Board of Directors public - 31 May 2017 - all documents V2

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NHS
Harrogate and District
NHS Foundation Trust

The meeting of the Board of Directors held in public will take place on Wednesday 31 May 2017 in the Derwent Room, The Pavilions, Great Yorkshire Showground, Harrogate, HG2 8NZ

Start: 09.00am Finish: 12.30pm

	AGENDA		
Item No.	**Item**	**Lead**	**Paper No.**
08.45am – 09.00am - Transformation Programme delivery and Improvement Strategy implementation updates		Mikalie Lord, Programme Manager – Improvement and Transformation	
09.00am – 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 26 April 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
5.0	**Board of Directors Terms of Reference** *To review and approve the Terms of Reference*	Mrs Sandra Dodson, Chairman	5.0
Overview by the Chairman		Mrs S Dodson, Chairman	-
6.0	**Report by the Chief Executive Including the Integrated Board Report** *To receive the report for comment*	Dr R Tolcher, Chief Executive	6.0
7.0	**Report by the Finance Director** *To receive the report for comment*	Mr J Coulter, Deputy Chief Executive/ Finance Director	7.0
8.0	**Report from the Chief Operating Officer** *To receive the report for comment*	Mr R Harrison, Chief Operating Officer	8.0
10.50am – 11.00am – Break			
11.00am – 12.30pm			
9.0	**Report by the Director of Workforce and Organisational Development to include an update on the Clinical Workforce Strategy** *To receive the report for comment*	Mr P Marshall, Director of Workforce & Organisational Development	9.0

10.0	**Report from the Chief Nurse** *To receive the report for comment*	Mrs J Foster, Chief Nurse	10.0
11.0	**Report from the Medical Director** *To receive the report for comment*	Dr D Scullion, Medical Director	11.0
12.0	**Patient Experience and Incident Report Quarter 4 2016/17** *To be noted and considered for comment*	Mrs Jill Foster, Chief Nurse	12.0
13.0	**Oral Reports from Directorates** *13.1 Planned and Surgical Care* *13.2 Children's and County Wide Community Care* *13.3 Long Term and Unscheduled Care*	Dr K Johnson Clinical Director Dr N Lyth, Clinical Director Mr A Alldred, Clinical Director	- - -
14.0	**Committee Chair Reports** *14.1 To receive the report from the Finance Committee meeting held 24 April 2017 and the Finance Committee's Annual Report 2016/17.* *14.2 To receive the report from the Quality Committee meeting held 3 May 2017 and the Quality Committee's Annual Report 2016/17.* *14.3 To receive the report from the Audit Committee meetings held 4 & 18 May 2017*	Mrs Maureen Taylor, Non-Executive Director/chair of the Finance Committee Mrs L Webster, Non-Executive Director / Quality Committee Chair Mr C Thompson, Non-Executive Director / Audit Committee Chair	14.1 14.2 14.3
15.0	**Communications and Marketing Strategy** *To receive the strategy for review and comment*	Dr R Tolcher, Chief Executive	15.0
16.0	**Council of Governors minutes of the meeting held 18 February 2017** *To receive the minutes for comment*	Mrs S Dodson, Chairman	16.0
17.0	**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	-
18.0	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs S Dodson, Chairman	-
19,0	**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 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
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 LTUC	None
Dr Kat Johnson	Clinical Director PSC	None
Dr Natalie Lyth	Clinical Director CCCC	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 of W & OD	None
Mr Jordan McKie	Deputy Director of Finance	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 of Performance and Informatics	None

May 2017

Harrogate and District NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors' meeting held in public on
Wednesday 26 April 2017 09.30am in the Boardroom, Trust HQ, Harrogate District Hospital

Present:
Mrs Sandra Dodson, Chairman
Dr Ros Tolcher, Chief Executive
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mrs Jill Foster, Chief Nurse
Mr Robert Harrison, Chief Operating Officer
Mr Phillip Marshall, Director of Workforce and Organisational Development
Dr David Scullion, Medical Director
Mr Neil McLean, Non-Executive Director
Mr Chris Thompson, 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 Kat Johnson, Clinical Director Planned and Surgical Care
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services
Dr Jenny Child, Director of Infection Prevention and Control

Patient Story

Mrs Dodson introduced Laura Dinning, Diabetic Research Nurse and Ms W, a patient who had been involved in a research project run at the Trust. Laura explained that the Trust had been involved in a six month clinical trial involving an Insulin Pump. 55 patients had been recruited to participate in the Repose trial. A further element, named Onset, involving just five patients using a new fast-acting insulin, was also run for a six week period. She explained that the trials involved very intensive monitoring of glucose levels in patients, involving weekly meetings face to face or by telephone and one inpatient stay over a six month period. She highlighted the demands this placed on participants involved in the trials.

Ms W then outlined that she had been a Type 1 diabetic for over 30 years and had managed her condition in the normal way through injections. She explained that she had experienced some difficult side effects due to variations in glucose levels. She had lived in the South for most of her life, but had moved to Harrogate in 2011. She commented that the education and information she had received at the Trust had been outstanding, and that she had learnt more about her diabetic condition than she had previously. She explained that she had been keen to participate in the trial as the use of a pump seemed preferable to injections. She commented that she had found the use of the pump to be of great benefit to her and proved helpful in managing her career. She said she had found the trial very demanding personally and she felt that it must have been a very expensive trial for the Trust to be involved in due to the staff time commitment, given the level of monitoring involved.

Mrs Dodson asked Ms W if she thought she might have pulled out of the trial if she had not been professionally involved in the research industry. Ms W said that she would certainly have stayed on the Repose trial as the pump had proved so beneficial, but that she certainly would have considered pulling out of the Onset trial because of the very heavy demands it placed on individuals. Laura Dinning added that no patients had withdrawn from the trial, and this was partly down to the high level of support given to patients on the trial by staff at the Trust.

Mrs Webster asked if Ms W was still using the pump. Ms W confirmed she was and that she would not want to go back to injections to manage her condition. Mr Harrison asked if the intensive nature of the trial had been beneficial. Ms W said she felt that the intensive nature of the trial had been beneficial and preferable to a slower approach. The trial had a very positive impact and would benefit others in the long run. Dr Layton commented that patients participating in trials were to be commended, as frequently treatments they received during the trial, which they had found beneficial, were withdrawn at the end of the trial, or they received a placebo and received no benefit.

Mr McLean asked, given the demanding nature of this type of trial on participants, whether an assessment on the impact on patients was undertaken prior to commencement of the trial. Dr Layton said that this was now being done in some cases, but was not universal. Mrs Webster asked if the Trust was compensated for its participation in such trials. Ms Dinning said that in this instance the level of compensation to the Trust had been significantly under-estimated and that negotiations were underway to agree a final payment to compensate the Trust for the additional time and cost involved in the trial. She went on to say that compensation for individual participants were set nationally.

Mrs Dodson thanked both Laura Dinning and Ms W for attending the Board and sharing their experiences of the clinical trial.

Research and Development

Mrs Dodson then introduced Dr Alison Layton and Dr Maggie Peat who were attending the Board to provide an update on research and innovation.

Dr Layton explained that the Trust was part of the Yorkshire and Humber Clinical Research Network, one of 15 Clinical Research Networks across England. Dr Layton highlighted that Yorkshire and Humber was the most successful network in recruiting to clinical trials.

Dr Layton outlined that centres active in research had measurably better outcomes than other centres. She gave a number of examples which included: lower mortality rates; improved survival rates for all patients, not just those involved in the clinical trials, in patients with colorectal cancer (CRC) in research-intensive hospitals; bowel cancer patients are more likely to survive after operations in research-active hospitals; patients who are not involved in the trials themselves benefit from being in hospitals where a large amount of clinical research is taking place; a four per cent increase in the five-year survival rate for those with bowel cancer who were treated in highly research-active hospitals. Dr Layton also highlighted that the Trust's involvement in research enhanced its reputation as both a place to work and be treated as well as being a source of income generation.

Dr Layton highlighted the four strategic aims of the research and innovation strategy:

> Culture - Embedding a safe culture of research within the organisation, which is valued and recognised as core business;
> Capacity and Capability - Attracting, developing, supporting and maintaining research active clinicians;

Collaborating - Being an active partner organisation in the CRN & AHSN, Yorkshire and Humber; and
Engaging - Raising awareness of research among staff and the population served by the Trust.

Finally, Dr Layton spelt out the challenges facing the Trust, which included the lack of space available for research, which was restricting the amount of research which could be mounted and restricted the amount of income which was generated, the capacity of clinicians to conduct research and the demands of the follow-up workload generated by research.

Mr Coulter asked whether there was succession plan to take on leadership of research in the future. Dr Layton confirmed there was a succession plan in place. Mrs Dodson said this was an important issue and the Board needed to consider how to best support the next generation of leaders in research and there would be benefit in the Board reviewing the succession plan.

ACTION:
Research succession plan to be presented to the Board

Mr Harrison asked whether the decision to exit the European Union would have any impact on European funding for research. Both Drs Layton and Peat stated there was no indication at the moment that the European Union would reduce funding of research in the UK.

Mrs Dodson thanked Drs Layton and Peat for their attendance at the Board

1. Welcome and Apologies for Absence

Apologies for absence were received from Mr Ian Ward, Non-Executive Director.

Mrs Dodson welcomed to the meeting two elected Governors, David Griffith, and Denise McConnell, participating in the Insight programme for potential Non-Executive Directors, a representative from the Leeds Teaching Hospitals NHS Trust, Mr Paul Widdowfield, Marketing and Communications Manager and Mrs Katherine Roberts, incoming Company Secretary.

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 29 March 2017

The draft minutes of the meetings held on 29 March 2017 were considered.

APPROVED:
- **The Board of Directors approved the minutes of the meeting held on 29 March 2017 as an accurate record of proceedings, subject to minor amendments.**

4. Review of Action Log and Matters Arising

Completed actions were noted.

Item 8 – Mr Harrison stated that the work was not yet completed in order to be able to give a full report to the Board; however he stressed that the work to date had not identified any patient safety issues. Deferred to May 2017.

Item 15 – Dr Johnson highlighted that of the 2,000 patients identified, 370 remained to be reviewed. 21 patients had been identified who required a follow-up; one patient appeared to have suffered some loss of sight, although the clinical view was that this was not as a result of the lack of follow-up. The review of the patients would be completed by the end of May and a further report would be brought to the Board in June 2017.

Item 29 – Mr Alldred explained that the local charity-funded hospice provided this service which was currently scheduled to cease in May for non-palliative patients. The service received around 130 referrals a year, mainly generated directly by GPs of which approximately 14 palliative care patients would continue to receive treatment. Approximately 30 of the patients referred to the service had a cancer diagnosis. The CCG were currently in discussion with both the hospice and other potential providers. Mr McLean asked whether there was a risk that referrals for this service would be directed to the Trust once the hospice withdrew from offering the service. Dr Tolcher responded that this was unlikely as the Trust did not offer the service. The normal course of action in such situations would be for the Trust to return such referrals to the GP. It was agreed that Mr Alldred would provide regular updates via his verbal Directorate report to the Board.

Item 30 – Mrs Foster explained that she had been unable to find the report referred to on absconding patients. She is making further enquiries as absconding patients were tracked via Datix and she would provide a report to the Board in May.

Mr Coulter drew attention to paragraph 7.2 in the March minutes and updated the Board that the Trust had now received confirmation from NHS Improvement that capital for the Endoscopy building work had been agreed via a loan, enabling the work to proceed.

ACTION:
Actions 17, 29 and 31 were closed.

5. Board of Directors Terms of Reference

Mr Coulter advised that the reference to the Trust in paragraph 9.4.4 was incorrect. It was agreed that this would be amended and the terms of reference brought back to the Board for approval.

ACTION:
Terms of Reference to be amended and brought back to the Board for approval.

Overview by the Chairman

Mrs Dodson highlighted three themes for today's Board meeting: knitting together the Trust's strategic vision using knowledge and information in an intelligent way; how to promote and support improved budget control; and as the footprint of the Trust grows, how to ensure that there is consistency in culture and approach at the external "hubs" in the community.

6. Bi-annual Review of Strategic KPIs

6.1 Dr Tolcher started by thanking Mr Coulter and Rachel McDonald for the work they had done in producing the paper. Dr Tolcher explained that the strategic KPIs had been developed as a means of tracking progress of delivery of the Trust's strategic objectives. She reminded the Board that the Trust sought to deliver upper quartile performance in all areas, and to deliver upper decile where the Trust was already at upper quartile performance. Performance

had been RAG rated against the end-point; however Dr Tolcher felt that for the RAG rating to be more meaningful, it should be rated against the progression to achieve the final end point. She highlighted three Trust strategies already in place which would positively impact on a number of strategic objectives, namely: seven day working, clinical workforce and private patients strategies. Dr Tolcher advised Board members that under the Patient Experience section of the report, the Friends and Family Test result had been incorrectly RAG rated amber, when it should be green.

6.2 Mr McLean queried what the use of the "Best Practice Tariff" was telling the Board. Dr Tolcher explained this was a proxy for better outcomes. Mr McLean said that it was misleading as it was not clear the size of the service it was relating to, hence a very small service with a positive outcome could obscure a very large service with a negative outcome. Mr Coulter argued that it was important to look at these measures in the round. Mrs Webster asked where the Trust was on this journey. Dr Tolcher outlined that the objectives had been set last year and therefore the Trust was in year two of a five year journey. Mrs Webster said that rather than RAG rating against where we wanted to be the RAG rating should be about progress against delivery. It was also felt that a front sheet summarising the overall position utilising graphics would add to the report and that there was a need to ensure that the KPIs did not duplicate but triangulated with the "Model Hospital" information.

