Board of Directors public - 22 February 2017

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Harrogate and District NHS
NHS Foundation Trust

The meeting of the Board of Directors held in public will take place on Wednesday 22 February 2017 Boardroom, Harrogate District Hospital, HG2 7SX

Start: 8.30am Finish: 11.45am

	AGENDA		
Item No.	**Item**	**Lead**	**Paper No.**
08.30am – 10.30am			
1.0	**Welcome and Apologies for Absence** *To receive any apologies for absence*	Mrs S Dodson, Chairman	-
2.0	**Declarations of Interest and Register of Interests** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Mrs S Dodson, Chairman	2.0
3.0	**Minutes of the Board of Directors meetings held on 25 January 2017** *To review and approve the minutes*	Mrs S Dodson, Chairman	3.0
4.0	**Review Action Log and Matters Arising** *To provide updates on progress of actions*	Mrs S Dodson, Chairman	4.0
Overview by the Chairman: • Re-appointment of Non-Executive Director		Mrs S Dodson, Chairman	-
5.0	**Report by the Chief Executive Including the Integrated Board Report** *To receive the report for comment*	Dr R Tolcher, Chief Executive	5.0
6.0	**Report by the Finance Director** *To receive the report for comment*	Mr J Coulter, Deputy Chief Executive/ Finance Director	6.0
7.0	**Report from the Chief Operating Officer** *To receive the report for comment*	Mr R Harrison, Chief Operating Officer	7.0
8.0	**Report from the Chief Nurse** *To receive the report for comment*	Mrs J Foster, Chief Nurse	8.0
10.30am – 10.40am – Break			
10.40am – 11.45am			
9.0	**Report from the Medical Director** *To receive the report for comment*	Dr D Scullion, Medical Director	9.0
10.0	**Report by the Director of Workforce and Organisational Development** *To receive the report for comment*	Mr P Marshall, Director of Workforce & Organisational Development	10.0
11.0	**Oral Reports from Directorates** *11.1 Planned and Surgical Care*	Dr K Johnson, Clinical Director	-

	11.2 Children's and County Wide Community Care *11.3 Long Term and Unscheduled Care*	Dr N Lyth, Clinical Director Mr A Alldred, Clinical Director	- -
12.0	**Committee Chair Reports** *To receive the report from the Quality Committee meeting held 1 February 2017* *To receive the report from the Audit Committee meeting held 27 January 2017* *To receive the report from the Finance Committee meeting held 8 February*	Mrs L Webster, Non-Executive Director/ Quality Committee Chair Mr C Thompson, Non-Executive Director/ Audit Committee Chair Mrs M Taylor, Non-Executive Director/ Finance Committee Chair	12.1 12.2 12.3
13.0	**Council of Governors minutes of the meeting held 2 November 2016** *To receive the minutes for comment*	Mrs Sandra Dodson, Chairman	13.0
14.0	**Other matters relating to compliance with the Trust's Licence or other exceptional items to report, including issues reported to the Regulators** *To receive an update on any matters of compliance:*	Mrs S Dodson, Chairman	-
15.0	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs S Dodson, Chairman	-
16.0	**Board Evaluation**	Mrs S Dodson, Chairman	-
Confidential Motion – the Chairman to move: *Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.*			

Harrogate and District NHS
NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Foundation Trust Office.

Name	Position	Interests Declared
Mrs Sandra Dodson	Chairman	1. Partner in Oakgate Consultants 2. Trustee of Masiphumelele Trust Ltd (a charity raising funds for a South African Township) 3. Trustee of Yorkshire Cancer Research 4. Chair of Red Kite Learning Trust – multi-academy Trust
Dr Ros Tolcher	Chief Executive	1. Specialist Adviser to the Care Quality Commission 2. Member of NHS Employers Policy Board
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	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 2. Charity Trustee of Acomb Methodist Church, York
Mr Phillip Marshall	Director of Workforce and Organisational Development	1. Member of the Local Education and Training Board (LETB) for the North
Mr Neil McLean	Non-Executive Director	Director of: - Northern Consortium UK Limited (Chairman) - Ahead Partnership (Holdings) Limited - Ahead Partnership Limited - Swinsty Fold Management Company Limited - Acumen for Enterprise Limited
Professor Sue Proctor	Non-Executive Director	1. Director and owner of SR Proctor Consulting Ltd 2. Chair, Safeguarding Board, Diocese of York 3. Member – Council of NHS Staff College (UCLH) 4. Associate – Good Governance Institute 5. Associate – Capsticks
Dr David Scullion	Medical Director	1. Member of the Yorkshire Radiology Group
Mrs Maureen Taylor	Non-Executive Director	None

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

February 2017

Harrogate and District NHS
NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in public on Wednesday 25 January 2017 8.30a.m. in the Board Room, Trust Headquarters, Harrogate District Hospital.

Present:
Mrs Sandra Dodson, Chairman
Dr Ros Tolcher, Chief Executive
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mr Rob Harrison, Chief Operating Officer
Mrs Jill Foster, Chief Nurse
Mr Phillip Marshall, Director of Workforce and Organisational Development
Dr David Scullion, Medical Director
Mr Chris Thompson, Non-Executive Director
Mr Ian Ward, Non-Executive Director
Mrs Lesley Webster, Non-Executive Director
Mrs Maureen Taylor, Non-Executive Director

In attendance:
Mr Brian Courtney, Interim Company Secretary
Mr Andrew Alldred, Clinical Director for Long Term and Unscheduled Care
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services
Dr Kat Johnson, Clinical Director for Planned and Surgical Care
Mr David Griffin, Non-Executive Director observer *(the Insight Programme)*
Dr Sarah Sherliker, Consultant Anaesthetist observer (shadowing the Chairman)
Cllr Philip Ireland, Stakeholder Governor, Harrogate Borough Council

Board Briefing – Deputy Director, Partnerships & Innovation

Mr David Plews introduced two members of Maternity staff Andy Brown, Risk Management Midwife and Isabel Peel, Community Midwifery Manager & Safeguarding Midwife, who outlined the work they were doing as part of the Transformation Programme on reducing the number of expectant mothers missing appointments. These appointments were an important part of caring for expectant mothers and their babies as this was when progress in the pregnancy could be checked and any issues picked up and addressed. There was a tendency for mothers having their second or third child to regard these appointments less seriously and therefore miss them, the work the team was doing was to try and reduce this tendency. This has involved production of posters which are displayed throughout the Department, changes to the self-referral form which was felt to be too long and complicated and led to lots of expectant mothers not to complete. Finally, they explained that a folder had been introduced for expectant mums to keep their letters and forms in, which had proved useful in acting as a reminder to attend appointments. This work did not just involve the hospital but encompassed GP surgeries and clinics so that the Trust's messages reached all the places expectant mothers were seen, although this had highlighted issues with the IT system which required further work. Mr Ward asked how IT issues were being addressed. Mr Harrison explained that

the issue was being addressed as part of the Trust's IT Strategy and involved a portal linking to a new maternity IT system. Mrs Webster asked whether there would be an impact on safeguarding and Isabel Peel said this was an extremely important additional part of the work as safeguarding would be significantly improved if the percentage of missed appointments could be reduced. Mrs Dodson thanked Andy Brown and Isabel Peel for their informative and interesting update.

Mr Plews then provided an update on implementing the Improvement Strategy with workstreams around Workforce, Estates, Planned Care, Unplanned Care and Leadership & Management Development. He highlighted the work of the Programme Management Office and the project partnership approach which it was adopting with project support embedded with the teams delivering improvement projects. The focus in the next month is on SWOT analysis, benefits and risk mapping, and Cost Improvement Programme (CIP) plans beyond 2017/18.

Patient Story

Mrs Dodson introduced Mrs Anne Elliot, Professional Lead, Speech and Language Therapy who attended the meeting.

On behalf of the Board, Mrs Dodson thanked Mrs Anne Elliot for sharing her experience of working in the Speech and Language Therapy Service and the two client case studies she shared. Mrs Dodson also highlighted the benefit community staff brought into the hospital setting and that the Trust needed to consider how this cross-fertilisation of ideas could be encouraged.

1. Welcome and Apologies for Absence

Apologies for absence were received from Professor Sue Proctor and Mr Neil McLean, Non-Executive Directors. Mrs Dodson welcomed to the meeting one Stakeholder Governor, one member of the public and Dr Sarah Sherliker and Mr David Griffin to the meeting as observers. Ms Denise McConnell and Mr Griffin had been allocated a placement at the Trust for a period of six months as part of 'The Insight Programme' to learn about the role of Non-Executive Directors.

2. Declarations of Interest and Board Register of Interests

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

3. Minutes of the meetings of the Board of Directors on 30 November and 21 December 2016

The draft minutes of the meetings held on 30 November and 21 December 2016 were considered.

APPROVED:

- **The Board of Directors approved the minutes of the meetings held 30 November and 21 December 2016 as accurate records of proceedings.**

4. Review of Action Log and Matters Arising

Completed actions were noted.

Item 12 and 14 – with regard to the programme of work to reduce hospital admissions. Mr Alldred explained eight sets of case notes had been reviewed; in seven cases the Fast Response Team intervention had not had any material affect. He explained that there were three areas which could impact positively on reducing hospital admissions, firstly integrated care teams offering an overnight service. Secondly Clinical Assessment Team (CAT) Teams seeing patients when they presented at A&E and thirdly making sure that discharge arrangements were robust so that discharged patients did not return to the hospital. It was agreed that this would be brought back to a Board Strategy day.

Item 16 – with regard to the action to provide an update on progress with regard to actions associated with Corporate Risk Register CR8: risk of ophthalmology patients being lost to follow up (6.13). Dr Johnson explained that there has been good progress with the number of patients on the list reducing from 3075 to 2240 and with maximum waits down from 19 months to nine months. The action plan has been nearly completed; Advanced Nurse Practitioners will be starting from 1 April 2017. In terms of the incomplete pathway the number of Did Not Attends (DNA) had reduced significantly from the 960 in 2011. Mr Ward asked if it was possible to benchmark where the Trust stood in comparison with other Trusts. Mr Harrison explained that no national data was available; however it would be possible to do some local benchmarking using anecdotal information available.

Item 17 – with regard to an update on progress of internal and system wide work to improve discharge planning to Board Strategy Day (7.4). Mr Harrison explained that progress was being made, based on work already undertaken relating to community workload. Guides for staff have been developed and this new information will be rolled out from April 2017.

Item 18 – with regard to Submission of a Research and Development Strategy for Board comment. It has been agreed that this will be brought to the Board in April 2017.

Item 9 – with regard to uploading quarterly performance reports relating to the Children's and County Wide Community Services directorate into the Reading Room. The action is complete; however there were questions around access to the Reading Room and Mrs Dodson asked Mr Courtney to look into the issue.

ACTION:

- **Action 9 closed.**
- **The programme of work to reduce hospital admissions and re-admissions to be brought back to a Board Strategy day.**
- **Look into the issue of access to the Reading Room.**

Overview by the Chairman

Mrs Dodson referred to three themes to frame the meeting - firstly the commissioning landscape and how does it affect the Trust, secondly recruitment and retention and how could the Trust maintain morale during these difficult and challenging times. Finally, how can the Board better triangulate information?

5. Report by the Chief Executive

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

5.1 Dr Tolcher wanted to highlight the considerable operational pressures experienced across the Christmas and New Year period in both the hospital and across the community services and to applaud the staff who often had gone above and beyond their normal hours to

maintain services to patients. All this hard work had resulted in the Harrogate being one of the best performing Trusts in England, which had been acknowledged by a letter from Jim Mackey the Chief Executive of NHS Improvement. Mrs Dodson asked how this message could be conveyed to staff. Dr Tolcher had already cascaded the message via Clinical Directors and noted that it had also led to some positive local media coverage. Mr Ward asked if the Trust had been asked to provide support to other local Trusts. Dr Tolcher confirmed that the Trust had accepted a number of diverts from other Trusts, but also highlighted that the Trust itself had diverted a Maternity case when it was under severe operational pressure. Mr Harrison added that NHS Improvement had issued a message to all Trusts that they had to manage their own workloads during this period and should not rely on others as the NHS as a whole was experiencing significant pressure.

5.2 In respect of the contract, Heads of Terms had been agreed with the main commissioner, which had moved a considerable distance. The opening offer had been some 15% below forecast outturn, the final offer which was agreed was based on outturn with provision for in-year variation. Agreeing the contract had meant that arbitration had been avoided.

5.3 The £1.5m bid for the final year New Models of Care Value Proposition funding had yet to be confirmed. Feedback from the NHS England New Care Models team visit had highlighted the need to accelerate the pace at which the elements of the Picture Archiving & Communication System (PAC) framework are adopted including gaps in the care model, and gaps in the business model.

5.4 In relation to the Urgent and Emergency Care (U&EC) Acceleration Zone a revised trajectory for the aggregate performance on the ED 4 hour access target has been agreed with NHS England as 91.4%. The Trust's commitment within this figure is a target of 95.7%.

5.5 With regard to the Care Quality Commission (CQC) Report: Learning, Candour and Accountability, Dr Tolcher confirmed that the executive lead for patient safety is Dr David Scullion, Medical Director. Dr Scullion will be responsible for this agenda. A Non-Executive Director must also be identified to offer non-executive oversight of arrangements for learning from deaths in people with learning disabilities. Mrs Dodson stated that a Non–Executive Director would be appointed to this role next month, following a review of portfolios and reported to the Board.

ACTION:

- **A Non-Executive Director to be appointed to the role in respect of learning disabilities.**

5.6 A local timetable for the production of the NHS National Quality Account has been agreed. The Quality Accounts must be published by 30 June and there is a statutory duty to submit the Trust's Quality Account to the Secretary of State.

5.7 In relation to progress on West Yorkshire Association of Acute Trusts (WYAAT), final amendments have been made to the Terms of Reference and Memorandum of Understanding which will be discussed in the private session of the Board. Dr Tolcher stressed that the only reason that the matter was being discussed in private was due to the timing of Board meetings across the Trusts in the Association. As soon as all Boards have met and agreed a way forward, information will be placed in the public arena. Dr Tolcher also highlighted the discussion that had taken place on the final form with cooperation being taken forward with models varying between loose networks to formal legal entities.

5.8 In relation to the Trust's financial position Dr Tolcher stated the Trust remained ahead of the financial plan in Q3, however significant risks to delivery at year end remain.

5.9 In terms of the Board Assurance Framework (BAF) Dr Tolcher explained there would be a quarterly update next month. As to the Corporate Risk Register (CRR), Dr Tolcher highlighted two risks standing above 16, CR 7 in relation to delivery of the 4hr A&E target and CR11, which related to the availability of theatre staff threatening levels of elective activity with an adverse consequential impact on the Trust's financial position.

5.10 Mr Thompson raised progress on the Sustainability and Transformation Plan (STP) and wanted to congratulate the Team on the work done so far. Dr Tolcher highlighted the work undertaken by the STP Leadership Team and discussions around the commissioning architecture. Three levels of commissioning were emerging. Firstly, a strategic commissioning function with the eleven CCGs collaborating to form a single West Yorkshire and Harrogate Strategic Commissioning function with the ability to issue a single contract on behalf of the 11 commissioners. Secondly, a 'purchasing' function in each 'place', integrated with Local Authorities, and finally an Accountable Care Organisation (ACO) model, bringing together commissioners and providers into a single entity. These would be based on partnership working rather than developing as a legal entity. Mrs Dodson highlighted the complexity of the proposed arrangements which were emerging. Mr Coulter highlighted the distance the main commissioners had moved from their original position on the 2017/18 contract. The final agreed financial position for 2017/18 was unaffordable for the CCG. The problem for the CCG is compounded in 2017/18 as the deficit in 2016/17 is top-sliced from the CCG's allocation for 2017/18, thus its starting position is immediately worsened.

5.11 Finally in respect of the CQC report Learning, Candour and Responsibility, Mrs Dodson raised the matter of training of doctors and nurses which Health Education England (HEE) would review and queried what the position was regarding the rest of the workforce? Mr Harrison confirmed the review applied to all clinical staff. The start of Schwarz Rounds from the following day was raised and Mrs Dodson strongly endorsed the development.

6. Integrated Board Report (IBR)

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

6.1 Mr Thompson raised the issue of complaints and the reference to the CCG seeking an action plan; he asked whether the IBR was painting a slightly false picture of the situation. Dr Tolcher highlighted that the rating was green due to the low numbers of complaints, however the response rate from the Trust had slipped, in part, due to operational pressures and this was unacceptable. Mrs Foster said that the CCG had subsequently withdrawn its request for an action plan, though it is possible this may be reinstated in the future if the position does not improve. Mrs Foster stressed the importance of timely responses to complaints. Mr Coulter stated there was a danger in expanding the information contained in the IBR too much, as it would become unwieldy, difficult to read and therefore diminish its value. Mrs Foster highlighted the work undertaken by the Quality Committee on areas such as complaints, which were discussed in detail. It was agreed that additional information on the timeliness of responses could be added to the narrative section of the complaints indicator in the IBR.

6.2 Mrs Taylor raised E-Rostering and the £200k 'hours owing' and queried whether staff were happy with plans to recover the money. It was pointed out that the Trust's financial plan was based on recovery of this money. Mrs Foster stressed that the money would be recovered and that the problems were due to the system not being used as it should. Not all staff were completely happy and recovery would probably not be achieved by March 2017. Dr Johnson, highlighted the work of midwives who often work above and beyond their contracted hours and

that they may be unwilling to continue to give up their time. Mr Coulter stated that the issue had been discussed with auditors regarding recovery. Mrs Taylor highlighted how long this issue has been around and that it needed to be resolved. Dr Tolcher said it was important that the Trust resolved this matter and that a small number of staff owed a significant number of hours. Mr Alldred said the position was gradually improving but that it was important that existing staff were not lost. Mr Coulter highlighted that no staff were being asked to repay money and that any hours lost prior to April 2015 had been written off. Staff were being asked to work additional shifts to make up the loss, which would reduce agency/bank spend which is how the financial recovery will be achieved. Mr Harrison highlighted that detailed guidance had been issued to managers and staff about how recovery will be managed. All savings are tracked back into the Transformation Board. An audit of the E-Rostering system was taking place to ensure that the system is working effectively.

6.3 Mr Ward raised the issue of staff retention and was the Trust promoting the very positive Friends and Family Test (FFT) results. Mrs Webster highlighted that the Quality Committee does consider this, but agreed more thought needed to be given to how this is relayed to staff. There was also a discrepancy between staff recommending Harrogate as a place to receive treatment and to work, with the former being 87%, the latter 70%. Dr Tolcher stressed this left the Trust with a challenge as it aspired to be in the top-decile of Trusts in relation to the FFT, and was currently in the top twenty percent, so there was still some progress to be made.

6.4 Mrs Webster raised the issue of pressure ulcers and the rising numbers. Mrs Foster felt whilst the narrative in the report could be improved the overall position was a positive one. The number of Grade 3 pressure ulcers was down compared to last year and that whilst there had been an increase in Grade 2 pressure ulcers this could partly be attributed to improved reporting. Mrs Dodson highlighted that any increase in hospital acquired pressure ulcers was of concern. Mrs Dodson asked Mrs Webster as Chair of the Quality Committee to retain focus on trends in this area. Mrs Dodson also commented that the Trust reported more, and in greater detail, than many other Trusts.

6.5 Professor Proctor had raised a question about Caesarean births. Dr Johnson responded that the Trust's elective Caesarean rate was 16.3%, with the urgent rate standing at 13.2%. The elective rate is the highest in the Yorkshire and Humber area, with the non-elective rate below the average. The whole "too posh to push" publicity was difficult, and a percentage of women do seek a Caesarean due to anxiety. It was noted that the Trust's Facebook page had universally positive comments about the Maternity service and in addition, a number of women have chosen the Trust for an elective Caesarean that other hospitals had refused and the Trust wanted to respect this choice.

6.6 Mr Ward raised the issue of mandatory training for staff TUPE'd into the organisation on 1st April 2016 as an area of concern. Mr Marshall confirmed that it will not be reported separately from February 2017 and actions to close remaining gaps continue.

7. Report by the Director of Finance

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

7.1 The Trust's financial position had been covered in part under the Chief Executive's report (item 5).

7.2 Mr Coulter outlined that the Trust had delivered £1.4m surplus at the end of Q3, including receipt of £3.45m of Sustainable and Transformation (S&T) funding. Mr Coulter stated that there are risks of circa £700k in Q4 and the situation remained extremely

challenging. All possible efforts will be made to achieve the planned year-end position. Mr Coulter reminded the Board that receipt of the full amount of S&T funding was dependant on operational performance as well. All Trusts in West Yorkshire had achieved Q3, however the national position was less favourable, with many Trusts failing to deliver their Q3 positions. The Trust had maintained its Rating of 1 - Use of Resources in the submission to NHS Improvement.

APPROVAL:

- **The Board of Directors confirmed and approved the financial return on use of resources metric submitted to NHS Improvement on 24 January 2017.**

7.3 Mr Coulter outlined the cash position being £3.6m behind plan and of concern and this would need to be managed carefully in the final quarter. Mr Coulter also highlighted concern nationally about the level of capital commitments. Mrs Taylor raised the issue of "troublesome debtors"; Mr Coulter said this remained an on-going issue with £0.2m owed from the Hambleton Richmond and Whitby CCG. This was compounded by the lag in payments coming from the CCG. Mr Ward asked why expenditure levels in December seemed so low in comparison with earlier years. Mr Coulter agreed to take this away and come back with a response. .

8. Report from the Chief Operating Officer

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

8.1 Mr Harrison highlighted the West Yorkshire Acceleration Zone had been extended into Q1 of 2017/18. He also highlighted the implementation of the "Moving on Policy", which is one of a number of initiatives to improve discharges. This is based on national guidance tailored for Harrogate. Mrs Webster asked whether this reduced patient choice. Mr Harrison stressed that the aim was to instigate discharge planning from the point of admission to avoid delayed transfers of care and stressing that remaining in hospital was not an option. The issue of a patient, elsewhere in the country, highlighted in the national press who had been recently evicted was raised. Mr Harrison stressed that eviction was very much the last resort. He highlighted that the Trust had three patients who had each spent more than 200 days in the hospital. He commented that every patient who had been in the hospital for 20 days was subject to weekly review. Mr Alldred noted the "Every Hour Matters" initiative being run in the hospital w/c 6 March 2017, where all non-essential meetings will be cancelled or postponed to allow staff to concentrate on improving flow through the hospital. Mrs Dodson commended the initiative and asked all Board members to consider whether a meeting was really necessary in this period and to cancel or postpone if possible.

8.2 Mrs Webster asked about the position with Orthopaedic surgery. Mr Harrison responded that the Trauma list and Consultant's job plans had been reviewed and aligned, with some changes already implemented and others planned. The changes were being monitored on a weekly basis.

8.1 Information Technology Strategy

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

8.1 Mrs Dodson asked Mr Harrison to speak to the strategy. Mr Harrison highlighted that the strategy was part of a journey that the Trust was undertaking and that it therefore built on what had been implemented so far. The strategy was not about business intelligence, more about ensuring the Trust had a robust IT infrastructure, hardware and software. He explained

that each individual piece of work which arose from the implementation of the strategy would come to the Board for approval. Mr Thompson stated he was supportive of the strategy and the inter-operability with West Yorkshire. He asked whether the focus of North Lincolnshire and Goole NHS Foundation Trusts (NLAGFT) in its own Sustainability and Transformation Plan area would cause issues. Mr Harrison explained that NLAGFT had formed a subsidiary and that the Trust would still be able to access their system. The important element to the ability was to be able to share information about, in particular, Radiology and Pathology across secondary and Primary Care. He highlighted that only two trusts in West Yorkshire used the same Electronic Patient Record (EPR) supplier.

APPROVAL:

- **The Board of Directors noted and approved the Information Technology Strategy**

9 Report from the Chief Nurse

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

9.1 Mrs Foster provided an update on the Director Inspections and noted that Pannal Ward was now green. Visits to Farndale and CATT are being re-arranged. Although a formal review had yet to be scheduled, Mrs Foster confirmed that an audit of cannulas had been undertaken.

9.2 With regard to recruitment she advised that there were few nurses available at the moment and that a planned recruitment day in February had a low uptake to date. Staff vacancies which were proving particularly challenging to fill included AMU, CATT, and Theatres. There were also issues with the recruitment of Maternity Support Workers, who undertake more complex and demanding work than some other Health Care Assistants.

9.3 Mrs Foster drew attention of the Board to two recent OFSTED inspections into "Looked after Children" in both York and Durham. The York inspection had generated a small number of recommendations which will be reviewed. The full written report is awaited from the Durham visit although early feedback suggests there are no major areas of concern. In the main the recommendations are "could and should" rather than "must" do in nature.

9.4 The 'Equality Diversity Scheme 2' outcomes for the ratings of the 18 goals in relation to the four objectives in 2016/17 are higher than in 2015/16. Mrs Foster apologised for the uncompleted areas in the summary report which are meant to contain narrative of the evidence used to rate the workforce goals. Mrs Dodson asked if the report could be completed and circulated to Board Members for assurance prior to the publication on 31st January 2017. Mrs Foster agreed this action.

ACTION:

- **Mrs Foster to complete the summary report and circulate to Board members**

9.5 Mr Alldred said that Nurse staffing was a key risk facing the Trust, particularly the vacancies in the frail elderly wards. He said there was a need for the Trust to look at how care was delivered in a different way to address the recruitment difficulties. Dr Johnson in addition highlighted the recruitment and retention issues in theatres. A revised staffing structure is out for discussion, in the interim, agency staff employed on block contracts were working well. Mrs Webster said that the Trust needed to have a greater focus on retention. Dr Tolcher said that the Trust was doing a great deal of work on ensuring that it retained staff. Mrs Dodson felt it would be useful for the Board of Directors to consider in more detail recruitment and retention issues and asked for an overview from Mr Marshall and Mrs Foster.

9.6 Mr Harrison stated that staff shortages need to be considered alongside the Trust bidding for new contracts and whether additional staff were needed to deliver these. The Trust needed to understand what was stopping staff coming to work at the Trust as well as fundamentally reviewing and re-designing the workforce it needed. For example, there was a need to look at the role of Associate Nurses as the number of Band 5 nurses was reducing.

