Harrogate and District NHS
NHS Foundation Trust

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

On: Wednesday 24 June 2015
Start: 0900 Finish: 1230
In: The Boardroom, Harrogate District Hospital, Lancaster Park Road,

	AGENDA		
Item No	**Item**	**Lead**	**Paper Number**
0900 – 0930 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 and Accounts Meeting held on 27 May 2015** *To review and approve the Minutes*	Chairman – Mrs Sandra Dodson	3.0 3.1
4.0 *0930*	**Review of Actions schedule and Matters Arising** **4.1 Review Board Terms of Reference and approve** *To review the actions schedule and provide updates on progress of actions to the Board of Directors.*	Chairman – Mrs Sandra Dodson Interim Head of Corporate Affairs – Mr Forsyth	4.0 4.1
0930 – 1055 Putting Patients First			
5.0 *0945*	**Report by the Chief Executive** *To be noted*	Chief Executive – Dr Ros Tolcher	5.0
6.0 *1000*	**Integrated Board Report** *To be noted*	Chief Executive – Dr Ros Tolcher	6.0
7.0 *1015*	**Report by the Medical Director** *To be noted*	Medical Director – Dr David Scullion	7.0
8.0 *1030*	**Report by the Chief Nurse** *To be noted*	Chief Nurse – Mrs Jill Foster	8.0
9.0 *1055*	**Report by the Chief Operating Officer** *To be noted*	Chief Operating Officer – Mr Robert Harrison	9.0
1055 - 1110 Break			

1110 - 1135 Managing Resources Efficiently			
10.0 *1135*	**Report by the Director of Finance** *To be noted*	Director of Finance – Mr Jonathan Coulter	10.0
1135 – 1150 Valuing and Rewarding Staff			
11.0 *1150*	**Report by the Director of Workforce and Organisational Development** *To be noted*	Director of Workforce and Organisational Development – Mr Phillip Marshall	11.0
1150 – 1200 Assurance			
12.0 *1200*	**Report on Assurance Issues by the Chief Executive** *To receive an oral report on any assurance matters which the Chief Executive wishes to bring to the attention of the Board*	Chief Executive – Dr Ros Tolcher	
1200 – 1230			
13.0 *1210*	**Reports:** *To receive any oral and/or written reports not covered elsewhere in the Agenda*	Chairman – Mrs Sandra Dodson	
14.0 *1215*	**Serious Complaints / Incidents/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	
15.0	**Any Other Relevant Business** *By permission of the Chairman*	Chairman – Mrs Sandra Dodson	
16.0 *1230*	**Board Evaluation**	Chairman – Mrs Sandra Dodson	
17.0	**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 (elect) 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 2. Ahead Partnership (Holdings) Limited 3. Ahead Partnership Limited 4. White Rose Academies Trust 5. White Rose Resourcing Limited 6. Swinsty Fold Management Company Limited 7. Acumen for Enterprise Limited 8. Leeds Apprenticeship Training Agency Limited Yorkshire Campaign Board Chair Maggie's Cancer Caring Centres Limited
Professor Sue Proctor	Non-Executive Director	1. Director and owner of SR Proctor Consulting Ltd 2. Chair of LEAF Multi Academy Trust (Leeds) 3. Member – Council of University of Leeds 4. Member – Council of NHS Staff College (UCLH) 5. Associate – Good Governance Institute 6. Associate - Capsticks
Dr David Scullion	Medical Director	None
Mrs Maureen Taylor	Non-Executive Director	1. Independent Non Executive Member (Audit Group) – British Showjumping
Mr Christopher Thompson	Non Executive Director	1. Director/Trustee of Community Integrated Care Limited and Chair of the Audit Committee
Mr Ian Ward	Non-Executive Director	1. Vice Chairman and Senior Independent Director of Charter Court Financial Services Limited, Charter

		Court Financial Services Group Limited, Exact Mortgage Experts Limited, Broadlands Financial Limited and Charter Mortgages Limited 2. Chairman of the Board Risk Committee and a member of the Remuneration and Nominations Committee, the Audit Committee and the Funding Contingent Committee for the organisations shown at 1. above 3. Director of Newcastle Building Society, and of its wholly owned subsidiary IT company – Newton Facilities Management Limited 4. Member, Leeds Kirkgate Market Management Board
Mrs Lesley Webster	Non-Executive Director	None.

June 2015

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 27 May 2015 at 9.00 am in the Pavilions, Wetherby Road, Harrogate

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

In attendance:
Mrs B Barron, Operational Director, Elective Care Directorate
Ms J Crewe, Operational Director, Acute and Cancer Care Directorate
Dr P Hammond, Clinical Director, Integrated Care Directorate

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

One member of the public

Mrs Dodson welcomed Mr McLean (who was attending his first formal meeting as a Non-Executive Director), Mr Nicholas, Mrs Barron and Ms Crewe and the member of the public, who was from another NHS organisation.

1. Apologies for Absence

There were apologies for absence from Mrs Taylor, Mr Harrison, Mr Alldred and Dr Johnson. Mr Nicholas was representing Mr Harrison, Ms Crewe was representing Mr Alldred and Mrs Barron was representing Dr Johnson.

2. Declarations of Interest and Board of Directors' Register of Interests

There was no change to the Declarations of Interests and Board of Directors' Register of Interests, and no additional declarations for this meeting.

3. Minutes of the Board of Directors meeting on 22 April 2015

The Minutes of the meeting were agreed subject to the following amendments:

List of Attendees: Mr P Nicholas – after 'Performance' add 'and Informatics'

Minute 8.8 Line 1: **Delete:** 'Moving to……this'

Insert: 'Dr Law had relinquished the post of Director of Postgraduate Medical Education. Dr Scullion said that her contribution to postgraduate medical education in the Trust..'

Minute 9.14 Line 1: **Delete *in toto***

Insert: Mrs Webster asked for more information about staffing levels, which were over 150% of establishment. Mrs Foster explained that in these areas this was generally due to 1:1 care and in most cases this was staff that had been moved from other wards to provide cover; in all cases safe staffing levels were being maintained.

4. Review of Action Schedule and Matters Arising

Action 2: This was an agenda item. Action complete.

Action 3: This was an agenda item. Action complete.

Action 4: Mr Forsyth explained that the deadline for the most recent call for NCEPOD information was 10 June and so it was not yet possible to report whether or not the situation had improved. Mr Lavalette anticipated being able to report progress to the June meeting of the Board. Action postponed to June 2015.

Action 5: Mr Forsyth reported that the draft revised Terms of Reference had not yet been circulated and would be prepared for the next meeting. Action postponed to June 2015.

Action 6: Dr Scullion said that he had included the mortality *indices* in his report later in the meeting. Action complete.

Action 7: Mrs Dodson had written to Dr Law. Action complete.

Action 8: The dates of the medico-legal lectures had yet to be agreed.

Action 9: Mr Forsyth reported that a press release had been made.
Action complete.

Action 10: Mr Coulter had provided Mr Thompson with information regarding Hospedia. Mr Thompson had discussed this further with Mr Nicholas. Action complete.

Action 11: Mr Marshall had included a commentary and action plan in his agenda report. Action complete.

Action17: Professor Proctor asked for a date to be confirmed for the action plan following the publication of the report of the Morecambe Bay inquiry to be discussed by the Board. Mrs Foster indicated that the action plan would be discussed at the July 2015 meeting.

4.1 GP Out of Hours Service

4.1.1Mrs Dodson thanked Ms Crewe and Mr Walker for preparing a very helpful and detailed paper, which was taken as read. She said that this would enable Board members to drill down into further detail of this important issue at future meetings.

4.1.2 Dr Tolcher said that the Trust had fallen below the National Quality Requirements (NQR) for GP Out of Hours (GP OOH) services over an extended period. The response timings started on receipt of the call at NHS 111 and, as was shown in the paper, there were steps in the process

which were not under the Trust's control. It was important that the Trust was assured that patient safety was not compromised. Ideally the process would be made to work well and in accordance with the NQR.

4.1.3 Opening her comments, Ms Crewe said the paper showed the key findings from recent detailed analysis. There was significant concern about not achieving the NQR. Patients should be classified as urgent either by telephone assessment or after a home call. At present approximately 60% of patients triaged as urgent receive a call within 20 minutes (NQR standard 90%) and 84% after a home visit, each against a target of 90%.

4.1.4 There were a number of issues, summarised in the paper. The conclusions of various audits and patient experience reports had been incorporated into an action plan to improve the situation.

4.1.5 It was clear that there were some calls which were not triaged as urgent which should have been – if they were not initially triaged as urgent then they were not passed on to be seen urgently. The system for triaging was not felt to be working effectively and this had been reported to the Lead Commissioner. It was not only a local issue – the pattern was repeated both regionally and nationally.

4.1.6 Ms Crewe said that there was work in hand, jointly with Yorkshire Ambulance Service and Harrogate and Rural District Clinical Commissioning Group (HaRD CCG), to modify the pathway through NHS 111 and the GP OOH service and introduce a direct booking service. This was expected to provide better planning of clinical face-to-face time and reduced home visiting to improve the focus of the service.

4.1.7 Mrs Dodson invited questions and commented that the Board was concerned about the shortcomings of the GP OOH service and was not yet assured. A high quality service was not being delivered and she hoped that the actions described would provide greater assurance.

4.1.8 Mr Ward said that the Board needed to see a real improvement in delivery of the service. He asked whether there were specific targets to monitor performance. Ms Crewe agreed and said that the Directorate was not assured about the service; the actions described were designed to bring the service back within timescales and compliance with the NQR.

4.1.9 Mr McLean had found the explanations behind the issues very helpful and he endorsed Mr Ward's points – it was important to have hard outcomes against which to measure improvement.

4.1.10 Dr Tolcher said that the NQR provided the compliance standards. The fundamental problem was the initial triage, which provided a poor patient experience as well as a clinical risk, and Dr Scullion emphasised the particular challenges of the large rural area in which the service operated. Ms Crewe said that there were differences in the service model which reflected this but there was evidence that direct booking improved the service and the aim was to turn the NQR green. Mrs Dodson commented that York FT had moved to a direct booking system in April.

4.1.11 Mr Thompson was content with the action plan and commented that this did not include the York and Selby GP OOH service, which was no longer provided by the Trust. He noted that the GP OOH service in the Hambleton and Richmondshire (H & R) area was more dependent on agency and locum doctors and wondered whether it was cost effective for the Trust – if it was to be retendered would the Trust bid to keep the service? Mr Coulter said that under the 2011 Transforming Community Services (TCS) service transfer agreement, the costs matched income and the Trust did not lose out financially. Ms Crewe added that the Directorate was working with the H & R CCG on an urgent care model, including the GP OOH service, and examining alternative service models. Remote technological solutions were under consideration to address the scarcity of local GPs and the rurality of the area.

4.1.12 Mrs Webster was concerned that the Trust had no control over the first stage of the process and the challenge was to make the management more efficient.

4.1.13 Mrs Dodson emphasised that an effective and efficient GP OOH service was at the core of the urgent care model and key to new models of care. The Board would wish to discuss progress and invited Dr Tolcher to decide how the issue should be brought back to a future meeting. Dr Tolcher said that it would be a subject for discussion at the Quality Committee, which would then report back to the Board via the Chair, Mrs Webster.

Action: Mrs Webster

Putting Patients First

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.

5.2 Dr Tolcher said that in future she would not include details of complaints, as these were now included in the report from the Chief Nurse.

5.3 The Vanguard site visit on 28 and 29 May was an important milestone in the project. It would involve all the partners and a delegation from NHS England, and site visits to the Clinical Assessment Team, Ripon Hospital and the Community Fast Response Team (CFRT) – it was important to show the visiting NHS England team the rurality of the area.

5.4 Moving on to the Ripon Partnership, Dr Tolcher said that the project had enjoyed a long gestation but had reached a particular milestone with the appointment of consultants to examine the options for reprovision of community hospital and other facilities. Each partner had invested around £10,000 in the consultants and it was anticipated that further investment would be required in due course as the project moved ahead. She noted that the word 'exiting' in Minute 2.3 Line 3 should read 'existing'.

5.5 In answer to a question from Mr Thompson, Dr Tolcher said that slow progress was being made with agreeing a contract with HaRD CCG; there were three significant areas yet to be agreed. The first was community capacity (including CFRT) where the Trust wanted the cost of meeting increased demand reflected in the block contract. The system also needs to sustain an element of the service funded previously by a combination of North Yorkshire County Council (NYCC), resilience and Better Care Fund monies.

5.6 The second area yet to be agreed is around the Quality Innovation, Prevention and Productivity (QIPP) schemes planned by the CCG. The Trust requires assurances on the likely impact of these schemes in order to agree realistic activity schedules.

5.7 The third area of contention is around funding for resilience. The commissioners are proposing a reduced amount of such funding in 2015/16.Discussions were continuing and, in answer to a question, Dr Tolcher said that Monitor had not set a deadline for agreement of the contract; Monitor was being updated weekly on progress. She emphasised that the contract agreed in 2014/15 was a two year contract so the prior year contract had been rolled forward until such time as a new contract was agreed.

5.8 Mr Ward asked whether other Trusts were in a similar position. Mr Coulter said that his intelligence revealed that some had signed contracts and others had not. The pressure was not to sign a contract unless Trusts were comfortable with the financial and activity plans.

5.9 Mr McLean asked whether the Trust had been below average in any of the 59 questions in the National Inpatient Survey. Dr Tolcher said that there had been no questions where the Trust was significantly below the national average but that in three areas the Trust had fallen from significantly better than the national average to average. Mr Coulter said that the Trust had been ranked 14th nationally in 2013 and, on release of the rankings for 2014 later that week, he expected the Trust to be ranked in a similar position nationally. Mrs Dodson said that there had been a year-on-year improvement through the focusing of the Quality Priorities. Mr Nicholas said that there appeared to have been an improvement in discharge routines, as reflected in the Survey. Dr Tolcher cautioned that the figures were averages and thus relative rather than absolute and Professor Proctor was keen to emphasise that the National Patient Survey was but one measure of quality and wondered how the data from it and many more measures was triangulated.

5.10 Dr Tolcher agreed and said that all sources of intelligence must be used, to allow a rounded view to be taken. She said that data from CQC, the Friends and Family Test (FFT), patient experience reports, workforce sickness absence and how they all relate to financial issues were all relevant and must be utilised. The senior management was constantly in conversation to improve how the visual representation of different indicators could be improved. Mr Coulter commented that a new integrated performance report for the Board was in development and a draft would be available to members after the meeting.

5.11 Professor Proctor said that the Trust needed to be proactive about its services both to the public and the press, and take the initiative to spread the message about achievement of quality. Dr Tolcher agreed and said that the anticipated upper quartile ranking was welcome but naturally the Trust would work to improve it.

6. Report by the Medical Director

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

6.2 Dr Scullion noted that the fall in HSMR was a positive improvement.

6.3 Moving to the outcome of the GMC's independent review into fitness to practise, Dr Scullion said that it was up to the Board to consider how to have oversight to ensure fair play in issues of patient safety reporting. Dr Tolcher asked whether all cases followed the process detailed in Maintaining High Professional Standards (MHPS) – Dr Scullion said that in the vast majority of cases the requirement had not arisen but that there could nevertheless be a referral to the GMC. Mr Marshall said that there was already a Non-Executive Director associated with the MHPS process. The Senior Independent Director (SiD), who was suggested as being an appropriate Board member to have oversight, was not directly associated with the MHPS process. Mrs Dodson said that Mr Ward, the SiD, should be the focus to minimise the risk of a whistleblower being 'scapegoated' and inappropriately referred to the GMC. The Board noted this and Mrs Dodson undertook to include the role in the Job Description for the SiD.

Action: Mrs Dodson

6.4 Mr Thompson commented on a clinical negligence claim which has recently been covered in the local media. The patient was awarded a significant financial settlement. He wondered whether the Board could be given greater and earlier visibility of forthcoming settlements. Dr Scullion replied that this had been a very long-running claim and the Trust had admitted liability at an early stage but had had to await negotiation of the final figures. Although the monthly report in the closed session gave a list of claims in progress, Dr Scullion would endeavour to give advance notice where possible.

6.5 Moving to information-sharing between organisations Mr Marshall said that doctors working at the Trust who were employed elsewhere were issued with honorary contracts, which allowed the

Trust to have a formal relationship with them. Dr Scullion said that the formal arrangements for sharing information between Responsible Officers did not necessarily include reporting low-level issues which might, cumulatively show a pattern of unacceptable behaviour and poor practice, and this was a slight weakness of the current system which he was working with NHS England (North) to try to improve. Dr Hammond said that communication between organisations was important before decisions were made. Mrs Dodson said Dr Scullion had Board support for pressing on with establishing new arrangements.

6.6 Mr McLean was concerned at the negative nature of the public coverage of the medical negligence case. Mr Forsyth explained that the press release had been agreed between the legal advisers for the patient and the Trust, supported by a short statement from the Trust, rather than being wholly from the Trust.

7. Report by the Chief Nurse

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

7.2 Starting with the position on pressure ulcers, Mrs Foster said last year was the starting point for improving the situation. There had been one inpatient Category 3 pressure ulcer so far in the current year, which was an improvement on last year. Learning from Root Cause Analysis was a work in progress, with the identification of themes and trends and the reassessment of patients on transfer between areas of care and wards as a priority.

7.3 Moving on to falls with fractures, Mrs Foster reported that there had been three during April. The focus of work was Jervaulx Ward with intensified rounds bringing about a significant reduction in falls overall. It was hoped that this would be replicated elsewhere in the Trust.

7.4 Mrs Foster noted that on 10 June she would be leading a team on a visit to Salford Royal NHS Foundation Trust to discuss pressure ulcers, falls with fractures and other issues of fundamental care. She would include a narrative in her report to the Board in June.

7.5 The results of the Friends and Family Test (FFT) around pain control were being used to try and focus work to improve the current position – Mrs Foster said that whilst it was always the aim it might not be possible to reach 100% figures across all responses.

7.6 Commenting on a case of Carbapenemase-producing *Enteriobacteraceae* (CPE) Dr Scullion said that it had been diagnosed after the patient had left the hospital; none of the inpatients in the same ward area had been colonised. Letters had been sent to them explaining that the risk of them contracting (CPE) was exceptionally low and responses from them were awaited. Mrs Foster said that staff were being very vigilant.

7.7 Thanking Mrs Foster for her report, Professor Proctor asked for future reports to show the intent to reduce pressure ulcers and falls with fractures as a trajectory and state the risks associated with the anticipated improvements.

Action: Mrs Foster

7.8 Moving to the Dementia CQUINN, Professor Proctor asked whether there was a plan to connect all the work for frail elderly patients together so that the Trust could realise its ambition to become a centre of excellence. Dr Tolcher agreed and Dr Hammond said that it was sensible to present a consolidated view but that work continued on all the individual elements, of which dementia care was one.

7.9 Mrs Webster was disappointed to note that the FFT response rate in April had fallen to less than 47% and Mr Nicholas replied that the Q4 rate had been particularly high thanks to some

investment of some additional resource into stimulating responses. He was confident that the Trust would deliver to the required standard in 2015-16 although he clarified that there was no national target rate. Mrs Foster believed it was more about focusing on the outcomes than about the rate of response. Mr Ward felt that this was key data and that the Trust should set its own target rate of response; Mrs Dodson considered it was more about setting a culture.

7.1 Actions arising from the Lampard Report

7.1.1 Mrs Foster's report had been circulated in advance and was taken as read.

7.1.2 Mrs Dodson asked Mrs Foster what her report was telling the Board and how could it be assured about progress on the recommendations in the Lampard Report. Mrs Foster said that a report had to be submitted to Monitor by 15 June and so this was the only opportunity for discussion by the Board. Her report was not a completed document; a Task and Finish Group had been set up to address the recommendations from both the Lampard Report and the report of the Leeds TH Inquiry, chaired by Professor Proctor. Mrs Foster told the Board that she was working towards the right levels of assurance and her report showed only the first steps towards being fully compliant.

7.1.3 Mrs Dodson said that the Board was not in a position to sign off the report and that delegated authority would need to be agreed. Dr Tolcher said there were particular areas which needed to be addressed and she suggested that Mrs Foster should meet with Professor Proctor before finalising the report, which would then be considered by the Chairman and herself.

Action: Mrs Foster

7.1.4 Mr Marshall commented on recommendations 6 and 7. NHS Employers was clear that not all staff should be subject to DBS checks and within the Trust there were staff groups without DBS checks, with basic DBS checks and with Enhanced DBS checks. He had proposed a paper to the Executive team which would institute a three-year review of all staff with DBS checks in place, at both levels, and he had asked the Trades Unions to consider making it a contractual requirement.

7.1.5 Dr Tolcher believed that the situation was more clear cut than the NHS Employers position and had challenged Mr Marshall to consider whether all staff should be subject to one or other level of DBS check. She also commented on recommendation 9 (access to Wi-Fi on hospital sites) and wondered whether Professor Proctor could provide the rationale behind it. Professor Proctor replied that it was around the elimination of the risk of 'grooming'; Dr Tolcher's riposte was that she considered that it was a 'comply or explain' issue and that the Trust should assess this risk against the counter argument that enabling Wi-Fi access for all patients would enhance the quality of their experience while staying in the hospital. . Professor Proctor suggested a discussion with NHS Providers to see how the issue was tackled elsewhere. **Action: Mrs Foster**

7.1.6 Mrs Dodson sought and received the agreement of the Board to delegate the signing-off of the report to Monitor to herself and Dr Tolcher. **Action: Mrs Foster**

7.2 Patient Experience – Q4 and Annual Report

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

7.2.2 Mrs Foster said that this report would in future form a major part of the work of the Quality Committee and that Committee would need to decide how to deal with it in the transition to the new governance arrangements. Mr Ward was disappointed that the report was once again predominantly about complaints and he wanted future reports to include, for example, the results of

the FFT. He hoped that the Quality Committee would reflect on the content and either change it or explain why it should not be changed.

7.2.3 Mrs Foster explained that the format had not been changed to ensure continuity through the last quarter of 2014-15 and she expected a revised report to reflect the 4Cs. It would be passed through the Inpatient Experience Steering Group and then to the Quality Committee.

7.2.4 She was disappointed with the increase in formal complaints and their seriousness; however, she believed that the categorisation of complaints had changed and a direct comparison would require tracking over past years to see how it had changed. Mrs Foster was pleased that deadlines had been met for 45% of complaints, as against 31% for Q3, but she was aiming for 95% to meet the deadline so there was a long way to go. She was concerned, however, that there were over 150 actions from complaints which remained outstanding.

7.2.5 Dr Hammond said that the systems were better – allocation of complaints had improved and this was a key to swift responses being provided. He too was disappointed that so many actions remained outstanding: actions needed to be sensible and focused although more actins were probably better for the complainant.

7.2.6 Ms Crewe said her Directorate welcomed work to improve the report, so that it included better information for scrutiny by the Board. It was, however, important that in reviewing the grading of complaints the assessment of severity should not be changed. In respect of deadlines, in some cases it was the complainant who had requested a revision and timelines were renegotiated as more information emerged during the investigation. In her Directorate the outstanding actions were reviewed by the Acute and Cancer Care Board, and the interdependencies with other work were recognised.

7.2.7 Mr McLean found the report helpful but considered that the Board would benefit from knowing the number of overdue complaints and outstanding actions on a regular basis, and where the accountability for the delays lay.

7.2.8 Dr Tolcher said that the Quality and Governance Group had considered the report at its recent meeting. The three consistent major themes of complaints – diagnosis, medical and nursing communication and medical care – required greater clinical involvement if they were to be reduced. Mrs Dodson said that there was a synergy about understanding across the whole system. Dr Tolcher was particularly keen to engage consultant medical staff more closely in issues raised via complaints.

7.2.9 Mrs Webster suggested that the Quality Committee should be renamed the Quality Assurance Committee and said that she would make this recommendation when it convened. The Term of Reference would be brought to the Board in due course.

8. Report by the Chief Operating Officer

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

8.2 Mr Nicholas highlighted the increased number of urgent suspected cancer referrals received, following national and local campaigns, which had led to one of the applicable Cancer Waiting Times standards (14 day suspected cancer standard) being 87.6% below the required level of 93%. He was, however, confident that the target would be delivered across the quarter.

8.3 On waiting times in the Emergency Department, the Trust had achieved the standard with the inclusion of the Minor Injuries Units at Selby and Ripon, but not at HDH alone. From 1 May the figures from Selby would no longer be included, as they will be reported by York FT, because it

supports York Emergency Department and York also provides supporting radiology services. The effect is likely to be a reduction of around 1% in the standards achieved. The Directorate believes that the Emergency Department will nevertheless continue to achieve the 4 hour wait target.

8.4 There had been two ambulance delays of over 60 minutes in April and Mr Nicholas explained that these had been at busy periods when pressure of patients meant that there were no cubicles available for long periods.

8.5 Mr Nicholas said that the performance for April was on plan and continuing as it had in the second half of 2014-15. Community services (and especially the CFRRT) were under particular pressure. He said that as a result of the missed cancer waiting target the Monitor Governance rating for April was Amber. This should recover before the end of Q1.

8.6 Mr Ward asked about the figures for elective admissions, which had risen, whilst the Length of Stay had reduced. There had been a corresponding increase in Day Surgery activity and he wondered how this had been achieved. Mr Nicholas said that there had been a reduction in the number of patients admitted the day before their operation that would have had an impact on the length of stay for elective procedures. He said he would discuss separately with Mr Ward how this impacted on the average overall length of stay. **Action: Mr Nicholas**

8.7 Mrs Barron said that the Directorate were focusing on improving the capacity of the Pre-Admission Assessment Unit (PAAU) with a view to optimising the time period for patients and providing a pool of day cases to fill the available theatre capacity. In answer to Mrs Dodson's question, Mrs Barron said that the transformational groups were looking at the process to reduce overall length of stay, and Mrs Foster said that improving patient flow through the hospital was one of the Quality Priorities for the coming year.

8.8 Mr McLean asked whether patient satisfaction and complaints were taken into consideration when changing the process and Mrs Barron said that they had received good feedback which was being taken forward and included in the review.

8.9 Mr Thompson noted that there had been an increase in outpatient activity in Wetherby and Yeadon but described it as not meteoric; he wondered whether the effort being invested was worthwhile Mr Coulter responded that it was not just outpatient work which was being undertaken – it was the rate of conversion from those clinics to elective admissions. He said that it was the intention to increase the number of clinics held at these two venues and for them to be full on a regular basis. Mrs Barron said that she was monitoring fill rates and that the transformation group was tracking the cost benefits.

8.10 Mrs Webster said that she had taken part in the recent Patient Safety Visit to PAAU and Mrs Barron said that she was examining options for providing pre-operation assessment in the community ie away from the HDH site, which would both free up capacity at HDH and improve the patient experience.

8.11 Professor Proctor said she was seeking assurance, around the reduced length of stay and steady state of emergency readmissions, that patients were not being discharged before they were fit for it. Dr Scullion said that the decrease had been brought about not by discharging patients earlier but by bringing them into the hospital later; the package of post-operative care had not changed. Dr Tolcher said that some patients do stay longer and, to reassure Professor Proctor, she said that a clinical audit was being undertaken on readmissions. Dr Hammond said that the majority of readmissions were in Integrated Care and that information was being collected to identify those patients who kept coming back, who were likely to have complex needs which required a multi-disciplinary approach, and have a focused look at them.

Managing Resources Effectively

9. Report by the Director of Finance

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

9.2 Mr Coulter described the position as both half full and half empty in that a surplus of £137,000 had been achieved in April, against a small planned deficit, but this was behind the plan for month one due to the internal stretch target which had been set. The Trust has therefore delivered the Monitor plan for April but not the internal plan, which took account of the stretch Cost Improvement Programme (CIP).

9.3 He said that there were some risks associated with not yet having an agreed contract with HaRD CCG, especially around community capacity which was not yet funded. He expected May to be similar to April in terms of activity and income delivery but for June and July to be more challenging, as the plan phasing increased.

9.4 Moving to the CIP Mr Coulter said that measures to achieve 99% of the stretch target had been identified and this equated to 84% when risk adjustment had been made. Sixty-seven per cent of measures had been executed in April, which had generated a positive return.

9.5 On pay medical staffing had overspent by £35,000 which was an improvement of the run rate from previous months. The overspending on the wards had been due to a combination of 1:1 care, absences and rostering inefficiencies. £90,000 of overspend in non-pay was attributable to activity in month.

9.6 Overall the Trust had achieved a Monitor risk rating of three for Capital Service Cover and three for Liquidity, giving a consolidated rating of 3 for the quarter so far.

9.7 The cash position was positive at the end of April, standing at £6.6m, due to an initial agreement with HaRD CCG to receive a contract payment worth 1/11th of the annual value (rather than 1/12th). Mr Coulter expected it to drop in May because the first payment under the Carbon Energy Fund project was due and the HaRD CCG had paid the Trust in 12ths rather than the 11ths. He noted that there was no debtors list attached, which was due to pressure on staff time; there would be a report in June.

9.8 Mr Ward asked whether May activity was holding to the anticipated plan and Mr Coulter replied that it was a hard plan but that there had been no let-up in and April, which had been the case in previous years. He was positive because there had been no drop-off. Mrs Dodson said it was important that the shortfall against the stretch target was made up in the next three months and Mr Coulter agreed, stating that the approach had been to review performance at the end of quarter one and then decide upon any funding available for capital or revenue reinvestment.

9.9 Professor Proctor was concerned about rostering inefficiencies; Mr Coulter responded by saying that there had been an Internal Audit report in mind-April which had led to actions which were underway – action lay with the Directorates to improve the position. Dr Tolcher said that it was an opportunity to achieve efficiency savings without an effect on either staff or patients. The overspend on pay, which was recurrent, should be reduced with focused work on reducing the cost of medical staff funding, which would give a recurrent benefit. There was also work continuing around working outside Job Plans, looking for a more equitable and productive approach whilst keeping it attractive to staff.

9.10 Mrs Webster said that there were clearly tough challenges ahead and asked the Clinical Directorates to comment. Dr Hammond said that he was more assured than in recent years that

the required efficiencies would be achieved. He believed that reducing length of stay was the main driver towards this; he was confident that work on length of stay was not a prelude to a reduction in the number of beds available.

9.11 Ms Crewe said that she had planned the cost efficiencies across 3 years and that the transformational work required would be designed to deliver across that period rather than in year one. Mrs Barron said that she was having difficult conversations about out of hours working; these had involved the Clinical Leads, and it was hoped to move to an annualised set of Professional Activities (PAs) with all new appointments. She believed she had made progress but there was still a long way to go.

10. Operational Plan 2015-16

10.1 Mr Coulter said that the Operational Plan had been submitted as required on 14 May, following a meeting of the delegated sub-Committee on 7 May to agree the final version. Monitor was reviewing the plan and would discuss feedback with the Trust in mid-June. The plan to deliver a surplus was unusual in the provider community and different from most others. In signing the Operational Plan the sub-Committee, on behalf of the Board, had agreed that the Trust was clinically and financially sustainable for one, three and five years.

10.2 Mr Ward asked whether there was any benchmark data available in relation to other Providers' plans and performance; Mrs Dodson drew his attention to the Monitor website and said that she would forward details to him.

Action: Mrs Dodson

Valuing and Rewarding Staff

11. Report by the Director of Workforce and Organisational Development

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

11.2 Mr Marshall said that work was already in hand to take forward actions arising from the Health Education Yorkshire and Humber (HEY&H) quality visit and Board members should take assurance from the fact that the Trust was on the biennial visit trajectory. There had been a particular comment about the lack of a Consultant Gastroenterologist on the inpatient wards and Dr Hammond said that a timetable had been drawn up to ensure appropriate availability.

11.3 Mr Marshall said that comments about the undermining behaviour of some medical staff had been addressed whilst there were examples of good handover practices and positive comments about Trust induction. Eradication of old and outmoded medical titles was continuing. He had represented to HEY&H that gaps in rotas reduced the quality of the educative experience for doctors in training and this would be escalated.

11.4 Dr Scullion highlighted what he saw as a disconnect between the feedback given and the subsequent report. The Trust was highly regarded by junior doctors and there was no shortage or those who wished to train here. He put much of this down to the efforts of Trust mentors. Mr Marshall echoed this and made particular mention of Dr Law, who had devoted much effort and hard work to improving the programme. The advertisement for her post had now been lodged.

11.5 Moving to Pay Progression, Mr Marshall was pleased to report that the Trust had been shortlisted for a national award on the basis of the strengthened process which was in place. He was now moving towards introducing a similar process for medical staff, using the same criteria.

11.6 Mr Marshall was pleased to report that the Trust had been allocated two NHS Graduate Management trainees of the eight available in Yorkshire and Humber, one for HR and one for general management.

11.7 Mrs Webster was concerned about the Limited Assurance which was given by the Internal Audit of the Job Planning. The Senior Management Team had directed that Directorate Boards should take this forward and Mr Marshall said that a repeat audit would be put in place to ensure that improvements are made.

11.8 Professor Proctor asked whether any assessment had yet been made of the impact of Nurse and Midwife revalidation. Mrs Foster replied that a Task and Finish group had been set up and that the first cohort to be affected (those who would need to be revalidated between April and July 2016) would be contacted direct with the information available to date. Decisions on the final form of revalidation would be taken in October.

11.9 Mr Thompson wondered why the headcount had plummeted and Mr Marshall explained that the move of the GP OOH service, under TUPE regulations, had reduced it significantly.

Assurance

12. Quarterly Review of the Board Assurance Framework
13. Quarterly Review of the Corporate Risk Register

12.1 Dr Tolcher said that the two reports should be taken together as being linked, although separate entities. She said that a strength of the layout was that it showed progress against the action identified. There had been progress on most of the strategic risks in the Board Assurance Framework but, as was the nature with strategic risks, this had not changed the current risk scores.

12.2 The Corporate Risk Register used the same methodology and a number of risk scores had been updated.

14. Reports

14.1 Mrs Dodson reported that the Remuneration Committee had met on 21 May and that formal communication with those affected was underway. She would report the results more formally at the June meeting. **Action: Mrs Dodson**

15. Serious Complaints/Incidents/matters relating to compliance with Trust's Licence or other exceptional items to report of that have been reported to Monitor and/or the Care Quality Commission

15.1 Dr Scullion confirmed that a 'Never' event had been reported to Monitor and he would give further details to the Board during the confidential session.

16. Any Other Business

16.1 Following the discussion under Minute 7.9, Mr Nicholas clarified that there were no explicit national or regional targets for the response rates for the Friends and Family Test; rather Trusts and organisations were urged to maximise response rates.

16.2 There was no other business.

17. Board Evaluation

17.1 Ms Crewe said that she thought it was helpful both to the Board and to the Operational Directors that the latter were able to provide assurance on quality and finance from the Directorate perspective. She had found the session on GP OOH very helpful and it would focus her efforts to improve the service. Mrs Dodson said that it provided good line of sight.

17.2 Dr Tolcher felt that the pace of the meeting had been appropriate.

17.3 Mr McLean, whose first meeting it had been, said that he considered the covering Executive Summaries of the papers to be 'neither use nor ornament'. They should highlight key points, especially for data-rich reports, and he felt this would help the Executive Directors to focus on the key issues. Mr Coulter said that the Executive Summary tended to be the last minute key summary on most papers. Dr Tolcher considered that renaming the section as 'Key Issues' would improve focus and readability. Mrs Dodson said there was a need to triangulate the available information and that the agenda and papers were designed to map the way ahead.

17.4 Professor Proctor asked whether time could be found in the agenda to discuss the Trust view on major health issues of national importance and Dr Tolcher said that these would be placed in her report.

17.5 Mr Ward said that it had been good to be 'off-site'.

18. Confidential Motion

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

The Board agreed the motion unanimously.

The meeting closed at 12.25 pm.

Harrogate and District NHS
NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS

Minutes of the Board of Directors meeting held on Wednesday 27 May 2015 at 9.00 am in the Pavilions, Wetherby Road, Harrogate

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

In attendance:
Mrs B Barron, Operational Director, Elective Care Directorate
Ms J Crewe, Operational Director, Acute and Cancer Care Directorate
Dr P Hammond, Clinical Director, Integrated Care Directorate

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

One member of the public

Mrs Dodson welcomed everyone to the meeting and explained that it was a public meeting of the Directors to consider the Annual Report and Accounts 2014-15 and associated documents. The routine monthly meeting of the Board of Directors would follow this meeting. Mrs Dodson warmly welcomed Mr McLean to his first formal meeting as a Non-Executive Director and she also welcomed the member of the public, who was from another healthcare provider.

Mrs Dodson said that Mr Coulter would guide the Board through the meeting; there were a number of documents to approve and they fell into two parts – one around assurance and the other around approval.

1. Apologies for Absence

There were apologies for absence from Mrs Taylor, Mr Harrison, Mr Alldred and Dr Johnson. Mr Nicholas was representing Mr Harrison, Ms Crewe was representing Mr Alldred and Mrs Barron was representing Dr Johnson.

2. Annual Governance Statement

2.1 The Annual Governance Statement was taken as read.
2.2 Dr Tolcher drew particular attention to her penultimate paragraph in which she noted that there were three audits where she was assured that well-designed systems are in place. However, there remained some control weaknesses in the operational compliance with these systems, evidenced by Internal Audit and the Head of Internal Audit opinion in relation to intravenous cannula care, staff rostering and requesting medical locums.

2.3 There were no questions and Mrs Dodson sought and received the approval of the Board of Directors for the Annual Governance Statement, which would be incorporated into the Annual Report.

3. Annual Report of HDFT Audit Committee 2014-15

3.1 Mrs Dodson said that Directors should draw considerable assurance from the Audit Committee process and invited Mr Thompson, as Chairman of the Committee, to present his report.

3.2 Mr Thompson said that at its meeting on 21 May the Audit Committee had approved the items on the agenda. He noted one change from the report, as the Committee had considered the final Accounts 2014-15 at the meeting on 21 May.

3.3 The external Auditors had produced a long-form report on the Accounts which contained more detail of their work. Mr Thompson said that the report highlighted areas of work which would give Directors assurance and this was reinforced by the report from the External auditors.

3.4 Attendance at the Audit Committee meetings had been very good. Mrs Taylor had attended her first meeting on 21 May. Mr Thompson said that he expected that the recent review of governance would change the scope of work and the attendees of the Audit Committee; a review was in progress in preparation for a report at the next meeting in September. There had already been separate reviews of the effectiveness of the Audit Committee and a review of the effectiveness of internal audits which were undertaken by the North Yorkshire Audit Service had been satisfactory. Two reviews of the effectiveness of External Audit had been undertaken, in September 2014 and April 2015, which had also been satisfactory. All the reports indicated that all parties were working effectively.

3.5 Mr Thompson wished Directors to consider in particular the reports on NHS income recognition and the valuation of land and buildings. In respect of the former, income to the Trust was estimated because of the difficulty of reconciling sums owed by and to the number of NHS organisations. This was a recognised situation and a key area of financial and external audit. The KPMG report indicated that the treatment was the basis of reassurance to Directors.

3.6 Moving to the valuation, this had been a desktop exercise by an external party, which had resulted in a revision to the reported values. The Audit Committee was content with both the process and the outcome and KPMG had given an Unqualified opinion and had expressed no concerns.

3.7 Mr Thompson drew attention to the accounting treatment for the new managed laboratory service, the costs of which were being treated as an operating lease,

3.8 The Audit Committee had considered a number of specific areas, in what had been a busy year. These included pre-employment checks, security arrangements for theatre stores, compliance issues with IV cannula care, budget-holder compliance with Standing Financial Instructions, changes to the Board Assurance Framework and Corporate Risk Register and the implications of the Quality and Governance review.

3.9 Mr Thompson outlined the agenda which had been considered at the Committee meeting on 21 May and said that the Committee had been impressed by the way in which the financial statements had been pulled together.

3.10 Mrs Dodson invited questions from the Board members. Mrs Webster requested clarification whether the treatment of the managed laboratory service contract would affect the Trust's ability to reclaim VAT. Mr Coulter confirmed that VAT remained recoverable, under current legislation.

3.11 Mr Thompson clarified that the Minutes of the Audit Committee meeting of 7 May had been approved at its meeting on 21 May.

3.12 Mr Ward said that he had been a member of the Audit Committee for almost three years and said that Mr Thompson was proving to be a very effective chairman; Professor Proctor endorsed his view.

3.13 Mrs Dodson thanked Mr Thompson for his comprehensive report and said that the workload of the Audit Committee had been immense and the Committee had applied due diligence to all its work, on behalf of the Board. She thanked Mr Thompson for his hard work since taking the chair of the Audit Committee.

4. Approval of HDFT Consolidated Accounts 2014-15

4.1 Mr Coulter said his papers were taken as read. He drew attention to the briefing paper and the need for formal approval of a number of elements of the Accounts.

4.2 The Directors confirmed the 'Going Concern' principle which had been used in the preparation of the Accounts.

4.3 The Directors approved the Letter of Representation to the External auditors.

4.4 Mr Coulter said that the KPMG report had given the Accounts a clean report. There were some minor presentational issues, which had been adjusted. On the issue of NHS income estimates, Mr Coulter confirmed the 'agreement of balances' process between NHS organisations – KPMG had flagged up the differences as part of the normal processes and agreed that the estimates were properly supported by evidence. Subsequent coding would reconcile the 'ups and downs' in due course.

4.5 Mrs Dodson sought and received the approval of the Consolidated Annual Accounts 2014-15.

5. Approval of Trust Quality Report

5.1 Mrs Foster said that her papers were taken as read. She said that Dr Wood had compiled a very readable report. It laid out the quality priorities for 2015-16 and reflected progress made against those for 2014-15. The report showed an

organisation which had quality at its heart and Mrs Foster said that there was a balance between what had been done and what was yet to be done in improving quality of care.

5.2 Mrs Dodson reminded Board colleagues that the quality priorities had been discussed at the last meeting but not formally approved, and asked that the Board approve them as part of the Quality report. The Board approved the quality priorities for 2015-16 as:

1. Creating the conditions for safety by improving communication.
2. Improving patients' experience of using our services.
3. Becoming a centre of excellence for the care of the frail elderly.

5.3 Mr Coulter said that KPMG had given the Quality Report an opinion of Limited Assurance, which was a good opinion. This opinion was limited only by the scope of their audit of the content and did not imply shortcomings in what had been presented.

5.4 The Board approved the Quality Report and the Letter of Representation for the Quality Report.

5.5 Mrs Dodson said that the thanks of the Board, for a well-prepared and comprehensive Quality Report, should be conveyed to Dr Wood. It showed that quality of care was at the heart of everything the Trust does.

6. Approval of HDFT Annual Report 2014-15

6.1 Mr Coulter took the Report as read. He said that the KPMG review had described it as consistent with everything they knew about the Trust and the work of the last 12 months. The External auditors had reviewed the remuneration report and the report of the Audit Committee in particular.

6.2 There were no questions and Mrs Dodson sought and received approval of the Board of Directors for the Annual Report.

6.3 Mrs Dodson highlighted the hard work which Mr Morrison and his team had invested in producing a clean set of Accounts and asked that the thanks of the Board be conveyed to them.

7. Approval of Governance Statement to Monitor

7.1 Mr Coulter said that whilst this was not a formal part of the Annual Report and Accounts process it was convenient to seek Board approval of the annual Governance Statement at this meeting.

7.2 The Board confirmed that over the financial year 2014-15 the Trust had taken all necessary precautions to comply with the conditions of the Licence and continued to meet the criteria, and that the Certification could be signed by the Chairman and the Chief Executive.

Mrs Dodson closed the meeting at 9.25 am.

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – June 2015

Completed Actions

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

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

Item Description	Director/ Manager Responsible	Date due to go to Board or when a confirmation of completion/progress update is required	Confirm action Complete or detail progress and when item to return to Board if required
Update the Board on resilience of Paediatric Diabetes service	Dr Johnson, Clinical Director, Directorate of Elective Care	March 2015	Complete
Ensure CCG and GPs are aware of NHS Change Day Twitter site (Minute 6.15)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
Write letter to Nursing Times re maternity staffing (8.7)	Mrs Foster, Chief Nurse	March 2015	Complete
Circulate anonymised Safer Staffing report to Board members (8.8)	Mrs Foster, Chief Nurse	March 2015	Complete
Investigate spike in pressure ulcers on Farndale Ward (8.14)	Mrs Foster, Chief Nurse	March 2015	Complete
Update on cash position (10.7)	Mr Coulter, Director of Finance	March 2015	Complete
Include number of temporary staff/locums in Board report (10.8)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
Update on staff screening (11.9)	Mr Marshall, Director of Workforce and Organisational Development	March 2015	Complete
Inform Monitor that the Trust has opted to take up the Enhanced Tariff Option (12.7)	Dr Tolcher, Chief Executive	March 2015	Complete
November 2014	Comment on potential link between night staffing levels and number of patient falls	Mrs Foster, Chief Nurse	Complete
January 2015	Update the Board on progress of Sign Up to Safety application	Dr Scullion – Medical Director	Complete
January 2015	Report on actions following Midwifery inspection and Healthwatch visit	Mrs Foster, Chief Nurse	Complete

February 2015	Report on analysis of spike in complaints in Trauma and Orthopaedics (8.20)	Dr Johnson, Clinical Director, Elective Care	Complete
February 2015	Report to the Board on progress with improving the Trust position on catheter and cannula care (8.4)	Mrs Foster, Chief Nurse	Complete
March 2015	Report on work to reduce mortality indices (8.2)	Dr Scullion, Medical Director	Complete
March 2015	Arrange sub-Committee meeting to approve Operational Plan (13.1.5)	Mr Forsyth, Interim Head of Corporate Affairs	Complete
March 2015	Report on audit of possible delays in triage of OOH patients (10.6)	Mr Alldred, Clinical Director Acute and Cancer Care	Complete
April 2015	Include average mortality *indices* in monthly Board report (8.6)	Dr Scullion, Medical Director	Complete
April 2015	Write to Dr Law to acknowledge term as DPGME (8.8)	Mrs Dodson, Chairman	Complete
April 2015	Arrange publicity around RCoA accreditation of Anaesthetic Department (8.10)	Mr Forsyth, Interim Head of Corporate Affairs	Complete
April 2015	Discuss Hospedia system with Mr Thompson (9.16)	Mr Coulter, Deputy Chief Executive and Director of Finance	Complete
April 2015	Commentary and Action Plan on report of Deanery visit (12.2)	Mr Marshall, Director of Workforce and Organisational Development	Complete
September 2014	Update to Board on progress of safeguarding review	Mrs Foster, Chief Nurse	Complete

Harrogate and District NHS
NHS Foundation Trust

HDFT Board of Directors Actions Schedule – Outstanding Actions

June 2015

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Board or when a confirmation of completion/ progress update is required	Detail progress and when item to return to Board if required
1	July 24 2013	Report any future complaints about the LCP to the Board via the Chief Nurse rep ort	Mrs Foster, Chief Nurse	Ongoing	Ongoing
2	March 2105	Report on progress of NCEPOD work (10.1.6)	Mr Lavalette, NCEPOD Ambassador	**June 2015** (May 2015)	
3	April 2015	Revise Board Terms of Reference iaw comments and new template (5)	Mr Forsyth, Interim Head of Corporate Affairs	**June 2015** (May 2015)	
4	April 2015	Circulate to NEDs dates of medico-legal lectures by Professor Marks (8.9)	Dr Scullion, Medical Director	**June 2015** (May 2015)	
5	February 2015	Report on communications campaign around nurse and midwife revalidation (8.16)	Mrs Foster, Chief Nurse	**June 2015**	
6	May 2015	Report progress on GPOOH service (4.1.13)	Mrs Webster – Chair of Quality Assurance Committee	*Date to be confirmed*	
7	May 2015	Include role as Board focus for 'whistleblowing' in TsofR for post (6.3)	Mrs Sandra Dodson - Chairman	**June 2015**	
8	May 2015	Show trajectory of progress with pressure ulcers and falls with fractures (7.7)	Mrs Foster, Chief Nurse	**June 2015 *etc seq***	
10	May 2015	Meet with Professor Proctor to consider response to Lampard Review (7.1.3)	Mrs Foster, Chief Nurse	**June 2015**	

11	May 2015	Discuss Wi-Fi provision in the.hospital with NHS Providers and other partnerships (7.1.5)	Mrs Foster, Chief Nurse	**June 2015**	
12	May 2015	Complete response to Lampard Report and submit after approval from Mrs Dodson and Dr Tolcher (7.1.6)	Mrs Foster, Chief Nurse	**June 2015**	
13	May 2015	Discuss impact of changes to admission arrangements with Mr Ward (8.6)	Mr Harrison (Mr Nicholas), Chief Operating Officer	**June 2015**	
14	May 2015	Forward details of other providers' plans to Mr Ward (10.2)	Mrs Dodson, Chairman	**June 2015**	
15	May 2015	Report results of Remuneration Committee (14.1)	Mrs Dodson, Chairman	**June 2015**	
16	April 2015	Board Paper on Admissions (including readmissions) (10.5)	Dr Hammond, Clinical Director, Integrated Care Directorate	July 2015	
17	February 2015	Brief Board on emerging models at next BDD (6.14)	Dr Tolcher, Chief Executive	July 2015	
18	March 2015	Report on Action Plan following Morecambe Bay Inquiry	Chief Nurse – Mrs Foster	July 2015	
19	March 2015	Update on immunisation screening of staff (11.9)	Mr Marshall, Director of Workforce and Organisational Development	September 2015	
20	March 2015	Possible changes to the Remuneration Committee to be discussed by NEDs (14.6)	Mrs Dodson, Chairman	*Date to be confirmed*	

4.1

HDFT Board of Directors

Terms of Reference

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

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

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

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

Membership

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

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

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

Executive Directors including:

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

All Executive and Non-Executive Directors hold a vote.

Quorum

A quorum is at least five of the whole number of the Directors present including at least two Executive Directors and three Non-Executive Directors, one of whom is the Chair and as such has a casting vote. If absent, the Chair can formally nominate another Non-Executive Director to chair the meeting and as such carry the casting vote.

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

Frequency

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

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

Responsibilities

The Board is responsible for decision making associated with:

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

Duties

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

The duties of the Board can be categorised as follows:

Leadership and Culture

The Board:

- Ensures there is a clear vision and strategy for the Trust that people know about and that are being implemented, within a framework of prudent and effective controls which enable risk to be assessed and managed;
- Sets values, ensuring they are widely communicated and that the behaviour of the Board is entirely consistent with those values;
- Ensures a strong Duty of Candour is embedded across the organisation;
- Ensures the Trust is an excellent employer through the development of a workforce strategy and its appropriate implementation and operation;
- Ensures that Directors and staff adhere to any codes of conduct adopted or introduced from time to time;

- Ensures timely and meaningful communications with staff, service users, members, external

stakeholders and other bodies.

Strategy

The Board:

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

Quality

The Board:

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

Finance

The Board:

- Ensures the continuing financial viability of the organisation;
- Reviews financial performance against the plan, identifying opportunities for improvement and ensuring those opportunities are taken to ensure the delivery of high quality services;
- Ensures the proper management of resources and that financial and quality of service responsibilities are achieved;
- Seeks assurances on value for money and the effective operation of the internal systems of financial control.

Governance

The Board:

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

monitoring performance to ensure corrective action is taken when required;

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

Ethics and integrity

The Board:

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

Communication

The Board:

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

Committees

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

Role of the Chair

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

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

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

Role of the Chief Executive

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

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

The Chief Executive reports to the Chair.

Other matters

The Trust Board shall be supported administratively by the company secretary whose duties in this respect will include:

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

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

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

Review

These Terms of Reference for the Board will be reviewed annually.

Report to the Trust Board of Directors: 24 June 2015	Paper number: **5.0**

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

Key Issues:
Progress on New Model of Care (Vanguard) and feedback from NHS England.
National announcements to support delivering the Five Year Forward View.

This report gives brief information on the work of the SMT (Senior Management Team) with more detailed information on performance being contained in the performance dashboard and Executive Director reports.

Related Trust Vision	
1. Driving up quality	Yes
2. Working with partners	Yes
3. Integrating care	Yes
4. Growing our business	Yes

Risk and Assurance	
Legal implications/ Regulatory Requirements	No additional risks

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

- Note the strategic update and progress being made on new models of care.
- Note the range of national announcements and their relevance to the Trust
- Specifically approve a statement on CQC ratings at item 8
- Note the formalisation of the West Yorks Association of Acute Trusts (WYAAT)

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 Patient Safety Visits

There has been one Patient Safety Visit since the last Board meeting. This was to the Ophthalmology Department on 9 June. The Patient Safety Visit to the Emergency Department, which was postponed from May, will now take place in mid-July.

2.0 STRATEGIC UPDATE

2.1 2015/16 Contract

Negotiations with HaRD CCG on the roll forward of the acute contract for 2015/16, and a new contract for community services continue. A further offer has been received and a verbal update will be given at the meeting.

2.2 National communications.

There has been a flurry of announcements from the centre in the wake of the general election last month. All are seeking to reverse the national decline in finances and performance. The publication of the *Five Year Forward View - Time to Deliver* document brings the various strands together in an overall strategic approach.

Formal communications are listed in section 6 and are summarised below:

- Changes to national the key performance indicators for referral to treatment times (RTT)
- Guidance and controls on spending on external consultants and agency staffing
- Guidance and controls on Very Senior Managers (VSM) pay
- A single CEO for Monitor and the Trust Development Agency
- Establishment of a new NHS success regime
- Monitor consultation on changes to its Risk Assessment Framework
- Lord Carter's interim report in to operational productivity in NHS Providers

3.0 WORKING IN PARTNERSHIP

3.1 New Models of Care (Vanguard Programme)

On 28 and 29 May the NHSE New Models of Care team came to Harrogate for a formal site visit. We had a series of discussion and challenge sessions, some service visits and an Open Space event attended by approx. 90 services users, carers and other stakeholders. The visitors identified system leadership and cohesion of vision as key strengths locally. A formal letter summarising findings and next steps has now been received.

We are required to submit a 'Value Proposition' setting out the resources we require and the outcomes we will deliver in order to access the national transformation fund. The deadline for submission is 30 June and all partners are working closely on detailed workforce modelling and OD requirements in order to submit a credible bid. We have also made contact with a number of other Vanguard sites to share information and ideas.

3.2 Report from the West Yorkshire Association of Acute Trusts (WYAAT)

The network of acute Trust CEOs is now formally constituted as WYAAT and met in Leeds on 3 June. The group has been established:

a. To facilitate a more resilient care provider offer to Commissioners
b. To deliver a financial benefit to the region through a reduction in spend or an increase in value for money for the Commissioner.

I attach the notes of the meeting and the Terms of Reference for colleagues to note.

3.3 Ripon Partnership

Work on The Ripon Partnership is progressing. Community Ventures has been appointed to scope out phase one of the project and is meeting with all stakeholders this month. Re-provision of healthcare facilities in Ripon will be informed by the system partnership work on New Models of Care and also the intelligence from the CAPA bed audit in 2014.

3.4 Harrogate Health Transformation Board

The Harrogate Health Transformation Board (HHTB) is the formal leadership group overseeing New Models of Care (Vanguard), including the Ripon Partnership. I will give a verbal update of the meeting on 16 June and the monthly report out of the meeting will be included in my July report. The HHTB is in the process of agreeing a high level vision and principles document which I will bring to the July meeting for Board endorsement.

4.0 FINANCIAL POSITION

The Trust reported a deficit of £511k for May, which represents an adverse variance, against our internal plan, of £12k. The year to date position is therefore a deficit of £372k, which is £156k adverse of plan. The internal plan includes a higher target of CIP in order to fund service pressures. In the current position the Trust is therefore unable to fund these pressures.

Trust income for May was £192k ahead of plan and overall there is a favourable income variance of £422k to date. Both pay (£211k) and non-pay were overspent in May and the year to date expenditure position is 1.9% (£580k) overspent.

There must be a particular focus on delivering activity levels during June and July in order that the Trust delivers its planned surplus for the quarter. For comparison, month two of 2014/15 recorded a deficit of £555k and a year to date position of £1.072k behind plan.

Further detail is contained within the report of the Finance Director.

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 17 June.

There was a considerable focus on care quality and steps being taken to reduce harms. It was noted that the quality of documentation in respect of tissue viability risk has improved. Root cause analysis of pressure ulcers has previously identified poor

documentation as a significant area for improvement so this is a positive development. The accuracy of grading of pressure ulcers is also improving. Actual rates of avoidable pressure ulcers are above trajectory in the first quarter and the Board is asked to refer to the Chief Nurse report for more detail.