6.3 Mr Harrison said the report painted a complex picture with each element presenting a slice of delivery, some narrow and deep, others much broader. Mr Coulter drew attention to the external monitoring section of the report which highlighted the positive position of the Trust measured externally. Dr Tolcher suggested that there was merit in looking at some specific key indicators as a measure of progress, looking at the past five years, which may identify patterns or issues being missed. Mr McLean said he felt this was a more helpful approach than looking at even more data sets. Dr Scullion pointed out that in relation to "reporting culture" this should refer to low/high, rather than high/low and that harm should be used rather than risk.

6.4 Dr Tolcher suggested that there would be benefit in having a more in-depth discussion of the report at a Board Strategy Day.

ACTION:
Proposals for a revised format for the Strategic KPI Report to be brought back to the Board Strategy Day.

7.0 Report by the Chief Executive including the Integrated Board Report (IBR)

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

7.1 Dr Tolcher highlighted that the year had ended on a positive note and that overall the Trust was in a better position than it had been at the start of 2016/17. The CQC had rated the Trust as "good" and patient feedback was consistently positive. She drew attention to the financial challenge the Trust had faced, and that this had resulted in the Trust missing its control total in Q4, resulting in the non-payment of the final tranche of Sustainability and Transformation Funding. On a more positive note, the Trust had safely delivered 100% of its Cost Improvement Programme (CIP) with no detriment to quality. Dr Tolcher wanted to thank all staff for their efforts in delivering this position and all the work done would be acknowledged in an 'All User' staff communication which would be sent out later this week.

7.2 Dr Tolcher then highlighted some strategic developments. In regard to the West Yorkshire Association of Acute Trusts (WYAAT) the elective care project structure was being developed. A clinical lead had been identified at Leeds Teaching Hospitals NHS Trust and the

initial focus would be on orthopaedics. The start point would be to seek standardisation across all the trusts and to embed best practice, which might lead to the development of clinical networks.

7.3 In relation to New Models of Care the Trust was looking at innovative ways of meeting demand within the baseline contract value. Proposals would be signed off at the Transformation Board meeting which was to be held the next day. Following publication of the Five Year Forward View Next Steps document the Harrogate Health Transformation Board would be renamed the 'Harrogate Sustainability and Transformation Partnership Board' (HSTPB). Its scope would be extended to encompass all health and care work across the Harrogate and District area. In respect of the West Yorkshire and Harrogate STP Non-Executive Director (NED) representation would be sought. Discussions were at an early stage on the development of Accountable Care Organisations (ACOs) in STP areas although these were likely to be more locally focused rather than span the whole of West Yorkshire and Harrogate. A collaborative capital bid had been made for emergency care, cancer and digital developments with £15million allocated for West Yorkshire and Harrogate.

7.4 Mr Coulter said it was essential that an STP-wide strategic capital plan be developed, rather than as now, individual organisations making bids for ad-hoc developments. Dr Tolcher agreed with this approach. Mr Thompson raised concern about the implications of the Naylor recommendations highlighted in the CEO's report as the Trust had opted out of the WYAAT programme on estates and facilities management. Dr Tolcher stressed that the Trust was looking at alternative approaches. Mrs Taylor stressed the need for capital to follow strategic decisions made at STP level.

7.5 In relation to finance the Trust ended the year with a surplus of £238k. Mr Coulter would provide more detail in his report.

7.6 In relation to the IBR Mr Harrison highlighted that in terms of 62 day cancer screening it was possible that Q4 performance would fall short of target. The Trust was working with York Teaching Hospital NHS Foundation Trust at addressing the issues. With regard to bowel screening, the data had been validated, numbers were small and there were a significant numbers of breeches.

7.7 Mrs Webster questioned the appraisal rate and what plans were in place for its improvement. Mr Marshall highlighted the programme of work including briefings scheduled for managers and staff during May. Mr McLean said he was sceptical about the value of formal individual appraisals and that many companies were now placing a lot less emphasis on appraisals. Mr Marshall disagreed and said that all the evidence from the staff survey and from listening to staff was that appraisals were valued.

7.8 Mrs Taylor raised the issue of C-Section rates and what was being done to reduce the number. Dr Johnson responded that in terms of emergency C-Sections the Trust was not an outlier. In relation to elective C-Sections the position was complex and linked to patient choice; the use of customised growth charts encouraged intervention. Expectant mothers who expressed anxiety about giving birth naturally as a reason for seeking a C-Section were offered counselling. Overall, the Trust sought to encourage mothers to give birth naturally, however if they sought a C-Section it was difficult to deny their choice.

7.9 Mr Thompson raised electronic rostering and the improving position, which had been highlighted on a recent safety visit to Littondale. Mr Alldred highlighted that lots of work had been undertaken to improve the situation.

8. Report by the Director of Finance

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

8.1 Mr Coulter highlighted the work done by the finance team in pulling the report and year-end position together. Overall the Trust finished 2016/17 with a surplus of £238k, overall £3.7m when the STF was included. The regulator had scored the Trust at 1 for use of resources, the highest rating. In terms of the cash position the year-end position stood at £4.6m, £5.5m below plan. He explained that this was due to the combined effect of three factors, the £2m shortfall on the planned surplus, £1.5m of STF not received, and an increase in debtors.

8.2 With regard to 2017/18 a more positive cash payment profile had been agreed with HaRD CCG, which would benefit the Trust. Looking to 2017/18 the Trust would focus on challenges in the three areas which had caused the biggest financial pressures for the Trust during 2016/17 ie ward spending, agency spend and the shortfall in elective work undertaken. Mr Coulter highlighted the simple messages which would be going out to budget holders and staff. There was a target to reduce agency spend by 15%, increase theatre productivity and seek to share Service Line Reporting (SLR) and activity data in a useable and understandable format for managers. In relation to agency spending the Trust faced a difficult challenge as agency costs were rising, yet at the same time agency and bank staff were vital to ensure delivery of care. The challenge going forward was to deliver the service within the agreed budget ceiling. Mr Marshall highlighted the spiralling upward cost of agency staff and the work he was doing with the University of Huddersfield on developing OPD training and how the Trust could support the training of these staff. He highlighted Physician Associates (PAs) and opportunity for the Trust to develop roles for PAs. Mr Marshall reported that Harrogate College had received funding to support the Trust's work with the Global Exchange programme and that they would be visiting Hyderabad to review the English language training. Finally, he drew attention to a target set by NHS Improvement to reduce medical locum spending by £308k in 2017/18.

8.3 Dr Johnson argued that Physician Associates were not necessarily the answer for the shortfall in Middle Grades and additional Consultants would offer a better option. Mr Harrison stressed the difficulty the Trust faced in recruiting Consultants in some specialties, and therefore this was not the long-term solution. Mr McLean asked if the Trust was working with the York Hospital to address this situation. Mr Marshall said there was little staff movement between York and the Trust. Mrs Taylor highlighted that the Finance Committee would be looking at finance and activity for 2017/18 at its June meeting. Mr McLean asked about the level of non-recurrent CIPs in 2017/18 and whether that presented a risk. Mr Coulter responded that the plans in place were robust and he was confident that they would be delivered. In the longer term more needed to be done through transformation. Mr Alldred commented that the challenge was becoming more difficult year on year, although in terms of his Directorate there was a high level of recurrent plans. The Directorate was committed to delivering its CIPs, but the greatest challenge it faced was around managing the beds. Dr Tolcher responded that there were a number of collaborative schemes under development which had not yet been factored into current CIP schemes which would have a positive impact in due course. She also highlighted that non-recurrent plans could become recurrent over time. Dr Tolcher also highlighted that all CIPs went through a rigorous three step Quality Impact Assessment at service level, Directorate level and finally by a review by the Medical and Nursing Directors. Any non-recurrent savings which became recurrent would be subject to the same process.

9. Report from the Chief Operating Officer

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

9.1 Mr Harrison drew attention to performance in the Emergency Department. The Trust had achieved the 4 hour Emergency Department standard for Q4 and delivered a cumulative position of 95.1% for the full year. The Board was pleased to note that performance in March was the highest of any month in 2016/17 at 97.2%. This performance improvement was supported by the West Yorkshire Acceleration Zone (WYAZ) schemes, many of which came into effect in March, specifically the additional cubical capacity in the Emergency Department. Mr Harrison explained he was looking at how this level of performance could be sustained and how funding for WYAZ could be continued. Mr Harrison explained that the bid for Primary Care Screening had been unsuccessful and he was seeking to establish the reason why the bid had failed.

9.2 Mr McLean asked whether the current position in oncology could be sustained. Mr Harrison responded that an agency Consultant Oncologist had been appointed and would be joining the Trust in May. He highlighted the on-going problems in recruiting to substantive Consultant Oncologist posts, which was a national issue and having a significant impact locally. The Trust had a vacancy which it had been unable to fill as part of its alliance with York for a number of years. The situation has been compounded further by the imminent departure of the full time Consultant Oncologist who was leaving the Trust at the end of April to work in Leeds. This would have a potential impact upon activity and the ability to manage the Trust's Acute Oncology Service as the only substantive staff would be those who were shared with York and visit the Harrogate site to provide specific clinics. Hence the recruitment of an agency Consultant Oncologist, who might in due course consider applying for the substantive post. Mr Alldred highlighted the work done with Leeds to look at the roles required, but added there was no easy solution to the recruitment challenges.

9.3 Mrs Dodson commented favourably on the work being done in County Durham around Children's Services and asked what could be learned from these initiatives. Dr Lyth said the Directorate was looking at how the approach could be duplicated across the wider Trust footprint. Dr Tolcher said it was important that learning was shared, as was the importance of engaging with staff. She highlighted that Children's Services had achieved the highest staff engagement score in the recently published staff survey.

10. Report by the Director of Workforce and Organisational Development

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

10.1 Mr Marshall highlighted progress on the recruitment of the Chair: applications for the role closed on 3 April and seven people had applied. Five candidates had been long listed and would be interviewed by Gatenby Sanderson, the recruitment consultants retained by the Trust, and detailed reports will be prepared for the short-listing meeting of the interview panel on 2 May. The final interviews will take place on 22 May.

10.2 In relation to the recruitment to fill the Non-executive Director vacancy, Mr Marshall advised that a Nominations Committee meeting was held on 12 April to finalise the process for the replacement of Professor Sue Proctor. The Governors had approved the role description, ideal personal criteria and the wording of an advertisement, as well as the timetable for the appointment. The advertisements would be placed in the week commencing 24 April and interviews, including a focus group, were scheduled for Thursday 29 June. The selection would be ratified at a subsequent Extraordinary Council of Governors' meeting.

10.3 In relation to job planning, Mr Marshall said that the steering group charged with looking at job plans was placing greater emphasis on requiring Consultants and SAS Doctors to have a current job plan, appraisal and an up to date mandatory and essential training record in order to receive their annual increment or to progress towards their pay threshold.

10.4 Mr Marshall commented that in terms of sickness absence rate the Trust's position remained below the national and regional average, and whilst this was encouraging, the Trust was not complacent. Mr Marshall added that return to work interviews were key to managing sickness absence.

10.5 Finally, Mr Marshall drew attention to the Trust's accreditation of the Investors in People bronze award and that the full report, which was very positive, had been placed in the Reading Room. Mr McLean asked whether the investment in achieving the Investors in People award was worthwhile, what benefits did it deliver and did staff value the award. Mr Marshall responded that he felt the award was very valuable as it recognised how the Trust values and treats its staff. The cost of achieving the award was minimal as the award merely recognised work that the Trust was already undertaking. No additional work was undertaken specifically to achieve the award. He felt that in the long-term the award would enhance the Trust as an employer and make it more attractive to potential employees. Dr Tolcher commented that this was both good for staff and for patients, all the evidence suggested that great employers deliver great services and care for patients. Mr Thompson asked whether the recent 'Later in Life' recruitment initiatives were actually adding to the Trust's problems in returning patients to the community by taking staff away from nursing homes. Mrs Foster said that all local employers were effectively fishing from the same pool and therefore the initiative would have little impact.

11. Report from the Chief Nurse

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

11.1 Mrs Foster highlighted work underway on nurse recruitment which was currently very positive with more nurses being recruited than leaving. Mrs Foster also highlighted the work being undertaking on maximising effective rostering. The current fill rate ranged between 75-85%, and whilst there was a need to improve this, staffing levels were deemed to be safe. Work continued to review nurse staffing levels, there being indications that staff levels on CATT, Byland, Jervaulx, Farndale and Trinity may require further investment. The review of staffing levels in these areas was currently being undertaken utilising the Calderdale Framework methodology and the outcomes would be reported in June.

11.2 In relation to unannounced Directors Inspection some improvement had been identified with a number of areas now rated 'green'. Littondale continued to be of concern with continuing gaps in daily checking of the controlled drug book and lack of evidencing IV Cannula care in an unannounced visit during April. The issues were being addressed with the Ward Manager and Matron. Mrs Foster confirmed that although concerning, these errors related to documentation and no patients had been exposed to harm. In terms of complaints Mrs Foster commented on the overall position which was an increase of 9% compared to 2015/16. This needed to be considered in the context of an increase in activity and the expanded Trust footprint. February had seen an increase in the number of complaints in-patient areas however the pattern had returned to a more general spread in March with no individual area giving cause for concern

11.3 In terms of the End of Life Care pathway Mrs Foster drew attention to the excellent work undertaken by the teams on creating transparency and increasing the number of patients who were able to die in their preferred place of death. Finally, in relation to the requirement for registered nurses and midwives to revalidate every three years, Mrs Foster was pleased to report that all the Trust's nurses and midwives required to revalidate in 2016/17 had done so successfully.