APPROVAL:

- **The Board of Directors noted and approved the Equality Delivery System 2 summary report for publication dependent on the completion of the missing data**

ACTION:

- **The Board of Directors to receive a more detailed overview of recruitment and retention issues April 2017**

9.1 Patients Safety Visits Annual Report

The report had been circulated in advance of the meeting and was taken as read. The report was discussed in conjunction with agenda item 9.0

9.1.1 Concern was raised by a number of non-executive directors regarding the value of patient safety visits as perceived by the staff and the number of visits cancelled at short notice. Mrs Foster explained that in addition to the content of the report a discussion was held at SMT regarding staff perception of patient safety visits which confirmed staff found the visits valuable and helpful. The Clinical Directors confirmed this perception.

Mrs Foster confirmed a small number of visits had actually been cancelled at short notice which was disappointing but sometimes unavoidable. In coordinating the visits the Board are asked to provide and hold a number of dates when they may be available for a visit but not all dates are utilised. Mrs Foster agreed an action to improve the process for securing dates and providing early notification to Board members.

9.1.2 there was consensus amongst the Board of the value of the Patient Safety Visits for patients, staff and Board Members and was important part of the Trust's overall assurance framework. Mrs Foster agreed to circulate dates for planned visits in 2017

APPROVAL:

- **The Board of Directors noted the Patients Safety Visits Annual Report**

ACTION:

- **The Board of Directors to receive confirmation of dates and details of planned Patients Safety Visits for 2017**

10 Report from the Medical Director

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

10.1 Dr Scullion referred to the increase in HSMR and marginal increase in SHMI. In relation to HMSR this remained within expected levels and SHMI was below expected levels.

The increase in HSMR is being investigated and the early indications are that it may be as a result of a coding issue. He would provide a further update at a future meeting.

10.2 Dr Scullion also highlighted a letter received from the CQC regarding mortality rates involving patients with cerebrovascular disease. This links back to a letter from Dr Foster about a higher than expected mortality rate in patients with the disease treated in Harrogate between July 2015 and June 2016. The CQC are seeking more information and the Trust has been asked to undertake a case note review involving 30 sets of notes. The CQC had originally asked for this to be done by 16 January, but they have agreed to extend this to March. Dr Scullion will keep the Board informed of progress.

10.3 Dr Scullion also drew attention to a national Learning Disabilities Mortality Review (LeDeR) programme which has been established following the publication of the report of the Confidential Inquiry into deaths of people with learning disabilities (CIPOLD). All inpatient deaths will be subject to independent review in order to identify variation in practice, and potential avoidable factors. Good practice will also be highlighted and shared. A meeting with the regional LeDeR team has been arranged to discuss implementation and the process for notification of death. Again he agreed to keep the Board informed of developments.

10.4 Mrs Webster asked what the impact on the hospital would be of the Summary Plan for Emergency Care and Treatment (ReSPECT). Dr Scullion advised this will become standard practice, with the Quality Committee overseeing the implementation.

10.1 Guardian of Safe Working Hours Quarterly Report

10.1.1 Dr Scullion introduced the first quarterly report of the Guardian of Safe Working Hours. Its purpose is to report to the Board of Directors the state of safe working of Doctors in Training ('Junior Doctors') in relation to their working hours, gaps in rotas and their educational experience. Mr Marshall highlighted that he would request the North Local Education and Training Board (LETB) to add the issue of Junior Doctor vacancies to their Corporate Risk Register. Mr Alldred said the report was very valuable and the Trust needed to better understand the reasons behind exception reports. Mr Thompson questioned the level of fines and how these were determined. Dr Scullion advised the fines were purely internal and would be determined by the Guardian, which included where fines would be levied, the level of fine and where and how the fine would be used. The Board needed to decide whether and how frequently the Guardian, Dr Carl Gray should attend and report on progress. It was agreed Dr Gray should attend on an annual basis, but also be invited if there was a pressing item which the Board needed to be made aware.

APPROVAL:

- **The Board of Directors noted and approved the Guardian of Safe Working Hours Report**

ACTION:

- **Junior Doctor Vacancy Rates to be added to the Corporate Risk Register**
- **Dr Gray to be invited to attend the Board annually and also to be invited on an ad hoc basis to address issues of interest to the Board.**

11 Report by the Director of Workforce and Organisational Development

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

11.1 Mr Marshall drew attention to the impact of the Immigration Skills Charge for applicants joining the Global Health Exchange scheme after 1 April 2017. It had been confirmed that Health Education England (HEE) would not meet the cost of the charge. The Immigration Skills Charge has therefore been included as a cost pressure for the Trust, as it will be for all NHS organisations which recruit staff on Tier 2 visas from outside the European Economic Area after this date.

11.2 In relation to appraisals Mr Marshall reported that significant progress had continued with the appraisal completion rate standing at 79.8% (60.7% in July 2016) but the position still fell short of the 90% target. The Trust now needs to consider options available to improve the appraisal completion across the Trust, which included introducing a "window" after 1 April in which appraisals could be completed. Mr Marshall reported that following this month's SMT, Directorates had been asked to bring forward plans and ideas as to how they could achieve 90% compliance as soon as possible in the next financial year.

11.3 Mr Marshall, in addition, reported a positive story in relation to the NHS Jobs employer feedback score. The Trust consistently scores well above the national average in all categories and has significantly improved its service throughout the rolling 360-day scoring period.

11.4 Mr Marshall also reported that West Yorkshire and Harrogate Excellence Centre Employer's Forum had met for the first time and was progressing. The aim of the forum is to support the development of apprenticeships across the STP.

12 Hospital Pharmacy Development Plan

12.1 Mr Alldred outlined key elements of the Pharmacy Development Plan, which sets out how the Transformation Plan aligns with the Lord Carter recommendations for Hospital Pharmacies and Medicines Optimisation provision. A draft plan had been considered in October, and feedback was reflected in the paper presented to the Board. Dr Scullion was the Executive Director. Dr Tolcher asked for clarification of the significance of the unlicensed status of the Trust's Aseptic Unit. Mr Alldred explained that obtaining a license from the Healthcare Financial Management Association (HFMA) was a complex process and only required for units preparing drugs in batches, it was however not needed for units which only produce drugs against prescriptions.

12.2 Mr Alldred also outlined that part of the plan was to review stockholding of drugs. The Trust, in collaboration across the West Yorkshire Network of Acute Trusts and STP, is seeking to rationalise and consolidate the supply chain management of medicines. In addition there is a work programme at the Trust to make further progress relating to electronic procurement and to rationalise stockholding. The Trust is currently an outlier in this latter regard. As part of this work the Trust has produced an action plan to reduce average stockholding from 34 days to 15 by September 2017, which will release circa £100k. Mr Harrison asked if 15 days provided the Trust with enough resilience. Mr Alldred said that stock held would vary drug by drug and that 15 days was an average, in high prescription volume drug stocks would be greater than 15 days.

APPROVED:

- **The Board of Directors approved the Hospital Pharmacy Development Plan**

13 Oral Reports from Directorates

13.1 Planned and Surgical Care Directorate

13.1.1 Dr Johnson reported on NMC guidance to disallow Independent Midwives from attending births following withdrawal of indemnity arrangements. A small number of pregnant women locally had been affected by this and a number of Independent Midwives had sought to receive honorary contracts from the Trust to continue to deliver babies. The Trust could not offer such contracts and had written to all expectant mothers advising them of the situation.

13.1.2 Dr Johnson also outlined a situation regarding the surgical on-call middle-grade rota following actions required by the Deanery. A revised rota shared between General Surgery and Trauma & Orthopaedic doctors was under discussion. An interim arrangement had been provided by locums since November. A new rota to address the issue would be in place for March 2017.

13.2 Children's and County Wide Community Services Directorate

13.2.1 Dr Lyth provided an update on the tying up of some loose ends relating to the Wheelchair and Equipment Services. The Directorate was working with Mr Coulter on bids for other work, however she stressed the time-consuming nature of pulling together such bids.

13.2.2 Dr Lyth reported on recruitment and retention initiative in Durham with "staff taking over the challenge" An update will be provided on the outcome.

13.2.3 Dr Lyth reported 50 free leadership training places had been allocated to Health Visitors. A recruiting exercise was being held for Band 5 nurses, seeking to fill Specialist Children Nurses and Public Health Nurses. Finally she reported on a very successful Young People's Forum held the previous night with over 20 young people attending.

13.3 Long Term and Unscheduled Care Directorate

13.3.1 Mr Alldred announced that the ED West Yorkshire Acceleration Zone (WYAZ) programme had commenced.

13.3.2 Mr Alldred also highlighted issues around a proof of concept pilot affection the GP Out of Hours service (OOHs) provision at Northallerton where the GP service was to be co-located with the Friarage Hospital. There were issues with recruiting and retaining GPs, which could lead to the collapse of the OOHs service. As a result, Dr Tolcher had written to the Hambleton Richmondshire and Whitby CCG regarding the withdrawal of the OOHs service and seeking their support in encouraging local GPs to remain committed to the Out of Hours service.

14 Committee Chair Reports

14.1 Report from the Quality Committee meeting held 7 December 2016

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

14.1.1 Mrs Webster noted that levels of flu vaccination were lower than expected and could be improved.

14.1.2 Mrs Webster also outlined that the Committee was concerned about the ability of the Trust to manage the C.difficile load within the hospital and reported issues around funding /

staff availability to carry out deep-cleaning. Mr Harrison responded that an action plan had been drawn up to address the planned maintenance issue. He also stated that the Trust was in the middle of a procurement issue for a HPF ultra-violet light system to address this issue.

14.2 Report from the Audit Committee meeting held 8 December 2016

The minutes had been circulated in advance of the meeting and were taken as read.

14.2.1 Mr Thompson said the committee had some concerns about the implementation of recommendations from Internal Audit and this will be discussed further at the January meeting of the Audit Committee given that Senior Management had met to discuss the issue.

14.2.2 Mr Thompson presented the revised Terms of Reference for the Audit Committee which the Board were asked to approve.

APPROVAL:
- **The Board of Directors approved the Terms of Reference for the Audit Committee**

14.3 Report from the Finance Committee meeting held 19 December 2016

The minutes had been circulated in advance of the meeting and were taken as read.

14.3.1 Mrs Taylor spoke briefly to the report outlining that the main focus of discussion had been on the Operational Plan 2017/8 – 2018/19. The plan had been considered in detail and commissioning and activity levels discussed. The challenges associated with the contract negotiation had been acknowledged. Feedback was being sought on the Model Hospital Board Level.

14.3.2 Mrs Taylor presented the revised Terms of Reference for the Finance Committee which the Board were asked to approve.

APPROVAL:
- **The Board of Directors approved the Terms of Reference for the Finance Committee**

15 Matters relating to compliance with the Trust's Licence or other exceptional items to report.

APPROVAL:
- **The Board of Directors approved the financial return submitted to NHS Improvement on 24 January 2017**

16 Any other relevant business not included on the agenda

There being no other business, Mrs Dodson declared the meeting closed.

17 Board Evaluation

The three themes outlined by the Chairman at the start of the meeting were felt to be helpful in focusing discussion.

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 12.50pm

Harrogate and District NHS
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HDFT Board of Directors Actions Schedule as at February 2017
Completed Actions

This document logs actions completed since the previous Board of Director meeting. Completed items will remain on the schedule for three months and then be removed.

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Verbal update to be provided as part of the Quality Committee Chair's report on performance relating to completion of complaint action plans (Jun 16)	Mrs L Webster, Non-Executive Director/ Quality Committee Chair	September 2016	Complete
Further detail on metrics relating to health visiting for new born visits to be provided in the IBR (Jun 16)	Dr N Lyth, Clinical Director	September 2016	Complete – paper included for July meeting
An update on the NHS Improvement consultation and proposals for a Single Oversight Framework to be provided (Jul 16)	Dr R Tolcher, Chief Executive	September 2016	Complete – included in CEO Report. Consultation response uploaded to reading room
Provide confirmation of the Trust's current compliance with legionella water testing (July 16)	Mr R Harrison, Chief Operating Officer	September 2016	Included on Board Assurance Framework
Clarity to be sought to ensure that the current compliance rates for Information Governance Mandatory training support the requirements of the July Information Toolkit submission (July 16)	Mr R Harrison, Chief Operating Officer	September 2016	Complete – response circulated to Board members via e-mail 8/8/16
An update on the review of the Staff Friends and Family Test narrative outcome for Q1 to be provided to the Board (Jul 16)	Mr P Marshall, Director of Workforce and Organisational Development	September 2016	Complete – included within DWOD report
Assurance in relation to service activity and recovery plans (Jul 16)	Mr R Harrison, Chief Operating Officer	September 2016	Complete – within COO report
Assurance from the contracts team that no penalties associated with the contract due to the absence of a threshold target for new birth visits by Health Visiting team within 14 days of birth (Jul 16)	Mr J Coulter, Deputy Chief Executive/ Finance Director	September 2016	Complete
E-rostering implementation update to be included in the Chief Nurse report (Jul 16)	Mrs J Foster, Chief Nurse	September 2016	Complete – verbal update provided
Progress with regard to the appointment of Consultant Elderly Care post as part of the oral directorate report (May and Jun 16)	Dr K Johnson, Clinical Director	September 2016	Complete – provided under Directorate reports at September meeting

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Proposal for the appointment of the Trust's Freedom to Speak Up Guardian to be submitted to the Board of Directors (Jul 16)	Mr P Marshall, Director of Workforce and OD	October 2016	Complete – reported as part of DWOD report at the September meeting
The Board of Directors approved the revisions to the wording of the Trust's vision, mission and objectives subject to the amendment to change 'endeavour' to 'strive' (Sep 16)	Dr R Tolcher, Chief Executive	October 2016	Complete
Explore feasibility of recruitment opportunities for ODPs and Theatre Nurses via the GHEP and international recruitment (Sep 16)	Mr P Marshall, Director of Workforce and Organisational Development	October 2016	Complete
Undertake a review of the Strategic Key Performance Indicators and submit a proposal to the October meeting of the Board for approval, giving consideration to input from the Shadow Board (Jul 16)	Mr J Coulter, Deputy Chief Executive/Finance Director	October 2016	Complete – agenda item
Include a 6-month financial forecast within the October Finance Director report (Sept 16)	Mr J Coulter, Deputy Chief Executive/Finance Director	October 2016	Complete – include in Finance Directors Report
Write to Gill Morgan, Chair of NHS Providers to outline concerns regarding the impact of STPs on executive capacity (6.29)	Mrs S Dodson, Chairman	October 2016	Complete
IBR – narrative associated with GP out of hours to be improved to reflect the level of activity undertaken for future reports (Sept 16)	Mr A Alldred, Clinical Director	October 2016	Complete – included in IBR
Report on actions undertaken to support the increase required in appraisal compliance rates as part of the October DWOD report (Sep 16)	Mr P Marshall, Director of Workforce and OD	October 2016	Included in DoWOD report October meeting
Revisit the Board Assurance Framework to ensure adequate reflection of executive team capacity to delivery wider strategic initiatives (Sep 16)	Dr R Tolcher, Chief Executive	October 2016	Complete
Circulation of the checklist for enhanced monitoring for agency and locum use and submit for Board approval (Oct 16)	Mr P Marshall, Director of Workforce & OD	November 2016	Complete – agenda item for November meeting
Update to be provided on actions to be in response to concerns raised relating to C. Diff (including sample audit outcome) (Oct 16)	Dr J Child, Director of Infection Prevention and Control	November 2016	Complete – agenda item for November meeting
Include community pressure ulcer figures in the IBR for 2015/16 to allow a year-on-year comparison (Oct 16)	Mrs J Foster, Chief Nurse	November 2016	Complete

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Update on the action plan following the Alan Wood Report into Local Safeguarding Boards (Jun 16)	Mrs J Foster, Chief Nurse	November 2016	Included in the Chief Nurse report
Update on management of risks associated with the wheelchair service to be provided at a future meeting of the Board (Sep 16)	Mr J Culter, Deputy Chief Executive/ Finance Director	November 2016	Included in Business Development Report
Review and revise questions in annual Audit Committee survey (Jan 16)	Mr C Thompson, Non-Executive Director/ Audit Committee Chair	November 2016	Complete – verbal update provided at November meeting
Review RAG rating approach to SIRIs and include analysis of trend over time (7.7)	Dr D Scullion, Medical Director		Complete - transferred to the Quality Committee Action Log
Clarify arrangements for seeking Board approval in light of requirements for mid-month submissions to NHS I (8.4)	Mr J Coulter, Deputy Chief Executive/ Finance Director	November 2016	Complete – dealt with under matters arising
Upload quarterly performance reports relating to the Children's and County Wide Community Services directorate into the Reading Room	Dr N Lyth, Clinical Director	January 2017	Complete – dealt with under matters arising

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HDFT Board of Directors Actions Schedule – Outstanding Actions as at January 2017

This document logs items for action from Board of Directors meetings which remain outstanding. 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.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Completion date	Detail of progress
1	November 2016	To undertake a review the effectiveness of individual Quality of Care Teams	Mrs J Foster – Chief Nurse	January 2017	
2	November 2016	To circulate dates of Schwartz round to Board members	Mrs J Foster – Chief Nurse	January 2017	
4	November 2016	A recommendation paper to be submitted to Board on the Trust's substantive nursing workforce requirements.	Mrs J Foster – Chief Nurse	March 2017	
5	November 2016	To review the purpose and value of Patient Safety Visits	Mrs J Foster – Chief Nurse	January 2017	
6	November 2016	To include a bi-annual report on progress against the Clinical Workforce Strategy action plan to the Board on the Board Forward Plan	Dr R Tolcher, Chief Executive	February 2017	
7	November 2016	Explore opportunities for more proactive media regarding current system pressures	Dr R Tolcher, Chief Executive	January 2017	
8	November 2016	Update on the standardised readmissions	Mr R Harrison, Chief Operating Officer	February 2017	
9	November 2016	Executive Team to review the resource and investment profile for the Informatics Team and reflect the risks in the Board Assurance Framework	Dr R Tolcher, Chief Executive	February 2017	
10	September 2016	Inclusion of KPIs on Children's Services and Community Services to be included in the IBR following a review of the new dashboard for the Directorate (4.1)	Dr N Lyth, Clinical Director	February 2017	**Recommendation clarifying metrics for inclusion in the IBR for the Children's and County Wide Community Services Directorate**
11	June 2016	Additional information to be included in the IBR relating to readmissions of older people /	Mr A Alldred, Clinical Director	November 2016	**Verbal update to be provided under matters**

	July 2016	update on reducing readmissions in older people to be submitted to the September Board meeting (8.9)			**arising – to be brought back to a Board Strategy Day (15/03/2017)**
12	May 2016	Further update on progress of the Care of Frail Older People Strategy and confirm an NED Lead (11.2.3)	Mr A Alldred, Clinical Director	March 2017	**Care of Frail Older People Strategy update to the Board Strategy Day** (4.)
13	June 2016	Update on the programme of work to reduce hospital admissions (9.3)	Mr A Alldred, Clinical Director	January 2017	**To be brought back to a Board Strategy Day (15/03/2017)**
14	January 2016	Update Board on progress with EDS2 action plan (11.10)	Mrs J Foster – Chief Nurse	January 2017	N/A
15	September 2016	Provide an update on progress with regard to actions associated with Corporate Risk Register CR8: risk of ophthalmology patients being lost to follow up (6.13)	Dr K Johnson, Clinical Director	April 2017	**local benchmarking to be undertaken**
16	October 2016	Update on progress of internal and system wide work to improve discharge planning to *Board Strategy Day* (7.4)	Mr R Harrison, Chief Operating Officer	January 2017	**To be brought back to a Board Strategy Day (15/03/2017)**
17	March 2016	Submission of a Research and Development Strategy for Board comment	Dr A Layton - Associate Director for Research	January 2017	**To be brought to April Board**
18	March 2016	Additional information on learning from cases of C. Diff and associated action planning during 2015/16 to be included in the annual report (6.3)	Mrs J Foster, Chief Nurse	February 2017	N/A
19	January 2017	A Non-Executive Director to be appointed to provide oversight of arrangements for learning from deaths in people with learning disabilities	Mrs S Dodson,	February 2017	**Verbal update provided under matters arising**
20	January 2017	'Equality Diversity Scheme 2' summary report to be completed and circulated to the board of directors before publication on 31 January 2017	Mrs J Foster, Chief Nurse	February 2017	
21	January 2017	The Board of Directors to receive a more detailed overview of recruitment and retention issues April 2017	Mr P Marshall, Director of Workforce & OD	April 2017	N/A
22	January 2017	The Board of Directors to receive confirmation of dates and details of planned Patients Safety Visits for 2017	Mrs J Foster, Chief Nurse	February 2017	N/A
23	January	Junior Doctor Vacancy Rates to	Dr D Scullion,	February	N/A

	2017	be added to the Corporate Risk Register Dr Gray to be invited to attend the Board annually and on an ad hoc basis to address issues relating to Guardian of safe Working.	Medical Director	2017	

Harrogate and District NHS
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Report to the Trust Board of Directors: 22 February 2017	**Paper No: 5.0**
Title	**Report from Chief Executive**
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Dr Ros Tolcher, Chief Executive
Report Purpose	To update the Board of Directors on significant strategic, operational and performance matters

Key Issues for Board Focus:

The Board of Directors are asked to note:

- The Trusts is experiencing a sustained period of increased demand in excess of historical levels of seasonal variation. Non-elective bed days have increased and whole system pressures are contributing to high levels of delayed transfers.
- Work continues to mitigate financial risks associated with New Care Models and resources available for recurrent investment in community services.
- The Trusts financial position deteriorated in December and is now £1.6m adverse of plan.
- Public engagement on stroke services has commenced.

Related Trust Objectives:

1. To deliver high quality care	Yes – the report reflects a sustained organisational focus on providing high quality care and ensuring robust controls and assurances on care quality.
2. To work with partners to deliver integrated care	Yes – the report provides updates on the work of the HHTB and West Yorkshire reflect partnership working in Harrogate and West Yorkshire areas.
3. To ensure clinical and financial sustainability	Yes – the report notes from the SMT meeting demonstrate a particular focus on financial performance

Risk and Assurance	Strategic and operational risks are noted in section 6. Risks associated with this report are reflected in the Board Assurance Framework: BAF 14: risk to deliver of integrated models of care; BAF 15: misalignment of partner strategic plans; and BAF 9; failure to deliver the operational plan.
Legal implications/ Regulatory Requirements	There are no legal/regulatory implications highlighted within the report.

Action Required by the Board of Directors

- The Board is requested to **note** the strategic and operational updates
- The Board is asked to **note** progress on risks recorded in the BAF and Corporate Risk Register and confirm that progress reflects the current risk appetite.

1.0 MATTERS RELATING TO QUALITY AND PATIENT EXPERIENCE

1.1 Operational Pressures

The Trust continues to experience significant operational pressures in excess of the usual level of seasonal variations. Non-elective bed days have remained high throughout January and delayed transfers of care (DTOCs) as a percentage of occupied beds have reached their highest level ever at 7.3%. This position is driven by out of hospital pressures with high levels of occupancy in the care home sector. There has been a notable increase in DTOCs affecting patients from Leeds where the community teams have been closed to referrals in some areas.

Indicators of care quality during this time of increased demand are being closely monitored. The Trust has sustained a patient safety thermometer score of 96.5%.

1.2 2017/18 – 2018/19 Contracts

All contracts with NHS England and Local Authorities are signed. As reported last month, a Heads of Terms for the contract with our main commissioner Harrogate and Rural District CCG has been agreed and the financial schedules associated with this contract have also been agreed. This contract accounts for a little under half of the 2017/18 income profile for the Trust. A further verbal update will be given at the meeting.

1.3 New Care Models update

The NHS England New Care Models (NCM) team visited Harrogate for the Q3 Review meeting on 1 February. The meeting offered both support and challenge. There is a strong push from regional and national teams to increase the pace of transformation and set clear timelines for the development of new contractual and delivery vehicles.

Final confirmation of 2017/18 value proposition (VP) funding is awaited and will specify some requirements in terms of closing the gaps in the NCM Implementation Framework.

Notwithstanding the award of national VP funding there remains a substantial element of risk within the run rate for community services for which a future funding stream has yet to be agreed between partners. Work is continuing to explore options and mitigate risks.

1.3 Clinical Workforce Strategy

The Board of Directors approved the Clinical Workforce Strategy at its meeting in November 2016 and asked for periodic updates on progress via the CEO report.

In order to move into the implementation phase, we are planning a workshop with key stakeholders to identify Directorate level key workforce priorities/enablers for year 1 and year 2 and the financial investment required to undertake this work. The Workforce and OD team is working with the PMO and the workshop will take place in March.

A bi-annual report on progress against the Clinical Workforce Strategy action plan will also be presented to the Board.

2.0 STRATEGIC UPDATE

2.1 West Yorkshire and Harrogate Sustainability and Transformation Plan (WYHSTP)

The 11 CCGs in the WYHSTP area are progressing plans to establish a Joint Committee with an independent chair from April. This committee will have delegated authority from all CCGs underpinned by a memorandum of understanding.

A six week period of engagement on stroke services commenced on 1 February. This work is being supported by a Strategic Clinical Network which includes consultants and doctors and is driven by the need to optimise outcome by better coordination and improved access to hyper-acute services. The engagement, which is being led by Healthwatch North Yorkshire, will focus on the whole stroke pathway from prevention, to the first 72 hours of care, rehabilitation and community support.

2.2 Urgent and Emergency Care (U&EC) Acceleration Zone

Work is underway in the Emergency Department to create additional cubical capacity. The Trust is planning to achieve 95.7% against the 4 hour access target in March. The West Yorkshire Acute Trusts have agreed an aggregate performance trajectory of 91.4% for March.

3.0 NATIONAL COMMUNICATIONS RECEIVED AND ACTED UPON

3.1 Managing Conflicts of Interest in the NHS

This guidance, issued on 7 February is intended to protect patients, taxpayers and staff covering health services in which there is a direct state interest. It comes into force on 1 June 2017. It applies to all NHS bodies including: Clinical Commissioning Groups (CCGs), all NHS Trusts in England, NHS Foundation Trusts and NHS England. The guidance sets out how conflicts of interest in the NHS should be managed. This guidance will be incorporated into the NHS Standard Contract (General Condition 27). The guidance seeks to: Introduce consistent principles and rules for managing conflicts of interest; provide simple advice to staff and organisations about what to do in common situations; and support good judgement about how interests should be approached and managed.

The guidance defines interests, both actual and potential, as: financial; non-financial; professional; non-financial personal; and indirect interests. It sets out how gifts, hospitality, outside employment, shareholding, patents, loyalty, donations, sponsored events/research/posts, and clinical private practice should be handled.

The Trust's Standards of Business Conduct Policy will be updated ahead of 1 June 2017 to reflect this guidance.