Complaints response times and re-opening of complaints was discussed and actions for improvement agreed.

Senior clinician buy-in to measures which reduce avoidable harms was identified as an area for more work.

The Draft Business Development Strategy was approved and will be considered by the Board of Directors in private due to its commercial sensitivity.

The Corporate Risk Register was scrutinised and challenged.

6.0 COMMUNICATIONS RECEIVED AND ACTED UPON

6.1 Monitor letter on agencies and consultancies

The Chief Executive of Monitor wrote to all Chairman and Chief Executives of NHS Trusts and Foundation Trusts informing them that from 2 June 2015, NHS Foundation Trusts receiving interim support from the Department of Health and NHS Foundation Trusts that are in breach of their Licence for financial reasons are required to secure advance approval from Monitor before:

- signing new contracts for consultancy projects over £50,000
- extending or varying existing contracts or incurring additional expenditure to which they are not already committed (where the total contract value exceeds £50,000)

Whilst this does not apply to HDFT he goes on to stress that all other NHS Foundation Trusts, particularly those under investigation by Monitor for financial breaches or planning a deficit for 2015/16, are strongly encouraged to comply. Monitor will take into account contracts that are poor value for money when considering the need for regulatory action concerning any potential breaches of governance licence conditions.

The letter also introduces a Monitor approval process for some specific areas of spend in Foundation Trusts that are in breach of their Licence for financial reasons. Monitor has worked with NHS England and the NHS Trust Development Authority (TDA) to identify initial areas where it believes the NHS could obtain better value for money and also identified agency costs. It will introduce approval processes for both.

As with consultancy costs, while these approval processes apply to Foundation Trusts in breach of their Licence for financial reasons, all other Foundation Trusts are asked to comply voluntarily as Monitor believes they should genuinely help Trusts to make more effective use of their resources.

6.2 Monitor consultation on its Risk Assessment Framework

On 4 June Monitor launched a consultation on proposed changes to its Risk Assessment Framework. The proposed changes will make it easier for Monitor to take regulatory action earlier if a Foundation Trust is in deficit, failing to deliver its financial plan and/or not providing value for money. Monitor is proposing to enable this by:

- Re-introducing two previously used measures - one tracking Foundation Trust deficits and another on the accuracy of planning
- Combining a trust's rating on these new measures with its existing continuity of services ratings (COSRR) to produce a new four-level financial sustainability and performance risk rating, with appropriate regulatory responses to each rating level
- Making two further changes to ensure trusts make sure they deliver value for money by adding a measure within a trust's governance rating and making a change to the accounting officer memorandum.

Early indications are that such changes would reduce HDFT's COSRR.

6.3 **Secretary of State letter regarding executive pay**

On 2 June the Secretary of State wrote to the Chairmen of all NHS Trusts and Clinical Commissioning Groups exhorting them to review urgently their policies on executive remuneration and consider whether the sums paid are justifiable, and extending the requirement for Treasury approval of all appointments at salaries above that of the Prime Minister which is quoted as £142,500 pa. The letter also highlights the need to adhere to the Treasury guidance on 'off-payroll' interim pay and a range of other issues. He requested that Chairmen respond by the end of June with their 'plans and thoughts' on these issues.

6.4 **Improving access and simplifying measurement- changes to KPIs**

The Chief Executive of NHS England wrote to all Chief Executives of NHS Providers and Accountable Officers of CCGs on 4 June endorsing the recommendations of a study by Sir Bruce Keogh. Referral to treatment times (RTT) are currently measured in three conflicting ways: through admitted, non-admitted and incomplete standards which sometimes drives perverse incentives. Sir Bruce recommends that headline patient waiting time guarantees are retained but that in future RTT times are tracked on the basis of the 'incomplete' standard alone. Simon Stevens has accepted Sir Bruce's proposals. The timing for a change in formal reporting is not yet known.

Sir Bruce's review also highlights the perverse way in which the ED 4 hour wait target can penalise those hospitals which offer better services closer to home thereby enabling lower rates of clinically avoidable admissions. This can mean that hospitals are left with a higher proportion of complex patients, and therefore their performance may appear worse. The ED access target assumes that for a proportion of more seriously unwell patients it is clinically appropriate to remain in the ED for longer than 4 hours. He suggest that as the redesign of urgent and emergency care services progresses nationally, consideration must be given to a wider range of clinical measures.

This could will be directly relevant to HDFT as we implement new models of care.

6.5 **Five Year Forward View – Time to Deliver**

The Queen's Speech put the Five Year Forward View at the heart of the Government's programme. On 4 June the Department of Health published 'Time to Deliver' which describes the national approach to delivering the vision at scale and pace. It sets out:

- What has been achieved so far;
- Initial actions to support the service during 2015/16;

- The next steps to be taken to transform the NHS and deliver the Five Year Forward View.

A Five Year Forward View Board comprising the CEOs of the NHS's principal leadership bodies has been set up to provide strategic oversight of delivery and support greater alignment between the different statutory bodies at a national and local level.

As part of creating the conditions for success in 2015/16 a number of centrally driven initiatives are planned:

1. Collective action to support sustainable staffing:

    - Require all agency staff to be procured from existing, agreed frameworks;
    - Set maximum rates for grades and specialities of staff on a geographical basis;
    - Set a ceiling for agency spend for each provider
    - Ensuring a greater supply of NHS nurses through extending the successful national Return to Practice Campaign;
    - Reduce staff sickness rates and the need for agency staff by improving the health of the NHS workforce.

2. Leveraging national buying power:

    - Require all consultancy contracts over £50,000 to have advance approval from the relevant oversight body;
    - Discuss with the big consultancy firms how we can share the knowledge we commission from them where relevant across the NHS;
    - Explore other ways the NHS can combine its purchasing power to leverage better prices for the NHS locally.

3. Further progress on Vanguard sites

    Each Vanguard site will be personally sponsored by one of the Arm's Length Body CEOs. For Harrogate this will be Ian Cummings, CEO of Health Education England. A £200m Transitional Fund will start to be released to sites from July based on agreed value proposition submissions.

    Two further cohorts of Vanguard opportunities have been announced: one to address Urgent and Emergency care at scale, and another predicated on Acute Collaborations. HDFT is engaged in dialogue with system partners in respect of both of these opportunities.

4. Other initiatives

    For systems in difficulty, either due to quality concerns or financial challenges, a new 'success regime' is being introduced. This recognises that high quality care and resilience is a systems issue rather than the sole responsibility of single organisation.

Closing the funding and efficiency gap:

- An increased focus on prevention with and early focus on diabetes prevention, smoking cessation and obesity reduction;
- Use of benchmarking to identify best value outliers eg admission rates, length of stay;
- Better procurement to optimise value across whole non-pay spend;
- The development of a common measure of use of resources.

6.6 **Potential cap on legal costs for negligence claims**

A letter to providers and Clinical Commissioning Groups from DH finance director, David Williams, outlines various measures to reduce NHS spending and says work has begun to "review a number of issues including the potential to introduce fixed legal costs for clinical negligence". It said the department is working with the NHS Litigation Authority and Ministry of Justice on these plans. Whether 'after the event insurance' costs should continue to be recoverable from the defendant in a clinical negligence claim will also be reviewed. The Trust awaits the outcome of the deliberations.

6.7 **The Carter Review: an interim report in to operational productivity in NHS Providers**

This is an interim report with a full report due later in the summer. It proposes an Adjusted Treatment Index (ATI) as a standardised comparable measure of provider efficiency. This would allow comparisons and help drive cost improvement.

The report suggests a potential saving nationally of £5bn pa by 2019/20 through improved workforce and flow savings (absence management, productivity; admin efficiency); and pharmacy and medicines optimisation (procurement; estates; hospital pharmacy efficiency).

6.8 **Raising Transparency of Pricing for Total Hip and Total Knee Replacements**

Professor John Briggs has written to all Trusts in England as part of a pilot study to improve the transparency of pricing of three major prosthetic joints. Using data from the NHS Supply Chain he has established the maximum and minimum prices which Trusts are paying for these joints, with the intention of trying to make sure that clinical staff are aware of the variability in pricing. I have tasked the Procurement workstream in the Clinical Transformation Board to take forward work to ensure that our teams are aware. At the same time there may be scope for some collaboration with local Trusts.

6.9 **Report of Parliamentary and Health Service Ombudsman**

The PHSO published a report on 17 June listing a number of summaries of both Parliamentary and Health cases. The Trust was featured in one of these case studies, which dated back to 2010, and the Yorkshire Post asked for comment from the Trust. The Medical Director provided a comment, part of which was quoted when the story featured on 17 June. There has been no reaction to date.

7.0 BOARD ASSURANCE AND CORPORATE RISK

The summary current position of the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) is presented below.

7.1 Board Assurance Framework (BAF)

There have been no changes in BAF scores since last month. There are 12 Risks recorded on the BAF and all were reviewed and updated, where appropriate, on 11 June by the Executive Directors. All BAF entries have action plan progress scores of 1 or 2 which provides assurance that actions are being progressed. There are no risks where the actions are either not defined or are delayed.

No new risks have been added to the BAF since last month and no risks have been removed. Whilst there has been progress with the Action Plans of a number of the Risks this has not changed any of the Risk or progress scores.

The strategic risks are as follows:

Ref	Description	Risk score	Movement since last month and progress score
BAF#1	Lack of Medical, Nursing and Clinical staff	*Amber 9*	*unchanged at 2*
BAF#2	High level of frailty in local population	*Red 12*	*unchanged at 2*
BAF#3	Failure to learn from feedback and Incidents	*Amber 9*	*unchanged at 2*
BAF#4	Lack of integrated IT structure	*Red 16*	*unchanged at 2*
BAF#5	Service Sustainability	*Red 12*	*unchanged at 2*
BAF#6	Understanding the market	*Red 12*	*unchanged at 2*
BAF#7	Lack of robust approach to new business	*Amber 8*	*unchanged at 2*
BAF#8	Visibility and reputation	*Red 12*	*unchanged at 2*
BAF#9	Failure to deliver the Operational Plan	*Red 12*	*unchanged at 2*
BAF#10	Loss of Monitor Licence to operate	*Amber 5*	*unchanged at 2*
BAF#11	Risk to current business	*Green 4*	*unchanged at 1*
BAF#12	External funding constraints	*Red 12*	*unchanged at 2*

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

7.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 12 June. There were no new risks to add to the register and none to be removed.

The highest scoring risk with current risk score of 15 or above remains:
Risk to business objectives due to non-delivery of locality-wide IT system – 16.

There has been progress on the Action Plans of most of the Risks, although not to the extent that any Risk score has improved. There are three Risks where the Action Plans are behind plan:

> COR 63: Risk of patient harm due to failure to identify and manage mental health and mental capacity needs – has not improved as expected last month. Progress is being made but closing the gap in control related to the skills and knowledge of staff will take longer than the previous target date of June 2015.

The target date has been extended to December 2015 and the progress score remains as 3 – Actions defined – work started but behind plan.

COR 74: Risk of harm to Ward attenders – progress score 3 – Actions defined – work started but behind plan.

CR2: Risk to the quality of service delivery due to the national reduction in trainee numbers – progress score 5 – Actions not yet fully defined.

There was discussion about a Risk on the Estates risk register concerning gaps in assurance on building safety in premises not owned by the Trust. Further work will take place and the outcome will be discussed at the next meeting.

There were no Risks from the Corporate Risk Register to be added to the Board Assurance Framework.

8.0 DISPLAY OF CQC RATING

In my report to the March meeting of the Board I reported that the CQC had issued an instruction for ratings awarded as a result of its inspections to be display prominently around Trust premises. My report stated that:

> 'The Trust was inspected in October 2013 as part of a CQC pilot and we did not receive a rating. We will however display a simple statement on the HDFT website referring to the CQC guidance and stating that the Trust was used as a pilot site for the new inspection regime. It will quote some of the positives and also the four areas in which suggestions for improvements were made, noting that there were no compliance notes and that all issues have been addressed.'

This was discussed at a meeting with the local CQC manager on 12 June; since the Minutes of the March Board meeting do not make specific reference to the Board approving this approach, the CQC representative has asked that the Board formally endorses the statement which is now on the website, and records this in the Minutes of this meeting. The statement reads:

> 'Harrogate District Hospital was last inspected by the Care Quality Commission (CQC) as part of a pilot scheme for a new system of CQC inspections in November 2013.
>
> The inspection report found that Harrogate District Hospital provided care that was safe, effective, caring, responsive and well-led. The hospital was clean and it had systems in place for infection control.
>
> There were some areas of good practice. These included the way in which the trust valued and used volunteers, and the use of telemedicine in patient care.
>
> The CQC also identified areas where some improvements were suggested, including staffing levels on wards caring for older people, pain control on surgical wards, the full recording of decisions around Do Not Resuscitate notices and the threshold for reporting serious incidents. We have taken measures to improve our performance in all of these areas. The CQC did not find any areas where it felt it necessary to issue a notice instructing the Trust to make improvements.
>
> The Trust was identified as a low risk organisation and no formal overall rating was given following the last inspection.'

The Board is requested to approve this statement.

9.0 DOCUMENTS SIGNED AND SEALED

I am pleased to report that on 8 June 2015 the Chairman and I signed and sealed a contract with William Birch and Sons Limited for the works required for the remodelling of maternity services at Harrogate District Hospital.

Dr Ros Tolcher
Chief Executive
June 2015

Attachments:

1. West Yorkshire Association of Acute Trusts – Notes of meeting on 3 June 2015
2. West Yorkshire Association of Acute Trusts – Terms of Reference

West Yorkshire Association of Acute Trusts (WYAAT)

Briefing note – 1
Date issued: 8th June 2015

Author: Erika McGinnes

Intended audience: This briefing note summarises all the key decisions taken by the West Yorkshire Association of Acute Trusts. It will be circulated among its core members for onward circulation and for presentation at key meetings to promote a transparent and open way of working.

The group has been established to facilitate:

1. A more resilient care provider offer to commissioners
2. To deliver a financial benefit to the region through a reduction in spend or an increase in value for money for the commissioner

The group met on the 3rd of June 2015 at Leeds Teaching Hospitals NHS Trust. Each Trust was represented at this first formal meeting. The group discussed the following key agenda items:

- Terms of Reference: These were signed off and are available as an appendix to this Briefing Note.
- Work Plan: There were several areas of interest among the group but it was agreed to concentrate the work programme on issues common to all acute trusts initially. This would not rule out collaboration with other stakeholders (e.g. mental health trusts and other primary care groups) as the programme evolved but all members agreed that at this initial stage, the priorities should include:
    - A review of urgent care across the region
    - A review of all the key topics outlined in the Healthy Futures Programme. These include:
        - Possible collaboration on cancer services provision
        - A review on Children's services across the member Trusts
        - A review on stroke services across the member Trusts
    - Consideration to the relationship with Primary Care Services
    - The group also agreed to consider collaboration across a number of business functions to include Human Resources and Finance.
    - Leads have been established for each work-stream and a detailed appraisal of possible areas for collaboration will be presented by each work stream lead at the next meeting, which will be held towards the end of July.
- New Models of Care: The group also discussed further collaboration on the 'New Models of Care' programme. Member Trusts already have a number of vanguard proposals being supported by NHS England (NHSE) but agreed that there would be benefit to be derived on pan-Trust collaboration on one of the existing submissions proposed by

Airedale NHS Foundation Trust promoting technology and the use of telemedicine. Details of the proposal are being drawn up by the Group for consideration and development at the next meeting.

Further information can be obtained by contacting Erika McGinnes – General Manager (Head & Neck) Leeds Teaching Hospitals who is providing network support to the group on: erika.mcginnes@nhs.net

West Yorkshire Association of Acute Trusts (WYAAT)

TERMS OF REFERENCE AND PROTOCOLS FOR WORKING

June 2015

Terms of Reference

These arrangements outline the collective roles and responsibility of the West Yorkshire Association of Acute Trusts. WYAAT is a collaboration of West Yorkshire Acute Hospitals that has been established to provide a collaborative leadership forum between Trusts to underpin the design and delivery and operational effectiveness of acute services across West Yorkshire in the context of reshaping healthcare

Membership

The Association will be represented at the highest level within each Trust with each Trust committing the time and presence of its Chief Executive Officers (CEOs). Where attendance is not possible, there is an expectation that a deputy (able to contribute to discussions and decisions) will be nominated to attend in their place.

At the time of being established, the Association will comprise (but not be limited to):

1. Airedale NHS Foundation Trust
2. Bradford Teaching Hospitals NHS Foundation Trust
3. Calderdale & Huddersfield NHS Foundation Trust
4. Harrogate NHS Foundation Trust
5. Leeds Teaching Hospitals NHS Trust
6. Mid Yorkshire Hospitals NHS Trust

The Association will have both the ability and authority to co-opt additional members as determined by its Work Programme (WP) and agenda. This will enable the group to consider projects that integrate both vertically and horizontally throughout the health economy.

Role

The key aim of the Association is to create a shared purpose in ***providing excellence in acute care***. As a collaborative, the Association aims to:

- Inform and influence commissioning both locally and regionally including decisions on new models of care

- Become a strong voice contributing to the development of policy for acute care
- Share best practice from within each Trust
- Achieve a balance of healthy competition and collaborate on key deliverables that are best achieved through joint working
- Contribute to the creation of new business models that deliver economies of scale at both financial and operational levels
- Improve operational processes across Trusts to support safe, high quality, cost effective patient care

Meeting frequency

The group or their trusted representatives will meet every six (6) weeks. Unless otherwise specified, all meetings will be held at Leeds Teaching Hospitals NHS Trust.

Quoracy and voting

The ultimate decision making authority of this group lies in the respective Trust Board of each of the member organisations. As such, the group will come together in a consultative and lobbying capacity. Should the scope of the projects or work programme change to the extent that decisions are required as a group output, the ToR will be amended to outline the appropriate governance to be followed.

Expected values and behaviours

The success of this Association is dependent on the commitment of each of its members. Each Trust representative has agreed to commit to the following operating principles:

- Honesty and openness
- Prioritisation of meeting time
- A commitment to sharing data and intelligence
- A commitment to share infrastructure and consultancy costs where these arise
- A commitment to establish meetings of other senior member Trust executives to contribute to the Association's Work Plan for example Directors of Finance, Medical Directors, Chief Operating Officers

Objectives

The Association will commit to:

1. Address the clinical and financial interdependencies between its member Trusts, community and primary and social care
2. Bring together strong clinical expertise and leadership by reshaping acute service provision where this benefits patient care and outcomes
3. Create a network of care services that extends beyond traditional hospital sites through the use of innovative technology and clinical innovation
4. Consider new models of care that deliver a financial benefit to the local health economy and reduce waste and unnecessary duplication of resources

Support

The Association will be supported by a Network Manager(s) who will provide both policy and administrative support.

Erika McGinnes
May 2015

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 24th June 2015	**Paper No: 6.0**

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

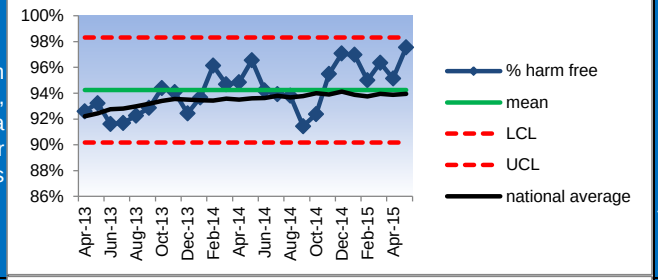
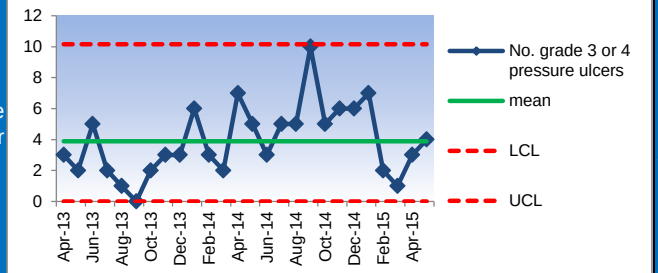
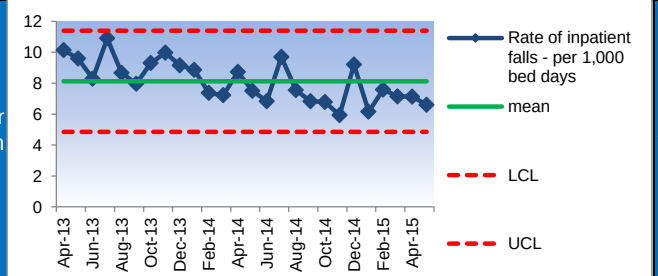
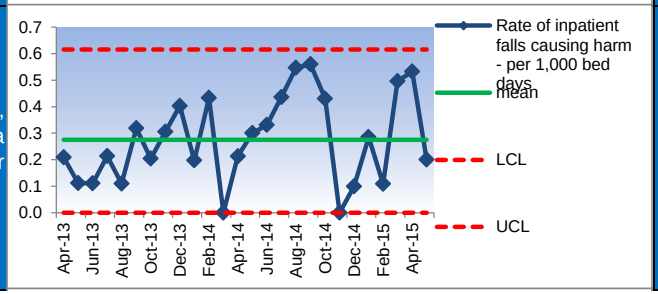
Key Issues for Board Focus:
This is the first time that this report has been presented to Trust board. Feedback on the content and format of the report would be welcomed.

Related Trust Objectives	
1. Driving up quality	Yes
2. Working with partners	Yes
3. Integrating care	Yes
4. Growing our business	Yes

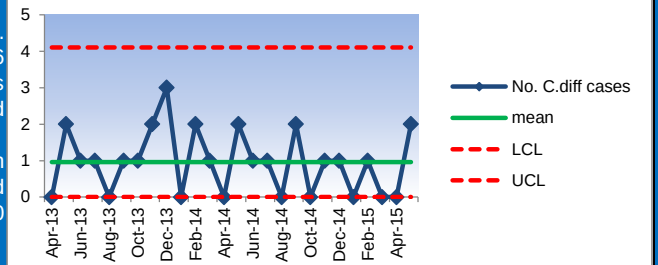
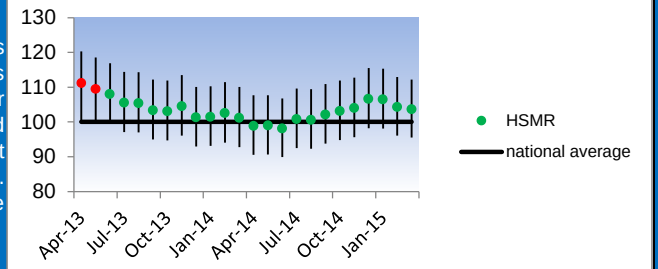
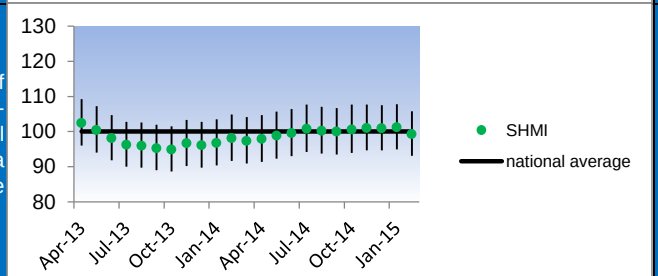
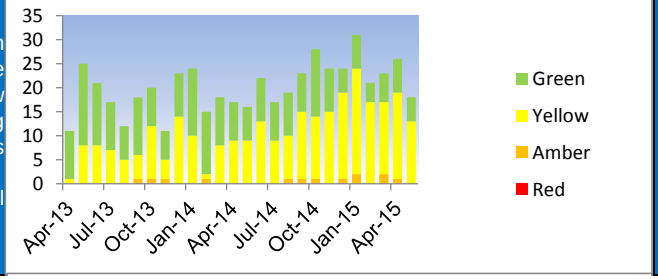
Risk and Assurance	The report triangulates key performance metrics covering quality, finance and efficiency and operational performance, presenting trends over time to enable identification of improvements and deteriorations.
Legal implications/ Regulatory Requirements	The Trust is required to report 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
That the Board of Directors note the information provided in the report.

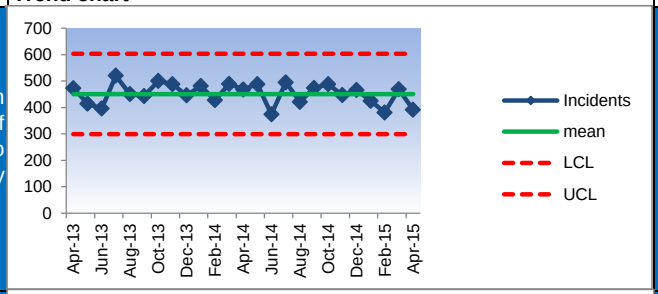
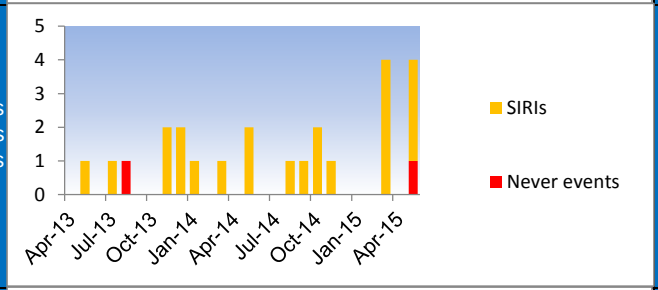
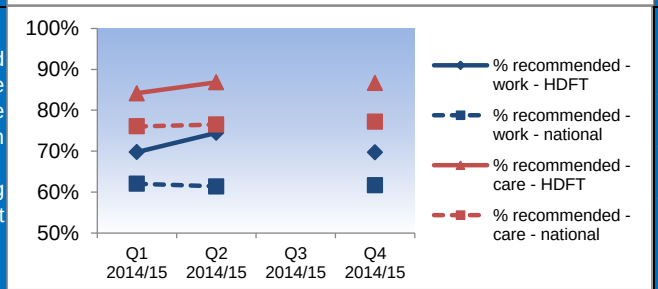
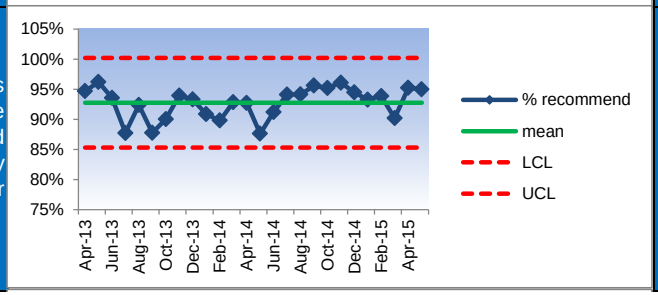
Quality

Indicator	Description	Trend chart	Narrative
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.		HDFT's performance has improved over the last 2 years and the Trust has reported a harm free percentage above 95% for the last 7 months. The Trust reported 97.6% harm free care for May 2015, the highest harm free percentage ever reported by the Trust. The latest available national data shows that the national average is just below 94%.
Pressure ulcers	Shows the number of grade 3 or grade 4 pressure ulcers acquired whilst the patient was in receipt of our care. The data includes hospital and community teams.		The total number reported for May 15 was 4, an increase on the previous month but lower than the same month last year. The charts shows all grade 3 or grade 4 pressure ulcers acquired whilst the patient was in receipt of our care. A root cause analysis is carried out for each case to determine whether the pressure ulcer was "avoidable" - for the 10 presuure ulcers reported in Q4 2014/15, 7 were identified as HDFT attributable with 4 of those identified specifically as being avoidable.
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.		As can be seen from the chart, the rate of inpatient falls per 1,000 bed days has been reducing over the last 2 years.
Falls causing harm	The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The falls data includes falls causing moderate harm, severe harm or death.		There were 2 inpatient falls in May 2015 causing severe harm.

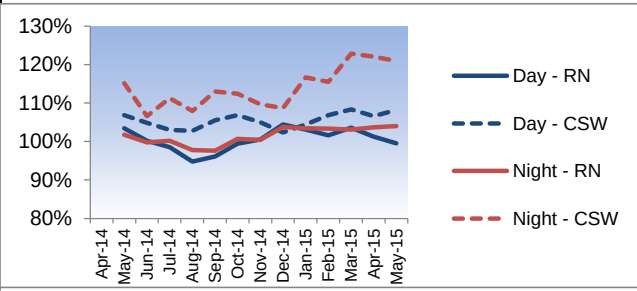
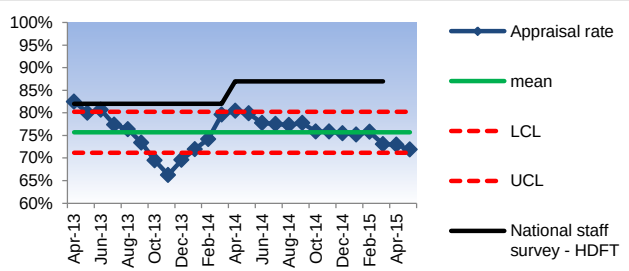
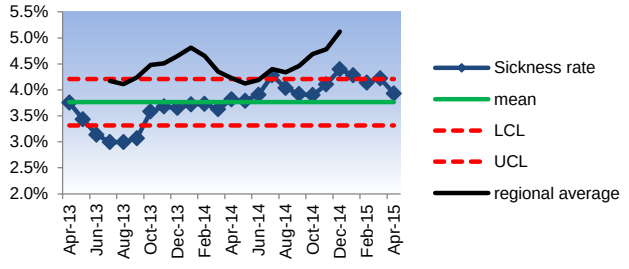
Quality

Indicator	Description	Trend chart	Narrative
Infection control	The chart shows the number of hospital acquired C. difficile cases. HDFT's C. difficile trajectory for 2015/16 is 12 cases. The trajectory for 2014/15 was 15 - this was achieved as the Trust reported 9 hospital acquired cases in 2014/15. Hospital acquired MRSA cases will be reported on an exception basis. HDFT reported no hospital acquired MRSA cases during 2014/15 and has a trajectory of 0 cases for 2015/16.		There were 2 cases of hospital acquired C. difficile reported in May 2015 and no cases in April 2015. No cases of hospital acquired MRSA have been reported in 2015/16 to date.
Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) is one of two commonly used standardised mortality ratios for in-hospital deaths. It 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.		HDFT's HSMR has reduced this month to 103.62. It is above the national average but within expected levels. At specialty level, there are two specialties (Respiratory Medicine and Gastroenterology) with a standardised mortality rate above expected levels.
Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) is one of two commonly used standardised mortality ratios for in-hospital deaths. It 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.		HDFT's SHMI has reduced this month to 99.28. This is just below the national average and within expected levels. At specialty level, there are two specialties (Geriatric Meidicine and Respiratory Medicine) with a standardised mortality rate above expected levels.
Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.		There were no red or amber graded complaints received by the Trust in May 2015.

Quality

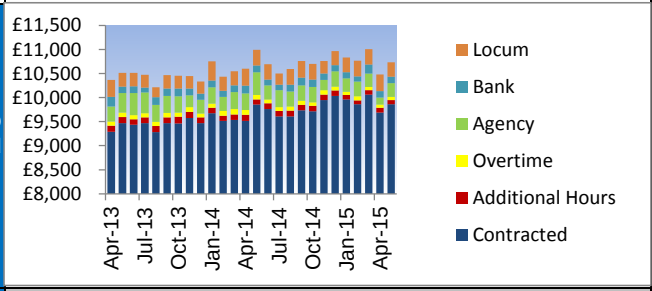
Indicator	Description	Trend chart	Narrative
Incidents - all	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services.		The number of incidents reported each month remains fairly static and is generally between 400 and 500. There has been a reduction this month with 391 incidents reported in May 2015.
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 was 1 never event and 3 SIRIs reported in May 2015.
Friends & Family Test (FFT) - Staff	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organsation they work in. Staff are asked whether they would recommend the organisation as a place to work and as a place to receive care. Trusts were only required to carry out the survey during Q1, Q2 and Q4 2014/15 so data for Q3 2014/15 is not available.		In the most recent survey (Q4 2014/15), 87% of HDFT staff would recommend the Trust as a place to receive care and 70% of HDFT staff would recommend the Trust as a place to work. HDFT is above the national average for both the % of staff who would recommend the Trust as a place to receive care and as a place to work.
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 includes hospital and community services.		The chart shows the overall score (% patients who would recommend the service) for all HDFT services currently participating in the survey. This includes inpatients and day cases, outpatients, maternity services, the emergency department, some therapy services and some community services (including distrcit nursing, podiatry and OOH). 95% of patients surveyed in May would recommend the service to friends and family.

Quality

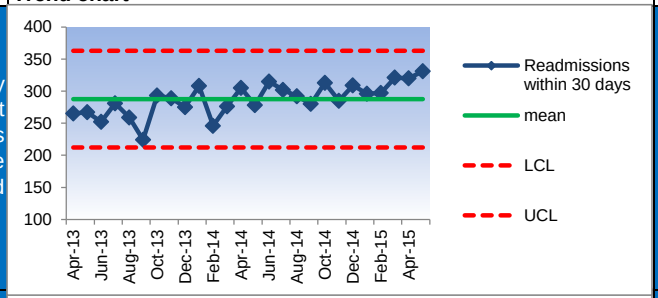
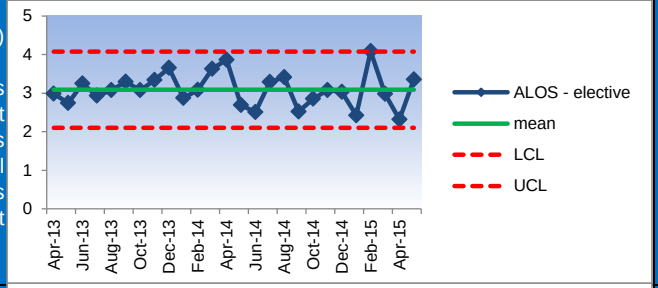
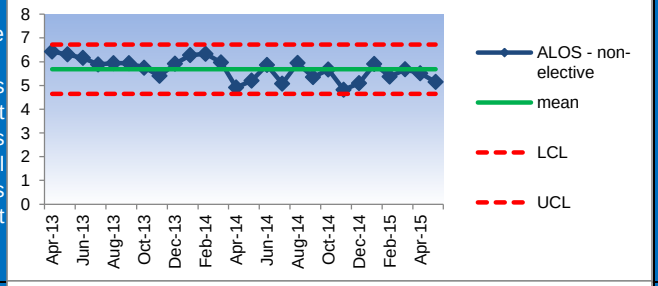
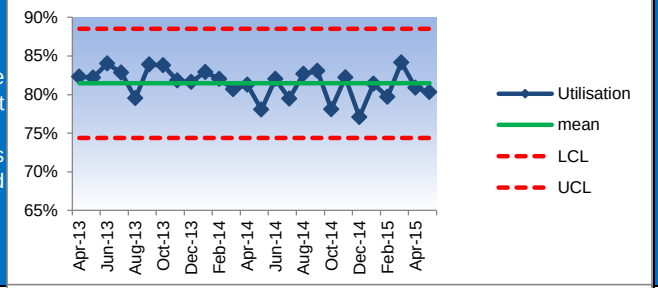
Indicator	Description	Trend chart	Narrative
Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels acheived. A ward level breakdown of this data is published on the Trust website.		Registered nurse/midwife (RN) staff levels remain around 100%. Care support workers (CSW) staffing levels have increased, particularly at night. This is reflective of the increased need for 1-1 care for some inpatients.
Staff appraisal rates	The chart shows the staff appraisal rate over the most recent rolling 12 months. The Trusts aims to have 90% of staff appraised.		The locally reported cumulative appraisal rate for the 12 months to end May 2015 was 71.9%. Data from the 2014 national staff survey suggested that 87% of HDFT had been appraised within the last 12 months.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff.		The data shown is for end May 2015. The overall training rate for mandatory elements for substantive staff (excluding recently launched elements) is 88%.
Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a target sickness of rate of 3.9%.		HDFT's staff sicknees rate was 3.93% in April 2015, just above the Trust target level but below the most recently published regional average of 5.12%. In April, 88% of sickness was short term and 12% long term.

Competence Name	Total Employees	% Completed
Equality and Diversity - General Awareness	3562	95
Fire Safety Awareness	3562	82
Health & Safety	1325	97
Infection Prevention & Control 1	670	100
Infection Prevention & Control 2	2835	83
Information Governance: Introduction	3256	82
Information Governance: The Beginners Guide	266	78
Safeguarding Adults Awareness	3567	98
Safeguarding Children & Young People Level 1	1326	98

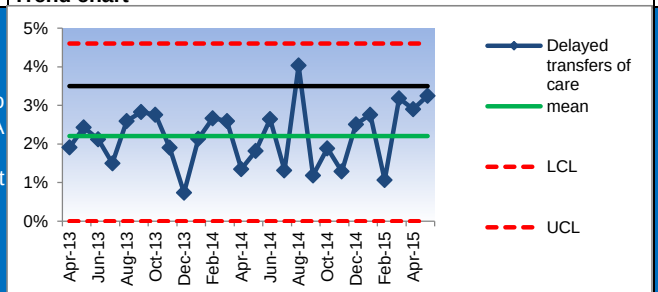
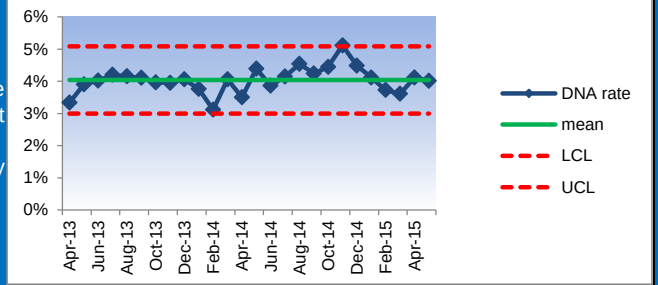
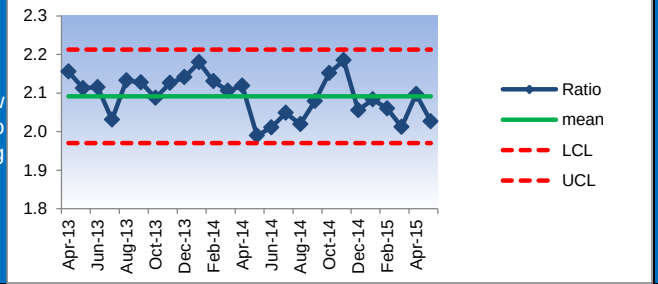
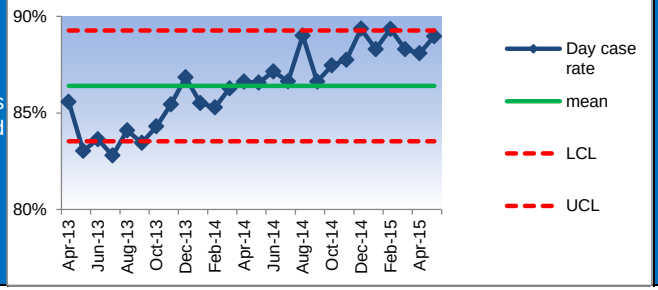
Quality

Indicator	Description	Trend chart	Narrative
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff.		The proportion of spend on temporary staff during 2015/16 to date is 6.3%, compared to 7.4% in 2014/15.
Staff turnover rate	This data will be reported from next month.		

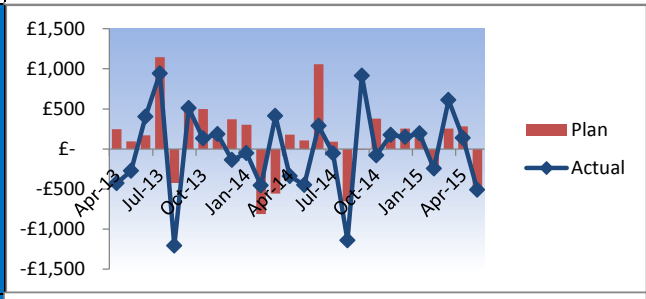
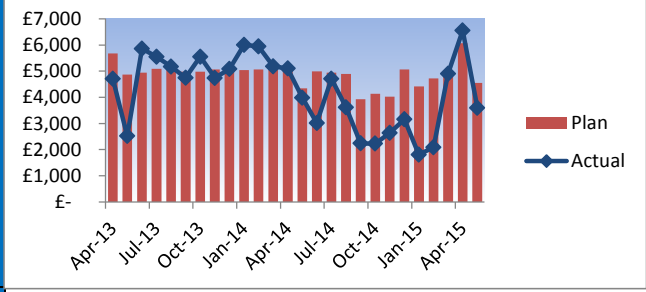
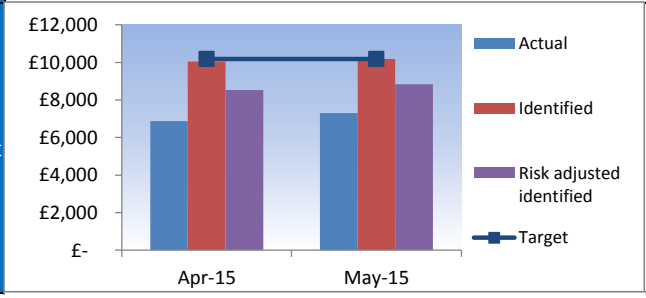
Finance and Efficiency

Indicator	Description	Trend chart	Narrative
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge. 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.		The number of readmissions within 30 days is increasing. Work is being led by the Clinical Director of the Integrated Care Directorate to understand this further.
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 May-15 was 3.4 days, an increase on the previous month. However this has been impacted by a long length of stay patient who was discharged during the month.
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 May-15 was 5.1 days, a decrease on the previous month.
Theatre utilisation	The percentage of time utilised during elective theatre sessions (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 decreased slightly in May-15 to 80.3%.

Finance and Efficiency

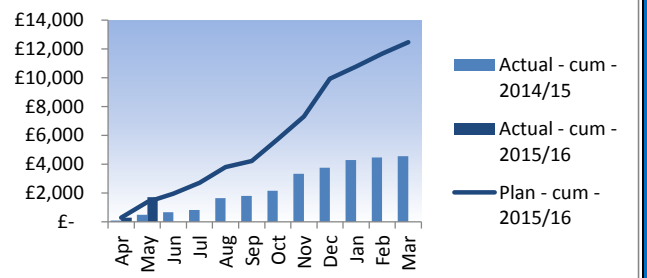
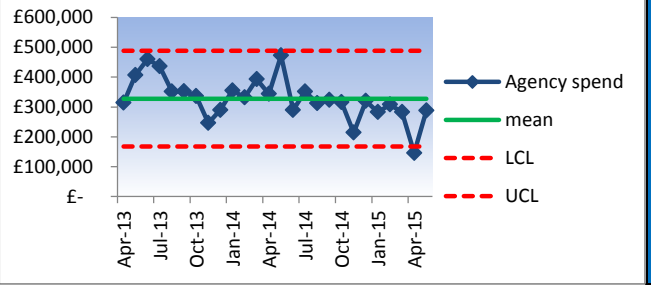
Indicator	Description	Trend chart	Narrative
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month.		Delayed transfers of care were at 3.2% when the snapshot was taken in May. This is an increase on the previous month but below the maximum threshold of 3.5% set out in the contract.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		The outpatient DNA rate for first attendances in May-15 was 4.0%. As can be seen from the chart, the DNA rate has been reducing in recent months from a peak of just over 5% in November 2014.
Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		The new to follow up ratio was 2.03 in May 2015, a reduction on the previous month.
Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The elective day case rate in May-15 was 89.0%. As can be seen from the chart, the day case rate has steadily increased over the last two years.

Finance and Efficiency

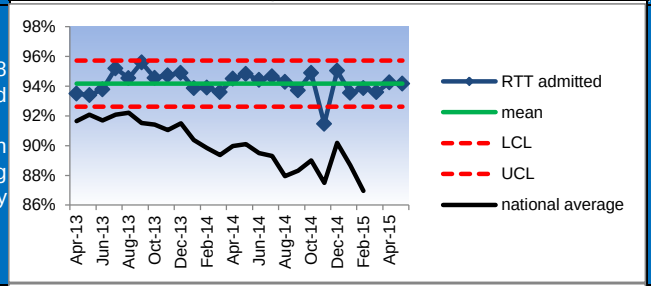
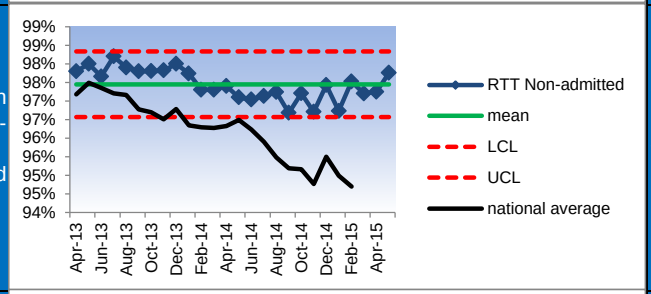
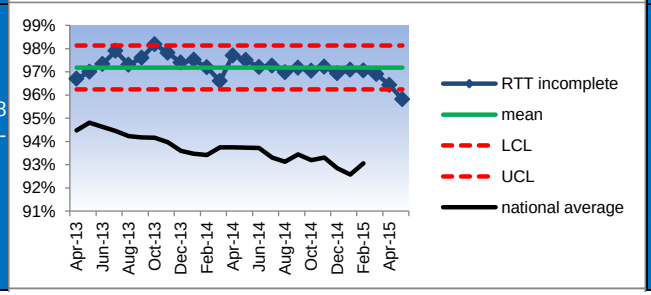
Indicator	Description	Trend chart	Narrative
Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s)		The Trust reported a deficit of £511k for the month of May, £12k behind the internal plan. The year to date position is therefore a deficit of £372k, £156k behind plan.
Cash balance	Monthly cash balance (£'000s)		The Trust cash balance is reported at £3,598k for May 2015. The plan was based on a cash profile agreement with NHS HaRD which is yet to be finalised. This profile would have provided resilience in this area. Key outstanding invoices include year end agreements with commissioners, predominentely NHS HaRD.
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. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns).		The Trust is expecting to report a 3 for Quarter 1 if performance is in line with the plan for June.
CIP achievement	Cost Improvement Programme performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement. (£'000s)		72% of plans have been actioned by directorates. A further 15% of plans are in place at present following risk adjustment.

	Q1	Q2	Q3	Q4
Planned rating - consolidated rating	3	4	4	4
Actual rating - capital service cover				
Actual rating - liquidity				
Actual rating - consolidated rating				

Finance and Efficiency

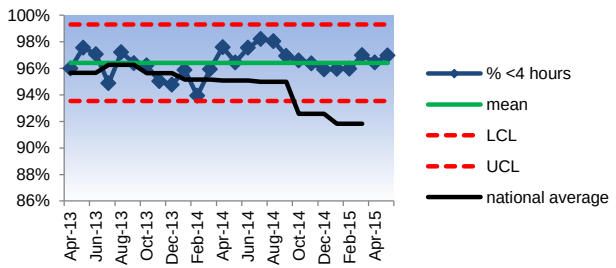
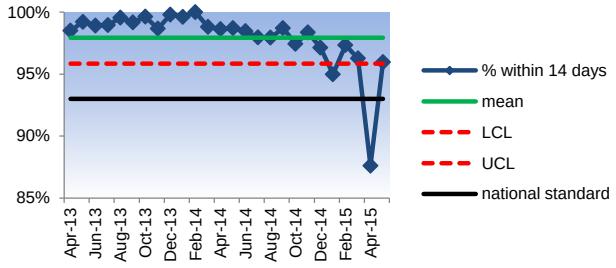
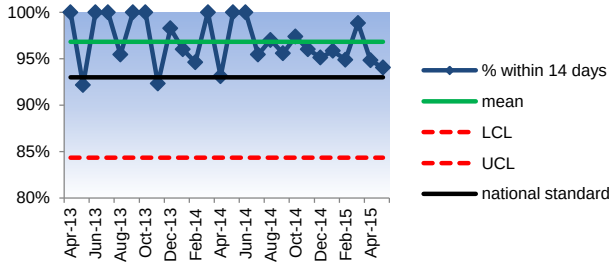
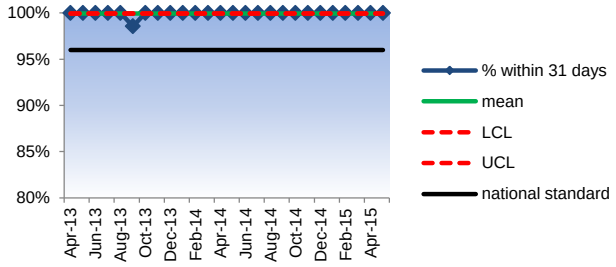
Indicator	Description	Trend chart	Narrative
Capital spend	Cumulative Capital Expenditure by month (£'000s)		Capital expenditure is in line with planned levels for the year to date.
Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis (£'s).		This is within expected levels and has been reducing in recent months.

Operational Performance

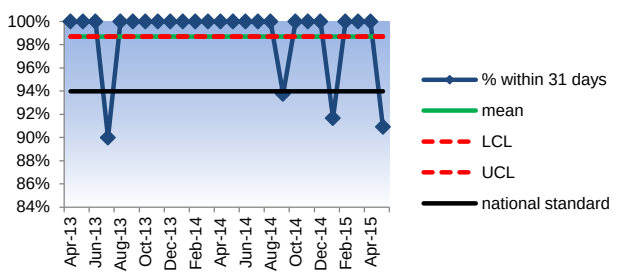
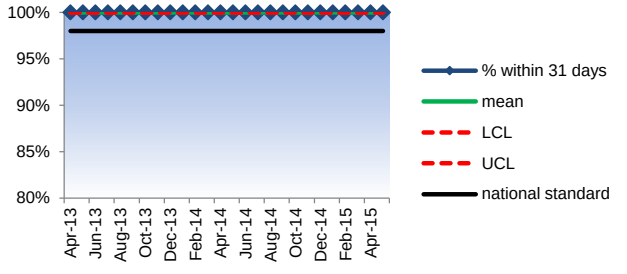
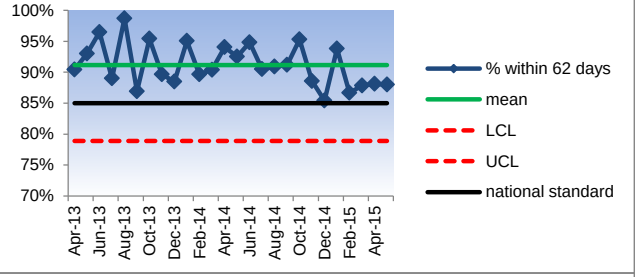
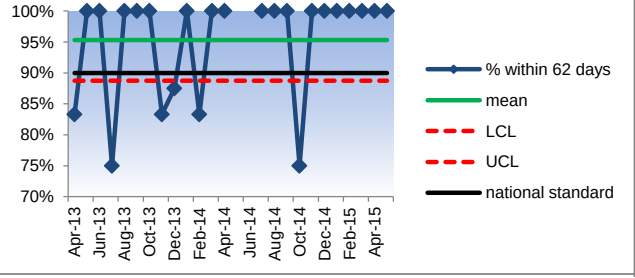
Indicator	Description	Trend chart	Narrative
Monitor governance rating	Monitor use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the left shows how the Trust is performing against the national performance standards in the "access and outcomes metrics" section of the Risk Assessment Framework.		HDFT's governance rating for Q1 to date is Amber. This is due to the cancer waiting times 14 day standard - the Trust did not reach the 93% standard in April 2015 but performance has improved in May and the overall position for Q1 should be above the required 93%.
RTT Admitted pathways performance	Percentage of admitted pathways completed within 18 weeks. The national standard is that 90% of admitted pathways to be completed within 18 weeks. The data shown is the adjusted performance which takes into account the effect of any clock pauses along the pathway (where the patient has chosen to delay treatment).		The Trust consistently achieves above the required 90% standard at both Trust and specialty level. As can be seen from the chart, HDFT has maintained its performance position despite the national average deteriorating. The dip in HDFT's performance in November 2014 was due to the Trust participating in the national initiative to clear 18 weeks backlogs. However Trust level performance remained above 90%.
RTT Non-admitted pathways performance	Percentage of non-admitted pathways completed within 18 weeks. The national standard is that 95% of non-admitted pathways to be completed within 18 weeks. Clock pauses cannot be applied to non-admitted pathways.		The Trust consistently achieves above the required 95% standard at both Trust and specialty level. As can be seen from the chart, HDFT has maintained its performance position despite the national average deteriorating.
RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of non-admitted pathways to be completed within 18 weeks.		HDFT consistently perform above national average and above the required standard of 92%. The Trust has recently identified that it had been incorrectly applying clock pauses to this data (national guidance advises that clock pauses should only be applied to completed pathways). This has now been corrected and we are reporting on the revised basis from April 2015 onwards. It is estimated that the impact of this reporting change has reduced the overall % achievement by about 0.5%.

Indicator	Q1 to date score	Indicator	Q1 to date score
18 weeks - admitted	0.0	Cancer - 31 day first treatment	0.0
18 weeks - non-admitted	0.0	Cancer - 14 days	1.0
18 weeks - incomplete	0.0	Cancer - 14 days - breast symptoms	0.0
A&E - 4 hour standard	0.0	C-Difficile	0.0
Cancer - 62 days to treatment	0.0	MRSA	0.0
Cancer - 62 days to treatment - screening		Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0
Cancer - 31 day subsequent treatment - surgery	0.0	Community services data completeness - RTT information	0.0
Cancer - 31 day subsequent treatment - drugs		Community services data completeness - Referral information	0.0
Cancer - 31 day subsequent treatment - radiotherapy	N/A	Community services data completeness - Treatment activity information	0.0

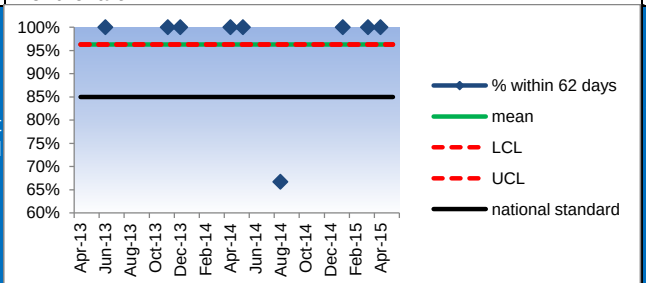
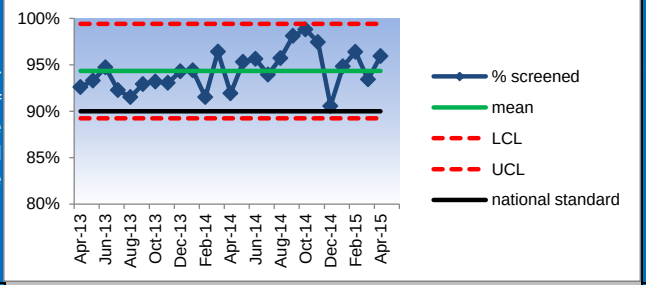
Operational Performance

Indicator	Description	Trend chart	Narrative
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).		HDFT's overall trust level performance for May-15 was 97.0%, above the required 95%. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance of the main Emergency Department was 96.5%. From 1st May 2015, the Trust has agreed that York Teaching Hospitals NHS Foundation Trust will report the Selby MIU performance within their data.
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%.		Whilst the Trust achieved the required 93% for each quarter of 2014/15, there has been a deterioration in performance during the year as illustrated in the trend chart. There has been a significant increase in the number of 2 week wait referrals received by the Trust during 2014/15, partly due to the impact of several national and local cancer awareness campaigns. The Trust did not reach the 93% standard in April 2015 but performance has improved in May and the overall position for Q1 should be above the required 93%.
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%.		The Trust consistently achieved the 93% standard throughout 2014/15 and 2015/16 to date. However there has been a slight dterioration in performance over this period with performance in May 2015 at 94.0%.
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%.		The Trust achieved 100% throughout 2014/15 and 2015/16 to date.

