlesbrough Councils to confirm the premises to be occupied for each locality.

2.2 The Council premises have now been confirmed in each area as follows:

- **Middlesbrough** – three council sites (West Middlesbrough Childrens Centre, 122-123 Hollowfields and Beresford Building)

- **Darlington** – three council sites (Mount Pleasant Childrens Centre, McNay Street Childrens Centre and Skerne Park Childrens Centre). However, after review it has been established that the three council sites will not provide sufficient desk space for the staff numbers concerned, in the main from Dr Piper House (an NHSP site).

- An alternative location has therefore been found (The Beehive) with the potential of accommodating all the Darlington staff. This site will be ready for Trust staff from 1st July 2016 and agreement has been sought from NHS Property Services to allow NHS staff to remain in Dr Piper House (an NHSP site) until this time.

- **Durham** - 25 council sites (a combination of Childrens Centres, Hubs and Schools has been confirmed).

2.3 Durham Council has confirmed a preference to implement one over-arching Licence Agreement, with all the premises noted within, rather than 25 individual agreements.

2.4 Middlesbrough Council has confirmed they wish to enter into lease agreements for the three properties.

2.5 Darlington Council has confirmed they wish to enter into lease agreements for the three childrens centre.

2.6 The Beehive involves a private landlord who is in the process of issuing Heads of Terms imminently. This will enable a pre-lease/wayleave agreement to be issued prior to 1st July

2016 to allow for works to be undertaken prior to 1st July 2016 in respect of walls and installation of N3 connections prior to the Trust's occupancy. A separate lease will then be issued for the Trust's occupancy for 1st July 2016.

3 Timetable

3.1 The leases and licences will commence with effect from 1st April 2016, with the exception of the Beehive which will commence 1st July 2016 with a pre-lease and wayleave agreement in the interim.

4 Conclusion

4.1 Legal documents will be made ready for 29th March 2016 for signing under seal.

5 Request for approval

5.1 Retrospective approval is requested to enter into lease and licence agreements under seal with Middlesborough, Durham and Darlington Councils and Lingfield Point in respect of The Beehive accommodation in Darlington.

AG
14/03/16

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Report to the Trust Board of Directors: 30 March 2016	**Paper No:** **9.0**

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

Key Issues for Board Focus:

This report provides information on the following areas:

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

Related Trust Objectives	
1. 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	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 March 2016

a) Staff Survey Results

The 2015 Staff Survey results were released from embargo on 23 February 2016.

They are an excellent set of results ranking the Trust third in the country for combined acute and community organisations. The Trust was given a ranking of 'above average' for overall levels of staff engagement, which is the best rank available.

The key findings from the survey are as follows:-

- The Trust's response rate was 59% which is a 3% increase from the 2014 survey. The response rate was the highest in the country in the Trust's peer group;
- 22 of the 32 key findings can be compared with the 2014 survey in order to track progress. From the 32 key findings:-
    - 23 are better than average
    - 8 are average
    - 1 is worse than average
    - The overall indicator of staff engagement increased to 3.92 which is measured on a scale of 1-5 with 5 being the highest (best) score that can be achieved. The overall engagement score in 2014 was 3.83.
    - The key areas where the Trust has improved significantly since 2014 are:-
        - Staff recommendation of the organisation as a place to work or receive treatment (3.92 up from 3.80)
        - Staff satisfaction with level of responsibility and involvement (4.01 up from 3.90)
        - Support from immediate managers (3.87 up from 3.68)

The areas where the Trust is performing well are:-

- Staff satisfied with the opportunities for flexible working patterns;
- Recognition and value of staff by managers and the organisation;
- Support from immediate managers;
- Staff satisfaction with the level of responsibility and involvement;
- Staff believing that the organisation provides equal opportunities for career progression or promotion.

The areas where the Trust could improve are:-

- Staff experiencing physical violence from patients, relatives or the public in the last 12 months;
- Staff satisfaction with the quality of work and patient care they are able to deliver;
- Quality of non-mandatory training, learning or development.

The HR Business Partners will now work with Directorates to prepare local action plans. A press release has been issued to promote the results. The results have been shared with staff via Team Brief and trade unions.

Presentations have been prepared for each Directorate detailing the survey findings and how they specifically relate to each Directorate. The presentations also include suggested areas for improvements to be made to assist with trying to improve staff engagement levels even further.

I would like to take this opportunity of thanking every member of staff that took the opportunity to complete the survey.

b) Mobilisation of Darlington, Durham and Middlesbrough Contracts

Consultation is ongoing with staff and union representatives with regard to the TUPE transfer as part of the implementation arrangements for the Middlesbrough, Durham and Darlington children's services contracts. Agreement has been reached with County Durham and Darlington NHS Foundation Trust (CDDFT) for them to continue to provide a payroll service in April 2016 and then transfer staff information via an Electronic Staff Record (ESR) demerge process in May. HDFT will then provide the payroll service from 1 May 2016. South Tees NHS Foundation Trust (STFT) and our local mobilisation team have agreed the same process for the staff transferring from this organisation to HDFT. Updated Employee Liability Information (ELI) has been received from CDDFT.

CDDFT have given notice on their Immunisation service and HDFT are considering tendering for the service going forward. Discussions are ongoing with regard to the transfer of responsibility for safeguarding and audiology screening.

c) Junior Doctors Industrial Action and Contract Implementation

The British Medical Association (BMA) announced further periods of industrial action in relation to the imposition of the new contract for junior doctors. The additional dates for industrial action, which will result in the provision of emergency care only are:-

- 08:00 Wednesday 6 April 2016 to 08:00 Friday 8 April 2016
- 08:00 Tuesday 26 April 2016 to 08:00 Thursday 28 April 2016

A period of industrial action has already taken place between 08:00 Wednesday 9 March 2016 to 8:00 Friday 11 March 2016 as part of the most recently announced further periods of industrial action.

A significant amount of work has gone into the preparations and contingency planning for the industrial action, to ensure that the Trust is well prepared and that high quality patient care remains our primary focus. The Trust had similar numbers of junior doctors participating in the March industrial action as previously (two thirds of those expected to be in work). The Trust was again able to keep disruption for patients to an absolute minimum, with no elective cases cancelled and minimal changes to outpatient appointments.

The Trust remains committed to working with and supporting our junior doctors during this time. I have recently agreed with our local BMA representatives that we will hold listening events with our junior doctors to discuss any current concerns around rota arrangements as well as potential changes required to implement the new contract. These listening events are to be scheduled during April with follow up meetings with directorate management teams and clinical leads to discuss the implications of the new contract and any potential changes required to existing local arrangements.

I would like to express my thanks to our junior doctors for the professional manner in which they have carried out their industrial action and for the continuity arrangements they have put in place to minimise any potential disruption to our patients during this period of action.

d) Agency Caps

Work continues across the Trust in relation to the implementation of the Monitor and the NHS Trust Development Authority rules on NHS Trusts securing staff via approved framework agreements and the capped rates payable to agency staff. Directorate management teams have been collating details of those specialities where agency bookings continue to be made in excess of the current caps and have been working with those locums to negotiate these rates down to within the caps. The Trust has had some success with this but this has not been possible in all areas.

In addition to this Directorates have also drawn up the implications of not filling these gaps post 1 April, where they continue to be above cap. This work is discussed at Operational Delivery Group on a weekly basis and decisions will be made about the continuation of these bookings beyond the 1 April. We still have the option to pay above the current capped rates until 31 March 2016 (and potentially beyond), where required for patient safety reasons and this is reported to Monitor on a weekly basis.

e) Job Planning

Below are the latest job planning figures for Consultants and SAS Grades as at 29 February 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	20	80.00%	4	16.00%	1	4.00%
Elective Care	58	31	53.45%	17	29.31%	10	17.24%
Integrated Care	40	37	92.50%	2	5.00%	1	2.50%
Total	123	88	71.54%	23	18.70%	12	9.76%

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	4	4	100.00%	0	0.00%	0	0.00%
Elective Care	39	5	12.82%	5	12.82%	29	74.36%
Integrated Care	2	2	100.00%	0	0.00%	0	0.00%
Total	45	11	24.44%	5	11.11%	29	64.44%

A reminder will be sent to all Directorates to ensure they complete and sign-off all job plans at the earliest opportunity.

f) Recording Medical Staff Absences

Work is ongoing to scope the departmental variations in the recording and monitoring of medical absence. The next step is the formation of a cross directorate working group facilitated by HR to establish a Trust wide process.

g) Flu Vaccination Update

The final submission for the 2015/16 Flu Vaccine uptake has now been provided to Public Health England as shown below:-

Staff Group	Number of HCWs	Number Vaccinated	% Vaccinated
All Doctors	306	162	**52.9%**
Registered Nurses	995	527	**53.0%**
Qualified Support Staff	469	267	**56.9%**
Unqualified Support Staff	676	361	**53.4%**
TOTAL	**2,446**	**1,317**	**53.8%**

Please note the figures exclude bank staff, GP OOH and those on long term absence as at 1st October (for example long term sick, career break, maternity leave). The Trust's uptake figure of 53.8% is above the England total of 47.6% as at December 2015.