4.0 WORKING IN PARTNERSHIP

4.1 Harrogate Health Transformation Board (HHTB)

HHTB met on 26 January. The challenge of ensuring affordability of the new model in the longer term in the context of a large commissioner deficit was discussed.

The data suggests some positive progress on some key indicators in the year to November 2016 when compared with the same period in 2015/16. For example, length of stay for non-elective admissions (NELs) in over 65s has fallen by 8.6%, emergency bed days per 1,000 have fallen by 2.8% and the underlying rate of NELs per 100,000 population aged over 65 has fallen by 7.6%.

The scale of improvement would be higher if compared against the counterfactual ie growth and is also significant in the context of Harrogate having the lowest baseline number of bed days per 1,000 on the national PACS (Primary and Acute Care System) dashboard.

It was agreed that Finance Directors would review existing investment and impact on system costs with a view to agreeing an investment profile for 2017/18. As noted above, there are significant risks within the existing arrangements and understanding the return on investment from the range of initiatives implemented is key to the next stage of decision making.

The Key Messages from the meeting will be posted in the Reading Room.

4.2.1 West Yorkshire Association of Acute Trusts (WYAAT)

WYAAT met on 7 February. Plans to recruit to the WYAAT Programme Management Office roles, including a substantive Programme Director are in hand. Updates on all key projects were received. The first meeting of the Committee in Common next month will receive the first outline business cases which are currently under development.

5.0 FINANCIAL POSITION

The Trust reported a surplus of £3,688k for the year to the end of January, £1,623k behind plan. This position includes Sustainability and Transformation (S&T) funding for the first three Quarters of 2016/17. Due to the financial position as at month 10, no S&T funding has been assumed in month.

The position in January is a significant deterioration from that reported in December, with Q4 S&T funding at risk as a result. This position is driven by both income shortfalls and net overspending. Income deteriorated as a result of acute income being behind plan in month; the adverse impact of changes to community contract and coding in previous months not improving as usually expected. Overspending in medical staffing continues to be high and non-pay costs have not fallen at the anticipated rate. Work is underway to support directorates in bringing income and spending back on plan. A significant improvement in financial performance will be required to deliver the plan at year end.

6.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 15 February.

Key issues discussed for noting by the Board of Directors are as follows:

- A new system for deep cleaning of wards has been purchased as part of measures to reduce CDI infection (Clostridium Difficile).
- A new skin bundle and turning chart has been implemented on all wards, designed to tackle some of the finding from pressure ulcer RCA investigations.
- There have been 2 reported SIRIs in 2017/18, a significant reduction on all prior years. There is one action remaining outstanding following investigation of SIRI's (concerning ophthalmology safety netting) and a renewed focus has been brought to bear to close this final gap.
- The financial position at month 10 was discussed in detail. Alternative options for reaching full establishment were explored and will be taken forward.
- The capital programme was supported, prior to sign off by the Board.

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

7.0 BOARD ASSURANCE AND CORPORATE RISK

A summary of the current Board Assurance Framework (BAF) and Corporate Risk Register (CRR) is presented below. There will be a quarterly update on the BAF and CRR during the confidential session of the Board, due to the detail of their content. The full BAF is available for Board members in the BoardPad Reading Room.

7.1 Board Assurance Framework (BAF)

The BAF was reviewed by the Executive Directors on 8 February.

Changes to the Board Assurance Framework since January

No new risks have been added to the BAF this month.

The current risk score has increased for one risk which is also now the highest scoring BAF entry: BAF#14, the risk to the delivery of integrated care has increased to reflect the risk associated with funding of the New Care Model.

The current risk score has reduced for two BAF entries:

- BAF#9: Risk of a failure to deliver the Operational Plan, reflecting receipt of S&T funding for the first three quarters of the year
- BAF#15: Risk of misalignment of strategic plans, reflecting progress in WYAAT on collaboration

One BAF entry, BAF#3 (Risk of a failure to learn from feedback and Incidents) has a progress action score of 3 indicating slow progress on influencing reporting rates.

Six risks are currently assessed as having achieved their target risk score. The strategic risks are as summarized as follows:

Ref	Description	Risk score	Progress score	Target risk score reached
BAF 1	Risk of a lack of medical, nursing and clinical staff	*Red 12 ↔*	*Reduced to 2*	
BAF 2	Risk of a high level of frailty in the local population	*Amber 8 ↔*	*Improved to 1*	✓
BAF 3	Risk of a failure to learn from feedback and Incidents	*Amber 9 ↔*	*Reduced to 3*	
BAF 4	Risk of a lack of integrated IT structure	*Red 12 ↔*	*Unchanged at 1*	
BAF 5	Risk of maintaining service sustainability	*Yellow 6 ↔*	*Improved to 1*	✓
BAF 6	Risk to senior leadership capacity	*Amber 9 ↔*	*Unchanged at 1*	✓
BAF 9	Risk of a failure to deliver the Operational Plan	*Amber 9 ↓*	*Improved to 1*	
BAF 10	Risk of breaching the terms of the Trust's Licence to operate	*Yellow 5 ↔*	*Improved to 1*	✓
BAF 12	Risk of external funding constraints	*Red 12 ↔*	*Improved to 1*	✓
BAF 13	Risk of a reduced focus on quality	*Yellow 4 ↔*	*Unchanged at 1*	✓
BAF 14	Risk of delivery of integrated models of care	*Red 16 ↑*	*Unchanged at 2*	
BAF 15	Risk of misalignment of strategic plans	*Amber 9 ↓*	*Unchanged at 1*	
BAF 16	Risk that the Trust's critical infrastructure is not fit for purpose	*Amber 8 ↔*	*Unchanged at 1*	

Key to progress score on actions:
1. *Fully on plan across all actions*
2. *Actions defined – some progressing, where delays are occurring, interventions are being taken*
3. *Actions defined – work commenced but behind plan*
4. *Actions defined – work not yet commenced*

7.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 10 February 2017. The Corporate Risk Register contains eleven risks. Changes to the CRR since the January meeting of the Board of Directors are:

Risks removed

The risk score CR9 - Risk to the sustainability of service delivery and acute rotas due to withdrawal of trainees in Medicine by GMC/HEE YH. The Trust has been taken off enhanced monitoring and as a result the risk relating to trainees in medicine had now reduced and the risk has, therefore, been removed from the corporate risk register.

Changes to the Corporate Risk Register

The risk score to CR2- Risk to the quality of service delivery in Medicine due to gaps in rotas following the Deanery allocation process. Whilst the corporate risk score currently remains unchanged the target risk score has been increased to 9 and the target date extended to December 2017.

The risk score to CR5- Risk due to service delivery due to lack of experienced registered nurses due to the failure to fill registered nurse vacancies due to the national labour market shortage. Again whilst the corporate risk score remains unchanged given the current workforce environment the target risk score has been increased to 9 and the target date extended to December 2017.

New risks added to the Corporate Risk Register

CR 19 - Risk to patient safety due to lack of provision of Acute Oncology, CUP (cancer of unknown origin), Breast and Urology Oncology services. This risk was added Register following a notice of resignation from the lead oncologist. HDFT has a clinical alliance with York for Oncology provision, but there have been issues in recruiting to vacant posts during last 18 months.

CR 20 - Risk to patient safety due to inadequate support to junior doctors working night shifts was added to the Corporate Risk Register. Whilst it was likely that the risk associated with the resident surgical middle grade on call rota would be resolved soon, the current risk rating is such that escalation to the corporate risk Register was deemed appropriate.

The corporate risks are as follows:

Ref	Description	Risk score	Progress score
CR2	Risk to the quality of service delivery due to reduction in trainee numbers	*Red 12 ↔*	*2*
CR5	Risk of patient harm due to national shortage of registered qualified nurses	*Red 12 ↔*	*2*
CR7	Risk of failure to meet the 4-hour A&E waiting time national standard and poor patient experience	*Red 16 ↔*	*2*
CR9	Risk to sustainability of service delivery and acute rotas due to withdrawal of trainees by GMC/HEEYH	*Red 16 ↑*	*2*
CR11	Financial risk due to reduced activity due to shortages of Theatre staff as a result of the impact of the agency cap rules	*Red 16 ↔*	*2*
CR12	Risk to financial sustainability from failure to deliver the Clinical Transformation Programme at pace and scale	*Red 12 ↔*	*3*
CR13	Risk to quality of service as a result of the changes to the community contract	*Red 12 ↔*	*2*
CR14	Risk to delivery of the Trust's Operational Plan	*Red 12 ↔*	*2*
CR17	Risk of patient harm as a result of being lost to follow-up	*Red 12 ↔*	*3*
CR19	Risk to patient safety due to lack of provision of Acute Oncology, CUP, Breast and Urology Oncology services.	*Red 12*	*New*
CR20	Risk to patient safety due to inadequate support to junior doctors working night shifts	*Red 12*	*New*

8. SIGNING AND SEALING OF DOCUMENTS

On 2 February 2017 the Chairman and I signed a Lease of the Outpatients Pharmacy, Harrogate District Hospital to Lloyds Pharmacy (Celesio) for a 7 year period.

Common Seal Number 054

The Chairman and I also signed a Licence to undertake Alterations – Section B5 for the development of a Community Pharmacy Partner including outsourcing the dispensing of Outpatients Medication OJEU: 2015/S-396247.

Common Seal Number 055

Dr Ros Tolcher
Chief Executive
15 February 2017

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Report to the Trust Board of Directors: 22 February 2017	**Paper No: 5.0**

Title	Integrated Board Report
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Ms Rachel McDonald, Head of Performance & Analysis
Report Purpose	To provide the Board with an update on performance relating to: operational performance; quality; and finance and efficiency.

Key Issues for Board Focus:

The Trust is required to report its operational performance to NHS Improvement and to routinely submit performance data to NHS England and Harrogate and Rural District CCG. The Board of Directors are asked to note that:

- In January, HDFT was above the required level for 3 of the 4 key operational performance metrics in the NHS Improvement Single Oversight Framework (with the A&E 4-hour standard being below the required level at 93.9%) and also reported a rating of 1 (where 1 is best) for the "Use of Resource Metric".
- The Trust reported a cash position of £1,743k at the end of January. This remains significantly behind the re-profiled plan.
- Non-elective bed days remained high in January, reflective of the serious winter pressures experienced by the Trust during this period. Delayed transfers of care increased again and were at 7.3% when the snapshot was taken in January.
- Despite the operational pressures, elective theatre utilisation increased in January and the number of lists cancelled decreased.
- The Trust continues to perform consistently well in the Safety Thermometer audits with 96.5% of patients harm free in the January audit.
- Overall mandatory training rates were at 88% at the end of January. This now includes data for staff who TUPE transferred into the organisation in April 2016.

Related Trust Objectives

To deliver high quality care	Yes – 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 in the delivery of high quality care.
To work with partners to deliver integrated care	Yes – key performance metrics allow the Board to receive assurance in terms of the delivery of high quality care, often underpinned by collaboration and partnership working, particularly when developing new care models.
To ensure clinical and financial sustainability	Yes – the report provides the Board with assurance on progress of work across the region to ensure clinical and financial sustainability.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF# 1: risk of a lack of medical, nursing and clinical staff; BAF# 2: risk of a high level of frailty in local population; BAF# 9: risk of failure to deliver the operational plan; and BAF# 12: external funding constraints.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.

Action Required by the Board of Directors

The Board of Directors are asked to receive and note the content of the report.

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Integrated board report - January 2017

Key points this month

1. In January, HDFT was above the required level for 3 of the 4 key operational performance metrics in the NHS Improvement Single Oversight Framework (with the A&E 4-hour standard being below the required level at 93.9%) and also reported a rating of 1 (where 1 is best) for the "Use of Resource Metric".

2. The Trust reported a cash position of £1,743k at the end of January. This remains significantly behind the reprofiled plan.

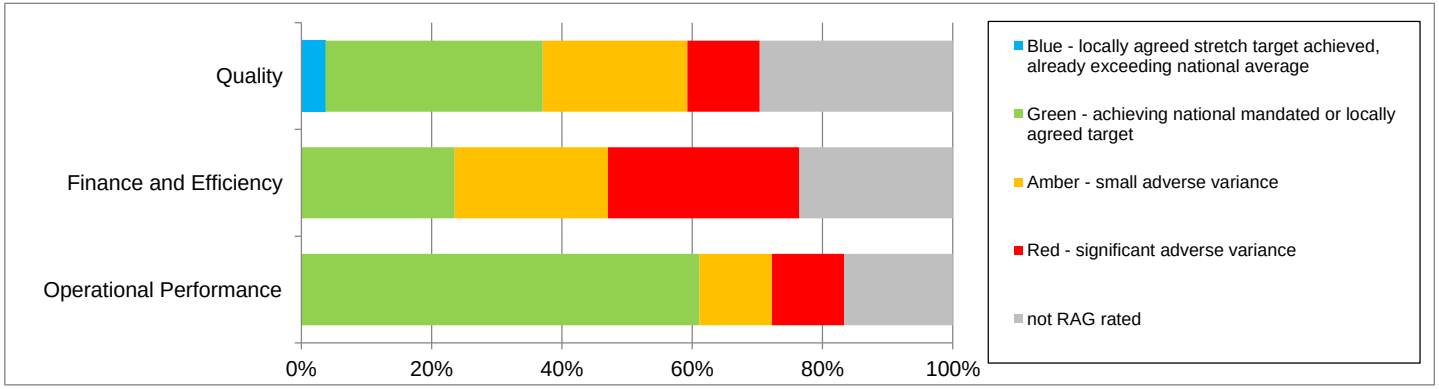
3. Non-elective bed days remained high in January, reflective of the serious winter pressures experienced by the Trust during this period. Delayed transfers of care increased again and were at 7.3% when the snapshot was taken in January.

4. Despite the operational pressures, elective theatre utilisation increased in January and the number of lists cancelled decreased.

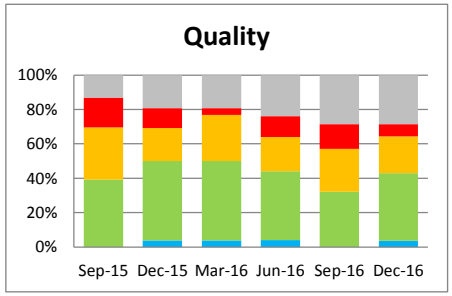
5. The Trust continues to perform consistently well in the Safety Thermometer audits with 96.5% of patients harm free in the January audit.

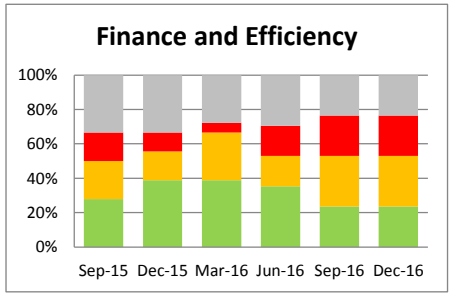
6. Overall mandatory training rates were at 88% at the end of January. This now includes data for staff who TUPE transferred into the organisation in April 2016.

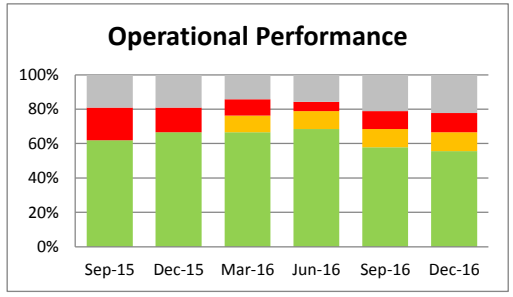
Summary of indicators - current month



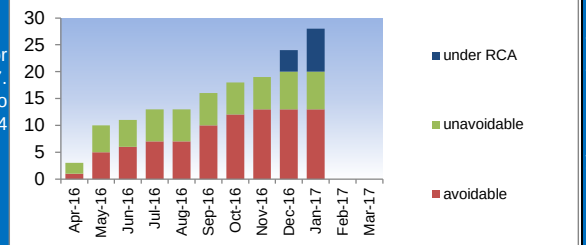
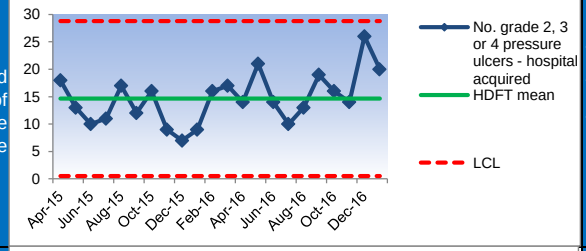
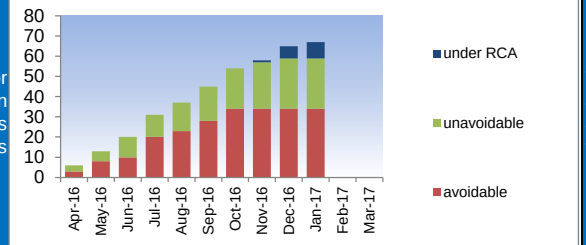
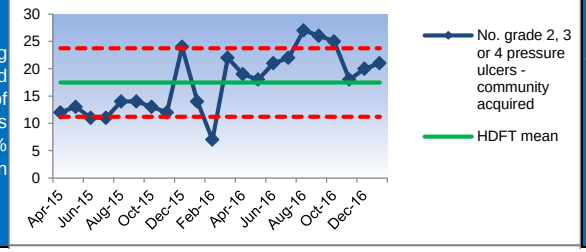
Summary of indicators - recent trends



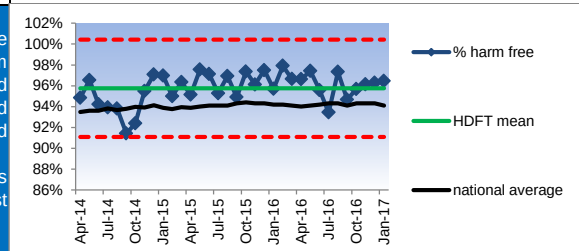
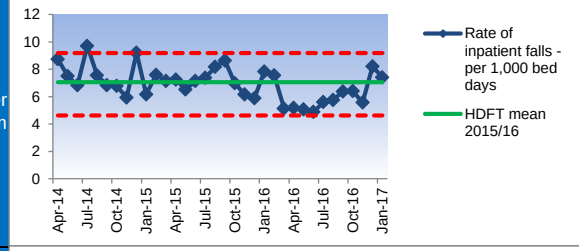
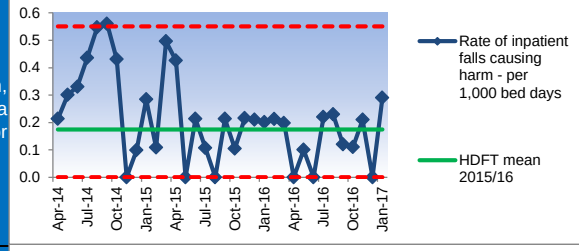
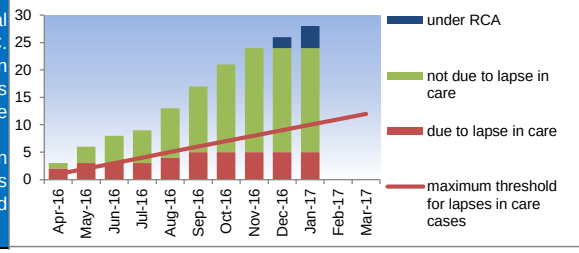




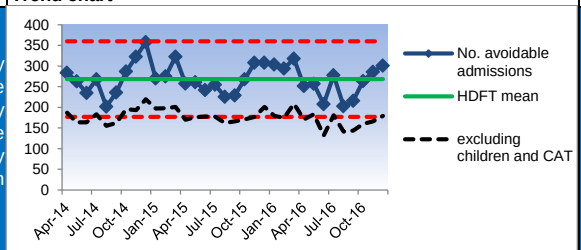
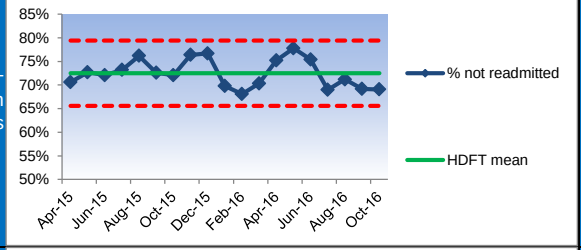
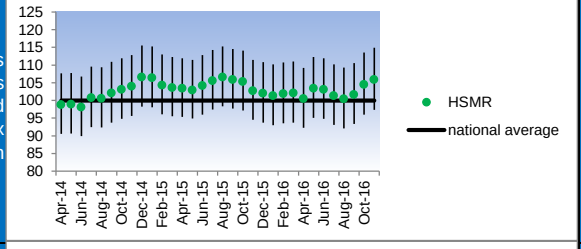
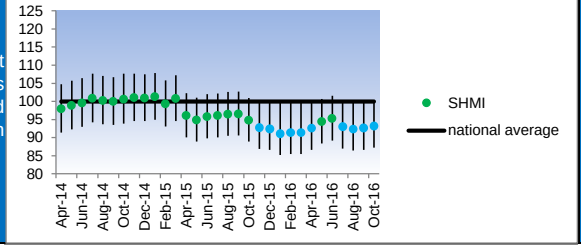
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
✓ **Pressure ulcers - hospital acquired**	The chart shows the cumulative number of category 3 or category 4 hospital acquired pressure ulcers in 2016/17. The Trust has set a local trajectory for 2016/17 of zero avoidable hospital acquired category 3 or category 4 pressure ulcers. The data includes hospital teams only.		There were 4 hospital acquired category 3 pressure ulcers reported in January. In the year to date, 28 hospital acquired category 3 pressure ulcers have been reported. Of these, 13 were deemed to be avoidable, 7 unavoidable and 8 cases are still under root cause analysis (RCA). There have been no hospital acquired category 4 pressure ulcers reported in the year to date.
✓	The chart includes category 2, 3 and 4 hospital acquired pressure ulcers. A maximum trajectory for 2016/17 of 155 cases of category 2-4 hospital acquired pressure ulcers has been agreed via the Quality Committee. The data includes hospital teams only.		The number of hospital acquired category 2-4 pressure ulcers decreased in January with 20 cases reported, compared to 26 in December. There have now been 167 cases reported in 2016/17 to date. This compares to 122 in the same period last year.
✓ **Pressure ulcers - community acquired**	The chart shows the cumulative number of category 3 or category 4 community acquired pressure ulcers in 2016/17. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact.		There were 2 community acquired category 3 pressure ulcers reported in January. In the year to date, 67 community acquired category 3 or category 4 pressure ulcers have been reported (including 3 category 4 cases). Of these 67 cases, 34 were deemed to be avoidable, 25 unavoidable and 8 cases are still under root cause analysis (RCA).
▲	This additional chart has been added this month showing the trend in category 2, 3 and 4 community acquired pressure ulcers. A maximum trajectory for the number of category 2-4 community acquired pressure ulcers was agreed at the Quality Committee and is based on a 20% reduction against the number of cases reported in 2015/16. The data includes community teams only.		The number of community acquired category 2-4 pressure ulcers increased in January with 21 cases reported, compared to 20 in December. In 2016/17 to date, 217 cases have been reported, compared to 138 in the same period in 2015/16. The observed increase in reported cases may be partly due to improvements in incident reporting during the period.

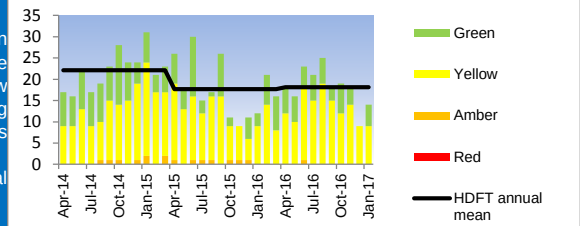
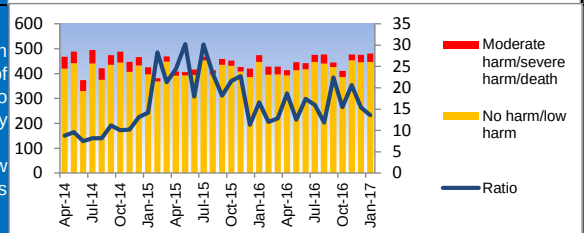
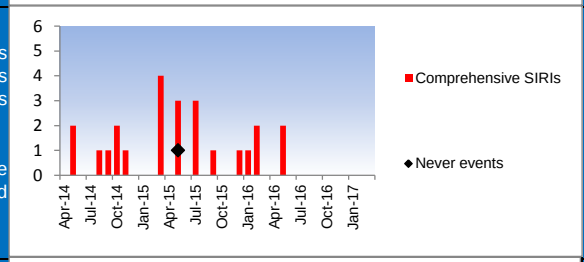
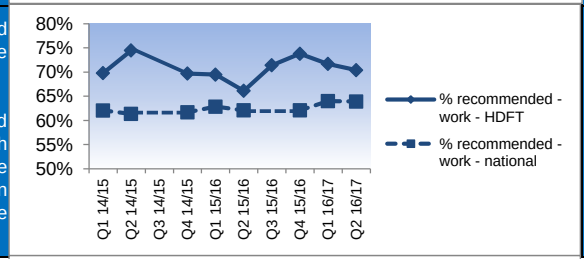
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Safety Thermometer - harm free care ✓	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.		The harm free percentage for January was 96.5%, an increase on last month and remaining above the latest national average. Despite the significant operational pressures experienced during January, the Trust continues to perform consistently well in the Safety Thermometer audits.
Falls ✓	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.		The rate of inpatient falls was 7.4 per 1,000 bed days in January, a decrease on last month but remaining just above the HDFT 2015/16 average rate.
Falls causing harm ✓	The number of inpatient falls causing significant harm, expressed as a rate per 1,000 bed days. The data includes falls causing moderate harm, severe harm or death. A low rate is good.		Despite the overall inpatient fall rate reducing in January, there were 3 inpatient falls causing moderate harm in January, compared to 0 last month. There have been 12 inpatient falls causing moderate or severe harm in 2016/17 to date, all of which resulted in a fracture. This compares to 13 in the same period last year.
Infection control ✓	The chart shows the cumulative number of hospital apportioned C. difficile cases during 2016/17. HDFT's C. difficile trajectory for 2016/17 is 12 cases, no change on last year's trajectory. Cases where a lapse in care has been deemed to have occurred would count towards the Monitor risk assessment framework. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2016/17. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.		There were 2 cases of hospital apportioned C. difficile reported in January, bringing the year to date total to 28 cases. 24 cases have now have root cause analysis (RCA) completed and discussed and agreed with HARD CCG. Of the 24 cases discussed and agreed, 5 have been determined to be due to a lapse in care and 19 were determined to not be due to a lapse in care. No cases of hospital apportioned MRSA have been reported in 2016/17 to date.