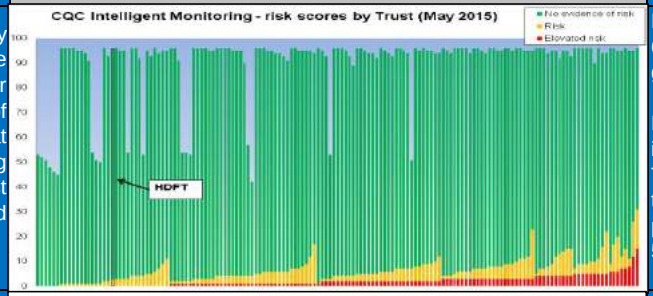
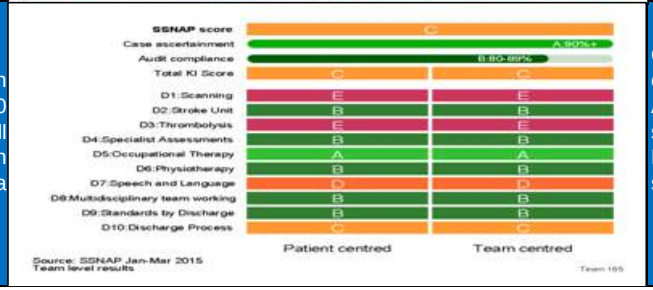
Operational Performance

Indicator	Description	Trend chart	Narrative
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%.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 94% standard for each quarter of 2014/15. Forecast data suggests that the Trust will also meet the standard for Q1 2015/16.
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%.		The Trust achieved 100% throughout 2014/15 and 2015/16 to date.
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%.		The Trust achieved the operational standard of 85% throughout 2014/15 and 2015/16 to date. Performance for May 2015 was at 88.0%.
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%.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 90% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.

Operational Performance

Indicator	Description	Trend chart	Narrative
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%.		Only a small number of patients at HDFT are covered by this target which explains the variability in performance for some months. However the Trust has been above the required 85% standard for each month where the number of pathways reported has been above the de minimis level for reporting performance.
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.		The Trust has consistently achieved 100% for Step 2 and Step 3 of the dementia screening process. The chart shows the trend in Step 1 of the dementia screening process. As can be seen, HDFT has scored above the required 90% for Step 1 for every month during the period. Performance in April 2015 was at 95.9%. May 2015 data will be available at the end of June.
CQUIN - Acute Kidney Injury	Percentage of patients with Acute Kidney Injury whose discharge summary includes four defined key items.		This data will be reported quarterly from the end of Quarter 1, 2015/16.
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		This data will be reported quarterly from the end of Quarter 1, 2015/16.

Operational Performance

Indicator	Description	Trend chart	Narrative
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		This data will be reported quarterly from the end of Quarter 1, 2015/16.
CQC Intelligent Monitoring	CQC published the most recent update in late May 2015. The reports include around 100 indicators and are used by CQC as part of the new inspection process. For each indicator, Trusts are assessed as "no evidence of risk", "at risk" or "elevated risk". In addition, Trusts that have not been recently inspected are given a banding from 1-6, where 1 indicates highest risk and highest priority for inspection and 6 indicates lowest risk and lowest priority for inspection.		For the latest publication, HDFT is given an overall banding of 6, the lowest risk banding. In the last publication, HDFT was given a banding of 5. HDFT has no indicators assessed as "elevated risk" and 3 indicators assessed as "at risk", out of 96 applicable indicators. This places HDFT joint 20th out of 155 Trusts as illustrated by the chart to the left. This is an improvement on the previous publication in December 2014, when HDFT was ranked joint 50th.
SSNAP (Sentinel Stroke National Audit Programme)	The Quarter 4 2014/15 SSNAP results were shared with participating trusts in June. Results are presented in 10 Domains covering 45 key indicators and looking at all aspects of stroke patients' care in hospital. Each participating Trust is given an overall SSNAP score (a banding from A to E).		Overall HDFT has been assigned a C rating this quarter, compared to D last quarter. Areas of improvement this quarter include the domains on stroke unit, specialist assessments and Occupational therapy. Despite our overall banding score increasing, two domains have shown a deterioration this quarter - scanning and thrombolysis.

Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 24 June 2015	Paper No: 7.0

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

Key Issues for Board Focus:

- Falls in both HSMR and SHMI
- Implementation of Mental Health and Mental Capacity training
- Improving palliative care

Related Trust Objectives	
1. Driving up quality	YES
2. Working with partners	YES
3. Integrating care	YES
4. Growing our business	YES

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

Action Required by the Board of Directors
The Board of Directors is requested to note the content of this Report.

1. Mortality update

For the period ending March 2015 there has been a further fall in HSMR to 103.6 (previously 104.3). The most recent SHMI shows a further fall to 99.3 (101.2). For HSMR at specialty level, respiratory medicine and gastroenterology have a higher than expected mortality rate. For SHMI, respiratory medicine and geriatric medicine have a higher than expected mortality rate.

Information recently coming to light from NHSE quotes HDFT as being 194th out of 287 for stroke deaths. Further information is being sought in order to understand the true significance of this. None is available at the time of writing and a verbal update may be available at the Board meeting. I am not aware of any current stroke mortality "league table".

A previous case note review of stroke mortality several years back indicated a higher than expected incidence of severe haemorrhagic stroke (which generally carry a worse prognosis) with no identified lapses in care. Further case note reviews may be necessary based on further information becoming available. No specific concerns have been raised at Mortality Review Group and the Trust SSNAP rating has recently improved overall.

I am in contact with the Improvement Academy in order to ensure the Trust feeds into the ongoing work around focused case note reviews to learn from avoidable harms or in hospital deaths and to highlight good practice. The long term aim is to create a focused and standardised mortality review process across the region. I will be making enquiries around accessing support for this programme of work within the Trust.

2. Mental Health update

Two sessions on mental health education have now taken place, facilitated by TEWV. Two more are planned. We now have a date for the first mental capacity training in July, facilitated by DAC Beachcroft, the Trust solicitors. This will incorporate Learning Difficulties training. The sessions so far have been positively received. Key staff groups have been targeted in order to maximise education in the acute and unpredictable setting, and thereafter to devolve to other staff groups.

The s136 Place of Safety Unit in the Briary Wing opened on the 9 June.

3. Information sharing agreement between organisations

This was due to be debated at the regional RO meeting on June 12. Dr Gray was unable to attend this meeting but a verbal update may be available at the Board meeting. Locally, more explicit Governance arrangements around information sharing are being included in the clinical alliances document that currently exists between HDFT and York Foundation Trust. When agreed, this will be signed off at the Alliance Board.

4. 11CC Draft report of specialist emergency care provision in West Yorkshire

The Trust has received a draft report. HDFT is included within the provider network. The emergency scope includes:

- Acute MI (STEMI) requiring intervention

- Hyperacute stroke
- Acute kidney injury
- Emergency vascular conditions (AAA)
- Major trauma
- Children with acute illness or injury

Highlights include a lower than national average figure for Harrogate patients receiving thrombolysis for hyperacute stroke, and a higher than average unadjusted 30 day mortality for STEMI patients. The latter may be partly accounted for by accessibility to a tertiary service. The process was essentially a data capture exercise. No recommendations have been made on the basis of the data presented.

5. 'Changing the conversation about terminal illness.'

I have received a preliminary communication from The Marie Curie Foundation in advance of their report "Triggers for Palliative Care", which is available to read from 23 June. The report focuses on how palliative care services can benefit those patients with diseases other than cancer, and identifies some of the triggers for referral. Recommendations on improving access to palliative care are also included in the report. I will be liaising with our lead for palliative care in order to understand how current service provision and awareness of the scope of palliative care services can be improved for our patients and carers.

6. Meeting with representatives of the Cabinet Office

A number of staff were interviewed. I discussed a wide range of issues, though the focus was on curtailing locum spending. Subsequent press releases give a flavour of the central view on this subject, the indicators being that a change of legislation is in the offing to curb charges levied by locum providers. Our visitors were impressed with Trust leadership in the Commensura programme.

7. Value for money in Orthopaedic procurement

As the Chief Executive noted, a letter has been received from Professor Tim Briggs on behalf of the DoH. Data from the NJR shows a wide variation in purchasing costs for the three most commonly used prostheses in the UK. It is likely that this can be extrapolated to prostheses in other areas of Orthopaedic activity. The object of this work is to bring about transparency in the procurement process, following which partnership working will drive more efficient procurement. The benefit will be to the wider NHS with no effect on quality.

This is a worthy piece of work. The Trust will be in a position to benchmark its current pricing structure against the published ranges in order to determine whether savings can be made. A regional approach in the first instance is likely to be most effective, though an NHS-wide approach to procurement is the eventual ideal. Clearly the principle can be applied to a number of different areas. It is important to emphasise that this is not merely a process to ensure the cheapest implants are purchased.

8. National Cardiac Arrest Audit

The most recent report demonstrates an improvement in survival to discharge, though still below the National Average. Potential reasons behind this have been discussed at the Mortality Review Group. The improvement in survival rates would suggest that actions resulting from this have been positive. Preliminary data from March might suggest further improvement.

9. Dr Peter Hammond

I would like to extend my personal congratulations to Peter on his appointment as head of the Postgraduate School of Medicine for Yorkshire and Humber. This is a prestigious appointment. I wish him well in his new role and look forward to working with his successor in Integrated Care, for whom the recruitment process has started.

D A Scullion

Medical Director

June 2015

Report to the Trust Board of Directors: 24 June 2015	Paper No: 8.0

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

Executive Summary
This paper sets out the position for defined aspects of care quality within the Trust and supporting actions to ensure continued improved performance.

Related Trust Objectives	
1. Driving up quality	Yes by improving patient safety, the effectiveness of care and patient experience
2. Working with partners	Yes
3. Integrating care	Yes
4. Growing our business	Yes

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

Action Required by the Board of Directors

The Board of Directors is asked to receive this report on the progress with care quality.

Chief Nurse Report

This report is an update of ongoing work in relation to safe and quality care that supports the operational performance reports offering supplemental supporting information in relation to the delivery of quality and safe patient care. In addition, this report provides the Board with regular updates on national and local developments influencing nursing and midwifery.

As in my previous reports I have provided the Board with an update on progress against the Trust care quality agenda. Also within this report I have provided specific updates on infection prevention and control, nurse staffing levels on in-patient areas, nurse revalidation and for information the Trust's response to the Kate Lampard's report into 'Themes and lessons learnt from NHS investigations into matters relating to 'Jimmy Savile'.

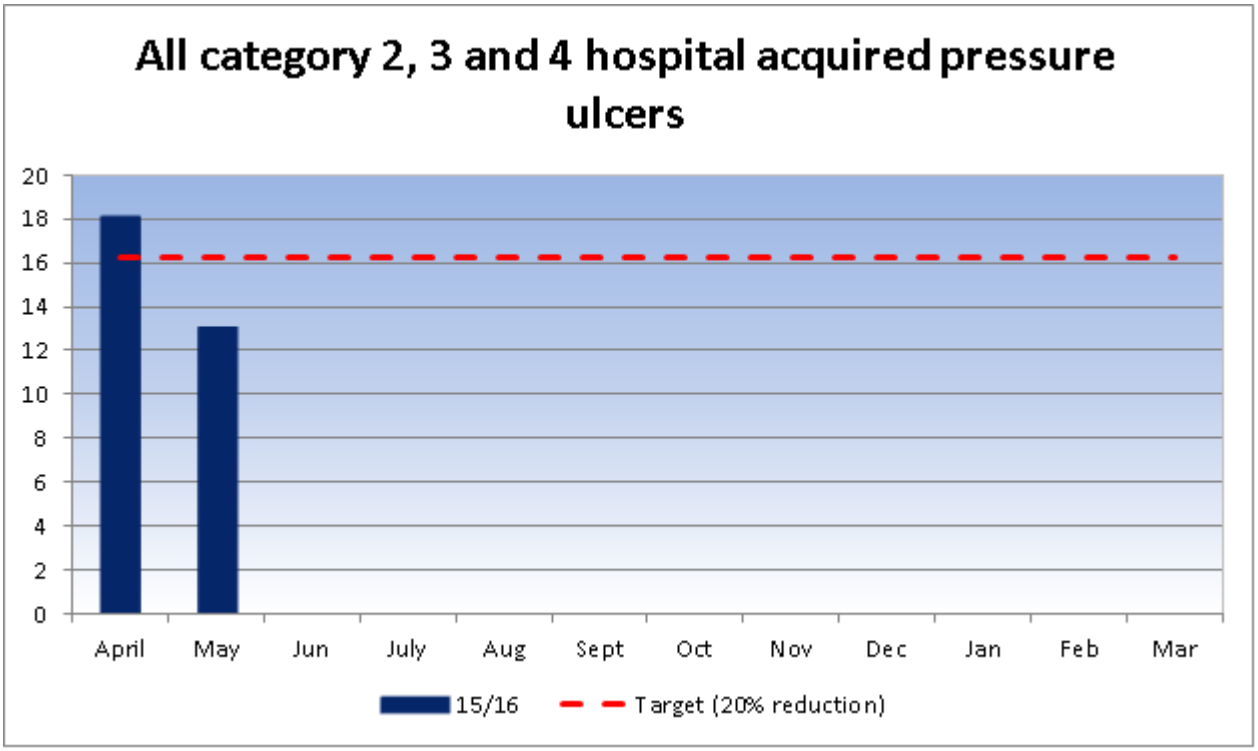
Pressure Ulcers

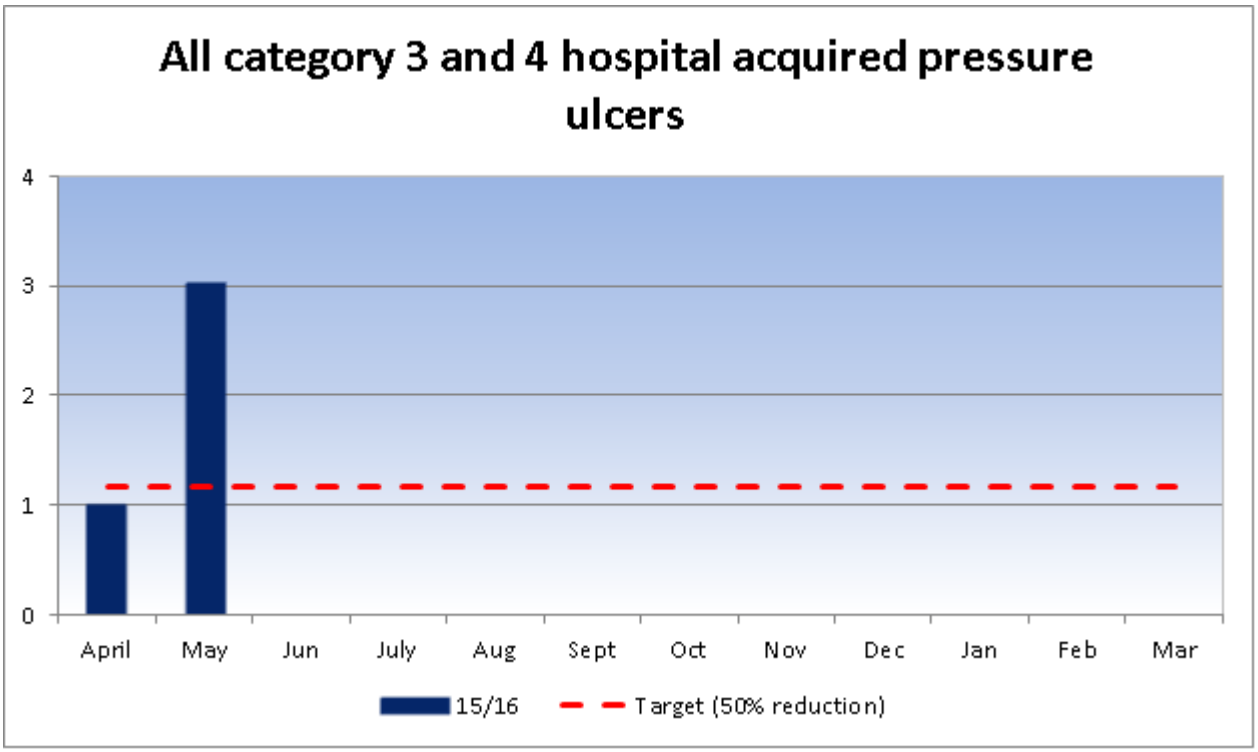
Hospital and Community Data - April-May 2015

Pressure ulcers acquired in receipt of HDFT care	Apr-15			May-15			Jun-15			Jul-15			Aug-15			Sep-15			Oct-15			Nov-15			Dec-15			Jan-16			Feb-16			Mar-16			All		
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4
Acute Medical Unit Bolton	1																																				1	0	0
Acute Medical Unit Fountains	1	1		1																																	2	1	0
Byland Ward	1			5	2																																6	2	0
Farndale Ward	2			2																																	4	0	0
Granby Ward	2			1																																	3	0	0
ITU/ HDH																																					0	0	0
Jervaulx Ward	1																																				1	0	0
Littondale Ward	1			1																																	2	0	0
Nidderdale Ward	2																																				2	0	0
Oakdale Ward	1																																				1	0	0
Ripon Hospital - Trinity Ward	1																																				1	0	0
SROMC	1																																				1		
Wensleydale Ward	2																																				2	0	0
Swaledale																																					0	0	0
Lascelles	1																																				1	0	0
Harlow																																					0	0	0
Other																																					0	0	0
Total	17	1	0	10	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27	3	0

Community acquired pressure ulcers	Apr-15			May-15			Jun-15			Jul-15			Aug-15			Sep-15			Oct-15			Nov-15			Dec-15			Jan-16			Feb-16			Mar-16			All		
	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4	Grade 2	Grade 3	Grade 4
Acute Medical Unit Bolton																																					0	0	0
Acute Medical Unit Fountains																																					0	0	0
Byland Ward																																					0	0	0
Community Fast Response & Rehab Team	1			1																																	2	0	0
Farndale Ward																																					0	0	0
Granby Ward																																					0	0	0
Harrogate FRT																																					0	0	0
ITU/HDU																																					0	0	0
Jervaulx Ward																																					0	0	0
Littondale Ward																																					0	0	0
Nidderdale Ward																																					0	0	0
Oakdale Ward																																					0	0	0
Ripon Hospital - Trinity Ward																																					0	0	0
Theatres																																					0	0	0
HARROGATE INTEGRATED COMMUNITY CARE TEAM	3	2		5	1																																8	3	0
KNARESBOROUGH & BOROUGHBRIDGE INTEGRATED COMMUNITY CARE TEAM	2			1	1																																3	1	0
RIPON & RURAL INTEGRATED COMMUNITY CARE TEAM	4			4	1																																8	1	0
Wensleydale Ward																																					0	0	0
Grand Total	10	2	0	11	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	5	0

Pressure Ulcer Trajectory





Trajectory based on last year's (2014/15) outturn compared to where we are at this year (2015/16) with regards to Pressure Ulcers and the targets being:

- A 20% reduction in all category 2, 3 and 4 hospital acquired pressure ulcers based on 2014/15 outturn – 195 or less
- A 50% reduction in category 3 and 4 avoidable hospital acquired pressure ulcers – target 14 or less

Currently we are over trajectory and there have been four further Category 3 pressure ulcers to date in June in Littondale, Nidderdale, Wensleydale and Lascelles.

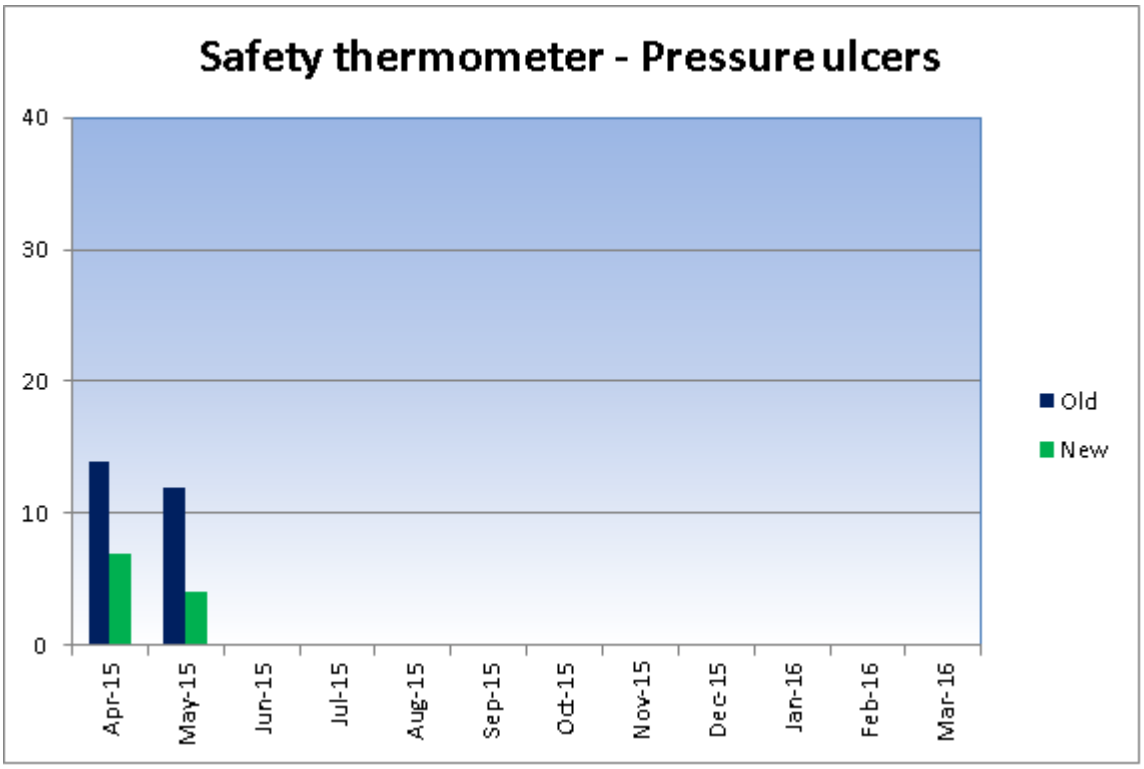
As I have previously reported the common themes from the RCA's are:

- Poor risk assessment including inaccurate recording of the waterlow score
- Lack of appropriate planning of care
- Failure to consistently execute the care plan
- Reassessment of patient on transfer or change of condition not undertaken
- Lack of timely escalation to the tissue viability team

Actions being undertaken in addition to all previously reported actions:

- Raising awareness across all staff groups
- Chief Nurse writing to all ward sisters/charge nurses, matrons and the Directorate management teams
- Ward sisters/charge nurses to ensure their staff understand how to use the waterlow assessment tool
- Consider introduction of ward safety huddles following handover
- Combine intentional rounding and SSKIN bundle documentation
- Tissue Viability Nurse to produce simple flow diagram when to escalate for specialist input
- Ward sisters/charge nurses and matrons to discuss care issues that led to pressure ulcer incidents with Chief Nurse

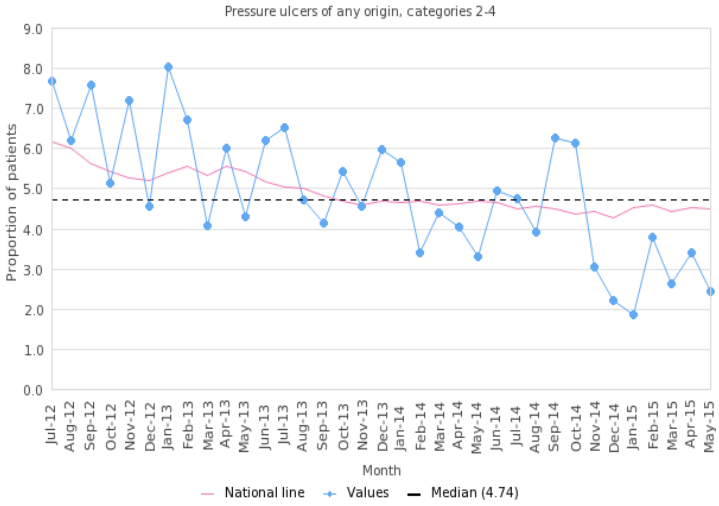
HDFT Safety Thermometer Dashboard – Pressure Ulcers



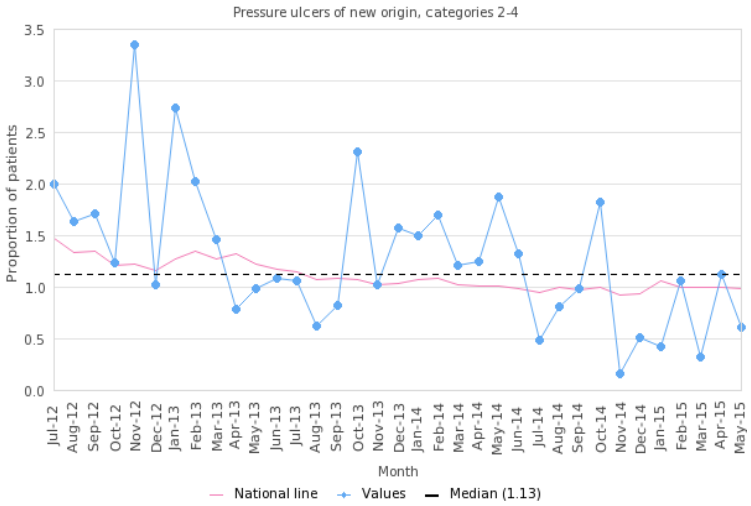
NHS Safety Thermometer Data (Pressure Ulcers)

Pressure Ulcer Dashboard:

All Pressure Ulcers

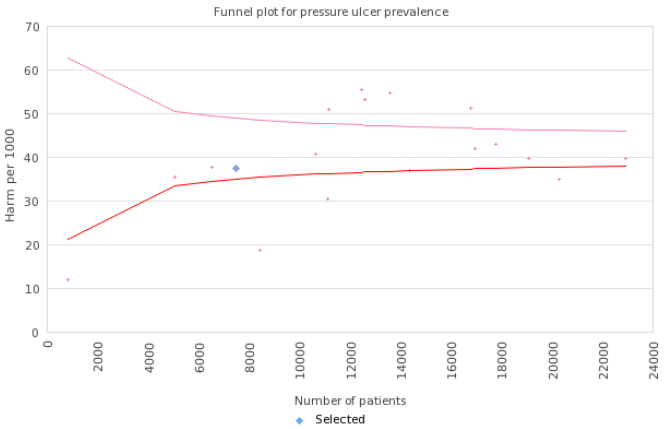


New Pressure Ulcers

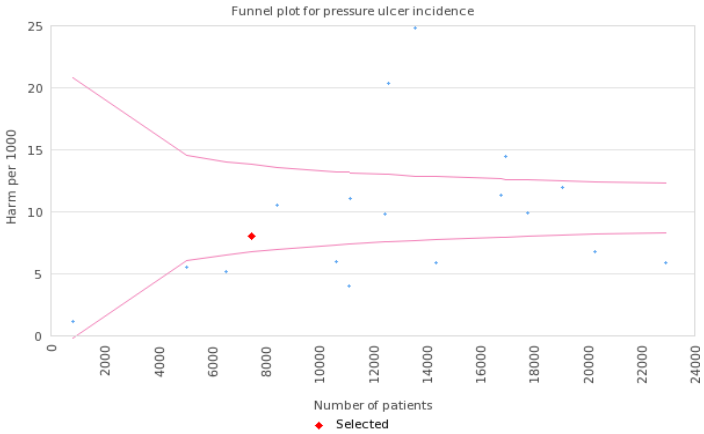


Pressure Ulcer Funnel Plot:

Prevalence



Incidence



Falls

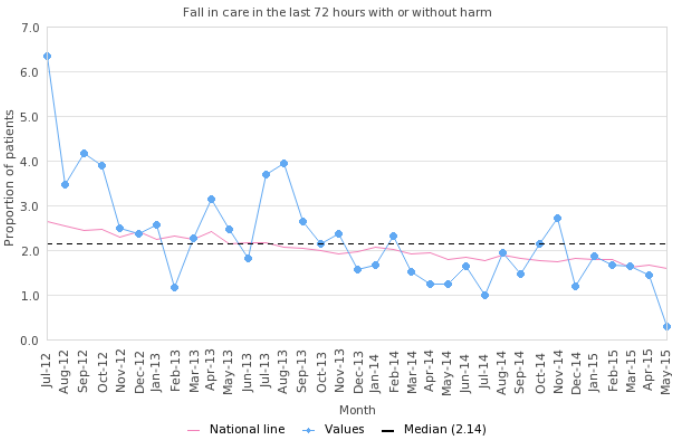
Number of falls reported in May 2015 - No Harm, Low, Moderate, Severe and Death:

	No Harm	Low	Moderate	Severe	Death	Totals:
May	43	20	2	0	0	65

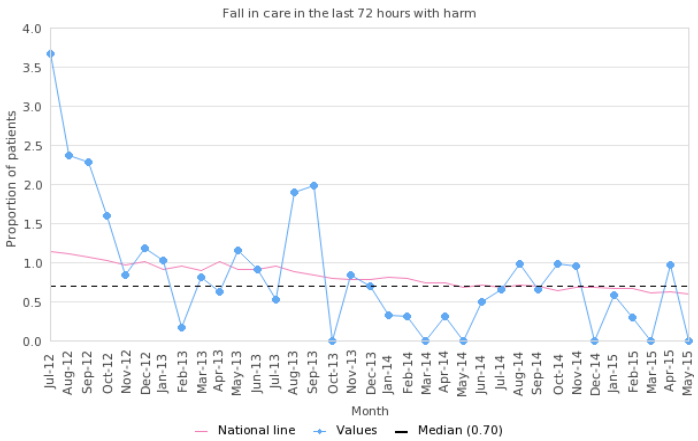
NHS Safety Thermometer Data (Falls)

Falls Dashboard:

All falls

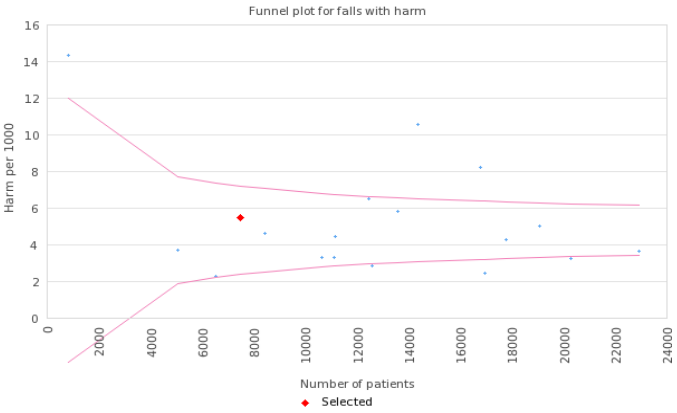


Falls with harm



Falls Funnel Plot:

Falls with harm



Actions being undertaken

- Working on a screening device for community alongside the North Yorkshire Falls Prevention Group, this had been recommended within NICE guidance. This would be reviewed and a decision made over the next few meetings.
- Implementation of new risk assessment documentation.
- National audit had taken place in spring and results are awaited
- Falls Policy to be reviewed.
- To introduce training recommenced by NICE for management of post falls for F1's and F2's. This is a 1 hour online training package.
- Jervaulx ward targeted for huddle and general training regarding falls.
- Link nurses required to cascade training

Infection Prevention & Control Update

C. difficile infection (CDI)

YTD: 3; Number of days since last CDI case: 9 (at time of report); 2015-16 objective: 12 cases.

One RCA has been held for case on Oakdale, The other two cases were on Jervaulx. A pre-emptive PII meeting has been held on Jervaulx.[1]

Further issues being addressed relating to CDI:

- Working to develop a time-standard to HCAI RCAs – a 10 working day deadline has been proposed.
- To improve monthly audit compliance of hand hygiene audits.

MRSA bacteraemia

YTD: 0; Last HDH MRSA bacteraemia was 22/09/13. 2015-16 objective: 0 avoidable cases.

MSSA bacteraemia

YTD: 0; Last HDH MSSA bacteraemia was 21/12/14. No specific objective.

Issues to be addressed relating to MRSA/MSSA bacteraemia:

There is a gap in cannula insertion recording by doctors. According to junior doctors I have spoken to it is common for them neither to be prescribed nor (their insertion) recorded in the medical records. I have asked the Lead Antimicrobial Pharmacist to explore the possibility of introducing a partial barrier to prescribing IV drugs unless there is an ongoing cannula prescription in place.

Carbapenemase-producing *Enterobacteriaceae* (CPE)

None isolated since last report.

Community issues

No issues to report.

[1] Period of Increased Influence, defined as more than one case of CDI in the same location in a 28-day period.

Complaints

Of the 19 complaints received in May:

- Medical = 9
- Nursing = 3
- Medical/Nursing = 3
- Nursing/Other = 1
- Other = 3

13 complaints were graded Yellow
6 complaints were graded Green

Complaint Response Times

In the 2014/15 annual Patient Experience Report presented to the Board and to the Harrogate and Rural District CCG Quality and Performance Subgroup the response rate to the Trust's complaint deadlines was 45%. Since that time more cases have been concluded and the response rate for the year is approximately 52%.

In most cases an extension is agreed between the lead investigator and the complainant but in some cases the response is late without any prior agreement with the complainant. Extensions are requested for a variety of reasons for example if staff that need to contribute to the investigation are on holiday, if information is required from other organisations or if the complainant raises additional questions. However the quality of the data on the reasons for extensions is variable and not always clear. Details of complaint response by directorate since **January to June 2015** are given below:

Acute and Cancer Care:

34 complaints total

12 received on time
9 still open
12 received late of which:-
- 6 Extension requested/agreed
- 2 Late due to GP response being late
- 1 Delay due to patient meeting
- 1 Returned due to incomplete response received
- 2 No reason

Elective:
60 complaints total
36 received on time (incl. 2 re-opened)
9 open (3 overdue)
15 received late of which:-
- 10 Extension requested/agreed
- 1 Delay in triage
- 4 No reason

Integrated:
35 complaints total
7 received on time
11 open (5 overdue)
16 received late of which:-
- 10 Extension requested/ agreed
- 1 Elective delay in approving changes
- 3 No reason
- 2 Missing info/docs

The CCG has asked the Trust to assure them that work is underway to improve on last year's position and asked for detail on how extensions to set deadlines were agreed internally. It has been proposed that a formal process to request extensions via the Patient Experience team responsible for overseeing the Trust's complaints procedure is used. The CCG use a similar form for the SIRI process and all Trusts who seek to extend the submission date of the investigation report and action plan are required to submit their request on a form setting out the reason for the delay and provide a position statement on the status of the investigation. An extension request form will be trialled by the Patient Experience team over the coming months and directorate leads have also discussed improving the response rate through recruitment of additional investigators. Formal training is planned in July and September for these new investigators.

Re-opened Complaints

The Trust's philosophy for complaint investigation and resolution in line with the complaint regulations is to do it once and to do it right. It seems recently that the number of cases being re-opened by the complainant (with questions or disagreement over the findings and conclusion) after final response has increased. After analysing the data however the number of re-opened cases is the same for 2014/15 as it was in 2013/14.

Number of Complaints re-opened by Directorate

Directorate	2013/14			2014/15		
	Number of complaints	Number of complaints re-opened	% of complaints re-opened	Number of complaints	Number of complaints re-opened	% of complaints re-opened
Elective	92	8	9%	138	20	15%
Integrated	60	14	23%	71	9	13%
ACC	83	4	5%	74	0	0%
Corporate	10	0	0%	20	2	10%

In total for the year:

13/14 26/215 cases were re-opened (12%)

14/15 31/265 cases were re-opened (12%) YTD (some cases still under initial investigation)

However 12% of all response does feel like a large number. From analysing the re-opened cases the common themes are:

- The response does not fully answer the questions
- Poor choice of language leading to mis-understanding the response
- Inadequate quality assurance at directorate and corporate level

Serious Incidents Requiring Investigation (SIRI's)

SIRI's reported in May 1 never event, 3 comprehensive SIRI's, 5 for Pressure Ulcers (Grade 3 and 4) and 2 falls causing fracture:

All investigations are all still open and undergoing Root Cause Analysis (RCA) investigation.

Number of outstanding RCA's for this period

All the RCAs for April – date are outstanding as they are not due to the Clinical Commissioning Group (CCG) until July.

There are 9 action plans overdue from Pre-April 2015.

Nurse Staffing May 2015

The table below summarises the average fill rate on each ward during **May 2015.** The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

May 2015	**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-Bolton	96%	104%	142%	110%
AMU-Fountains	98%	96%	102%	101%
Byland	94%	99%	99%	127%
Farndale	105%	116%	108%	139%
Granby	112%	112%	100%	129%
Harlow	101%	74%	100%	-
ITU/HDU	103%	-	98%	-
Jervaulx	101%	99%	101%	107%
Lascelles	93%	103%	100%	100%
Littondale	98%	103%	100%	142%
Maternity Wards	98%	158%	106%	172%
Nidderdale	101%	119%	116%	111%
Oakdale	101%	99%	100%	108%
Special Care Baby Unit	98%	64%	100%	-
Trinity	100%	101%	98%	103%
Wensleydale	96%	135%	102%	140%
Woodlands	104%	102%	108%	100%
Trust total	**100%**	**108%**	**104%**	**121%**

Further information on this month's data

On Bolton ward the increase in night duty Registered Nurses (RN) above plan is to support the activity on the ward.

On Harlow Suite the daytime care staff hours in May were less than planned due to staff sickness.

On Granby ward the increase in Registered Nurse (RN) hours above plan was to support the opening of additional escalation beds during May, as required.

The actual daytime RN hours on the Lascelles Unit were less than planned in May due to staff sickness; however the number of staff on duty was sufficient to meet the dependency needs of the patients at that time.

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

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

For the Special Care Baby Unit (SCBU) although the daytime RN and care staff hours were less than planned due to staff sickness, 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 May this is reflected on Bolton, Byland, Farndale, Littondale, Nidderdale, Oakdale and Wensleydale ward.

A summary of the Nursing dashboard can be found in Appendix One

Revalidation for Nurses and Midwives

This section of my report is to inform the Board of the requirements for Nursing and Midwifery revalidation which is due to commence in April 2016. For information I have included what revalidation of nurses and midwives is, why it is being introduced and readiness for implementation nationally and within this organisation. There is a risk if the Trust does not put into place appropriate systems and processes to support nurses and midwives to meet the requirements of revalidation then they will be unable to practice, which would impact on the availability of the required workforce. The initiatives I described in this paper are aimed at mitigating this risk.

What is Revalidation for Nurses and Midwives?
Revalidation is a process that all nurses and midwives will need to engage with to demonstrate that they practise safely and effectively throughout their career. It is about promoting good practice and is not an assessment of a nurse or midwife's fitness to practise. Participation is on an ongoing basis and nurses and midwives will need to revalidate every three years, at the point of their renewal of registration; this will replace the current PREP requirements and Notification of Practise form.

Why is it being introduced?
Following the Public Inquiry into the events at Mid-Staffs, the Francis Report recommended that the Nursing and Midwifery Council (NMC) 'should introduce a system of revalidation similar to that of the General Medical Council as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public.'

Since then the NMC has been working towards a process which is fit for purpose. Revalidation will give greater confidence to the public, employers and fellow professionals that nurses and midwives are up to date with their practice.

It will improve public protection by making sure that nurses and midwives continue to be fit to practise throughout their career and it will ensure they stay up to date with their professional practice.

Nurse and midwives will need to develop new skills, keep informed on standards and understand the changing needs of the public they serve and fellow healthcare professionals with whom they work. Revalidation provides nurses and midwives with the opportunity to reflect on their practice against the standards in The Code and demonstrates that they are 'living' these standards.

For those nurses and midwives who are professionally isolated from their peers, revalidation will encourage them to engage in professional networks and discussions about their practice.

Revalidation will require nurses and midwives to:

- Practise a minimum of 450 hours over the three years prior to the renewal of registration
- Undertake 40 hours of continuing professional development (CPD)
- Obtain five pieces of practice-related feedback
- Record a minimum of five written reflections on the Code, CPD and practice related feedback
- Provide a health and character declaration
- Declare appropriate cover under an indemnity arrangement
- Gain confirmation, from a third party, that revalidation requirements have been met.

The Revised Code
The Code has not been updated since 2008 and now aligns to health regulations and acknowledges the changing and wider role of nurses and midwives in the UK.

The Code has been developed in collaboration with many nurses, midwives, patients and carers. It is shaped around four themes, which together show what good nursing and midwifery practice looks like. These are to:

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

A copy of the revised Code, which came into effect on 31 March 2015, has been posted to every registered nurse and midwife. In the accompanying letter, the NMC asks each nurse and midwife to log on to their NMC Online account or to set one up.

When will revalidation start?
The proposed revalidation process and guidance are currently being piloted at 19 different sites, designed to cover the vast majority of practice settings in which nurses and/or midwives work. The lessons learnt from these pilot sites will inform the final version of the process and guidance, which are due to be published in October 2015, ready for full implementation from 1 April 2016.

Readiness for implementation

- The NMC have written to all registrants to advise them of the revised Code and requirements for revalidation.
- Draft guidance and information has been made available on the NMC website to download and share with stakeholders.
- KPMG has been appointed by the NMC to assess progress towards readiness; a self-assessment tool is currently in development.
- The proposed revalidation process and guidance are currently being piloted at 19 different sites, designed to cover the vast majority of practice settings in which nurses and/or midwives work.

What is the Trust doing?

- A task and finish group has been established with Chief Nurse as lead
- Development of a communication plan to raise awareness of revalidation across the Trust commenced at June's 'Team Brief'
- Nurse and midwives have been advised to use the NMC website and FAQs to find answers to their questions on the process and guidance
- The Trust Electronic Staff Records (ESR) contains the registration details for all nurse and midwives employed within our organisation which includes their date for revalidation. The first cohort of staff for revalidation in April 2016 has been identified
- Those with revalidation dates between April and July 2016 will initially be the main focus of work and individual letters will be sent out to them in the next few weeks
- Identify who the third party 'confirmers' will be and ensure they are adequately prepared and competent to undertake the role
- Monitor the information and lessons learned from pilot sites and apply to this organisation

Next steps/issues to consider

- Work will be undertaken to consider the appraisal process and timeframe to ensure this coincides and supports the revalidation process.
- Identify CPD available to support revalidation; assess the impact this will have on service delivery.
- Assess if the Trust should align nursing and midwifery job descriptions to the Trust values and revised NMC Code
- Work needs to be undertaken to identify those registrants who maintain and have a desire to maintain their registration who work in positions where a nursing registration is not required; an agreed process needs to be identified whereby individuals can be supported to achieve the requirements of revalidation (it is anticipated that this will have been identified within the pilot sites and a solution identified).

This organisation currently has 1085 nurses and midwives who are registered with the NMC. Of those 75 will need to revalidate between April and July 2016.

<u>Themes and lessons learnt from NHS investigations into matters relating to 'Jimmy Savile'</u>.

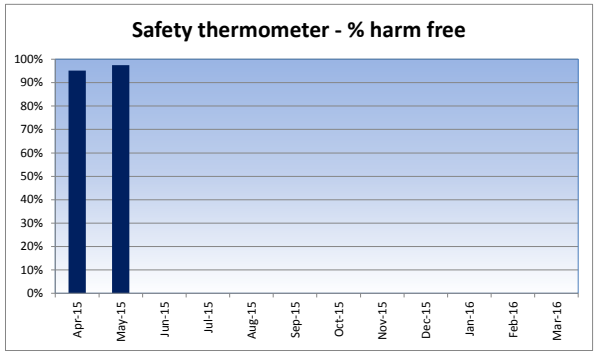
The Trust response to the Kate Lampard report 'Themes and lessons learnt from NHS investigations into matters relating to 'Jimmy Savile' has been included in Appendix Two for information. This was signed off by the Chairman and CEO as delegated at the May 2015 meeting of the Board of Directors.

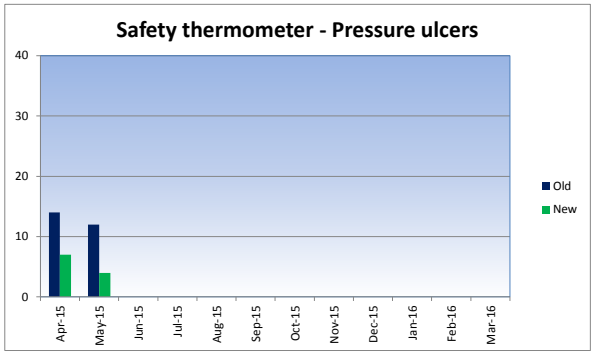
Jill Foster, Chief Nurse
June 2015

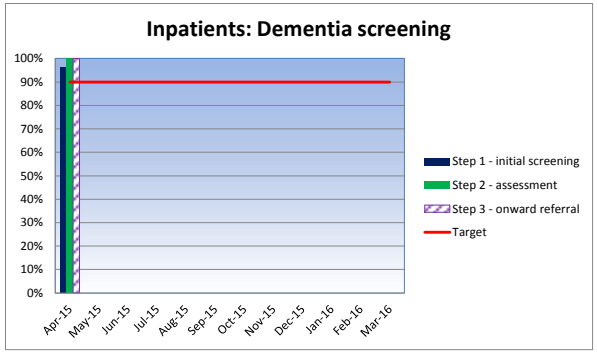
Appendix 1 Quality and Safety Dashboard - May 15

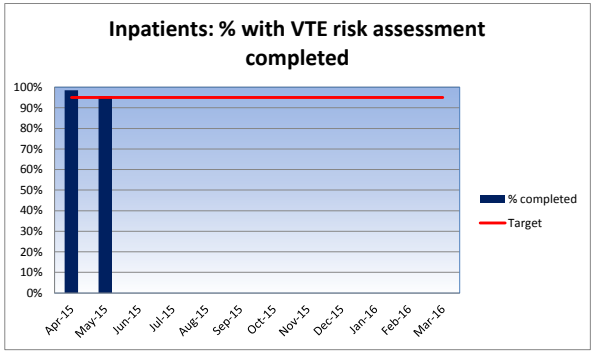
Select location: All locations

National CQUIN indicators







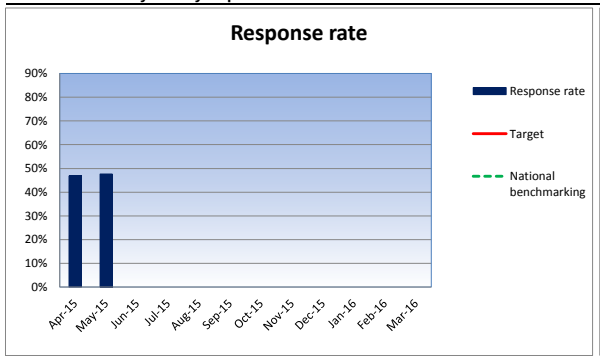


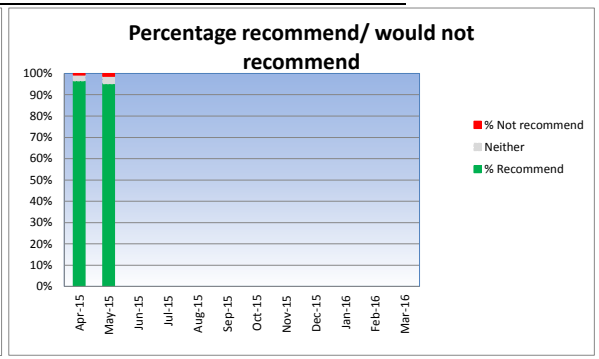
Safety thermometer - Harm free care measured using the NHS Safety Thermometer was higher in May with only 3% of measured care associated with a harm, largely pressure ulcers. The Pressure Ulcer Steering Group are leading the local work to reduce pressure ulcers.

Dementia screening - The Trust achieved all three indicators in April and provisional data suggests that all three will be continued to be met in May.

VTE- Provisional data suggests that VTE risk assessment compliance was at 95.8% in May against the target of 95%.

Friends and family survey: Inpatients



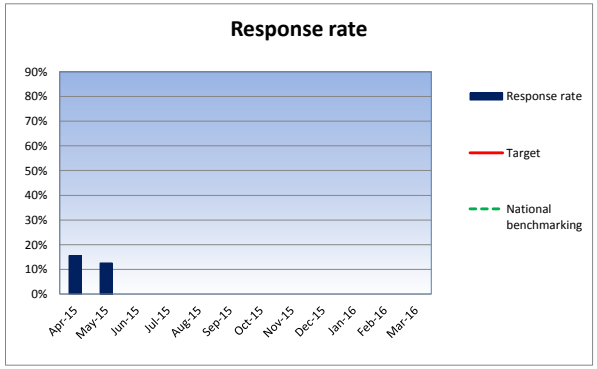


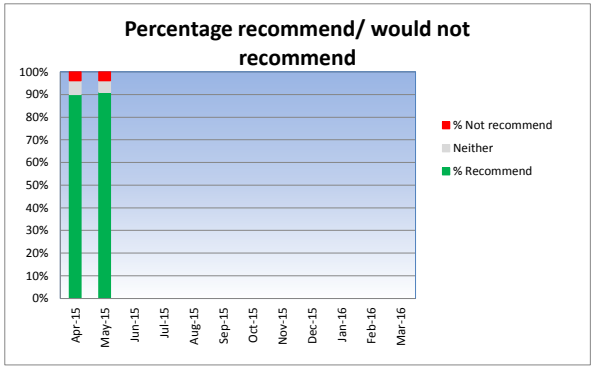
From April 2015 the FFT inpatient has been expanded to include patients seen within a daycase setting.

Response rate: The FFT inpatient response rate in May was 47.7%.

FFT score: The national benchmarking % would/would not recommend score for April 2015 has been published and shows that we performed slightly better than average for inpatients (national average 95.2%/1.2%, HDFT 96.5/0.7%). The FFT % would/would not recommend score for inpatients in May 15 is 95.2%/1.3%. Work continues to use feedback to improve patient experience.

Friends and family survey: Emergency department

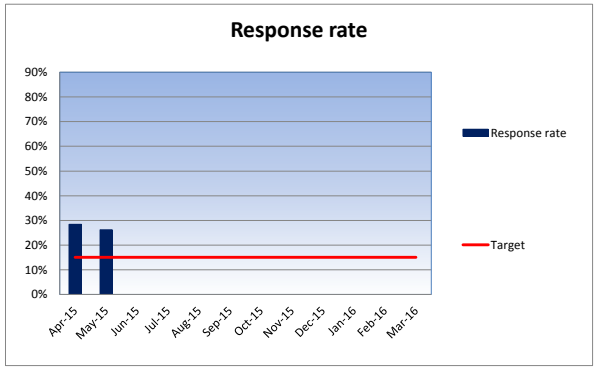


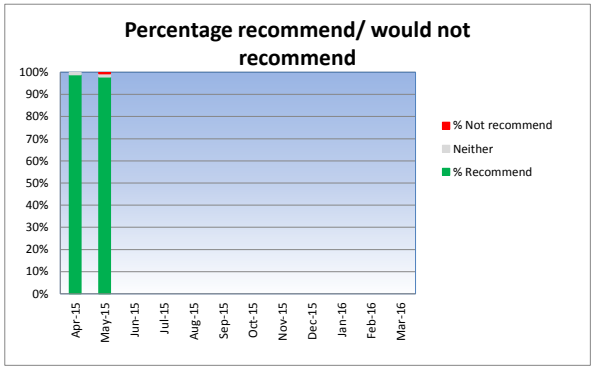


Response rate: The FFT Emergency Department response rate in May was 12.5%. Automated telephone contacts are being used and the capacity of this system is being addressed to improve the number of contacts that can be made, in order to improve the response rate.

FFT score: The national benchmarking % would/would not recommend score for April 2015 shows that we performed slightly better than average for the Emergency Department (national average 87.5%/6.4%, HDFT 90%/4%). The FFT % would/would not recommend score for Emergency Department in April is 91%/4%. Work continues to use feedback to improve patient experience.

Friends and family survey: Maternity

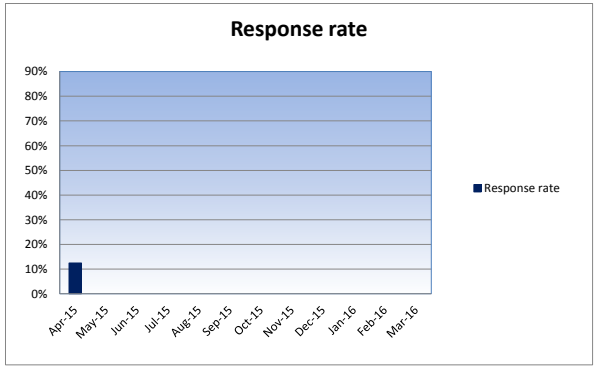


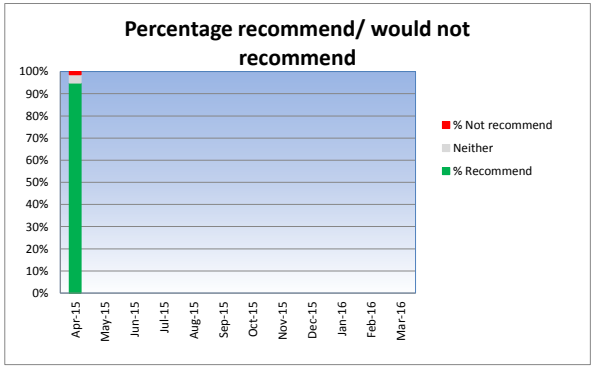


During May the combined maternity response was 26.2%. The percentage of respondents who would/would not recommend the service was 97.9%/0.7%. The results for each area are as follows:
1) Antenatal: response rate = 34.0%, % would/would not recommend =98.2%/0%
2) Birth: response rate = 21.3%, % would/would not recommend= 100%/0%
3) Postnatal ward: response rate 22.7%, % would/would not recommend= 94.1%/2.9%
4) Postnatal community: response rate 26.1%, % would/would not recommend= 100%/0%

The national benchmarking % would/would not recommend score for April 2015 shows that we performed better than average in all of the 4 of the areas: Antenatal (national average 95%/1%, HDFT 100%/0%), birth (national average 97%/1%, HDFT 98%/0%), postnatal ward (94%/2%, HDFT 99%/0%) and postnatal community (98%/1%, HDFT 100%/0%).

Friends and Family - Community

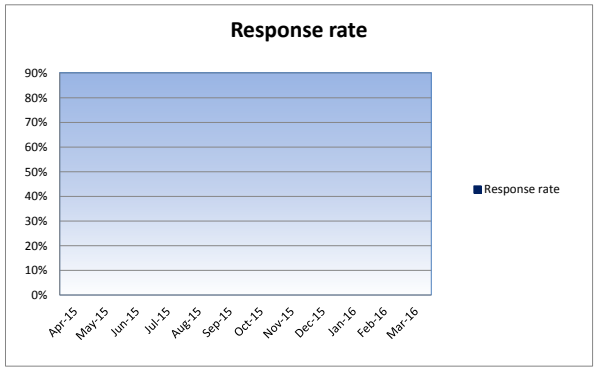


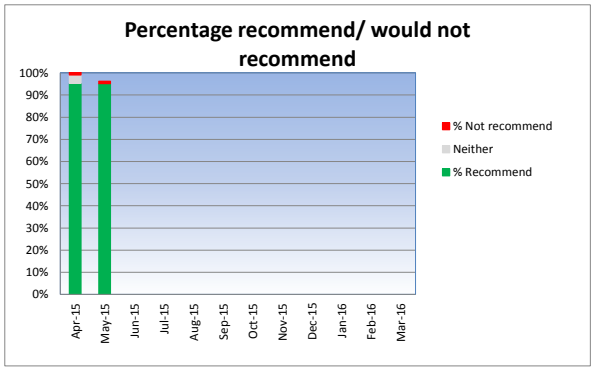


During April 2015 the combined community response was 12.4%. The percentage of respondents who would/would not recommend the service was 94.8%/1.4%. The results for each area are as follows:
1) Inpatient services: response rate = 41.7, % would/would not recommend =100%/0%
2) Nursing services: response rate = 20.1%, % would/would not recommend= 95.7%/0%
3) Rehabilitation & therapy services: response rate 21.6%, % would/would not recommend= 94.8%/1.7%
4) Specialist services: response rate= 32.7%, % would/would not recommend= 90.9%/0%
5) Children & family services: response rate = 3.0%, % would/would not recommend= 96.2%/0%
6) Healthcare other: response rate = 1%, % would/would not recommend= 96.0%/0%

Due to reporting deadlines data for May is not yet available and will be included in next months dashboard.

Friends and Family - Outpatients



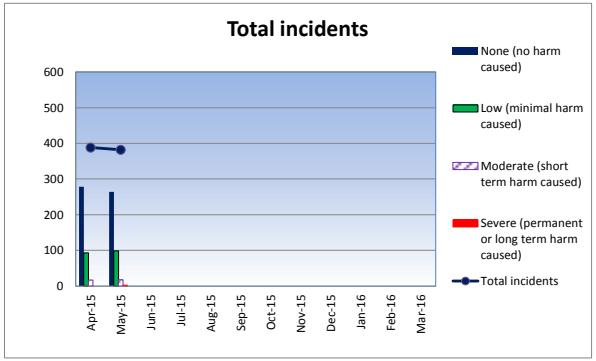


From April 2015 the FFT has been expanded to include patients seen in an outpatient setting. This data includes patients seen as ward attenders.