For information, the data below shows the uptakes over the last few years:-

Staff Group	2013/14 %	2014/15 %	2015/16 %
All Doctors	56.2%	57.8%	52.9%
Registered Nurses	55.5%	58.4%	53.0%
Qualified Support Staff	58.5%	61.1%	56.9%
Unqualified Support Staff	54.5%	56.4%	53.4%
TOTAL	**55.9%**	**58.3%**	**53.8%**

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h) Health and Wellbeing Network Update (new financial incentive for wellbeing)

As you may have seen in the news, NHS England has announced a new financial incentive for NHS organisations to improve their staff health and wellbeing. This will be in the form of a CQUIN payment (Commissioning for Quality and Innovation).

NHS care providers will be funded to improve health and wellbeing if they:-

- Offer frontline nurses, therapists, doctors, care assistants and other staff access to workplace physiotherapy, mental health support, and healthy workplace options. The annual NHS staff survey will track the increase in NHS staff saying that their Trust is taking positive action to support their health and wellbeing, and reduce work related stress and back injuries.
- Take action on junk food and obesity by ensuring that healthy food options are available for their staff and visitors, including those working night shifts. To qualify for the scheme, Trusts will need to remove adverts, price promotions and checkout displays of sugary drinks and high fat sugar and salt food

from their NHS premises. They will also be required to submit information on their current fast food franchises, vending machines and retail outlets in preparation for the NHS 'sugar tax'.

- Increase the uptake of the winter flu vaccine for their staff so as to reduce sickness absence and protect vulnerable patients from infection. The aim is to increase staff vaccination rates from around 50% to nearer to 75%.

NHS England has released new guidance on how to access the payment and improve staff health and wellbeing.

i) National Audit Office report – Management of Workforce Supply

The National Audit Office published a report in February 2016, *Managing the Supply of NHS Clinical Staff in England*, which examines whether the supply of NHS clinical staff in England is being managed effectively.

The report found that across the health system as a whole, there are shortcomings in how the supply of clinical staff is managed, both in terms of planning the future workforce and meeting the current demand for staff. While responsibilities and accountabilities are generally clear, more regional or national coordination and oversight, coupled with ensuring priorities and incentives are aligned, would benefit the NHS as a whole.

It outlined that the process for developing the national long-term workforce plan could be made more robust and that overall, there is limited assurance that the number and type of training places being commissioned is appropriate. It concluded that the way that current shortfalls in staffing are being addressed is, at times, costly and inefficient, putting pressure on providers' financial position and therefore the current arrangements for managing the supply of NHS clinical staff do not represent value for money.

The report has recommended a greater level of support, proactive involvement and leadership from Health Education England (HEE) and the Department of Health (DoH) to address regional variations in workforce pressures, to support Trusts to address shortfalls in staffing and ensure comprehensive data is available to monitor the capacity of the NHS workforce. It has also outlined the need for DoH and HEE to review the funding arrangements for training clinical staff; specifically, to ensure that the right incentives, including financial reimbursements, are in place to supply sufficient staff with the right skills in the right locations.

Finally, all key health policies and guidance need to explicitly consider the workforce implications as previous developments have not fully assessed how the necessary staff will be made available and funded.

j) Engagement with our Community Workforce

Discussions have recently taken place with trade union colleagues who have a specific remit for the representation of our community based staff. The discussions have focused on the best way in which we can ensure staff in community settings feel engaged with the Trust. A survey monkey questionnaire will shortly be distributed to all staff in community settings regarding how engaged they feel currently and for them to provide us with suggestions about any improvements that could be made. In addition, I have agreed with trade union colleagues for them to become more involved with the trade union meetings on a monthly basis in order to ensure the voice of our community staff is prominent in any discussions regarding staff engagement.

This work should build on our already excellent NHS staff survey results relating to how engaged our staff feel with the Trust.

Quality Committee
Minutes
Wednesday 3 February 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
Dr R Tolcher	Chief Executive
Mr R Harrison	Chief Operating Officer
Mrs J Foster	Chief Nurse
Mr P Marshall	Director of Workforce and Organisational Development
Dr S Wood	Deputy Director of Governance
Mrs A Leng	Head of Risk Management
Dr C Hall	Deputy Medical Director
Mr A Alldred	Clinical Director, Urgent, Community & Cancer Care
Dr K Johnson	Clinical Director, Elective Care Directorate
Ms K Barnett	Operational Director, Integrated Care (representing Dr Lyth)

In attendance:

Mrs A Mayfield	Deputy Chief Nurse
Ms R Wixey	Clinical Effectiveness & NICE Manager
Mrs J Hedley	Public Governor (observing)
Mr S Picken	Senior Manager, Healthcare Governance Team, Deloitte(observing)
Ms E Jeffers	CQC Inspection Officer (observing)
Ms J Walker	CQC Inspection Officer (observing)
Mrs S White	Corporate PA (minutes)

No	Item	Actions
1.	<u>Welcome and apologies</u> Apologies were noted from Mr N McLean, Non-Executive Director. Mrs Webster welcomed everyone to the meeting and explained that as one of the outcomes from the Well-Led review it had been agreed that Deloittes would conduct a piece of work in relation to the continued development of the Quality Committee and Mr Picken would be observing today's proceedings as part of that work. Mrs Webster explained that the agenda was presented in a new format.	
2.	<u>Minutes of the Last Meeting and Matters Arising</u> The minutes of the meeting held on 6 January 2016 were received and taken as read. Dr Tolcher highlighted a number of corrections, noted below, and the minutes were approved subject to these amendments being made *(Dr Tolcher agreed to supply additional detail in relation to these.*):- • Item 2, page 3 – heading 'Claims Report – Not Upheld', should say Patient Experience and Incident Report – Not Upheld'. • Item 8.1, Integrated Dashboard, page 10, incident reporting – this related to the ratio not percentage. • Readmission rates for bowel cancer patients - currently very low readmission rates.	

- Item 8.1 page 11, readmission rates continue upward trend standardization is flat lining and below expected level.

Matters Arising

- Patient Experience and Incident Report – 'Not Upheld'
  Mrs Webster referred to the definition of 'not upheld' in relation to complaints, the timescale for handling complaints and how the organisation could be assured that complaints are not taking too long to complete. Mrs Leng explained that all complaints are triaged, a national term used to assess the severity and complexity of the complaint, as they are received and this determines the response rate. Therefore 60 working days is any complaint that could be a SIRI, which has a 12-week turnaround for a RCA. For complaints graded as 'yellow', the aim is to resolve these within 20-30 working days but sooner if possible. In response to the forthcoming change to 25 days for anything below a SIRI the Trust has already changed response times accordingly. Triage involves agreeing with the complainant a resolution plan, ensuring that we are aware and understand all the issues, and how we will formulate a resolution plan for them, some may not wish to have a written report. Early meetings are always encouraged.

- Multidisciplinary Record
  It was noted that the plan is to pilot this in a couple of specialties before rolling out further. Patients admitted to the CATT ward would have multidisciplinary records completed.

- Controlled Drugs
  It had been noted at the last meeting that one of the boxes in the document had not been completed. This had now been completed and the document re-circulated. Mr Alldred confirmed that the organisation was also compliant with this recommendation.

2.1 Action Log
The outstanding actions on the schedule were reviewed and progress noted/ actions closed:-

Ref 3: Report on Staff Competencies – Woodlands Ward – item on the agenda.
Ref 7: External review of policies and procedures - C.difficile - written report received.
Ref 5: Update on introduction of trust-wide multidisciplinary records – completed.
Ref 2.3: Report on training needs and career progression for nurses – item on the agenda.
Ref 5.2: Annual Report on Management of Controlled Drugs – completed.
Ref 8.1: Report on Management of Pressure Ulcers – written report received.
Ref 8.1: Report on Bowel Cancer Audit – report received.

3. Hot Spots

3.1 Any Immediate Safety Concerns
There were no specific safety concerns.

3.2 Hot Topics from Board of Directors

Mrs Webster reported that no areas had been identified for closer review at the Board meeting the previous week.

3.3 Exception reports from Steering Groups and Directorates

Dr Johnson highlighted that concerns had been raised previously by the Deanery in relation to effective escalation in surgical specialties. Also that trainees did not have enough time and needed more doctors, especially at weekends. As a result junior medical staff at F2/CT level had been surveyed regarding these issues and the results were presented for information. A meeting had been arranged to discuss the results and to review how surgical on-call rotas are structured to ensure they are fit for purpose. It was believed that making changes to the structure of the rota would have a positive impact on retention of staff. Dr Tolcher approved this approach and agreed that this action was necessary.