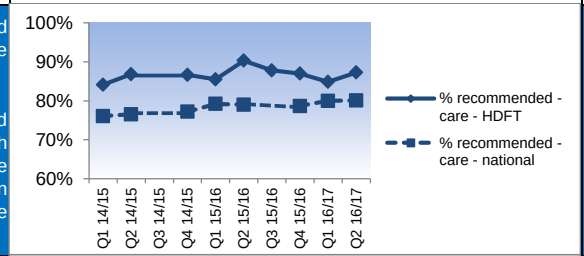
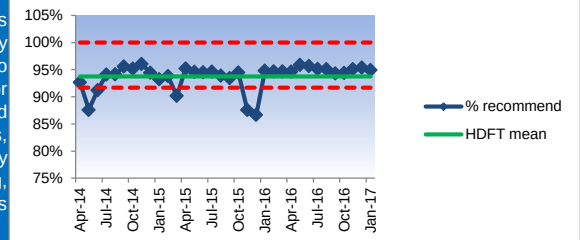
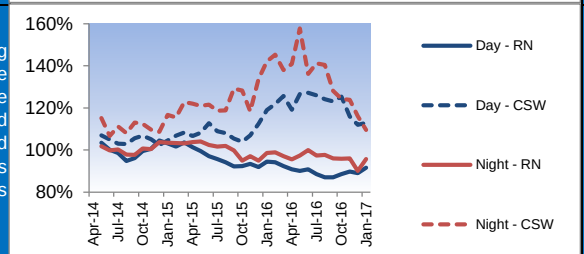
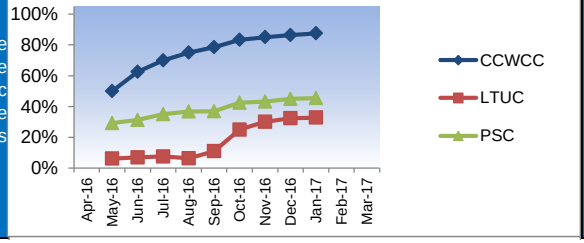
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Avoidable admissions 	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		There were 301 avoidable admissions in December, an increase on the previous month. There is some seasonality in this metric so an increase during the winter months is expected. The figure is slightly lower than the level in the same period last year. Adult admissions (excluding CAT attendances) have also risen this month.
Reducing hospital admissions in older people 	The chart shows the proportion of older people aged 65+ who were still at home 91 days after discharge from rehabilitation or reablement services. A high figure is good. *This indicator is in development.*		For patients discharged from rehabilitation or reablement services in October, 69% were still in their own home at the end of January, no change on the previous month. A case note audit of a sample of patients is being carried out to understand any themes and actions required and the results will be reported by Long Term and Unscheduled Care Directorate.
Mortality - HSMR 	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		HDFT's HSMR increased to 105.89 in November but remains within expected levels. At specialty level, 1 specialty (Geriatric medicine) has a standardised mortality rate above expected levels. Following a recent notification letter from CQC regarding raised mortality in patients with acute cerebrovascluar disease (stroke) at HDFT, a clinical case note review of a sample of stroke patients is being led by the Medical Director and will conclude in March.
Mortality - SHMI 	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		HDFT's SHMI increased to 93.20, compared to 92.67 last month. However this remains below the national average and below expected levels. At specialty level, 2 specialties (Geriatric Meidicine and Gastroenterology) have a standardised mortality rate above expected levels.

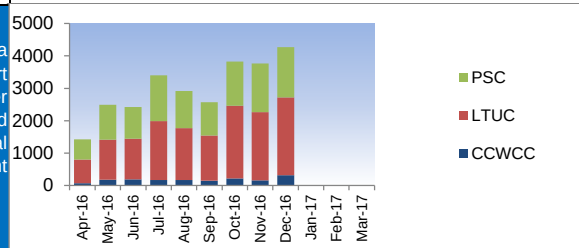
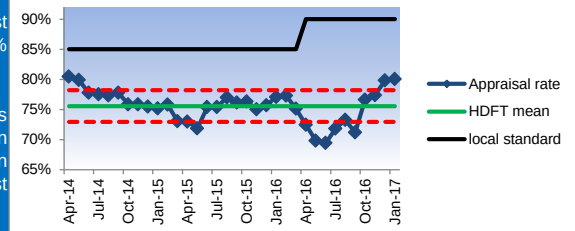
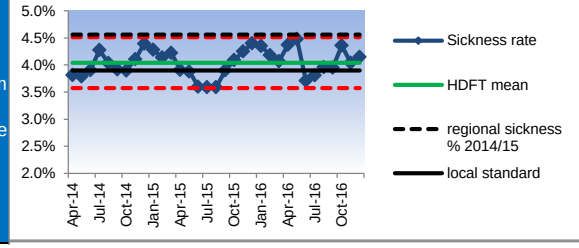
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
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.		14 complaints were received in January, compared to 9 last month, with none classified as amber or red. This is below the 2015/16 average.
Incidents - all ✓	The chart shows the number of incidents reported within the Trust each month. It includes all categories of incidents, including those that were categorised as "no harm". The data includes hospital and community services. A large number of reported incidents but with a low proportion classified as causing significant harm is indicative of a good incident reporting culture		The latest published national data (for the period Sep 15 to Mar 16) shows that Acute Trusts reported an average ratio of 34 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's local reporting ratio for the same period was 18 which places the Trust in the bottom 25% nationally. The focus going forward is to improve our incident reporting rate particularly encouraging staff to report no harm/ near miss incidents. Work is progressing to review the datix sytem to simplify the incident reporting process.
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. We have changed this indicator to only include comprehensive SIRIs, as concise SIRIs are reported within the presure ulcer and falls indicators above.		There were no comprehensive SIRIs and no never events reported in January.
Friends & Family Test (FFT) - Staff - % recommend as a place to work ✓	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to work. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 71% of staff would recommend the Trust as a place to work.		*There is no update of this data this month.* In Quarter 2, 70.4% of HDFT staff surveyed would recommend HDFT as a place to work, this remains above the most recently published national average of 64%. The Staff Friends and Family Test will next be carried out at HDFT during Quarter 4.

Quality - January 2017

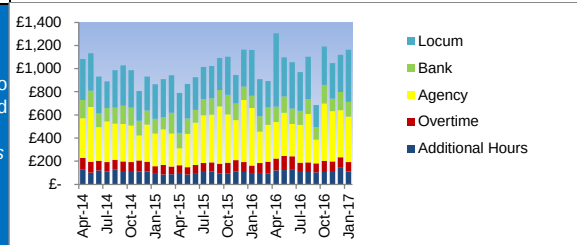
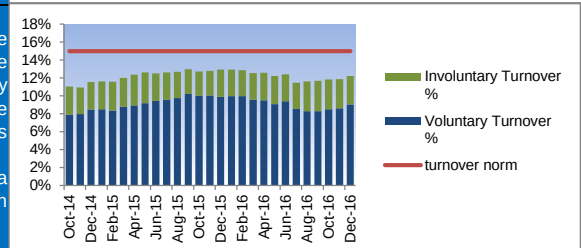
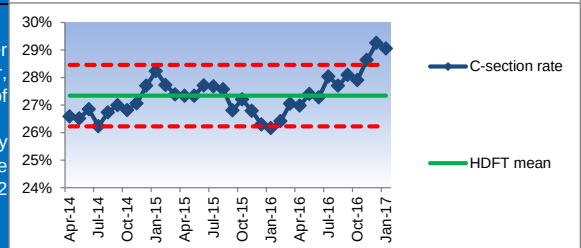
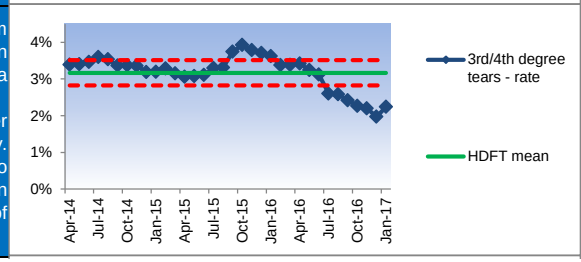
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Friends & Family Test (FFT) - Staff - % recommend as a place to receive care ✓	The Staff Friends and Family Test (FFT) was introduced in 2014/15 and gives staff the opportunity to give feedback on the organisation they work in. The chart shows the percentage of staff that would recommend the Trust as a place to receive care. A high percentage is good. The Trust's aim is to feature in the top 20% of Trusts nationally which would typically mean that 88% of staff would recommend the Trust as a place to work. .		*There is no update of this data this month.* In Quarter 2, 87.3% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is an increase on Q1 and above the most recently published national average of 80%. The Staff Friends and Family Test will next be carried out at HDFT during Quarter 4.
Friends & Family Test (FFT) - Patients ✓	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.		95.0% of patients surveyed in January would recommend our services, remaining in line with recent months and above the latest published national average. Over 4,900 patients responded to the survey in January.
Safer staffing levels ✓	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is published on the Trust website.		Overall staffing compared to planned was at 101% in January. Registered nurse staffing levels have increased since last month. Care Support Worker staffing remains high compared to plan - this is reflective of the increased need for 1-1 care and the number of newly qualified nurses working before they have received full registration. A significant focus is being placed on Registerd Nurse recruitment and as a result, the Trust welcomed 24 newly qualified and 11 experienced Registered Nurses during September and October.
Electronic rostering timeliness ▲	The chart shows the proportion of rosters that were published on time on Rosterpro (at least 4 weeks before the roster start date). It includes data for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. Data presented is for a rolling 12 months period and is split by Clinical Directorate. A high percentage is good.		Overall, 43% of rosters were published on time during the period May 2016 to January 2017. All three Clinical Directorates are showing improvements in recent months. Publishing electronic rosters in a timely manner improves staff morale, increases bank fill rates and reduces bank/agency costs.

Quality - January 2017

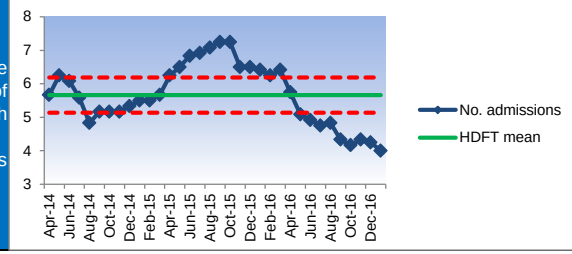
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Electronic rostering hours owed	This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 30 hours or more. Data is split by Clinical Directorate for 20 specific clinical areas (mostly inpatient wards) involved in the pilot phase. A low number is good.		The data has been rebased this month and now shows the cumulative position from March 2015 onwards (previously March 2016). Properly managed balances increase available clinical hours, improves staff morale and management decision making.
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. A high percentage is good. The figures from May 2016 onwards exclude employees currently on maternity leave, career break or suspension and staff who TUPE transferred into the organisation from Darlington, Durham and Middlesbrough from 1st April 2016.		The appraisal rate for the 12 months to end January is 80.1%, a further increase on last month. Feedback from Directorates has been requested in relation to developing a plan for improving appraisal compliance within the next financial year. This approach is to be ratified through SMT in February and will be updated appropriately within the IBR next month.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff.		The data shown is for the end of January and covers all staff, including those who were TUPE transferred into the organisation on the 1st April 2016. The overall training rate for mandatory elements for substantive staff is now 88%. The new follow up procedure is now in place for Directorates to use and we hope to see a positive impact on compliance going forward.
Sickness rates	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		Sickness absence across the Trust increased to 4.1% in January. There have been an increasing number of short notice absences for reasons of D&V, particularly within Nursing staff. The Trust is reiterating the Infection Prevention and Control Policy in relation to this to ensure that staff are aware of their requirement to submit a sample to microbiology for testing. For repeat cases, these staff are being referred into occupational health for further testing as appropriate.

Competence Name	% Completed
Equality, Diversity and Human Rights - Level 1	90
Fire Safety Awareness	78
Infection Prevention & Control 1	100
Infection Prevention & Control 2	81
Information Governance: Introduction	82
Information Governance: The Beginners Guide	73
Prevent Basic Awareness (December 2015)	97
Safeguarding Children & Young People Level 1 - Introduction	95

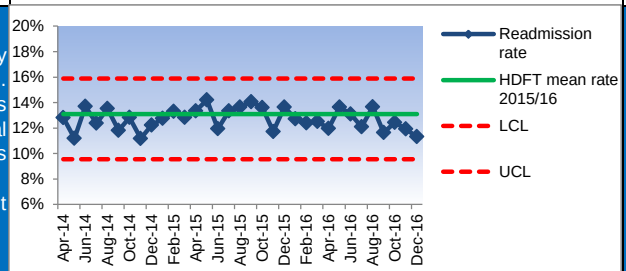
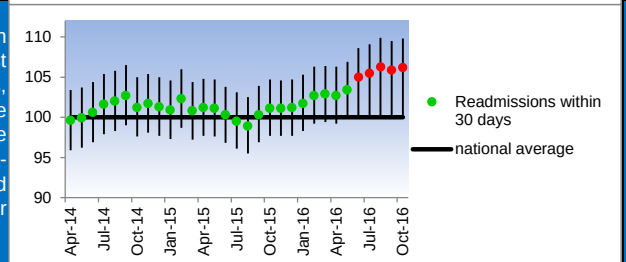
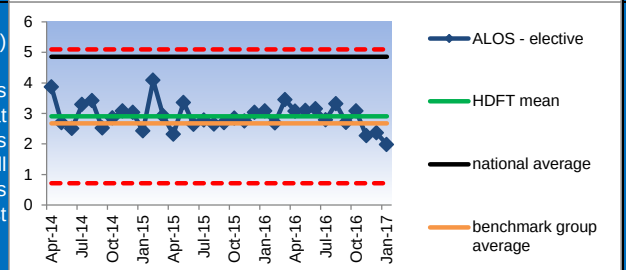
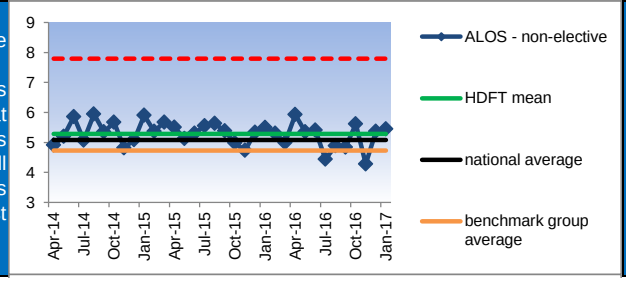
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. *The traffic light criteria applied to this indicator is currently under review.*		The Trust has established an advisory group on temporary workforce, whose principle aim is to take action to reduce spend and reliance on the temporary workforce. Meetings are held fortnightly and a review of all agency bookings above cap are undertaken as part of the group. Key outcomes of the first meeting were to focus on long term gaps, arrangements for rostering, managing demand and drawing together actions and plans already in place.
Staff turnover rate	The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		The established Nursing Recruitment and Retention group meets monthly within the Trust. The remit of this group is to be expanded to include reward. This group will be taking forward the key actions from the HEE retention report, incorporating the outcomes of the Director time-out review into retention earlier this month.
Maternity - Caesarean section rate	The caesarean section rate is determined by a number of factors including ability to provide 1-1 care in labour, previous birth experience and confidence and ability of the staff providing care in labour. The rate of caesarean section can fluctuate significantly from month to month - as a result we have amended the presentation of this indicator this month to show a 12 month rolling average position.		HDFT's C-section rate for the 12 months ending January 2017 was 29.1% of deliveries, a decrease on last month but remaining higher than average. The major contributing factor to the recent upward trend appears to be a significant increase in elective caesarean sections during 2016/17, with the emergency caesarean section rate remaining static and within expected parameters.
Maternity - Rate of third and fourth degree tears	Third and fourth degree tears are a source of short term and long term morbidity. A previous third degree tear can increase the likelihood of a woman choosing a caesarean section in a subsequent pregnancy. Recent intelligence suggested that HDFT were an outlier for third degree tears with operative vaginal delivery. Quality improvement work is being undertaken to understand and improve this position and its inclusion on this dashboard will allow the Trust Board to have sight of the results of this.		The rate of third or fourth degree tears was 2.2% of deliveries in the 12 month period ending January 2017, remaining well below previous months. This may reflect the significant amount of quality improvement work aimed at reducing the incidence of third degree tears.

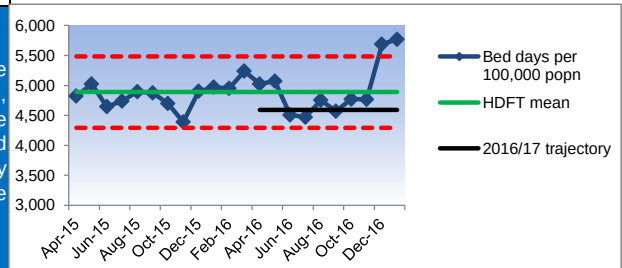
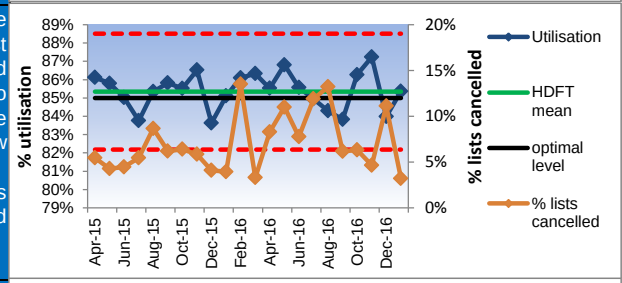
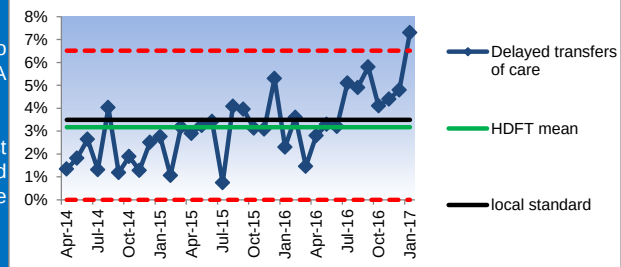
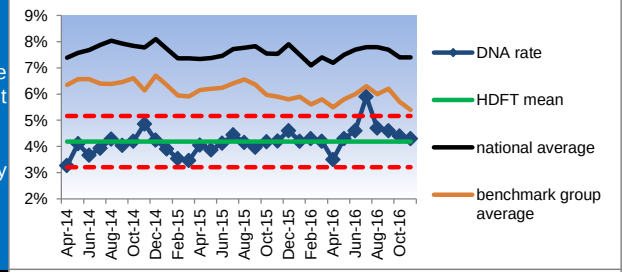
Quality - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Maternity - Unexpected term admissions to SCBU 	This indicator is a reflection of the intrapartum care provided. For example, an increase in the number of term admissions to special care might reflect issues with understanding of fetal heart rate monitoring in labour. We have amended the presentation of this indicator this month to show a 12 month rolling average position.		The chart shows the percentage of babies born at greater than 37 weeks gestation who were admitted to the Special Care Baby Unit (SCBU). The maternity team carry out a full review of all term admissions to SCBU. 4% of term babies were admitted to SCBU in the 12 months ending January.

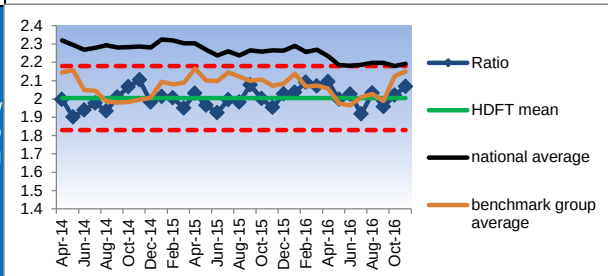
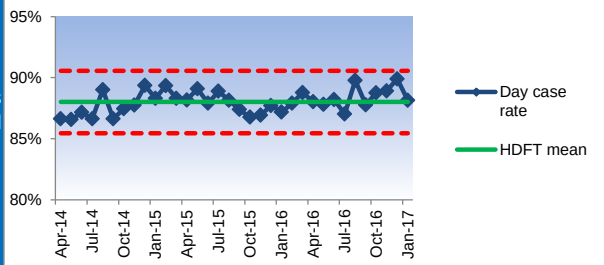
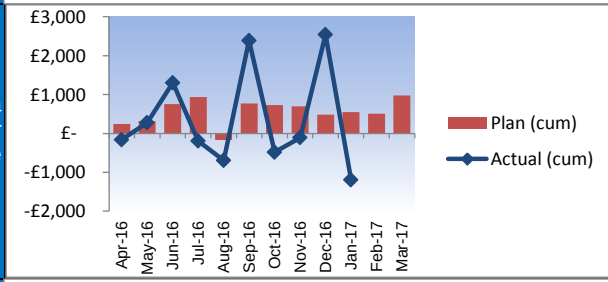
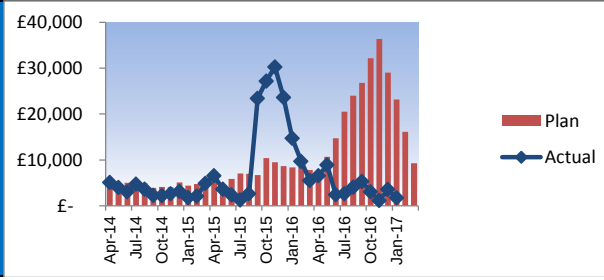
Finance and Efficiency - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions decreased again in December, when expressed as a percentage of all emergency admissions and remains below the average rate for 2015/16. HDFT and HARD CCG are undertaking an audit of readmissions in Quarter 3 to determine the proportion of readmissions which were avoidable.
Readmissions - standardised	This indicator looks at the standardised readmission rate within 30 days. The data is standardised against various criteria including age, sex, diagnosis, comorbidites etc. The standardisation enables a more like for like comparison with other organisations. The national average is set at 100. A low rate is good - rates below 100 indicate a lower than expected readmission rate and rates above 100 indicate higher than expected readmission rate.		HDFT's standardised readmission rate increased in the most recently available data on HED - for the rolling 12 month period ending October 2016, the rate was 106.2, above the national average and above expected levels. At specialty level, Cardiology, Clinical Haematology, Paediatrics, Medical Oncology and Well Babies all have standardised emergency readmission rates above expected. A clinical audit of a sample of paediatric and well babies readimssions is being carried out by CCCC Directorate.
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 January was 2.0 days, a decrease on the previous month and remaining below the benchmark group average. A focus on sustainably reducing this through the Planned Care Transformation programme is underway, which includes reducing the number of patients admitted the day before surgery.
Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		The average non-elective length of stay for January was 5.4 days, no change on the previous month and remaining above both the benchmark group and national average. This increase in length of stay will be partly due to an increase in the number of delayed transfers of care seen in recent weeks.

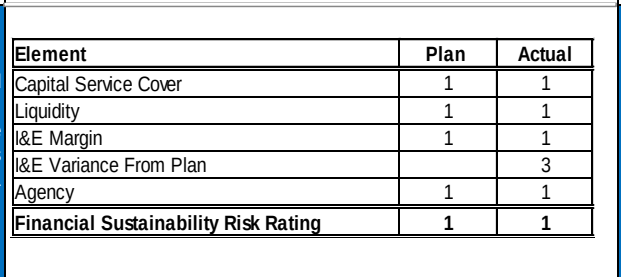
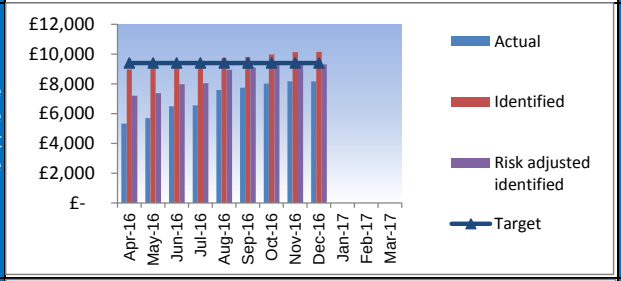
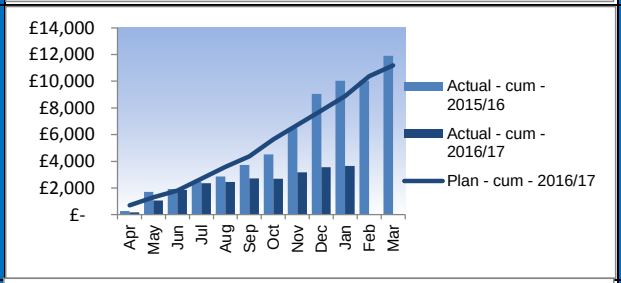
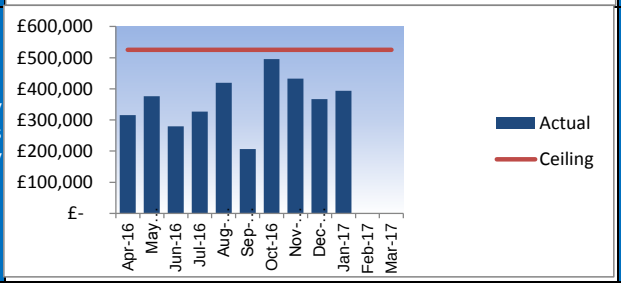
Finance and Efficiency - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Non-elective bed days ✓	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. The 2016/17 trajectory is based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition. A lower figure is preferable.		Non-elective bed days for patients aged 18+ remained very high in January. There is seasonality with this metric and an increase is expected during winter months. However this is higher than the level reported in January last year and is reflective of the serious winter pressures experienced by the Trust during this period.
Theatre utilisation ▲	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of this. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.		Despite continuing bed pressures, elective theatre productivity improved in January. Theatre utilisation increased to 85.4%. The number of cancelled sessions also reduced significantly to 3.2%, compared to 11.1% last month.
Delayed transfers of care ✓	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.		Delayed transfers of care rose to 7.3% when the snapshot was taken in January, above the maximum threshold of 3.5% set out in the contract and the highest percentage reported by the Trust. The Trust has seen an increase in the number of patients delayed from both North Yorkshire and Leeds. Data shared by NHS Improvement suggests that nationally delayed transfers of care have been at around 5% in 2017 to date. Further work to understand the reasons for this continued increase is being carried out by the Discharge Steering Group.
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.		HDFT's DNA rate decreased to 4.3% in November. This remains below that of both the benchmarked group of Trusts and the national average.