The response rate will be calculated using outpatient attendance data as taken from a monthly average of the NHS England Quarterly Activity Return (QAR), and will be included in next months dashboard.

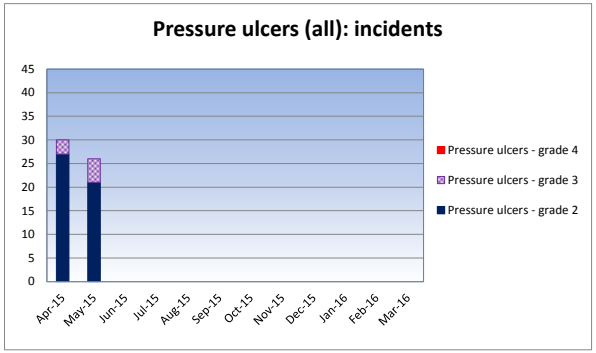
During May the percentage of respondents who would/would not recommend the service was 95.1%/1.1%.

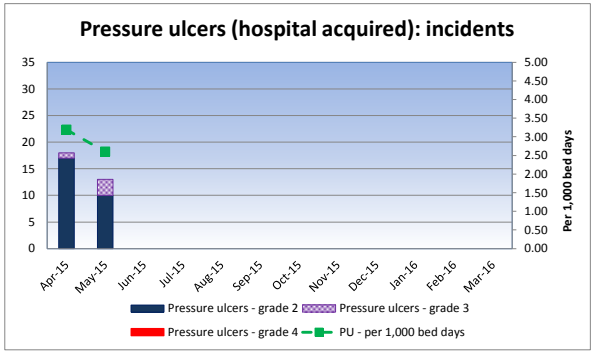
Incident reporting

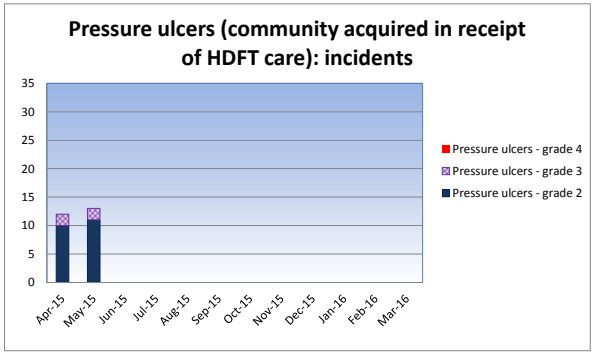


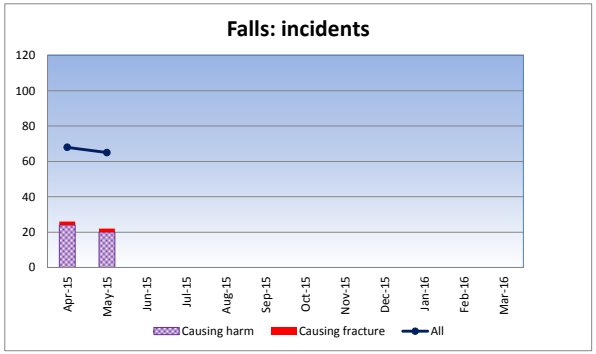
The top 5 incidents types at sub-category level, during May 15

	Incident	
1	Fall/Trip/Slip while mobilising alone - Day	14
2	Category 2 ulcer/Hospital acquired	13
3	Category 2 ulcer - patient's home acquired (include res. and nursing home and other hospitals)	13
4	Fall (found on floor) Day	11
5	Category 2 ulcer - community acquired in receipt of HDFT nursing	11









The total number of incidents reported this month has decreased from 388 to 382 in May. There have been 2 incidents reported as causing severe harm in May. Both are currently under investigation, one as a SIRI and one as a significant event. The grading of the latter may be subject to change pending investigation results. The proportion of incidents graded as moderate (short term harm) has increased very slightly from 4.3 to 4.7% this month.

Falls and pressure ulcers feature in the top 5 sub categories again this month but workload staff issues have decreased and are no longer in the top 5. Medication unavailable featured last month and has now decreased out of the top 5. Category 2 pressure ulcers home acquired has featured this month in the top 5.

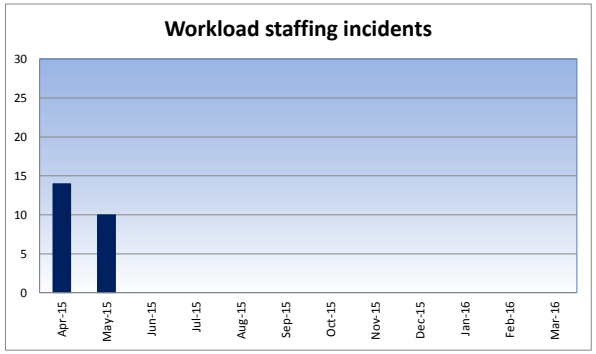
The total number of all grade 2 and 3 pressure ulcers reported this month has decreased from 30 to 26 (13 were hospital acquired and 13 were community acquired). There were 21 Grade 2 pressure ulcers (10 Hospital acquired and 11 community acquired) and 5 grade 3 ulcers this month, 2 in the community and 3 hospital acquired.

The data comes from Datix but the tissue viability nurses review all the grade 3 and 4 pressure ulcers to validate the data.
Root cause analysis is undertaken by the ward sisters/team leaders for grades 3 and 4 pressure ulcers and learning and improvement actions fed back to the teams. Themes for learning identified will also be reviewed at the pressure ulcer steering group.

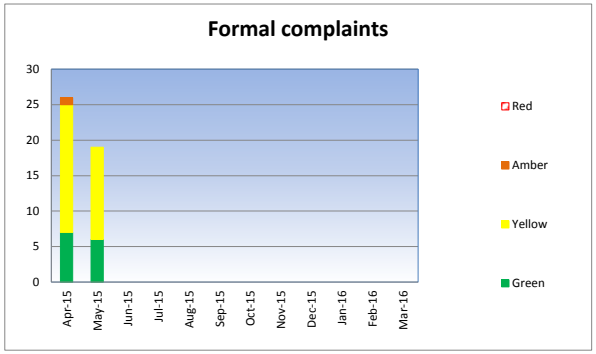
The proportion of falls causing harm has decreased this month from 35.2% to 30.8%. There have been 2 fractures in May which is the same number as last month. These are currently being investigated via root cause analysis.

There has been a decrease in workload staffing incidents reported for this month again down from 14 to 10, and inadequate staff for workload has decreased and does not feature in the top 5 subcategories. All of these incidents are reviewed at CORM and the appropriate escalation measures were put into place.

Incident reporting cont.



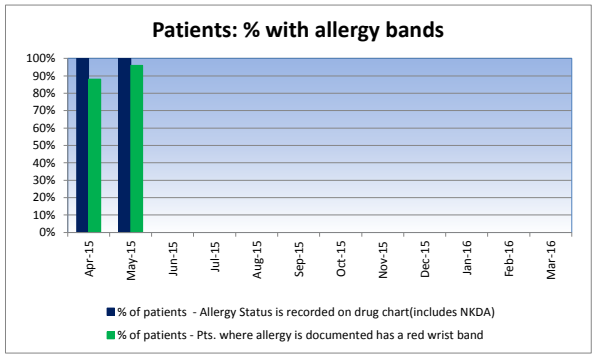
Formal complaints

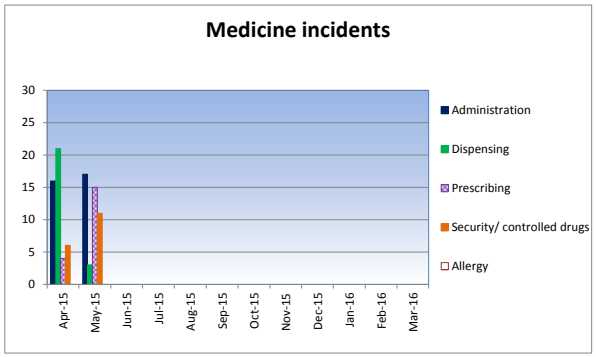


Of the 19 complaints received in May:
Medical = 9
Nursing = 3
Medical/Nursing = 3
Nursing/Other = 1
Other = 3

13 complaints were graded Yellow
6 complaints were graded Green

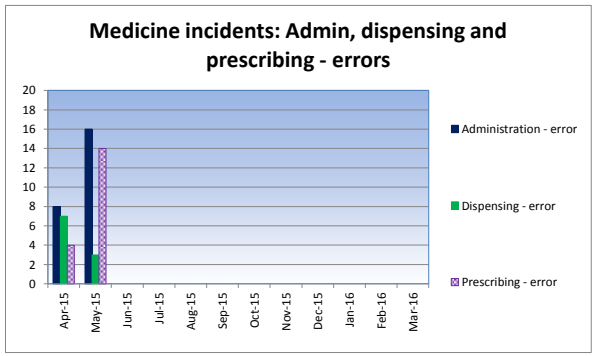
Pharmacy

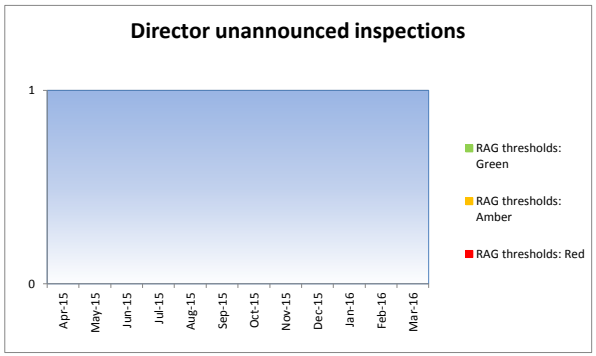




Allergies – This month's data showed that all patients had their allergy status recorded on a drug chart and showed that only one patient was not wearing a red wrist band. This was reported to the patient's nurse at the time of the audit.

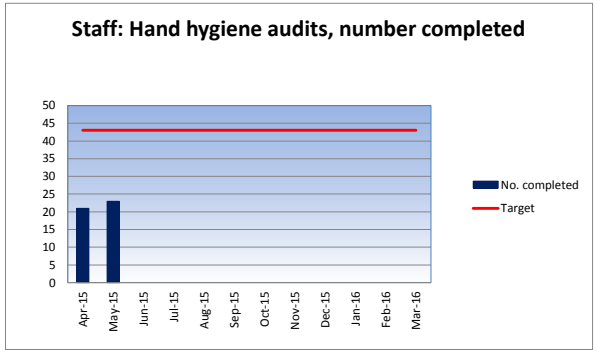
Medication Incidents – The total number of incidents has deceased this month. Both the number of administration and prescribing errors have increased, but this could be due to increased reporting. There were no incidents regarding the lack of documentation of allergy status again this month. All incidents are discussed at CORM and reviewed at the Medication Safety Review Group.

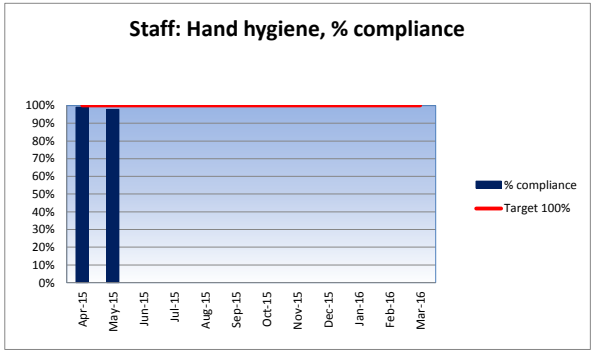


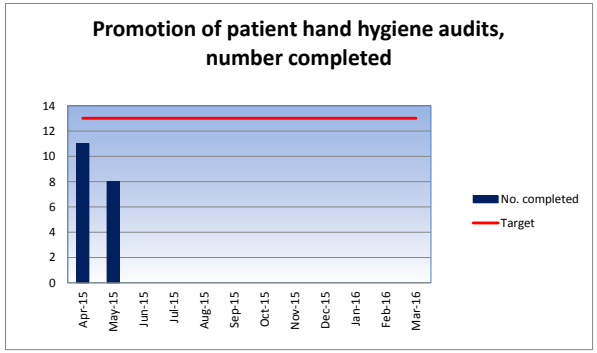


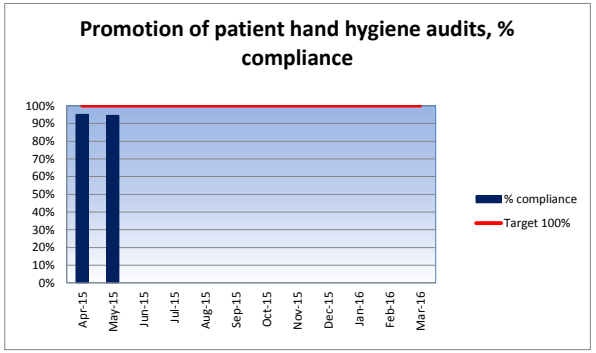
Director unannounced inspections - In May 0 inspections were undertaken.

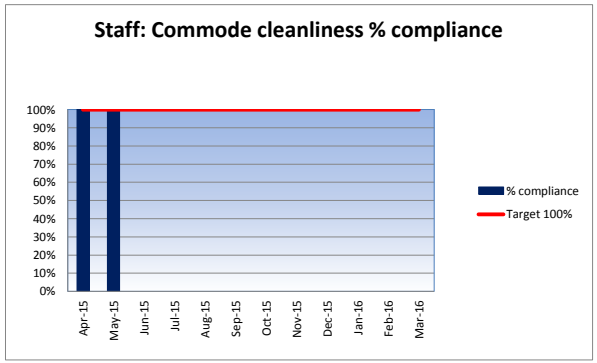
Hygiene standards

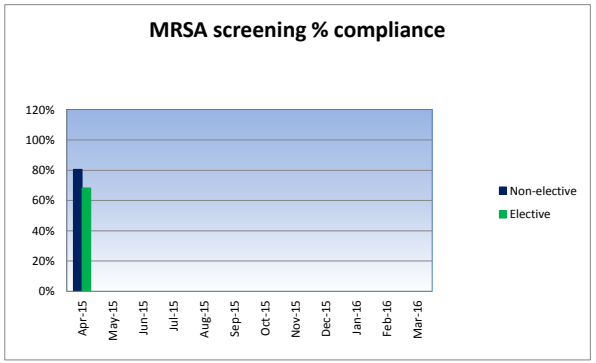












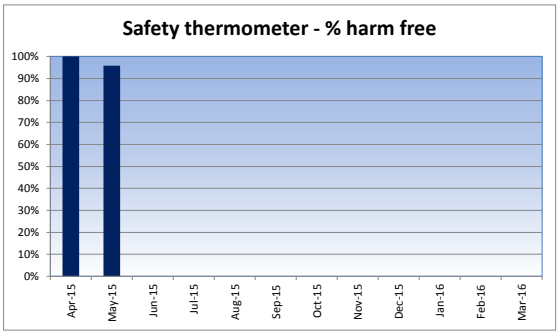
Staff Hand Hygiene and Patient Hand Hygiene: The HCAI Operational Group and IPC Team continue to support submission of both staff and patient hand hygiene audits with variable success.

MRSA- Since January 5th the Trust no longer screens low risk surgical day case admissions. Patients with a history of MRSA within the previous 12 months continue to be screened. Patients are also still screened upon their own request, or on the request of their Consultant or a Consultant Microbiologist. The apparent sub-optimal compliance for screening of elective patients will be addressed once the MRSA surveillance system has been updated to reflect these changes.

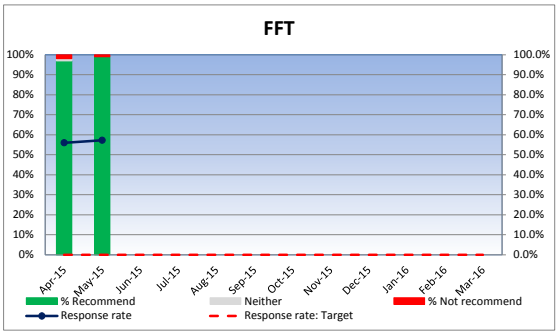
Quality and Safety Dashboard - May 15

Ward: **AMU Fountains**

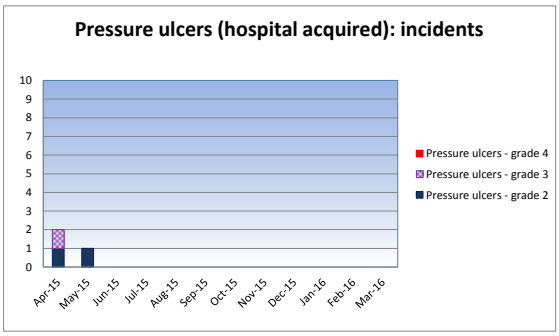
National CQUIN indicators

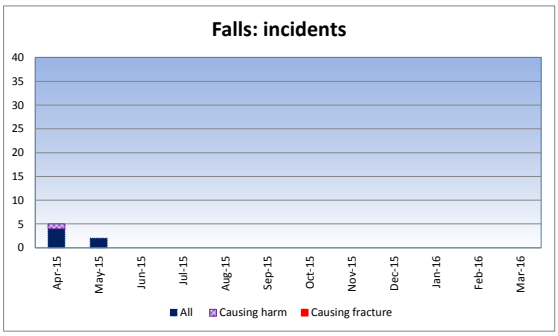


Friends and family survey: Inpatients

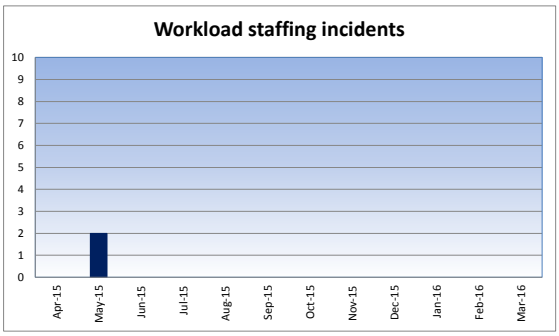


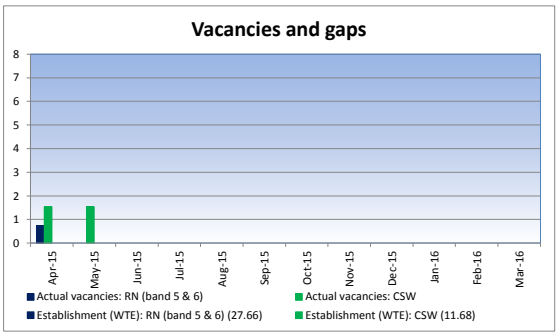
Incident reporting





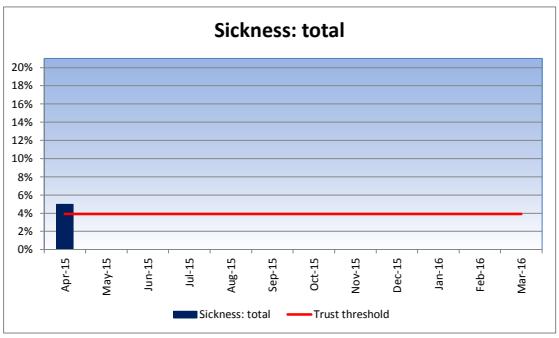
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

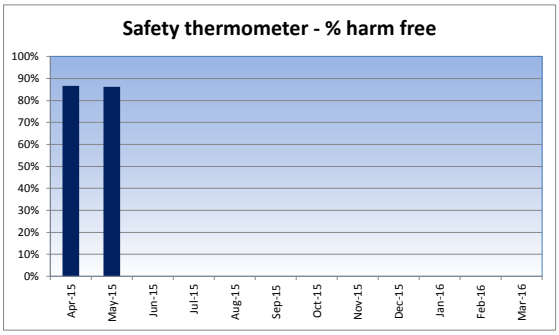


Note, sickness data for the reporting month is not available at the time of publication

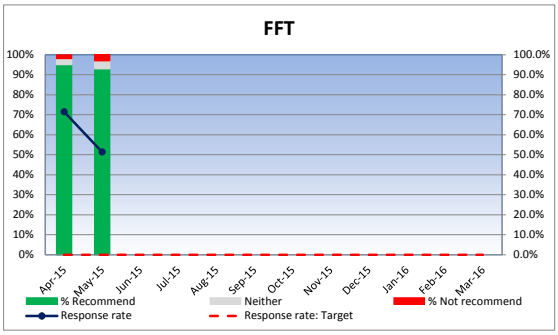
Quality and Safety Dashboard - May 15

Ward: **AMU Bolton**

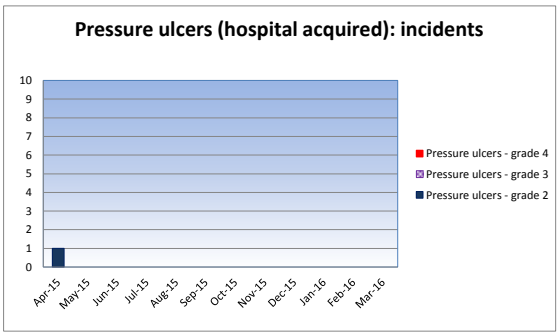
National CQUIN indicators

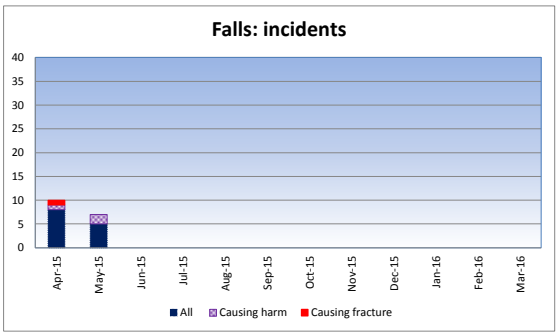


Friends and family survey: Inpatients

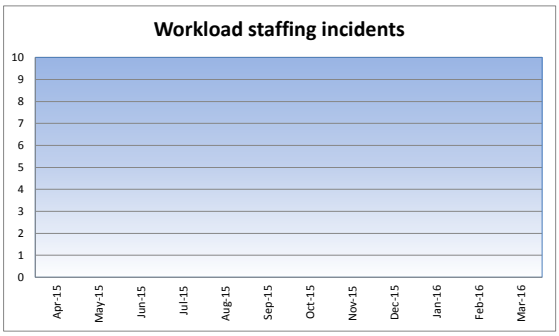


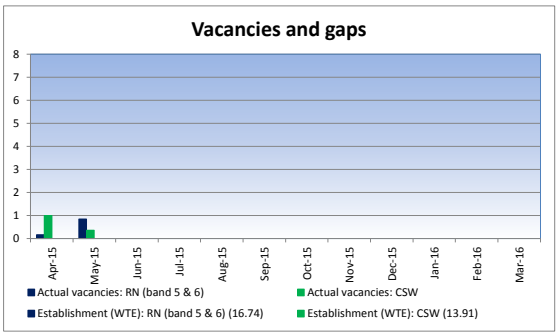
Incident reporting





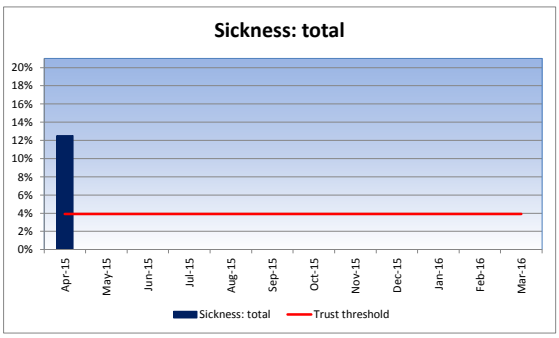
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

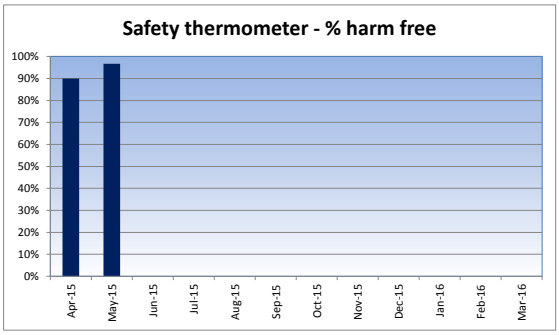


Note, sickness data for the reporting month is not available at the time of publication

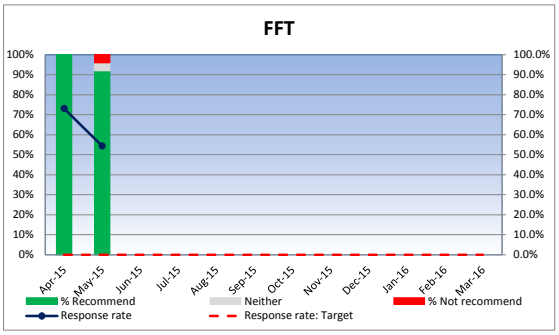
Quality and Safety Dashboard - May 15

Ward: **Byland**

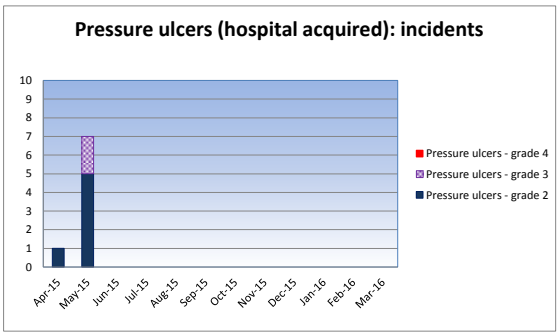
National CQUIN indicators

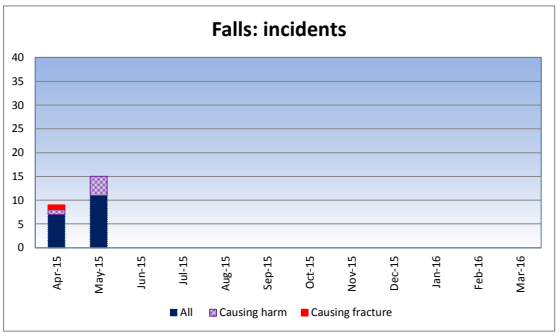


Friends and family survey: Inpatients

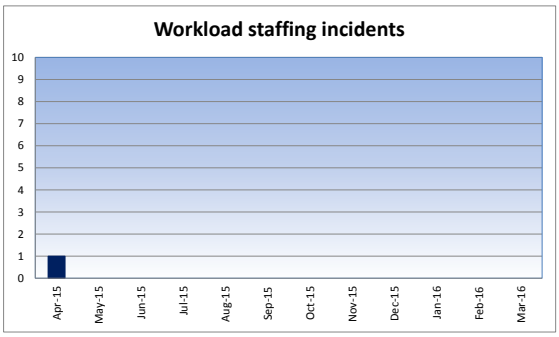


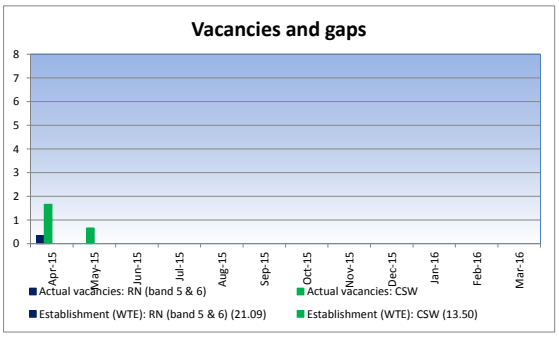
Incident reporting





Workforce





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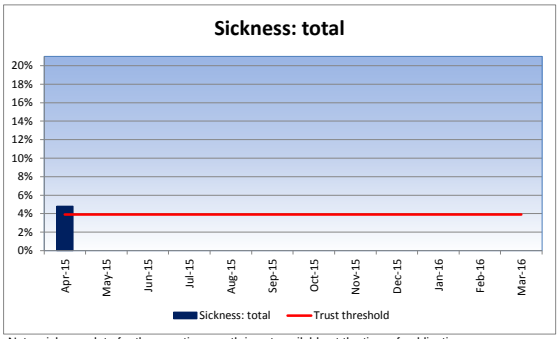
Workforce cont.

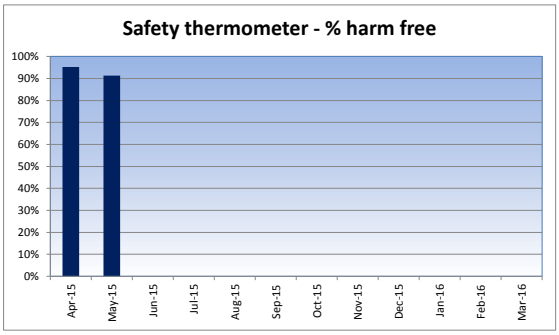


Note, sickness data for the reporting month is not available at the time of publication

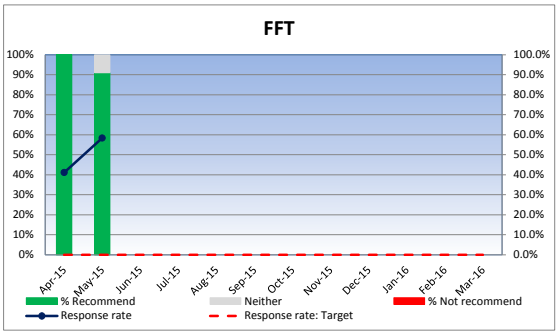
Quality and Safety Dashboard - May 15

Ward: **Farndale**

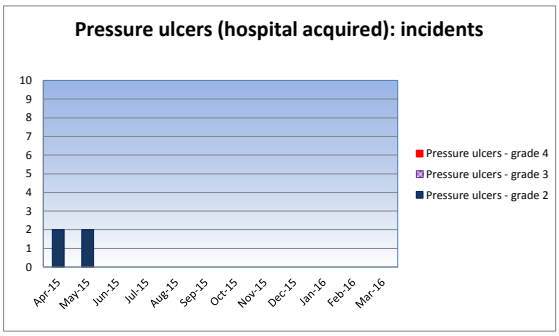
National CQUIN indicators

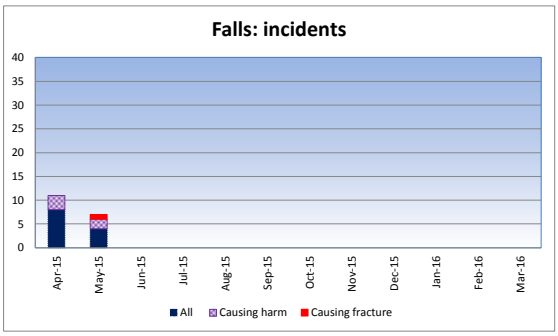


Friends and family survey: Inpatients

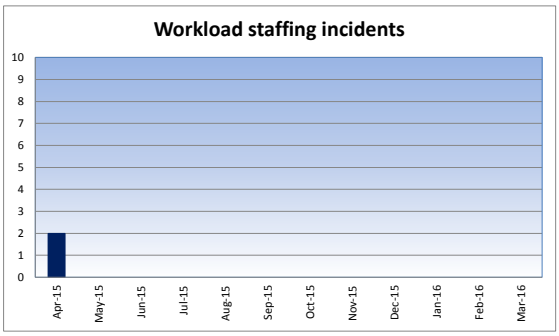


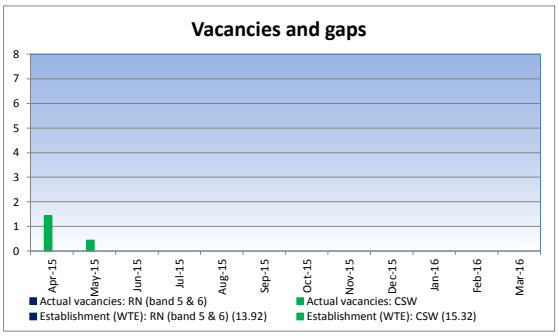
Incident reporting





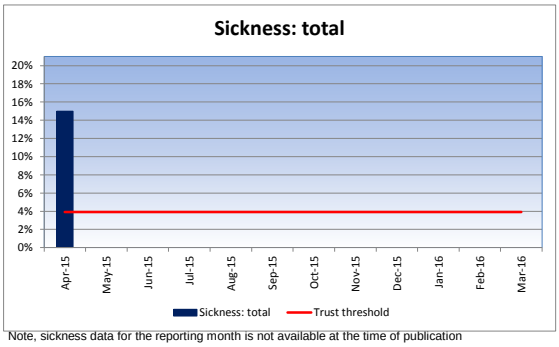
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

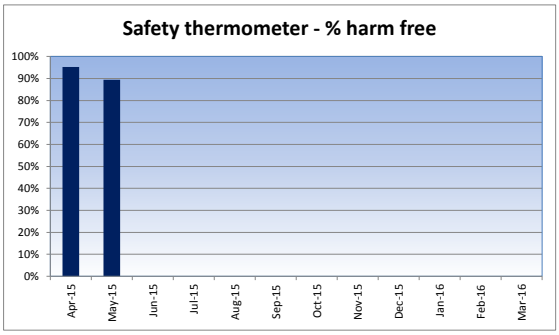


Note, sickness data for the reporting month is not available at the time of publication

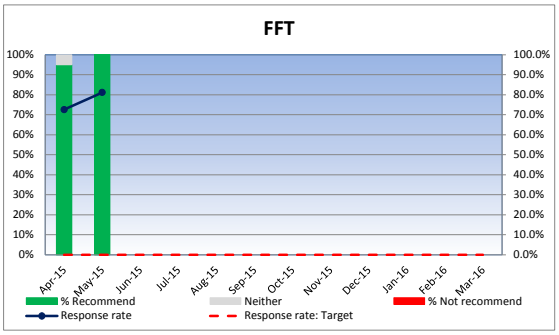
Quality and Safety Dashboard - May 15

Ward: **Granby**

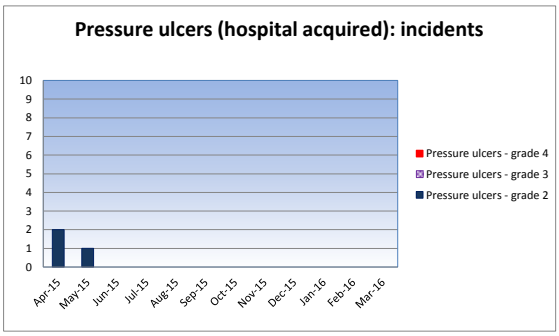
National CQUIN indicators

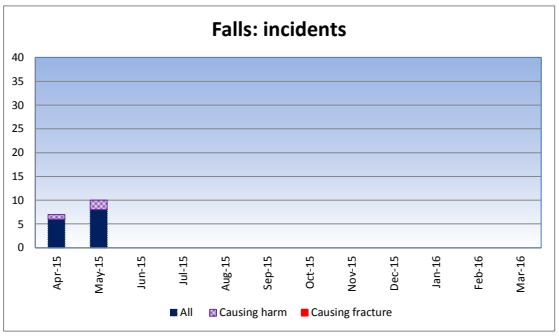


Friends and family survey: Inpatients

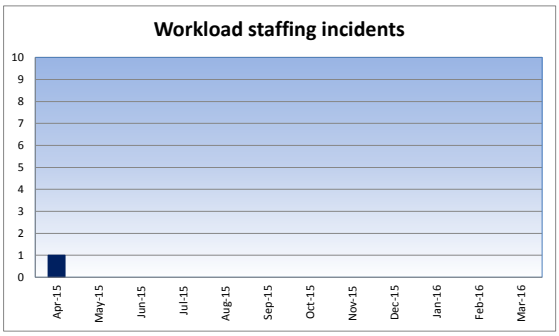


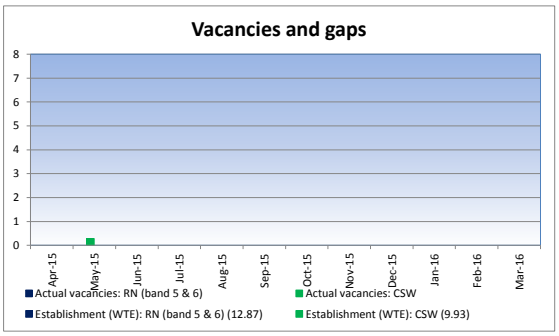
Incident reporting





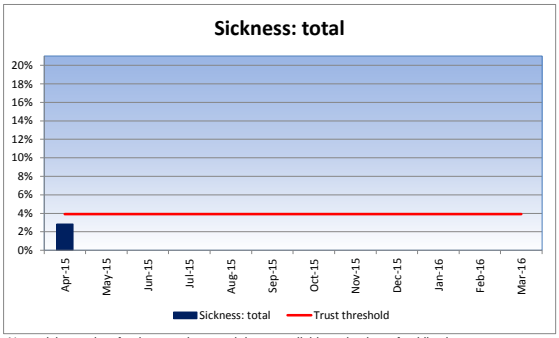
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

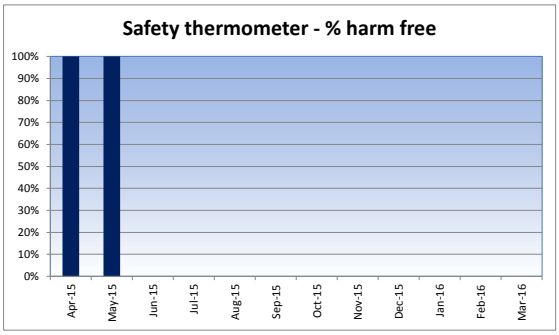


Note, sickness data for the reporting month is not available at the time of publication

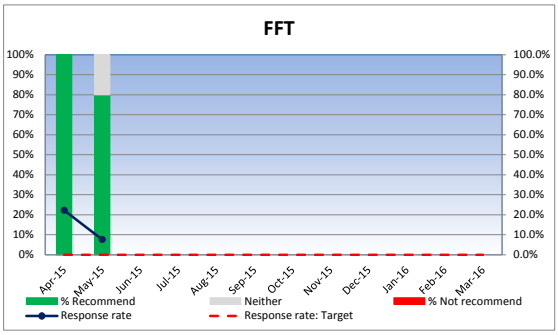
Quality and Safety Dashboard - May 15

Ward: **Harlow**

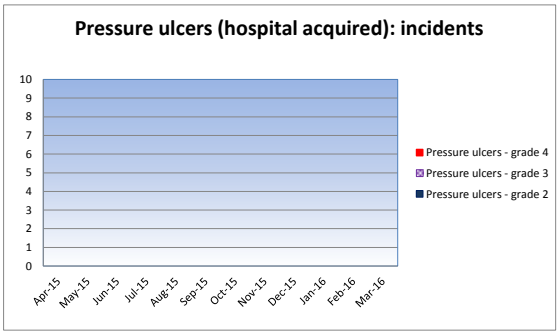
National CQUIN indicators

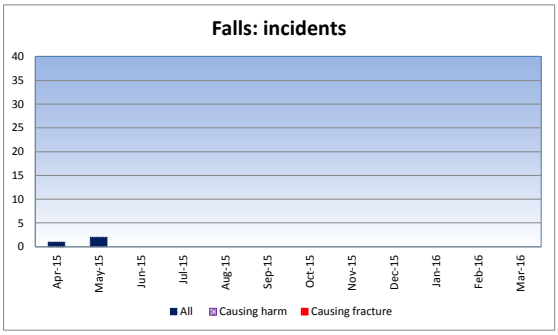


Friends and family survey: Inpatients

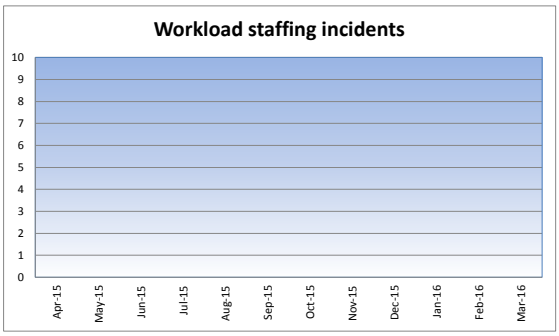


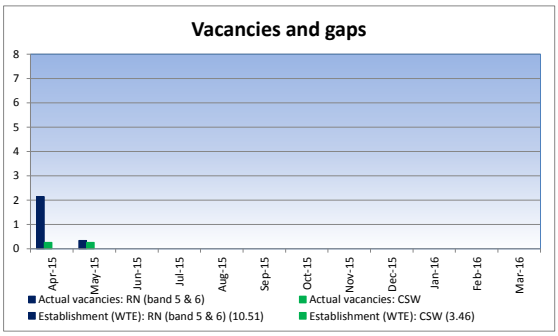
Incident reporting





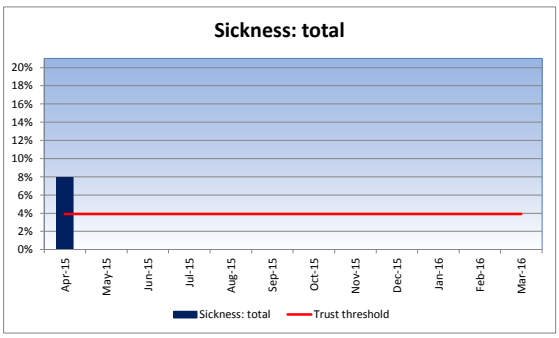
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

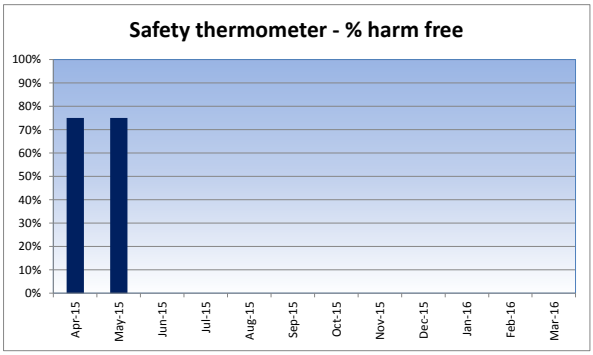


Note, sickness data for the reporting month is not available at the time of publication

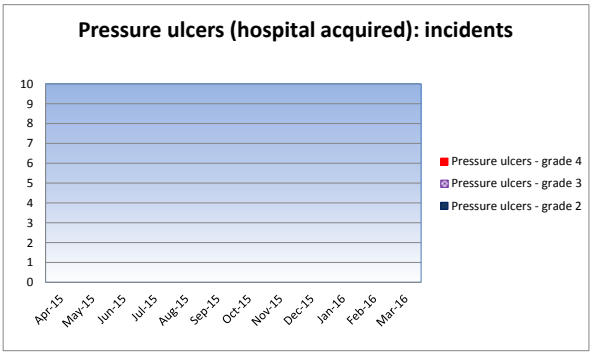
Quality and Safety Dashboard - May 15

Ward: ITU

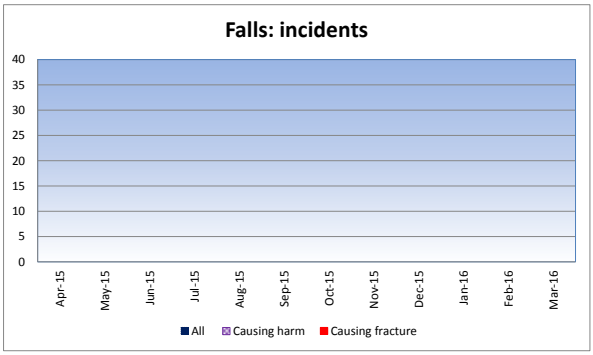
National CQUIN indicators



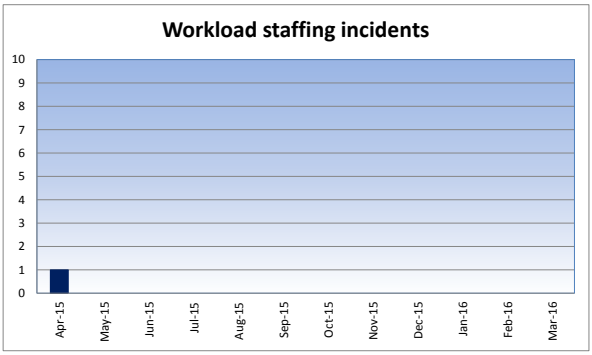
Incident reporting



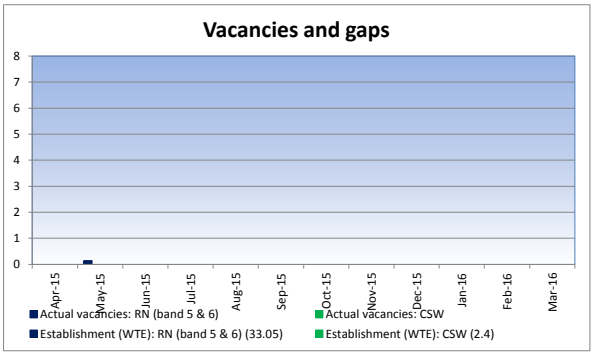
Incident reporting cont.



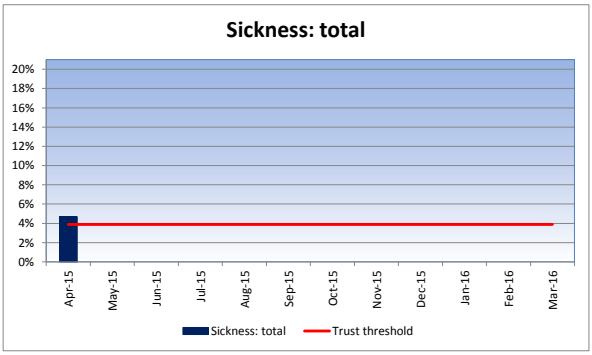
Workforce



Workforce cont.



Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

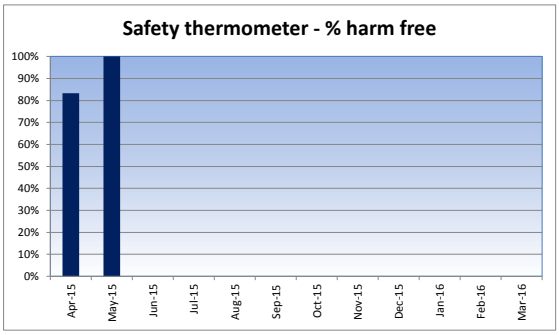


Note, sickness data for the reporting month is not available at the time of publication

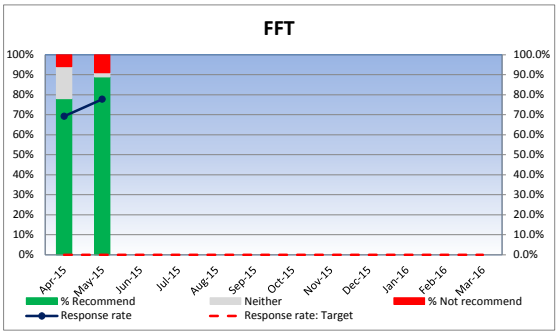
Quality and Safety Dashboard - May 15

Ward: **Jervaulx**

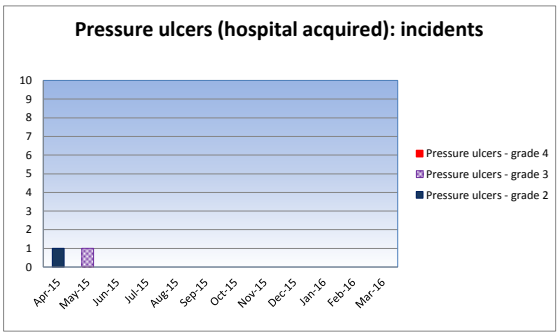
National CQUIN indicators

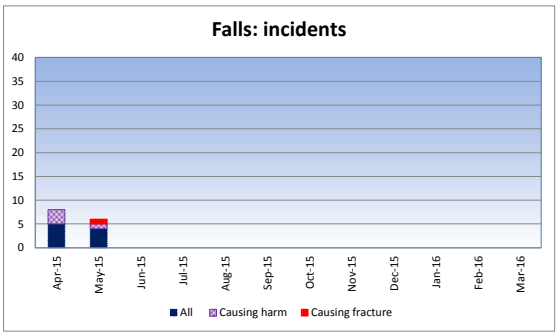


Friends and family survey: Inpatients

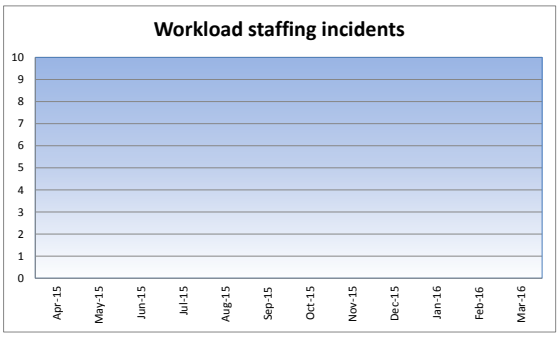


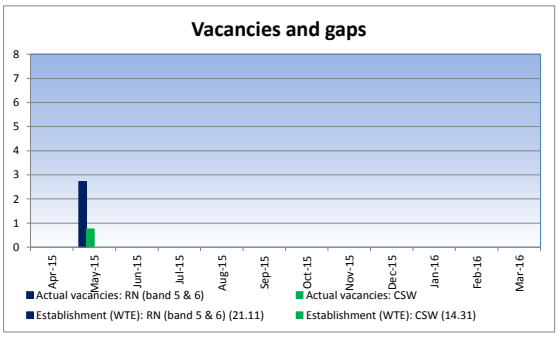
Incident reporting





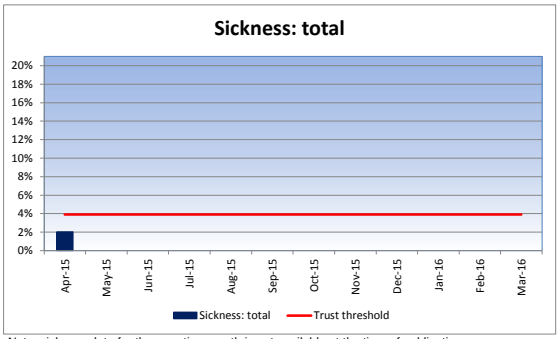
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

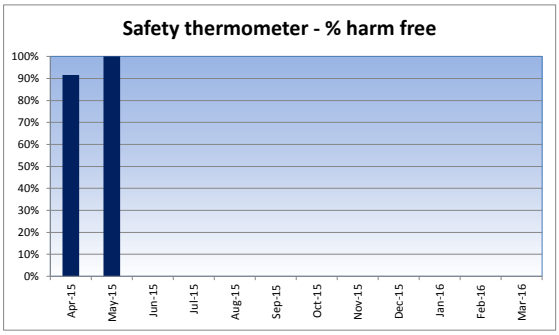


Note, sickness data for the reporting month is not available at the time of publication

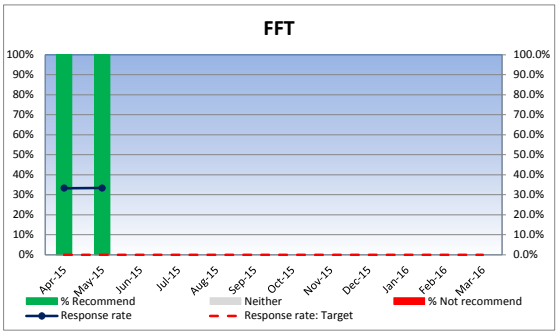
Quality and Safety Dashboard - May 15

Ward: **Lascelles**

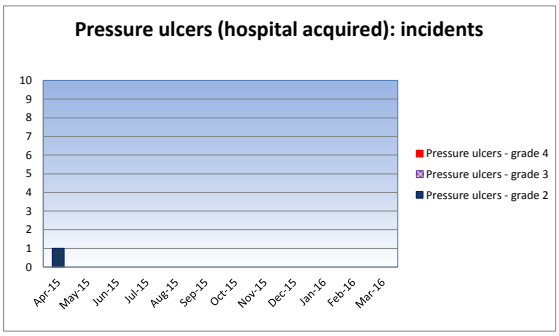
National CQUIN indicators

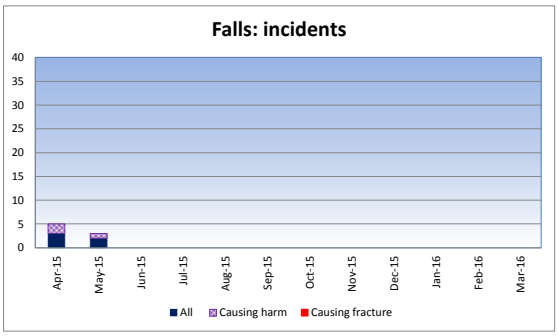


Friends and family survey: Inpatients

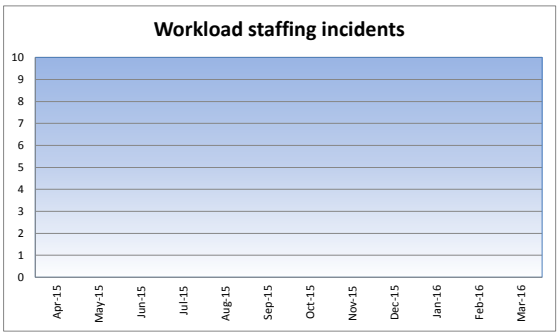


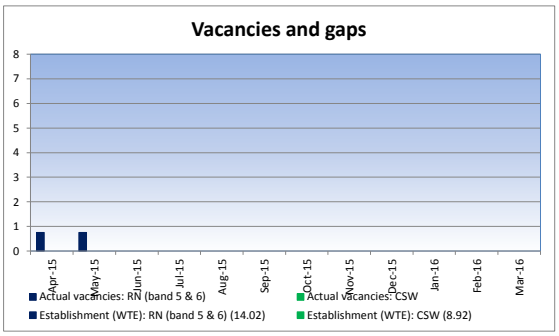
Incident reporting





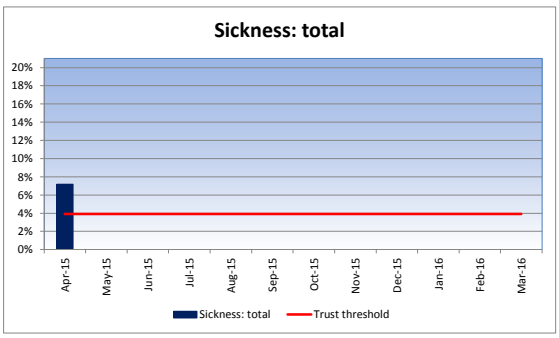
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

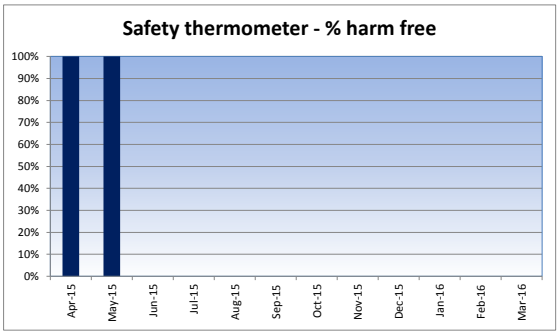


Note, sickness data for the reporting month is not available at the time of publication