11.4 Mr McLean queried the issue with gaps in controlled drugs. Mrs Foster explained that there was a requirement for all drugs to be counted on a daily basis, however on some days this was not the case. It was stressed that drugs were not going missing, it was the 'count' that was being missed for a variety of reasons, pressure of work for example. Mr Alldred commented that the counting of drugs was only a small component of checks on controlled drugs and the Trust had very robust systems in place. All incidents of drugs being diverted were investigated and all the indications were that the Trust had good and sound procedures in place. Mrs Taylor asked why Littondale ward continued to fail in this respect. Mrs Foster acknowledged that this was down to pressure of work and that the count was often missed by night staff, who would normally undertake the count during a quiet time. Dr Tolcher said this highlighted the need to reduce the pressure on beds and reduce the numbers. Dr Johnson asked whether this was a leadership issue on the ward or staffing. Mrs Foster responded that it was not completely clear where the issue lay and efforts to achieve the right level of compliance would continue.

11.5 Mr Thompson shared his concerns that actions identified to be completed on Trinity ward did not appear to have been undertaken. Mr Foster stated that the Trinity ward was subject to a review using the Calderdale Framework methodology. There had been a recent change in leadership and improvements were anticipated.

12. Report from the Medical Director

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

12.1 Dr Scullion highlighted the significant work which had been undertaken with regard to the NPSA safety alert on nasogastric (NG) tubes. He drew attention to the re-launch of the revised policy which would commence in early May and the steps which had been taken to strengthen the safety critical measures that had generated the alert in the first place, namely training and competencies for satisfactory placement of NG feeding tubes. These competencies would be subject to a follow up audit.

12.1 Guardian of Safe Working Hours Quarterly Report

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

12.1.1 In relation to the Guardian of Safe Working Dr Scullion drew the Board's attention to two systematic problems which had been identified and were being addressed. Mr Thompson raised the issue of Junior Doctors on the 2016 contract's terms and conditions and others who were not and asked whether this caused problems. Dr Scullion advised that this issue would disappear over time as eventually all Doctors would be on the 2016 contract's terms and conditions, Dr Tolcher said in her view that there would be benefits to patients if all Junior Doctors were treated the same, as it was ethically unfair to treat young doctors on the 2016 terms and conditions differently from those not on the new contract. The Trust could choose to open exception reporting to all doctors in training and junior posts irrespective of their contractual terms. There was a unanimous view that the Trust should adopt this position.

Decision:
The Trust to open exception reporting to all doctors in training irrespective of their contractual terms.

12.2.2 In terms of Dr X referred to in the report, the situation had been made worse when two Middle Grade doctors were on leave at the same time. Mrs Webster commented that this was unacceptable and was a situation which should not be allowed to happen. Dr Scullion

responded that the situation highlighted the need for more education and that in general terms the consultant body was supportive of the system and did provide supervision and support to Junior Doctors, although there were issues in gastroenterology which needed to be investigated. Mr Harrison commented that the leave issue was not necessarily as straightforward as it might appear at first sight and could have been down to locums joining the Trust with existing leave commitments which would have had to be honoured. Mr Marshall pointed out a factual error in the report in that the PAs set for educational supervisors should be 0.25 and not 0.5 as stated. Mr Alldred said that he and his colleagues were not sighted on exception reports, which would be useful in the future.

13. Oral Reports from Directorates

13.1 Planned and Surgical Care Directorate

13.1.1 Dr Johnson highlighted two issues. Firstly theatre productivity was being impacted by the 50% vacancy rate for theatre staff. This was compounded by the impact of IR35 and the willingness of some Consultants to take on Waiting Time Initiative work. Secondly she highlighted an issue in general surgery where the "Consultant of the Week" system was currently being reviewed.

13.2 Children's and County Wide Community Services Directorate

13.2.1 Dr Lyth reported that 30 cases coded as involving "well babies" who had been re-admitted had been reviewed and that no patient safety issues had been identified. This was a feature of how babies are coded. She also referred to gaps with Middle Grades in paediatrics: two job offers had been made and responses were awaited. Dr Lyth added that the ongoing work with the Youth Forum was proving very successful. Finally she passed her personal thanks to Mr Coulter for his recent presentation to the Clinical Leadership Programme which had been very well received.

13.3 Long Term and Unscheduled Care Directorate

13.3.1 Mr Alldred highlighted a "hot-spot" review which was taking place in the Stroke Service on which he would provide a report at the May Board meeting. He also drew attention to issues with the physician on-call rota were two doctors had been removed from the rota due to health reasons, which was causing problems. Work was underway to resolve.

14. Committee Chair Reports

14.1 Report from the Quality Committee meeting held 5 April 2017

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

14.1.1 Mrs Webster drew attention to the good progress on the Trust's 2016/17 Quality Account and next year's Quality Priorities. Similarly, good progress was noted with regard to the CQC Action Plan which had led to a debate on how the Trust could retain focus as part of 'business as usual'. Finally Mrs Webster highlighted some gaps in the Clinical Effectiveness team which may impact on the work that they do.

15. Infection Control Update

15.1 Mrs Dodson introduced Dr Child who was attending the Board to provide an update on Infection Prevention and Control and in addition to her report included in the Board papers, would give a short presentation.

15.2 Dr Child highlighted a case of MRSA, the first since 2013; however, following referral, this case had been appropriately assigned to the Leeds CCG. In relation to C-difficile infection, the Trust finished 2016/2017 with a total of 29 Trust-apportioned infections, a 17% reduction on the previous year. She highlighted that the biggest reduction came in the second half of the year, from October onwards. Given the number of people admitted with viral gastroenteritis, most likely being Norovirus, this was a significant achievement. These patients, along with the number of confirmed 'flu cases admitted, had put a huge pressure on availability of side rooms, making it difficult to isolate all the patients with a possible C-Difficile infection.

15.3 The reasons for the reduction in the number of C-difficile patients could be directly attributed to change in antibiotic prescribing. Dr Child noted the hard work of the domestic staff team to keep up with the peak in demand for deep cleans, as the number of deep cleans undertaken had reached record levels in February this year. The rates and benchmark comparisons with other acute Trusts in the region would be received in a few months' time.

15.4 Dr Child also drew attention to the reduction in the use of antibiotics over the last few years. There were some upcoming changes in relation to infection control including mandatory reporting of bacteraemia caused by Pseudomonas aeruginosa and Klebsiella sp, *E. coli* bacteraemia which would be apportioned to acute Trusts / CCGs in the future, and a target reduction for these bacteraemia of 50% by 2020/2021 had been set. Dr Tolcher asked if the prescribing of antibiotics was unique to Harrogate or a national trend. Dr Child responded that this was the national picture.

15.5 Mr Thompson commended Dr Child on her report which he said he had found informative and helpful. He questioned whether the Board should congratulate the domestic staff on their work, given Dr Child's comments. Dr Tolcher agreed that the domestic staff deserved a special mention and she would ensure this was reflected in her message to staff. Mrs Dodson agreed and said that she would issue a letter acknowledging the work done by domestic staff.

ACTION:
Chairman to issue letter to domestic staff acknowledging their outstanding work in ensuring that the Trust maintained a clean environment

15.6 Mrs Webster raised the issue of the incidence of flu highlighted in the report and asked whether the incidence had been higher than expected. Dr Child said it was broadly in line with predicted levels. The positive had been that the vaccine used had proved effective against the strain which had been prevalent in the UK.

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

None.

17. Any other relevant business not included on the agenda

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

18. Board Evaluation

Mrs Taylor commented that having the development session at the start of the meeting had been a good start to the meeting. She felt that at times having the development session at the end of a long Board meeting was not as satisfactory as the Board was unable to give the

session the attention it deserved. Dr Tolcher felt the themes for the day had been well chosen and were appropriate. Mr McLean agreed, but felt that the meeting had not really addressed the centre-hub issue. Mrs Dodson commented that having the patient story linked to the next session had proved very valuable and that whilst it would not always be possible to achieve, this should be explored. Mr Marshall felt the patient story had proved very valuable and highlighted the importance of Research & Development. Mrs Dodson commented that it was encouraging that Dr Layton's key themes mirrored the Board's own focus. Mrs Webster said there was a need to focus more on what was to come rather than what had happened to date.

19. 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 13.05pm

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NHS
Harrogate and District
NHS Foundation Trust

HDFT Board of Directors Actions Schedule as at May 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
Submission of a Research and Development Strategy for Board comment	Dr A Layton - Associate Director for Research	January 2017	Complete – presentation at the April 2017 Board
To circulate dates of Schwartz round to Board members	Mrs J Foster – Chief Nurse	February 2017	Complete – dates circulated outside Board meeting
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	Complete – dealt with under matters arising
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	Complete – dealt with under matters arising
Junior Doctor Vacancy Rates to 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.	Dr D Scullion, Medical Director	February 2017	Complete – dealt with under matters arising
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	Complete - Report circulated to the Board
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	Complete – dates confirmed
A Non-Executive Director to be appointed to provide oversight of arrangements for learning from deaths in people with learning disabilities	Mrs S Dodson, Chairman	March 2017	Complete – dealt with under matters arising
Paper to come to the Board on the possible impact and implications of IR35	Mr P Marshall, Director of Workforce & OD	March 2017	Complete – in Report from Director of Workforce & OD
Stroke action plan to be brought back to the Board	Mr R Harrison, Chief Operating Officer	March 2017	Complete – in report from Chief Operating Officer
An update to be provided on the lymphoedema services and how it might be provided in the future.	Andrew Alldred, Clinical Director	March 2017	Complete – updates to be included in Clinical Director's

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
			verbal report to the Board
Finance Committee to review the overall financial position and the distance from target.	Mrs M Taylor and Mr Coulter, Director of Finance	April 2017	Complete – Finance Committee conducted review

HDFT Board of Directors Actions Schedule – Outstanding Actions as at May 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
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	**Deferred to June 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	**Deferred to May 2017**
8	November 2016	Update on the standardised readmissions	Mr R Harrison, Chief Operating Officer	February 2017	**Deferred to May 2017**
11	June 2016 July 2016	Additional information to be included in the IBR relating to readmissions of older people. Update on reducing readmissions in older people to be submitted to the September Board meeting (8.9)	Mr A Alldred, Clinical Director	31 May 2017	**As part of IBR review** **To update at next Board to Board with CoG 31/05/17**
12	May 2016	Further update on progress of the Care of Frail Older People Strategy (11.2.3)	Mr A Alldred, Clinical Director	31 May 2017	**To update at next Board to Board with CoG 31/05/17**
13	June 2016	Update on the programme of work to reduce hospital admissions (9.3)	Mr A Alldred, Clinical Director	31 May 2017	**To update at next Board to Board with CoG 31/05/17**
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	**Final report to board June 2017**
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	31 May 2017	**To update at next Board to Board with CoG 31/05/17**
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	Mrs J Foster, Chief Nurse	February 2017	N/A

		annual report (6.3)			
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
24	February 2017	A report of the effectiveness of Quality of Care Teams to be brought to the Quality Committee in three months	Mrs J Foster, Chief Nurse	June 2017	
25	February 2017	• Re-admission rates to be the subject of a deep dive at the Board Strategy Day on 15 March 2017. • Benchmarking data on re-admissions to be shared with the Board prior to 15 March.	Mr R Harrison, Chief Operating Officer	31 May 2017	**To update at next Board to Board with CoG 31/05/17**
26	February 2017	IBR to be reviewed by a small group post April 2017. Membership to be confirmed in March	Mrs S Dodson, Chairman	March 2017	**Deferred till May 2017**
30	February 2017	A report on absconding patients to be brought back to the Board after review by SMT.	Mrs J Foster, Chief Nurse	April 2017	**Deferred to May 2017**
32	March 2017	A report on progress against the implementation of the Stroke Improvement Plan to be received by the Board	Mr R Harrison, Chief Operating Officer	May 2017	
33.	April 2017	Research succession plan to be presented to the Board	Dr R Tolcher, Chief Executive	May 2017	
34	April 2017	Terms of Reference for the Board of Directors to be amended and brought back to the board for Approval	Mr B Courtney, Interim company Secretary	May 2017	
35.	April 2017	Proposals for a revised format for the Strategic KPI Report to be brought back to the Board Strategy Day	Dr R Tolcher, Chief Executive	July 2017	
36.	April 2017	Chairman to issue letter to domestic staff acknowledging their outstanding work in ensuring that the Trust maintained a clean environment	Mrs S Dodson, Chairman	May 2017	

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Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	**Paper No: 5.0**
Title	**Terms of Reference for the Board of Directors**
Sponsoring Director	Mrs Sandra Dodson, Chairman
Author(s)	Mrs Sandra Dodson, Chairman
Report Purpose	To provide an updated Terms of Reference for the Board of Directors

Key Issues for Board Focus:

- Revised Terms of Reference to reflect, in particular, the legal status of the Board of Directors when it meets as Corporate Trustee, when undertaking its role in overseeing the effective management of the Harrogate Hospital & Community Charity

The Board of Directors are asked to note:

- Changes to the Terms of Reference in paragraphs 1.2, 9.4.4 and 9.4.5

Related Trust Objectives:

1. To deliver high quality care	Yes – the Terms of Reference reflects an 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 Terms of Reference reflects the commitment to partnership working in Harrogate and West Yorkshire areas.
3. To ensure clinical and financial sustainability	Yes – the Terms of Reference are a particular focus on financial performance.