Finance and Efficiency - January 2017

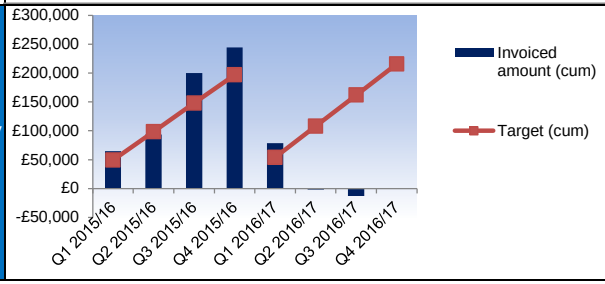
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient new to follow up ratio ✓	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio increased in November but is still below both the national average and the benchmark group average.
Day case rate ✓	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The day case rate reduced to 88% in December, but remains just above the HDFT average.
Surplus / deficit and variance to plan ✓	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.		The Trust reported a surplus of £3,688k for the year to the end of January, £1,623k behind plan. This includes S&T funding, which contributes £383k towards the variance as month 10 S&T has not been achieved.
Cash balance ✓	Monthly cash balance (£'000s)		The Trust reported a cash position of £1,743k at the end of January. This remains significantly behind the reprofiled plan. This remains a significant area of focus for the finance team at present.

Finance and Efficiency - January 2017

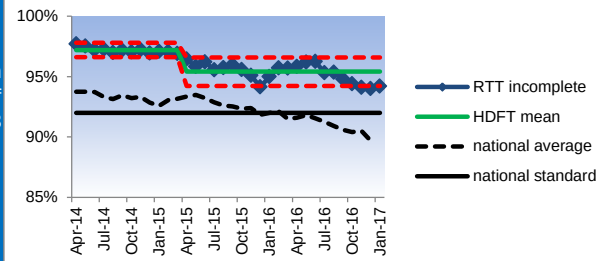
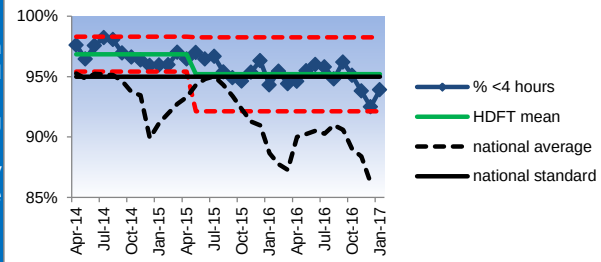
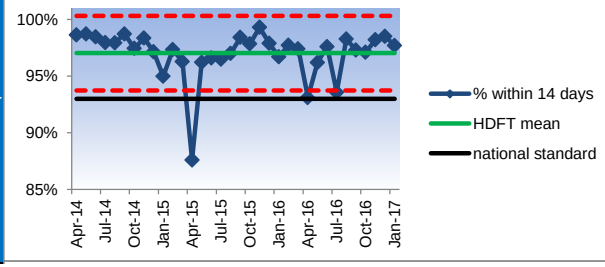
Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework - Use of Resource Metric ✓	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.		The Trust reported a 1 for January.
CIP achievement ✓	Cost Improvement Programme (CIP) performance outlines full year achievement on a monthly basis. The target is set at the internal efficiency requirement (£'000s). This indicator monitors our year to date position against plan.		*This indicator has not been updated this month.* 87% of CIP schemes have been actioned to date. Plans are in place for 108% of the efficiency requirement, the risk adjusted total reducing to 100%.
Capital spend ✓	Cumulative Capital Expenditure by month (£'000s)		Cumulative capital expenditure remains behind plan.
Agency spend in relation to pay spend ✓	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.		Despite being below the agency ceiling, agency expenditure remains high at 3%.

Element	Plan	Actual
Capital Service Cover	1	1
Liquidity	1	1
I&E Margin	1	1
I&E Variance From Plan		3
Agency	1	1
Financial Sustainability Risk Rating	**1**	**1**

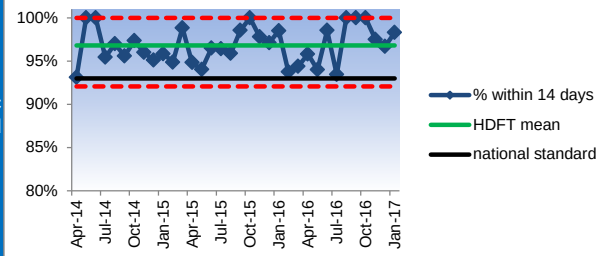
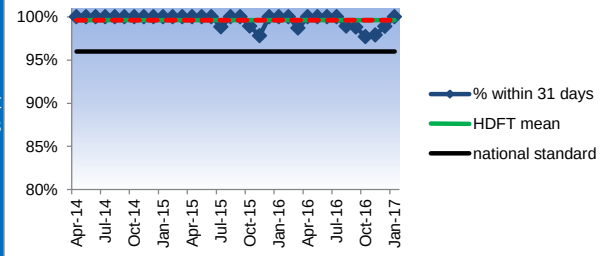
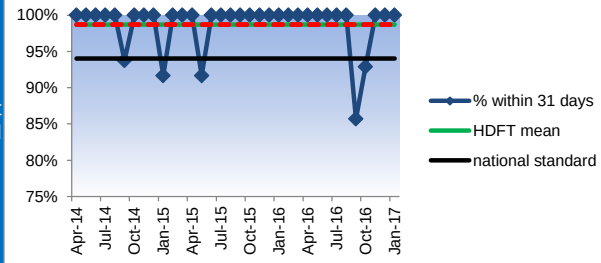
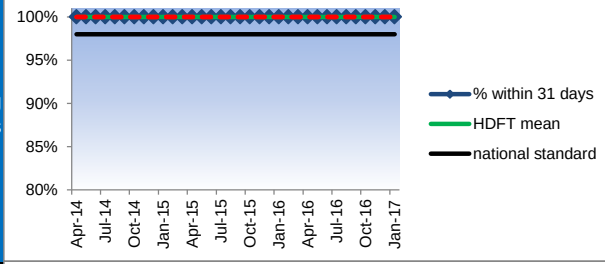
Finance and Efficiency - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Research - Invoiced research activity 	Aspects of research studies are paid for by the study sponsor or funder.		As set out in the Research & Development strategy, the Trust intends to maintain its current income from commercial research activity and NIHR income to support research staff to 2019. Each study is unique. Last year the Trust invoiced for a total of £223k.

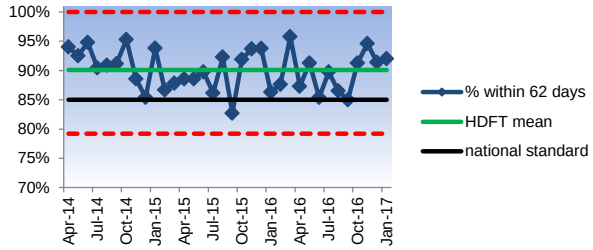
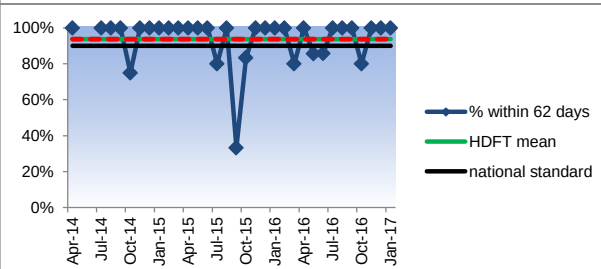
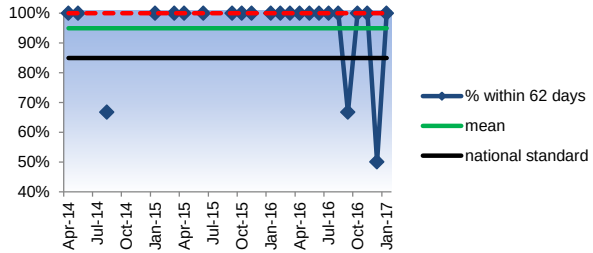
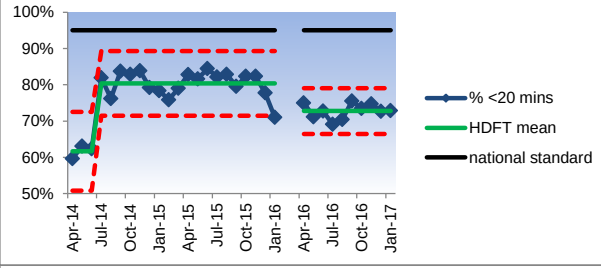
Operational Performance - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework ✓	From October 2016, NHS Improvement will 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 "operational performance metrics" section.	**Standard** / **Oct-16** / **Nov-16** / **Dec-16** RTT incomplete pathways: 94.4% / 94.1% / 94.0% A&E 4-hour standard: 95.1% / 93.8% / 92.5% Cancer - 62 days: 91.3% / 94.6% / 91.4% Diagnostic waits: 99.9% / 99.8% / 99.9% **Standard** / **Jan-17** / **Feb-17** / **Mar-17** RTT incomplete pathways: 94.2% A&E 4-hour standard: 93.9% Cancer - 62 days: 92.0% Diagnostic waits: 99.9%	In January, HDFT was above the required level for 3 of the 4 key operational performance metrics. Performance against the A&E 4-hour standard was below the required 95% as detailed below.
RTT Incomplete pathways performance ✓	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.		94.2% of patients were waiting 18 weeks or less at the end of January, above the required national standard of 92% and an improvement on last month's performance. At specialty level, Trauma & Orthopaedics, General Surgery and Plastic Surgery were below the 92% standard.
A&E 4 hour standard ✓	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good. Historical data for HDFT included both Ripon and Selby MIUs. In agreement with local CCGs, York NHSFT are reporting the activity for Selby MIU from 1st May 2015.		HDFT's Trust level performance for January was 93.9%, an improvement on last month but remaining below the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED in December was 92.7%. HDFT remains one of the best performing Trusts in the country in relation to this standard, with the national position deteriorating further during January.
Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals ✓	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels.

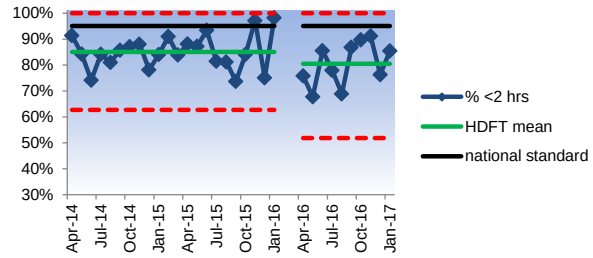
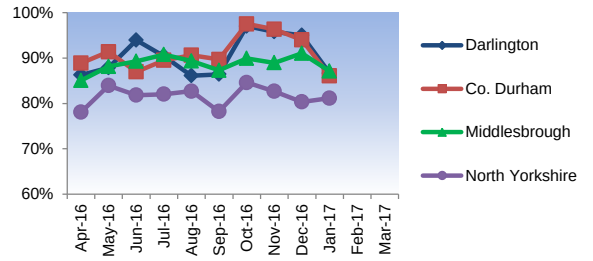
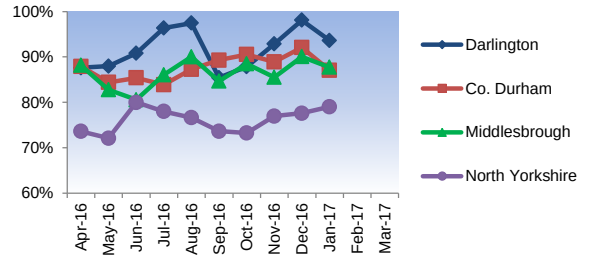
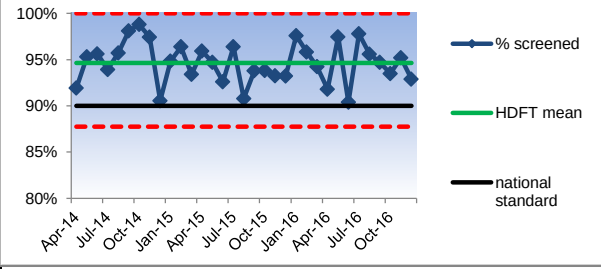
Operational Performance - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients ✓	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers ✓	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Surgery ✓	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug ✓	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Delivery at expected levels.

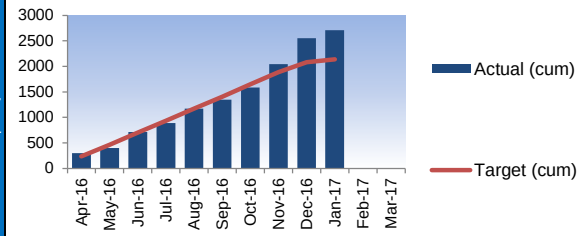
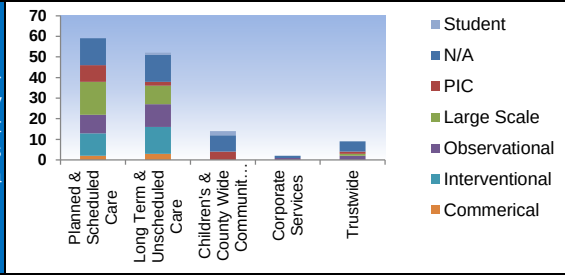
Operational Performance - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from urgent GP referral to treatment ✓	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.		Trust total delivery at expected levels. Of the 11 cancer sites treated at HDFT, 3 had performance below 85% in January - lung (1 breach), upper gastrointestinal (0.5 breach) and other (1 breach). One patient waited over 104 days for treatment in January - the main reason for the delay was patient choice.
Cancer - 62 day wait for first treatment from consultant screening service referral ✓	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.		Delivery at expected levels.
Cancer - 62 day wait for first treatment from consultant upgrade ✓	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Delivery at expected levels.
GP OOH - NQR 9 ▲	NQR 9 (National Quality Requirement 9) looks at the % of GP OOH telephone clinical assessments for urgent cases that are carried out within 20 minutes of call prioritisation. A high percentage is good.		Performance remains below the required 95% for this metric and was at 73% in January. Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.

Operational Performance - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
GP OOH - NQR 12	NQR 12 (National Quality Requirement 12) looks at the % of GP OOH face to face consultations (home visits) started for urgent cases within 2 hours. The data presented excludes Selby and York as these do not form part of the HFT OOH service from April 2015. A high percentage is good.		Performance remains below the required 95% for this metric and was at 85% in January. Work continues with the Information Team to implement new, meaningful performance metrics and assure the quality of the data and reports from the Adastra system. The service is also undertaking a GP performance review which will provide further assurance as to the quality of the service provision.
Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.		In January, the unvalidated performance position is that 84% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth. It is anticipated that once the data is fully validated that we will report an improved, more accurate performance position. This will be reflected in next month's report.
Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for the 0-5 Health Visiting Service in North Yorkshire and the Healthy Child Programme in Darlington, Co. Durham and Middlesbrough. A high percentage is good. The contract does not specify a required level.		In January, the unvalidated performance position is that 84% of children were recorded on Systmone as having had a 2.5 year review. It is anticipated that once the data is fully validated that we will report an improved, more accurate performance position. This will be reflected in next month's report.
Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.		Delivery at expected levels.

Operational Performance - January 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Recruitment to NIHR adopted research studies ✓	The Trust has a recruitment target of 2,800 for 2016/17 for studies on the NIHR portfolio. This equates to 234 per month. Over recruitment is encouraged.		The year to date position on recruitment to research studies is now 26% above plan, an improvement on the position reported in previous months.
Directorate research activity ✓	The number of studies within each of the directorates - included in the graph is Trustwide where the study spans directorates. The Trust has no specific target set for research activity within each directorate. It is envisaged that each clinical directorate would have a balanced portfolio.		The directorate research teams are subject to studies that are available to open. The 'type of study', Commercial, Interventional, Observational, Large scale, Patient Identification Centre (PIC) or N/A influence the activity based funding received by HDFT. Each category is weighted dependant on input of staff involvement. N/A studies are those studies which are not on the NIHR portfolio. They include commercial, interventional, observational, large scale, PIC, local and student projects. They do not influence the recruitment target.

Data Quality - Exception Report

Report section	Indicator	Data quality rating	Further information
Quality	Pressure ulcers - community acquired - grades 2, 3 or 4	**Amber** 	The observed increase in reported cases over the last two years may be partly due to improvements in incident reporting during the period.
Operational Performance	GP Out of Hours - National Quality Requirement 9	**Amber** 	Following patient pathway changes in late 2015, reports from the Adastra system no longer calculate the correct start time for these patients and as a result, the performance reported for NQR9 was incorrect. Significant work from has been carried out by information staff at HDFT and we are now able to report performance again for this metric again, based on calculations from raw data extracts from the Adastra system. The new calculations have been shared with HARD CCG.
Operational Performance	GP Out of Hours - National Quality Requirement 12	**Amber** 	
Quality	Reducing readmissions in older people	**Amber** 	This indicator is under development. We have recently amended the calculation of this indicator so that it correctly handles patients who had multiple admissions and multiple contacts with community services.
Finance and efficiency	Theatre utilisation	**Amber** 	The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. An extra line has been added to the chart to allow monitoring of cancelled sessions.
Operational Performance	Children's Services - 10-14 day new birth visit	**Amber** 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Operational Performance	Children's Services - 2.5 year review	**Amber** 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering timeliness	**Amber** 	Caution should be exercised as further work is required to understand the completeness and quality of this data.
Quality	Electronic rostering hours owed	**Amber** 	Caution should be exercised as further work is required to understand the completeness and quality of this data.

Indicator traffic light criteria

Section	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Quality	**Pressure ulcers - hospital acquired**	No. category 3 and category 4 avoidable hospital acquired pressure ulcers	tbc	tbc
Quality	**Pressure ulcers - community acquired**	No. category 3 and category 4 community acquired pressure ulcers	tbc	tbc
Quality	**Safety thermometer - harm free care**	% harm free	Blue if latest month >=97%, Green if >=95% but <97%, red if latest month <95%	National best practice guidance suggests that 95% is the standard that Trusts should achieve. In addition, HDFT have set a local stretch target of 97%.
Quality	**Falls**	IP falls per 1,000 bed days	Blue if YTD position is a reduction of >=50% of HDFT average for 2015/16, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2015/16, Amber if YTD position is a reduction of up to 20% of HDFT average for 2015/16, Red if YTD position is on or above HDFT average for 2015/16.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	**Falls causing harm**	IP falls causing moderate harm, sever harm or death, per 1,000 bed days		
Quality	**Infection control**	No. hospital acquired C.diff cases	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, NHS Improvement and contractual requirement
Quality	**Avoidable admissions**	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Quality	**Reducing hospital admissions in older people**	The proportion of older people 65+ who were still at home 91 days after discharge from rehabilitation or reablement services.	tbc	tbc
Quality	**Mortality - HSMR**	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Quality	**Mortality - SHMI**	Summary Hospital Mortality Index (SHMI)		
Quality	**Complaints**	No. complaints, split by criteria	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2015/16, Amber if on or above HDFT average for 2015/16, Red if above UCL. In addition, Red if a new red rated complaint received in latest month.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	**Incidents - all**	Incidents split by grade (hosp and community)	Blue if latest month ratio places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%	Comparison of HDFT performance against most recently published national average ratio of low to high incidents.
Quality	**Incidents - complrehensive SIRIs and never events**	The number of comprehensive SIRIs and the number of never events reported in the year to date. The indicator includes hospital and community data.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to work	Blue if latest month score places HDFT in the top 10% of acute trusts nationally and/or the % staff recommending the Trust is above 95%, Green if in top 25% of acute trusts nationally, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to receive care		
Quality	**Friends & Family Test (FFT) - Patients**	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	**Safer staffing levels**	RN and CSW - day and night overall fill rates at trust level	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	**Staff appraisal rate**	Latest position on no. staff who had an appraisal within the last 12 months	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
Quality	**Mandatory training rate**	Latest position on the % staff trained for each mandatory training requirement	Blue if latest month >=95%; Green if latest month 75%-95% overall, amber if between 50% and 75%, red if below 50%.	Locally agreed target level - no national comparative information available until February 2016
Quality	**Staff sickness rate**	Staff sickness rate	Green if <3.9% , amber if between 3.9% and regional average, Red if > regional average.	HDFT Employment Policy requirement. Rates compared at a regional level also
Quality	**Temporary staffing expenditure - medical/nursing/other**	Expenditure per month on staff types.	tbc	tbc
Quality	**Staff turnover**	Staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
Quality	**Maternity - Caesarean section rate**	Caesarean section rate as a % of all deliveries	Green if <25% of deliveries, amber if between 25% and 30%, red if above 30%.	tbc
Quality	**Maternity - Rate of third and fourth degree tears**	No. third or fourth degree tears as a % of all deliveries	Green if <3% of deliveries, amber if between 3% and 6%, red if above 6%.	tbc
Quality	**Maternity - Unexpected term admissions to SCBU**	Admissions to SCBU for babies born at 37 weeks gestation or over.	tbc	tbc
Finance and efficiency	**Readmissions**	No. emergency readmissions (following elective or non-elective admission) within 30 days.	Blue if latest month rate < LCL, Green if latest month rate < HDFT average for 2015/16, Amber if latest month rate > HDFT average for 2015/16 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Finance and efficiency	**Readmissions - standardised**	Standardised emergency readmission rate within 30 days from HED	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Finance and efficiency	**Length of stay - elective**	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Finance and efficiency	**Length of stay - non-elective**	Average LOS for non-elective patients		

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

Data quality assessment

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

Report to the Trust Board of Directors: 22nd February 2017	**Paper No: 6.0**

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

Key Issues for Board Focus:

1. The Trust reported a surplus of £3,681k for the year to the end of January, £1,630k behind plan. Due to the financial position as at month 10, no S&T funding has been assumed in month and further work is being undertaken to understand the risk to achieving the quarter 4 control total.

2. Plans are in place for 102% of the £9.4m Cost Improvement target, reducing to 99% following risk adjustment. 89% of plans have been actioned to date.

3. The Trust cash balance at the end of January was £1,730k.

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

Risk and Assurance	There is a risk to delivery of the 2016/17 financial plan if budgetary control is not improved. Mitigation is in place through regular monthly monitoring, and discussions on improving this process are ongoing.
Legal implications/ Regulatory Requirements	Submission of the Quarter 3 financial return and Use of Resource Metric to NHS Improvement

Action Required by the Board of Directors

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

The Board is asked to confirm and approve the financial return and associated Use of Resource metric submitted to NHS Improvement.

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January 2017 Financial Position

Financial Performance

- The Trust reported a surplus of £3,681k for the year to the end of January, £1,630k behind plan. This position includes S&T funding and is outlined below:

Description	YTD Plan	YTD Actual	YTD variance
Operational Income	£178,512k	£177,539k	-£972k
Operational Expenditure	£170,554k	£171,280k	-£726k
EBITDA	**£7,958k**	**£6,259k**	**-£1,699k**
Non Operational Expenditure	£6,480k	£6,028k	£452k
Net surplus	**£1,478k**	**£231k**	**-£1,247k**
S&T funding	£3,833k	£3,450k	-£383k
Trust financial position	**£5,311k**	**£3,681k**	**-£1,630k**

- Due to the financial position as at month 10, no S&T funding has been assumed in month. Despite having a year to date surplus of £231k, January's position is a deterioration from that reported in December, with Q4 S&T funding at risk as a result.

- As outlined in month 9, there were a number of risks to the quarter 4 position. The impact of these are being seen in month 10, putting the achievement of the quarter 4 control total at risk.

- Income has been impacted as result of activity being behind plan in month, as well as coding in previous months not improving as usually expected.

- Pay Expenditure was balanced in month. Despite this, overspends in relation to medical staffing and wards continued to increase. There is clearly a link to reducing length of stay therefore a continued focus on reducing LOS is important, translating into reduced bank and agency staffing on wards. Non pay expenditure remaining at similar levels to that in previous months.

- Work is being undertaken in relation to forecast outturn position which I will discuss further at the Board meeting.

January 2017 Financial Position

- CIP delivery remains on track, with 99% of schemes (risk adjusted) in place and over £8.9m actioned out of our total plan of £9.4m. Pages 8 & 9 outline in year performance.

- Pages 10 &11 highlight the plans in place for 2017/18. Although this is a positive start to planning, work is ongoing to develop further plans and ensure plans commence from April 1st.

- The Trust reported a cash balance of £1.73m in January, £8.54m behind plan. There are a number of actions in place to improve this position.

NHS Improvement Use of Resource Metric

- From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this the Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating (FSRR). This is the product of five elements which are rated between 1 (best) to 4. The Trust position for December is outlined below.