Ms Barnett reported that the Integrated Care Directorate had also undertaken a survey and met with 25 junior doctors in training and had identified an opportunity to look at organizing the rota differently. A small number of them had said they still might not escalate which was a concern. There was a need for more resident cover in certain specialties and more reliance on a consultant led service. Ms Barnett referred to the on-going work to develop other staff groups, such as the Advanced Care Practitioners (ACPs). Feedback from ACPs had been very positive and they are keen to do more and extend their role, but it does take a couple of years to get there. Some are multi-functional as in ED. The need for career paths was noted and that this was particularly relevant in areas such as phlebotomy where it is difficult to retain staff as there is no career path.

3.4 Identification of Concerns from Quality Dashboard

- Mrs Webster asked if there were any issues to raise. Dr Tolcher referred to incident reporting and the top five incidents which showed Staffing and Workforce back at the top. It was noted that there had been a big push at ward level to ask staff to tell us when they are concerned and staff have started to do this. There had also been a rise in falls/staffing incidents in areas hardest to recruit to in the same period and it would be necessary to look into what lies behind this. Mrs Mayfield referred to nurse staffing levels, increased patient dependency, and the inability to get specials which had led to a movement of staff around to cover, particularly medical wards, and staff were putting in incident reports. It was noted the position would continue to be monitored.

- Dr Johnson referred to the roll-out of falls sensors and that Farndale ward was still awaiting these. It was noted that staff need to have the necessary training and there were currently capacity issues. A planned programme for roll-out across all wards had been prepared.

- Mrs Mayfield reported that the RCA relating to the Grade 4 pressure ulcer reported in the Community, was underway and related to an end of life patient.

4. Progress Reports on Quality Priorities - Communication

Reports had been received from the three Clinical Directorates and were taken

as read.

4.1 Elective Care

Dr Johnson highlighted the key messages:

- To encourage patients/relatives to raise any concerns whilst still undergoing care, so they could be resolved before becoming a formal complaint, a poster had been designed to go up in wards/bays. Ward sisters/matrons had been identified as the point of contact. Posters would be going up imminently. It was agreed that a copy of the poster would be shared with the Quality Committee for information. Dr Tolcher referred to the poster and the new accessible information standard and that all Trust communications must be reviewed to check compliance with this. A local charity would be assisting the Trust in making sure all products meet this new standard. Dr Johnson agreed to link up with Paul Widdowfield regarding this. *Dr Johnson*
- A multiprofessional 'communications sheet' for documenting conversations with patients and relatives, to be used by all members of the team, is to be developed and trialled on Wensleydale and Farndale wards. This is already used on SCBU and works well.
- A review of the contents of the WHO (World Health Organisation) Surgical Safety Checklist, incorporating the NatSSIP/LocSSIP framework (national standards/local standards), to be undertaken and to agree a plan for integration of the WHO checklist and LocSSIP. Whilst this work was taking place, work was underway to improve compliance with the current WHO checklist, which was not always completed in full, although re-audit in December 2015 had identified an improvement. The checklist should be used everywhere invasive procedures are undertaken. *Dr Johnson*

  A question was asked as to whether there was any data about who was not completing the process routinely, whether it a particular list, etc and Dr Johnson agreed to look at the data.
- Planning to incorporate human factors training within maternity services in order to reduce harm as part of the Sign up to Safety Campaign. This training would be led by a safety midwife (an internal secondment) and would link in with obstetric training. In relation to the timescale, it was noted that scoping delivery to other areas should say April 2016.
- A survey of attitudes and practices relating to escalation in orthopaedics, urology and general surgery had been completed and the findings indicated a variation in views on escalation - these had been included as appendix 1 - and would be considered by clinical leads. The next step would be to ensure all new doctors have clear written guidance on escalation at induction.

4.2 Integrated Care

Ms Barnet highlighted the key messages:

- Patients with cognitive impairment/confirmed diagnosis of dementia should have an "all about me form" and spot checks on the wards by matrons/Head of Nursing have confirmed a form has been completed for all patients with dementia. To be formally audited in the clinical audit programme for 2016.
- Daily safety huddle introduced on all medical wards are having a positive impact on teams and on the level of information provided at handover.
- The increased senior nurse presence on site, a Band 7 sister / matron, during evenings up to 7pm and weekends has made a difference;

supporting staff on wards, speaking to patients/carers at difficult times and supporting the site co-ordination team. Positive feedback has been received from this. It also provided an opportunity to carry out quality checks. Mrs Webster asked if the staff on the rota were working additional hours and Mrs Mayfield advised that previously three/four matrons had consistently stayed late but now can go home knowing that a matron is on duty on site.

4.3 Urgent, Community and Cancer Care

Mr Alldred highlighted the key messages:-

- A continued reduction in the number of complaints relating to poor communication in Q3.
- As part of improving communications with staff and giving feedback directly to clinicians, teams individuals: Community Nursing meetings have been set up, staff nurses and HCAs are encouraged to attend RCA meetings for pressure ulcers, ED are using 'message of the month' to share learning from complaints and new ways of working in a more united way with the SROMC are being established.
- In relation to pressure ulcers, it was noted that better reporting and clearer classification on grading was now taking place.
- Pro-actively encouraging patient engagement in new service design and development, in community services.
- As part of improving communications with patients, and ensuring accessible information for all patient groups, a DVD has been made for patients undergoing chemotherapy. This has been adapted to be suitable for patients with hearing difficulties. In relation to Community Nursing, a single number to access the service in an emergency had been implemented.
- Friends and Family Test – feedback on the Podiatry services was really positive. Feedback on GPOOHs, Harrogate services was also overwhelmingly positive with 71/% extremely likely to recommend. The survey would be rolled out to Northallerton which would add to assurance around the service.

Dr Tolcher noted that engagement with the community workforce had improved but there was still some way to go and communication and engagement with this area of the workforce would always be more difficult. In terms of IT resilience, it was noted that a number of properties in the Northallerton area were transferring on to our system and would no longer need to rely on a third party and this would help with communications and simplify the technical side. It was planned to explore how video conferencing, Skype for Business, etc. could be used to enhance communications and also to provide training sessions out in the community. Teleconferencing was already widely used in this directorate.

Mrs Webster asked how directorates would measure the success of their initiatives and it was noted some of this would be measured from feedback from patient surveys. It was noted an increase in positive feedback had been seen over the years.

Dr Wood referred to the quality improvement priorities going forward into the next financial year. Communication was one of this year's and the first reports had covered lots of areas, but a focus on specific areas was now being seen.

She suggested picking out some of the key pieces of work and having some targets to measure achievement to include in the Quality Account. Ms Barnett noted the need to include absolute numbers and percentages e.g. falling complaints as an outcome. It was agreed that the Trust would continue the work on communication in relation to patients and staff.

Patient Safety

5. Report on Nursing Training Needs

5.1 Woodlands Ward

Mrs Foster reported that the new matron was now in post and currently looking into staff training levels and competences and does not think there is a safety issue on the ward. A report would be available in two/three months' time. *Mrs Foster*

5.2 General Training and Development

In relation to the wider picture on nurse training and development and how the organisation could be confident that newly qualified nursing staff become competent and remain competent, Mrs Foster noted that there are good frameworks in key areas, for example maternity services, but this is not replicated fully in all areas. While all qualified nursing staff are highly competent, a better way of evidencing this and providing a clear career pathway would be established. A report would be brought to the Quality Committee in May 2016. *Mrs Foster*

6.0 Report on External Review of C.difficile Policies and Procedures

This report was received and taken as read. The review had been discussed in detail at the previous meeting. Mr Alldred noted that it had been a very positive and helpful meeting with the Department of Public Health. In terms of feedback and recommendations, it was noted that good systems were in place, good processes, good governance system, staff engagement was good, and there had been no evidence of transfer of C.difficile from patient to patient. At the time there had been delays in undertaking RCAs and a plan had been implemented and these were now getting closer to the 10 day target. There had been a recommendation regarding antimicrobial stewardship, to increase clinical engagement, and this action had been incorporated into the HCIA work plan and would be addressed by the Antimicrobial Prescribing Sub-group. Therefore it was suggested that a specific action plan for the recommendations from this review was not required. A copy of the respective action plans would be shared with the Committee if requested. It was confirmed that these action plans are reviewed at the monthly meetings of the Infection Prevention and Control Steering Group. It was agreed that it would be useful to keep on the Quality Committee's radar to monitor that progress is being made.

Mr Alldred reported that a meeting with clinical leads of all services would be taking place to share data on antibiotic stewardship with the aim of identifying a clinical champion for this area. The clinical teams also receive feedback from audits of this area.