Risk and Assurance	None
Legal implications/ Regulatory Requirement	There are no legal/regulatory implications highlighted within the report.

Action Required by the Board of Directors

The Board is requested to review and approve the Terms of Reference

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Harrogate and District NHS
NHS Foundation Trust

Harrogate and District NHS Foundation Trust Board of Directors

Terms of Reference

1. Introduction

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

1.2 The Board of Directors, in its capacity as Corporate Trustee, takes responsibility for the overall management and governance of charitable funds and related fund-raising activity.

2. Membership

2.1 The members of the Board shall comprise of the Chairman of the Trust, Chief Executive Officer, all the Non-Executive Directors and Executive Directors who hold voting rights on the Board.

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

- The Chairman of the Trust;
- A minimum of six Non-Executive Directors (including the Vice-Chairman and the Senior Independent Director);
- The Chief Executive Officer (also the Chief Accountable Officer);
- Executive Directors to include as a minimum:
    - Director of Finance (also the Chief Accounting Officer);
    - Medical Director (who shall be a registered medical or dental practitioner);
    - Chief Nurse (who shall be a registered nurse or midwife);
    - Two other Executive Directors (currently the Chief Operating Officer and Director of Workforce and Organisational Development);

2.3 The Deputy Chief Executive shall be selected from the Executive Director cohort (currently the Director of Finance).

2.4 Only members of the Board shall be entitled to attend meetings.

2.5 Clinical Directors from the three operational Directorates' will have a standing invitation to meetings of the Board of Directors, but will not hold voting rights. Other officers of the Trust and other individuals may be invited to attend meetings or part of meetings as required by the Board or as the Chairman sees fit.

2.6 The record of attendance of members will be included in the annual report of the Board.

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3.0 Voting

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

4. Quorum

4.1 No business shall be transacted at meetings of the Board unless a minimum of five voting Directors are present including at least two Executive Directors and three Non-Executive Directors. A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the authorities, powers or discretions vested in or exercisable by the Trust.

4.2 An officer representing an Executive Director at meetings of the Board of Directors may not count towards the quorum, unless formal 'acting up' status has been previously agreed.

5. Frequency

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

6.0 Notice of Meetings

6.1 Meetings of the Board shall be called by the secretary in accordance with the annual schedule of business or as determined by the Chairman.

6.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the Board and any other person required to attend no later than five working days before the date of the meeting. Supporting papers shall be sent to members and other attendees as appropriate at the same time.

6.3 The agenda of the Board of Director meetings held in public shall be forwarded to the Council of Governors prior to the meeting, and ensure that agenda, minutes and supporting papers are available publicly on the Trust's website.

6.4 After each Board meeting held in public, the Board of Directors must make available a copy of the minutes to the Council of Governors.

7.0 Meetings Administration

7.1 The Secretary shall minute the proceedings and resolutions of all meetings of the Board, including the names of those present and in attendance.

7.2 The Secretary shall keep a separate record of all points of action arising from the meetings and all issues carried forward.

7.3 The Chairman shall ascertain, at the beginning of each meeting, the existence of any conflicts of interest and the Secretary shall minute them accordingly.

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8.0 Main Responsibilities

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

8.2 As a unitary body, the Board of Directors is responsible for decision making associated with:

8.2.1 The strategic direction of the Trust;

8.2.2 The provision of high quality and safe healthcare services, healthcare delivery, education, training and research;

8.2.3 Overall performance of the Trust in relation to standards set by regulatory bodies.

8.2.4 Ensuring the Trust exercises the its functions effectively, efficiently and economically;

8.2.5 Ensuring effective arrangements are in place for governance and risk management;

8.2.6 Ensuring compliance with the Trust's Provider Licence and associated legislation, regulation and best practice.

9.0 Duties

9.1 <u>Leadership and Culture.</u> The Board:

9.1.1 Ensures there is a clear vision for the Trust that people understand and that is being implemented within a framework of prudent and effective controls.

9.1.2 Sets values, ensuring they are widely communicated and that the behaviour of the Board is entirely consistent with those values.

9.1.3 Promotes and patient-centred culture of openness, transparency and candour, has an intolerance of poor standards and fosters a culture which puts patients first.

9.1.4 Ensures the Trust is an excellent employer through the development of a workforce strategy and its appropriate implementation and operation.

9.1.5 Ensures that Directors, Governors, staff and volunteers adhere to any codes of conduct adopted or introduced.

9.1.6 Implements an effective Board and Committee structure and clear lines of accountability and reporting throughout the organisation.

9.1.7 Ensures there are appropriately constituted appointment arrangements for senior appointments such as Executive Directors and consultant medical staff.

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9.2 Strategy. The Board:

9.2.1 Sets and maintains the Trust's strategic vision, aims and objectives ensuring that the necessary financial, physical and human resources are in place for it to meet its objectives.

9.2.2 Develops and maintains an annual business plan, with due regard to the views of the Council of Governors, and ensures its delivery, as a means of taking forward the strategy of the Trust to meet the expectations and requirements of stakeholders.

9.2.3 Ensures that national policies and strategies are effectively addressed and implemented within the Trust.

9.3 Quality and Performance. The Board:

9.3.1 Ensures that the Trust's quality of service responsibilities for clinical effectiveness, patient safety and patient experience are achieved.

9.3.2 Monitors and reviews management performance to ensure the Trust's objectives are met and identifies opportunities for improving the delivery of high quality services.

9.3.3 Monitors feedback relating to the experiences of people who use the services and the processes for proactive engagement.

9.3.4 Ensures it engages with all stakeholders, including patients and staff on quality issues and that issues are escalated appropriately and dealt with when required.

9.3.5 Ensures the proper management of resources and that responsibility for financial and quality of service are achieved.

9.3.6 Oversees both the delivery of planned services and the achievement of objectives, monitoring performance to ensure corrective action is taken when required.

9.3.7 Ensures that there are sound processes and mechanisms in place to ensure effective patient and carer involvement with regard to development of care plans, the review of quality of services provided and the development of new services.

9.1.8 Ensures that there are sound processes in place to ensure compliance with, and awareness of equality and diversity standards.

9.4 Finance. The Board:

9.4.1 Ensures the Trust operates effectively, efficiently and economically to ensure the continuing financial viability of the organisation.

9.4.2 Ensures the proper management of resources and that financial and quality of service responsibilities are fulfilled, and ensures the achievement of targets and requirements of stakeholders within available resources.

9.4.3 Ensure effective financial stewardship through effective value for money, financial control and financial planning and strategy.

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9.4.4 Acts as Corporate Trustee for the Trust's fundraising charity, charity number 1050008 (*registered as the Harrogate and District NHS Foundation Trust Charitable Fund*) and in respect of all existing charitable funds.

9.4.5 Oversee the effective management of the Harrogate Hospital & Community Charity and ensure good governance and legal compliance in the areas of public fund-raising and donor data protection.

9.5 Governance. The Board:

9.5.1 Ensures compliance with relevant principles, systems and standards of good corporate governance and has regard to contemporary guidance, and appropriate codes of conduct, accountability, openness and transparency.

9.5.2 Ensures that the Trust complies with the requirements of its Licence, governance and assurance obligations in the delivery of safe clinically effective services.

9.5.3 Ensures that the Trust has comprehensive governance arrangements in place guarantee the resources vested in the Trust are appropriately managed and deployed.

9.5.4 Ensures that all required returns and disclosures are made to the Regulators.

9.5.5 Formulates, implements and reviews Standing Orders and Standing Financial Instructions as a means of regulating the conduct and transactions of the Trust's business.

9.5.6 Agrees the schedules of matters reserved for decision by the Board of Directors.

9.5.7 Ensures proper management of, and compliance, with, statutory requirements of the Trust and, ensures the statutory duties of the Trust are effectively discharged.

9.5.8 Establishes appeals panels as required by employment policies particularly to address appeals against dismissal and final stage grievance hearings.

9.6 Risk Management and Internal Control. The Board:

9.6.1 Determines the nature and extent of the risk it is willing to take in achieving its strategic objectives.

9.6.2 Ensures that key risks are identified and effectively managed and that the Trust fulfils its accountability requirements in line with the requirements of the Provider Licence.

9.6.3 Ensures an effective system of integrated governance, risk management and internal control across the whole of the Trust's clinical and corporate activities.

9.7 Communication and Engagement. The Board:

9.7.1 Ensures relationships are maintained with the Trust's stakeholders, regulators, public, governors, staff and patients, such that the Trust can discharge its wider duties.

9.7.2 Meets its engagement obligations in respect of the Council of Governors and members and ensures that the Governors are equipped with the skills and knowledge they require to undertake their role.

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9.7.3 Works in partnership with service users, carers, local health organisations, local government authorities and others to provide safe, effective, accessible and well governed services.

9.7.4 Ensures the effective dissemination of information on organisational strategies and plans, providing a mechanism for feedback.

9.7.5 Holds an annual meeting of its members which is open to the public.

9.7.6 Approves and publishes the Trust's Annual Report and Accounts, Quality Accounts and other statutory submissions.

10.0 Committees

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

11. Review and revision

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

BC 27 April 2017

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Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	**Paper No: 6.0**
Title	**Report from the 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 Trust's financial performance in April was a significant adverse variation against a planned in-month deficit of £666k. This resulted in a month one deficit position of £1,835k.
- The Trust escaped significant disruption in the face of the recent global cyber-security attack. Routine security measures and swift action on the day protected systems and allowed services continuity.
- A pilot Integrated Response Service in community services has commenced as part of the Vanguard programme.

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 Harrogate Health Transformation Board 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, PATIENT EXPERIENCE AND PERFORMANCE

1.1 Ransomware cyber attack

The NHS was affected by a significant cyber-attack on Friday 12 May, along with a number of other organisations in the UK and internationally. Experts have estimated that 57,000 mal-ware infections occurred in 99 countries with Russia, Ukraine and Taiwan the top targets. Many NHS organisations experienced significant disruption to services as a result, including neighbouring Trusts and GP Practices. Operations and appointments were cancelled and ambulances diverted in some instances.

The Trust has robust systems for updating IT security and these were up to date at the time of the potential attack. The Trust was not directly affected by the virus but emergency measures were immediately enacted to protect the security of our systems. This included the temporary shutdown of email and some other high risk external systems. Following the issue of an additional security patch by Microsoft, almost all systems were returned to normal by the end of Tuesday 16 May. The situation was managed as an internal incident by our Chief Operating Officer, Rob Harrison.

I would like to pay tribute to the professionalism of colleagues whose swift action protected our system integrity and to thank the many individuals who worked overnight and through the weekend to minimise the impact of this incident on HDFT service continuity. Not only did they ensure that disruption to HDFT services was minimised, but they also provided additional IT support to York Hospitals FT. The Trust also provided short term support with diagnostics to a neighbouring Trust.

There is an ongoing risk of similar threats to system security in future. Additional controls have been put in place to reduce our vulnerability to this threat and a further evaluation will be undertaken. Routine testing of system security controls will continue.

2.0 STRATEGIC UPDATE

2.1 West Yorkshire and Harrogate Sustainability and Transformation Partnership (WYH STP) and West Yorkshire Association of Acute Trusts (WYAAT) update

WYAAT met on 2 May. Key issues for noting:

- The West Yorkshire Imaging collaborative has grown from a joint procurement initiative to a key enabler of service transformation. Eight Trusts have signed off the procurement including HDFT. Demand for CT / MRI alone is growing at 10% per annum and waiting times have grown by 14% across WYH Trusts. Decisions are now needed on the longer term scope of this work. There is an opportunity to explore options for technology enabled collaborative working which would require some harmonisation of plans. This work will be further developed as part of the case for change work for this critical support service.
- The West Yorkshire Cancer Alliance is being led by the National Transformation team and is a Five Year Forward View and local STP priority. The Early Diagnosis work-steam is based on a vision for a single, networked approach to planning, delivery and diagnostic services. The Cancer Alliance and Imaging Collaborative workstreams are interdependent.
- The framework for programme governance was agreed.
- The Project Initiation Document for Elective Care collaboration was discussed and supported. A high level case for change will be presented to the Committee in Common in August.

Rob Webster, WYH STP Lead attended part of the meeting. The WYH STP Collaborative Commissioning Group is now established with an independent chair and lay members

appointed. Some CCGs in the STP area are moving to shared arrangements. NHSE and NHSI have aligned some resources to the STP. It was reaffirmed that all CCGs in STP areas have a shared Control Total for the next two years. There are no plans at present for system level control totals. In 2016/17 the WYH STP gained more from the national strategic reserve fund than the value of its 1% contribution and there is a clear expectation that this position is recovered.

The WYAAT group is increasingly grappling with questions of principle in terms of the ultimate shared ambition for collaboration and the extent to which member Trusts are committed. It is foreseeable that some KPIs will be shared at STP level in future and the implications of this will require further analysis.

3.0 WORKING IN PARTNERSHIP

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

A 'pop-up' Integrated Response Service went live on 15 May. The pop-up is a temporary, truly integrated community-based team which will intensively test new ways of working. The team will identify people at risk of admission in the foreseeable future using the e-Frailty Index and Dr Foster and aim to provide safe care which meets the patients' needs without admission to hospital. The team will track their impact closely and continually learn and adjust so that this can spread to the Community Care Teams (CCTs) to become the new 'business as usual'.