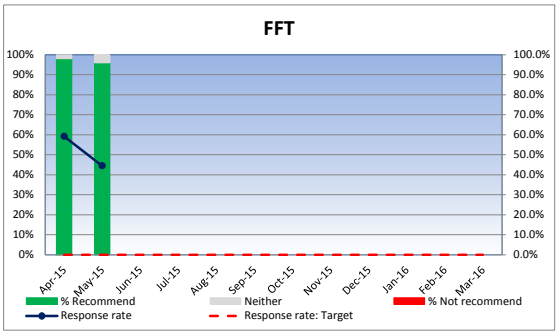
Quality and Safety Dashboard - May 15

Ward: **Littondale**

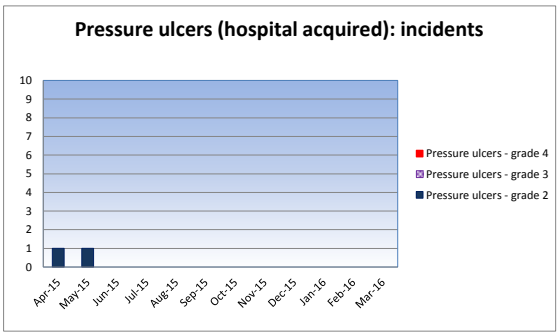
National CQUIN indicators

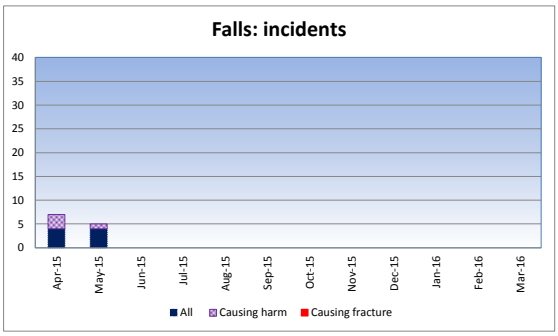


Friends and family survey: Inpatients

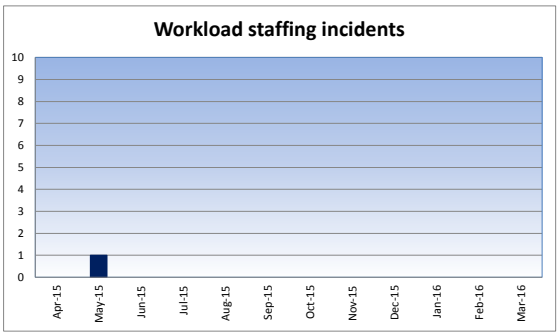


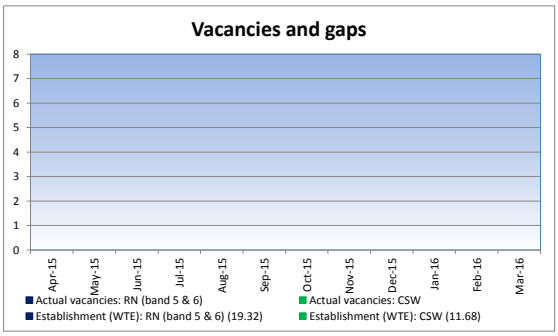
Incident reporting





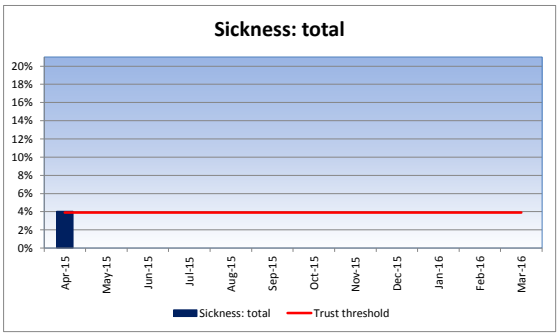
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

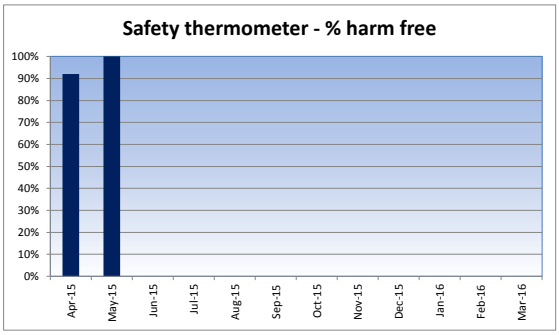


Note, sickness data for the reporting month is not available at the time of publication

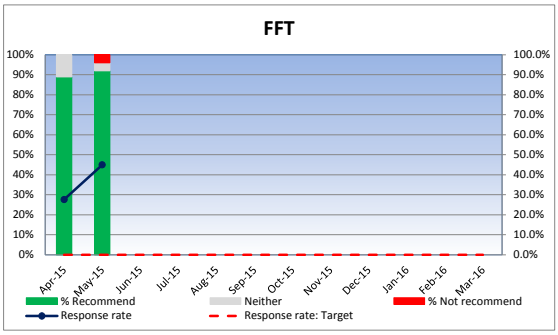
Quality and Safety Dashboard - May 15

Ward: **Nidderdale**

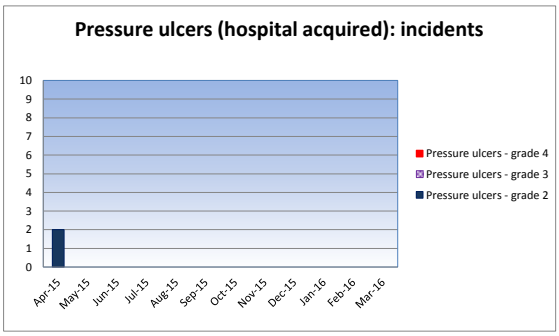
National CQUIN indicators

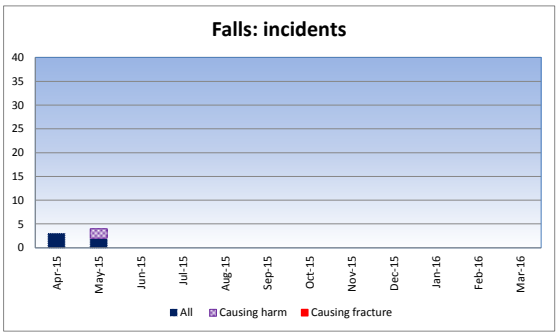


Friends and family survey: Inpatients

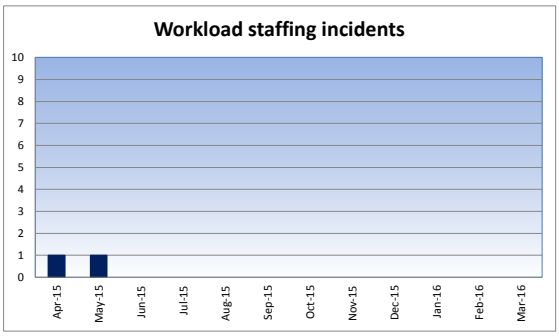


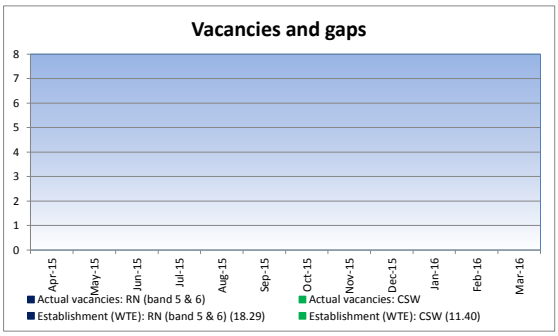
Incident reporting





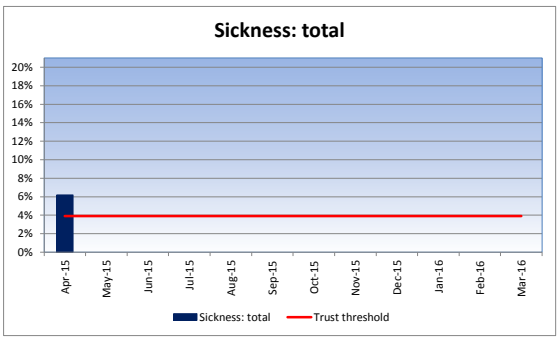
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

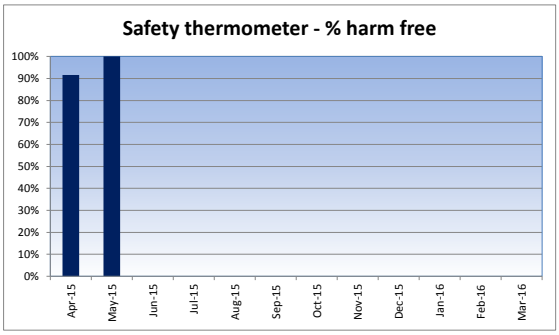


Note, sickness data for the reporting month is not available at the time of publication

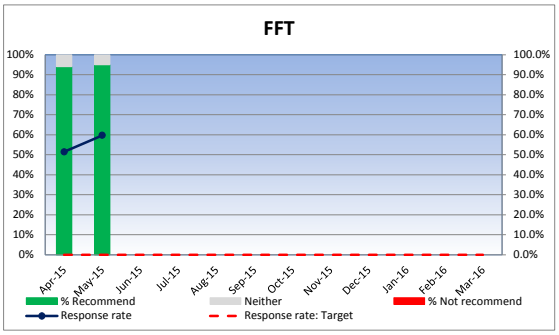
Quality and Safety Dashboard - May 15

Ward: **Oakdale**

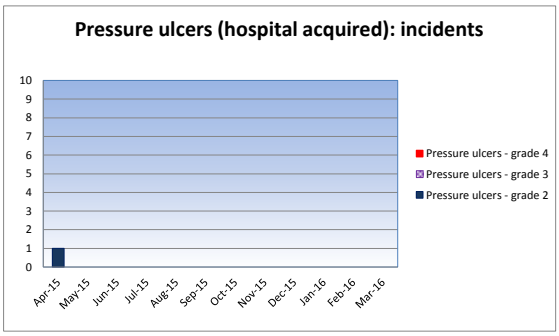
National CQUIN indicators

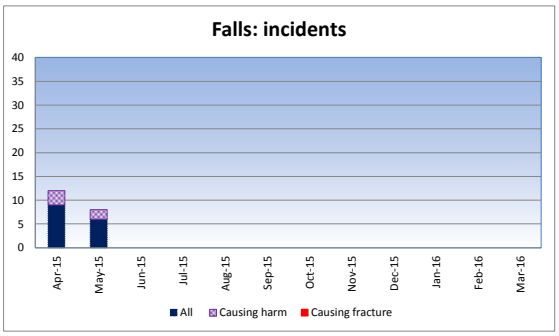


Friends and family survey: Inpatients

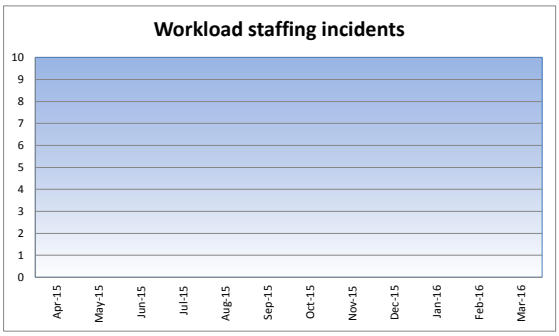


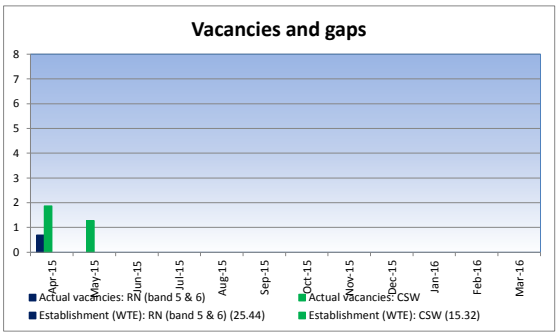
Incident reporting





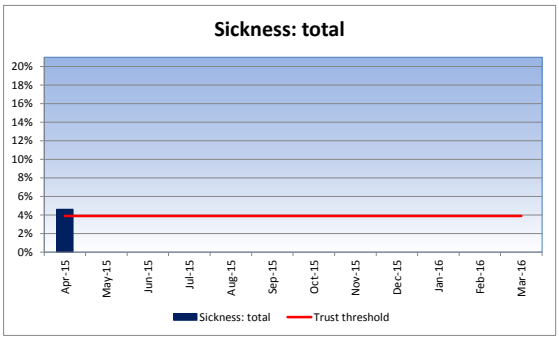
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

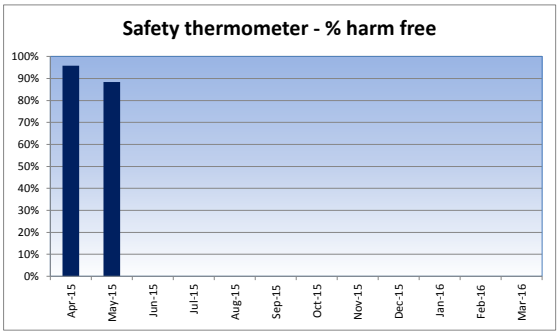


Note, sickness data for the reporting month is not available at the time of publication

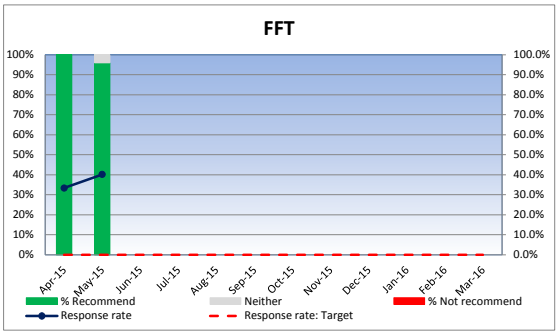
Quality and Safety Dashboard - May 15

Ward: **Wensleydale**

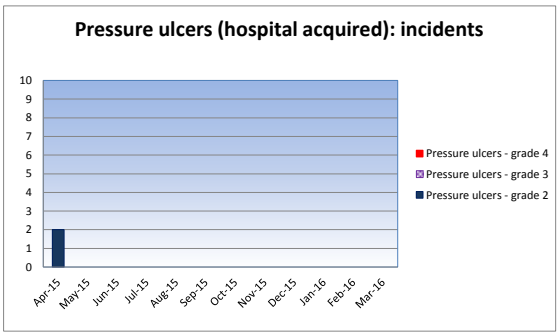
National CQUIN indicators

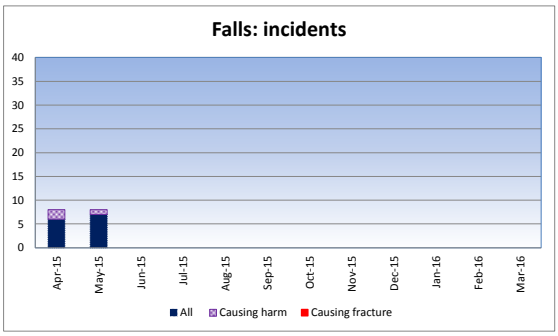


Friends and family survey: Inpatients

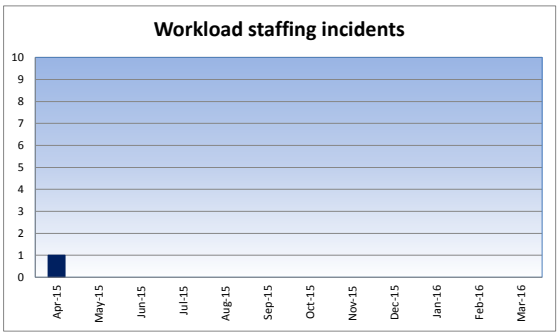


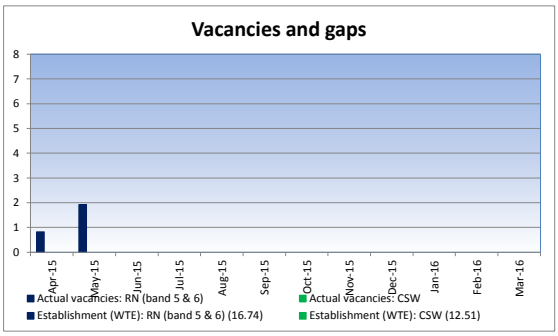
Incident reporting





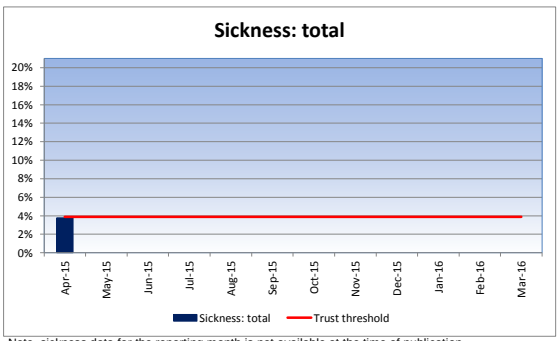
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

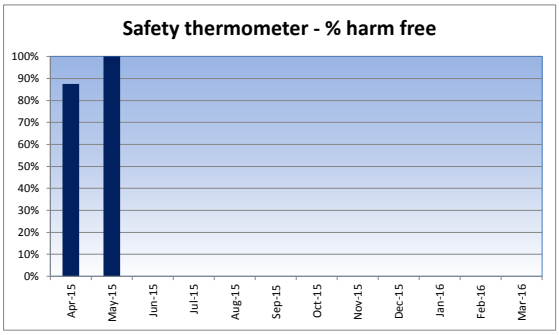


Note, sickness data for the reporting month is not available at the time of publication

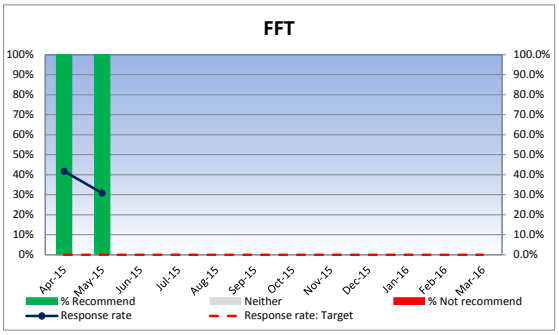
Quality and Safety Dashboard - May 15

Ward: **Trinity**

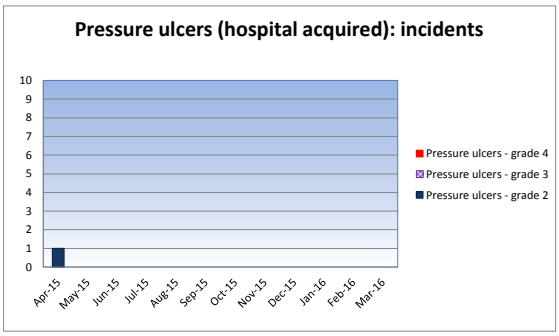
National CQUIN indicators

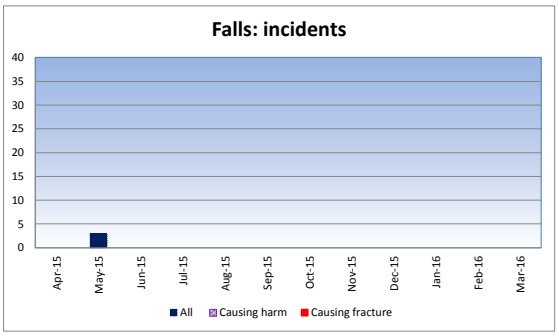


Friends and family survey: Inpatients

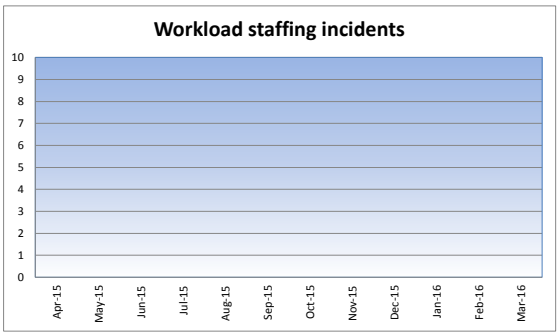


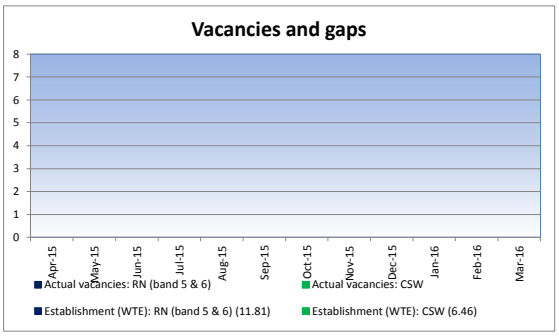
Incident reporting





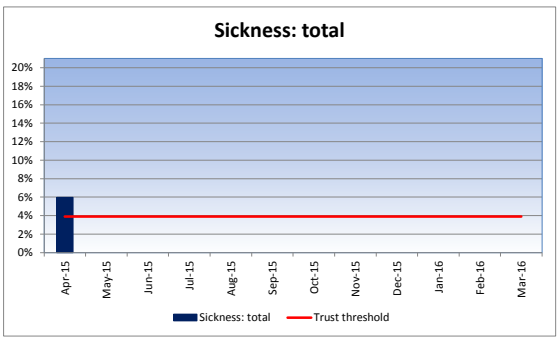
Workforce





Vacancies + gaps reported in the April Chief Nurse report are recorded in the March section

Workforce cont.

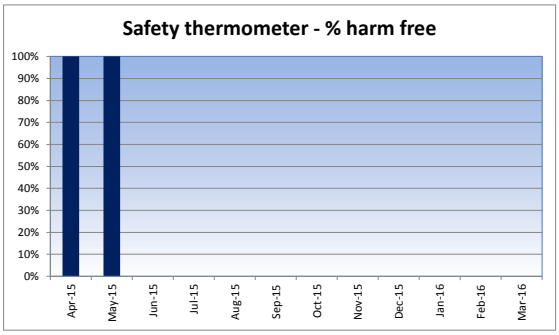


Note, sickness data for the reporting month is not available at the time of publication

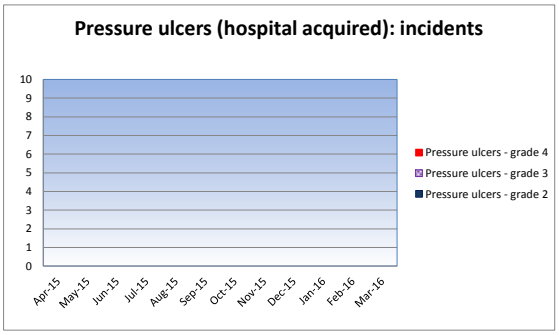
Quality and Safety Dashboard - May 15

Ward: **Woodlands**

National CQUIN indicators



Incident reporting



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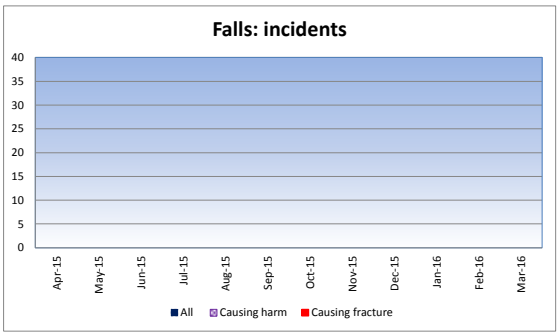
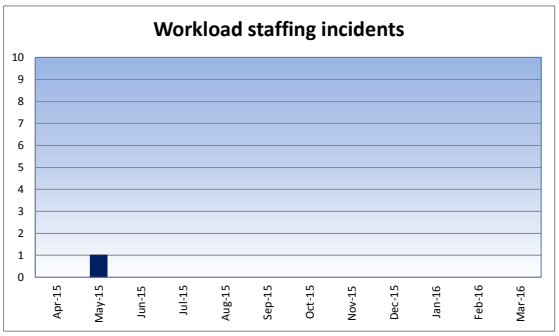


Workforce



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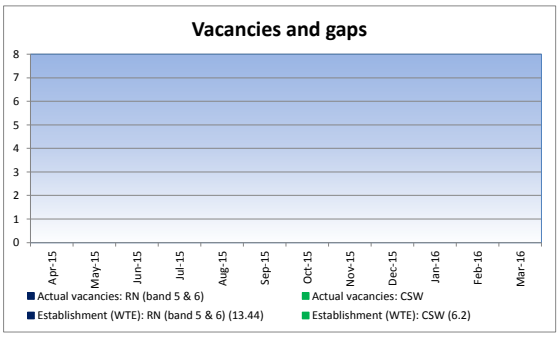

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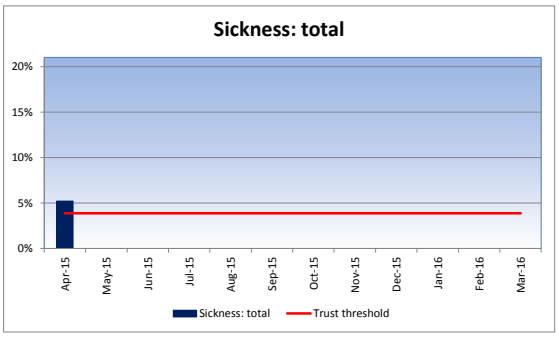

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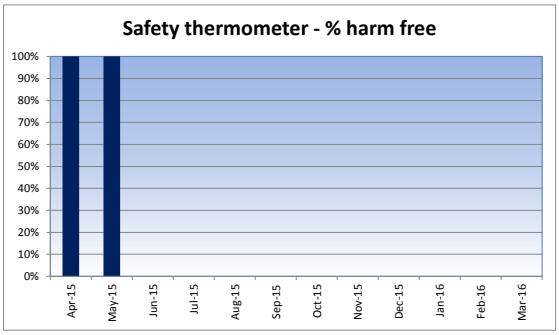
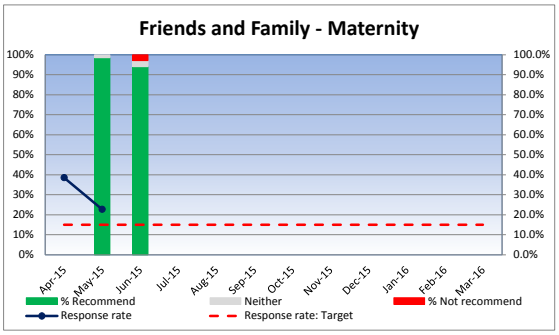
Quality and Safety Dashboard - May 15

Ward: **Pannal**

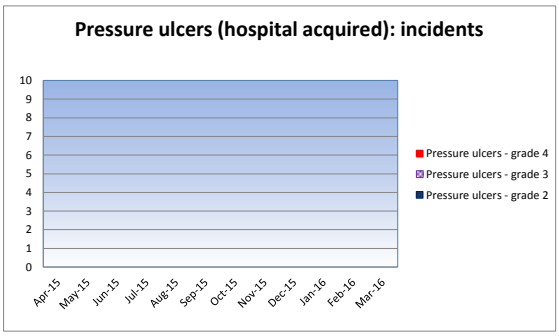
National CQUIN indicators

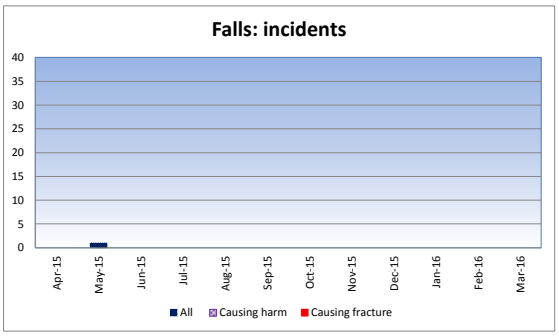


Friends and Family - Maternity

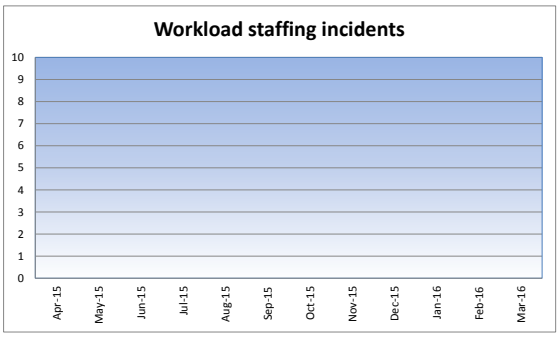


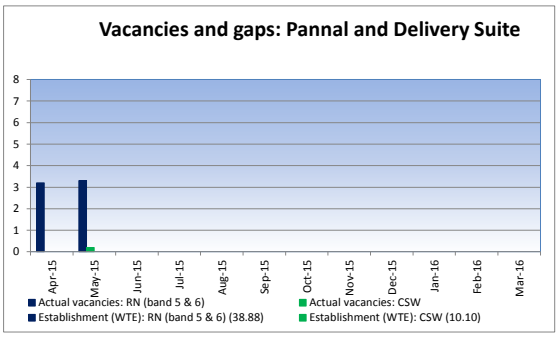
Incident reporting





Workforce





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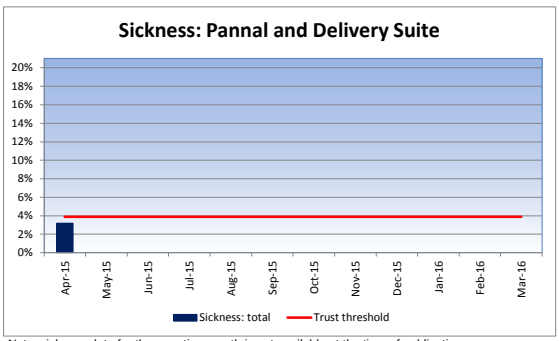
Workforce cont.



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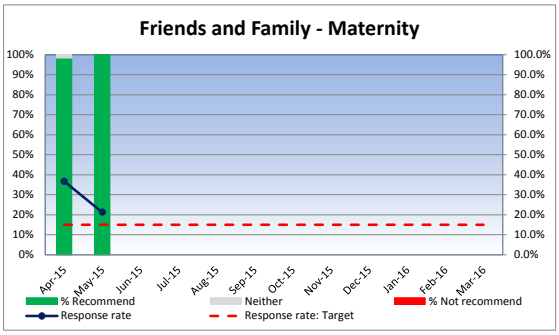
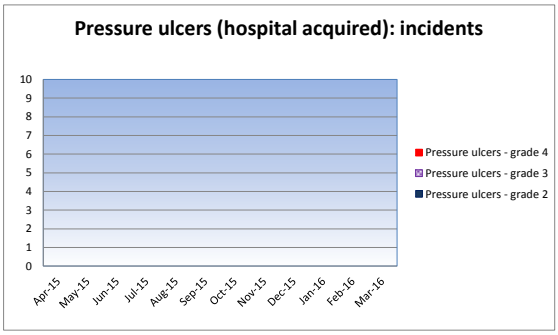
Quality and Safety Dashboard - May 15

Ward: **Delivery Suite**

Friends and Family - Maternity



Incident reporting



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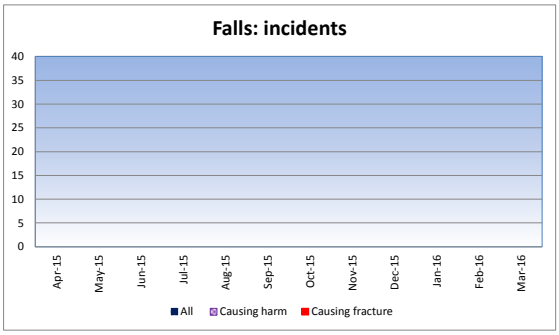
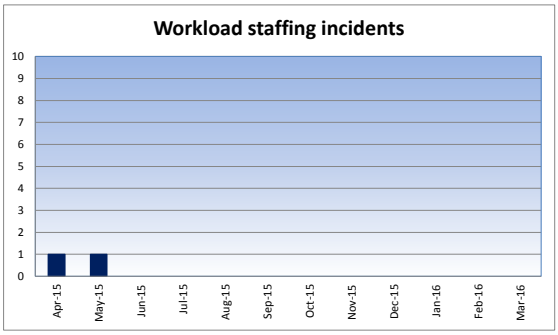


Workforce



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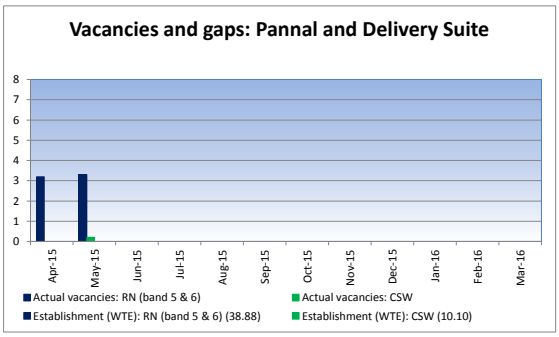

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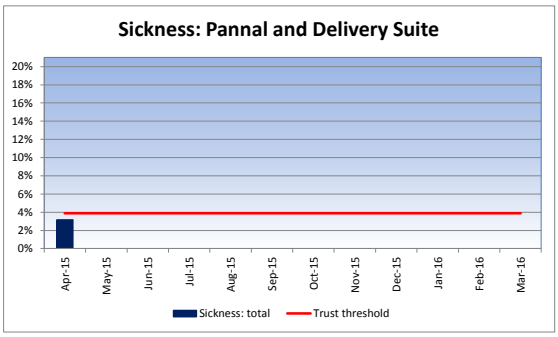

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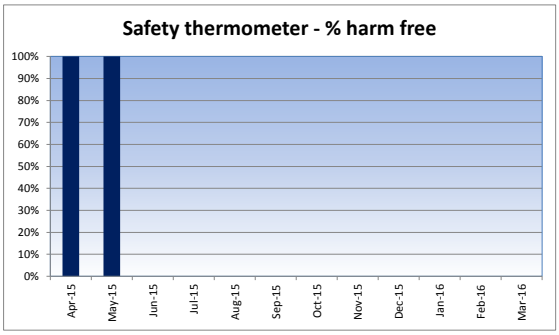
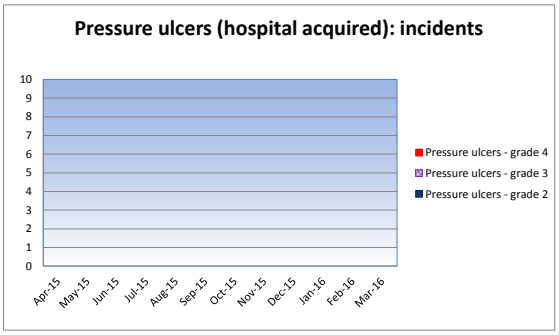
Quality and Safety Dashboard - May 15

Ward: **SCBU**

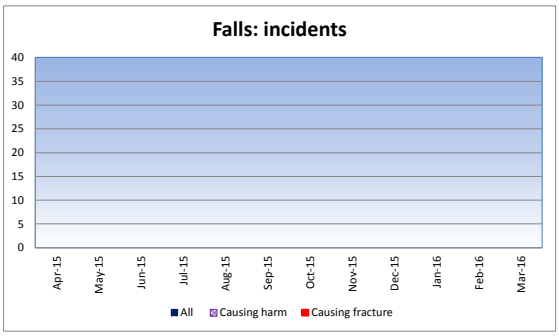
National CQUIN indicators



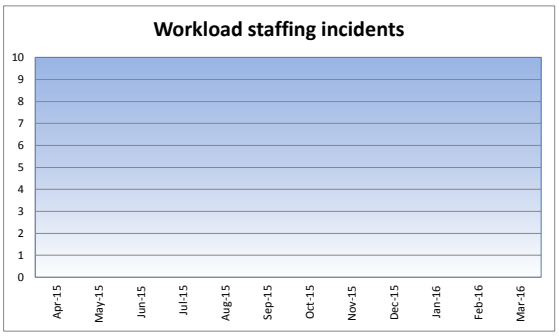
Incident reporting



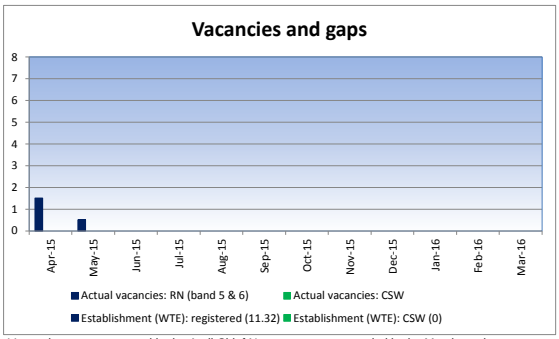
Incident reporting cont.



Workforce



Workforce cont.



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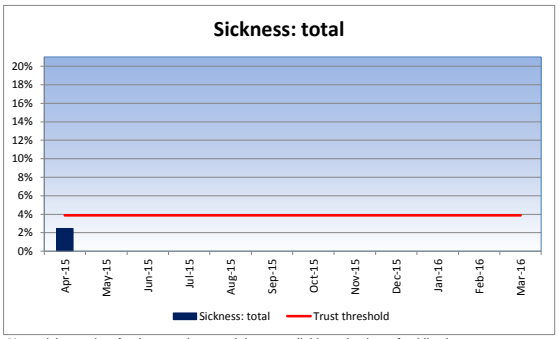

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Community- Fast response
CFRRT Harrogate
CFRRT Rural
Community Fast Response & Rehab Team
Harrogate FRT
Ripon - FRT

Community- Health visitor
Scarborough
Children - Craven
Children - Scarborough COAST
Children - Selby Tadcaster
Craven
Hambleton and Richmond
Harrogate CHS
Selby & York Child Health

Community- Midwifery
Community midwifery

Community- Stroke
Community stroke team

Community- Therapy services
Continence Service
Patients home

Selby- MIU
Selby MIU

Ripon- MIU
Ripon MIU

Ripon- Outpatients
Ripon Hospital
Trinity Ward - Ripon

Community- Children's services
Specialist nurse team

Community- Other
HMP Askham Grange
Catterick OOH
Colburn Joint Equipment Store
Dental - Cornlands Road Clinical
Dental - Settle Health Centre
Jennyfield HC
Joint Equipment Store - Colburn, Knaresborough
New Joint equipment store
Northallerton Prison
Northway Dental clinic, Scarborough
OOH
OOH - Harrogate Hospital
OOH - Selby Hospital
OOH - York A&E Dept
Podiatry - Acomb Health Centre
Podiatry - Bedale Clinic
Podiatry - CUE
Podiatry - Harrogate
Podiatry - Harrogate
Podiatry - West Ayton GP
Podiatry - Whitby Hospital
Podiatry - York Hospital
Podiatry Clementhorpe
Podiatry Scarborough Hosp
Podiatry -Spring Hill
Podiatry -White Cross Court
Podiatry-Fysche Hall
Scarborough joint equipment store
Selby/York Dental practices
York Joint equipment store

Hospital- wards can view their individual data
AMU Bolton
AMU Fountains
Bolton escalation ward
Byland
CAT
CCU
CIA
CLWS
Coronary care unit
Day surgery unit
Delivery Suite
Emergency department
Endoscopy
Farndale
Granby
Harlow
ITU
Jervaulx
Lascelles
Littondale
Macmillan dales unit
Sir Robert Ogden Macmillan Centre
Nidderdale
Oakdale
PAAU
Pannal
SCBU
Swaledale
Trinity
Wensleydale
Women's unit
Woodlands
Theatre

Virtual wards - data can be viewed individually
HARROGATE NORTH INTEGRATED COMMUNITY CARE TEAM
HARROGATE SOUTH INTEGRATED COMMUNITY CARE TEAM

Main hospital- Outpatients
Cardio-Resp Centre
CDC
Dermatology
Elmwood
Maxillofacial
Medical Outpatients
Occ Therapy
OPD Clinical Investigations Area
OPD East Waiting
OPD East Waiting / Surgical OP
OPD North Waiting
OPD Ophthalmology/ ENT
OPD Physiotherapy
OPD Podiatry
OPD Podiatry/ Therapy Services
OPD West Waiting
OPD West Waiting / Eye Clinic
Ophthalmic OP
Orthopaedic OP
Orthopaedic OPD
Outpatients
Physiotherapy Dept
Surgical OP
Urology Clinic
Waiting area
West Waiting

Main hospital- grounds
car park
Corridor
Filing Room
Front Entrance
Garden
Hospital Grounds
Kitchen
Lift
Office

Main hospital- Therapy services
Therapy services
Child Development Centre / S

Main hospital-Other department
Other
Pharmacy
Phlebotomy
Podiatry
Medical records
Radiology
Switchboard
Antenatal clinic
CT Scanning Department
Ear, Nose, Throat Clinic
X-Ray Room
Theatre
ENT
Cardiology
Oral Surgery Department
19 Wetherby Road
50 Lancaster Park Road
Anaesthetic room
Blood Transfusion
Chemical Pathology
Clinical Coding
Dermatology Clinic
Disposal room
Haematology
Histopathology
Microbiology
Occupational Therapy
Stop Smoking Service
Willaston Crescent

York Wheelchair Service	KNARESBOROUGH & BOROUGHBRIDGE INTEGRATED COMMUNITY CARE TEAM	Stairs
Zetland House	RIPON & RURAL INTEGRATED COMMUNITY CARE TEAM	

SLT

APPENDIX 2

Report on actions in response to Kate Lampard's report into <u>Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile</u>				
Name of Trust	Harrogate and District NHD Foundation Trust			
Recommendation	Issue identified/current situation	Planned Action	Progress to date	Due for completion
R1 All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors. The policy should apply to all such visits without exception.	The Trust currently does not have a policy	Policy to be developed	Deputy Chief Nurse and Head of Communication identified to lead Example of policy being obtained for review	August 2015
R2 All NHS trusts should review their voluntary services arrangements and ensure that: • they are fit for purpose; • volunteers are properly recruited, selected and trained and are subject to appropriate management and supervision; and • all voluntary services managers have development opportunities and are properly supported.	There are approximately 550 volunteers undertaking a variety of roles across the Trust including meet, greet and way-finding, hand-hygiene champions and activity helpers in the frail elderly wards. Recruitment arrangements for volunteers have recently been reviewed by the Recruitment Department and recommendations have been considered to ensure they are fit for purpose. All prospective volunteers are subject to an Enhanced Disclosure & Barring Service checks and are fully inducted into the Trust.	Recruitment arrangements for volunteers will be reviewed periodically as part of the two yearly planned cycle of review unless there is a need to respond to internal or external issues DBS requirement is reviewed every two years as part of the Volunteering policy	- -	Completed Completed

		Induction material under review (cross reference with R4)		July 2015
	All ward and department based volunteers are supervised by the Nurse in Charge or a named member of staff.	No change planned	-	Completed
	Each volunteer is personally introduced to their area on their first shift by the co-ordinator of volunteers.	No change planned	-	Completed
	Volunteering opportunities are advertised on the Trust's Volunteering Internet web page, and specific opportunities through the Harrogate Volunteer Centre. Application forms are available in both electronic and paper copies.	No change planned	-	Completed
	All Volunteers attend a 3 hour induction session which covers items such as infection control, security and confidentiality and adult safeguarding. In addition all volunteers are provided with an induction handbook which supports their training.	Review training needs for volunteers with regard to children's safeguarding.	Recommendations requested from subject matter expert in children's safeguarding	July 2015
	Currently the booklet supporting volunteers' induction does not cover information relating to children's safeguarding.	Review requirement for booklet supporting volunteers' induction to include information relating to children's' safeguarding	Recommendation requested from subject matter expert in children's safeguarding	July 2015

	Hygiene Champions do not 'belong' to a ward. They attend during visiting hours and therefore are unsupervised.	Further consideration to be given to how these volunteers are supported and supervised.	Volunteers Manager reviewing how to further support 'hygiene champions'	July 2015
R3 The Department of Health and NHS England should facilitate the establishment of a properly resourced forum for voluntary services managers in the NHS through which they can receive peer support and learning opportunities and disseminate best practice.	Actions - Department of Health and NHS England. No HDFT action required at present but Voluntary Services Manager would be supported to attend if a forum was established.			
R4 All NHS trusts should ensure that their staff and volunteers undergo formal refresher training in safeguarding at the appropriate level at least every three years	All staff have a personal training account and undertake training in children's and adult safeguarding as per the HDFT training policy. Compliance figures: Safeguarding Children Safeguarding Children & Young People Level 1 Induction – 97% Safeguarding Adults Safeguarding Adults Awareness – 98%	Subject matter experts for safeguarding children and safeguarding adults review the training needs for staff groups every two years or with any change to national policy or practice. Progress toward compliance is monitored through the Safeguarding Children Governance and Safeguarding Adults Steering Groups.	Training Needs Analysis reviewed – no further action required at present	Completed

	There is a gap in safeguarding children training in relation to volunteers (cross reference R2). There are no formal roles for volunteers in children's services.	Review training needs for volunteers with regard to children's safeguarding	Recommendations requested from subject matter expert in children's safeguarding	July 2015
	Staff undergo formal refresher training in children's and adult safeguarding at least every three years	Subject matter experts for safeguarding children and safeguarding adults review the training needs for staff groups every two years or with any changes to national policy or practice.	Training Needs Analysis reviewed – no further action required at present	Completed
	Volunteers receive updates via email or memo regarding adult safeguarding	Review refresher training needs for volunteers with regard to adult safeguarding	Recommendations requested from subject matter expert in adult safeguarding	July 2015
	There is a gap in safeguarding children refresher training in relation to volunteers (cross reference R2)	Review refresher training needs for volunteers with regard to children's safeguarding	Recommendations requested from subject matter expert in children's safeguarding	July 2015

R5 All NHS hospital trusts should undertake regular reviews of: • their safeguarding resources, structures and processes (including their training programmes); and • the behaviours and responsiveness of management and staff in relation to safeguarding issues to ensure that their arrangements are robust and operate as effectively as possible.	The Safeguarding Children Team Leader regularly reviews the resources of the team and assign where the need is required escalated to executive lead if necessary. Policies and Process are regularly revised in light of any change in policy or practice. Training programmes content are reviewed every two years. The team would be involved with the conduct and responsiveness of any practitioners/employees as appropriate if any concerns were raised in relation to their behaviour or response to an alleged concern (Responsiveness to concerns is linked to the Trust complaints processes and whistle blowing policy). Responsibility for children's safeguarding is designated to a single executive lead. The team report via the Team leader to the Safeguarding Children's Governance Group (SCGG). The group reports to the Supporting Vulnerable People Steering Group which in turn reports to the Senior Management Team and the Board of Directors meeting. The risk register is reviewed by their General Manager in Integrated Care and monitored through the SCGG.	Children's safeguarding resources, structures and processes including training programmes are reviewed through a planned governance framework with oversight from the Board of Directors. Formally children's safeguarding resources, structures and processes including training programmes are reviewed annually through the annual report but the governance framework allow the flexibility to respond to any changes in national policy or practice	Governance arrangements reviewed – no further actions required at present	Completed

	Evidence of governance processes is available in the: TOR minutes and agendas of the Safeguarding Children's Governance Group (SCGG) Section 11 annual audit Competency Framework for annual self-assessment for Safeguarding Children Incident reporting via Datix Minutes of weekly Compliant and Risk Management meetings Job descriptions for named professionals Three yearly reviews of strategy, policy and procedures Annual audit calendar in place. Annual Report. The Senior Nurse for adult safeguarding regularly reviews the resources required and designates tasks to appropriate professionals escalating to executive lead if necessary. Policies and Process are regularly revised in light of any change in policy or practice. Training programmes content are reviewed every two years. The Senior Nurse for adult safeguarding would be involved with the conduct and responsiveness of any practitioners/employees as appropriate if	Adult safeguarding resources, structures and processes including training programmes are reviewed through a planned governance framework with oversight from the Board of Directors. Formally adult safeguarding resources, structures and processes including training programmes are reviewed annually through the annual report but the governance framework allow the	Governance arrangements reviewed – no further actions required at present	Completed

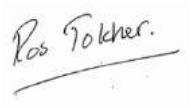
	any concerns were raised in relation to their behaviour or response to an alleged concern (Responsiveness to concerns is linked to the Trust complaints processes and whistle blowing policy). Responsibility for adult safeguarding is designated to a single executive lead. The Senior Nurse for adult safeguarding reports to the Adult Safeguarding Steering Group (ASSG). The group reports to the Supporting Vulnerable People Steering Group which in turn reports to the Senior Management Team and the Board of Directors meeting. The risk register is reviewed by the Senior Nurse for adult safeguarding and monitored through the ASSG. Evidence of governance processes is available in the: TOR minutes and agendas of the Adult safeguarding Group (ASSG) Competency Framework for annual self-assessment for safeguarding adults Incident reporting via Datix Minutes of weekly Compliant and Risk Management meetings Job descriptions for named professionals Three yearly reviews of strategy, policy and procedures Annual audit calendar in place. Annual Report.	flexibility to respond to any changes in national policy or practice		

	Trust whistle blowing policy for raising concerns. Staff have a robust system for raising concerns including six mechanisms for raising their issues. All changes to the policy are communicated through Trust's communication system including payslip attachments. There is a Senior Independent Director for staff to raise concerns with	Policy reviewed every two years or in response to national directives, local issues or in response to recommendations from national inquiries.	Gap analysis underway of recommendations from the 'Freedom to Speak Up' lead by the Executive Director of Workforce and Organisational Development	July 2015
R6 The Home Office should amend relevant legislation and regulations so as to ensure that all hospital staff and volunteers undertaking work or volunteering that brings them into contact with patients or their visitors are subject to enhanced DBS and Barring List Checks.	Action - Home Office legislation. No HDFT action required (cross reference actions from R2)			
R7 All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should	All employees engaged in regulated activity cannot commence employment until their DBS clearance has been confirmed. The Trust undertook a look-back exercise in 2009 to confirm that all employees undertaking regulated activity had DBS clearance.	DBS requirement is reviewed every two years as part of the Recruitment policy -	- -	Completed Completed

be supported by NHS Employers.	Currently the Trust does not re-check DBS clearance for employees undertaking regulated activity on a three yearly basis	The Trust will require employees who undertake regulated activity to have DBS clearance every three years	Workforce and Organisational Development leads developing an option appraisal to deliver this objective	July 2015
R8 The department of Health and NHS England should devise and put in place an action plan for raising and maintaining NHS employers awareness of their obligations to make referrals to the local authority designated officer (LADO) and to the Disclosure and Barring Service.	Actions - Department of Health and NHS England. No HDFT actions required at present but will discussed through North Yorkshire Adult Safeguarding Board.			
R9 All NHS hospital trusts should devise a robust trust-wide policy setting out how access by patients and visitors to the internet, to social networks and other social media activities such as blogs and Twitter is managed and where necessary restricted. Such policy should be widely publicised to staff, patients	Information Technology security policy in place which includes restriction of employees access to some internet sites and expectation of employee behaviour There is limited Wi-fi access to the internet in the hospital premises The Trust cannot limit the access to the internet by staff, patients and visitors through their personal devices on Trust premises.	Policy is reviewed every two years or in response to changes in national or local guidance To improve appropriate internet access across the hospital premises	- Plans being developed to improve connectivity	Completed September 2015

and visitors and should be regularly reviewed and updated as necessary.				
R10 All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.	The Resourcing Department's arrangements and processes for the recruitment, checking and general employment are dictated by the NHS Employers standards. This includes the staffing of the Estates & Facilities Department. The 2014/2015 Internal Audit awarded Significant Assurance for those pre-employment checks carried out by the Resourcing and Medical Staffing Teams with limited Assurance for those pre-employment checks relating to Agency Workers. 'NHSP provide Quarterly governance reports to demonstrate compliance that reflects the contract and HDFT recruitment processes. Arrangements are consistent and monitored monthly	More formal audits will be carried out on the pre-employment checks in place for agency and voluntary staff, and reported to an appropriate forum. Recommendations from the internal audit to be actioned.	Leads identified Leads identified	September 2015 September 2015
R11 NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust	The Resourcing Department's arrangements and processes for the recruitment, checking and general employment are dictated by the NHS Employers standards. The 2014/2015 internal audit awarded	The resourcing Department's arrangements and processes for recruitment, checking and general employment are reviewed according to NHS	The resourcing Department's arrangements and processes for recruitment, checking and general employment	Completed

manner across all departments and functions and that overall responsibility for these matters rests with a single executive director.	Significant Assurance for those pre-employment checks carried out by the Resourcing and Medical Staffing Teams. In addition, the annual quality and governance audit for employment checks and induction and training reported favourably the processes in place are robust and fit for purpose. There is one Executive Lead - Director of Workforce and Organisational Development.	Employers standards	reviewed – no further actions required at present	
R12 NHS hospital trusts and their associated NHS charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect such risks.	Harrogate Hospital & Community Charity has a charitable funds ethical investment policy but needs to develop an ethical fundraising policy and an accompanying risk assessment process.	Develop an ethics policy and risk assessment process around fundraising affiliations with, and accepting funds from Companies, Wealthy Individuals, Celebrities and other groups	Leads identified within the Trust Partners for scoping a robust ethics policy and risk assessment process identified	October 2015
R13 Monitor, the Trust Development Authority, the Care Quality Commission and NHS England should exercise their powers to ensure that NHS Hospital Trusts (and	Action - Monitor, Trust Development Authority, CQC and NHS England No HDFT actions required			

where applicable, independent hospital and care organisations), comply with the recommendations 1, 2, 4, 5, 7, 9, 10, and 11.	
R14 Monitor and the Trust Development Authority should exercise their powers to ensure that NHS Hospital Trusts comply with recommendation 12.	Action - Monitor and Trust Development Authority. No HDFT actions required
I confirm that Harrogate and District NHS Foundation Trust Board has reviewed the full recommendations of the Kate Lampard's lessons learnt report SIGNED:  Date: 15 June 2015 CEO Name: Dr R. Tolcher	

Please return to MonitorJSlearnings @monitor.gov.uk by 5pm Monday 15 June 2015.

Report to the Trust Board of Directors: 24th June 2015	Paper No: 9.0

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

Key Issues for Board Focus:

- In CQC's latest Intelligent Monitoring Reports, HDFT is given an overall risk banding of 6 (lowest risk).
- Harrogate CCG issued the Trust with a formal contract notice during May relating to 3 performance issues in 2014/15. However this was subsequently withdrawn as the Trust was able to sufficiently respond to the queries in the contract management subgroup meeting on 3rd June.
- The Trust's overall banding in the latest SSNAP (Sentinel Stroke National Audit Programme) has improved to C, compared to D last quarter.

Related Trust Objectives	
1. Driving up quality	Yes
2. Working with partners	Yes
3. Integrating care	Yes
4. Growing our business	Yes

Risk and Assurance	The report provides assurance on the delivery of national performance standards, including the Monitor Risk Assessment Framework and identifies risks to delivery.
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.

Performance Framework 2015/16

- The key performance indicators are based on NHS England's 2015/16 performance framework, the 2015/16 Monitor Risk Assessment Framework and a number of supporting performance measures.

Performance Highlights

- In CQC's latest Intelligent Monitoring Reports, HDFT is given an overall risk banding of 6 (lowest risk), placing the Trust 20th out of 155 trusts.

- Harrogate CCG issued the Trust with a formal contract notice during May relating to 3 performance issues in 2014/15. However this was subsequently withdrawn as the Trust was able to sufficiently respond to the queries in the contract management subgroup meeting on 3rd June.

- Provisional data indicates that the Trust achieved 6 of the 7 applicable Cancer Waiting Times standards for May. Performance against the 31 day Surgical subsequent treatment standard was below the expected level but forecast data indicates that the 94% standard will be achieved for the quarter. At the end of May, delivery of the 14 day suspected cancer standard was below the 93% standard for the quarter. However, forecast data indicates that this standard will be achieved by the end of June.

- Performance at Harrogate ED was above the 95% in standard in May, with 96.5% of patients spending less than 4 hours in the department. The combined performance for the Trust (including Ripon MIU) was also above the expected standard at 97%.

- Activity levels at HDFT for outpatients, inpatients, ED and community services for the year-to-date are higher compared to last year. At the end of May, elective admissions were 13% higher than at the same point last year, and of these, there has been a 28% increase in activity from Leeds. The adult community services team have seen further increases in activity during May.

- The Trust's overall banding in the latest SSNAP (Sentinel Stroke National Audit Programme) has improved to C, compared to D last quarter.

- Provisional data suggests that the stroke performance standard (the percentage of stroke patients who spend over 90% of their stay on the stroke unit) was achieved in May (91.2%). Delivery of the TIA standard for the month of May was at 53.3% against the 60% national standard and at 69.5% for the quarter/year-to-date.

- The overall survey score for the National Adult Inpatient Survey 2014 shows that HDFT was ranked 10 out of 140 acute trusts.

- 2 cases of hospital acquired C-Difficile were reported in May, bringing the year to date total to 3, which is in line with trajectory. No cases of hospital acquired MRSA have been reported in 2015/16 to date, and there has been 637 days since the last hospital-acquired MRSA infection.