Dr Johnson referred to the need to audit at consultant level to make sure staff are held to account regarding antibiotic stewardship. She also noted that a new mnemonic (CATT) had been developed within Elective Care which included antibiotic stewardship It was requested that a report on the implementation of

this would be brought back to May's meeting Mr Harrison suggested and it was agreed that the use of spot checks on the use of this in March could be carried out to provide some interim assurance of progress. *Dr Johnson / A Alldred*

Dr Tolcher noted that other organisations were witnessing an increase in the numbers of C.difficile and it was possible that something else was going on in the environment.

It was noted that RCAs are getting closer to being completed within 10 days and Mr Alldred confirmed that all RCAs are up-to-date.

In relation to hand hygiene audits, it was noted that the position was improving. Mrs Mayfield noted that positive feedback was been given to areas undertaking audits, together with certificates, and this was driving up compliance. It was noted each area can choose how they do their audit.

It was noted that Dr Jenny Child, the new Consultant Microbiologist, was now in post and would be taken over from Dr Richard Hobson as the Director for Infection Prevention and Control from 1 April 2016.

Effective Care and Outcomes

7.0 Report on Management of Pressure Ulcers

This report was received and taken as read. Mrs Mayfield explained that the report set out the actions to be taken to prevent and minimize the development of pressure ulcers. It also highlighted the themes identified from root cause analysis (RCA) reports. The work would be driven by the Pressure Ulcer Steering Group with support from the Tissue Viability Service. The objective set for 2015/16 of a 20% reduction in category 2, 3 and 4 pressure ulcers had been exceeded with a 42% reduction to date.

During 2015 a reduction in the overall total of category 2 hospital acquired pressure ulcers had been seen, however category 3 hospital remained challenging with 31 Category 3 hospital acquired pressure ulcers reported year to date. It was believed this was the result of increased ascertainment through increased awareness, education and recognition. The reporting of pressure damage in the community had increased this year again through awareness, education and setting clear expectations and guidelines for staff. In relation to community services, it was noted that district nurses are not delivering all care and there are often third party providers involved therefore more work would be required in this area.

Some of the key initiatives being taken forward included:

- The introduction of SSKIN (skin, surface, keep moving, incontinence, and nutrition) bundles and a combined SSKIN bundle and contact round chart had been developed and trialled on two wards
- Expanding education, updating training packages, improving documentation, use of risk assessment tool to be trialled in the community, and pressure ulcer screening tool to be trialled in the Emergency Department
- Increase podiatry support – leading to a reduction in pressure ulcers on heels
- Improve availability of equipment in the community and trialling different

equipment

- Increased support in Tissue Viability Services to 2.1 WTE, covering both hospital and community
- Audit of chairs and report completed to identify chairs which were not fit for purpose with inadequate pressure relief
- Leaflets and guidance have been updated
- Involvement with campaigns and roadshows
- Photographic equipment purchased to record pressure ulcer journey
- Improving communications with residential homes/nursing homes, where a lot of pressure ulcers are seen, sharing expertise and looking into providing tissue viability support to these homes.

Professor Proctor and Dr Tolcher commended Mrs Mayfield and the team on the huge amount of work done on pressure ulcers. The workplan for 2016/17 was endorsed.

In relation to next year's quality improvement priorities, Professor Proctor sought assurance that the actions taken had led to the improved position and that the Trust could be confident staff are competent and see the need to undertake timely skin inspections and use SSKIN bundles. Mrs Mayfield confirmed that an increase in reporting was evidence of this and both CATT and ED would be driving this forward and were aware of the timeframe for assessment. When the information is included on Patientrack this will assist in raising awareness.

Mr Harrison referred to communications with residential homes around pressure ulcers and suggested discussing with commissioners the provision of a service similar to that of infection control, possibly picking up as part of Vanguard. Mrs Mayfield confirmed that this had already been discussed with the CCG and would be followed up. It was noted that Shared Care Agreements for residential and home care services had been developed and were awaiting approval. A workshop had been scheduled for March for providers of shared care.

Mrs Mayfield noted the need to consider what the trajectory should now be; possibly stretching ourselves to zero and this would be debated in the appropriate forum. It was noted that over a year ago there had been uncertainty about the quality of reporting and advice had been taken and it had been decided not to aim for zero, but it was felt the Trust was in a position to do so now.

Mrs Mayfield noted that the safety thermometer compared very favourably with other organisations and it was felt that the systems in place for capturing data relating to pressure ulcers were robust. She was not aware if other trusts were as diligent.

8.0 <u>NICE Q3 Report</u>

This report was received and taken as read. Ms Wixey highlighted the key messages:-

- October – December 2015: 49 pieces of guidance issued and 28 of these were relevant to the Trust.
- Two technical appraisal where the status was non-compliant:
  - Apremilast for treating moderate to severe plaque psoriasis. We do not

prescribe this drug, however we may start patients on the drug through the free access scheme which has been discussed and approved by the APC (Area Prescribing Committee). This means there is zero charge so no impact on the Trust. However technically we are not compliant with the guidance as the drug is not recommended (for cost effectiveness reasons). This has been discussed at the APC on 18/12/2015.

- Trastuzumab emtansine - This guidance is not recommended by NICE on the grounds of cost- effectiveness. However, it continues to be funded through the Cancer Drugs Fund (CDF) and there is evidence of its clinical effectiveness. The consultant oncologists intend to continue prescribing for patients that fulfil the CDF criteria. This is being taken to the next APC meeting for discussion.

Mr Alldred confirmed that both relate to separate funding schemes outside of NICE and he felt the Trust should be declaring it was compliant as patients are getting the same benefit as if compliant; this would be picked up with ACP. The Quality Committee felt the Trust was compliant as patients are getting access to the care if entitled. It was confirmed there were no patient safety/quality issues.

It was noted that where the status is shown as amber in the report, plans are in place and working towards being compliant. It was agreed that items shown as amber/red should be cross-referenced to the risk register and Mr Alldred agreed to pick this up outside the meeting.

Ms Wixey advised that the report would now be sent to the CCG to update on progress. *Mr Alldred*

9. External Reports Received

9.1 New Reports received since last meeting

This report was received and noted. Dr Wood noted that the leads and the overarching group were identified in the report. Since the last meeting a new process had been introduced and further information had been included in the report in relation to indicators of assurance received at the last meeting, to enable progress to be tracked by the Quality Committee.

Summary of Recent Reports:

9.2 NCEPOD Sepsis Study: Just Say Sepsis

This paper, produced by Dr David Earl, was received and taken as read. The national report had been published in November by NHS England and a full gap analysis had been completed on the report's recommendations. HDFT was in a good position in most areas with regards to having appropriate systems in place and the baseline performance matched that nationally, but the national picture was far short of what it should be. The main actions were around improving education and awareness of sepsis and progress would be monitored by the Improving Patient Safety Steering Group. It was noted that since publication of the report, a further report had been issued detailing actions required across the health community, which included education of the general public to the dangers of sepsis.

9.3 National Bowel Cancer Audit Report

This report, prepared by Mr David Leinhardt, was received and taken as read. The Quality Committee agreed it was an excellent report and really helpful to see the current position.

It was noted there were a number of areas where HDFT was leading nationally. HDFT's performance on attempting laparoscopic surgery had improved from 77.9% in the 2014 report to 91% in the 2015 report. This was well above the national average of 54.8%. Furthermore HDFT was the second best performing trust reported. It was also noted that HDFT had reduced the length of stay from 74% staying longer than 5 days to 58% staying over 5 days against a national average of 68%. Overall HDFT was within the top twenty performing trusts in this reported data.

It was noted that the surgical team was doing an excellent job and an additional surgeon had recently been appointed, which would help in maintaining this excellent performance. There were some improvements to be made around data capture and these were being taken forward.

Mr Harrison referred to the decision to withdraw from the PPM project (Patient Pathway Manager) with Leeds as HDFT had now built an in-house product to deliver the required cancer data set. He noted that it would have been useful to be on same platform as Leeds, but they had been unable to provide the product.

9.4 CQC Maternity Survey 2015

It was noted that work in relation to this was on-going and it was agreed to defer this report to the next meeting. *Dr Johnson*

9.5 Progress with action plans – assurance reports outstanding

9.7 Improving Fundamental Care Steering Group
9.8 Learning from Patient Experience Steering Group
9.10 Senior Management Team
9.11 Supporting Vulnerable People Steering Group

Reports from the Steering Groups/Directorates were received and Dr Wood explained that the purpose of these being received by the Quality Committee was to enable the committee to have oversight of these to ensure that actions are completed and where behind with progress, these are being followed up. There might be some actions on action plans which could not be progressed expediently and these would be added to the respective risk register. Mrs Webster queried who would oversee that timeframes are sensible where there were delays in progress being made. Dr Wood confirmed that the Steering Groups would have overarching responsibility for monitoring progress.

Patient Experience

It was noted that no report was due this month.

Regulatory Compliance

11. QCQ Compliance

There were no issues for consideration.