This work is at an early stage. The number of referrals to the Integrated Response Team has been low so far. Partnership working has been strong and staff are embracing new ways of working. The CCTs however continue to report very high levels of demand and high caseloads. Care quality is being kept under close review and will be discussed with commissioners via the Contract Management Board meetings.

A revised Vanguard Delivery Plan and financial plan has been submitted to NHSE. This shows how the £1.55m national Vanguard fund will be utilised over the next 12 months. Projected savings of £581k in 2017/18 are profiled over the year and increase in future years.

3.0 FINANCIAL POSITION

The Trust financial performance in April was a significant adverse variation against a planned in-month deficit of £666k. This resulted in a month one deficit position of £1,835k. Due to the financial position, no S&T funding has been included in the position. The position also results in a Use of Resource Metric of 3 which is a significant concern and requires improvement.

The variance in month one is a result of both income shortfall and overspends as shown below, with further details in the report from the Finance Director.

£255k Acute Clinical Income
£106k Ward Expenditure
£86k Theatre Expenditure
£142k Non pay pressure
£580k Non recurrent issues in month 1
£189k S&T funding

While some of these pressures are exceptional or non-recurrent, the underlying position is a run rate of approximately £700k pm above plan. Cash also continues to be a concern for the Trust. The position for April was £1.4m behind plan.

A comprehensive review of each line of variance has been conducted and clear plans designed to correct the run rate are being developed. These actions will require focus and diligence in order to recover the position and secure the first quarter payment of STF funding as planned.

4.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 24 May. The following key areas are for noting:

- The adverse financial position and underlying issues were reviewed. Directorate leads offered assurance that robust actions to correct the position were being pursued with vigour.
- Each Directorate presented plans for achieving full compliance with consultant and SAS doctor job plans by September 2017.
- The 2017/18 goal for pressure ulcers was confirmed as zero avoidable pressure ulcers arising in HDFT care (community and in patient).
- The improving position in terms of action plan completion following Significant Incidents (SIs) or Significant Events was noted. All SI action plans are up to date.
- An update on the benefit of Schwartz Rounds was provided.
- An update on the aftermath of the cyber-attack was given. Access to the VPN has yet to be re-opened. Routine security measures remain in place with strengthened arrangements for compliance.
- In the light of the terrorist attack in Manchester, our Emergency Preparedness lead will raise the need for a local multi-agency scenario exercise.
- Concerns were noted regarding the operation of the Referrals Management Service. These are currently being investigated by the CCG.
- A Strategy for SAS (Staff and Associate Specialist grade) Doctors was warmly endorsed.
- The framework for Hot Spot reviews was approved.

5.0 COMMUNICATIONS RECEIVED AND ACTED UPON

5.1 Tailored Review of Public Health England

The recently published review concluded that Public Health England (PHE) performs necessary functions and has made good progress with integrating the staff, cultures, working practices and physical assets of the variety of organisations from which it was created, building an organisation that provides expert advice on all aspects on health protection and improvement. The 11 recommendations, some of which are directed at the Department as well as PHE, seek to support PHE in further improving performance and delivering efficiencies.

6.0 BOARD ASSURANCE AND CORPORATE RISK

6.1 Board Assurance Framework (BAF)

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

Five 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 ↔*	*Unchanged at 2*	
BAF 2	Risk of a high level of frailty in the local population	*Amber 8 ↔*	*Unchanged at 1*	✓
BAF 3	Risk of a failure to learn from feedback and Incidents	*Amber 9 ↔*	*Unchanged at 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 ↔*	*Unchanged at 1*	✓

BAF 9	Risk of a failure to deliver the Operational Plan	*Amber 9 ↔*	*Unchanged at 1*	
BAF 10	Risk of breaching the terms of the Trust's Licence to operate	*Yellow 5 ↔*	*Unchanged at 1*	✓
BAF 12	Risk of external funding constraints	*Red 12 ↓*	*Unchanged at 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 12 ↓*	*Unchanged at 2*	
BAF 15	Risk of misalignment of strategic plans	*Red 12 ↔*	*Unchanged at 1*	
BAF 16	Risk that the Trust's critical infrastructure is not fit for purpose	*Red 12↔*	*Unchanged at 1*	
BAF 17 (formerly BAF#6)	Risk to senior leadership capacity	*Amber 9 ↔*	*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. *New risk and/or actions defined – work not yet commenced*

6.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 12 May 2017. The Corporate Risk Register contains 11 risks.

Corporate Risk Register Summary

Ref	Description	Risk score	Progress score
CR2	Risk to the quality of service delivery in Medicine due to gaps in rotas following the Deanery allocation process	*Red 12 ↔*	*2*
CR5	Risk to service delivery due to the lack of experienced registered nurses due to national labour market shortage	*Red 16 ↔*	*2*
CR12	Risk to financial sustainability from failure to deliver the Clinical Transformation Programme at pace and scale	*Red 12 ↔*	*2*
CR13	Risk to urgent care system due to a lack of capacity in the out of hospital services	*Red 12 ↔*	*2*
CR14	Risk of financial deficit and impact on service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income.	*Red 12 ↔*	*2*
CR17a	Risk of patient harm as a result of being lost to follow-up as a result of current processes	*Red 12 ↔*	*2*
CR17b	Risk of patient harm as a result of being lost to follow up as a result of historic processes	*Red 12 ↔*	*5*
CR18	Risk to provision of service and not achieving national standards in cardiology due to potential for lab equipment breaking down	*Red 12 ↔*	*2*
CR19	Risk to patient safety due to lack of provision of Acute Oncology, CUP, Breast and Urology Oncology services.	*Red 12 ↔*	*1*
CR21	Risk of temporary reduced or loss of activity as a result of disruption to services due to the major refurbishment to the Sterile Services department	*Red 12 ↔*	*2*
CR22	Risk to reputation due to non-compliance with DNACPR policy caused by failure of some clinicians to implement policy.	*Red 12 ↔*	*2*

Risks added to the corporate risk register

CR17 split into 2 risks:

- Risk of patient harm as a result of being lost to follow-up as a result of current processes
- Risk of patient harm as a result of being lost to follow up as a result of historic processes

Risks removed from corporate risk register

None

Risks with amended target dates or target scores

CR14 - Risk of financial deficit and impact on service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income.
The target date for this risk was previously focused on the end of the 2016/17 financial year but has been updated to reflect the end of the new financial year at March 2018.

CR22: Risk to reputation due to non-compliance with DNACPR policy caused by failure of some clinicians to implement policy.
The previous target date and score reflected a previous risk on the resuscitation risk register. A target date of September 2017 was agreed to achieve a target risk score of C4 x L2 = 8.

8.0 DOCUMENTS SIGNED AND SEALED

27 April 2017: Underlease and statutory declaration in respect of Alwoodley Medical Centre.
Common Seal Number 059

27 April 2017 License to Under-let Alwoodley Medical Centre.
Common Seal Number 060

Dr Ros Tolcher
Chief Executive
22 May 2017

Harrogate and District
NHS Foundation Trust

Report to the Trust Board of Directors: 31st May 2017	Paper No: 6.0

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 April, HDFT achieved all 4 key operational performance metrics in the NHS Improvement Single Oversight Framework. Performance against the A&E 4-hour standard improved further in April, with Trust level performance at 97.6%.
- The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in April, against an expected rating of 2, and is a result of the variance from plan for income and expenditure. The Trust reported a deficit of £1,835k in month one, £1,358k behind plan. The cash balance position continues to be a concern for the Trust with a number of actions in place to improve the outstanding debtors position.
- The number of complaints received in April was 16, a significant reduction on last month.
- Delayed transfers of care decreased to 4.4% when the snapshot was taken in April, but remain above the maximum threshold of 3.5% set out in the contract.

Related Trust Objectives	
1. 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.
2. 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.
3. 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 implications/ Regulatory Requirements	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.

Integrated board report - April 2017

Key points this month

1. In April, HDFT achieved all 4 key operational performance metrics in the NHS Improvement Single Oversight Framework. Performance against the A&E 4-hour standard improved further in April, with Trust level performance at 97.6%.

2. The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in April, against an expected rating of 2, and is a result of the variance from plan for income and expenditure. The Trust reported a deficit of £1,835k in month one, £1,358k behind plan. The cash balance position continues to be a concern for the Trust with a number of actions in place to improve the outstanding debtors position.

3. The number of complaints received in April was 16, a significant reduction on last month.

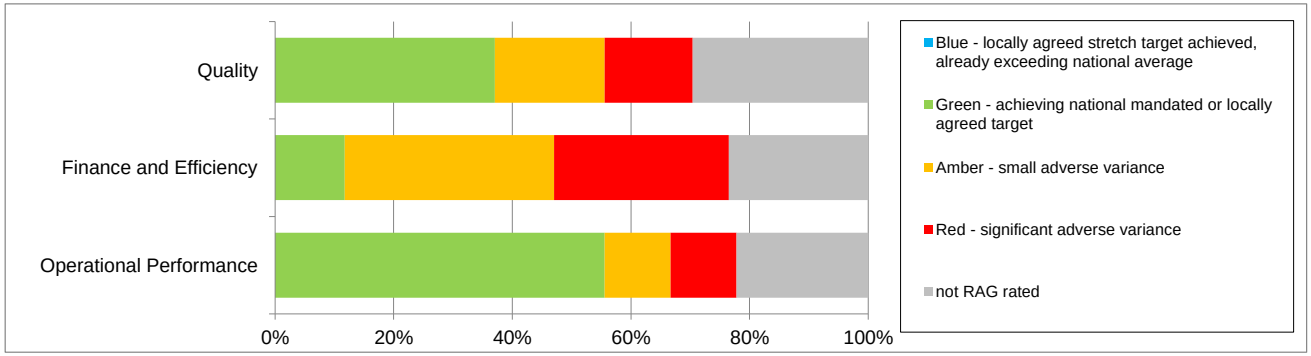
4. The latest published standardised mortality rates showed that both the HSMR and SHMI have increased. However both remain within expected levels.

5. The Trust's Caesarean section rate remains high and was at 30.2% for the rolling 12 months ending April 2017.

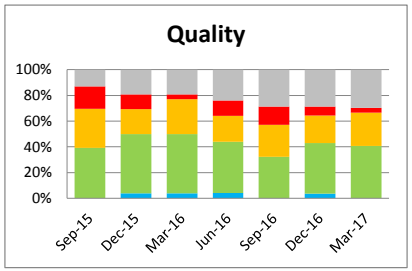
6. Staff sickness decreased to 4.05% this month.

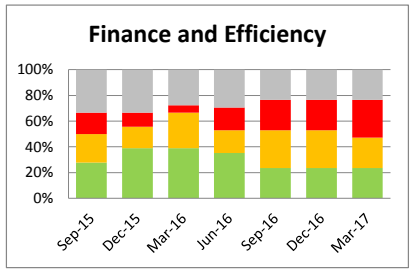
7. Delayed transfers of care decreased to 4.4% when the snapshot was taken in April, but remain above the maximum threshold of 3.5% set out in the contract.

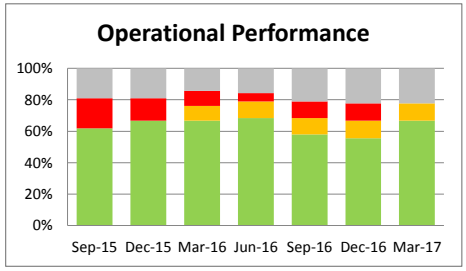
Summary of indicators - current month



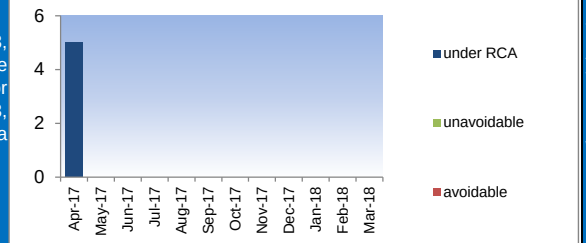
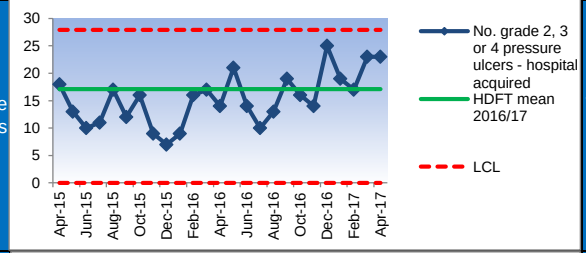
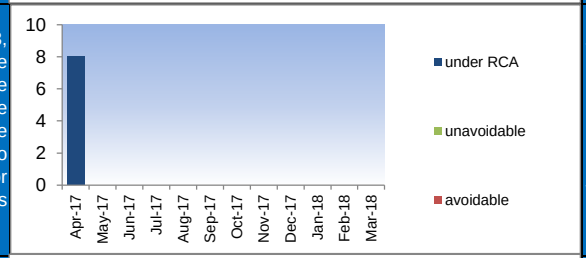
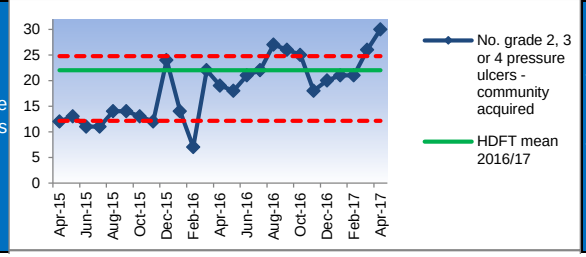
Summary of indicators - recent trends