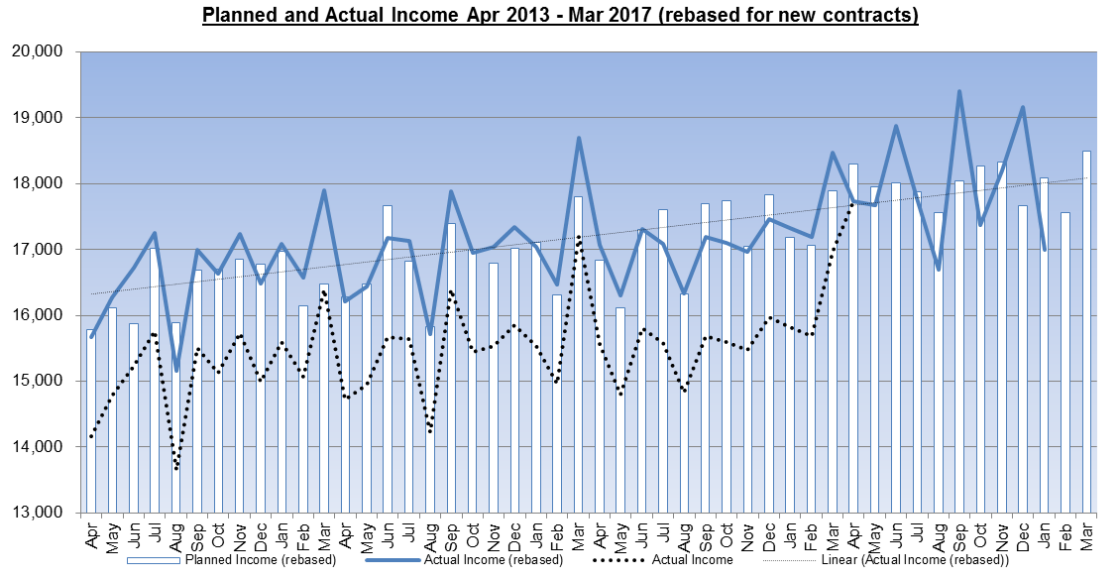
Element	Plan	Actual
Capital Service Cover	1	1
Liquidity	1	1
I&E Margin	1	1
I&E Variance From Plan		3
Agency	1	1
UoR Rating	**1**	**1**

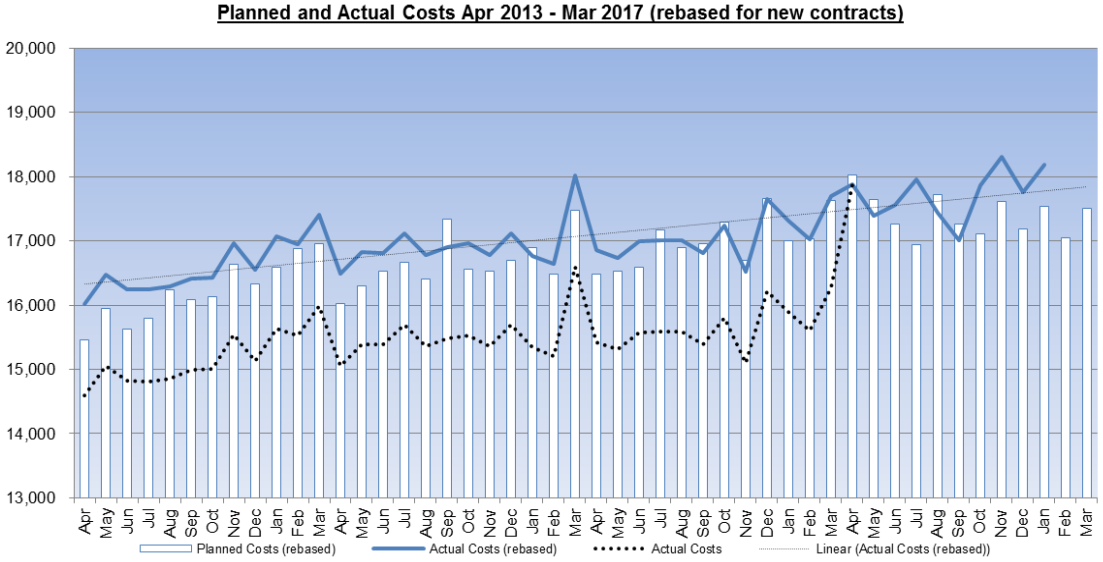
January 2017 Financial Position

Summary Income & Expenditure 2016/17
For the month ending 31st January 2017

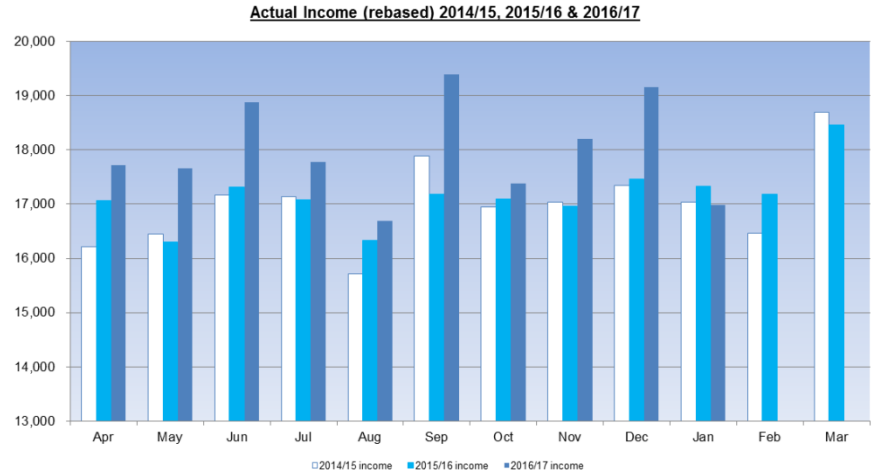
	Budget		Actual	Cumulative	Change in
	Annual Budget £000	Proportion To Date £000	To Date £000	Variance £000	Variance £'000
INCOME					
NHS Clinical Income (Commissioners)					
NHS Clinical Income - Acute	143,217	119,209	117,265	(1,944)	(1,012)
NHS Clinical Income - Community	54,902	46,129	45,894	(235)	101
System Resilience & Better Care Funding	561	468	467	(1)	(0)
Reserves	(1,134)	(798)	0	798	150
Non NHS Clinical Income					0
Private Patient & Amenity Bed Income	1,922	1,609	1,181	(428)	(16)
Other Non-Protected Clinical Income (RTA)	523	436	431	(5)	18
Other Income					0
Non Clinical Income	13,717	11,106	11,948	843	57
Hosted Services	495	353	353	(0)	(0)
TOTAL INCOME	**214,202**	**178,512**	**177,539**	**(972)**	**(704)**
EXPENSES					
Pay					
Pay Expenditure	(151,508)	(127,223)	(126,127)	1,095	(26)
Non Pay					0
Drugs	(12,110)	(11,697)	(11,701)	(4)	10
Clinical Services & Supplies	(17,432)	(15,023)	(15,082)	(60)	(106)
Other Costs	(19,032)	(15,714)	(17,276)	(1,562)	(393)
					0
					0
Reserves : Pay	2,442	(15)	0	15	6
Pay savings targets	0	0	0	0	0
Other Reserves	(4,891)	65	0	(65)	0
High Cost Drugs	(312)	0	0	0	0
Non Pay savings targets	(169)	0	0	0	0
Other Finance Costs	(18)	(15)	(8)	7	1
Hosted Services	(1,197)	(933)	(1,087)	(154)	(6)
TOTAL COSTS	(204,226)	(170,554)	(171,280)	(726)	(514)
EBITDA	**9,976**	**7,958**	**6,259**	**(1,699)**	**(1,218)**
Profit / (Loss) on disposal of assets	0	0	0	0	0
Depreciation	(5,081)	(4,234)	(3,709)	525	(50)
Interest Payable	(90)	(75)	(185)	(110)	(9)
Interest Receivable	41	34	14	(20)	(3)
Dividend Payable	(2,646)	(2,205)	(2,332)	(127)	(13)
Net Surplus/(Deficit) before donations and impairmen	**2,200**	**1,478**	**47**	**(1,431)**	**(1,291)**
Donated Asset Income	0	0	183	183	0
Impairments re Donated assets	0	0	0	0	0
Impairments re PCT assets	0	0	0	0	0
Net Surplus/(Deficit)	**2,200**	**1,478**	**231**	**(1,247)**	**(1,291)**
Consolidation of Charitable Fund Accounts	0	0	0	0	0
Sustainability and Transformation Fund	4,600	3,833	3,450	(383)	(383)
Total and Consolidated Net Surplus/(Deficit)	**6,800**	**5,311**	**3,681**	**(1,630)**	**(1,674)**

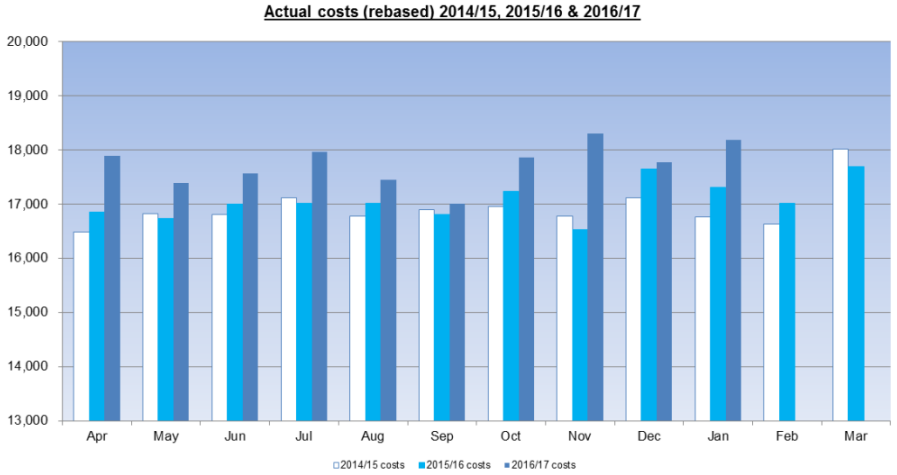
January 2017 Financial Position





January 2017 Financial Position



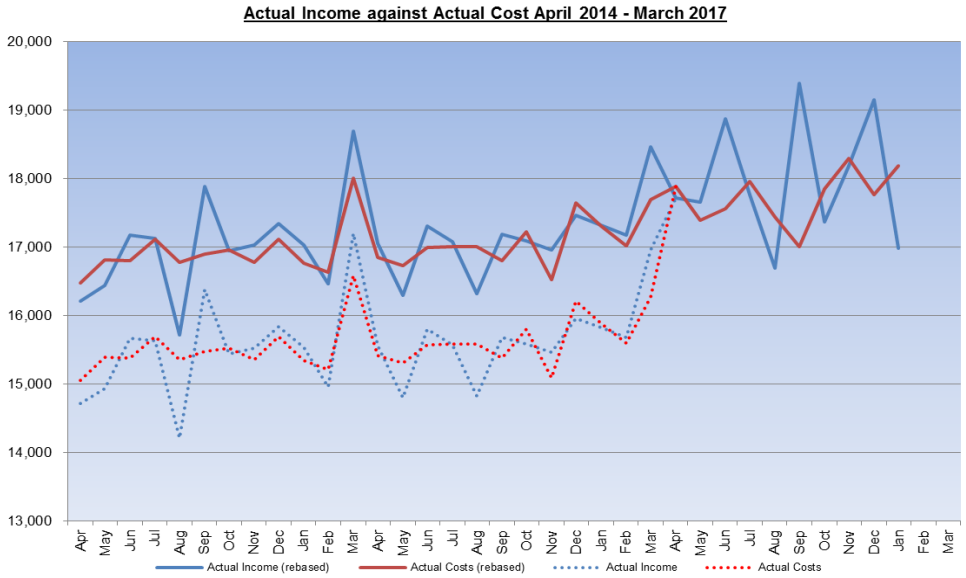


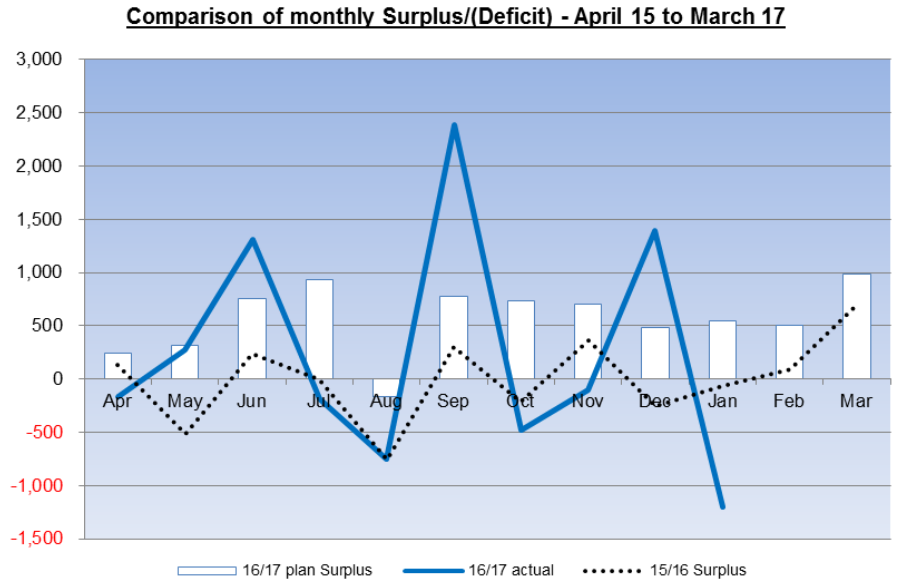
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 income plan	14,779	14,981	16,165	15,325	14,332	15,901	15,506	15,293	15,523	15,606	14,809	16,305
2014/15 income actual	14,717	14,945	15,674	15,637	14,221	16,388	15,451	15,533	15,845	15,539	14,967	17,201
2014/15 variance	**-62**	**-36**	**-491**	**312**	**-111**	**487**	**-55**	**240**	**322**	**-67**	**158**	**896**
2014/15 % variance	-0.4%	-0.2%	-3.0%	2.0%	-0.8%	3.1%	-0.4%	1.6%	2.1%	-0.4%	1.1%	5.5%
2015/16 income plan	15,335	14,610	15,799	16,105	14,830	16,202	16,245	15,554	16,329	15,677	15,560	16,385
2015/16 income actual	15,564	14,802	15,810	15,578	14,826	15,689	15,595	15,467	15,968	15,828	15,686	16,967
2015/16 variance	**229**	**192**	**11**	**-527**	**-4**	**-513**	**-650**	**-87**	**-361**	**151**	**126**	**582**
2015/16 % variance	1.5%	1.3%	0.1%	-3.3%	0.0%	-3.2%	-4.0%	-0.6%	-2.2%	1.0%	0.8%	3.6%
2016/17 income plan	18,293	17,958	18,013	17,877	17,555	18,035	18,009	18,319	17,664	18,084	17,561	18,489
2016/17 income actual	17,725	17,665	18,876	17,771	16,693	19,398	17,376	18,197	19,160	16,989		
2016/17 variance	**-568**	**-293**	**863**	**-106**	**-861**	**1,363**	**-633**	**-122**	**1,496**	**-1,095**		
2016/17 % variance	-3.1%	-1.6%	4.8%	-0.6%	-4.9%	7.6%	-3.5%	-0.7%	8.5%	-6.1%		

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2014/15 expenditure plan	14,602	14,875	15,107	15,236	14,983	15,912	15,128	15,105	15,268	15,465	15,052	16,051
2014/15 expenditure actual	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2014/15 variance	**456**	**519**	**280**	**459**	**379**	**-436**	**405**	**253**	**427**	**-119**	**162**	**540**
2014/15 % variance	3.1%	3.5%	1.9%	3.0%	2.5%	-2.7%	2.7%	1.7%	2.8%	-0.8%	1.1%	3.4%
2015/16 expenditure plan	15,052	15,109	15,164	15,739	15,466	15,536	15,874	15,267	16,229	15,581	15,615	16,204
2015/16 expenditure actual	15,427	15,314	15,572	15,584	15,584	15,384	15,807	15,099	16,222	15,890	15,597	16,275
2015/16 variance	**375**	**205**	**408**	**-155**	**118**	**-152**	**-67**	**-168**	**-7**	**309**	**-18**	**70**
2015/16 % variance	2.5%	1.4%	2.7%	-1.0%	0.8%	-1.0%	-0.4%	-1.1%	0.0%	2.0%	-0.1%	0.4%
2016/17 expenditure plan	18,021	17,640	17,258	16,941	17,721	17,262	17,278	17,620	17,184	17,539	17,052	17,509
2016/17 expenditure actual	17,887	17,392	17,567	17,961	17,444	17,007	17,859	18,304	17,766	18,190		
2016/17 variance	**-134**	**-248**	**309**	**1,020**	**-277**	**-255**	**581**	**684**	**582**	**651**		
2016/17 % variance	-0.7%	-1.4%	1.8%	6.0%	-1.6%	-1.5%	3.4%	3.9%	3.4%	3.7%		

Note – the above plan relates to the annual plan submitted at the start of 2016/17 to NHSI.

January 2017 Financial Position





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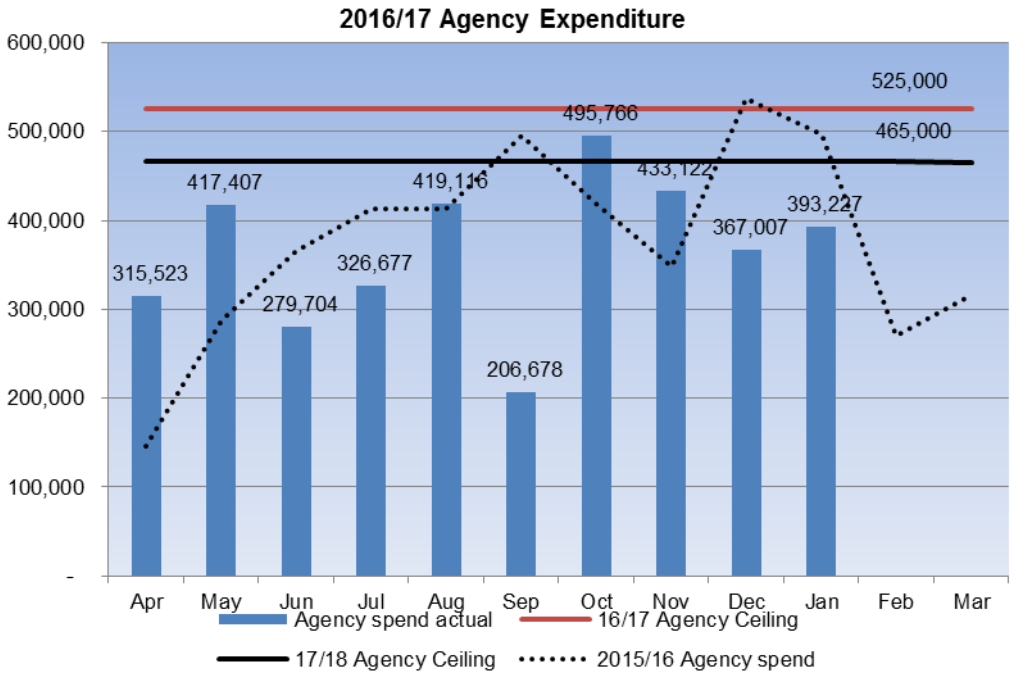
2016/17 income	17,725	17,665	18,876	17,771	16,693	19,398	17,376	18,197	19,160	16,989		
2014/15 costs	15,058	15,394	15,387	15,695	15,362	15,476	15,533	15,358	15,695	15,346	15,214	16,591
2015/16 costs	15,427	15,314	15,572	15,584	15,584	15,384	15,807	15,099	16,222	15,890	15,597	16,275
2016/17 costs	17,887	17,392	17,567	17,961	17,444	17,007	17,859	18,304	17,766	18,190		
14/15 Surplus	-341	-449	287	-58	-1,141	912	-82	175	150	193	-247	610
15/16 Surplus	137	-512	238	-6	-758	305	-212	368	-254	-62	90	693
16/17 Surplus	-162	273	1,309	-190	-751	2,391	-483	-107	1,394	-1,194		

January 2017 Financial Position

Agency Expenditure

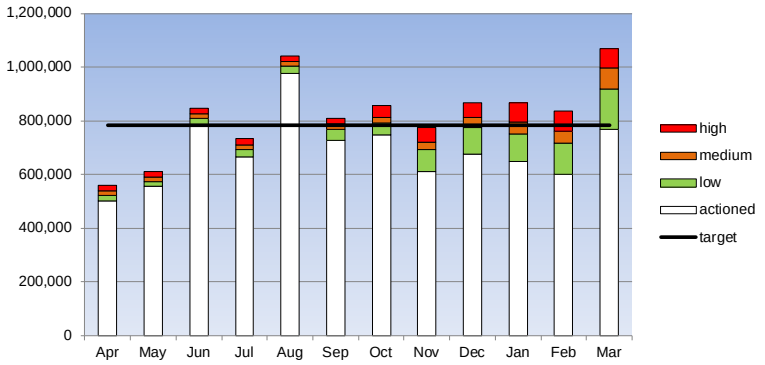
- Agency expenditure remains a key area of focus. The graph below outlines the Trust performance against the Agency ceiling. This expenditure ceiling was set by NHSI using information which included internal locum expenditure. The black line outlines a benchmark when internal locums are removed from the ceiling calculation.



2016/17 Efficiency Update

88% of plans have been actioned of the £9.4m target. 99% of plans are in place following risk adjustment.

Trustwide Cost Improvement Programme 2016/17

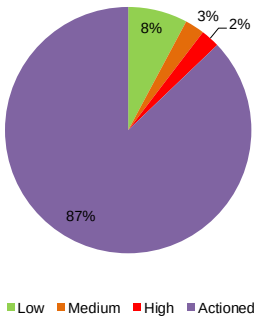


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	9,400,000	8,350,386	748,315	245,967	238,017	9,582,684	102%	9,305,662	99%
	% age of target	8%	3%	3%					

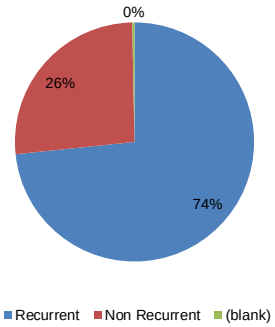
Top 10 unactioned schemes Top 10 as % of schemes - 7%

No.	Scheme	Value	Risk
1	Business Development 5	125,500	Low
2	Outpatient Transformation 1	100,596	Low
3	Estates Rationalisation	90,000	High
4	Reduction in agency costs	75,000	Medium
5	Reduction in inpatient costs as a result of daycase work	60,000	High
6	Review of pre assessment	55,600	Low
7	Outpatient Transformation 2	44,800	Low
8	SHU Wellness - reduction in agency costs	42,000	Medium
9	Overhead review	40,000	Low
10	Transport and mobile working	39,400	Low

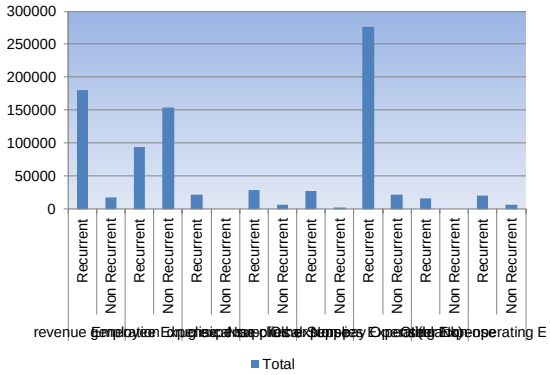
CIP schemes by Risk



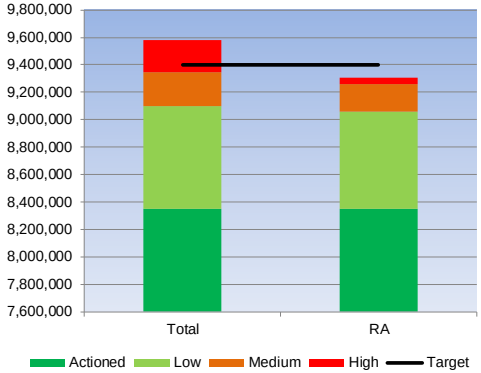
Recurrent V Non Recurrent Plans



Efficiency Category



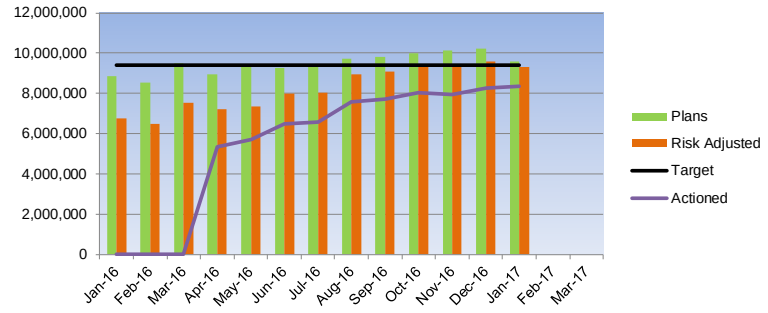
Risk Profile



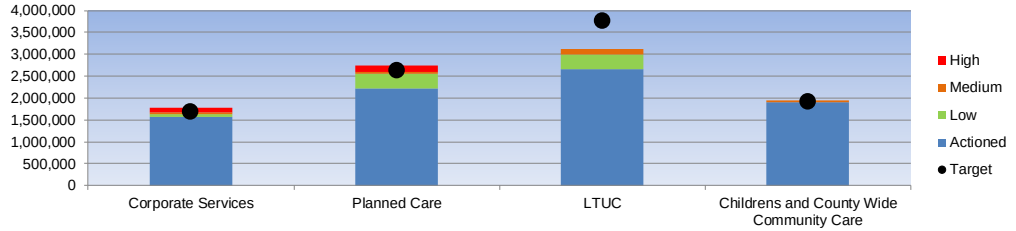
2016/17 Efficiency Update

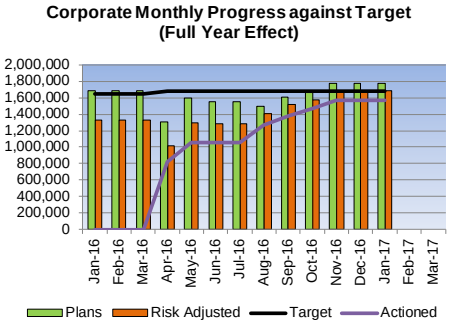
Trustwide Cost Improvement Programme

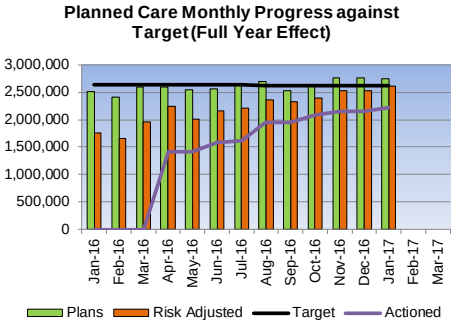
2016/17

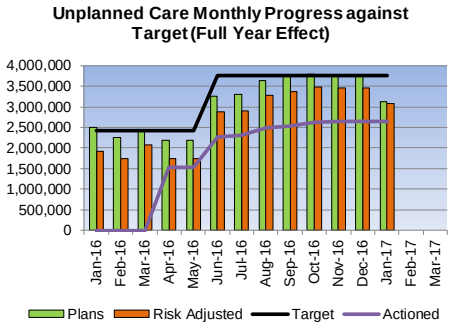


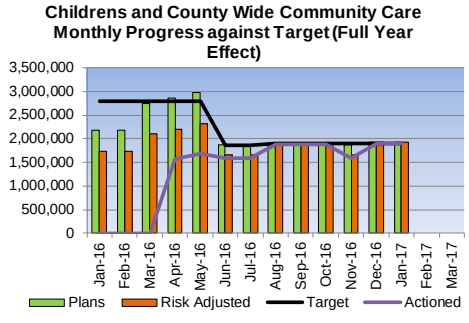
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,675,100	1,572,800	55,800	52,000	90,000	1,770,600	106%	1,685,410	101%
Planned Care	2,620,400	2,217,886	345,965	32,567	148,017	2,744,434	105%	2,602,210	99%
LTUC	3,761,800	2,653,600	346,550	129,800	0	3,129,950	83%	3,086,663	82%
Childrens and County W	1,906,900	1,906,100	0	31,600	0	1,937,700	102%	1,931,380	101%