12. Governance

It was agreed to defer discussion to the next meeting.

13. Any Other Business

Mrs Webster referred to the number of cases of C.difficile in the year to date and how this might affect the target set for the next financial year. It was noted that historically the target has reduced. It was noted that to date the Trust had not been notified by the CCG that it intended to impose a fine in relation to the number of avoidable cases, based on the current numbers such a fine would be in excess of £100k.

Dr Tolcher referred to the 2015 Picker inpatient survey results and noted that the Trust had maintained better than average in relation to eighteen indicators, and one below average regarding how quality of care could be improved. The full report would be shared for information. The Trust had been below average in relation to the response rate for the Friends and Family Test but this survey does not ask how we could improve care. Dr Johnson suggested consideration be given to including a focus on patient involvement and service user feedback in the quality priorities for next year. *Dr Tolcher*

14. Items to escalate to Board of Directors

It was agreed that the following items would be escalated:- *Mrs Webster*

- Excellent progress made to date in reducing the number of Grade 2, 3 and 4 pressure ulcers and the ambition to improve on this.
- Assurance provided by the NICE guidance report.
- Assurance provided from sight of the action plans in relation to external reports.
- National Bowel Cancer Audit – to ensure the good outcome from the audit is promoted at the public section of the Board of Directors' meeting.
- Quality Dashboard – incidents and complaints and continued improvement on reducing falls.

15. Reflection on Meeting

- Mrs Webster noted that a number of people at the meeting had not been able to attend for the full meeting due to being required to meet with the CQC inspection teams.
- Dr Johnson requested that for future meetings that the cover sheet for reports is incorporated in the same document as the report, as it makes it easier on BoardPad and this was agreed. It was noted that a new version of BoardPad would be available shortly once full testing was complete. *Mrs White*
- Following on from the Well-Led Review, Deloittes would be making recommendations as to any improvements to the workings of the Quality Committee.
- It was agreed that the Quality Dashboard should be a separate item and remain earlier on the agenda, but be given more prominence.

Next meeting - Wednesday 2 March 2016, 2.00–4.30pm, Boardroom, Trust HQ.

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Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Quality Assurance Committee
Committee Chair:	Lesley A Webster
Date of last meeting:	02/03/2016
Date of Board meeting for which this report is prepared	30/03/2016

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

1. The Trust had that afternoon declared an outbreak status of Clostridium Difficile. The committee heard the plans developed to deal with this.
2. Patient Experience and Incident Report Q3 received and noted
    a. From this report a discussion led to a request for an ambition for complaints action to be completed within deadline to increase from 75% to 100%, this is under consideration now and will be heard next meeting.
3. The output and recommendations from the review conducted by Deloittes in February were considered and a number of recommendations would be taken forward
    a. It was agreed that the current oversight of external reports received would remain within the remit of this Committee and the method of review would also remain unchanged.

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

- A risk in relation to achieving 95% compliance on Information Governance training was highlighted

Matters for decision

- **None**

Action Required by Board of Directors:

Note minutes of last meeting

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Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: **30 March 2016**	**Paper No: 12.0**

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:

- HSIC audit of 7-day working data will be a significant workload
- Reduced funding for the Yorkshire and Humber Clinical Research Network
- All five PHSO referrals for Q3 have not been taken up for investigation
- Development of a West Yorkshire Cancer Alliance

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

Medical Director Report March 2016

1. Mortality:

Both SHMI (92.75) and HSMR (102.05) have decreased this month and the SHMI is now below expected levels for the Trust.

With regard to HSMR, similar individual specialties (Respiratory, Elderly Medicine and Gastroenterology) continue to flag at higher than expected mortality rates although General Medical Practice no longer shows as higher than expected.

In respect of the SHMI, Respiratory Medicine no longer flags as higher than expected, but the remainder still do so.

The indices for General Surgery are both lower than expected (Oct 14-Oct 15). Numbers are small.

We are still awaiting a response to the data collection exercise on potential avoidable mortality in acute Trusts. There has been some recent exchange of communication to verify the data submitted. It is not entirely clear how this information will be disseminated or implemented but further updates will follow. It is not beyond the realms of possibility that it may surface around the time of the Consultant contract negotiations coming to a conclusion.

2. 7-Day Working update:

Linked to the above is a forthcoming audit to assist in the collection of data to support a national baseline for the key 7-day working clinical standards. The audit is being overseen by the Health and Social Care Information Centre and involves a prospective case note audit of 40 consecutive acute admissions over a defined 7-day period (30 March-7 April). Case note reviews apply to emergency hospital admissions, regardless of specialty. This is a significant workload. Mr Harrison and his team have met to discuss the logistics of accurate data collection. The Consultant workforce has been made aware of the audit collection dates and will be expected to ensure that the data collection is facilitated with timely and accurate recorded entries in the hospital records.

3. Research update

The March Board of Directors' meeting will include a research update by Dr Layton. A recent briefing has been received from Dr Caroline Pickstone, CEO of the Clinical Research Network (Yorkshire and Humber). The overall network funding allocation for 2016/17 has been reduced by approximately £1.15m. The overall pot of money has been protected nationally, but allocations are driven by research complexity and comparative performance of other (competitor) research networks which have over-performed compared with ours. The key to success in the coming year is to deliver research activity growth, despite a funding cut, through efficiency, flexibility and responsiveness. Whilst the Trust's own research story has been a successful one, the challenges faced by the network in the coming year are not inconsiderable.

4. Mental Health update:

Following the resignation of Martin Barkley, Tees, Esk and Wear Valley Trust has appointed Colin Martin as their new CEO. He is their current Deputy CEO and Finance Director. He takes up post on 1 May 2016.

5. GIRFT implementation guidance

I have recently received a letter from Professor Tim Briggs alerting me to the next steps in GIRFT implementation. In April/May 2016 all acute Trusts in England will receive a GIRFT dashboard containing an up to date data set and benchmark comparison with peer organisations. It is anticipated this will trigger an internal Orthopaedic review around relevant performance and practice adjustments relating to optimum numbers of procedures, implant selection and infection rates. Once local data is received and appropriately scrutinised, I will be in a position to update the Board on any actions which require addressing. Our Orthopaedic team are eagerly awaiting arrival of the data.

6. Complaints and incidents:

In Q3 of 15/16 the PHSO received five complaints of which none were accepted for investigation. This is against a similar number of eight/three in the same period for 14/15.

In a recently released league table of reporting culture, the Trust ranked 47th of 230 Trusts assessed. This equates to a GOOD level of openness and transparency. The top 18 were ranked OUTSTANDING. Beyond rank 121 would rate as SIGNIFICANT CONCERNS and beyond 198 as POOR REPORTING CULTURE.

The report draws on data from the NHS staff survey and the NRLS reporting system. The scoring system whereby a ranking is arrived at is complex. I would be happy to forward the detail of this if requested.

7. West Yorkshire Integrated Cancer Services

A meeting is planned between the CEO, MD and Professor Sean Duffy to discuss this initiative. Professor Duffy was until recently the National Lead for Cancer Services, though he has now repatriated to Yorkshire in order to focus on regional improvements in cancer prevention and diagnosis. The focus of this project will be to establish system leadership and implement an integrated approach to cancer strategy that crosses the boundaries of the New Care Models. The fundamental objective is to provide proof of concept for a West Yorkshire Cancer Alliance that will 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.

Cancer specific objectives will include (but are not limited to):

- Decreased incidence of preventable cancers

- Improved survival through earlier diagnosis
- Improving the patient and carer experience
- Public engagement in cancer service development

I will update Board following the outcome of this meeting.

8. New Consultant appointments:

I am delighted to welcome the recent appointments of the highly regarded candidates for posts in Community Paediatrics, Haematology and Neurology which the Chief Executive noted in her report.

Report to the Trust Board of Directors: 30 March 2016	Paper No: 13.0

Title	Chief Nurse Report
Sponsoring Director	Chief Nurse
Author(s)	Jill Foster, Chief Nurse
Report Purpose	To receive and note contents of the report

Key Issues for Board Focus:

1. To note the results of the director inspection visits
2. Focus continues on ensuring safe staffing levels and robust recruitment campaigns
3. Information regarding the development of Care Support Workers to support Junior Doctors
4. To note the introduction of mealtime volunteers

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

Action Required by the Board of Directors
The Board of Directors are asked to:

- To **note** the results of the director inspection visits
- To **acknowledge** the actions being undertaken to ensure safe nurse staffing levels and robust recruitment campaigns
- To **receive** information regarding the development of Care Support Workers to support Junior Doctors
- To be **aware** of the role of teatime volunteers

Unannounced Directors' Inspections 2015-2016

Date	Ward/Dept.	Risk Rating	Critical Issues	Review Date	Outcome	Critical Issues
Previous Director Inspections ended Nov 2014. Director Inspections re-commenced June 2015.						
09/06/15	Farndale	Red	No VIP scores No nurse in charge badge	13/07/15	Green	Good evidence on review
12/06/15	Wensleydale	Red	No VIP scores	13/07/15	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	22/10/15	Green	Good evidence upon review
21/09/15	ED	Amber/ Red	Emergency doors not working General fabric to the environment	11/02/15	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	24/12/15	Green	
21/12/2015	Woodlands	Green				
05/01/2016	Theatres	Red	Medicine cupboard unattended & open	TBC	TBC	
29/01/2016	Day Surgery	Red	Cleanliness Medicine Fridge open Patient call bell issues. No nurse in charge badge worn	TBC	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	
17/03/2016	Delivery Suite	Green				

Patient Safety Visits

Since last reported, there have been no patient safety visits in February and March 2016.