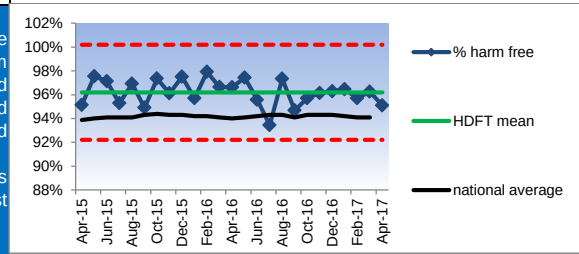
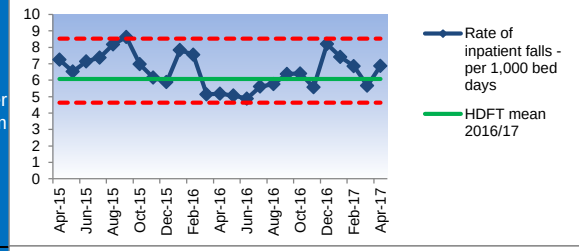
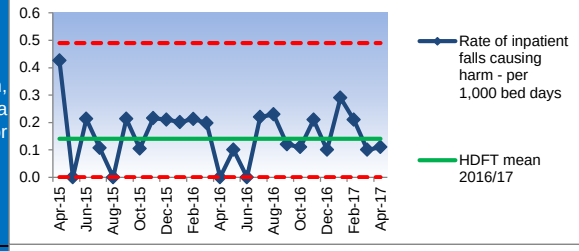
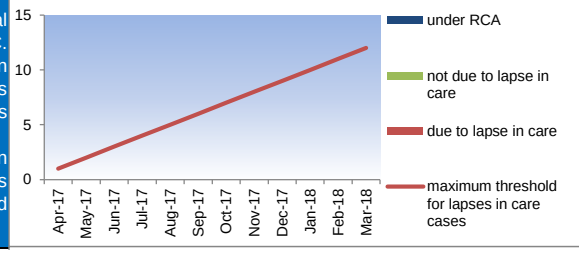


Quality - April 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Pressure ulcers - hospital acquired	The chart shows the cumulative number of category 3, category 4 or unstageable hospital acquired pressure ulcers in 2017/18. The Trust has set a local trajectory for 2017/18 of zero avoidable hospital acquired category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.		There were 5 hospital acquired unstageable pressure ulcers reported in April, all of which are still under root cause analysis (RCA). This compares to an average of 3 per month in 2016/17. In 2016/17, 33 hospital acquired category 3 or unstageable pressure ulcers were reported. Of these, 16 were deemed to be avoidable, 12 unavoidable and 5 cases are still under root cause analysis (RCA). There were no hospital acquired category 4 pressure ulcers reported in 2016/17.
	The chart includes category 2, 3 and 4 and unstageable hospital acquired pressure ulcers. The data includes hospital teams only.		The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in April was 23, no change on last month.
Pressure ulcers - community acquired	The chart shows the cumulative number of category 3, category 4 or unstageable community acquired pressure ulcers in 2017/18. This metric includes all pressure ulcers identified by community teams including pressure ulcers already present at the first point of contact. The Trust has set a local trajectory for 2017/18 of zero avoidable hospital acquired category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.		There were 8 community acquired category 3 (or unstageable) pressure ulcers reported in April. This compares to an average of 7 per month in 2016/17. In 2016/17, 79 community acquired category 3 or 4 or unstageable pressure ulcers have been reported (including 3 category 4 cases). Of these, 37 were deemed to be avoidable, 32 unavoidable and 10 cases are still under root cause analysis (RCA).
	The chart includes category 2, 3 and 4 and unstageable community acquired pressure ulcers. The data includes community teams only.		The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in April was 30 cases, compared to 26 last month. The observed increase in reported cases may be partly due to improvements in incident reporting during the period.

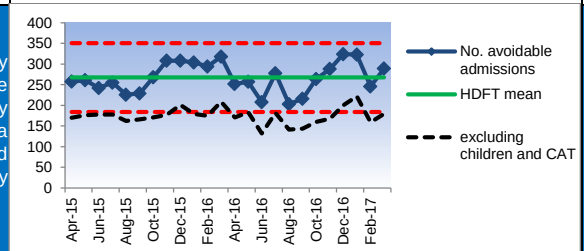
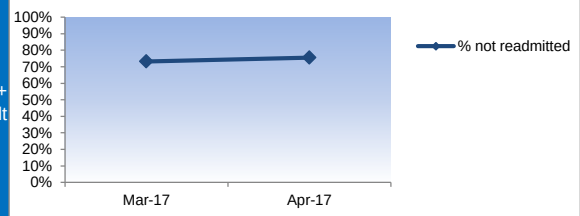
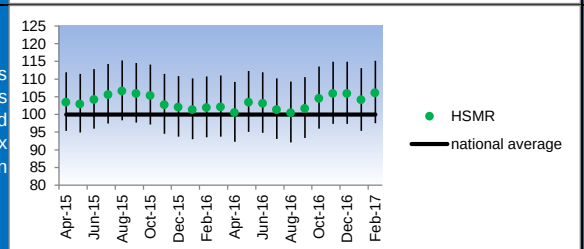
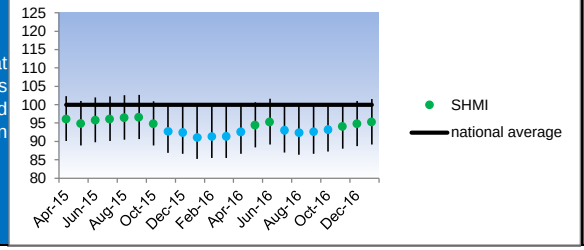
Quality - April 2017

Harrogate and District NHS Foundation Trust

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 April was 95.1%, a decrease on last month but remaining above the latest national average.
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 6.9 per 1,000 bed days in April, an increase on last month and above the average HDFT rate for 2016/17. In 2016/17, 697 inpatient falls were reported (including those not causing harm), a 14% reduction on the number of inpatient falls reported in the previous year.
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.		There was 1 inpatient fall causing moderate harm in April. The rate per 1,000 bed days in 2017/18 to date is below the HDFT average for 2016/17. In last month's report, it was reported that there were 16 inpatient falls causing moderate or severe harm in 2016/17, 15 of which resulted in a fracture. This was incorrect and should have been reported as *15* inpatient falls causing moderate or severe harm in 2016/17, *14* of which resulted in a fracture
Infection control ✓	The chart shows the cumulative number of hospital apportioned C. difficile cases during 2017/18. HDFT's C. difficile trajectory for 2017/18 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 this. Hospital apportioned MRSA cases will be reported on an exception basis. HDFT has a trajectory of 0 MRSA cases for 2017/18. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.		There was no cases of hospital apportioned C. difficile reported in April. For the 29 cases reported in 2016/17, 28 cases now have root cause analysis (RCA) completed and discussed and agreed with HARD CCG. Of these, 6 have been determined to be due to a lapse in care and 22 were determined to not be due to a lapse in care. No cases of hospital apportioned MRSA were reported in April.

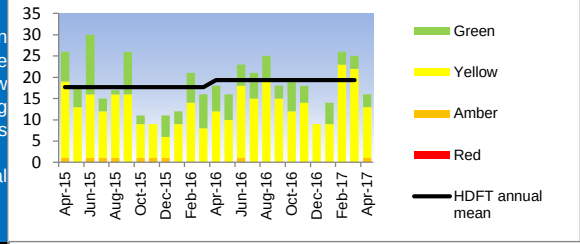
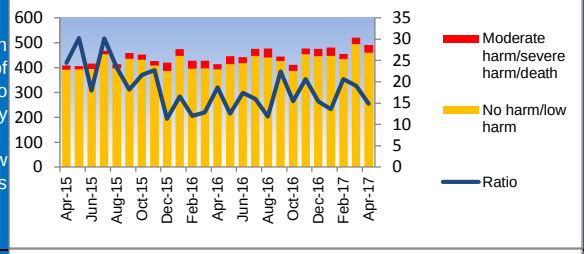
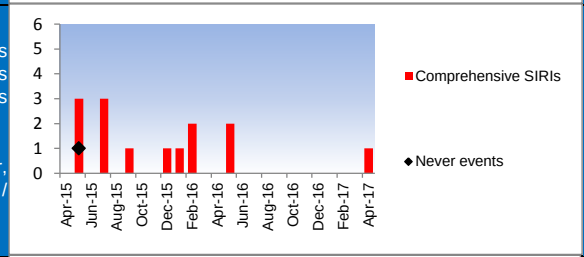
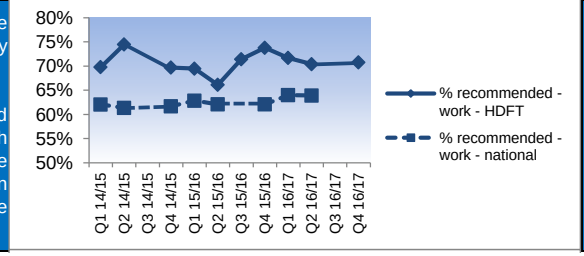
Quality - April 2017

Harrogate and District NHS Foundation Trust

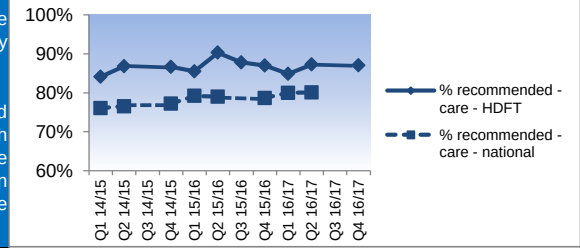
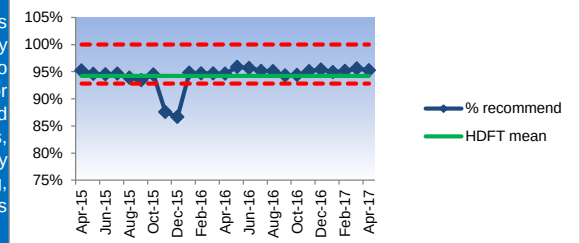
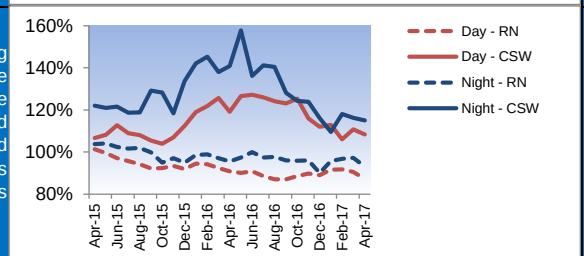
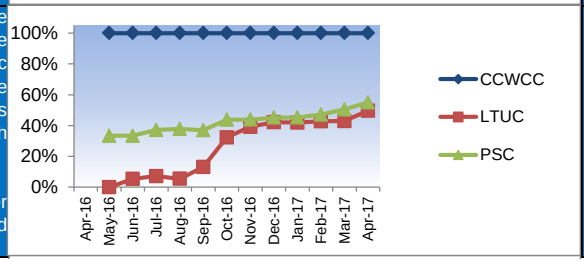
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Avoidable admissions ✓	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		There were 289 avoidable admissions in March, an increase on last month. This equates to 9.3 avoidable admissions per day, compared to 8.8 per day in February Adult admissions (excluding CAT attendances) also increased 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 adult community services. A high figure is good. *This indicator is in development.*		For patients discharged from adult community services in January, 76% were still in their own home at the end of April. This metric now includes patients discharged from any service within the new Integrated Care Teams, as opposed to only including patients discharged from the Fast Response Team which was presented previously. Going forward, this will provide a more robust metric involving a larger group of patients but it is not be possible to present historical trend data.
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 106.1 for the rolling 12 months ending February 2017 but remains within expected levels. At specialty level, one specialty (Geriatric Medicine) has a standardised mortality rate above expected levels. The Trust is in the process of reviewing recently published national guidance about the requirement for Trusts to start publishing information on learning from deaths during 2017/18. This work will be led by the Medical Director, in conjunction with the existing mortality review process.
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 95.24, compared to 94.72 last month, remaining within expected levels. At specialty level, two specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.

Quality - April 2017

Harrogate and District NHS Foundation Trust

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.		16 complaints were received in April, compared to 25 last month, below the 2016/17 average. There was 1 complaint classified as amber in April.
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 Apr - Sep 16) shows that Acute Trusts reported an average ratio of 37 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. Options to improve the Datix system to simplify the incident reporting process are being explored.
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. Only comprehensive SIRIs are included in this indicator, as concise SIRIs are reported within the presure ulcer / falls indicators above.		There was 1 comprehensive SIRI reported in April.
Friends & Family Test (FFT) - Staff - % recommend as a place to work	The Staff Friends and Family Test (FFT) 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. The Quarter 1 HDFT results will be available in July.* In Quarter 4, 70.8% of HDFT staff surveyed would recommend HDFT as a place to work, a slight increase on Quarter 2 (when the survey was last carried out) and remaining above the most recently published national average of 64%. The response rate at HDFT for Quarter 4 was 15%, compared to the most recently published national average of 12%.