Glossary of acronyms/terminology

A&E/ ED	Accident and emergency department
Acute ward	A ward in which patients with an illness that is of short duration and rapidly progressive are given urgent care.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admission - inpatient	An admission to the hospital for diagnosis and/or treatment which requires at lease one overnight stay.
Admission - day case	A planned admission to the hospital for diagnosis and/or treatment where the patient is discharged on the same day without an overnight stay.
Admission - elective	A procedure that is chosen (elected) by the patient or consultant and arranged in advance.
Admission - non-elective	An admission to hospital which is unplanned and at short notice because of clinical need. For example, this will include patients being seen in CAT having emergency surgery and admitted to a hospital bed via A&E.
Admitted pathway	A pathway that ends in a clock-stop for admission (day case or inpatient).
Adult Community Teams	This service includes the four integrated district nursing teams, the fast response teams, and the community matrons and case managers.
Clinical Assessment Team (CAT)	A consultant led rapid assessment of medical and surgical patients. Conditions assessed include cardiac chest pain, strokes, and deep vein thrombosis (DVT's).
Choose and Book	A national electronic referral service that gives patients a choice of place, date and time for their first consultant outpatient appointment in a hospital or clinic.
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
Delayed transfer of care	When the patient is ready to be discharged from hospital however they remain in a bed.
DNA – Did Not Attend	DNA (sometimes known as an FTA – Failed to attend). In the context of consultant-led waiting times, this is defined as where a patient fails to attend an appointment/ admission without prior notice.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention.
Follow-up appointment	Any subsequent attendances in an outpatient clinic following a first attendance.
General ward	A ward in which patients with many different types of ailments are given care.
MRSA	Meticillin Resistant Staphylococcus aureus
MSA	Mixed sex accommodation
MSSA	Methicillin Sensitive Staphylococcus aureus
New appointment	A patient's first attendance in a specific outpatient clinic
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.
OOH	Out of hours
Outpatient	A patient who comes to the hospital, clinic, or dispensary for diagnosis and/or treatment who does not require an overnight stay.
Referral to treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop that is covered by the 18 week target.
RTT	Referral to treatment
TIA	Transient ischaemic attack

Useful documents

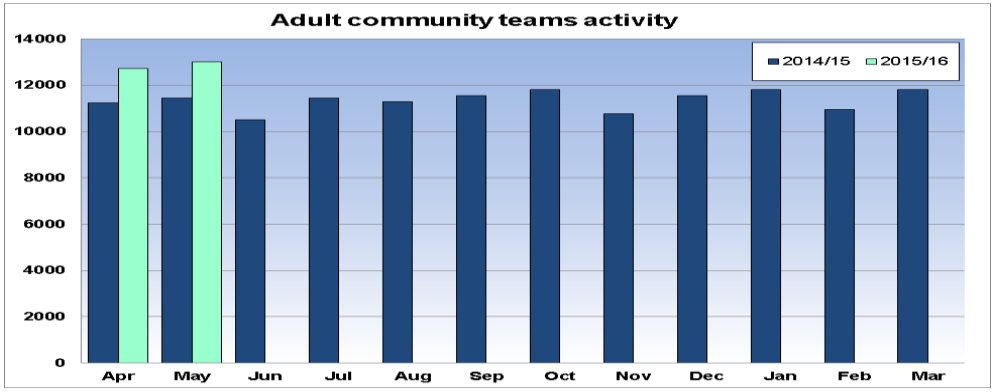
Outcomes Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

Risk Assessment Framework: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299929/RAF_Update_AppC_1April14.pdf

2015/16 Performance Framework

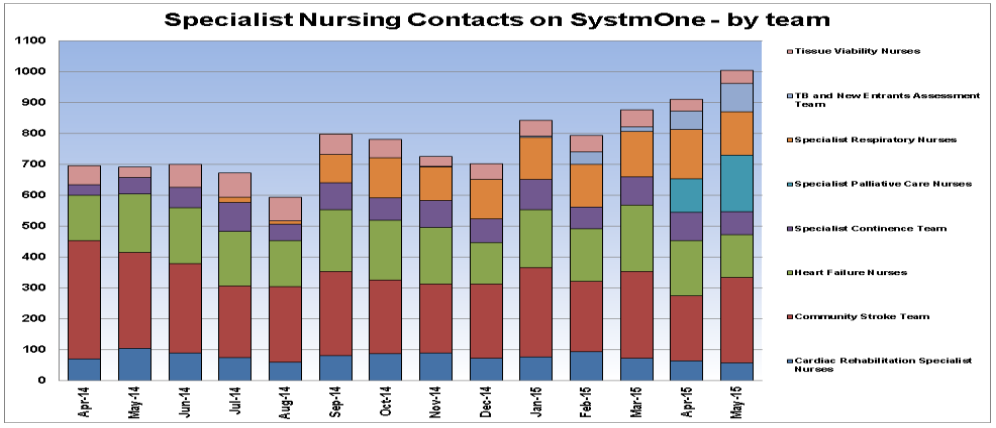
Section	Performance Indicator Description	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	YTD	Monthly RAG thresholds: Red	Amber	Green
18 weeks	RTT - admitted - 90% in 18 weeks	94.3%	94.2%		94.3%													94.3%	<90%	NA	>=90%
	RTT - non-admitted - 95% in 18 weeks	97.3%	97.6%		97.5%													97.5%	<95%	NA	>=95%
	RTT - incomplete - 92% in 18 weeks	96.5%	95.8%		96.1%													96.1%	<92%	NA	>=92%
	RTT - delivery in all specialties - no. where standard not delivered (admitted, non-admitted and incomplete)	0	0		0													0	>0	NA	0
	RTT - Patients waiting >52 weeks	0	0		0													0	>0	NA	0
	Diagnostic waiting times - maximum wait of 6 weeks	0.04%	0.03%		0.04%													0.04%	>=1%	NA	<1%
Cancer waiting times	All Cancers: 14 Days Target	87.6%	96.1%		91.9%													91.9%	<93%	NA	>=93%
	All Cancers: 14 Days Target All Breast Referrals	94.8%	94.0%		94.4%													94.4%	<93%	NA	>=93%
	All Cancers: 31 Day Target - 1st Treatment	100.0%	100.0%		100.0%													100.0%	<96%	NA	>=96%
	All Cancers: 31 Day Target - Subsequent Treatment - Surgery	100.0%	91.7%		94.7%													94.7%	<94%	NA	>=94%
	All Cancers: 31 Day Target - Subsequent Treatment - Drug treatment	100.0%	100.0%		100.0%													100.0%	<98%,	NA	>=98%
	All Cancers: 62 Day Target	88.1%	88.2%		88.2%													88.2%	<85%	NA	>=85%
	All Cancers: 62 Day Target Screening	100.0%	100.0%		100.0%													100.0%	<90%	NA	>=90%
	All Cancers: 62 Day Target Cons Upgrade	100.0%	N/A		100.0%													100.0%	<85%	NA	>=85%
Emergency Department and Minor Injury Units	Trust total - Total time in A&E - % within 4 hours	96.4%	97.0%		96.7%													96.7%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - Total time in A&E - % within 4 hours	94.7%	96.5%		95.6%													95.6%	<95%	NA	>=95%
	Type 1 A&E - Harrogate ED - trolley waits > 12 hours	0	0		0													0	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 30 mins	10	5		15													15	>0	NA	0
	Type 1 A&E - Harrogate ED - ambulance handovers > 60 mins	2	0		2													2	>0	NA	0
	Type 3 A&E - Ripon MIU - Total time in A&E - % within 4 hours	100.0%	100.0%		100.0%													100.0%	<95%	95%-<98%	>=98%
	Type 3 A&E - Selby MIU - Total time in A&E - % within 4 hours	100.0%	100.0%		100.0%													100.0%	<95%	95%-<98%	>=98%
Patient Safety and Clinical Quality	Incidence of avoidable hospital acquired MRSA Bacteraemia	0	0		0													0	>6 YTD	1-6 YTD	0 YTD
	Incidence of hospital acquired C-Difficile	0	2		2													2	>12 YTD	NA	<=12 YTD
	Incidence of hospital acquired MSSA	0	0		0													0	tbc	tbc	tbc
	General & Acute bed occupancy	83.7%	86.6%		85.2%													85.2%	tbc	tbc	tbc
Data quality (quarterly reporting)	Community services data completeness - RTT information																		<50%	NA	>=50%
	Community services data completeness - Referral information																		<50%	NA	>=50%
	Community services data completeness - Treatment activity information																		<50%	NA	>=50%
Patient experience	Mixed Sex Accommodation breaches	0	0		0													0	>0	NA	0
	Delayed Transfer of Care	2.9%	3.2%		3.1%													3.1%	>3.5%	NA	<=3.5%
Stroke care	Stroke Care - 90% of time on Stroke Unit	85.7%	91.2%		88.7%													88.7%	<80%	NA	>=80%
	Stroke Care - TIA Patients with a high risk of stroke seen and treated within 24 hours	85.7%	53.3%		69.5%													69.5%	<60%	NA	>=60%
	Sentinel Stroke National Audit Programme (SSNAP) – overall level																		D,E	C	A,B
Out of hours	Out of hours - telephone clinical assessment for URGENT cases within 20 minutes of call prioritisation	80.1%			80.1%													80.1%	<95%	NA	>=95%
	Home visit: Face to face consultations started for URGENT cases within 2 hrs	88.1%	87.2%		87.6%													87.6%	<95%	NA	>=95%
	Out of hours initial telephone call - Identification of immediately life threatening at PCC. GP or patient called 999.	100.0%	100.0%		100.0%													100.0%	<95%	NA	>=95%
Community services	Health Visiting – number of WTE in post	103.59	99.75		99.75													99.75	tbc	tbc	tbc
	Health Visiting – % of infants receiving a new born visit within 14 days of birth	71.0%	79.5%		75.3%													75.3%	<90%	>=90% - <95%	>=95%
	Health Visiting - % of children receiving a 12 month review	60.2%	62.5%		61.3%													61.3%	<90%	>=90% - <95%	>=95%
	Community equipment – % standard items delivered within 7 days	97.6%	96.0%		96.8%													96.8%	tbc	tbc	tbc
	Community equipment – % priority items delivered within 24 hours	100.0%	100.0%		100.0%													100.0%	tbc	tbc	tbc
	Community equipment - % urgent items delivered within 6 hours	100.0%	100.0%		100.0%													100.0%	tbc	tbc	tbc

Please note that Stroke, RTT, and Cancer figures are provisional as at 17/06/2015.



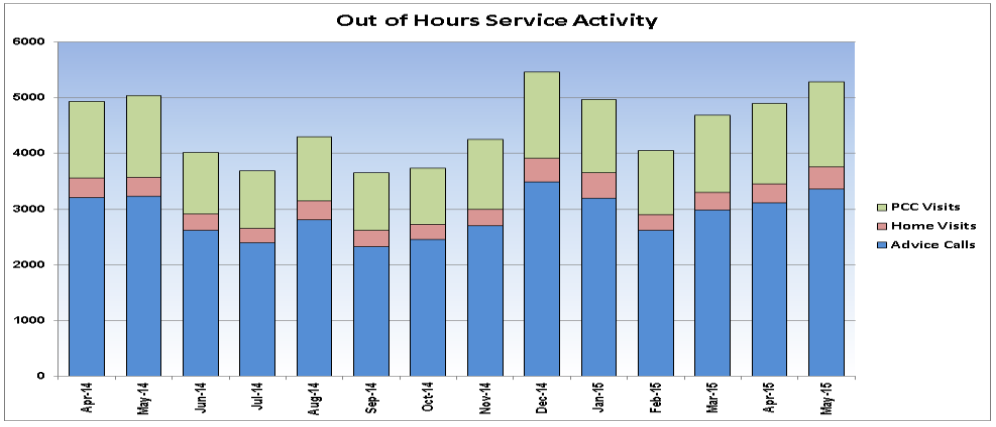
Adult community teams activity

The first chart shows the number of face to face patient contacts for the district nursing and fast response teams. In April and May 2015 there has been an increase in activity, with a notable rise in contacts for the fast response teams. There were 420 face to face patient contacts per calendar day across the adult community teams in May 2015 and 425 in April 2015 compared to 369 per day in March. Comparing to the same time last year, there is an increase, with 369 contacts per day in May 2014.



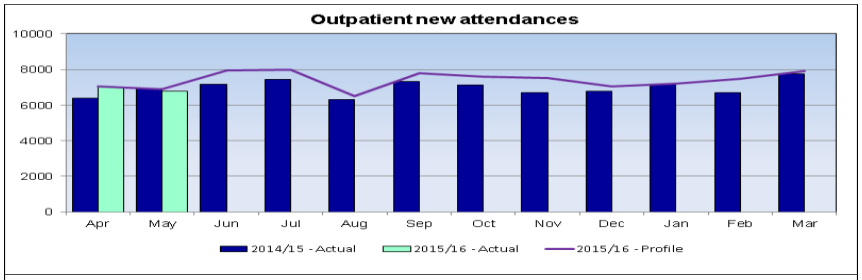
Specialist nursing activity

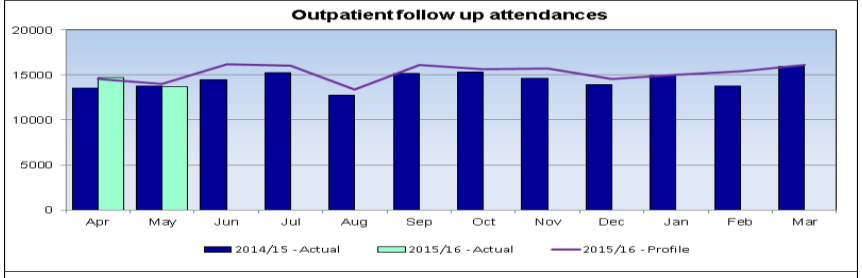
The second chart to the left shows a summary of the face to face patient contacts for each of the Specialist Nursing Teams on Systmone. As can be seen, increased activity has been reported since September 2014. As of April 2015, two new teams have been trained and are inputting onto SystmOne: the TB and New Entrants Assessment Team and the Specialist Palliative Care Nurses. This helps account for the increases in activity in April and May from the previous months. In May 2015 there were 32 contacts per day, compared to 28 contacts per day in March.

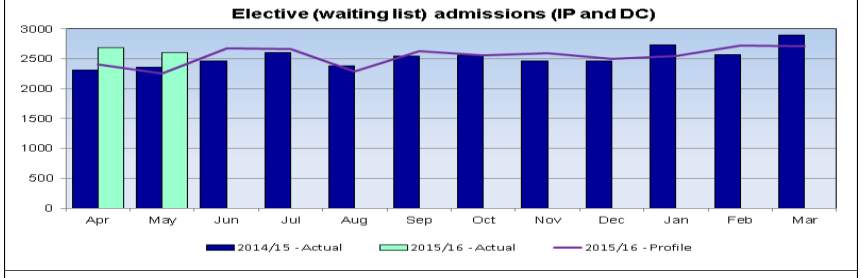


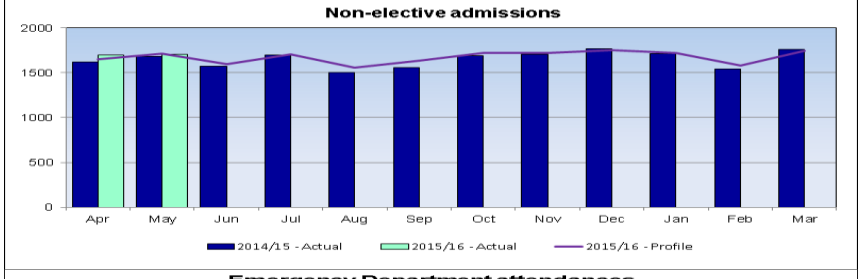
Out of Hours (OOH) Reporting

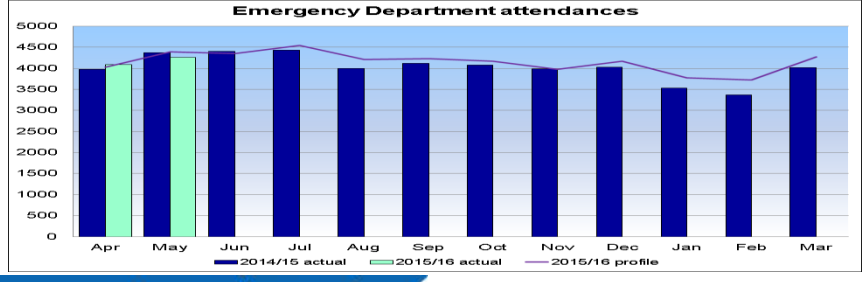
The third chart to the left shows trends in OOH activity over recent months. With effect from 1st April 2015, York and Selby OOH Service is no longer managed by Harrogate & District NHS Foundation Trust. Data for York and Selby OOH Service has been removed from previous months for comparison purposes.











Service Activity (2)

New Outpatients

New outpatient attendances in May were 1.7% below plan (6,755 vs. 6,874). Year to date activity at the end of May is 3.5% higher than for the same period last year (13,763 vs 13,300). Activity in May 2015 was 2.3% lower than for the same month last year.

Follow Up Outpatients

Follow-up outpatient attendances were 2.1% below plan in May (13,723 vs. 14,017). When compared to May 2014, there has been a 0.2% decrease in activity for the same month this year. Year-to-date activity is 4.2% higher than for the same period in 2014.

Elective Admissions

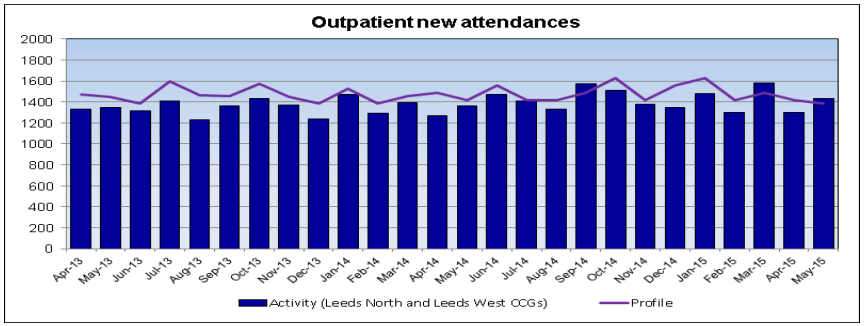
Overall, elective admissions were 15.5% above plan in May (2,610 vs. 2,259). Elective inpatients were 9% below plan, and elective day cases were 19.5% above plan. At the end of May this year, there have been 13% more elective admissions for the year-to-date than for the same period in 2014 (5,297 vs 4,678). The average length of stay (ALOS) for elective patients was 3.4 days in May, compared to 2.7 days for the same month in 2014. The ALOS stay for May 2015 has been impacted by a long stay patient who was discharged this month.

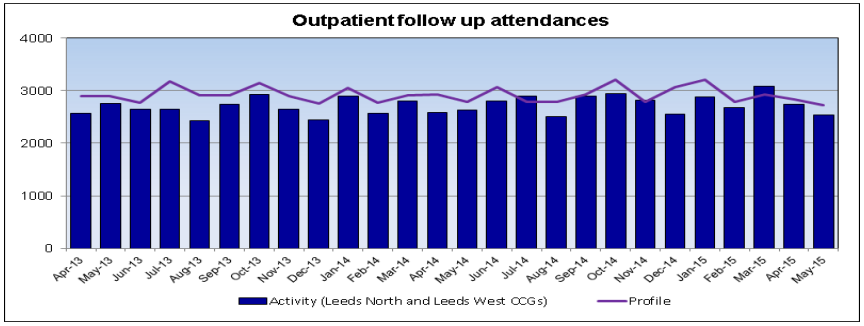
Non Elective Admissions (including CAT)

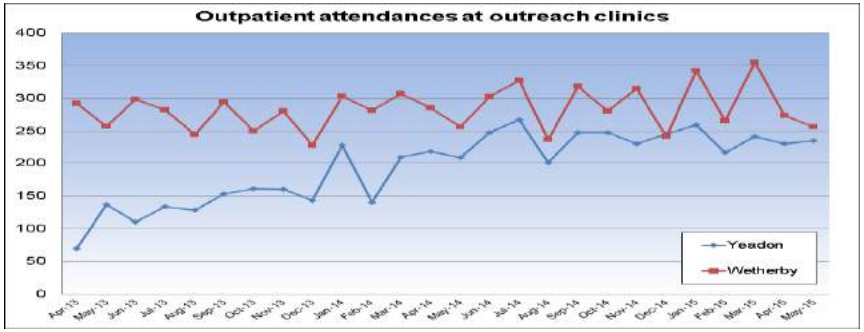
Non elective admissions were 0.1% below plan in May (1,708 vs. 1,710) and 1.6% higher than the same month last year (1,681). For the year-to-date, there have been 3.2% more admissions than for the same period last year. The average length of stay for non-elective patients in May was 4.5 days, which is the same as May last year.

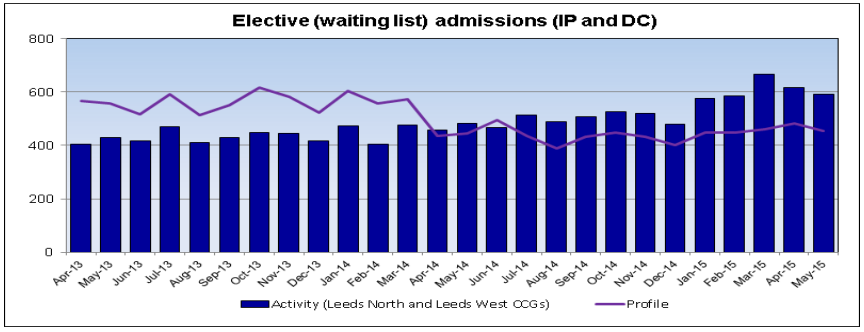
Emergency Department Attendances

Emergency Department attendances were 2.9% below plan in May (4,262 vs. 4,388). In 2015/16 to date, ED activity is slightly higher than for the same period last year (8,352 vs 8,343). Of 8,352 ED attendances (planned and unplanned) in 2015/16 to date, 21.3% resulted in an admission to hospital. This compares to 20.5% at the end of May 2014/15.









Service Activity (3)

Activity for Leeds North and Leeds West CCGs

New Outpatients

New outpatient attendances in May were 3.7% above plan (1,435 vs. 1,384). There has been a 4.1% increase in activity in 2015/16 to date when compared to the same period last year (2,738 vs 2,631).

Follow Up Outpatients

Follow-up outpatient attendances were 6.8% below plan in May (2,533 vs. 2,717). When compared to 2014/15 at the end of May, there has been a 1% increase in activity for the same period this year (5,267 vs 5,213).

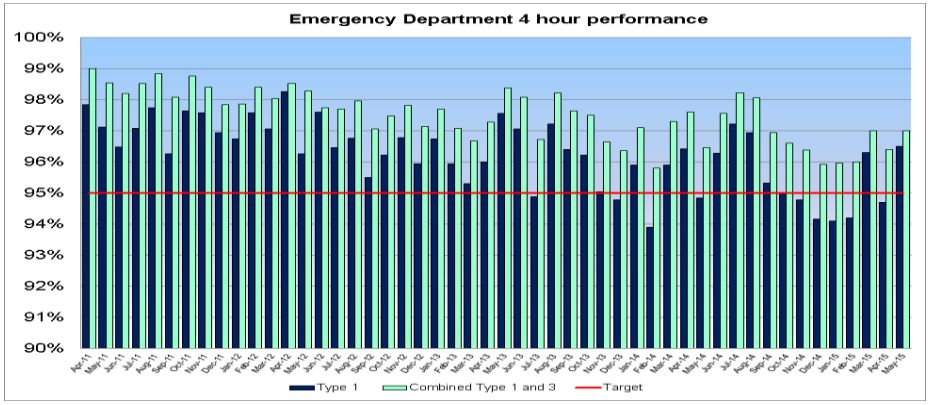
Outpatient attendances at Wetherby and Yeadon clinics

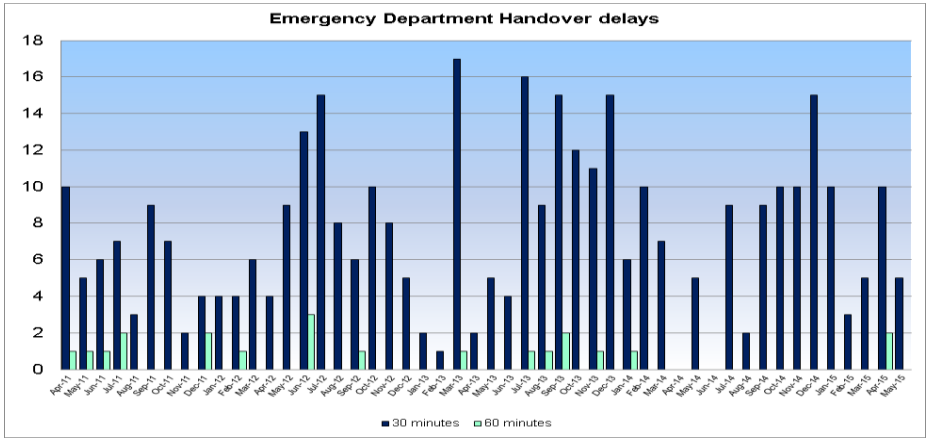
The Trust now offers outpatient clinics in Wetherby and Yeadon in a variety of specialties including orthopaedics, general surgery, dermatology and urology. Antenatal and pre-op assessment appointments are also provided at Yeadon. The third chart to the left shows monthly attendances at these clinics since April 2013. For the last 3 months, the average number of attendances at these outreach services was around 530 patients per month, compared to around 495 per month for the same period last year.

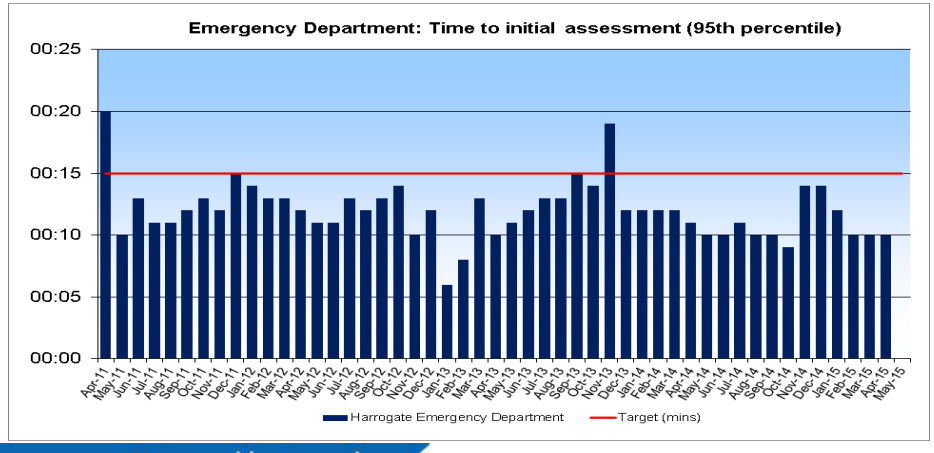
Elective Admissions

Overall, elective admissions were 29.9% above plan in May (591 vs. 455). Elective inpatients were 5% below plan, and elective day cases were 37% above plan. Elective admissions for the year to date have been 28.2% higher than for the same period in 2014/15 (1,209 vs. 943).

Emergency Department Performance







Harrogate and District NHS
NHS Foundation Trust

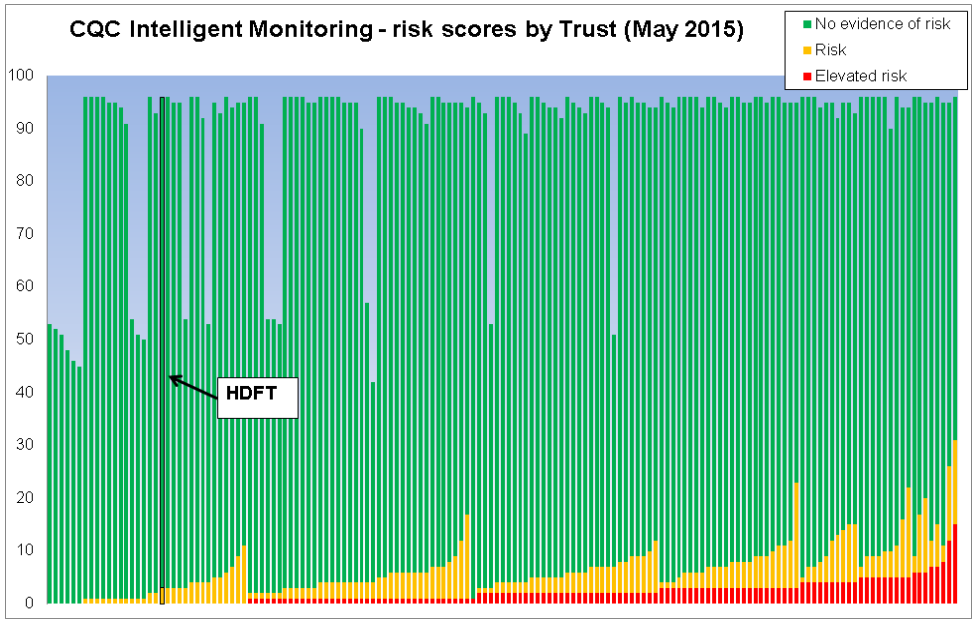
The first chart shows performance against the national A&E 4 hour standard since April 2011. Performance at Harrogate ED (Emergency Department) was above the 95% standard in May, with 96.5% waiting less than 4 hours in the department. When combined with Ripon MIU, the Trust's overall performance was at 97% in May, and has been above the 95% standard for every month to date. On a year-to-date basis performance was above the 95% standard for both Harrogate ED and combined with Ripon MIU (95.6% and 96.7% respectively). Please note that as of May 2015, Selby MIU is no longer included in the combined figure.

The second chart shows the number of ambulance handover delays in the Emergency Department since April 2011. In 2015/16 to date, there have been 15 ambulance handovers of over 30 minutes, and 2 over 60 minutes (both in April).

The Trust continues to monitor and publish its performance on the 5 national Emergency Department clinical indicators, broken down by site (Harrogate ED, Ripon MIU, and Selby MIU). The 4 indicators relevant to Ripon and Selby MIUs are consistently being met. 4 of the 5 key indicators at Harrogate ED were met in May. For the time to initial assessment, 95% of ambulance arrivals had an initial assessment within 10 minutes of arrival at Harrogate ED, against a target of 15 minutes. This data can be seen in the third chart on the left.

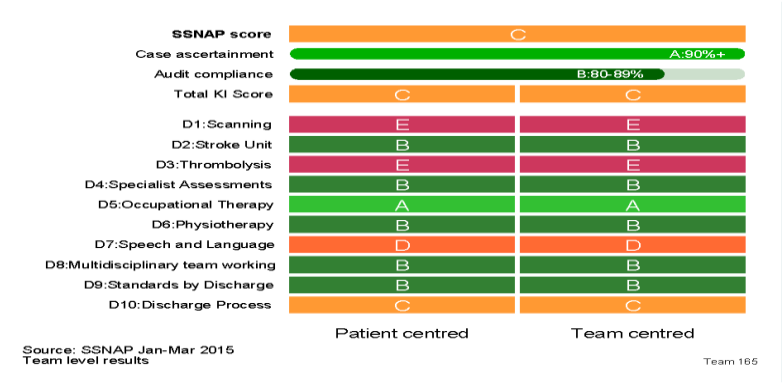
For a more comprehensive summary of the Emergency Department Clinical Quality Indicators, please follow the link to the Trust's external website shown below:

http://www.hdft.nhs.uk/our-services/hospital-based-services/depertment-service-e-i/emergency-department/

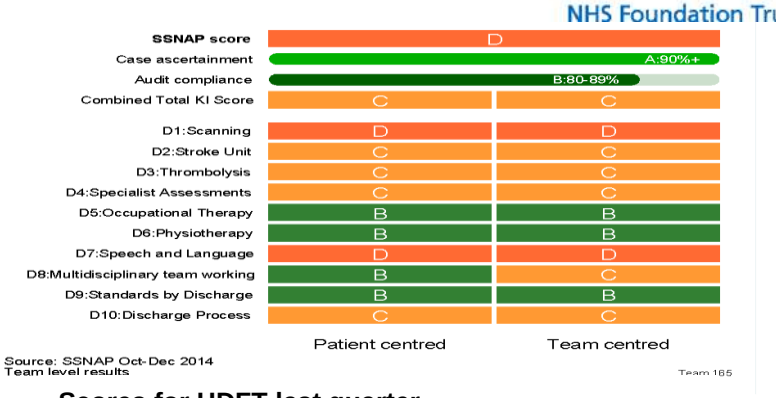


Indicator	Risk band	Actions
Composite of Central Alerting System (CAS): Dealing with (CAS) safety alerts in a timely way	Risk	This relates to the number of CAS alerts closed late between 2004 and 2014. A strengthened process has been put in place within the Trust to ensure that all alerts are actioned in a timely manner going forward. However as the indicator covers a ten year period, we do not expect to see improvements immediately in the score reported by CQC.
Consistency of reporting to the National Reporting and Learning System (NRLS)	Risk	This indicator relates to lower levels of incident reporting by HDFT when compared to the national average. The Trust has a robust incident reporting process so does not view this as concerning but will continue to monitor this closely.
Composite of hip related PROMS indicators	Risk	This relates to the health gains scores reported in the PROMs (Patient Reported Outcomes Measures) questionnaire for hip replacement patients from HDFT. The Elective Care Directorate continue to review patient responses to understand this further and identify any common themes and issues to be addressed.

- CQC published the most recent update of their Intelligent Monitoring Reports for each Trust in late May 2015.
- The reports include around 100 indicators and are used by CQC as part of the new inspection process to raise questions about the quality of care and were chosen by CQC to reflect the five key questions that they will ask of all services – are they safe, effective, caring, responsive and well led?
- For each indicator, Trusts are assessed as “no evidence of risk”, “at risk” or “elevated risk”. In addition, Trusts that have not been recently inspected are given a banding from 1-6, where 1 indicates highest risk and highest priority for inspection and 6 indicates lowest risk and lowest priority for inspection.
- For the latest publication, HDFT is given an overall banding of 6, the lowest risk banding. In the last publication, HDFT was given a banding of 5.
- HDFT has no indicators assessed as “elevated risk” and 3 indicators assessed as “at risk”, out of 96 applicable indicators. This places HDFT joint 20th out of 155 Trusts as illustrated by the chart to the left. This is an improvement on the previous publication in December 2104, when HDFT was ranked joint 50th.
- The table to the bottom left provides further information on the 3 indicators classed as at risk.



Scores for HDFT this quarter



Scores for HDFT last quarter

- The Quarter 4 2014/15 (January to March 2015) Sentinel Stroke National Audit Programme (SSNAP) data was shared with participating trusts in June. Results are presented in 10 Domains covering 45 key indicators and looking at all aspects of stroke patients' care in hospital.

- Each participating Trust is given an overall SSNAP score (a banding from A to E). Overall HDFT has been assigned a C rating this quarter, compared to D last quarter.

- Areas of improvement this quarter include:

i. Stroke Unit – domain score increased from C to B with 79% of patients admitted directly to the stroke unit within 4 hours (national average 54%).
ii. Specialist assessments – domain score increased from C to B with patients receiving more timely initial specialist assessments than last quarter.
iii. Occupational therapy – domain score increased from B to A – 94% of eligible patients receiving the required therapy (national average 74%).

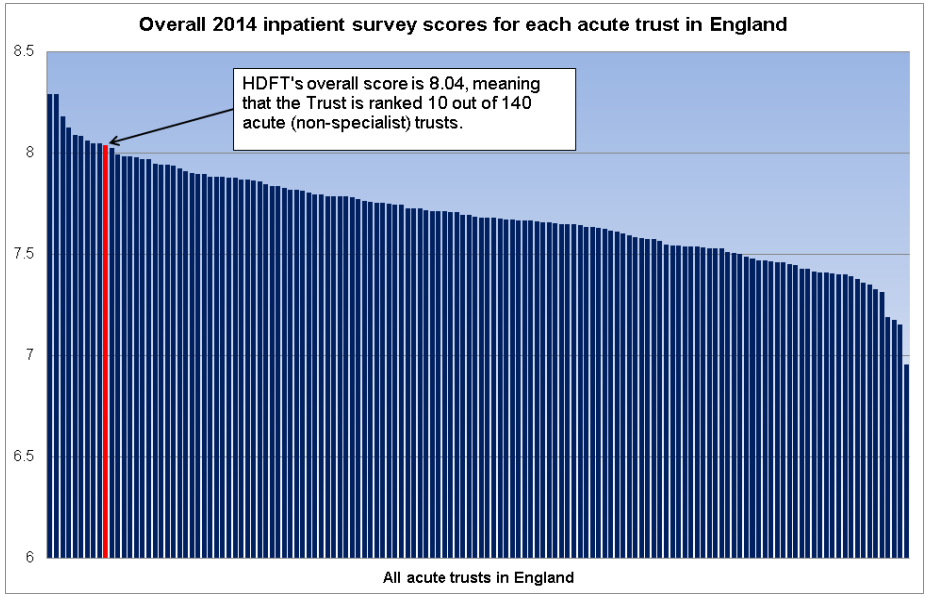
- Despite our overall banding score increasing, two domains have shown a deterioration this quarter:

i. Scanning – the proportion of patients scanned within 1 hour has reduced to 22% (36% last quarter);
ii. Thrombolysis - 75% of eligible patients were thrombolysed this quarter (compared to 100% last quarter). None of the patients were thrombolysed within an hour (average time to thrombolysis was 1 hour 47 mins).

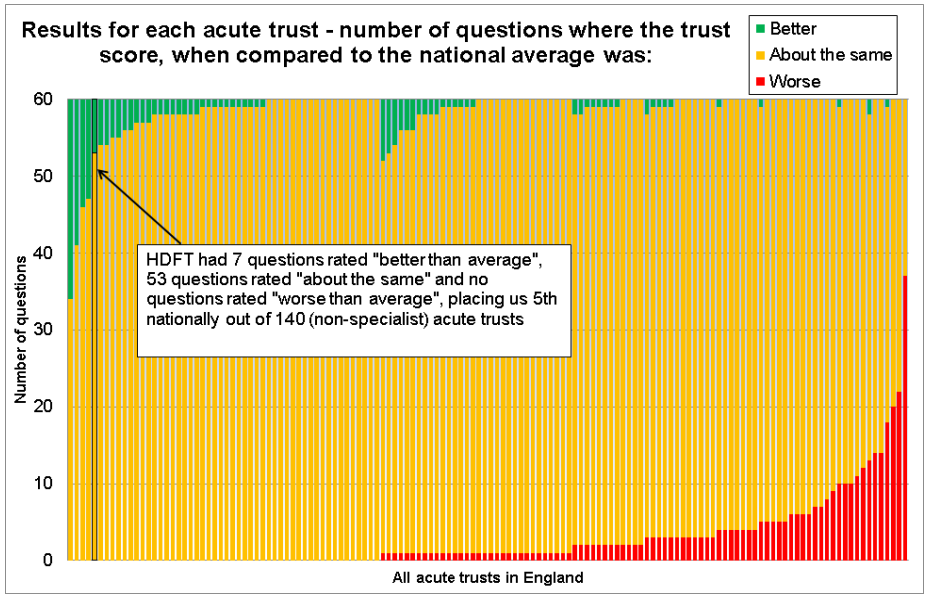
- HDFT's score this quarter has been slightly impacted by one of the data quality measures that are used to adjust the overall SSNAP score - the audit compliance measure, which looks at the completeness of several key fields within the data set. However this has not affected the overall banding score and has improved since last quarter.

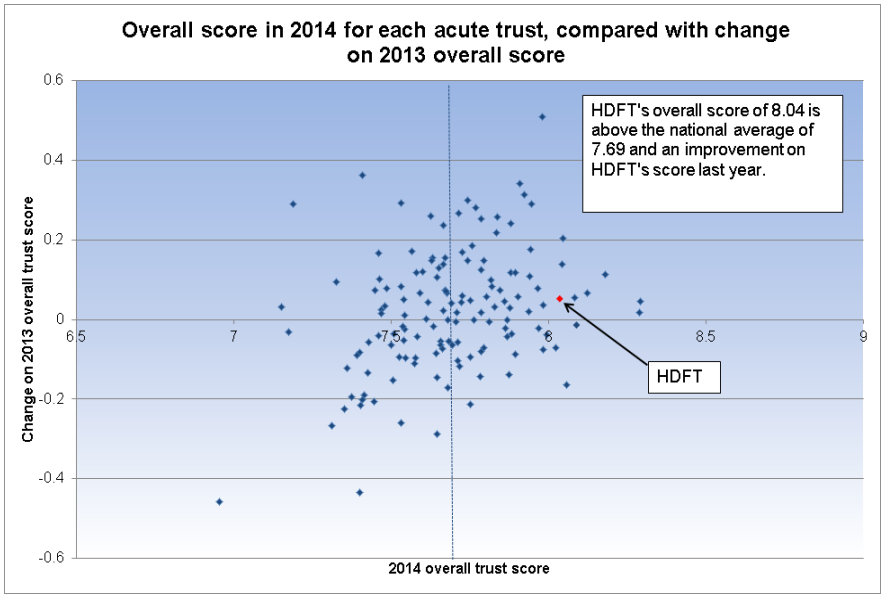
Adult Inpatient Survey 2014 – Comparison between HDFT results and national results

Harrogate and District NHS
NHS Foundation Trust



- Last month, HDFT's results in the National Adult Inpatient Survey 2014 were presented to board.
- The charts shown this month compare HDFT's performance with all other Acute (non-specialist) Trusts in England.
- The first chart to the left ranks acute trusts in order of their overall survey score and shows that HDFT (in red) was ranked 10 out of 140 acute trusts.
- The second chart to the left ranks trusts according to the number of green and red rated questions.
- The chart below shows how each acute trust scored in 2014 and plots this against the change on their 2013 score. As can be seen, HDFT is in the top right quadrant indicating an overall score that is above average and an improved position on last year's results.



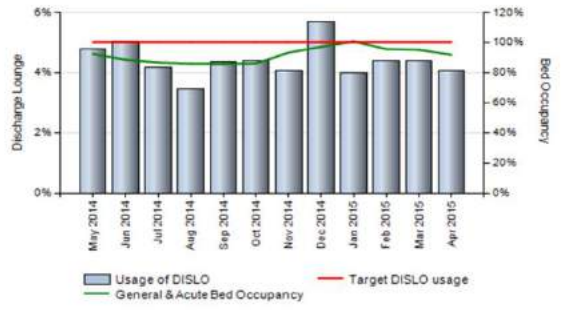


Discharge dashboard

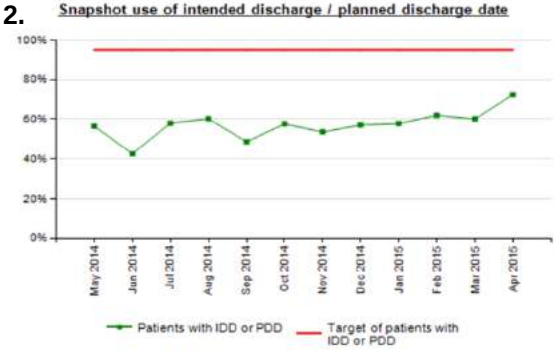
Harrogate and District NHS
NHS Foundation Trust

The charts below show the Trust's overall performance trend in each of the discharge performance indicators agreed by the Discharge steering group.

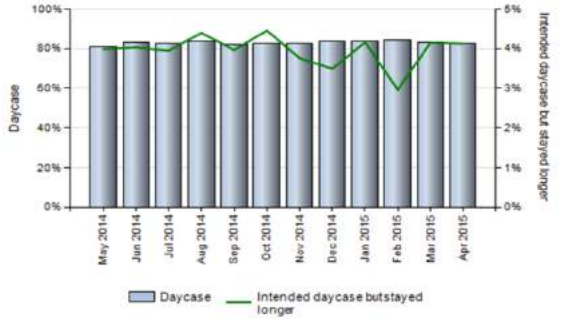
1. Use of the discharge lounge for patients discharged to usual place of residence



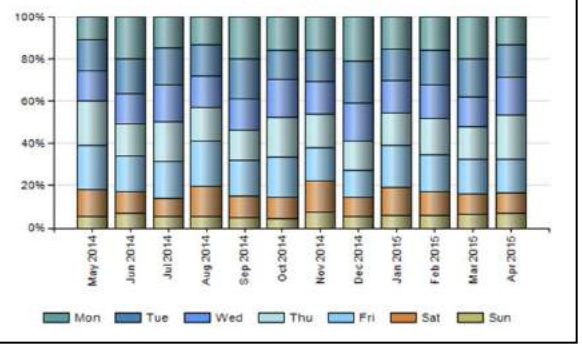
2. Snapshot use of intended discharge / planned discharge date



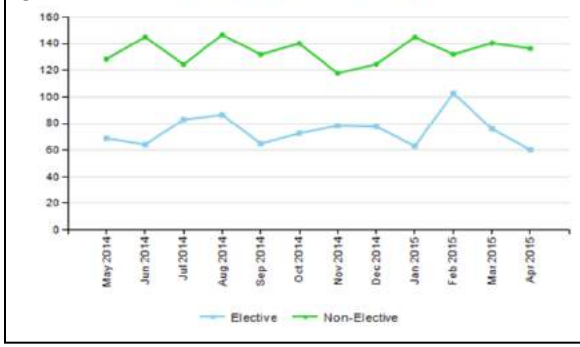
3. Daycase Rates



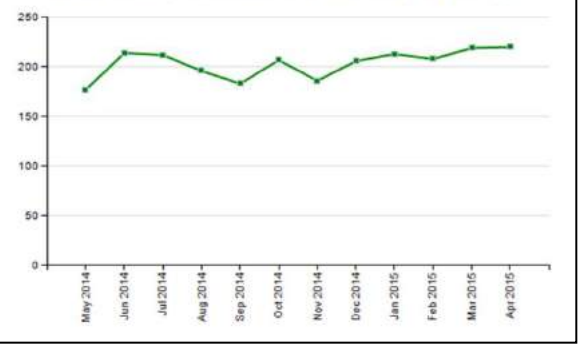
4. Discharges by day of week



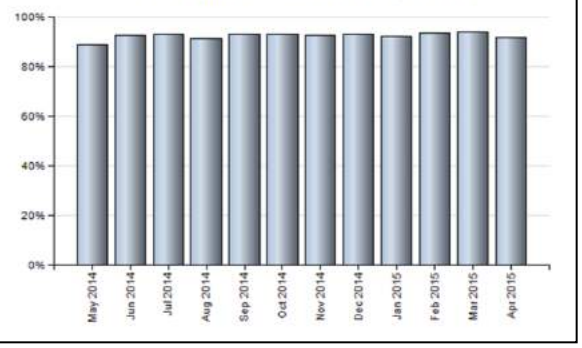
5. Average length of stay (hours)



6. Number of emergency readmissions within 30 days of discharge



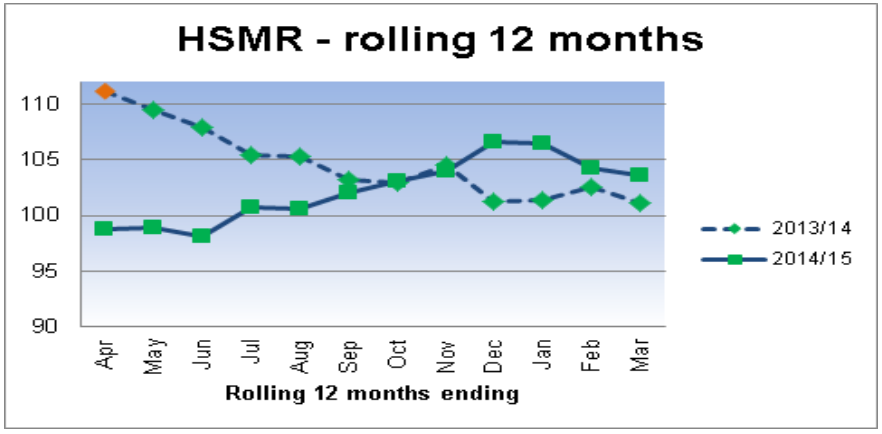
7. Patients discharged with electronic discharge summary

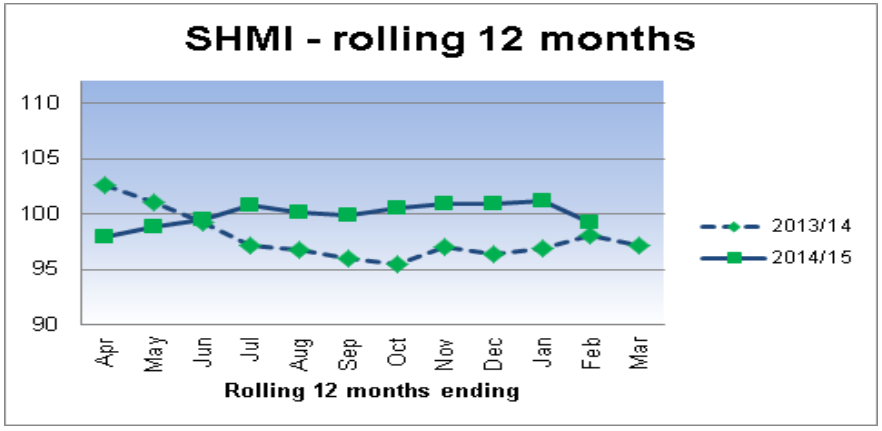


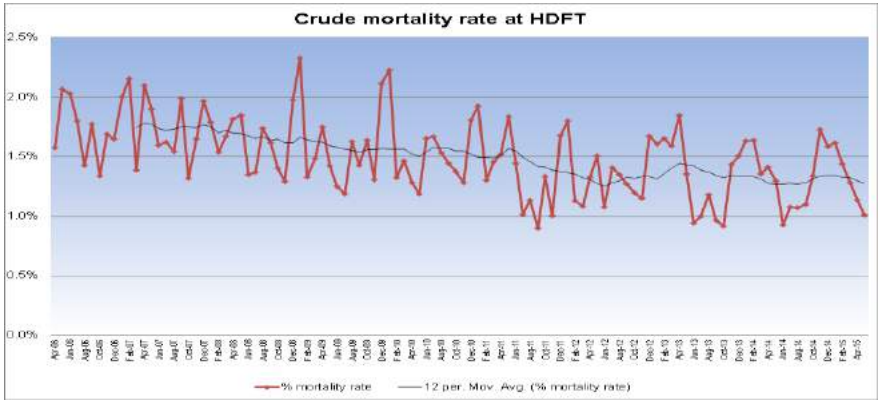
Explanatory notes:

- Emergency Readmissions are categorised by the date of readmission and are assigned to a patient's last ward/specialty/directorate of their initial admission.
- Average length of stay (hours) is calculated based on date/time of admission and date/time of discharge and not on the care spell duration field.
- Intended discharge date target is 95%.
- Use of discharge lounge target is based on a 2% increase on the last financial year for each ward/specialty/directorate.
- The following areas have been excluded from the electronic discharge figures: Endoscopy, Ophthalmology, Pannal, Delivery Suite and Special Care Baby Unit.
- The following wards have been excluded from the IDD/PDD figures: Day Surgery Unit, Intensive Therapy / High Dependency, Outpatients Ward, Lascelles, Pannal, Special Care Baby Unit, Delivery Suite and Woodlands.

Harrogate and District NHS
NHS Foundation Trust







- HDFT's HSMR for the most recent 12 months is **103.62**, which is a decrease on the previous month's position.
- The latest SHMI is **99.28**, which has also decreased since last month.
- The first two charts to the left track HDFT's HSMR and SHMI over 2013/14 and 2014/15. Each point on the chart shows the score for the most recently available 12 months.
- Both measures remain within expected levels at Trust level.
- At specialty level, there are two specialties with a standardised mortality rate above expected levels for the SHMI (Geriatric Medicine and Respiratory Medicine) and two specialties with a standardised mortality rate above expected levels for the HSMR (Respiratory Medicine and Gastroenterology). These are the same specialties that have been highlighted in previous months.
- The third chart shows HDFT's crude mortality rate since 2006. The black line shows the 12 month rolling average mortality rate. As can be seen, HDFT's crude mortality has reduced in recent years, in line with the national trend of in-hospital mortality, and stands at 1.28% for the most recent 12 months. The crude mortality rate reported in May 2015 was 1.01% which is lower than the same month in the previous year (1.14%) and the fourth month in a row where the crude death rate has reduced.

Monitor – 2015/16 Risk Assessment Framework

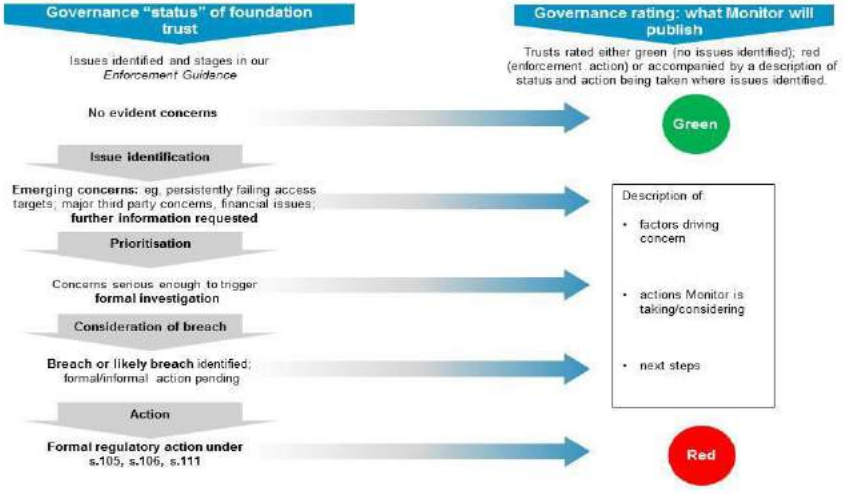
Harrogate and District NHS
NHS Foundation Trust

Category	Metrics	Governance concern triggered by
CQC information	• CQC judgments	• CQC warning notice issued • Civil and/or criminal action initiated
Access and outcomes metrics	For **acute trusts**, metrics including: • referral to treatment within 18 weeks • A&E waits (4 hours) • cancer waits (62 days) For **ambulance trusts**, Category A response times For **mental health trusts**, metrics including CPA follow-up and psychosis outreach	• Three consecutive quarters' breaches of a single metric or a service performance score of 4 or greater[1]
	For **acute trusts**, metrics including: • C. difficile – national target For **mental health trusts**, metrics including tracking accommodation/employment status (data completeness only) For providers of community services, data completeness against selected elements of the CIDS dataset	• Breaching pre-determined annual C. difficile threshold (either three-quarters' breach of the year-to-date threshold or breaching the full year threshold at any time in the year) • Breaching the A&E waiting times target in two quarters over any four-quarter period and in any additional quarter over the subsequent three quarters
Third party reports	• Ad hoc reports from GMC, the Ombudsman, commissioners, Healthwatch England, auditor reports, Health & Safety Executive, patient groups, complaints, whistleblowers, medical Royal Colleges etc.	• Judgment based on the severity and frequency of reports
Quality governance indicators	• Patient metrics • patient satisfaction	• Material reductions in satisfaction, or increases in sickness or turnover rates

	• Staff metrics
	  • high executive team turnover
	  • satisfaction
	  • sickness/absence rate
	  • proportion temporary staff
	  • staff turnover
		• Material increases in proportion of temporary staff
		• Cost reductions in excess of 5% in any given year

	• Aggressive cost reduction plans	
Financial risk	• Continuity of services risk rating	• Breaching any continuity of services licence condition as a result of governance • Inadequate planning processes

[1] For example a service performance score as per the metrics in Appendix A



- Monitor's Risk Assessment Framework replaced the Compliance Framework from October 2013. The new framework assesses Foundation Trust's continuing compliance with the licence and focuses on financial sustainability and governance requirements. The table to the left shows the information used by Monitor to assess governance concerns.
- HDFT's performance against the national performance standards in the "Access and outcomes metrics" are shown in the table below.
- The diagram at the bottom left illustrates how Monitor assigns a governance rating to Foundation Trusts.
- **HDFT's governance rating for Q1 to date is Amber.**

Weightings and thresholds for targets and national core standards

Targets - weighted 1.0	Q4	Apr	May	Jun	Q1	Q1 expected	Q1 variance	Threshold	Weighting	Q1 score
RTT admitted pathways (% within 18 weeks)*	0.0	94.3%	94.2%		94.3%	90%	4.3%	90%	1.0	0.0
RTT non-admitted pathways (% within 18 weeks)*	0.0	97.3%	97.8%		97.5%	95%	2.5%	95%	1.0	0.0
RTT incomplete pathways (% within 18 weeks)*	0.0	96.5%	95.8%		96.1%	92%	4.1%	92%	1.0	0.0
A&E: Total time spent in A&E (% within 4 hours)	0.0	96.4%	97.0%		96.7%	95%	1.7%	95%	1.0	0.0
Cancer - 62 day wait for first treatment from urgent GP ref to treatment: all cancers*	0.0	88.1%	88.2%		88.2%	85%	3.2%	85%	1.0	0.0
Cancer - 62 day wait for first treatment from Screening service referral: all cancers*	0.0	100.0%	100.0%		100.0%	90%	10.0%	90%		
Cancer - 31 day wait for second or subsequent treatment: Surgery*	0.0	100.0%	91.7%		94.7%	94%	0.7%	94%	1.0	0.0
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug*	0.0	100.0%	100.0%		100.0%	98%	2.0%	98%		
Cancer - 31 day wait for second or subsequent treatment: Radiotherapy*	N/A	NA	NA		NA	NA	NA	NA	NA	NA
Cancer - Maximum waiting time of 31 days from diagnosis to treatment for all cancers (%)*	0.0	100.0%	100.0%		100.0%	96%	4.0%	96%	1.0	0.0
Cancer - Maximum waiting time of 14 days from urgent GP ref to date first seen for all urgent suspect cancer referrals (%)*	0.0	87.6%	96.1%		91.9%	93%	-1.1%	93%	1.0	1.0
Cancer - maximum waiting time of 14 days for symptomatic breast patients (cancer not initially suspected)*	0.0	94.3%	94.0%		94.4%	93%	1.4%	93%		0.0
C-Difficile	0.0	0	2		2	4	-2	0	1.0	0.0
Compliance with requirements regarding access to healthcare for patients with learning disabilities	0.0				Y	Y		Y/N	1.0	0.0
Community services data completeness - RTT information	0.0				30.6%	50%		50%	1.0	0.0
Community services data completeness - Referral information	0.0				71.0%	50%		50%		0.0
Community services data completeness - Treatment activity information	0.0				81.7%	50%		50%		0.0
Score	0.0	Rating: Narrative								1.0
Governance concern triggered? (Y/N)	N									N

*Reporting month figures are provisional

Report to the Trust Board of Directors: 24th June 2015	Paper No: 9.0

Title	Monthly Finance Report
Sponsoring Director	Director of Finance
Author(s)	Finance Department
Report Purpose	Review of monthly financial position

Key Issues for Board Focus:

The Trust reported a year to date deficit of £372k in May, £156k behind plan. Key drivers for this can be found on page 4.