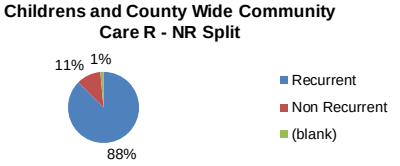






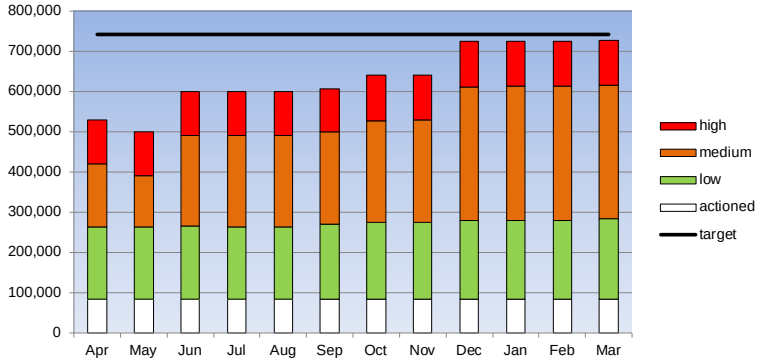






2017/18 Efficiency Update

Trustwide Cost Improvement Programme 2017/18

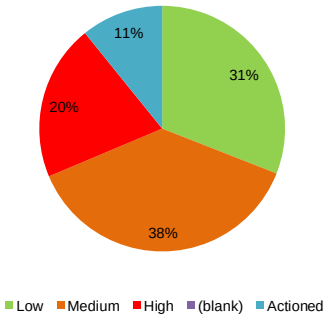


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	8,900,000	1,014,946	2,905,706	3,539,652	1,928,730	9,389,034	105%	6,992,834	79%
		% age of target	33%	40%	22%				

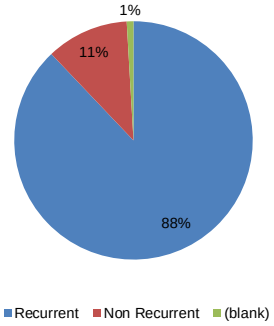
Top 10 unactioned schemes Top 10 as % of schemes - 38%

No.	Scheme	Value	Risk
1	Review of inpatient workstream	1,000,000	Medium
2	WYAAT workstream 1	471,000	High
3	Planned care transformation	450,000	High
4	Business Development 1	318,286	Medium
5	Repeat 16/17 non recurrent schemes	271,200	Low
6	Outpatient Transformation	262,426	Low
7	Enhanced Recovery	250,000	High
8	Workforce Transformation 1	245,000	Medium
9	Review of Recruitment Process	240,000	Medium
10	Business Development 2	100,000	Low

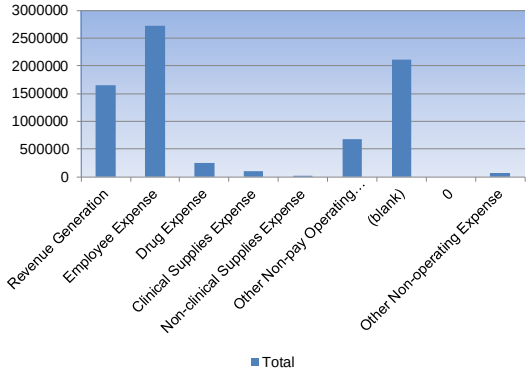
CIP schemes by Risk



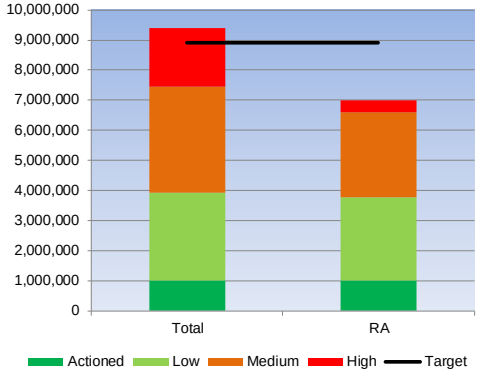
Recurrent V Non Recurrent Plans



Efficiency Category



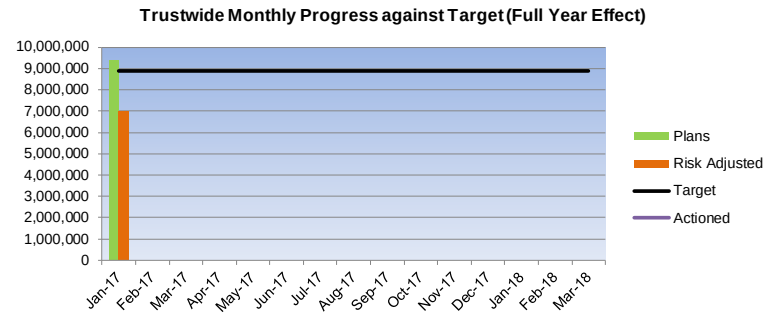
Risk Profile

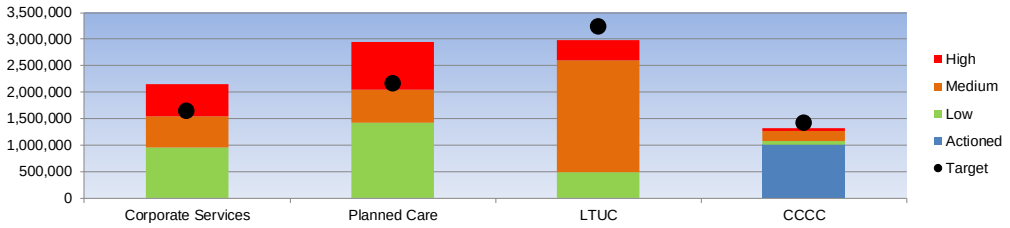


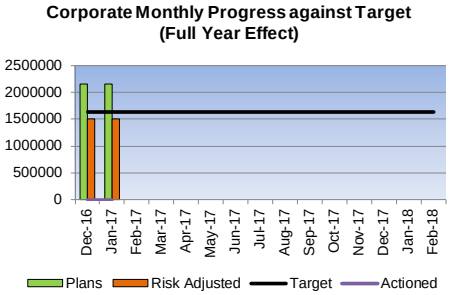
2017/18 Efficiency Update

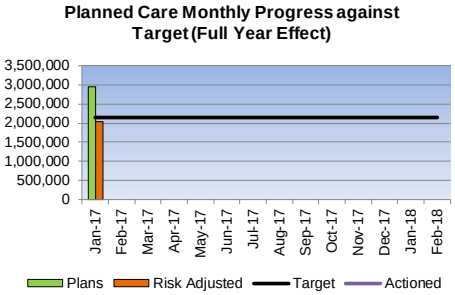
Trustwide Cost Improvement Programme — 2017/18

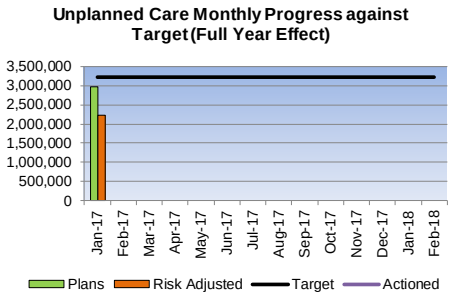
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,633,000	0	952,050	596,300	601,200	2,149,550	132%	1,501,728	92%
Planned Care	2,155,000	0	1,417,236	623,952	905,800	2,946,988	137%	2,026,696	94%
LTUC	3,225,100	0	483,000	2,119,400	371,000	2,973,400	92%	2,228,570	69%
CCCC	1,417,000	1,014,946	53,420	200,000	50,730	1,319,096	93%	1,235,841	87%

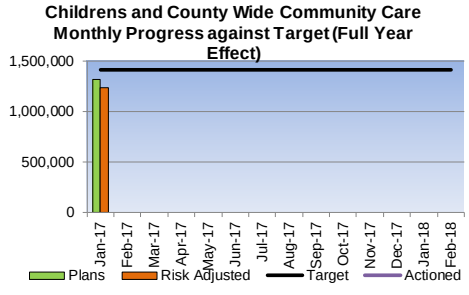


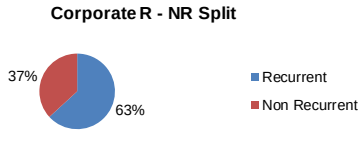


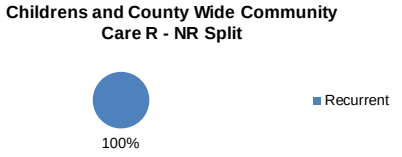








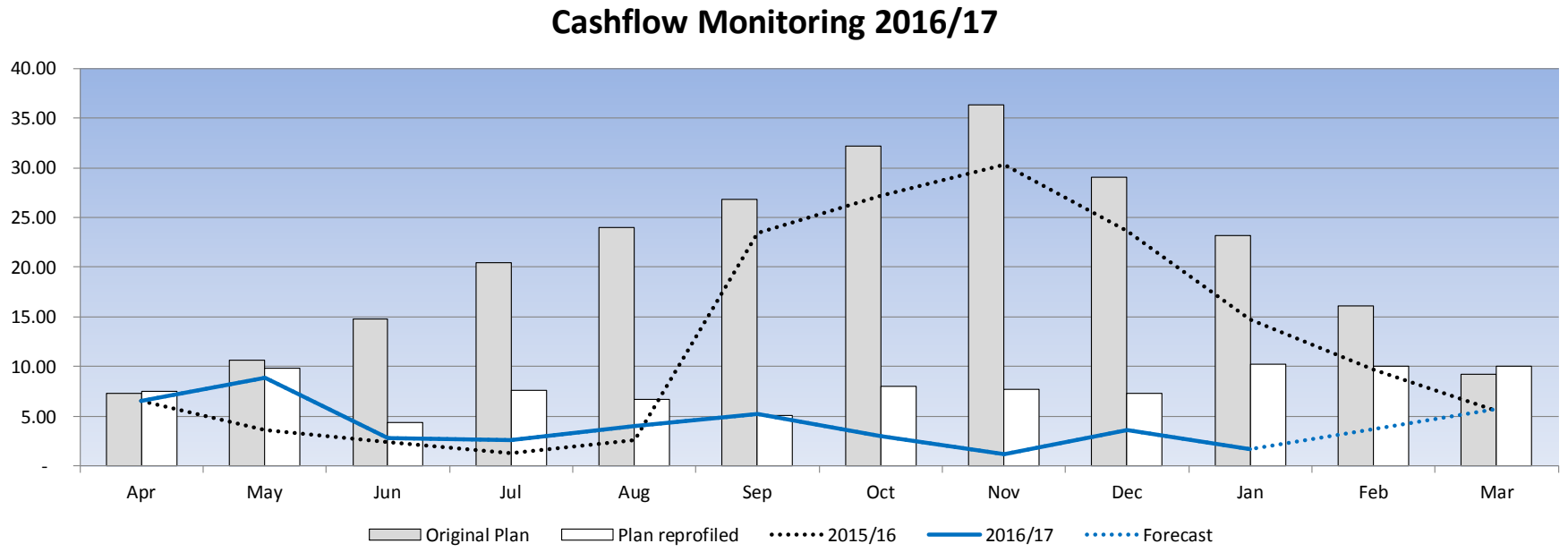




Cash Management

The Trust reported a cash position of £1.73m at the end of January. Cash remains a key financial risk for the Trust, with a number of actions being advanced against outstanding debts.

£'m	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	6.56	3.60	2.38	1.25	2.63	23.42	27.18	30.27	23.59	14.71	9.70	5.53
2016/17	6.54	8.89	2.77	2.61	4.04	5.28	3.00	1.14	3.59	1.73		
Original Plan	7.34	10.67	14.74	20.48	23.98	26.81	32.15	36.33	29.02	23.19	16.11	9.27
Plan reprofiled	7.48	9.86	4.33	7.57	6.66	5.06	7.98	7.75	7.27	10.27	10.02	10.01



Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 22nd February 2017	**Paper No: 7.0**
Title	**Chief Operating Officer's Report**
Sponsoring Director	Mr R Harrison, Chief Operating Officer
Author(s)	Ms Rachel McDonald, Head of Performance & Analysis Mr Jonathan Green, Information Analyst Specialist
Report Purpose	To provide the Board with an update on operational issues during the period for information

Key Issues for Board Focus:

The Board of Directors are asked to note that:

- The Trust continued to experience significant winter pressures during January.
- The latest SSNAP (Sentinel Stroke National Audit Programme) results were published recently. The Trust has been rated D overall, compared to C in the previous publication.
- The Carbon and Energy fund project has achieved practical completion and it now moves to the 25 year operational contract phase from February.

Related Trust Objectives

To deliver high quality care	Yes – the report provides updates to the Board on progress with regard to work to improve the efficiency and effectiveness of high quality care deliver within the Trust. The report provides detail on operational issues and delivery against national performance standards.
To work with partners to deliver integrated care	Yes – the report provides updates on the collaborative work with partners across the region and our commissioners to improve delivery of care and treatment to patients.
To ensure clinical and financial sustainability	Yes – the report provides the Board with assurance on progress of work across the region to ensure sustainable delivery of clinical models across the system.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 4: risk of a lack of interoperable systems across New Care Models partners; BAF 9: risk of a failure to deliver the operational plan; BAF 10: risk of a breach of the terms of the NHS Provider licence; BAF 16: risk to delivery of integrated care models.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.

Action Required by the Board of Directors

The Board of Directors are asked to receive and note the content of the report.

CHIEF OPERATING OFFICER'S REPORT
Board of Directors' meeting 22nd February 2017

1.0 WINTER PRESSURES

In January, performance against the 4 hour standard for A&E was at 93.9% (Type 1 & 3) and 92.7% (Harrogate Type 1 only). Performance remains a challenge in A&E because of the ongoing building works, but the team are doing an excellent job in the circumstances, with the work expected to be completed on 6th March.

The wards at Harrogate District Hospital have continued to experience significant pressures, both in terms of the acuity of patients being admitted and also the impact of rolling ward closures due to norovirus-like symptoms.

Community teams continue to be busy due to winter pressures. We are continuing to work with other local agencies and organisations to speed up discharge from hospital and ensure patients receive the right support in the community from social care services.

2.0 ONCOLOGY PROVISION

We have received notification that the resident consultant Oncologist will be leaving the Trust in May. It should also be noted that the Trust has been unable to recruit to an additional oncology post within the York/Harrogate Alliance over the last 18 months. Exploration of the rationale for this has been undertaken, with evidence from the Royal Colleges that less than 50% of Oncologist vacancies nationally have been filled over the last 2 years.

The impact of this additional vacancy has a significant impact upon general Acute Oncology provision and chemotherapy services for Breast and Urology patients. Discussions are underway with Leeds and York to minimise the impact and ensure safe services for patients both in the short term and a review of the longer term strategy. A locum post for Harrogate is being advertised. Short term measures however will include the need for some patients to travel to Leeds. The extent of this will depend upon the ability to recruit to the locum position.

3.0 LYMPHOEDEMA SERVICES

Saint Michael's Hospice (SMH) has historically provided all lymphoedema services for the Harrogate District. The hospice has been unable to secure additional funding for the service from HARD CCG and has therefore undertaken a review of its charitably funded services. We have received formal notification that from the 1st May, SMH will no longer be able to provide services to patients with non-palliative diseases. This will impact upon patients with curative breast and gynaecological cancers, and also Dermatology and Orthopaedic services. We have requested data from SMH in order to fully understand the numbers of patients affected, and also guide our strategy on how to take this forward.

4.0 REDUCING FOLLOW-UPS

The Trust continues to work with HARD CCG in reducing the number of follow-up appointments undertaken at HDFT. Information Services are supporting the project and reviewing how outpatient data is collected and reported. Discussions have taken place with clinical colleagues across the Trust to provide a general overview of current practices which will form the basis of future

discussions with the CCG. Findings to date have included the possibility of offering open access to patients with chronic conditions, telephone/skype follow-ups and community based treatments.

5.0 CHILDREN'S SERVICES CONTRACTS

Children Services have successfully delivered all of the Quarter 3 contract meetings with good feedback from commissioners regarding the delivery of the service, and Durham in particular are focusing on the qualitative and quantitative feedback through case studies. This approach will be extrapolated to the other areas. In terms of the Children's KPIs, this is an ongoing development and we have now agreed a consistent process on validation across all 4 areas and an agreed understanding on exclusions. The data will now be sent for validation monthly rather than quarterly. Gap analysis of the metrics of the 0-5 data is fairly complete but work is ongoing with commissioners to more fully define the 5-19 KPIs, so the data reflects more of a story of what the impact is on the child and family.

It is good practice for our 0-19 healthy child practitioners involved in the care of Looked After Children to either be invited to or provide relevant information for child care review meetings. It has come to light that this may not be taking place in Darlington. This has been escalated to the IRO (Independent Reviewing Officer) Manager to confirm the process.

The Children's and Countywide Community Care (CCCC) Directorate has submitted six people for the HDFT clinical leadership training and is currently working with PHE to run clinical leadership training for 50 health visitors across the 4 children areas.

6.0 PAEDIATRIC WORKFORCE

Due to a number of vacancies in Paediatrics, a piece of work is beginning to look at developing a workforce strategy which will consider Trainee Advanced Clinical Practitioners (ACP's), Physician's Associate, and an MTI/CESR route to appoint middle grades, along with other options. This strategy will be developed over the next few months, while ongoing active recruitment will continue with a rolling advertisement.

7.0 SSNAP (SENTINEL STROKE NATIONAL AUDIT PROGRAMME) UPDATE

The latest SSNAP (Sentinel Stroke National Audit Programme) results were published recently. The national SSNAP team now only publish reports every 4 months, instead of quarterly, so the latest figures relate to the August to November 2016 period.

We have been rated D overall, compared to C in the previous publication. Our overall score is 57, compared to 62 last time. Our score has been impacted by the data quality adjustment as we did not score full marks for either data quality metrics (our score prior to the data quality adjustment was 60 which would have placed us in band C).

Of the 10 domains in the SSNAP data set, two have seen an improvement since the last report:

- Thrombolysis – (E to D) – 100% of eligible patients (6 out of 6) were thrombolysed but only 1 out of 6 were thrombolysed within 1 hour.
- Speech & Language – (D to C)

Four domains have seen a deterioration:

- Stroke unit (B to C)

- Specialist assessments (B to D) – the main reason for the deterioration in this domain appears to be due to a reduction in the number of patients seen by a stroke specialist nurse within 24 hours (79% compared to 92% last time) and the proportion of patients given a swallow screen within 4 hours (60% compared to 86% last time).
- Occupational therapy (A to B)
- MDT working (B to C)

The other four domains stayed at the same score.

Overall this is disappointing and focus will remain on this area as part of this year's improvement work to sustainably deliver a C or above.

8.0 CARBON AND ENERGY FUND

After 20 months on the HDH site, the Carbon and Energy fund project to improve system resilience and reduce both energy consumption and carbon emissions has achieved practical completion and it now moves to the 25 year operational contract phase. The contractor's site demobilisation has commenced and will be complete by the end of February together with minor outstanding items recorded at the time of completion.

The formal arrangements for monitoring and verification of the energy savings have been established and reports will be generated on a quarterly basis with reconciliation at each year end. The final account for the project is to be formally agreed, but it is expected to be £100,000 under budget.

9.0 SERVICE ACTIVITY

Variances above or below 3% are as follows – at the end of January, new outpatient activity was 4.0% below plan, and elective admissions were 10.0% below plan.

For Leeds North CCG, new outpatient appointments were 18.0% above plan, follow-up outpatient activity was 5.5% above plan, elective admissions were 3.2% below plan, non-elective admissions were 3.7% above plan, and ED attendances were 8.8% below plan.

Report to the Trust Board of Directors: 22nd February 2017	**Paper No: 8.0**

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

Key Issues for Board Focus: Key Issues for Board Focus: The Board are asked to:

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Related Trust Objectives	
1. To deliver high quality care	Yes – the report provides assurance that staffing levels are maintained throughout the Trust and the actions taken for areas where staffing levels have not been maintained
2. To work with partners to deliver integrated care	No
3. To ensure clinical and financial sustainability	Yes – the report supports Trust's quality objective to ensure quality of care is not compromised to insufficient clinical staff

Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1 : risk of a lack of medical, nursing and clinical staff; BAF 3: risk of failure to learn from feedback and incidents and BAF 13: risk of insufficient focus on quality in the Trust.
Legal implications/ Regulatory Requirements	No additional legal/regulatory implications for the period,

Action Required by the Board of Directors

- **Note** the results and changes to the reporting of Director Inspections and Patient Safety Visits
- **Note** the number of complaints received by the Trust in January 2017 .
- **Understand** the steps being undertaken to maintain safe staffing levels including robust registered nurse recruitment and to receive an update on CATT, AMU, Byland and Jervaulx

1. Unannounced Directors' Inspections 2016-2017

1.1 The rolling programme of unannounced Directors Inspections is designed to provide assurance on care standards with particular regard to infection prevention and control.

1.2 The following services have been inspected and rated as 'green' during 2016/17:

Date of inspection	Ward/Dept. visited	Risk Rating
14/04/16	Mortuary	Green
26/04/16	Endoscopy	Green
06/05/16	Day Surgery Unit *(follow up visit)*	Green
14/07/16	Whitby Dental Clinic	Green
16/08/16	Dental Clinic, Settle HC	Green
12/05/16 and 09/09/16	Acute Medical Unit. Rated 'red' at first inspection due to lack of cannula VIP scores. Successful audit now compliant	Green
24/06/16	Harlow. Rated 'red' at first inspection due to lack of cannula VIP scores. Successful audit now compliant	Green
31/10/16	Operating Theatres	Green
23/8/16 and 2/11/16	Lascelles. Rated 'red' at initial inspection due to lack of 'nurse in charge' badges. Now compliant.	Green
21/11/16	Monkgate Dental Clinic, York	Green

1.3 Services which are rated amber or red at the time of inspection are reviewed at a later date, until a green rating is achieved. The table below summarises services which are yet to achieve a green rating and the key issues to be addressed:

Date of initial inspection	Ward/Dept.	Risk Rating at initial inspection	Critical Issues identified	Review Date	Outcome of re-inspection	Critical Issues at re-inspection
06/06/16	Medical Day Unit	Amber	Largely relating to the non-compliant chairs in the treatment room and waiting room.	**Update: Feb 2017** Treatment room chairs now replaced. Waiting room chairs remain non-compliant. (waiting response from MDU Lead Nurse)	Amber	
16/06/16	Pannal	Red	Further review to be undertaken (Lack of cannula VIP scores)	Remains red following re-visit failed again.	Red	Lack of IV Cannula VIP scores
29/07/16	Ice Loan Store, Knaresborough	Red				
10/11/16	Farndale	Red	Controlled Drug Book had gaps in daily checks	Planned in February 2017		
02/12/16	Littondale	Red	Controlled drug Book check and lack of IV Cannula Care	Planned in February 2017		

1.4 Pannal - Third inspection planned in March 2017.

1.5 Ice Loan Store is no longer operated by the Trust.

1.6 There have been no Directors' Inspections in January 2017 due to operational intensity.

2. Patient Safety Visits

2.1 Patient Safety Visits are scheduled visits designed to provide assurance regarding patient safety. They have a unique purpose and value in encouraging a positive safety culture. Visits are designed to encourage staff to raise any concerns in a forum which is supportive, building good communication and establishing local solutions to minimise risk whenever possible. Key findings are followed up by the directorate teams, any high priority actions are considered through the appropriate corporate group such as the 'Improving Patient Safety Group'.

2.2 Since the last report to Board, the following visits have taken place:

Date	Area	Key Findings
01/07/16	Orthopaedic Outpatients	
13/07/16	Byland/ Jervaulx	
02/08/16	Maternity	
13/10/16	Kingswood Dental Surgery	
25/11/16	Stanley Education Centre	
06/12/16	CATT	
06/01/17	Antenatal Clinic	No high priority actions but a number of issues including: • heavy reliance on Band 2 Clerks for a complicated booking process which requires basic clinical knowledge. • IT issues • Clinic issues

3. Complaints Update

3.1 The number of complaints received this month is 14.

Of the 14 complaints received in **January 2017**, 9 have been graded Yellow, and 5 green.

Total number of complaints by month for 2016/17 compared to 2015/16													
	April	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**Total**
2016/17	18	16	23	21	25	18	19	18	9	14			
2015/16	26	18	30	15	17	26	11	9	12	12	21	16	**213**

3.2 Formal complaints are one of the key measures used by the Trust as a proxy indicator of the quality of care received by people using our services. At the outturn of 2015/16 the Trust had achieved a 20% reduction in the number of formal complaints received compared to the previous year. At the end of January 2017 the Trust had received 6 more formal complaints compared with the number of complaints received by January 2016. This is a small increase relative to the increase in elective activity, a monthly average 6% increase in NEL admissions and the significant increase in services provided by the Trust in Middlesbrough, County Durham and Darlington which I believe indicates the quality of care and services provided by the Trust is mostly good.

4. Nurse Recruitment

4.1 A recruitment evening was held on 7th February 2017, where conditional offers of employment were made to 6 student nurses qualifying in September. Several registered nurses from outside the UK also attended and employment opportunity for these individuals are being followed up.

4.2 The Trust attended a recruitment fair at Leeds Beckett University.

5. Actual versus Planned Nurse Staffing - Inpatient areas

5.1 In January 2014 the Department of Health published it papers 'Hard Truths – the journey to putting patients first' which required all Trusts by June 2014 to publish transparent reporting of monthly staffing levels ward by ward, at Board level and on the Trusts website.

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

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the new "Care Hours per Patient Day (CHPPD)" metric. Our overall CHPPD for **January was 7.50** care hours per patient per day. NHS England will be publishing this data for every Trust but we don't know yet how our data will compare to that of other Trusts.