Quality - April 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) 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. The Quarter 1 HDFT results will be available in July.* In Quarter 4, 87.0% of HDFT staff surveyed would recommend HDFT as a place to receive care. This is a slight decrease on Q2 (when the survey was last carried out) but remains above the most recently published national average of 80%. The response rate at HDFT for Quarter 4 was 15%, compared to the most recently published national average of 12%.
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.		95.2% of patients surveyed in April would recommend our services, remaining in line with recent months and above the latest published national average. Around 3,700 patients responded to the survey this month, which equates to an average of 123 responses per day. This is a lower repsonse rate than recent months.
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 96.4% in April, lower than last month. Registered nurse staffing levels remain similar to last month at 93% overall. Care Support Worker staffing remains high compared to plan - this is reflective of the increased need for 1-1 care. Whilst safer staffing levels for registered nurses overall has reduced in April, the staffing level achieved still enables the delivery of safe care. Achieving safe staffing levels remains challenging and requires the increasing use of temporary staff through the nurse bank and agencies.
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. Publishing electronic rosters in a timely manner improves staff morale, increases bank fill rates and reduces bank/agency costs.		Overall, 57% of rosters were published on time during the period May 2016 to April 2017. All three Clinical Directorates are showing improvements in recent months. This metric is being reviewed with a view to moving towards a month on month presentation and RAG rating performance based on the proportion of rosters published on time each month.

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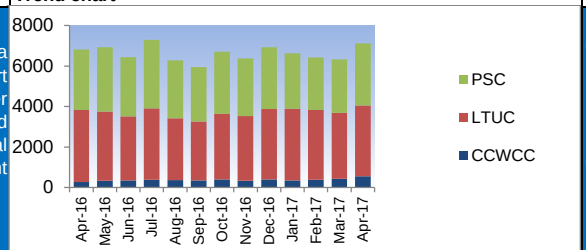
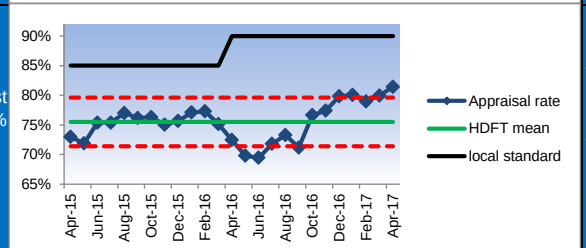
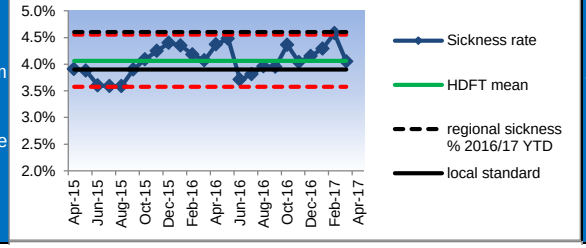
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Electronic rostering hours owed	This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 15 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 and now shows the cumulative position from March 2015 onwards (previously March 2016). The number of owed hours increased in April. However this is partly due to missing shifts for the last roster. This will reduce once all rostering admin is complete for April. This metric is being reviewed with a view to moving towards a month on month presentation and removing data for staff who owe less than 15 hours.
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 appraisal rate for the 12 months to end April is 81%. Briefings continue to be run for managers and staff. We have set monthly targets for Directorates to achieve 90% by 30th September 2017. This is being reported through the Directorate Workforce and OD exception report and will remain a focus of the HR Business Partners.
Mandatory training rates	The table shows the most recent training rates for all mandatory elements for substantive staff.	**Competence Name** / **% Completed** Equality, Diversity and Human Rights - Level 1: 90 Fire Safety Awareness: 78 Infection Prevention & Control (Including Hand Hygiene) 1: 100 Infection Prevention & Control (Including Hand Hygiene) 2: 84 Information Governance: Introduction: 90 Information Governance: The Beginners Guide: 94 Prevent Basic Awareness (December 2015): 99 Safeguarding Children & Young People Level 1 - Introduction: 95	The data shown is for the end of April and includes the staff who were TUPE transferred into the organisation in April 2016. The overall training rate for mandatory elements for substantive staff is 90%. 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.		The staff sickness rate reduced to 4.05% in March. Work continues to review the live long-term sickness cases and ensure that action plans are up-to-date. Our attendance lead is also reviewing sickness absence rates by department to identify hot spot areas across the organisation for focused support, coaching and review for line managers in line with the requirements of our Policy.

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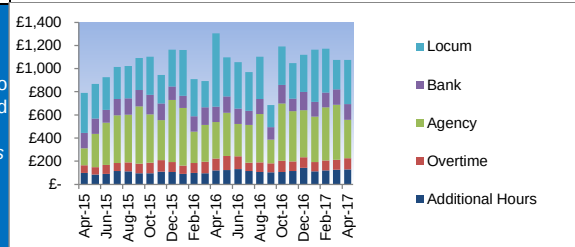
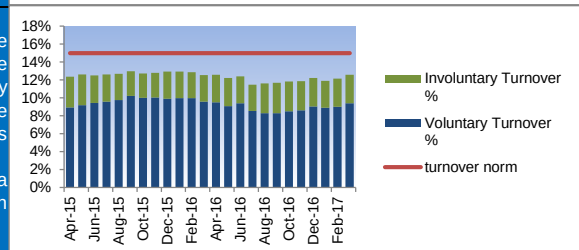
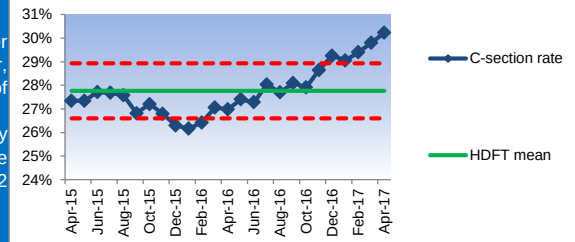
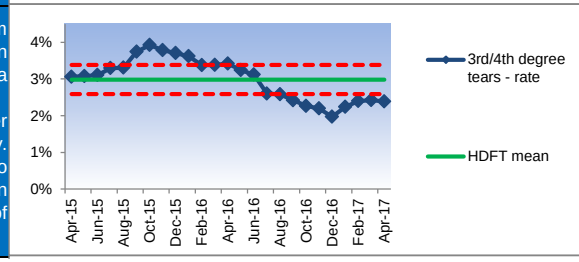
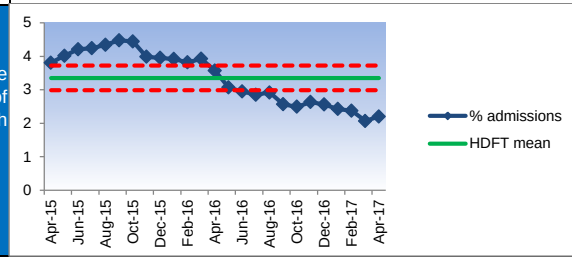
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. *The traffic light criteria applied to this indicator is currently under review.*		The business case for the establishment of an internal bank for temporary medical staff was approved in May and will now be implemented. This has the potential to make significant cost savings in the use of temporary workforce. It has been recognised that the advisory group on temporary workforce needs to focus effort on the highest costs areas and the action which Directorates are taking to reduce both the use and cost of temporary staff.
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.		A proposal for the completion of exit/save interviews for inpatient band 5 registered nurses was tabled at the workforce and OD steering group. Agreement in principle was obtained for a detailed piece of work over a period of 3 months commencing on 1st June. This will support the organisation to better understand staff reasons for leaving and also provide the opportunity to reduce labour turnover where we have existing gaps in within this workforce.
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 April was 30.2% of deliveries, an increase on last month and 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 2.4% of deliveries in the 12 month period ending April, 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 - April 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. The charts shows a 12 month rolling average position.		The chart shows the percentage of term babies (those born at greater than 37 weeks gestation) who were admitted to the Special Care Baby Unit (SCBU). 2.2% of term babies were admitted to SCBU in the 12 months ending April, a slight increase on last month but remaining well below the historical average for HDFT.

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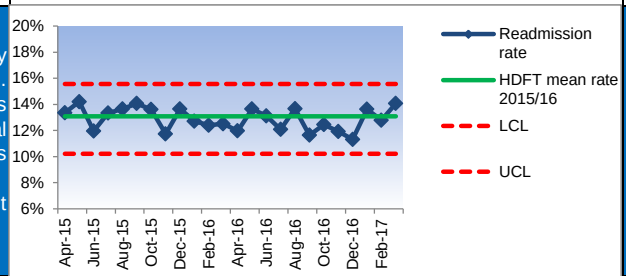
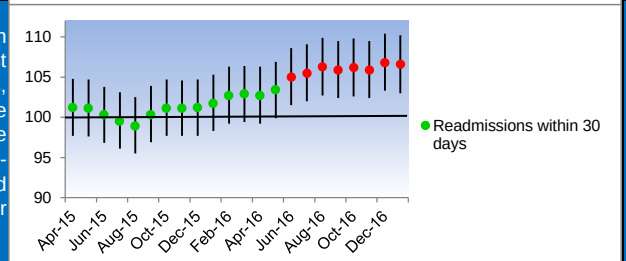
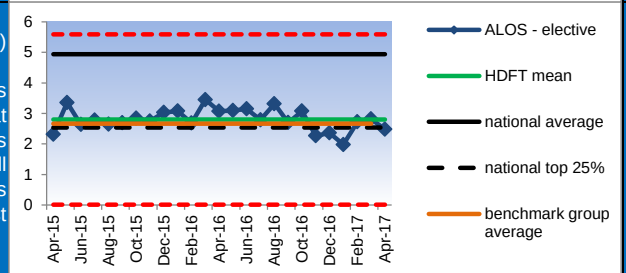
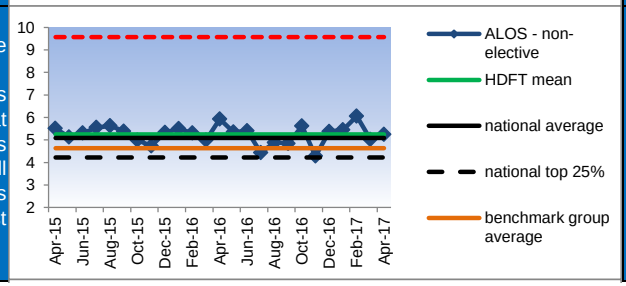
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Readmissions ✓	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical 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 increased in March, when expressed as a percentage of all emergency admissions, and is now above the average rate for 2015/16. HDFT and HARD CCG are now concluding a joint clinical audit of readmissions to determine the proportion 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 decreased to 106.6 in the most recently available data on HED, but remains above expected levels. At specialty level, the same 5 specialties have a standardised emergency readmission rates above expected levels (Cardiology, Clinical Haematology, Paediatrics, Medical Oncology and Well Babies). A clinical audit of a sample of paediatric and well babies readmissions was carried out by CCCC Directorate with no significant clinical concerns identified. Further work is being done to understand how this metric is constructed and whether the reasons for the higher than expected readmission rates may be explained by data issues.
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 April was 2.5 days, a decrease on the previous month and below the benchmark group average.
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 April was 5.2 days, an increase on last month and just above the national average. HDFT's length of stay remains above the benchmark group average.

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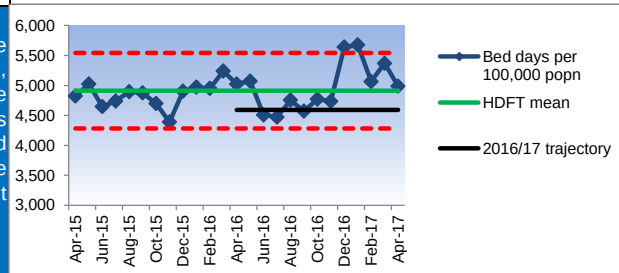
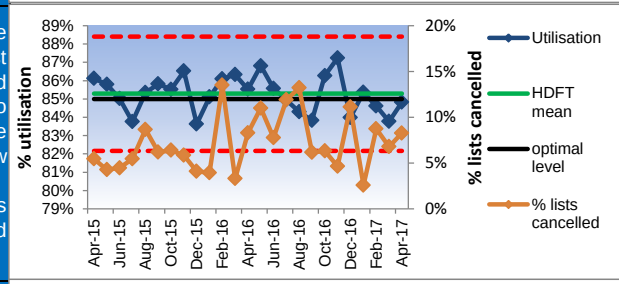
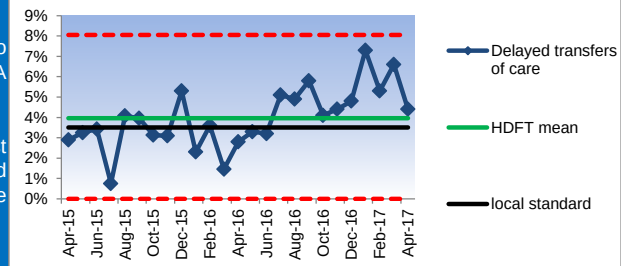
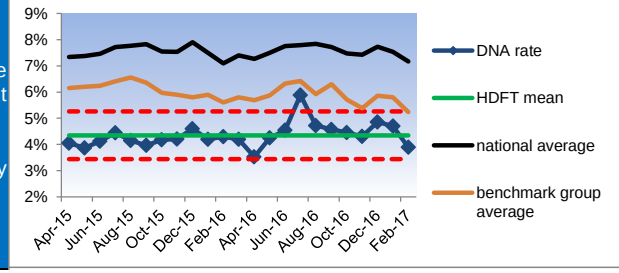
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Non-elective bed days ✓	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. The 2016/17 trajectory was based on allowing for demographic growth and reducing by the non-elective reductions identified in the Value Proposition. A trajectory for 2017/18 has not yet been set. A lower figure is preferable.		Non-elective bed days for patients aged 18+ decreased in April and is below the level reported in April last year.
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.		Theatre utilisation increased to 84.8% in April but remains just below 85%. The number of cancelled sessions increased to 8.3% (compared to 6.8% in March), probably as a result of the two bank holidays in April.
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 decreased to 4.4% when the snapshot was taken in April but remains above the maximum threshold of 3.5% set out in the contract. Data shared by NHS Improvement suggests that nationally delayed transfers of care have been at around 5% in 2017 to date.
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 3.9% in February and remains below that of both the benchmarked group of trusts and the national average.