Performance against the efficiency programme remains a key risk for the Trust. Of the £10.2m internal target, 72% has been actioned, with plans in place for a further 15% following risk adjustment.

The Trust cash balance is reported at £3,598k for May, £954k behind plan. The plan was based on a cash profile agreement with NHS HaRD which is yet to be finalised.

Related Trust Objectives	
1. Driving up quality	Yes
2. Working with partners	Yes
3. Integrating care	Yes
4. Growing our business	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	

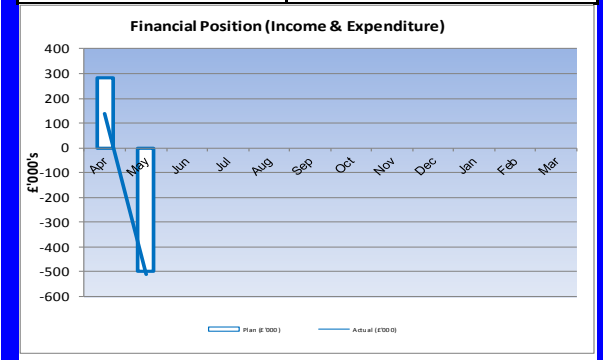
Action Required by the Board of Directors

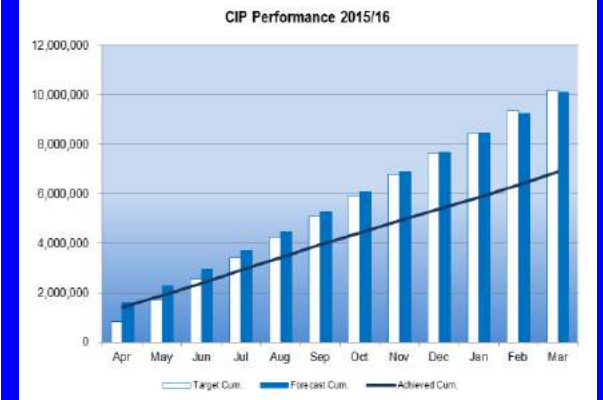
The Board of Directors is asked to note the contents of this report

Trustwide Finance Overview as at 31st May 2015

Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(12)	(156)



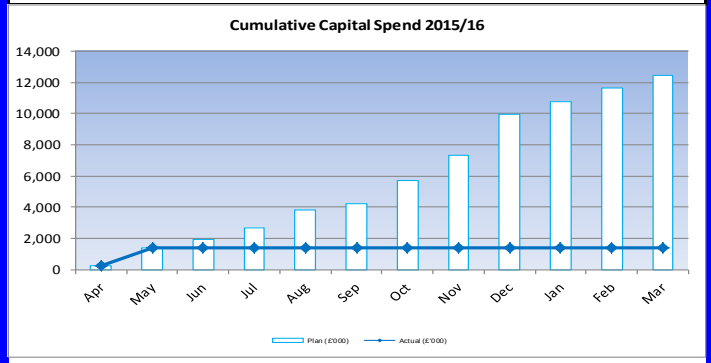


CIP Target (Internal) (£'000)	**10,179**
CIP Achieved (£'000)	**6,879**
Over-achievement/Shortfall (£'000)	**(3,300)**

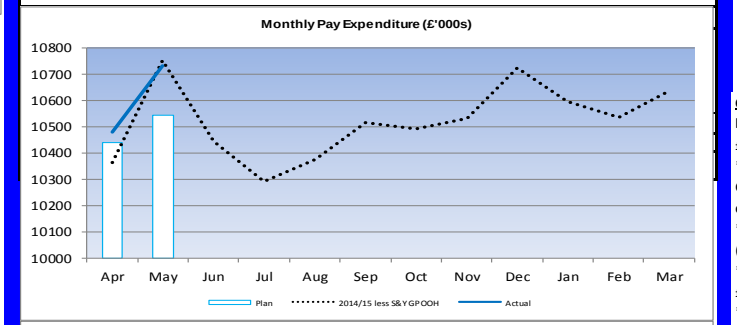
Comments:

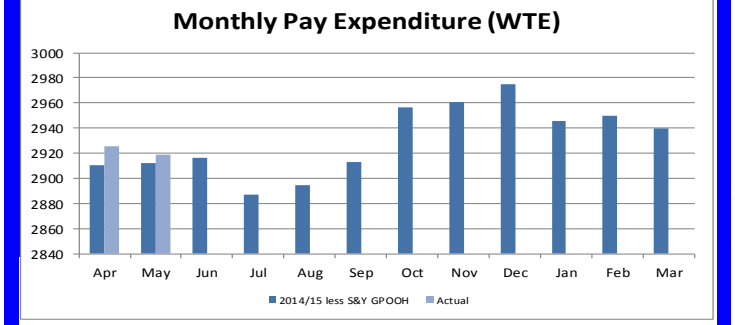
The Trust reported a deficit in May of £511k, £12k behind plan. This results in a year to date deficit of £372k, £156k behind the Trusts internal plan.

Balance Sheet



Cash (£'000)	
Cash in Hand	3,598
Planned Cash	4,552





Comments:

Trust income for May was £192k ahead of plan. This was predominantly related to Commissioner income in relation to the Acute contract, in particular overtrades relating to daycase and non elective activity. Discussions continue in relation to contract agreements, therefore there is an element of risk in this position.

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month Var to
Total Income:		**30,366**	**229**
Commissioner Income		27,946	233
Other Income		2,420	(3)
Total Expenditure		**(29,489)**	**(350)**
Pay:	Nursing	(121)	(58)
	Medical Staff	(321)	(160)
	Other Pay	210	177
Drugs		(16)	6
Clinical Supplies		16	2
CIP		(132)	(148)
Other Non-Pay		(29,126)	(170)
Var to planned EBITDA		**877**	**(121)**
Finance Costs		(1,249)	(23)
Total Var to Plan		**(372)**	**(144)**

Variance to plan by Directorate

Integrated Care	**(182)**
Elective Care	**(286)**
Acute Care & Cancer Services	**(173)**
Corporate Services	**(216)**

Comments: Directorate Overspends

Integrated Care:

£119k overspent in month of May, the main drivers for this position were:
* Medical Staffing - £62k overspent. Main issue continues to be in Cardiology, vacancy/sickness cover £28k over planned spend. Gen Med covering tier 3 (£19k) and tier 2 rota gaps (£8k)
* Wards - overspend on pay was £31k, £12.4k related to sickness, specials (£4k) additional escalation beds due to increased activity levels (£14k)
* CIP - in month the value of the CIP phased in was £19k and year to date £35k highlighting a current risk adjusted shortfall of £210k (7%) for 2015/16
* PP Income - again PP income was £14k down against plan (40%)

Elective:

Were £140k overspent in May 15. The main drivers for this position were:
* Ward pay - £36k overspent of which £13k related to unfunded special shifts on the wards.
* Theatres - non pay in theatres was balanced, due to drop in activity.
* CIP - £34k was phased in month to reflect the risk adjusted CIP position.
* Medical Staffing -£41k overspent with the main issue around covering gaps in anaesthetics, General Surgery and Orthopaedics .

Acute & Cancer Care:

The Acute & Cancer Care Directorate reported an in-month over spend against total budget of £93k. Of the overspend, pressures occurred in the following areas:
*Unfound/high risk CIP £56k overspend *Adult Community Services - reablement posts previously funded by commissioners no longer funded overspend (£19k, 10.56wte)
*ED nursing non-recurrent £16k overspend

Corporate:

* Corporate Services reported an overspend against budget of £13k in the month of May.
INCOME - (10k) PAY - £15k NON-PAY (£18k)
The significant transactions were:
* CIP - £23k of CIP was phased into the position as not delivered in May.
* IT - there were overspends within IT relating to inflation on IT contracts £11k and telecomms £4K, related to mobile phone costs.
These pressures were offset in month by underspends within other divisions.

Key Financial Overview

May Financial Position

- The Trust reported a deficit of £511k for the month of May, £12k behind the internal plan. The year to date position is therefore a deficit of £372k, £156k behind plan.
- It should be noted that, as described last month, the internal plan includes a higher target of CIP in order to fund service pressure priorities. As outlined below the Trust is not in a position to fund these pressures at present.
- The Trust-wide bridge diagrams are on Page 4, showing the key drivers that make up the current financial position.
- Although these bridge diagrams demonstrate a number of variances, the Cost Improvement Programme remains a key risk. Page 5 outlines performance for 2015/16 in greater detail. Of the £10.2m internal target 72% has been actioned, with plans in place for 87% following a risk adjustment. This represents a positive start to the financial year, with plans in place to achieve the Trusts external target following risk adjustment. In order to fund the service pressure priorities further work to close the gap for the Trust internal target is needed.
- Trust income for May was £192k ahead of plan, with £99k relating to hospital activity. Commissioner income remains ahead of plan and is the key driver for the £422k favourable income variance to date. Discussions continue with NHS Harrogate and Rural District CCG in order to agree a contract value. Until these discussions are concluded there remains an element of risk.
- There was an adverse pay expenditure of £211k in May. The year to date position is an overspend of £392k, although it should be noted that £160k relates to medical staffing costs where a planning contingency is available to offset the impact. The bridge diagram on the following page outlines the key drivers for this overspend.
- Non Pay in May was also overspent, mostly due to the adverse variance of £122k for other costs. £128k related to the cost improvement programme.
- Year to date expenditure position is £580k (1.9%) overspent.
- Income and expenditure run charts can be seen on pages 6 and 7 showing trends from the past two financial years.
- Although this is a positive start, momentum must continue. Particular focus on increasing activity levels during June and July needs to occur to ensure the Trust continues to perform to plan and delivers a surplus for the quarter. Further implementation of cost improvement schemes will provide resilience through operational pressures and enable funding of the service pressures prioritised in each area.

Key Financial Overview Cont.

Cash and Debtors

- Page 14 and 15 outline the current cash and debtors position. The Trust cash balance is reported at £3,598k, £954k behind plan.
- Despite the progress made over the past year, cash remains a concern. Plans to provide some resilience in this area are still under discussion, however, without these the Trust cash balance will be behind planned levels.
- This issue is further effected by the adverse expenditure variance described above, which is then emphasised by having to retrospectively invoice for any favourable activity variance.
- Work continues to manage and improve this position.

Quarterly Monitor Return

- The Monitor Continuity of Services (CoS) risk rating is made up of two components, liquidity and capital service cover. An overall rating is calculated ranging from 4 (no concerns) to 1 (significant concerns).

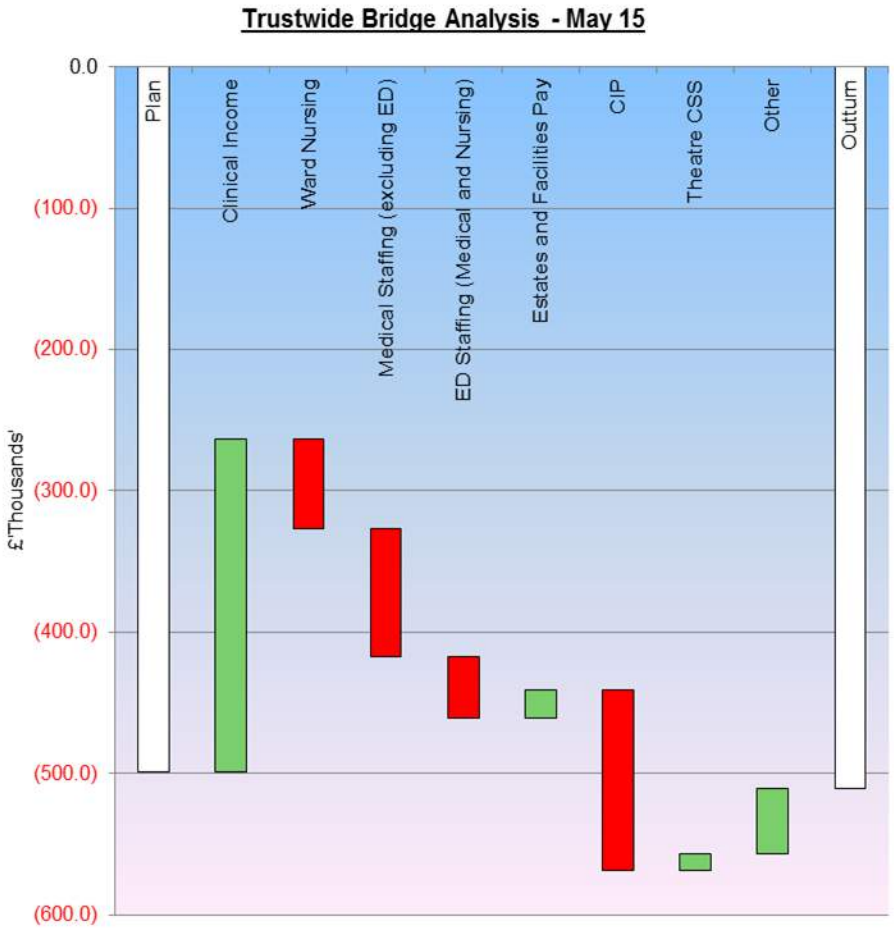
- The table below shows the quarterly plan and performance of the Trust-

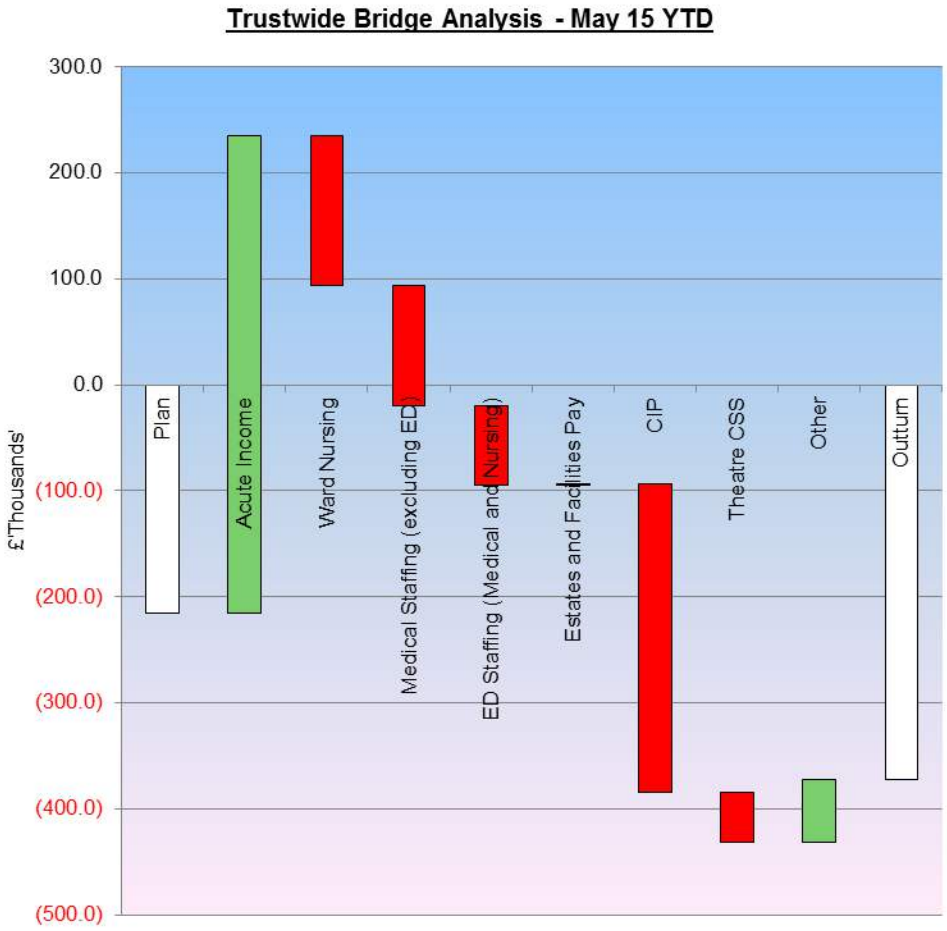
	May 15	Q1	Q2	Q3	Q4
Planned Rating – Capital Service Cover	2	3	4	4	4
Planned Rating - Liquidity	3	3	4	4	4
Planned Rating – Consolidated Rating	**3**	**3**	**4**	**4**	**4**
Actual Rating – Capital Service Cover	1				
Actual Rating – Liquidity	3				
Actual Rating – Consolidated Rating	**2**				

- The Trust is forecasting a 3 in line with the annual plan for quarter 1.

- It should be noted that Monitor are currently consulting on changing the Risk Assessment Framework with I&E performance being added to the risk rating calculation. If the percentage deficit continued into June at May levels the risk rating would be capped at 2 overall under the consultation metrics. This would then trigger further investigation of the Trust by Monitor. The timing of any RAF changes is currently unknown, and we await the outcome of the consultation.

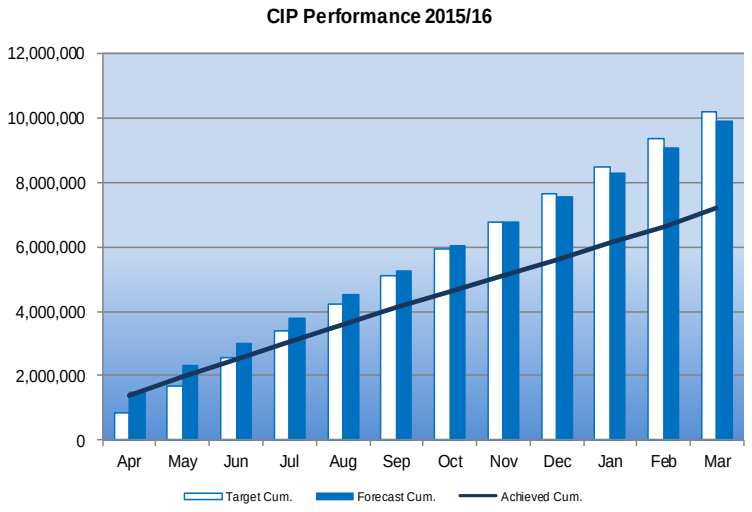
Trust wide Bridge Analysis



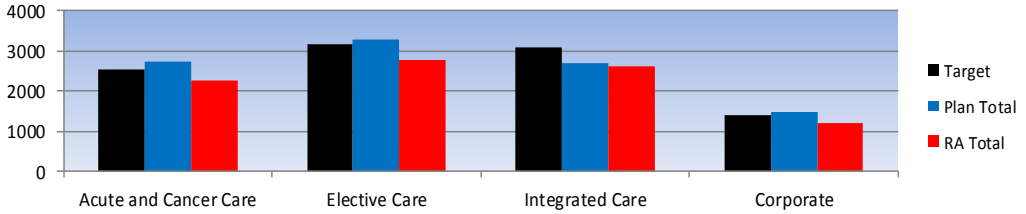


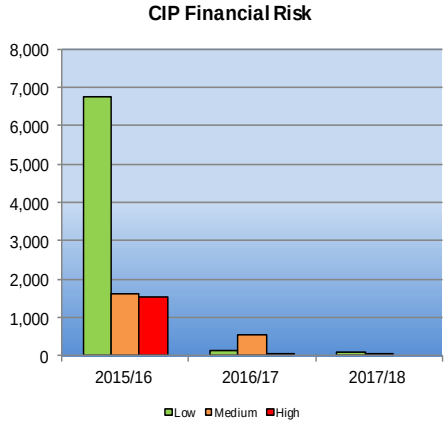
Efficiency Update

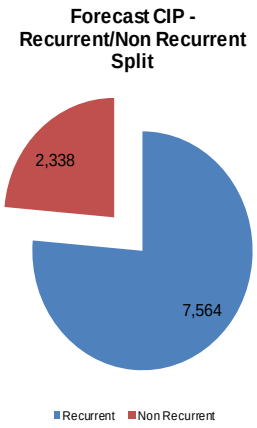
TRUSTWIDE CIP SCHEDULE 2015/16

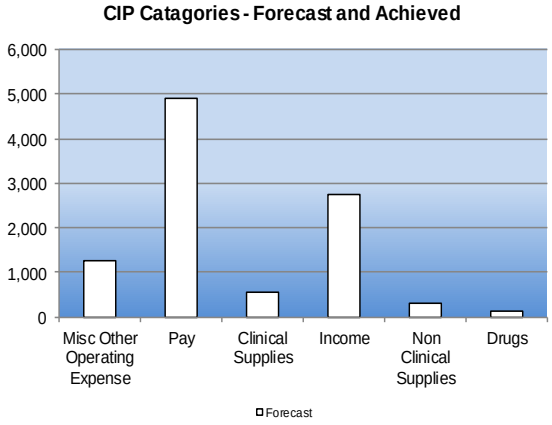


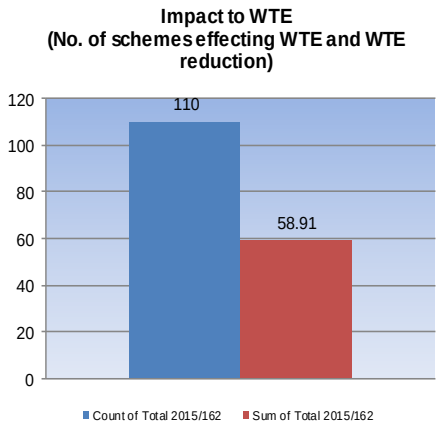
Summary	Target	Actioned	Low	Medium	High	Total	%	Risk Adjust	%
Acute Care	2,823,600	1,847,431	102,357	270,558	496,050	2,716,396	96%	2,260,327	80%
Elective Care	3,165,500	2,315,900	192,500	175,253	614,347	3,298,000	104%	2,761,847	87%
Integrated Care	2,800,200	2,148,800	162,000	392,100	0	2,702,900	97%	2,616,380	93%
Corporate	1,463,600	989,810	113,300	43,080	317,500	1,463,690	100%	1,195,409	82%
Total	**10,252,900**	**7,301,941**	**570,157**	**880,991**	**1,427,897**	**10,180,986**	**99%**	**8,833,962**	**86%**
Target		10,179,000				10,179,000		10,179,000	
Variance		**-2,877,059**				**1,986**	**100%**	**-1,345,038**	**87%**
Target less ETO benefit		8,779,000				8,779,000		8,779,000	
Variance		**-1,477,059**				**1,401,986**	**116%**	**54,962**	**101%**



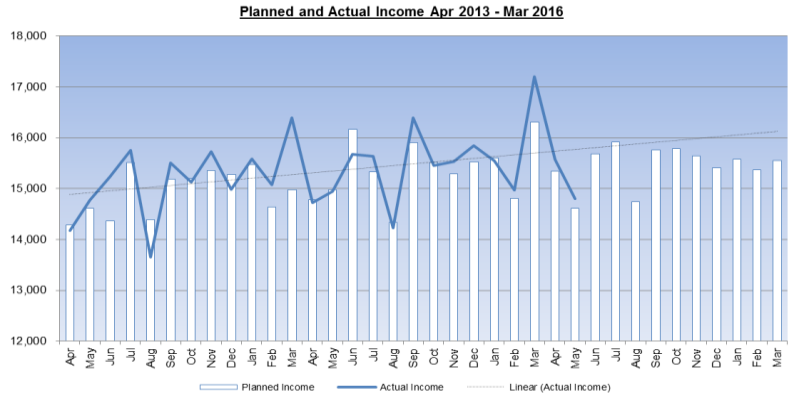


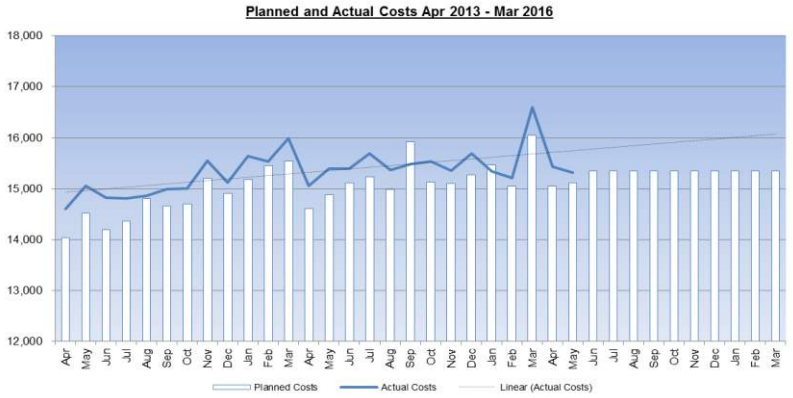






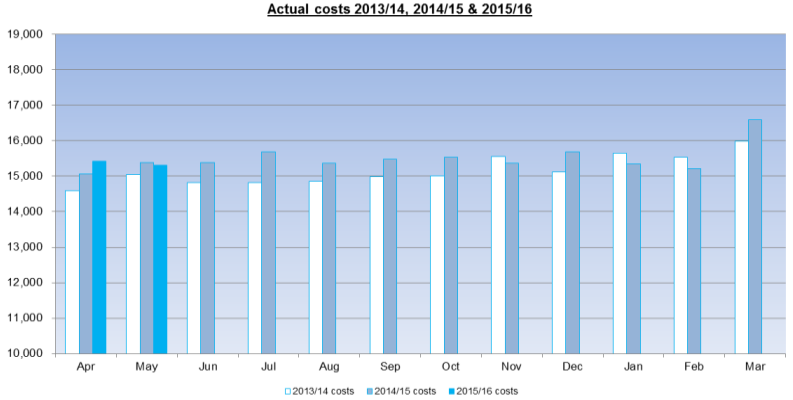
Income & Expenditure Run Charts



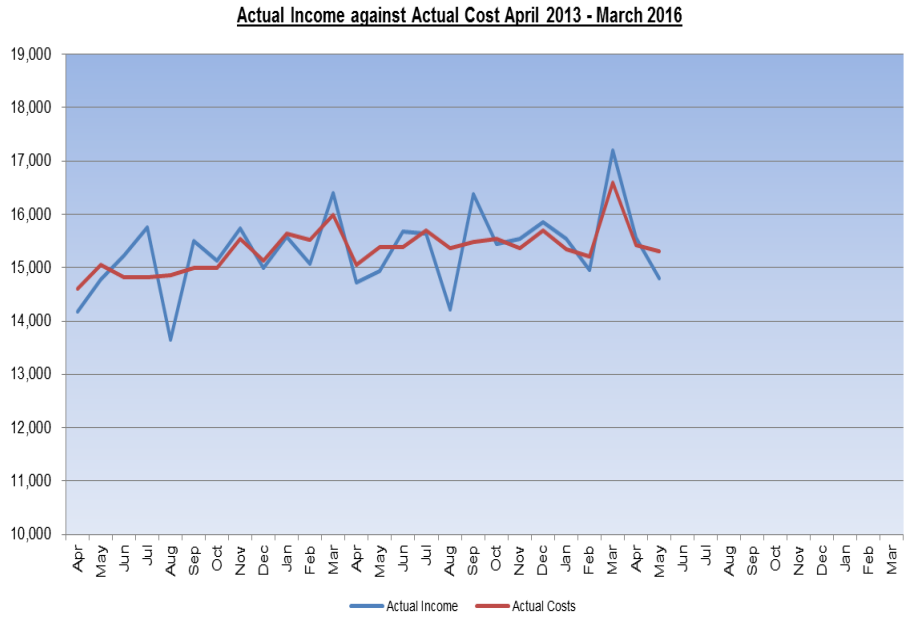


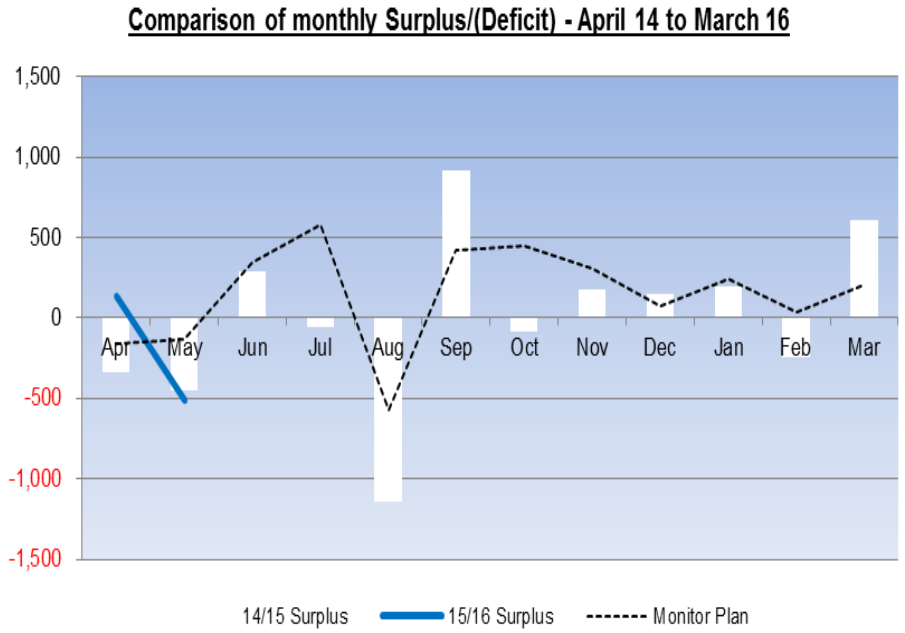
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 income plan	14,287	14,617	14,369	15,513	14,383	15,188	15,199	15,349	15,277	15,473	14,637	14,978
2013/14 income actual	14,171	14,778	15,227	15,755	13,653	15,502	15,130	15,731	14,987	15,588	15,073	16,395
2013/14 variance	**-116**	**161**	**858**	**242**	**-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	0	0	0	0	0	0	0	0	0	0
2015/16 income actual	15,564	14,802										
2015/16 variance	**229**	**192**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
2015/16 % variance	1.5%	1.3%										

	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	0	0	0	0	0	0	0	0	0	0
2015/16 expenditure actual	15,427	15,314										
2015/16 variance	**375**	**205**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
2015/16 % variance	2.5%	1.4%										



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	0	0	0	0	0	0	0	0	0	0
2013/14 costs	14,598	15,051	14,825	14,814	14,861	14,994	15,001	15,546	15,126	15,641	15,530	15,983
2014/15 costs	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2015/16 costs	15,427	15,314	0	0	0	0	0	0	0	0	0	0
13/14 Surplus	-427	-273	402	941	-1,208	508	129	185	-139	-53	-457	412
14/15 Surplus	-341	-449	287	-58	-1,141	912	-82	175	150	193	-247	610
15/16 Surplus	137	-512	0	0	0	0	0	0	0	0	0	0

Overview Income & Expenditure Position

For the month ending 31st May 2015

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	132,981	20,992	21,334	342	99
38,756	NHS Clinical Income - Community	36,894	6,387	6,496	109	120
3,459	System Resilience & Better Care Funding	2,100	117	117	0	0
	Non NHS Clinical Income					0
1,606	Private Patient & Amenity Bed Income	1,834	306	274	(31)	(9)
438	Other Non-Protected Clinical Income (RTA)	523	87	123	36	27
	Other Income					0
13,747	Non Clinical Income	11,028	2,038	2,004	(34)	(44)
486	Hosted Services	19	19	19	0	0
186,119	**TOTAL INCOME**	**185,378**	**29,945**	**30,366**	**422**	**192**
	EXPENSES					
	Pay					
(128,850)	Pay Expenditure	(122,143)	(20,793)	(21,185)	(392)	(211)
	Non Pay					0
(13,605)	Drugs	(5,177)	(2,351)	(2,370)	(19)	(23)
(18,493)	Clinical Services & Supplies	(15,878)	(2,845)	(2,826)	18	15
(18,307)	Other Costs	(14,974)	(2,781)	(3,081)	(300)	(122)
						0
						0
0	**Reserves :** Pay	(5,928)	(160)	0	160	20
0	Pay savings targets	0	0	0	0	0
0	Other Reserves	(4,128)	0	0	0	142
0	High Cost Drugs	(8,044)	0	0	0	0
0	Non Pay savings targets	42	0	0	0	0
(11)	**Other Finance Costs**	(18)	(3)	0	3	1
(543)	**Hosted Services**	(28)	(28)	(28)	(0)	(0)
(179,810)	**TOTAL COSTS**	(176,275)	(28,961)	(29,489)	(529)	(178)
6,309	**EBITDA**	**9,102**	**984**	**877**	**(107)**	**14**
(34)	Profit / (Loss) on disposal of assets	0	0	0	0	0
(4,092)	Depreciation	(4,763)	(794)	(808)	(14)	(7)
(55)	Interest Payable	(59)	(10)	(7)	3	3
20	Interest Receivable	20	3	5	1	1
(2,530)	Dividend Payable	(2,500)	(400)	(439)	(39)	(23)
(381)	**Net Surplus/(Deficit) before donations and impairment**	**1,800**	**(216)**	**(372)**	**(156)**	**(12)**
392	Donated Asset Income	0	0	0	0	0
(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**	**(216)**	**(372)**	**(156)**	**(12)**
(102)	Consolidation of Charitable Fund Accounts	0	0	0	0	0
(679)	**Consolidated Net Surplus/(Deficit)**	**1,800**	**(216)**	**(372)**	**(156)**	**(12)**

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

Overview Total Directorate Position

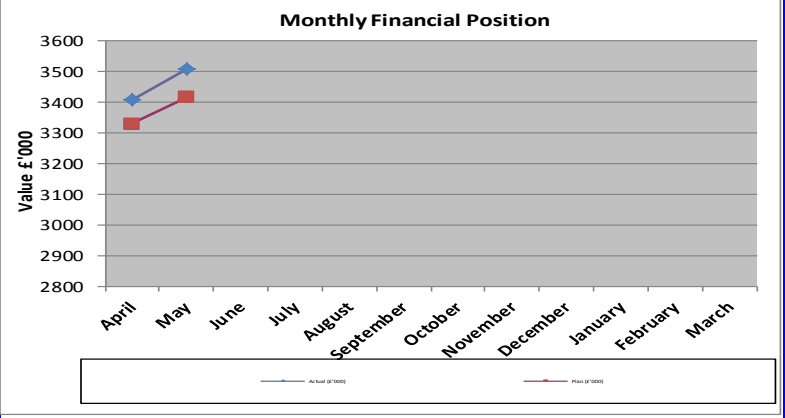
For the month ending 31st May 2015

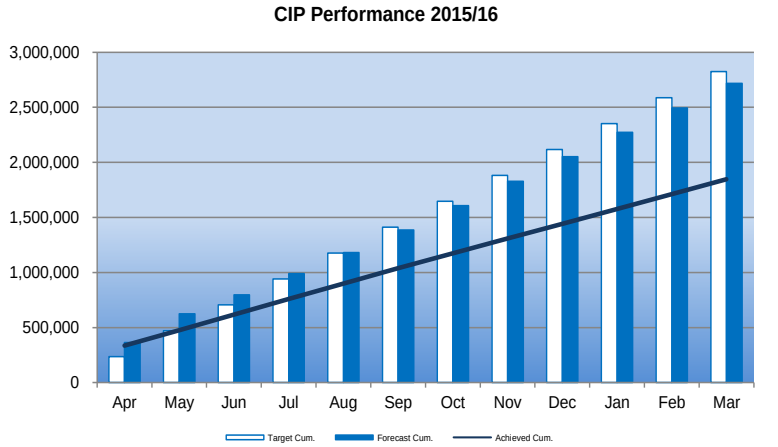
2015/16 Actual £000	Opening Budget £000		Annual Budget £000	Workforce			In Month			Cumulative		Variance (o.s)/u.s £000
				Budget wte	Contracted wte	Actual wte	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	
2,169	1,274	Non-Comissioner Income	1,141				121	109	(13)	242	222	(20)
(36,721)	(34,989)	Pay	(31,263)	832.72	801.99	789.80	(2,724)	(2,813)	(89)	(5,334)	(5,486)	(152)
(9,172)	(2,947)	Non-Pay	(3,885)				(702)	(720)	(17)	(1,485)	(1,496)	(11)
(43,724)	**(36,662)**	**Total Integrated Care Directorate**	**(34,008)**	**832.72**	**801.99**	**789.80**	**(3,305)**	**(3,424)**	**(119)**	**(6,577)**	**(6,760)**	**(182)**
3,180	1,764	Non-Comissioner Income	2,769				295	290	(5)	568	561	(7)
(29,388)	(28,642)	Pay	(31,429)	744.41	697.11	694.43	(2,673)	(2,708)	(35)	(5,331)	(5,388)	(57)
(12,671)	(7,202)	Non-Pay	(8,617)				(1,038)	(1,091)	(54)	(1,982)	(2,091)	(109)
(38,879)	**(34,080)**	**Total Acute & Cancer Care Services Directorate**	**(37,277)**	**744.41**	**697.11**	**694.43**	**(3,416)**	**(3,509)**	**(93)**	**(6,745)**	**(6,918)**	**(173)**
1,360	1,457	Non-Comissioner Income	1,570				127	130	3	265	268	3
(43,027)	(40,216)	Pay	(40,981)	897.95	891.10	882.88	(3,607)	(3,709)	(102)	(7,122)	(7,285)	(163)
(13,347)	(9,307)	Non-Pay	(10,691)				(1,142)	(1,183)	(41)	(2,246)	(2,372)	(126)
(55,014)	**(48,066)**	**Total Elective Care Directorate**	**(50,101)**	**897.95**	**891.10**	**882.88**	**(4,622)**	**(4,762)**	**(140)**	**(9,104)**	**(9,390)**	**(286)**
(19,852)	**(18,471)**	**Corporate (Clinical)**	**(16,395)**	**464.69**	**424.02**	**433.16**	(1,340)	(1,331)	9	(2,669)	(2,711)	(42)
(157,469)	(137,279)	**Total Clinical Spend**	(137,781)	2939.77	2814.22	2800.27	(12,682)	(13,026)	(344)	(25,096)	(25,778)	(683)
(7,626)	**(7,802)**	**Corporate (inc. CNST)**	(11,751)	**144.33**	**141.73**	**140.13**	(940)	(962)	(22)	(1,960)	(2,134)	(175)
(27,478)	**(26,273)**	**Total Corporate Position**	**(28,147)**	**609.02**	**565.75**	**573.29**	**(2,279)**	**(2,293)**	**(14)**	**(4,629)**	**(4,846)**	**(217)**
165,503	165,941	**Commissioner Income**	169,874				13,384	13,603	219	27,495	27,946	451
(388)	(19,158)	**Central**	(18,542)				(261)	(125)	136	(656)	(406)	250
21	**1,702**	**Total before donations & impairments**	**1,800**	**3,084.10**	**2,955.95**	**2,940.4**	**(499)**	**(511)**	**(12)**	**(216)**	**(372)**	**(156)**
5,297	0	**Donations for Capital Expenditure**	0						0	0	0	0
(3,340)	0	**Impairments on Donated assets**	0						0	0	0	0
(1,305)		**Impairments on PCT assets**	0						0	0	0	0
672	**1,702**	**Trust reporting position**	**1,800**	**3,084.10**	**2,955.95**	**2,940.40**	**(499)**	**(511)**	**(12)**	**(216)**	**(372)**	**(156)**
457		**Charitable funds consolidation**	0						0	0	0	0
1,129	**1,702**	**Total Trust reported position**	**1,800**	**3,084.10**	**2,955.95**	**2,940.40**	**(499)**	**(511)**	**(12)**	**(216)**	**(372)**	**(156)**

Acute & Cancer Care Directorate 31st May 2015

Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(93)	(173)





Target	Actioned	Low	Medium	High	Total
2,823,600	1,847,431	102,357	270,558	496,050	**2,716,396**
Risk Adjusted Total		**2,260,327**	Risk Adjusted %		**80%**

Comments:

The Acute & Cancer Care Directorate reported an in-month over spend against total budget of £93k. Of the overspend, pressures occurred in the following areas:
*Unfound/high risk CIP £56k overspend
* Adult Community Services - reablement posts previously funded by commissioners no longer funded overspend (£19k, 10.56wte)
*ED nursing non-recurrent £16k overspend

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**(7)**	**(2)**
Private Patient Income		(5)	(7)
Other Income		(2)	6
Total Expenditure		**(166)**	**(78)**
Pay:	Nursing	14	(11)
	Medical Staff	(28)	(14)
	Other Pay	(43)	3
Drugs		1	2
Clinical Supplies		25	16
Other Non Pay		(135)	(73)
Net Position		**(173)**	**(79)**

ACTIONS AGREED

CIP

The Directorate is focussed on achiveing its CIP plans. In particular the following workstreams are underway

* Urgent Care – a workstream is in place to review coding of activity in the Emergency Department to increase income (anticipated CIP up to £50,000)
* Infection Control Income – a new website to market services is now in place and is receiving a number of "hits" which has lead to increased sales. Further assessment is still required before CIP is actioned, Expected to be actioned in May (anticipated CIP £100,000)

* Wheelchair Services – a number of workstreams are in place including review of the service. In addition positive discussions have been held with North Yorkshire Counuty Council in relation to Wheelchairs being part of a pooled budget which would reduce costs by 20% (anticiipated CIP £100,000)
* The Directorate continues to robustly review all vacancies before posts are replaced with any savings going towards CIP

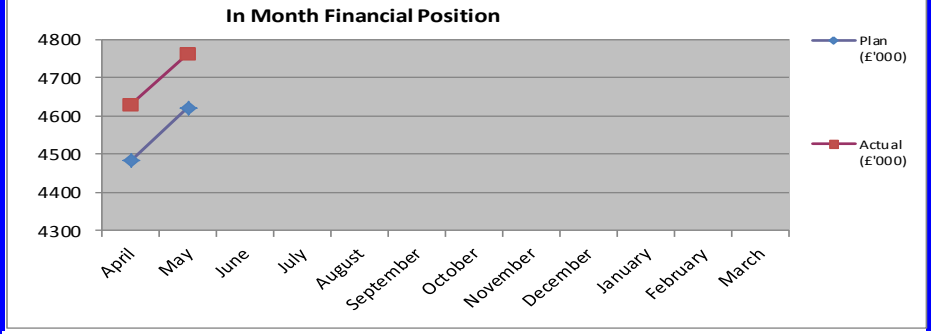
Reablement Posts

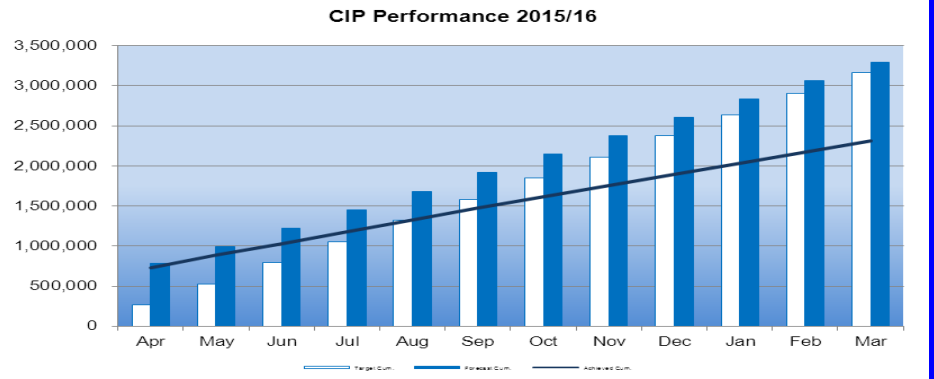
The Trust bid for "reablement" money to assist community services in treating patients in their own homes and avoiding hopsital admission in 2011/12. The Trust was awarded non-recurrent money over a 3 year period. These posts were appointed to and the service has now been established and has been in place for 3 years, howver the funding stream has now ended. The Directorate has maintained the service despite no funding being in place. If the service is not funded it is anticipated there will be an overspend of £372k for the year. It has been agreed that the Trust will continiue to seek funding for the service from commissioners whilst the Directorate maintain current service levels.

Elective Care Directorate Finance Overview as at 31st May 2015

Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
-140	-286





Target	Actioned	Low	Medium	High	Total
3,165,000	2,315,900	192,500	175,253	614,347	**3,298,000**
Risk Adjusted Total		**2,761,847**	Risk Adjusted %		**87%**

Comments:

The financial performance for the month ending May 15/16 was £140k overspent. The main drivers for this position were:

* Ward pay - pay on the wards was £36k overspent of which £13k related to unfunded special shifts on the wards.
* Theatres - non pay in theatres was balanced, which related to a drop in activity levels
* CIP - in month £34k was phased in to the position to reflect the risk adjusted CIP position which current stands at 87% or a £404k shortfall
* Medical Staffing - in month medical staffing reports were £41k overspent with the main issue around covering gaps in Anaesthetics, General Surgery and Orthopaedics .

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**3**	**0**
Private Patient Income		4	**(3)**
Other Income		(1)	**3**
Total Expenditure		**(289)**	**(146)**
Pay:	Nursing	(122)	**(52)**
	Medical Staff	(65)	**(16)**
	Other Pay	24	**8**
Drugs		(8)	**2**
Clinical Supplies		(42)	**(39)**
Other Non Pay		(76)	**(49)**
Net Position		**(286)**	**(146)**

Actions Agreed:

* Explore developments of Plastics and Vascular services with York
* Look at development of Ophthalmic services at Wetherby

* Review of ward rotas to identify new ways of working to cover short term gaps.

* Flexible approach to management of anaesthetic gaps with 2 fellow posts

* Review model of middle grade cover for gap in General Surgery rota

* Job plans reviews undertaken for clinical leads. These include specialty objectives around cover arrangements in terms of annual leave for both planned and unplanned activity

* Delivery of remaining CIP actions.

Activity:

* Meetings in place with each ward to review the roster and existing practices.

* Endoscopy stacker business case written to facilitate more capacity in week and achievement of CIP action

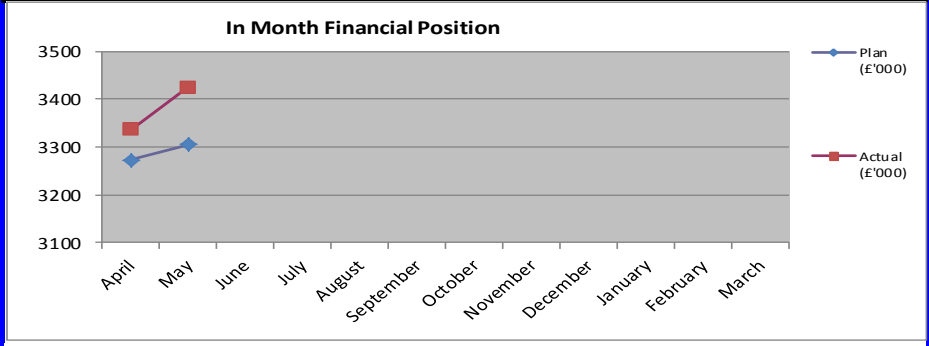
* Middle grade job planning underway, which will address some overspends within Medical staffing.

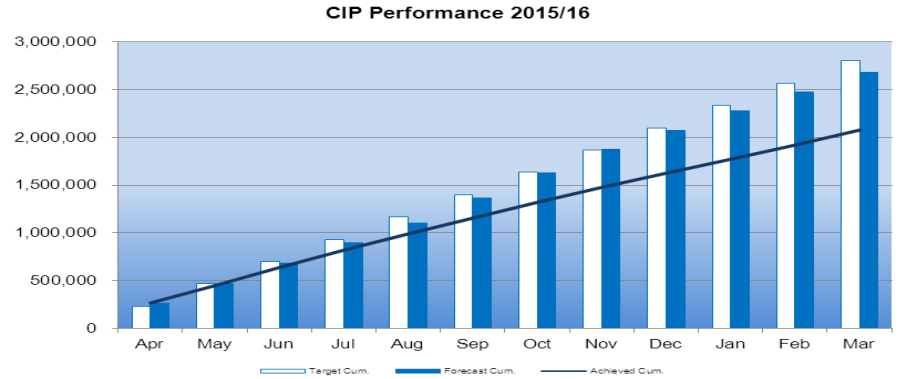
* Sickness levels reduced within Anaesthetics which will decrease the agency usage.

Integrated Care Directorate Finance Overview as at 31st May 2015

Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
-119	-182





Target	Actioned	Low	Medium	High	Total
2,800,200	2,073,200	216,000	392,100	0	**2,681,300**
Risk Adjusted Total		**2,592,080**	Risk Adjusted %		**93%**

Comments:

The financial performance for the month ending May 14/15 was one of £119k overspent. The main drivers for this position were:

* Medical Staffing - in month medical staffing was £62k over (55% of entire overspend). The main issue continues to be in Cardiology with vacancy and sickness cover costing £28k over planned spend levels and in Gen Med covering tier 3 (£19k) and tier 2 rota gaps (£8k)
* Wards - in month the overspend on pay was £31k of which £12.4k related to sickness being above the funded 3.90%, additional requirements for specials (£4k) and additional escalation beds open due to increased activity levels (£14k)
* CIP - in month the value of the CIP phased in was £19k and year to date £35k highlighting a current risk adjusted shortfall of £210k (7%) for 2015/16
* PP Income - again PP income was £14k down against plan (40%) which is a continuation of the trends seen in 14/15 and into 15/16 in all specialities

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**(20)**	**(7)**
Private Patient Income		(31)	**(12)**
Other Income		11	**5**
Total Expenditure		**(163)**	**(56)**
Pay:	Nursing	(3)	**(4)**
	Medical Staff	(74)	**(12)**
	Other Pay	(75)	**(46)**
Drugs		(13)	**0**
Clinical Supplies		28	**22**
Other Non Pay		(26)	**(16)**
Net Position		**(182)**	**(63)**

Actions Agreed:

* Achieve remaining CIP outstanding through vacancy management

* Reduce general medicine tier on call rota from 1:10 to 1:9 as part of August 2015 rota due to anticipated deanery vacancies

* Continue to reduce bank and agency hours by at least 10% on last years average

* Review all medical staffing vacancies and associated cover arrangements

* Ensure only 3 days management days undertaken by ward managers as per funded allocations in the ward establishments

* Review need of specials in particular those required for falls prevention

Activity:

* In month activity was £89k above plan

* This was mainly in terms of non elective activity with volume being significantly above plan (£188k year to date) offset by casemix being slightly down against plan (£18k)

* Day case performance continues to be strong particularly in Haematology & Gastro

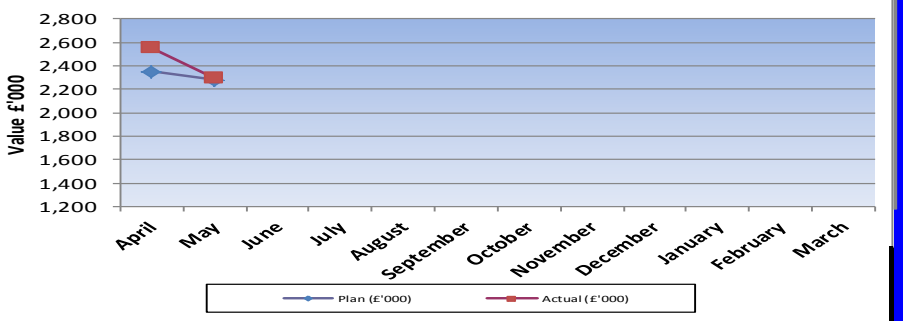
* Outpatient activity is around balanced year to date although there are some ups and downs between speciality and between news and follow ups

Corporate Directorate Finance Overview April 2015/16

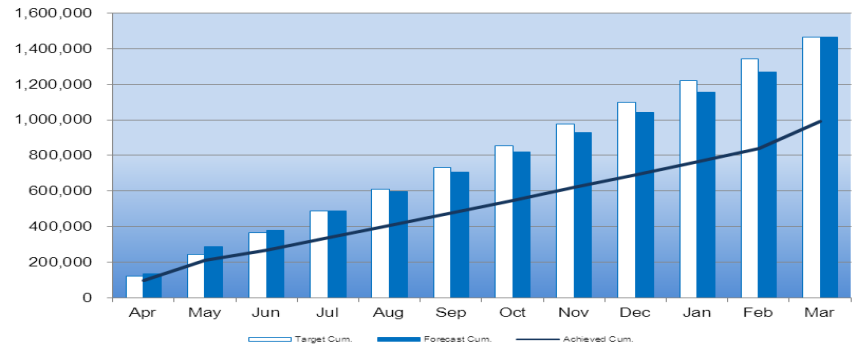
Directorate Income & Expenditure (£'000)

In Month Variance to Plan	YTD Variance to Plan
(203)	(217)

Monthly Financial Position



CIP Performance 2015/16



Target	Actioned	Low	Medium	High	Total
1,463,600	989,810	113,300	43,080	317,500	**1,463,690**
Risk Adjusted Total		**1,195,409**	Risk Adjusted %		**82%**

Comments:

* Corporate Services reported an overspend against budget of **£13k** in the month of May.
INCOME - (10k) PAY - £15k NON-PAY (£18k)

The significant transactions were:

CIP - £23k of CIP was phased into the position as not delivered in May.

IT - there were overspends within IT relating to inflation on IT contracts £11k and telecomms £4K, related to mobile phone costs.

These pressures were offset in month by underspends within other divisions.

Key Financial Drivers

Variance to plan

		YTD £'000	Previous Month YTD (£'000)
Total Income:		**(23)**	**(13)**
Total Expenditure		**(194)**	**(190)**
Pay:	Clinical Corporate	3	(19)
	Non Clinical Corporate	(23)	(16)
Non Pay:	Clinical Corporate	(28)	(25)
	Non Clinical Corporate	(146)	(130)
Net Position		**(217)**	**(203)**

Actions Agreed:

* One to one meetings will be set up with each divisional lead to continue to identify CIP initiatives that will help to close the current gap within Corpoarte Services. Although the £1.4m target has been fully identified, the risk adjusted position means that 18% still needs to be delivered through other

* The Estates department need to continue to reduce expenditure in relation to estates maintenance costs and non essential minor works.

* The domestic department will continue to work with infection control in order to reduce the frequency of deep cleans where deemed possible throughout the year.