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 – February 2016

Since the last report on complaints activity for the month of January 2016, the number of complaints received this month is 21. The Trust received 12 complaints in January 2016. In February 2016 the Trust also received 21 complaints.

Of the 21 complaints received in February 2016, 14 were graded Yellow and 7 Green.

Nurse Recruitment

The Registered Nurse (RN) and Care Support Worker recruitment campaign continues across all areas of the Trust. A recruitment day is planned for 23 April 2016 in the hospital and further dates have been set for the rest of the year. We are continuing to work with a social media company 'Face the Music' to advertise this event and promote our current campaign and this is having a positive effect on increasing applications between planned recruitment days.

We attended open days at Bradford University and York University in March 2016 which promoted Harrogate and District NHS Foundation Trust to students as an employer of choice.

On 17 March 2016 a 'keep in touch' event was held for student nurses who have committed their future to the organisation in September. This was attended by 17 students and the primary topic was commencing employment and the Trust preceptorship programme.

Actual V's Planned Nurse Staffing Levels

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

	Feb-2016			
	Day		Night	
Ward name	**Average fill rate - registered nurses/midwives**	**Average fill rate - care staff**	**Average fill rate - registered nurses/midwives**	**Average fill rate - care staff**
AMU	94%	111%	101%	131%
Byland	87%	143%	87%	224%
CATT	96%	111%	120%	107%
Farndale	93%	141%	100%	179%
Granby	93%	128%	100%	122%
Harlow	105%	98%	100%	-
ITU/HDU	94%	-	95%	-
Jervaulx	87%	145%	83%	209%
Lascelles	92%	106%	100%	100%
Littondale	98%	120%	101%	162%
Maternity Wards	86%	79%	102%	84%
Nidderdale	95%	105%	94%	110%
Oakdale	96%	125%	96%	160%
Special Care Baby Unit	94%	94%	109%	-
Trinity	139%	129%	100%	210%
Wensleydale	85%	133%	102%	114%
Woodlands	101%	109%	97%	103%
Trust total	**94%**	**122%**	**99%**	**145%**

	Day		Night	
Ward name	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - registered nurses/midwives
ED Staffing	97%	122%	93%	90%

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 ward 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.

On Granby ward the increase in care staff hours above plan was to support the opening of additional escalation beds and to provide 1:1 intensive patient support as required.

In February 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 from March 2015 to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. Some of the RN and care staff gaps in February 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.

On Nidderdale ward although the daytime and night staff RN hours were less than planned in February, the ward occupancy levels varied throughout the month which enabled staff to assist in other areas.

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 February this is reflected on the wards; Acute Medical Unit (AMU), Byland, CATT, Farndale, Jervaulx, Littondale, Oakdale, Granby, Wensleydale and Trinity wards.

On Wensleydale ward although the daytime RN hours were less than planned in February the ward occupancy levels varied throughout the month which enabled staff to assist in other areas.

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 February, 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.

Venepuncture/Cannulation for Care Support Workers

Detailed work is being undertaken to develop additional skills for care support workers (CSW's) to support junior doctors, principally venepuncture and cannulation.

The Trust's current position is the site coordination team have 3 WTE fully competent CSW's who provide cover 7 nights per week and full day time cover on Saturdays and Sundays. This is to support out of hours cover across the hospital.

In the Emergency Department all the existing CSW's are competent at IV cannulation and phlebotomy. The additional CSW's posts agreed when patient safety in ED was identified as an issue earlier this year, have been recruited, have receive training and are now working toward competency. Competency should be achieved within the next two weeks.

Training will commence for all grades of staff within CATT shortly, with other clinical areas to be considered.

Tea Time Volunteers

Tea time volunteers are a new role in the organisation. The role has been developed to support patients and help ward staff in preparing for the tea time meal and includes a patient hand hygiene component. Approximately 40 volunteers have been trained and these are generally young volunteers. Whilst it is still early days the role is being received positively by patients, staff and the volunteers.

The role was developed to replace the hand hygiene volunteer role.

Tea time volunteers do not serve food to patients. This role is separate and is carried out by mealtime volunteers.

Jill Foster
Chief Nurse
March 2016

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Report to the Trust Board of Directors: 30 March 2016	Paper No: **14.0**

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

Key Issues for Board Focus:

1. Quarter 3 results for the Sentinel Stroke National Audit Programme (SSNAP) have recently been published – a summary of the results is presented in this report. Also contained within the report are details relating to the outcome of a recent sustainability review of Acute Stroke Services, the conclusion of which is expected to impact on the provision and delivery of stroke services at the Harrogate site.
2. Emergency Department 4 hour performance for Quarter 4 was below the 95% standard at the end of February.
3. The West Yorkshire Urgent and Emergency Care (UEC) Vanguard met in March. A summary of the items discussed are contained within this report.

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

Risk and Assurance	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 submission of the year-end Information Governance Toolkit.

1.0 STROKE PERFORMANCE AND FUTURE CONFIGURATION

The Yorkshire and Humber Strategic Clinical Network have been supporting a sustainability review of Acute Stroke Services during 2015/16. This work will be presented to stakeholders on the 13 April 2016. We understand that it indicates that the Harrogate site does not have sufficient strokes presenting to ensure the service is sustainable moving forwards and therefore plans with partners will need to be developed to support local stroke services in the future. This is not an unexpected conclusion, and we remain committed to providing the best possible care locally until a long term solution is in place.

Furthermore, the latest SSNAP (Sentinel Stroke National Audit Programme) results for Quarter 3 2015/16 have been published.

HDFT has been rated C this quarter, an improvement on last quarter (D). Our overall score has increased significantly this quarter to 64, compared to 48 last quarter. Also we have scored an A for both data quality metrics this quarter meaning that our score is not adjusted down as it has been in previous quarters.

Of the 10 domains in the SSNAP data set, 5 have seen a score improvement this quarter:

- Stroke unit (D to B)
- Occupational Therapy (C to B)
- Physiotherapy (D to B)
- Speech & Language Therapy (E to C)
- MDT working (D to C)

The other 5 domains all stayed at the same score. No domains have seen a reduced score this quarter.

In terms of thrombolysis, all 9 eligible patients were thrombolysed this quarter but only 1 (11%) within an hour. The average time to thrombolysis was 1 hour 40 mins.

2.0 EMERGENCY DEPARTMENT 4 HOUR PERFORMANCE

HDFT's overall ED performance in February (including Ripon Minor Injury Unit) was above the 95% standard at 95.4%, but performance at the Harrogate ED was at 94.6%. Both overall and combined ED performance is currently below 95% for the quarter at 94.9% and 94% respectively and therefore this presents a real risk to the Quarter 4 performance position.

Performance against the 4 hour standard for HDH ED was strong during the first half of February with a 10-day run where the standard was achieved. Unfortunately the demand in the system significantly increased for the remainder of the month, particularly during the half-term week. This coincided with bed availability challenges due to an increase in the volume of people admitted to hospital. The department continues to experience challenges with increased demand at the weekend. This February we have seen 18% more attendances at the weekend compared to last February, and we are also seeing a growth in demand during overnight periods. The department is working up options to increase capacity at these times.

Although as a Trust we continue to strive to achieve the 95% standard our performance needs to be considered in the national context. In January HDFT achieved 94.3% for all attendances with the national average being 88.7%.

3.0 WEST YORKSHIRE URGENT AND EMERGENCY CARE (UEC) VANGUARD

The overall aim for Urgent and Emergency Care is to achieve multi-agency working in a timely, coordinated and person-centred care model – "right care in the right place, first time". The Chief Operating Officer has now joined the leadership team as joint executive lead for the Acute Workstream. The group met in March and a summary in included below:

- Progress updates on Value Proposition (VP1 and VP2) evaluation in terms of delivery in 2015/16 and preparation for 2016/17 were discussed. The meeting discussed the significant reduction in funding available for this work and the need to therefore reduce the cost of the plans.