	Day		**Night**		**Care hours per patient day (CHPPD)**		
Ward name	**Average fill rate - registered nurses/ midwives**	**Average fill rate - care staff**	**Average fill rate - registered nurses/ midwives**	**Average fill rate - care staff**	**Registered nurses/ midwives**	**Care Support Workers**	**Overall**
AMU	92.4%	109.1%	99.2%	134.4%	4.30	2.70	7.00
Byland	79.6%	116.7%	78.5%	83.9%	2.80	2.70	5.50
CATT	103.7%	128.4%	103.6%	125.8%	4.90	2.70	7.50
Farndale	91.6%	107.5%	100.0%	108.1%	3.10	3.40	6.50
Granby	92.1%	109.7%	104.8%	100.0%	3.20	3.00	6.10
Harlow	104.0%	96.9%	98.4%	-	5.90	1.60	7.50
ITU/HDU	90.8%	-	92.9%	-	19.80	1.60	21.40
Jervaulx	84.0%	138.7%	82.3%	107.5%	2.90	3.30	6.30
Lascelles	91.5%	105.2%	100.0%	100.0%	4.40	4.30	8.70
Littondale	96.7%	108.4%	91.4%	148.4%	3.40	2.10	5.50
Maternity Wards	97.7%	79.8%	100.5%	85.5%	13.70	3.30	17.00
Nidderdale	92.9%	88.0%	87.1%	145.2%	3.30	2.40	5.70
Oakdale	94.5%	104.8%	100.0%	125.8%	4.60	2.90	7.50
Special Care Baby Unit	86.5%	93.1%	100.0%	-	17.00	4.40	21.40
Trinity	81.1%	138.7%	100.0%	103.2%	3.00	3.20	6.10
Wensleydale	88.3%	133.1%	98.4%	112.9%	3.30	2.80	6.10
Woodlands	84.8%	106.5%	90.3%	100.0%	10.40	3.70	14.10
Trust total	**91.6%**	**112.8%**	**95.6%**	**109.5%**	**4.60**	**2.90**	**7.50**

ED staffing	97%	95%	103%	90%			

5.3 Further information to support the January data

On the medical wards Jervaulx and Byland where the Registered Nurse (RN) fill rate was less than 100% against planned; this reflects current band 5 Registered Nurse vacancies and is reflective of the local and national position in particular regarding the difficulties in recruiting Registered Nurses. The Trust is engaged

in an extensive recruitment plan in response to this.

On CATT the slight increase in RN day and night time hours above plan was to support the opening of additional escalation beds in January, as required.

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

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

In some wards the actual care staff hours show additional hours used for 1:1 care for those patients who require intensive support. In January this is reflected on the wards; AMU, CATT, Farndale, Oakdale and Littondale, Trinity and Wensleydale.

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

On Trinity ward the daytime RN hours were less than planned due to RN vacancies. The ward is actively recruiting.

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

The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Although the day and night time RN hours are less than 100% in January, the ward occupancy levels vary considerably which means that particularly in this area the number of planned and actual nurses is kept under constant review. These figures also reflect increased investment in the Woodlands RN establishment and we are currently recruiting to this.

5.4 What this means

The actual versus planned staffing information is an indication of where the vacancies and gaps are and therefore the areas where there is an increased risk to patient safety. In recruitment we continue to be successful in that the number of registered nurses being recruited continues to exceed the number of registered nurses leaving. Despite this, the significant number of vacancies and gaps remain in CATT, AMU, Byland, Jervaulx, Farndale and Nidderdale.

Last month I reported there had been intensive operational pressures throughout January and this has continued into February and the requirement has remained to support additional escalation areas on Granby, CATT and Wensleydale.

I believe we continue to provide safe and effective care to patients as measured by a number of indicators complaints, in-patient falls and hospital acquired pressure ulcers. The number of complaints received year to date (YTD) as discussed earlier and whilst we have seen an increase in the number of falls in January from an average of 52 per month to 77 and 3 falls unfortunately resulted in a fracture, overall year to date (YTD) there has been a significant decrease in the total number of falls from 686 by January 2016 to 573 YTD January 2017. Despite the sustained operational pressure the number of hospital acquired category 2 and category 3 pressure ulcers did not rise above average.

Jill Foster
Chief Nurse
January 2017

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Report to the Trust Board of Directors: 22 February 2017	**Paper No: 9.0**
Title	Medical Director Report
Sponsoring Director	Dr D Scullion, Medical Director
Author(s)	Dr D Scullion, Medical Director
Report Purpose	To receive an update on clinical issues

Key Issues for Board Focus:

The Board of Directors are asked to note the:

- Note and monitor mortality indices and current mortality reviews
- To continue to monitor 7 day working standards
-

Related Trust Objectives

To deliver high quality care	Yes – the report provides an update on clinical issues which may impact on the delivery of high quality care
To work with partners to deliver integrated care	Yes – the report provides assurance that the Trust continues to work with partners and colleagues at a national and local level, in preparation for forthcoming changes to guidance of a clinical nature.
To ensure clinical and financial sustainability	Yes – the report provides assurance that the Trust continues to deliver clinically sustainable services.
Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1: risk of a lack of medical, nursing and clinical staff; BAF 13: risk of insufficient focus on quality.
Legal/regulatory implications	The report does not highlight any legal/regulatory implications for the period.

Action Required by the Board of Directors

The Board of Directors are asked to receive and note the content of the report.

Report by the Medical Director - February 2017

1. **Mortality update:**

The crude mortality rate for HDFT, including January 2017 increased to 1.65%. This compares with 1.5% in January 2016. The rolling 12 month average shows only a fractional change from 1.22% last month to 1.23% currently.

Both HSMR and SHMI have increased but remain within expected levels. The HSMR is currently at 105.89 (104.51 last month) and the SHMI at 93.20 (92.67). Care of the elderly medicine is the single sub-specialty at higher than expected mortality for both SHMI and HSMR.

I am currently in the process of collecting and analysing data for the CQC review of cerebrovascular deaths. The agreed deadline for response is 17th March.

From the 31st March 2017 all acute NHS provider Trusts will be obliged to:

- collect and publish specified information on deaths, including an estimate of how many deaths could have been prevented.
- follow a national framework for identifying potentially avoidable deaths, reviewing the care provided, and learning from mistakes.
- identify a board-level leader as patient safety director, to take responsibility for this agenda (this is likely to be the medical director).
- appoint a non-executive director to take oversight of progress.
- ensure that investigations of any deaths are more thorough and kind, and genuinely involve families and carers.
- publish evidence of learning and action.

The original meeting in London to discuss the process for reporting was postponed and has been re-scheduled for 21st March. It is anticipated that the NHS Quality Board will produce guidelines for Trusts by the end of March 2017.

2. **7 Day Working standards:**

The Trust is beginning to receive data on the national standards. Information has been received on:

- Managing the deteriorating patient
- Time to 1st Consultant review following admission

The overall response to the deteriorating patient (following an elevated triggered NEWS/PEWS score) was 97% within 4 hrs. The lack of trend and benchmarked data at such an early stage makes interpretation problematic, though on the face of this early data, response rates seem very encouraging.

Similarly the data on 1st Consultant review is embryonic. However mean review times for the period are approximately 8hrs, less than the recommended standard of 14hrs. Individual outlying cases are recorded, though it is not possible to identify case records from the data and further interrogation of causation is not possible.

3. Yorkshire and Humber vascular services reconfiguration

Following an external review, Yorkshire Clinical Senate has made known their recommendations. These were discussed at a meeting in Wakefield on 8th February. A further meeting is planned for March to specifically discuss the implications for WY.

In essence the recommendation for WY is a reduction in the number of "hub" arterial vascular units from 3 to 2. Leeds will remain (given the presence of the Major Trauma Centre which by definition mandates an onsite arterial service) leaving the choice of either Calderdale and Huddersfield or Bradford to remain as the second site. The focus of future WY discussions will be to decide on where the second hub unit will be located.

The practical implications for Harrogate are minimal as the current and future vascular service arrangements for Leeds, York and Hull remain unchanged. I will of course update board should this situation change.

4. Consultant matters

It is with great regret that Dr Emma Dugdale, Consultant Oncologist with responsibility for acute oncology, has resigned having been appointed to an Oncology post in Leeds. Much of her decision is based on a lifestyle choice. Emma will be missed. Pressures on the acute Oncology service have been discussed at both ODG and SMT. Discussions are currently in place to secure a replacement. I would like to record my thanks to Emma for the outstanding and dedicated service she has provided in her relatively short period of tenure and wish her well in her new post.
On a more positive note, I am pleased to announce the appointment of our latest Consultant Anaesthetist, Dr Martin Huntley. Martin is currently here acting in a locum capacity. I was not present at his interview but have been informed by a number of those present that he was an outstanding candidate. I look forward to working with Martin in the future.

5. Sir Keith Pearson's review of Medical revalidation

The report can be accessed via the GMC website or the following link:
http://www.gmc-uk.org/publications/30478.asp

A summary of the priorities from the report are as follows:

- Reduce the burden of unnecessary bureaucracy
- Make revalidation more accessible to patients and the public
- Increase oversight of, and support for, doctors in short-term locum positions
- Extend the responsible officer model to all doctors who need a UK license to practice
- Measure and evaluate the impact of revalidation

I will be considering the implications of the report for the Trust with the Responsible Officer and Revalidation Project Manager.

6. GP/Consultant engagement evening

A joint HDFT/CCG initiative took place on February 9th with a pleasing turn-out of clinical and non-clinical staff. The written feedback from the event has been strongly positive with an appetite for further events on a similar theme. The objective was to briefly outline current pressures from the point of view of both organisations and generate an atmosphere of healthy discussion and

brainstorming to identify projects for future development that will influence system sustainability whilst maintaining or improving quality.
Initial feedback can be summed up by more of the same, action rather than inertia, and perhaps a more focused approach to future events. Suggested projects for development include

- Better acute/primary care IT connectivity
- Self-care
- Enhanced advice and guidance (FAQ approach)
- End of Life care Planning
- Better management of follow ups (flare lines, patient passports, classes)

These are not exhaustive. Updates may follow as the ideas develop. Oversights will be through the clinical board.

Dr David Scullion, Medical Director
February 2017

Report to the Trust Board of Directors: 22 February 2017	Paper No: **10.0**

Title	**Workforce and Organisational Development Update**
Sponsoring Director	Mr Phillip Marshall, Director of Workforce and Organisational Development
Author(s)	Mr Phillip Marshall, Director of Workforce and Organisational Development
Report Purpose	To provide a summary of performance against key workforce matters
Key Issues for Board Focus: 1. **Appraisals –** new approach to improving appraisal rates 2. **Retention of Registered Nurses –** initiatives to increase retention 3. **Recruitment of Trust Chair –** an update on the progress of the recruitment process	
Related Trust Objectives	
1. To deliver high quality care	Through the pro-active management and development of the workforce, including recruitment, retention and staff engagement.
2. To work with partners to deliver integrated care	Working with external organisations, including NYCC, Health Education England and NHS Employers, to provide a qualified and professional workforce fit to deliver services.
3. To ensure clinical and financial sustainability	By seeking to recruit and retain our workforce to full establishment and minimise the use of agency staff.
Risk and Assurance	Any identified risks are included in the Directorate and Corporate Risk Registers and the Board Assurance Framework.
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 invited to **note** and comment on the update on matters specific to Workforce, Training and Education, Service Improvement and Innovation and Organisational Development.	

a) Retention of Registered Nurses

In December 2015, the Yorkshire and Humber region of Health Education England (HEE Y&H) produced a report reviewing the factors affecting the retention of registered nurses within NHS Trusts. A copy of the report can be found in the Reading Room.

The findings and recommendations include:

- Exit interview

Performing in-depth exit interviews at the earliest opportunity provides valuable insight into the reasons why staff choose to leave the Trust. This data can be used to identify trends, potential issues within key departments and become the foundation of a retention strategy.

The report highlights offering the leaver the choice of who completes the exit interview, rather than just the line manager, which encourages open and honest discussions. Speaking with those who resign as soon as they hand their notice in provides an opportunity to act on the individual's reasons for leaving and, by addressing some of them, may possibly offer the chance of retaining them in the workforce.

Trust position: Minimal numbers of exit interviews are returned to the Workforce and Organisational Development (W&OD) team and it is clear that few exit interviews are being carried out.
Trust action: Exit interview report (part of the Leaver Form) to be completed *at point of resignation* and submitted.

- Clear pathways for career progression

Identifying clear career pathways for progression and supporting development of professional skills provides the nursing workforce with a clear direction and a greater sense of their value to the organisation.

The report highlights that without these nurses can often feel undervalued and unsupported, and without a defined pathway to promotion or development.

Positive communication of the available pathways and commitment to support the nursing workforce to undertake the training is highlighted as key to the successful retention of this staffing group.

Trust position: There are limited career progression pathways for unregistered staff.
Trust action: i) Work is planned to commence in April 2017 on inpatient areas to review the skill mix ahead of the possible introduction of new roles for unregistered staff.
ii) Learning from new theatre staff structure to be shared across inpatient areas.
iii) Continue with the roll-out of practice educator roles across the Directorates

- On the wards

The most common factors influencing the retention of nurses centre around life on the wards. Constant change, low morale and feeling undervalued all contribute to reasons why nurses decide to leave a Trust.

Implementing regular staff engagement events or forums provides the Trust with regular insight into what the staff consider important to them and can potentially highlight reasons why staff may choose to leave the Trust. These events should be facilitated by a member of staff who will remain neutral to the issues raised by the group.

Trust position: There are no clear routes for engagement of all ward staff.
Trust action: Establishment of an engagement forum for inpatient ward staff in April 2017, to be facilitated independently of the Corporate Nursing team.

The report highlights the requirement for Trust to have a retention strategy which is centred around the key points highlighted above.

In addition to the above, successive internal audits have given Limited Assurance to the operation of Rosterpro by a significant number of Ward Managers. A review of the outcome of the latest audit and actions arising required will be held, in conjunction with the Oceans' Blue pilot. As the sponsor of the audit this work will be led by the Chief Nurse.

SMT has approved these actions and the rapid exploration and implementation of alternative Band 4 roles in inpatient areas and theatres, through utilising the Calderdale Framework.

The majority of this work will be considered and taken forward by the Nursing Recruit and Retention Group.

b) Acute Medical Model (AMM) National Networking Event

The National AMM Networking event was attended by Shirley Silvester and Sharon Wilkes who presented a workshop, which was very well received, with a wide ranging audience, which asked lots of questions, took notes and was photographing their slides. Sarah Henry, an Advanced Care Practitioner (ACP) in the CATT, was a particular success; she captivated the audience and, her passion for her role in CATT shone through - she was described as a brilliant ambassador for the work which Dr John Smith is doing in CATT and for HDFT.

The Nuffield Institute spoke to the Trust delegates afterwards about how impressed they were that the Trust has protected supernumerary time for training and the fact that each of the ACPs had achieved an MSc in advanced practice.

Adam Sewell, the Executive Director of NHS Improvement attended their workshop and also spoke to them afterwards. He said it was a really good presentation and illustrated a really good piece of workforce transformation. None of this work would have been possible without funding and support from HEE Y&H.

c) Hospital Consultants and Specialists Association (HCSA)

The HCSA has been recognised by the Department of Health (DH) and NHS Employers for the purposes of national collective bargaining for medical contracts (where relevant to their membership). The HCSA has contacted the Trust and has sought local recognition. NHS Employers has made clear to the HCSA that national recognition does not automatically guarantee local recognition - that is a matter for individual organisations. The Trust will consider recognition of the HCSA, by membership of the LNC for example, on the basis that it can demonstrate a significant level of membership amongst the medical staff.

NHS Employers has emphasised that national recognition is a natural development of the role of the HCSA. The NHS already recognises a large number of trade unions and this is a normal part of how it responds to a request from a TUC-affiliated union with demonstrable membership among its workforce. The move is not a response to the difficulties experienced over the last two years with the BMA Junior Doctors Committee.

d) Recruitment of Chair of the Trust

The process for recruiting a Chair for the Trust following the enforced retirement of Sandra Dodson is now underway. The responsibility lies constitutionally with the Governors of the Trust through the Nominations Committee, chaired for this evolution by Mr Ian Ward, the Senior Independent Director. The plan is for the Council of Governors to approve the preferred candidate at its meeting on 2 August, and for the Chair designate to take appropriate opportunities to undertake an unpaid, phased induction between then and 1 October, when they will formally take up the role.

At the meeting on 30 November the Council of Governors approved a recommendation that an executive search organisation be engaged to manage the process, within a defined budget ceiling. A tender exercise was held and the Nominations Committee met on 27 January and endorsed the recommendation of an interview panel that Gatenby Sanderson (GS) of Leeds take forward the process. A meeting of the Nominations Committee, attended by the GS consultant, was held on 15 February at which the proposed timeline, the job description and person specification, an advertising strategy and other details of the process (including nomination of those Governors to be involved in the Interview Panel) were agreed. I am providing the Trust link between GS and the Nominations Committee. There will be a number of opportunities during the process for both Executive and other staff to interact with candidates for this prestigious post.

e) Appraisals

At last month's SMT feedback was requested from Directorates in relation to our approach to appraisal completion for staff, particularly in light of our performance in this area. Feedback has been received and indicated that the Directorates would like to adopt an approach that incorporates:

1. The roll out of team appraisals for the largest staff groups across the Trust
2. A golden thread of objectives derived from the Trust's Strategic Objectives
3. An appraisal period that avoids the winter pressures period

As such we are proposing that initially only for 2017/18 we adopt an appraisal period between 1 May and 30 September, to enable all appraisals to be scheduled in advance. To support this, the Trust's Strategic Objectives will need to be reaffirmed by the end of April 2017. In addition, a group of three mandatory objectives, aligned to these Strategic Objectives will be included in the appraisal documentation. These are: delivery of high quality patient care/service, working collaboratively and in partnership and the use of finite resources. This allows Directorates and departments to tailor these to their own circumstances.

A training programme will also be developed and rolled out during April to support the delivery of team appraisals. In preparation for this the HR team has reviewed the appraisal toolkit and will be re-launching the documentation to include hints and tips for managers conducting appraisals, as well as a recorded training programme that managers can listen to briefing them on the documentation. During March and April the HR team will be running drop-in clinics for managers on conducting successful appraisals to support all departments to gear up for the appraisal period.

The Senior Management Team has approved this approach.

f) Job Planning

The latest job planning figures for Consultants and Specialty Doctor and Associate Specialist grades as at 31 January 2017 are shown in the table below. Overall progress in completed Job Plans month on month is shown as a RAG rating. Progress is being made on a number of those Job Plans shown as out of date or not recorded; a number have moved past the 12-month point over December and January and action is needed to bring them up to date. The Job Planning Group met on 15 February and noted progress in the Directorates, including 100% completion in Community and County Wide Children's Services.

FEBRUARY 2017 JOB PLANNING CENTRAL REPORT - CONSULTANTS										
Directorate	**Number of Consultants**	**Job Plans within 12 months**	**%**	**Job Plans older than 12 months**	**%**	**Number of Consultant with no Job Plans recorded**	**%**	**In progress**	**Notes**	**RAG**
C & CWCC	9	8	88.89%	0	0.00%	0	0.00%	1		
LT & UC	55	40	72.73%	14	25.45%	0	0.00%	1		
P & SC	65	36	55.38%	29	45.90%	0	0.00%	0		
Total	**129**	**84**	**65.12%**	**43**	**33.33%**	**0**	**0.00%**	0		

FEBRUARY 2017 JOB PLANNING CENTRAL REPORT - SAS GRADES										
Directorate	**Number of SAS Doctors**	**Job Plans within 12 months**	**%**	**Job Plans older than 12 months**	**%**	**Number of SAS Doctors with no Job Plans recorded**	**%**	**In progress**	**Notes**	**RAG**
C & CWCC	6	6	100.00%	0	0.00%	0	0.00%	0		
LT & UC	12	10	83.33%	1	8.33%	1	8.33%	0		
P & SC	41	13	35.30%	24	58.54%	4	9.76%	0		
Total	**59**	**29**	**49.15%**	**25**	**42.37%**	**5**	**8.47%**	0		

Change from previous month (in-date JPs)		**Improved**		**No change**		**Worse**				
Excludes locums, maternity leave, bank and new starters										

g) Flu

The figures for flu vaccination uptake are considerably lower than previous years, further sessions had been made available to staff alongside continuing flu champion access as there have been reports in London of flu within healthcare workers and the public. A representative of the Trust steering group is attending a flu review meeting for the patch and a steering group review and forward planning is being held in February.

The updated figures for the flu vaccination uptake of clinical staff as at 31 January 2017 are:

Staff Group	Number of HCWs	Number Vaccinated	% Vaccinated
All Doctors	320	148	46.3%
Registered Nurses	1,287	524	40.7%
Qualified Support Staff	471	186	39.5%
Unqualified Support Staff	789	325	41.2%
TOTAL	**2,867**	**1,183**	**41.3%**

Please note the figures exclude bank staff, GP OOH and those on long term absence as at 1 January (for example long term sick, career break, maternity leave).

As at this point in time in previous years, the uptake has been previously **58.2%** in 2014/15 and **53.8%** in 2015/16.

h) Sickness Absence Reporting

Overall absence within the Trust has risen in December 2016 to 4.15% which is above target but below the level seen for the corresponding period in 2015. It should be noted that late adjustments have resulted in November figures being adjusted downwards to 3.99%.

Regionally the latest reported figures are for November 2016; overall the absence level was at 4.89%. HDFT reported well below this level against local comparators, as can be seen in the table below (please note the revised figure was 3.99%). Indeed within the entire Yorkshire region only Hull & East Yorkshire Trust reported lower absence levels than HDFT.

All Trusts:	November 2016 Absence:
AIREDALE NHS FOUNDATION TRUST	4.47%
BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	4.64%
CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	4.48%
HARROGATE AND DISTRICT NHS FOUNDATION TRUST	4.01%
LEEDS TEACHING HOSPITALS NHS TRUST	4.31%
MID YORKSHIRE HOSPITALS NHS TRUST	5.53%

Phillip Marshall
Director of Workforce and Organisational Development

February 2017

Board Committee report to the Board of Directors

Committee Name:	Quality Committee (QC)
Committee Chair:	LA Webster
Date of last meeting:	01/02/2017
Date of Board meeting for which this report is prepared	February 2017

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

- **Hot Spots discussed**: Continued operational pressures being experienced in both the Acute and Community settings. Discussions focused on:
  - Issues relating to staffing levels in particular areas.
  - Deep cleaning capabilities, in the short term to aid patient flow, plus ongoing cleaning / maintenance programs to prevent risks of cross-infection. Both areas being dealt with at SMT level at this time.
- **Board request for QC to gain assurance regarding Pressure Ulcer Care** – The Committee received a good degree of assurance that there is a high focus on the quality of care being provided to both acute and community patients to prevent and manage this area of care. The Tissue Viability Lead has been invited to attend the May QC to present the annual report on this area of care to offer further assurance.
- **Quality Priorities** – One update received:
  - **Improving Care for Patients with Learning Disabilities:** Ben Haywood, Learning Disability Liaison Nurse, delivered the report. This showed excellent progress against the agreed objectives and examples of improved patient care were reported.
- **Quarter 2 Reports received:**
  - **Patient Safety Report** – the committee noted concerns regarding the number of moderate and high degree v low/no harm incidents reported. Cultural and Datix reporting system efficiencies were discussed and SMT were requested to consider speeding up the planned actions for improving the efficiency of the Datix process.
  - **Patient Experience and Incident Report** – The number of outstanding action plans related to complaints continue to be an area of concern. Directorates to maintain a focus on this.
- **Other Reports received:**
  - North Yorkshire Safeguarding Adults Board Annual Report
  - Maternity Assurance Statement
  - Local Supervisory Authority Audit Report / Action Plan – noted that the plan has not been published as expected, interim plan to be implemented by the Trust noted.
- **Learning received at Conferences Attended**: New element on QC agenda. This month we heard about 'Turning Complaints into Learning' from Andrea Leng. Very useful information which has informed the formatting and information contained in the new Patient Experience and Incident report.

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

None

Matters for decision

None

Action Required by Board of Directors: None

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	Friday 27th January 2017
Date of Board meeting for which this report is prepared	Wednesday 22nd February 2017

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

1. **At its December meeting, the Committee had been concerned at the relatively high number of finalised audits that had resulted in "Limited Assurance" conclusions. Those 5 audits considered at the December meeting were:**
   - **Falls Prevention**
   - **Patient Access - Follow Up**
   - **Emergency Preparedness and Business Continuity**
   - **Legionella**
   - **IV Cannula Care – Follow Up**

   At its January meeting, the Committee reviewed the progress that had been made on the implementation of audit recommendations, and were reassured that Internal Audit had noted that the Senior Management Team had brought some keen focus to address the Committee's concerns and that good progress was now being made. The Committee will again review what further progress has been made at its March meeting.

2. **The Committee had also been concerned at the percentage of management responses to draft report recommendations received within 15 working days, that had fallen from 100% in September to 89% in December. It was pleasing to note that management responses to the 3 audits finalised since December had all been received within an acceptable period.**

3. **The Committee reviewed survey results in respect of its own effectiveness and that of the Internal Audit team. Generally the results from the surveys were very positive, although some areas for improvement were identified. As regards Committee effectiveness, these included better use of the pre-meeting time available for members and also taking the opportunity to ask auditees to attend the Committee on a more frequent basis to address concerns raised in reports. Separate reviews by the Committee and by auditees of the effectiveness of the Internal Audit function both demonstrated a very positive pattern of improvement, with management across the Trust recognising the value that the Internal Audit team are able to add.**

4. **KPMG have appointed a new director (Rashpal Khangura) to take charge of the Trust's external audit process and the Committee welcomed hearing some details of the approach that is to be taken and were pleased to approve the**

KPMG Audit Plan and proposed fees, which represent a small reduction from the level charged for the 2015/16 Audit.

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

The notes above set out the concerns of the Committee with regard to the maintenance of an effective internal control environment.

Matters for decision

There were no new risks identified and discussed by the Committee which are to be brought to the attention of the Board.

Action Required by Board of Directors:

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

Board Committee report to the Board of Directors

Committee Name:	Finance Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	8th February 2017
Date of Board meeting for which this report is prepared	22nd February 2017

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

1. The Committee received an update on agreeing the contract with HaRD CCG. The intention is to sign a contract at £91m supported by a schedule of activity. Some discussions still taking place around funding for specialist registrars.
2. Month 10 figures were not available for this meeting but activity during January was discussed.
3. It was reported that delayed transfers of care at Harrogate were the highest in the West Yorkshire patch and this was having an impact on our financial position and performance.
4. The cash position continues to be tight. The Finance team will be focussing on this in February. The Committee also discussed the possibility of on-account payments throughout the year rather than invoicing and having to chase debts.
5. Plans for 2017/18 CIP total £9.4m against a target of £8.9m but these reduce to £7m after risk adjustment. Work still to do on phasing of projects. QIA scheduled for late February.
6. Capital Programme proposals for 2017/18 were reviewed. A loan is required to fund the new Endoscopy suite and there is concern that capital funds nationally are over-subscribed. We cannot award a contract for the works until funding is secure.
7. The Committee received an update on business development. The NY Community Dental Services tender is due to be submitted in March. Work is continuing on possible activity that could take place at Wharfedale hospital.
8. An update on the re-brand/re-launch of private work was given

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

- The impact on our financial plan and performance of delayed transfers of care.
- The challenge in collecting sums due to us and the impact this is having (and will continue to have in 2017/18) on our cash position.
- The risk to our Endoscopy project should we be unable to secure loan funding from Independent Trust Financing Facility (ITFF).

Matters for decision
None

Action Required by Board of Directors:
None