* Departments will continue to monitor recruitment through following the vacancy control procedure and where possible savings made through staff turnover and vacancy factor will be identified non recurrently against the Corporate CIP plan

Cash Flow – Receipts & Payments

CASH FLOW FORECAST 2015-16

	APRIL	MAY		JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL FOR YEAR
	Actual	Plan	Actual	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	Plan	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Opening cash balance	4,898	6,560	6,560	3,598	5,406	6,596	6,478	6,222	9,952	9,002	8,153	7,924	8,014	4,898
Receipts														
New public Dividend Capital draw	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NHS patient care - HaRD CCG	9,145	8,425	7,741	8,425	8,425	8,425	8,425	8,425	8,425	8,425	8,425	8,425	8,426	101,137
NHS patient care	5,798	5,541	5,563	5,540	5,541	5,541	5,540	5,541	5,541	5,540	5,541	5,541	5,540	66,767
Other income	1,505	1,970	1,518	1,970	1,970	1,970	1,970	1,970	1,970	1,970	1,970	1,970	1,970	22,723
Investment interest	2	2	2	1	2	2	1	2	2	1	2	2	1	20
Loan finance	0	0	0	707	2,165	0	0	5,206	0	0	838	0	0	8,916
Total cash receipts	**16,450**	**15,938**	**14,824**	**16,643**	**18,103**	**15,938**	**15,936**	**21,144**	**15,938**	**15,936**	**16,776**	**15,938**	**15,937**	**199,563**
Payments														
Cash spend - payroll	(6,076)	(6,176)	(6,014)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(6,051)	(72,600)
PAYE & Pensions	(4,063)	(4,112)	(4,112)	(4,187)	(4,112)	(4,112)	(4,112)	(4,112)	(4,112)	(4,112)	(4,112)	(4,112)	(4,112)	(49,370)
Cash spend - non-pay	(4,374)	(6,250)	(6,213)	(4,038)	(5,990)	(4,792)	(4,385)	(5,750)	(4,792)	(3,999)	(5,990)	(4,792)	(4,421)	(59,536)
Cash spend - non-pay - Capital	(275)	(1,110)	(1,149)	(559)	(760)	(1,101)	(417)	(1,501)	(1,578)	(2,623)	(852)	(893)	(793)	(12,501)
Dividend paid	0	0	0	0	0	0	(1,227)	0	0	0	0	0	(1,250)	(2,477)
Loan repayments	0	(298)	(298)	0	0	0	0	0	(355)	0	0	0	0	(653)
Total cash spend	**(14,788)**	**(17,946)**	**(17,786)**	**(14,835)**	**(16,913)**	**(16,056)**	**(16,192)**	**(17,414)**	**(16,888)**	**(16,785)**	**(17,005)**	**(15,848)**	**(16,627)**	**(197,137)**
Closing cash balance	**6,560**	**4,552**	**3,598**	**5,406**	**6,596**	**6,478**	**6,222**	**9,952**	**9,002**	**8,153**	**7,924**	**8,014**	**7,324**	**7,324**
Monitor plan quarter-end cash balance				**5,874**			**6,690**			**8,621**			**7,792**	

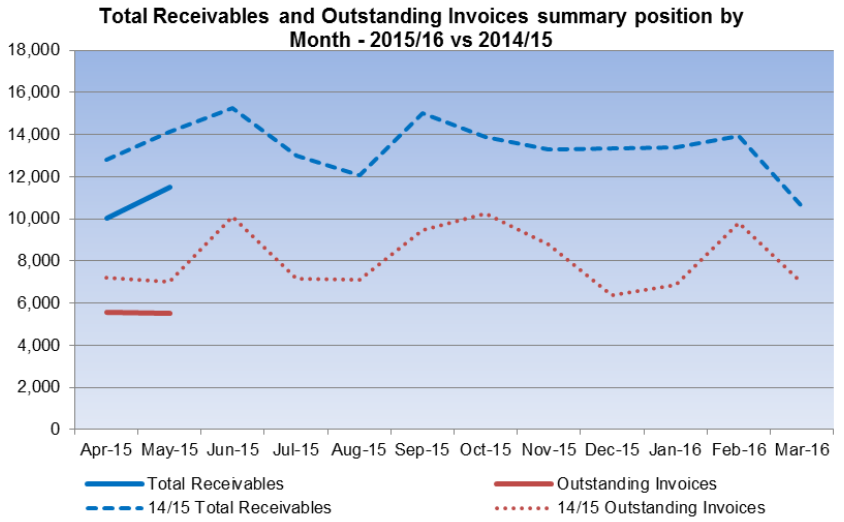
Debtors

Outstanding Accounts Receivable Debts - MAY 2015

	0 to 30 Days £000	31 to 60 Days £000	61 to 90 Days £000	Over 91 Days £000	Total £000
NHS Debts	1,642	380	1,930	1,109	5,061
Insurance Companies	101	31	11	38	181
Other	149	12	14	111	286
Totals	1,892	423	1,955	1,258	5,528

Note:- Excludes RTA's, Accruals & Prepayments

Top 5 Receivables - May 15	£
NHS HARROGATE RURAL DISTRICT CCG	2,116,534.44
NHS ENGLAND	476,540.54
NORTH YORKSHIRE COUNTY COUNCIL	468,489.00
YORK TEACHING HOSPITALS NHS FOUNDATION TRUST	349,222.23
NHS VALE OF YORK CCG	330,271.97
Sub Total	**3,741,058.18**



Outstanding Invoices Over 61 Days & £10,000 - MAY 2015

Debtor Name	Number	Invoice Description	Total £000
North Yorkshire County Council	H161350	Enablement Funding for Specialist Nurses	68
York Teaching Hospitals	H167362	York Podiatry SLA	28
NHS Harrogate & Rural District CCG	H168538	HMDS Recharge February 2014	10
North Yorkshire County Council	H168895	Health & Scial Care Funding Allocation 2013/14	400
York Teaching Hospitals	H170878	York Podiatry SLA Q1 2014/15	28
NHS Scarborough & Ryedale	H171581	Rent for the Street Scarborough per SLA 2014/15	32
NHS Harrogate & Rural District CCG	H172032	HV Team Rental Costs re The Street	32
NHS England	H172721	2013/14 Acute Contract Final SUS Reconcilliation	14
York Teaching Hospitals	H173436	Podiatry SLA Q2	28
Roche Diagnostics	H173517	Trust Procured Hardw are	23
NHS Harrogate & Rural District CCG	H174688	For use of ICE Requesting & Reporting System 2013/14	21
NHS Vale of York CCG	H175146	Recharge Higher Value Equipment October 2014	11
York Teaching Hospitals	H175646	Podiatry SLA Q3	41
Health Education England	H176166	Funding adjustment Nicola Rolph-CPT	18
NHS Leeds South & East	H176326	Service Agreement	26
Hasting Direct	H176981	Insurance Claim-Loss of Car Park Income	22
York Teaching Hospitals	H177009	Podiatry Q4 2014/15	48
Philips Healthcare	H177075	Trade in Ultrasound System	10
NHS Vale of York CCG	H177153	Service Agreement March 2015	42
University of Sheffield	H177176	Repose Study	14
NHS Harrogate & Rural District CCG	H177588	Winter Pressures	120
NHS Vale of York CCG	H177591	Acute Contract Month 10	84
York Teaching Hospitals	H177819	S & LT Scarborough SLA Actuals January/February 15	24
City of York County Council	H177950	6 Month Extension re Cessation Smoking Contract	83
NHS Harrogate & Rural District CCG	H178054	HDFT Forecast Outturn Assessment	1,179
NHS Scarborough & Ryedale	H178078	Continuing Health Care Delivery Contract	71
NHS England - South Yorkshie & Ba	H178088	Critical Care Bed	120
NHS England	H178096	ICDF February Flex	111
NHS Scarborough & Ryedale	H178138	NCA February 2015	15
Total			2,723

* **Now paid**

With cash currently £954k behind plan continued focus is required in relation to the Debtors position. Although there has been significant improvement in the timely payment of invoices, further work continues to ensure invoices and agreements are in place to maintain the Trusts cash balance. Proposed cash profiling with NHS Harrogate and Rural District CCG will provide resilience in this area, however, this is as yet not agreed.

Report to the Trust Board of Directors:	Paper No: 11.0

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

Executive Summary

This report provides information on the following areas:

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

Key messages are included at the front of this report.

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

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

Action Required by the Board of Directors

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

Key Messages for June 2015

a) Health Education England Board Meeting

The Health Education England Board met on the 19 May 2015. For 2015/16 the Health Education England mandate published by the Department of Health includes the following key updates:

- maintaining a strong commitment to achieving parity of esteem between mental and physical health;
- additional emphasis on reducing health inequalities and promoting equality and diversity in our NHS;
- supporting our armed forces veterans; and
- working more closely with the entire NHS, public health and social care workforce to improve health and wellbeing.

b) Armed Forces Covenant

The Trust is a signatory of the Armed Forces Covenant and a member of the North Yorkshire Armed Forces Covenant Steering Group. The Trust is keen to fulfil our commitments to the covenant, which for healthcare state:

- Members of the armed forces community should enjoy the same standard of, and access to, healthcare as received by any other UK citizen in the area where they live.
- Family members should retain their relative position on any NHS waiting list, if moved around the UK due to the service person being posted.
- Veterans should receive priority treatment (subject to the clinical needs of others) in respect of treatment relating to a condition resulting from their service in the armed forces; and
- Veterans should be able to access mental health professionals who have an understanding of armed forces culture.

The Director for Workforce and Organisational Development is the Board Lead for Military Health including the Covenant and with support of the Partnership and Innovations Team has established a Task and Finish Group to make progress against the relevant Covenant goals. The Group held the first meeting on 5th June 2015 and have agreed a number of actions aimed at sharing key messages about the Covenant and assisting in the prompt identification of members of the armed forces community. Further work will focus upon processes for prioritising veterans where the condition is related to their service and clinical need is indicated. It is envisaged that the Group will complete the work over the coming months and disband by the end of October 2015

c) Leadership forum and Leadership group

<u>Leadership Group</u>

The Chief Executive is leading a new group of the organisation's most senior leaders. Directors shared updates in which they linked their

personal objectives to those of the Trust. All colleagues participated in an exercise exploring how clear they were about their personal objectives and their confidence in being able to deliver these. There was also an opportunity to discuss the next steps on our Vanguard journey and an agreement that the group would meet quarterly in the future.

The group will be both strategic and developmental. It will cover in particular:

- Strategic planning - for example the messages from the NHS Five Year Forward View
- Long term risk management/future scenario modelling - for example the NHS Five Year Forward View and Dalton reviews
- Evaluation of feedback - for example staff survey, staff FFT
- Information sharing
- Showcasing of best practice - for example, clinical transformation schemes; celebrating success

Leadership Forum

As part of the Trust's preparation for becoming a Vanguard site, a Leadership Forum (a group with wider membership than the Leadership Group) has been created to support the professional development of current leaders within the organisation. The first event was held on 2nd June and guest speaker, Dr Julia R A Taylor, National Programme Director from the Advancing Change Team at NHS Improving Quality led an interactive and engaging session on authentic leadership. Initial feedback from a selection of the 70+ attendees has been positive. A typical comment was that the workshop was "engaging and inspiring". All 45 respondents to an online survey felt there should be future leadership forum workshops.

Using insight from the survey and knowledge of future likely leadership challenges, Workforce and Organisational Development colleagues will work together to establish a future programme.

d) National Foundation Trust Network

I have been invited to present information regarding our Incremental Pay Progression Policy for Agenda for Change staff at the national Foundation Trust Network for HR Directors in July. This request follows the Trust's submission last year to the NHS Pay Review Body on maximising the national terms and conditions of employment.

Our Trust's implementation of this policy; where pay increments are not automatic but earned remains unique in the NHS. The Foundation Trust Network believes it would be beneficial for other Trust's to learn from our experience. This item is part of a wider agenda on how Trusts have made the most of existing pay, terms, and conditions flexibilities and/or pursued local solutions to reform.

e) Vanguard

The HR team have developed a Training and Organisational Development proposition for the new models of care as part of the Vanguard work. This proposition includes:

- the development of skills assessments and competency frameworks
- a programme of team and leadership development,
- the opportunity for sharing best practise across organisational boundaries,
- an organisational development framework to be utilised across all roles and organisations

Indicative costs have been included as part of the proposition and it was shared at the Harrogate Health Transformation Board meeting on 16th June 2015.

The Trust led this piece of work but involved all our New Models of Care partners in establishing the proposition. The vast majority of the resource requirements identified were non-recurrent in nature. A number of the initiatives identified can be delivered by our existing staff members.

I was asked to present on the workforce implications of New Models of Care at the June meeting of the North Yorkshire and the Humber Partnership Council of the Local Education and Training Board. The presentation was well received and a number of offers of assistance were made by interested organisations.

f) Certificate of Eligibility for Specialist Registration programme (CESR)

The recruitment to additional Speciality Doctor posts within the Emergency Department including CESR rotation is underway. Following the first advert, two candidates were interviewed; one candidate has been offered a probationary period as a Trust Doctor for a month and is due to undertake this in August 2015. The second candidate has taken the decision to withdraw from the recruitment process. A further advert has generated interest from Agencies as well as via NHS jobs and three candidates were interviewed on 16th June 2015 with a further two interviews to be scheduled.

g) Resilience training

The personal resilience pilot continues as part of the Health and Wellbeing agenda with the final sessions for staff and managers being run throughout June. The response to this training has been extremely positive and evaluation data is currently being processed. A report will be written evaluating the effectiveness of this intervention, which will include recommendations for future development.

h) Band 1-4 Skills for Health Delivery plan

The Trust and Skills for Health are working in partnership on a delivery plan to develop a new Bands 1-4 workforce model which includes a career progression framework, and which links to the three strands in the Talent for Care Strategy: Get In, Get On, Go Further. Central to the philosophy of Talent for Care is partnership working at all levels to ensure that the healthcare support workforce receives the investment and development it needs to be highly skilled and flexible and able to meet the future healthcare challenges.

The key objectives of the delivery plan are:

- Raising awareness of, commitment to, and engagement with a vision for the new Bands 1-4 workforce model and career progression framework.
- Develop an Apprenticeship strategy which includes proposals for a framework to recognise progression of apprentices from entry to completion.
- Develop a Trust wide approach to widening participation which supports and encourage young people to view the NHS as an employer of choice.
- Develop proposals for a career/development framework for Bands 1-4.
- Develop integrated health and social care roles to support the delivery of new models of care.
- Evaluation - Identify baseline data sets/metrics for programme impact evaluation. To include baseline metrics for future measurement of impact/ROI in the project completion report.

There is a steering group established to oversee the progress of the delivery plan.

i) Junior Doctor Recruitment

Medical Staffing are working with a number of Clinical Leads and College Tutors to understand the process that each specialty undertakes regionally to ensure all the trainee rotations within HDFT are filled. Once a clear understanding has been met, a letter from Dr David Scullion, Medical Director and I will be sent to all Clinical Leads to request their assistance with doing everything possible to be involved in regional recruitment and allocation processes to try and ensure that junior medical staff establishment levels are maintained at all times.

j) Care Certificate

The Care Certificate is the new national training requirement for all support workers new to health and social care. It is a recognised and transferable qualification which will be recorded on the Trust's Electronic Staff Record. Achievement of the Care Certificate should ensure that the healthcare support workers have the required values, behaviours, competences and skills to provide high quality, compassionate care.

The Care Certificate is being rolled out nationwide and went 'live' in April 2015. The Trust has implemented a phased approach to the introduction of the Care Certificate with Care Support Workers being the first group to undertake the Care Certificate training. The training needs are met through corporate and local induction, Care Support Worker 2 day Fundamentals of Care Course, e-learning, completion of a workbook and assessment in practice. An accreditation of prior learning process is being put in place to assist current staff to achieve the qualification. There is a working group overseeing the implementation of the Care Certificate.

k) Clinical Excellence Awards (CEA)

The 2015 Clinical Excellence Awards round is underway. The ballot for the election of the Local Awards Committee for 2015 was concluded at the end of May with a number of positive comments about the new e-ballot process implemented.

Applications have been sent to the eligible Consultants with a closing date of 21st July 2015. Applications will be scored during the month of August and the committee will be meeting at the end of September to finalise the allocation of awards.

l) Junior doctors rotation

The August junior doctor rotation is fast approaching. 20 Foundation Year One trainees are already in the process of completing their shadowing placements with the Trust over the next few weeks and will commence four days prior to the official August rotation date as part of their introduction to Foundation Year.

Information from Health Education England regarding the trainees rotating to HDFT has been delayed this year. This is a process outside the Trust's control. The Trust is aware of seven definite gaps within the rotations and these have now been authorised to be filled by Locum Appointment for Service Doctors. Recruitment is underway for these gaps, recruitment will be difficult due to current labour market conditions, and if successful, doctors may not be in post for August 2015 due to the late authorisation from Health Education England (HEE) allowing us to recruit into these posts.

Seven Core Trainee Medical rotations have still not been finalised and we are awaiting further information to see if all these posts will be filled.

Following discussion and agreement at the Trust's Senior Management team meeting, it has been agreed that the medical staffing team will be asked to place immediate local advertisements for any gaps on rotations as a contingency measure.

Medical Staffing are currently completing pre-employment checks for all trainees rotating to the Trust.

m) European Structural and Investment Funds

European Structural and Investment Funds support a wide range of economic and social development projects, particularly around research, development, innovation, skills and employment and social inclusion.

A new EU funding round is about to be launched and offers significant opportunities for NHS organisations. We have had a positive initial conversation regarding the feasibility of HDFT bidding for funding under this scheme with regard to our Vanguard site status and new models of care, together with the Talent for Care Bands 1-4 project which is now underway.

Any funding provided would have to be matched by the Trust. This process is in its infancy and further exploration will take place to

see what is possible in this regard and I will ensure the Board is kept appraised of this work.

n) International nursing recruitment

A business case has been jointly prepared by HR and Corporate Nursing regarding a future campaign for international nursing recruitment following last year's successful recruitment. An outcome on this approach is pending.

o) NHS Regulatory recruitment checks

Following receipt of a widely distributed letter from the regional Medical Director (NHS England) reminding Trusts of the importance of following NHS Employment check standards when recruiting medical staff through locums or agencies we have reviewed our processes to ensure we are compliant. We are satisfied that our normal recruitment process and the use of the Comensura service (which incorporates strong governance requirements) ensures that we do achieve these standards.

p) Appraisals

The appraisal toolkit has been in place for a number of years. At the time it was implemented, it was determined that a single approach to paperwork was required due to the inconsistency of application and the gaps within existing appraisal reporting systems. The compliance rate has risen over the last three years however we are aware that it is a timely opportunity to review the toolkit and also to explore ways to raise the compliance within the organisation which currently sits at just over 70% internally reported, although 87% of our workforce report having had an appraisal in the last twelve months in the National Staff Survey results for 2014.

The appraisal has been redesigned to incorporate the values and behaviours of the Trust. The redesign of the toolkit also presents an opportunity to link with other transformational work streams regarding leadership development and talent/succession planning. We have commissioned Skills for Health utilising external funding to provide some support and analysis of how the maximising opportunities/future personal development conversations can be incorporated into the appraisal annually for staff. The commission is also focussed on how we can raise the compliance within the Trust to 90% and beyond, (this target compensates for those on long term absences, maternity, career breaks as well as those with less than one year's service). The consultants will speak to a number of high and low achieving appraisal performance areas and determine the reasons why appraisals are not being conducted; they will test out the revised draft policy and paperwork and make recommendations as to how the compliance and appraisal experience for staff and managers alike can be improved.

There is a tight timeline for this work and we aim to have outputs to report upon by autumn 2015.

q) Rostering

Following a recent audit of Rosterpro (the Trust's Electronic Rostering System) the Trust has undertaken with Directorates some interim analysis of requirements and identifying the issues within the rosters. It has been determined that clarity of information and the ability to see where the rosters are over or under substantive hours would provide the roster managers with transparency of information and the opportunity to rectify any issues at source. Further to this, ongoing discussions with Oceans Blue an external advisor on links between

rostering and pay have resulted in the compilation of a business case to trial their product 'Barnacles Dashboard' with the in-patient ward areas. In addition to this other actions identified within the audit report regarding the issuing of further guidance to managers is ongoing.

r) Reducing spending on agency staff

David Williams, Director General, Finance and Commercial in the NHS has written to all Trusts as part of the Five Year Forward View detailing the implementation of the control on agency rates with a shift based or day/hourly rate cap. HDFT has been vocal in influencing the issuing of guidance on locum rates nationally. The first phase of this work is expected to result in maximum pay rates being agreed for agency nursing staff in the first instance with other staff groups expected to follow thereafter.

s) Yorkshire and the Humber Deanery – Quality Visit – Junior Doctors in training.

There are eight conditions attached to HDFT as an education provider to action with timescales for completion ranging from 30 April 2015 to 30 September 2015.

Themes included three conditions relating to improving clinical supervision, one relating to undermining, one relating to specialty induction standards, one relating to improvements needed in handover procedures, one for workload and one for trainees learning environment.

The Trust is faced with some complex challenges to meet the conditions within the timescales set as some require Trust wide approaches, for example improving handover and ensuring trainees are appropriately supervised in all clinics. Surgery has made improvements to their handover process with an increase in senior staff attendance. Both Elective and Integrated Care Directorates are required to review the exposure specialty trainees receive to certain areas of the service to support them in achieving their curriculum requirements.

The Gastroenterology service is planning to increase senior staff at Consultant and Middle Grade in order to comply with one of the specific recommendations regarding supervision of junior medical staff involved with in-patient care.

t) Director of Medical Education & Simulation Lead

With the recent resignation of Dr Helen Law, as Director of Medical Education, following a hugely successful tenure in the role, interviews are being held on Friday 26th June 2015 to appoint to this role. Dr Law will remain supporting the successful candidate for a further period after appointment to ensure continuation and smooth handover of the education quality agenda.

Interviews will also take place on the 26th June 2015 for the role of simulation lead for the Trust. The successful candidate will be responsible for leading the development of a simulation training strategy for the Trust and identifying and maximising opportunities for multi-professional education. The aim of this post is to ensure all simulation is aligned to national and local education requirements incorporating patient safety initiatives and priorities and ensuring the facilities remain fit for purpose. This role is for four hours per week on a twelve month contract in the first instance.

u) Safe and Effective Quality Occupational Health Service

Work continues on developing and reviewing documentation and procedures against the standards. Recent work has included: implementation of internal clinical audit in Occupational Health towards compliance with the requirement to provide evidence of two audits within the past 12 months; review and update of our service level agreement templates for use with external customers; and continuation of regular customer surveys to demonstrate seeking feedback from service users.

v) Update on review of pre-existing staff immunisation records

This project aims to review the immunisation records of pre-existing staff against current Department of Health guidance on communicable disease screening and immunisation for healthcare workers. The reason for the project is that Department of Health standards and guidance have changed over the years and it was known that long-serving staff would not have been screened to the same level as new staff are screened, in particular in relation to Measles/Mumps/Rubella.

The first phase of the project was to review the records of Harrogate District Hospital based staff. Update reporting on progress to date on this project is outlined below. It should be noted that continued refinement of the data will follow as more records are reviewed and those employees with no immunisation requirement are identified as 'not applicable'.

4128 record lines in employee list	
2900 identified as HDH based: 542 identified as not applicable to date (299) 523 identified as not patient facing roles = 1835 **for review** (2078)	70% of total
1266 marked as complete up to date immunisation record (1225)	**69%** of those requiring review – patient-facing (59%)
523 non-patient facing still to review: staff who require immunisations for personal protection e.g. laboratory staff	

Numbers in brackets represent data from last update report dated 13 May 2015.

Summary:

- More staff have been identified as not applicable for immunisations thus reducing the number needing review of records

- 69% of HDH based staff who may be patient-facing are marked as complete i.e. immunisation record is complete as per Department of Health guidance
- 10% increase in number marked as complete since last report

w) Flu campaign

A volunteer to act as a peripatetic flu vaccinator in the community has been identified. In addition, work is on-going to identify any planned events where groups of community staff will be gathered to maximise flu vaccination opportunities.

The flu steering group considered and agreed adaptations to the strategy for drop-in vaccination sessions used in previous years to include Occupational Health supporting early morning drop in sessions and visits to clinical areas at Harrogate Hospital to improve accessibility for clinical staff at an early stage in this year's campaign. Consideration was also given to a range of give-aways (cakes, or packaged biscuits for community staff, badges, ID badge lanyards etc.) in order to provide an instant reward for those having a vaccination, plus a prize draw.

Training sessions for Flu Champions are being planned and nominations will be sought shortly.

x) Disclosure and Barring checks

Following the two published reports relating to the Savile investigations (Lampard and Marsden (LM) and Leeds (LS) Proctor et al) the Trust has reviewed the subsequent recommendations. Two of the recommendations relate to criminal record checking the workforce:

- That current Disclosure and Barring Service (DBS) checks are in place for all relevant employees, volunteers and where appropriate contractors as a matter of urgency, and that this position is reviewed to inform each Board meeting.

- All NHS hospital Trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers.

The Trust will continue to undertake DBS checks for all individuals working in a regulated role. This ensures the Trust maintains compliance with the requirements of the Rehabilitation of Offenders Act and associated legislation. These checks will be undertaken every three years and consideration is being given to enrolling with the DBS Update service.

y) Healthcare People Management Association

Further to the Trust's Incremental Pay Progression Policy being shortlisted for a national Healthcare People Management Association Award under their category 'Courage to Manage', I attended the HPMA Award Ceremony in London on Thursday 18th June with members of the HR team. This followed a formal presentation to a judging panel on 29th April 2015 where questions and challenges were made regarding the policy.

z) Sickness Absence

Sickness absence across the organisation dropped to its lowest point for six months and in April to a reported figure of 3.92%. This is a positive move after a significant period where absence has consistently been above the 4% mark. Absence remains above the Trust target but the downward movement shows the impact that proactive management has had.

Absence due to anxiety, stress and depression remains the largest cause of absence, accounting for 21.9% of all absence. Musculoskeletal and back problems combined account for 17.9% of absence and the third highest reason for absence is due to 'other causes'. Managers are being reminded of the importance of accurate reporting with regards to classification of absence reasons. Absence due to cough, cold and flu continued to show a decrease; however gastrointestinal related sickness levels increased in April and are now the fourth highest reason for absence.

aa) Physician Associate roles

Health Education Yorkshire and the Humber (HEYH) have informed Trusts of Physician Associate postgraduate training courses to be provided in the North of England. The HEYH Local Education and Training Board have agreed to provide financial support for the first cohort and HEYH have asked employers to be central in this initiative through considering offering placements and considering how these roles could fit in to the organisations structure. HDFT has expressed its interest in being involved with this workforce development initiative.

ab) Joint Partnership working

The Yorkshire and Humber Social Partnership Forum (SPF) with employers, trade unions and NHS Employers has created a sub group who agree to work together to provide a strategic partnership approach to issues affecting the NHS workforce in the Yorkshire and Humber health economy.

The group asks the Board to endorse and support the statement attached as an appendix to this report with a view to confirming support for ongoing partnership working, staff engagement and ensuring high standards of employment practices to realise improved services and experiences for service users.

The statement has been shared with our local Trade union colleagues who endorse the statement.

ac) Partnerships and Innovations

The Partnerships and Innovations Team have delivered a range of work across the Trust in the last month.

Learning from Complaints and Incidents Kaizen Event

Sponsored by the Medical Director, this improvement event focused on engaging two teams of colleagues (one from Fountains ward at Harrogate Hospital and one from Community Dentistry Services) in trialling new ways to improve the way that Trust staff learn from complaints and incidents.

Fountains ward has now successfully introduced a 'topic of the month' and the team are looking to roll out the idea to other areas. The ward is also working with the Risk Management Team to create a dashboard in Datix which will inform weekly safety briefings.

The Community Dental Team has trialled the Achieving Behaviour Change tool in Community Dentistry in conjunction with the Academic Health Science Network. This tool was used to examine the reasons that incidents and near-misses are under-reported with a view to seeing if the tool would have wider application in understanding the reasons why people are not changing their behaviour as a result of learning from wider complaints and incidents. Team members feel that they have learned about the reasons for their service reporting lower levels of incidents than other areas in the Trust, and will now test the tool on all integrated care wards and Trinity to ask our registered nurses about the management of patients at risk of falls.

Patient Transport Rapid Process Improvement Work (RPIW)

In June the team leading the Patient Transport improvement work held a 60 day progress report session. All actions agreed as part of the RPIW are now complete, including the use of visual controls at the bedside and electronic whiteboards on Farndale and Byland ward. Yorkshire Ambulance Service reported that delays on the ward appeared less and agreed to undertake a repeat audit. The team has also agreed to review pre-bookings and 'on the day' bookings to understand how wards are managing patient transport requests.

The team is looking to roll out a number of improvements to other wards in the coming months and will discuss proposals with matrons in June.

ad) Advisory Appointment Committees Updates Consultant Medical Staff Recruitment

The following appointments have been made:

Mr Copas, Orthopaedic Surgeon'
Dr Scott, Locum Paediatric Consultant. Substantive recruitment in process with interviews on the 21 August 2015.
Dr Balasa, Locum Consultant Anaesthetics (Maternity Cover).

ae) Award for Most Inspiring Student

Student Health Visitor, Michelle Ireland has won a national award of ‘most inspiring student’ in her studies for the Specialist Community Public Health Nursing Diploma. Michelle will be attending a conference in London to receive the award. This is a fantastic achievement for Michelle who is described by her colleagues as a credit to her Health visiting team.

BOARD OF DIRECTORS' HR REPORT – JUNE 2015
April 2015 data

Sickness Absence

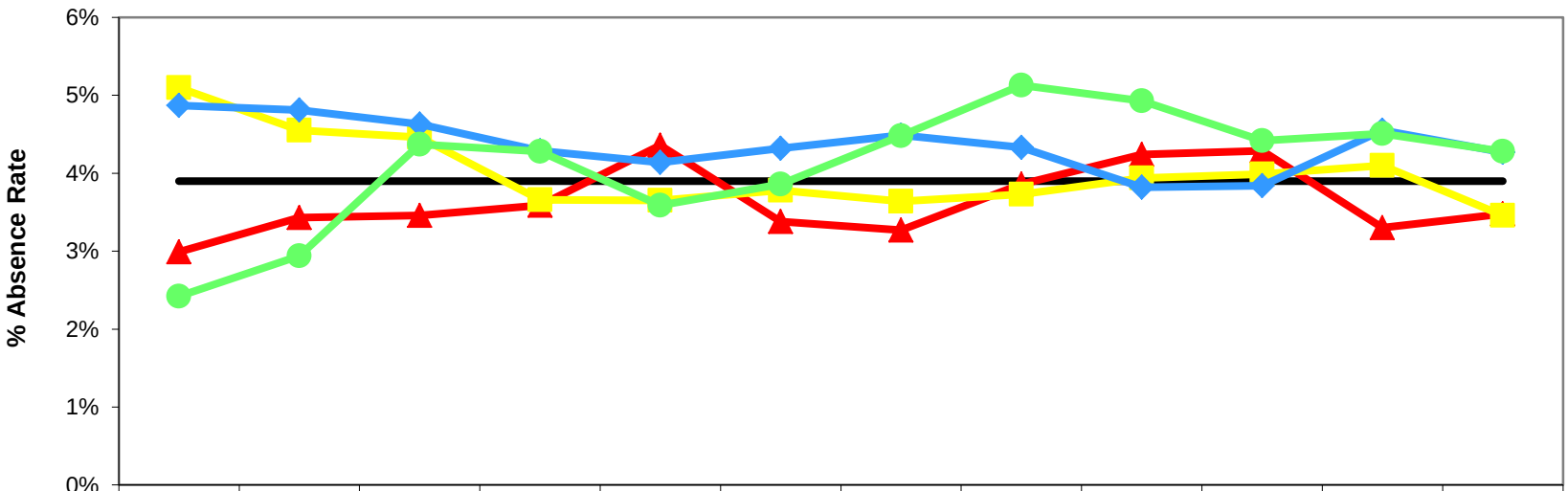
The following table shows the sickness percentage rates since the beginning of the current financial year.

	APR 2015	Cumulative % Abs Rate (FTE) FINANCIAL YEAR TO DATE 15/16 (APR to APR)
	% Abs Rate (FTE)	
Acute and Cancer Care	3.48%	**3.48%**
Corporate Services	3.46%	**3.46%**
Elective Care	4.27%	**4.27%**
Integrated Care	4.28%	**4.28%**
TRUST TOTAL	**3.93% (*)**	**3.93%**

*The planned long term sickness accounted for 0.10% of the overall absence rate for April 2015. If the planned absence rate was removed, the total would be 3.83%.

Data on sickness absence rates for other Trusts is being reported up to February 2015. Upon comparison of the Trust's rates for February 2015 our absence percentage rate was 0.60% below the rate for the Yorkshire and Humber region for that month.

Actual Absence



	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Threshold Rate	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%	3.90%
Acute and Cancer Care	2.99%	3.43%	3.46%	3.59%	4.36%	3.38%	3.27%	3.86%	4.24%	4.29%	3.30%	3.48%
Corporate Services	5.10%	4.55%	4.46%	3.66%	3.65%	3.78%	3.64%	3.73%	3.94%	3.99%	4.10%	3.46%
Elective Care	4.87%	4.81%	4.63%	4.29%	4.14%	4.32%	4.49%	4.33%	3.82%	3.84%	4.55%	4.27%
Integrated Care	2.42%	2.94%	4.37%	4.28%	3.59%	3.86%	4.48%	5.13%	4.93%	4.42%	4.51%	4.28%

- The graph shows the absence rate for each Directorate for a rolling 12 months.
- The black line represents the Trust threshold of 3.9%.
- It should be noted that from April 2015, figures reflect the new structure of transferred staff from Integrated Care to Acute and Cancer Care Directorate, which includes Adult Community Services, Ripon Hospital and Specialist Nurses.

Short/Long Term Sickness

The following table shows the percentage difference between short and long term sickness for each Directorate based on the total number of episodes of sickness in the month.

	Short Term Sickness April 2015	* Long Term Sickness April 2015
Acute and Cancer Care	87.25%	12.75%
Corporate Services	90.70%	9.30%
Elective Care	89.08%	10.92%
Integrated Care	85.25%	14.75%
TRUST TOTAL	**88.02%**	**11.98%**

*Long term sickness is any absence where the employee is absent for over 28 consecutive days.

Sickness Reasons

The table below shows the top 5 reasons for sickness across the Trust for the month based on the number of episodes. The table is sorted in descending order, displaying the reasons with the highest number of episodes at the top. In April the Trust saw 484 episodes of sickness, of which 'Gastrointestinal Problems' was the main known reason of absence which accounted for 19.01% of the total sickness episodes. 6.20% of absences in April were recorded as 'Unknown Causes / Not Specified'.

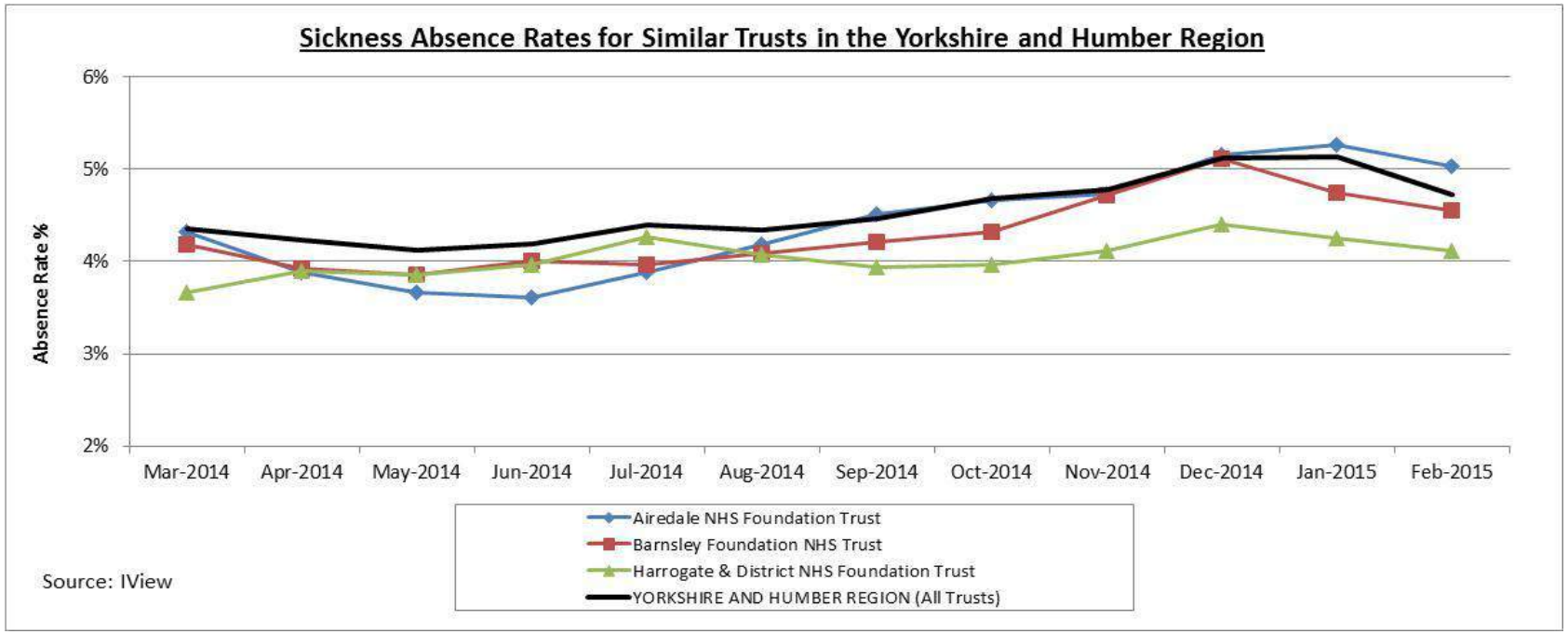
NB. Data has been compiled using the number of episodes rather than FTE Days Lost as it demonstrates the impact of short term sickness in the Trust.

Top 5 Absence Reasons for sickness in April 2015	% of Total Sickness Episodes
Gastrointestinal Problems	19.01%
Cold, Cough, Flu - Influenza	11.36%
Anxiety/Stress/Depression/Other Psychiatric Illnesses	10.33%
Other Known Causes - Not Elsewhere Classified	10.33%
Other Musculoskeletal Problems	9.50%

Sickness Rate Comparison with other Similar Trusts in the Yorkshire and Humber Region

The graph below shows the sickness rates for similar Trusts in the Yorkshire and Humber region for the last 12 months of available data on IView, taken from the NHS Information Centre. The black line denotes the overall Yorkshire and Humber sickness rate, which includes all Trusts in the region. The data shows throughout the period that Harrogate and District NHS Foundation Trust generally has the lowest rates in comparison. February 2015 saw a general decrease in sickness rates across the Trusts shown.

The data shows that for the rolling 12 month period, Harrogate and District NHS Foundation Trust sickness rates were below the Yorkshire and Humber region figures.



	Mar-2014	Apr-2014	May-2014	Jun-2014	Jul-2014	Aug-2014	Sep-2014	Oct-2014	Nov-2014	Dec-2014	Jan-2015	Feb-2015
Airedale NHS Foundation Trust	4.32%	3.89%	3.67%	3.61%	3.88%	4.19%	4.51%	4.67%	4.73%	5.15%	5.26%	5.03%
Barnsley Foundation NHS Trust	4.19%	3.92%	3.85%	4.01%	3.97%	4.09%	4.21%	4.32%	4.72%	5.11%	4.75%	4.55%
Harrogate & District NHS Foundation Trust	3.67%	3.90%	3.86%	3.97%	4.27%	4.07%	3.94%	3.96%	4.12%	4.41%	4.25%	4.12%
YORKSHIRE AND HUMBER REGION (All Trusts)	4.35%	4.23%	4.12%	4.19%	4.40%	4.34%	4.46%	4.69%	4.78%	5.12%	5.13%	4.72%

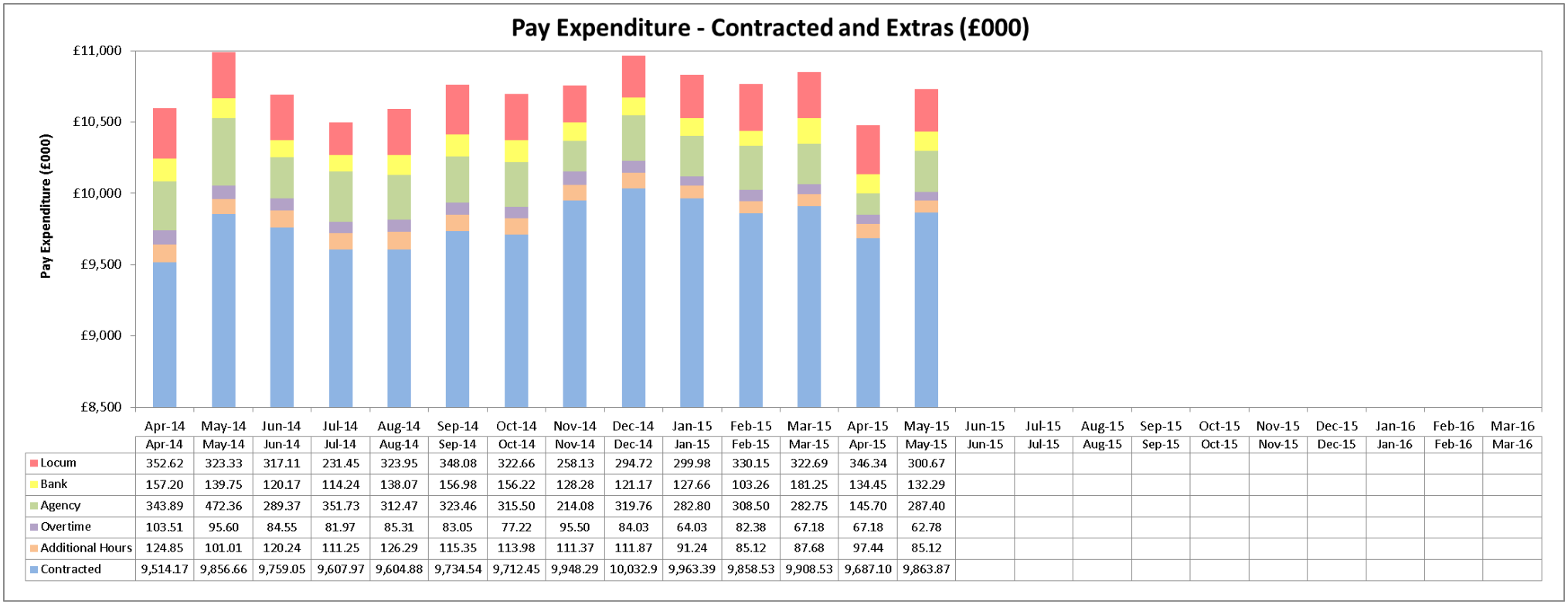
*Please note these are the same figures as reported last month due to IView not updating the website with February 2015 figures in time with report submission.

Staff in Post

The following graphs illustrate pay expenditure and the staffing levels of the workforce over the previous and current financial year, with contracted FTE figures taken as at the 1st of each month.

Pay Expenditure

The graph below shows the pay expenditure each month, broken down by type of cost, such as contracted salary, locum spend and spend on additional hours and overtime.

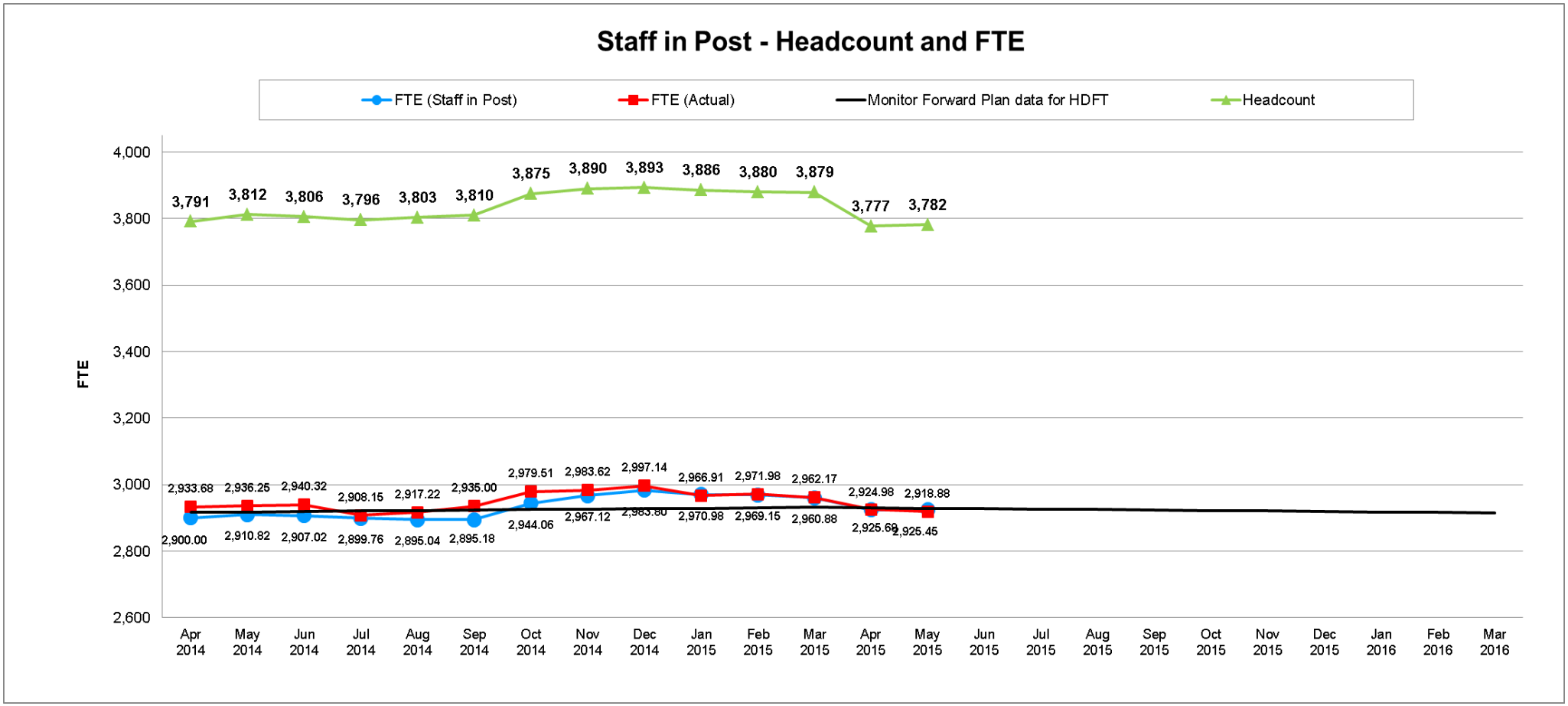


	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Locum	352.62	323.33	317.11	231.45	323.95	348.08	322.66	258.13	294.72	299.98	330.15	322.69	346.34	300.67										
Bank	157.20	139.75	120.17	114.24	138.07	156.98	156.22	128.28	121.17	127.66	103.26	181.25	134.45	132.29										
Agency	343.89	472.36	289.37	351.73	312.47	323.46	315.50	214.08	319.76	282.80	308.50	282.75	145.70	287.40										
Overtime	103.51	95.60	84.55	81.97	85.31	83.05	77.22	95.50	84.03	64.03	82.38	67.18	67.18	62.78										
Additional Hours	124.85	101.01	120.24	111.25	126.29	115.35	113.98	111.37	111.87	91.24	85.12	87.68	97.44	85.12										
Contracted	9,514.17	9,856.66	9,759.05	9,607.97	9,604.88	9,734.54	9,712.45	9,948.29	10,032.9	9,963.39	9,858.53	9,908.53	9,687.10	9,863.87										

Staff in Post - FTE and Headcount

The FTE tracker graph monitors the contracted FTE and actual FTE against a target rate, which is represented by the black line. The actual FTE includes hours worked on the bank and through NHSP.

The data shows that in May 2015, the FTE of staff in post and the actual FTE are below the Monitor plan. The reduction in headcount from March to April 2015 is due in the main to the GP Out of Hours contract transferring to Northern Doctors.



Trust Turnover

Turnover helps determine if the Trust has any retention issues. Trust turnover is calculated as follows:-

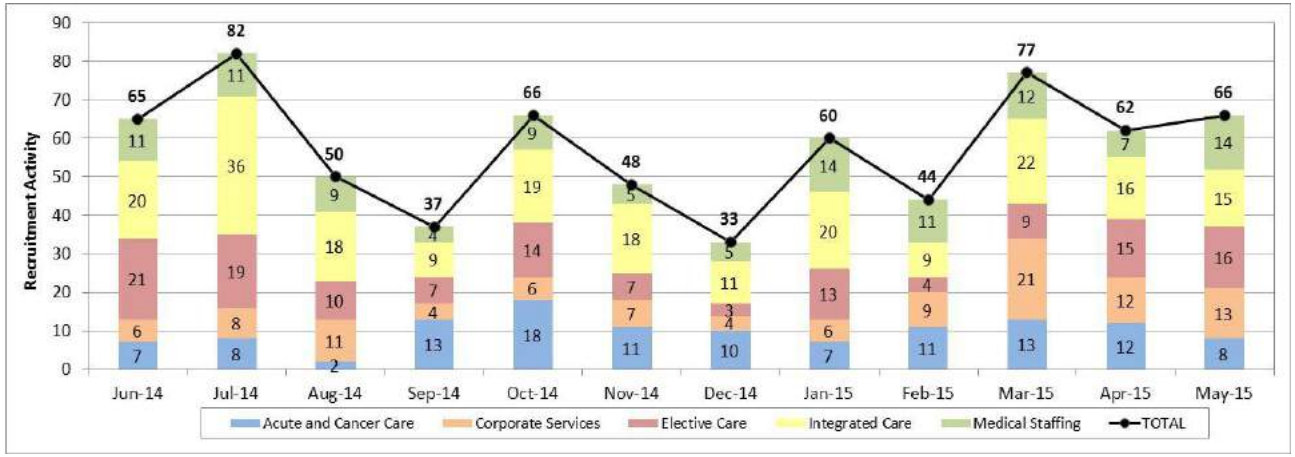
Total Number of Staff Leaving
Average Total Number of Staff Employed x 100

	Average Headcount Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (May 14 – April 15)	Leavers Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (May 14 – April 15)	Turnover Percentage Excluding Junior Doctors, Fixed Term Contracts and Zero-hour Contracts (May 14 – April 15)
Acute and Cancer Care	761	72	**9.46%**
Corporate Services	616	82	**13.31%**
Elective Care	975	112	**11.49%**
Integrated Care	986	147	**14.91%**
TRUST TOTAL	**3,338**	**413**	**12.37%**

The report indicates whether there is a change in staff numbers. This can help identify how the working patterns of the Trust's workforce are changing. The table below shows the average headcount for the period 1st May 2014 to 30th April 2015 and the turnover percentage for the last 12 months.

Recruitment Activity

The graph below shows the recruitment activity for the rolling 12 month period June 2014 to May 2015.



Appraisals

The table below shows the number of completed reviews for the period 1st April 2014 to 31st May 2015.

Directorate	No. of Assignments (*) (01-Apr-15)	Apr	May	Running total	Percentage completed
Acute and Cancer Care	**770**	50	47	**97**	**12.60%**
Corporate Services	**562**	57	62	**119**	**21.17%**
Elective Care	**866**	40	18	**58**	**6.70%**
Integrated Care	**796**	48	41	**89**	**11.18%**
TOTALS	**2,994**	**195**	**168**	**363**	**12.12%**

(*) The 'Assignment Count' is based on the number of assignments active as at 1st April 2015 and excludes bank staff and new starters within the last 12 months. Employees who have had an absence, (such as long term sickness and maternity), of longer than 6 months in the rolling 12 month period prior to 1st April have also been removed from the assignment count to take into account absences. This headcount will be reviewed 1st October 2015.

Completed Appraisals by Directorate for 12 month period (01 Jun. 2014 - 31 May. 2015)

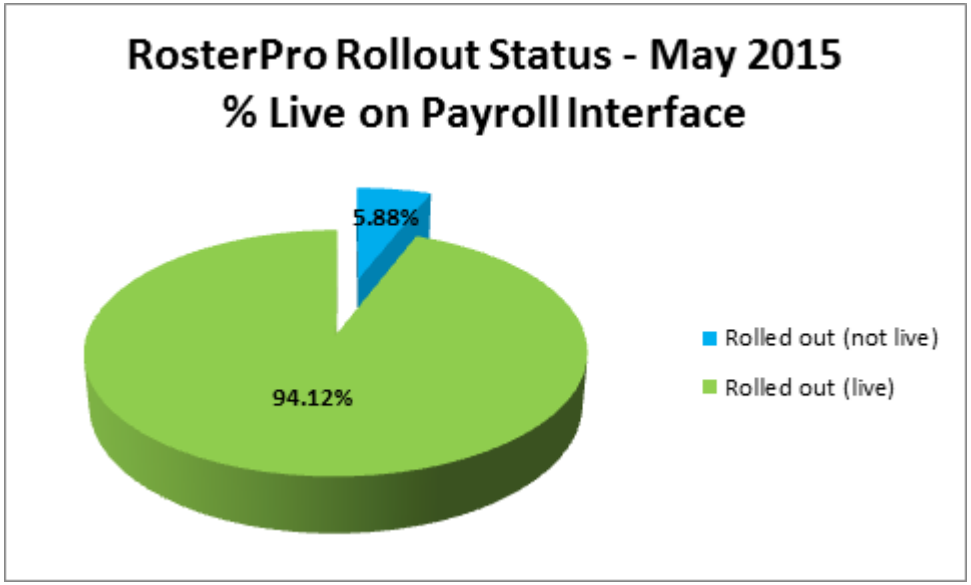
The table below shows the number of assignments and number of assignments appraised in the last 12 months, as at 31st May 2015.
Please note the figures differ from the table above as the headcount for the static table shown above has a constant average assignment count at a given time in the year, whereas the table below is a rolling 12 month table, with an assignment count as at the end of the month, this month being to the end of May 2015.

Directorate	No. of Assignments Appraised	No. of Assignments (*)	% Appraised
Acute and Cancer Care	606	758	**79.95%**
Corporate Services	427	549	**77.78%**
Elective Care	611	868	**70.39%**
Integrated Care	471	788	**59.77%**
TOTAL	**2,115**	**2,963**	**71.38%**

(*) The 'Assignment Count' is based on the number of assignments active as at 31st May 2015 and excludes bank staff and new starters within the last 12 months. Employees who have had an absence, (such as long term sickness and maternity), of longer than 6 months in the rolling 12 month period prior to 31st May 2015 have also been removed from the assignment count to take into account absences.

Time, Attendance and E-Rostering System

The current rollout status is as follows:



Total rolled out = 204
Total Live = 192
Rolled out, not live = 12

Glossary of commonly used terms:

ACCS - Acute Care Common Stem Training

ACP - Advanced Clinical Practitioner

BMA - British Medical Association

CNST - Clinical Negligence Scheme for Trusts

CPC - Commercial Procurement Collaborative

CQC - Care Quality Commission- An independent regulator of health services

E-Learning - electronic learning**-** learning delivered through the use of IT

FTE - Full time equivalent

GMC - General Medical Council

HCW - Healthcare Worker

HEYH - Health Education Yorkshire and the Humber

HDFT- Harrogate and District NHS Foundation Trust

HSE - Health and Safety Executive

LETB - Local Education and Training Board

LNC - Local Negotiating Committee

LTS - Long term sick - an absence for more than 28 days

NHS Employers - The representative body for all NHS employers in England

NICE - National Institute for Clinical Excellence

PAG - Policy Advisory Group

RosterPro - an electronic rostering system used to create rosters

SIRI - Serious Incident Requiring Investigation

STS - Short term sick**-** absence of less than 28 days

The Trust - Harrogate and District NHS Foundation Trust

May 2015

Partnership Working Statement

The Yorkshire and Humber Social Partnership Forum (SPF) is a sub group of the North SPF and has been set up by employers and trade unions, with support from NHS Employers. The Group will work together with a shared commitment to provide a strategic partnership approach to issues affecting the NHS workforce in the Yorkshire and Humber health economy.

The group has developed Terms of Reference based on shared values, a common purpose and has set key principles for effective joint working based on behaviours and principles from the National SPF and NHS Constitution.

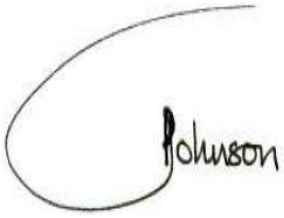
Effective partnership working will produce important benefits. These include improved services and experience for patients and users and ensuring high standards of employment practices in the health services in Yorkshire and Humber. Partnership working is of fundamental importance to support effective staff engagement and involvement.

All Group members recognise respective roles and responsibilities of members of the group and the importance of good formal and informal working relations, built on trust and shared responsibility, while still respecting difference.

We would ask all Trusts and their Boards to be supportive of this group and to support and encourage partnership working across the region.

Signatories:

Ursula Ross, BMA
Joint Staff Side Chair



Rosie Johnson
Management Side Chair

Charlie Carruth
Unison and Joint Staff Side Chair