- The focus of the Vanguard Leadership meeting on 20 April will be "your sign off of the new Shape of the Vanguard" which will look at discussing and validating recommendations for 2016/17 work programme linked to the assurance process. The outcomes and activities will need to be accurately matched and expectations around the level of change and New Model of Care managed.

- System-wide outcome measures for UEC networks are in development. These fall into 3 domains: clinical pathway (flow and occupancy), patient experience (survey), staff experience (a suite of metrics covering areas like turnover, sickness rate, development of staff).

- It was noted by NHS England at the meeting that Vanguards will not be able to access to transformation funding if they are unable to demonstrate their ability to deliver on efficiency, care and quality and prevention, and that Vanguards will have to deliver across all of these attributes and not part to obtain funding.

- The national team will be visiting to carry out their quarterly assurance process on the 25 April.

4.0 CARBON AND ENERGY FUND

The final sections of the electrical infrastructure works are now nearing completion with the whole of this element due to be finished before Easter. The completion of this achieves one of the substantial project objectives - to provide a new HV supply to Strayside servicing a new substation and generator, which significantly increase the site's electrical resilience.

The internal lighting replacement works are also progressing well with approximately 58% of the fittings now replaced.

The commissioning of the first replacement boiler has now been completed successfully and the second boiler is being installed on the 24 March. As part of the work to maximise the efficiency of and cost-benefit derived from the existing CHP unit, a contract has been signed with EDF for the export and sale of the surplus electrical energy that the plant generates. Whilst the income from this is dependent

on market demand, and thus tariff, the expected benefit to the Trust is in the region of £50,000 per annum.

5.0 SERVICE ACTIVITY

Variances above or below 3% are as follows - For 2015/16 to date at the end of February, no HDFT activity was more than 3% above or below plan. For Leeds North and West CCG, follow-up outpatient appointments were 6.3% below plan and elective admissions were 6.9% above plan for the year to date.

6.0 INFORMATION GOVERNANCE END OF YEAR SUBMISSION – 2015/16

The Information Governance Toolkit is a Department of Health (DH) Policy delivery vehicle that the Health and Social Care Information Centre (HSCIC) is commissioned to develop and maintain. The IG Toolkit is separated into six categories

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Services Assurance
- Corporate Information Assurance

The Trust is required to carry out self-assessments of their compliance against the IG requirements. The purpose of the assessment is to enable organisations to measure their compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage and destruction.

Since last year the following changes have been made to the toolkit:

- Standard 205 now requires that patients have online access to their health records to remain at level 3. As the Trust is not in a position to facilitate this and this standard has been reported as level 2.

- There have been some changes to the evidence required for Confidentiality and Data Protection Assurance, however with the work completed during the year the levels have remained the same.

Information Governance Toolkit	2014/15 March Final Submission	2015/16 July Baseline Submission	2015/16 Final Submission
1. Information Governance Management	86%	86%	86%
2. Confidentiality and Data Protection Assurance	91%	87%	87%
3. Information Security Assurance	73%	73%	73%
4. Clinical Information Assurance	100%	100%	100%
5. Secondary Uses Assurance	91%	87%	91%
6. Corporate Information Assurance	77%	77%	77%
Total	**84%**	**83%**	**84%**

Level 0	Level 1	Level 2	Level 3	Not Relevant
0	0	21	23	1

The above final submission table is based on the trust achieving 95% of all staff completing Information Governance mandatory training during the year which is a requirement of standard 112. The position as of 24 March 2016 is shown in the following table:

	23/03/2016
Trust Wide	94.7%

Corporate	96.8%
Elective Care	95.5%
Integrated Care	95.4%
Urgent, Community and Cancer Care	91.8%

The Chief Operating Officer will report to the Board of Directors the position as at 30 March 2016 when he will be seeking approval for the Information Governance Toolkit submission.

7.0 FOR APPROVAL

The Board is asked to **approve** the Information Governance Toolkit end of year submission as per table 1 in section 6.0.

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Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	Thursday 10th March 2016
Date of Board meeting for which this report is prepared	Wednesday 30th March 2016

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

1. **The Trust is registered with the Care Quality Commission (CQC) for the provision of health services. This registration is also a condition of the licence with Monitor. The Audit Committee considered a paper on the Trust's fitness to be registered, and an outline the assurance process that will be adopted for future years. The Committee was in agreement with the proposed assurance process.**
2. **The Committee considered all of the financial and operational conditions relevant to a decision as to whether it is appropriate to prepare the annual financial statements on a "going concern" basis. After due consideration, the Committee confirmed that it was appropriate to recommend the Going Concern basis of preparation to the Board.**
3. **Consideration was given to the way in which certain issues should be treated in the financial statements.**
    a. **the use of a desk-top asset valuation exercise to be undertaken by the Valuation Office Agency**
    b. **confirmation of the use of KPMG to advise on the development of an appropriate accounting treatment for the costs of the CEF contract with Imtech**
    c. **the implications of the new SORP (FRS 102) on the presentation of the financial ststements**
    d. **the necessary disclosure of information in respect of the new Childrens Services contracts**
4. **There was discussion around the process to be adopted around the appointment of external auditors for 2016/17 and the following 2 years. The process was confirmed although it was agreed that the process should be delayed until later in the year.**
5. **As part of the regular consideration of the Internal Audit Periodic Report, the Committee was pleased to note that the Trust's performance in implementing the recommendations made by Internal Audit was better than at any other organisation that utilises North Yorkshire Audit Services. In particular the use**

of electronic recommendation tracking has been far more successful at the Trust than at any other client. The Committee also noted some continuing improvements in the speed of response by management to the issue of draft reports.

6. **The Committee approved the Annual Internal Audit Operational Plan and the Counter Fraud Plan for 2016/17.**

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

There were no new risks identified and discussed by the Committee which are to be brought to the attention of the Board. The Committee did note that a number of target dates shown on the Business Assurance Framework would need to be reviewed as they were currently shown as 2015/16, which may no longer be realistic.

Matters for decision

There are no matters that require a decision to be taken by the Board

Action Required by Board of Directors:

The Board is asked to **note** the discussions that took place at the meeting of the Audit Committee and **confirm** that it is appropriate for the financial statements of the Trust for the year ending 31 March 2016 to be prepared on a "going concern" basis.

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 30 March 2016	Paper No: 17.0

Title	Annual Report on Freedom of Information Act 2015
Author	Interim Head of Corporate Affairs
Report Purpose	To inform the Board

Key Issues for Board Focus:

- **Slightly fewer requests for information under the FO Act**
- **Significant increase in responses beyond the 20-day deadline**
- **Significant increase in number of requests from individuals**

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

Risk and Assurance	
Legal implications/ Regulatory Requirements	The Trust is legally required by the Freedom of Information Act 2000 to respond to requests for information which meet the requirements of the Act.

Action Required by the Board of Directors

The Board is requested to **note** the content of this Report

Harrogate and District NHS
NHS Foundation Trust

Freedom of Information Report 2015

Background

The Freedom of Information (FOI) Act 2000 came into force on 1 January 2005 and deals with access to official information, giving individuals or organisations the right to request information from any public authority, such as NHS organisations.

Public authorities in England, Wales and Northern Ireland are obliged to create a Publication Scheme, which is a commitment to make certain information available, and a guide to how that information can be obtained, as well as stating a designated FOI Officer to manage and attend to requests for information. HDFT routinely publishes a large amount of information (eg Policies, Annual Reports, Accounts etc) on the website in a section dedicated to the Publication Scheme.

Authorities have 20 working days from when the request arrives in the organisation to respond ie it does not have to come in via the official FOI contact point to start the clock on sending a response. This does not apply if the requested information is not exempt under the Act, for example, if its release were to undermine the Data Protection principles around information on individuals, or damage commercial interests. Requests can also be turned down if they will take a disproportionate amount of staff time (more than 18 hours) to compile the information, or are repetitious or vexatious. There are also a number of other exemptions that are less likely to be cited by health bodies (eg correspondence with the Royal Family). Where exemption is claimed then a specific Section of the FOI Act is quoted in the response.

Harrogate and District NHS Foundation Trust (HDFT) operates a Publication Scheme which can be found on the Trusts Website at www.hdft.nhs.uk. Since 2010, FOI requests have been dealt with by a small team within the Corporate Affairs and Communications department. The Trust's nominated FOI Officer has been the Interim Head of Corporate Affairs, with key administrative support from the PA to the Chief Executive/Chairman. The Interim Head of Corporate Affairs is also a member of the Trust's Information Governance Steering Group. From 1 April 2016 the Company Secretary will take on the lead role for FOI requests.

A wide variety of other staff from all areas of the Trust assist in compiling requested information. Requests can be received via letter, email (to foi@hdft.nhs.uk) or via an online form on the HDFT website. It should be noted that a request for information can be treated as a FOI request, even if it does not mention the Act in the correspondence. These are matters of judgement. The Trust has 20 working days

This report presents analysis of FOI requests received and dealt with in the 2015 calendar year.

Number of requests received

From 1 January to 31 December 2015 there was a total of 543 (2014: 555) requests for information treated under the FOI Act.

Requests declined

During the course of the year there were a number of occasions when further information was sought in order to clarify a Freedom of Information Request. Sometimes further specific information was provided by the requestor which allowed the Trust to give a full response, while on other occasions no response was received to requests for clarification. In the latter case, the Trust is under no obligation to process the request any further. It should be noted that the Information Commissioner's Office advises that clarification should be sought on vague requests and that bodies should not put their own interpretation on a request, which could put them in breach of the Act; the principle adopted is always to answer the question which has been posed.

In total, 43 (2014: 59) requests for information were wholly refused during the past 12 months with details as follows:

- 16 requests declined under Section 12 relating to time limit associated with providing responses to requests;
- 7 requests declined under Section 21 relating to information readily available by other means;
- 8 requests declined under Section 40 relating to personal information eg the salaries of individual members of staff;
- 2 requests declined under Section 43 relating to prejudice to commercial interests;
- 8 requests declined under Section 41 relating to the duty of confidentiality. These were often where the low number of patients involved eg receiving treatment for a particular condition, could have allowed the identification of individual patients. The current guidance is that less than five cases could allow individual identification.
- 2 requests declined under Section 22 relating to information intended for future publication.

In addition, where requesters have submitted multiple questions, the Trust has refused parts of requests, while responding to other sections, under the following headings:

- 50 requests were partially declined under Section 40 relating to personal information, such as the salaries of individual members of staff;

- 17 requests were partially declined under Section 12 relating to time limit associated with providing responses to requests[1];
- 6 requests were partially declined under Section 43 relating to commercial sensitivity;
- 5 requests were partially declined under Section 21 relating to information readily accessible to the requester by other means eg already available on the Trust's website;
- 10 requests were partially declined under Section 41 relating to the duty of confidentiality;
- 3 requests were partially declined under Section 22 relating to information intended for future publication;
- 2 requests were partially declined under Section 36 relating to the effective conduct of public affairs.

Declined requests where the decision to exempt was challenged

Requesters have the right to ask the Trust to carry out an Internal Review within 20 working days of any decision to refuse to provide information.

During the past year, 5 (2014: 3) requesters asked for Internal Reviews to be carried out.

If the requester is unhappy with the outcome of an Internal Review, they have the right to refer the case to the Information Commissioner. This has not occurred in 2015. (2014: 1)

Requests refused as repetitious and vexatious

If a requester repeatedly asks for the same information without allowing a reasonable time period to elapse, or can be argued to be harassing the Trust or its staff, the Trust can issue a refusal notice on the grounds that the request is repetitious or vexatious. The Trust does not then have to respond to any further requests of a similar nature from that requester.

Such refusal notices should only be issued in rare circumstances, where a requester ignores the Trust's response to continue to ask for information that has either been provided already, or has been justifiably exempted from disclosure and an Internal Review has upheld that decision.

The Trust did not issue any refusal notices during 2015.

[1] The Trust could have refused the request in whole, as it is under no obligation to treat multiple questions as individual requests and, indeed, records these as one submission. However, in line with the Trust's legal duty, as set out in the FOI Act, to offer assistance, the decision was taken to only exempt those parts of these requests that would take longer than the time limit set out in the Act.

The Trust does have one historic refusal notice which applies to an individual who continued to write on a regular basis asking for information that is readily available on the Trust's website, although the frequency of his correspondence reduced during 2015.

One FOI request was refused under these notices during 2015.

Requests fulfilled within legal time limit

The Information Commissioner has deemed that all public authorities should inform applicants in writing as to whether it holds the requested information and if so, communicate that information promptly, but not later than 20 working days following receipt of the request.

Of the 543 requests that were required to be answered in 2015, 137 (25%) were not fulfilled within the allotted limit. Where the Trust is unable to answer a request within 20 working days, it does its best to agree a minimal extension with the requester, in line with best practice.

Since 2005, the HDFT response times are outlined and can be compared below. It is acknowledged that the Trust's performance in responding to requests has declined in the past 12 months compared to previous years. This was primarily due to the unexpected absence of a key member of the FOI team for a long period. It has also been noticed that the teams providing information to enable the Trust to provide responses to FOI requests, are finding it increasingly challenging to meet the 20 day deadline due to the continuing increase in the volumes, the complexity of requests being received, often requiring require input from several teams, and other higher priority competing work.

HDFT is relatively unusual in the NHS in not having a dedicated FOI team. However, anecdotal evidence suggests that compared with many other organisations, the Trust still has a good record overall of responding to requests within the time limit.

Year	Total requests received	Responses within 20 working days	Responses beyond 20 working days
2015	543	406	137
2014	555	500	55
2013	475	455	20
2012	365	345	20
2011	256	247	9
2010	241	239	2
2009	246	239	7
2008	202	198	4

Topic of requests

The requests received by the Trust can be broken down by topic[2] area as follows:

(Where no historic figure has been given, this is due to the categories being revised to reflect the increased number of requests directed to specific departments, which were previously grouped.)

Topic area	2015	2014	2013	2012	2011	2010	2009	2008	2007
Communications	4	8	-	-	-	-	-	-	-
Estates and Facilities	49	20	24	16	18	17	18	21	9
Human Resources	120	120	82	-	-	-	-	-	-
Corporate Information including policies	26	39	17	-	-	-	-	-	-
Finance	105	84	57	65	45	53	43	26	17
Infection Control	1	7	6	3	5	2	7	7	5
IT	59	47	42	-	-	-	-	-	-
Information Services	74	102	71	-	-	-	-	-	-
Maternity	3	16	-	-	-	-	-	-	-
Miscellaneous	21	43	40	18	29	22	11	6	1
Pathology / Pharmacy	43	47	27	14	3	11	11	6	1
Personal / Medical Records Access / Staff data	0	2	7	5	13	10	0	2	2
Radiology	9	9	-	-	-	-	-	-	-
Risk Management	20	20	31	17	18	13	12	10	1
Specific hospital services / departments	19	19	71	47	29	39	40	46	15

As can be seen, Information Services, HR, Finance, IT, Pharmacy/ Pathology and Risk Management deal with a large bulk of the requests received.

It is also worth noting that in general requests have become more complex, with many requiring input from several different departments around the Trust.

[2] Where request have been assigned to more than one department, both have been listed.

Source of requests

The source of requests can be broken down by area as follows[3]:

Source requests					No of Requests				
	2015	**2014**	**2013**	**2012**	**2011**	**2010**	**2009**	**2008**	**2007**
Individuals	259	176	173	140	94	86	78	68	28
Other NHS	18	22	17	14	8	13	11	13	5
Media / News	102	132	120	58	56	54	63	51	16
Companies	116	119	100	103	56	61	40	28	10
MPs / Councillors	9	23	21	14	4	4	42	42	14
Other eg Charity, Students etc	39	54	44	32	38	22	13	Not collated	Not collated

In the above figures, all individual email addresses have been included in the 'individuals' category, unless it is clear elsewhere in the request that it has come from another source. However, the growth in the use of Hotmail or Google e-mail addresses to hide the true origins of requesters has continued. Whilst these requests appear to have been made by an individual, it is possible/likely that many of these requests have been made by commercial companies or media organisations, using personal email addresses in order to remain anonymous. This is reflected in the growing number of requests which subsequently appear as news stories.

It also clear that academic institutions are directing students to use the FOI route to obtain information for projects. These requests can often be the most difficult to process, as they are frequently misdirected (eg asking the Trust for information on a very specific treatment, which on investigation it turns out HDFT does not provide), or loosely worded.

Information for Staff

Those departments that regularly deal with FOI requests are well aware of the correct process to follow. Previous education effort has largely ensured that enquiries for information are passed forward to be dealt with through the proper FOI procedure. It is impossible to be certain, however, whether or not there are such inquiries being processed locally and circumventing the FOI process.

The Trust has declared a compliance level of 3 against the Freedom of Information Standard in the Information Governance Toolkit.

[3] The discrepancy between these totals and the total of requests received can be explained by a number of factors, including identical requests received more than once, withdrawn requests etc.

Summary

The Trust has in place sound and tested procedures for receiving, processing and responding to FOI requests. The increasing complexity of requests, which has created significantly greater workload for staff involved (especially within HR, Finance, IT, Risk Management and Information Services) and local challenges in 2015 have meant that the overall response rate within the 20-day deadline has fallen. Whilst this growth in requests and their complexity appears to be in line with national trends identified in other NHS organisations, it is expected that performance will be significantly better in 2016.

The Government has recently received a report from a Parliamentary investigation into the operation of the FOI Act. The recommendations do not suggest that there will be any significant changes to the way in which requesters are able to require organisations to provide information nor to the deadlines under which it should be provided.