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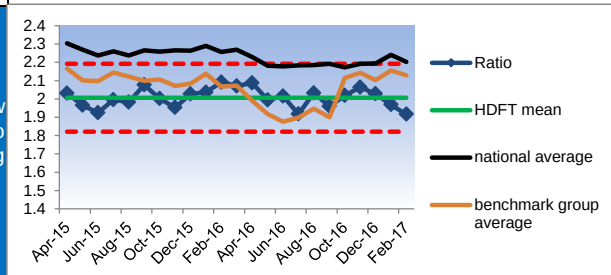
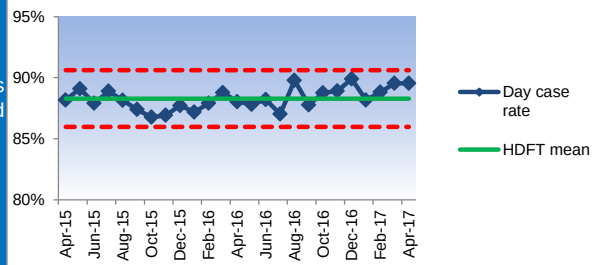
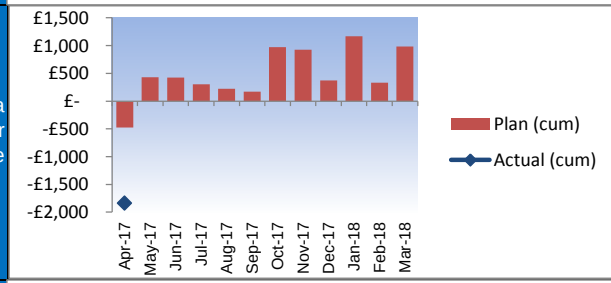
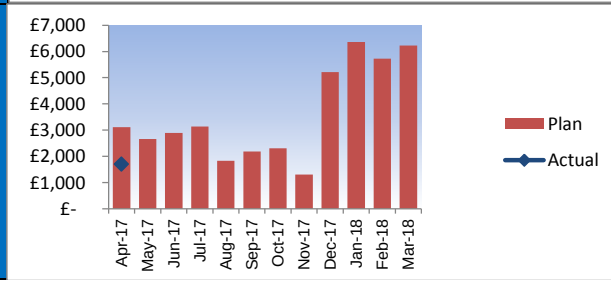
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient new to follow up ratio ✓	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio decreased in February to 1.92, remaining 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 was 89.5% in April, no change on last month and remaining 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 deficit of £1,835k in month one, £1,358k behind plan. Work is ongoing to address issues in relation to activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues.
Cash balance ✓	Monthly cash balance (£'000s)		Cash continues to be a concern for the Trust. The position for April was £1.4m behind plan.

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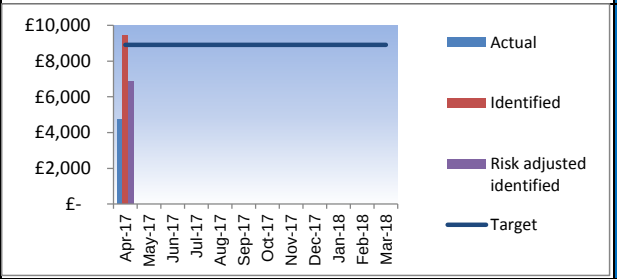
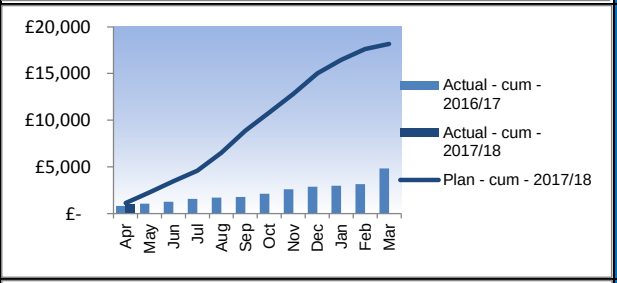
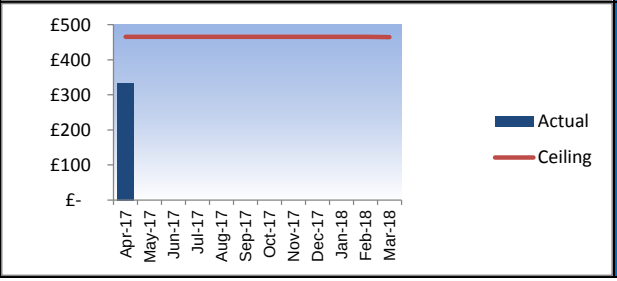
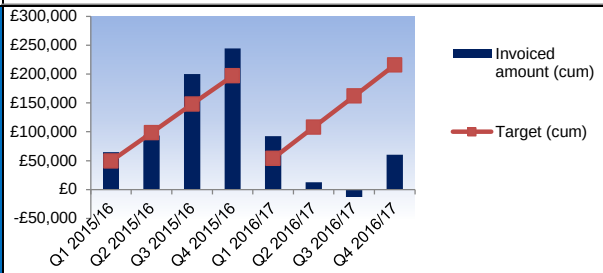
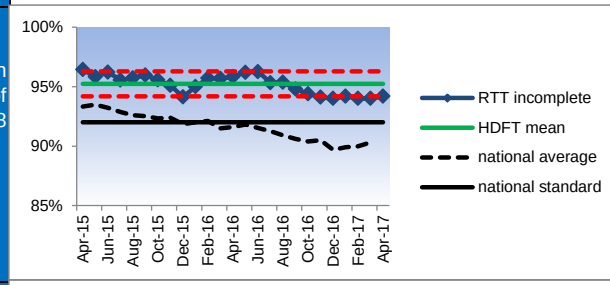
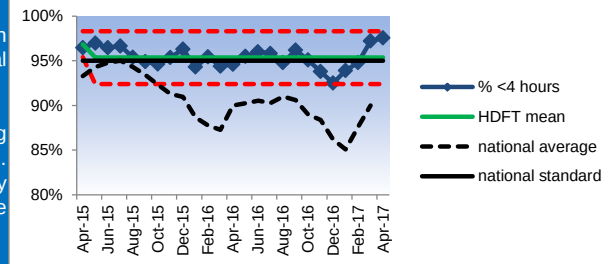
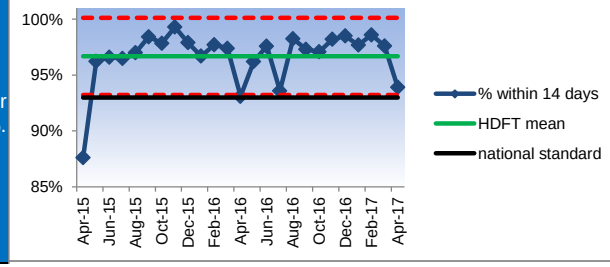
Harrogate and District NHS Foundation Trust

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.	<table><tr><th>Element</th><th>Plan</th><th>Actual</th></tr><tr><td>Capital Service Cover</td><td>4</td><td>4</td></tr><tr><td>Liquidity</td><td>1</td><td>1</td></tr><tr><td>I&E Margin</td><td>4</td><td>4</td></tr><tr><td>I&E Variance From Plan</td><td>1</td><td>4</td></tr><tr><td>Agency</td><td>1</td><td>1</td></tr><tr><td>**Financial Sustainability Risk Rating**</td><td>**2**</td><td>**3**</td></tr></table>	The Trust will report a rating of 3 for April. This is behind the plan of 2 and is a result of the variance from plan for income and expenditure.
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.		Although plans are in place for over 100% of the CIP requirement for 2017/18, the risk adjusted total equates to 77%. This highlights the level of risk in current planning to achievement.
Capital spend ✓	Cumulative Capital Expenditure by month (£'000s)		Capital expenditure is in line with plan for month 1.
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.		Agency expenditure was 2.6% of total employee expenses. This is positive, however there remains a number of areas where actions are in place to improve this position or mitigate further risk.

Finance and Efficiency - April 2017

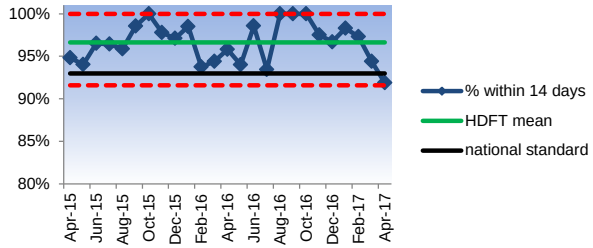
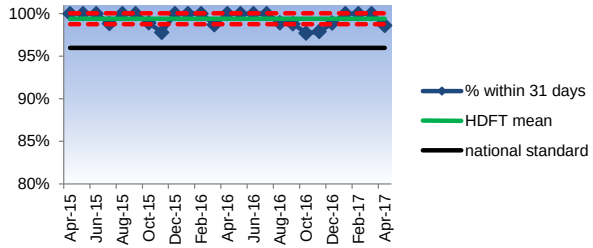
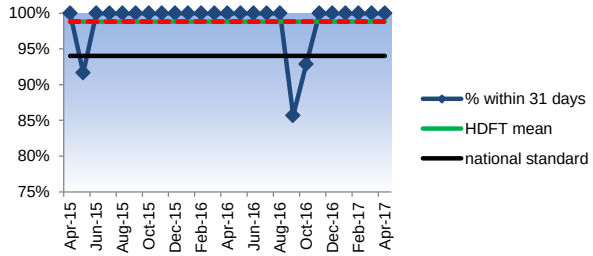
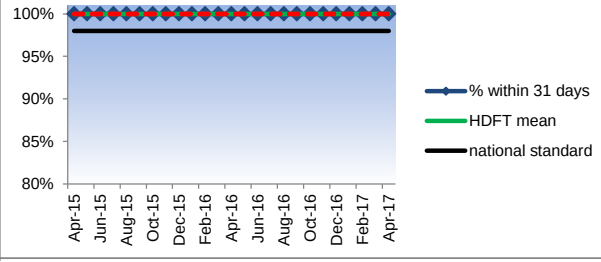
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Research - Invoiced research activity 	Aspects of research studies are paid for by the study sponsor or funder.		*There is no update on this data this month.* As set out in the Research & Development strategy, the Trust intends 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 - April 2017

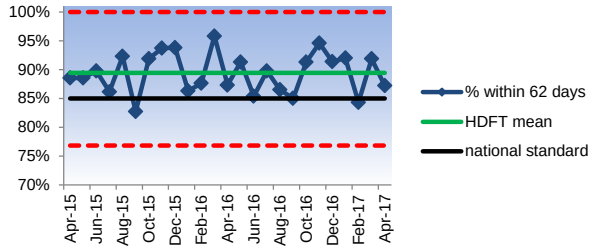
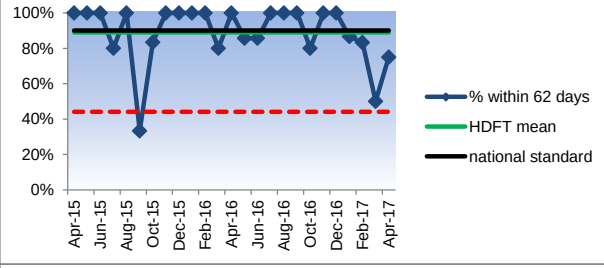
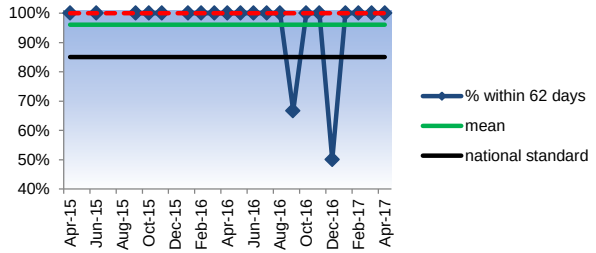
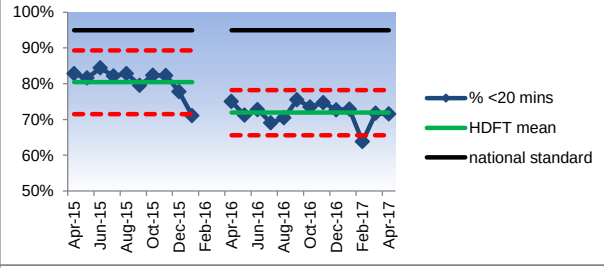
Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework ✓	From October 2016, NHS Improvement use a variety of information to assess a Trust's governance risk rating, including CQC information, access and outcomes metrics, third party reports and quality governance metrics. The table to the right shows how the Trust is performing against the national performance standards in the "operational performance metrics" section.	<table><tr><th>Standard</th><th>Q1 to date</th><th>Q2</th><th>Q3</th><th>Q4</th><th>YTD</th></tr><tr><td>RTT incomplete pathways</td><td>94.2%</td><td></td><td></td><td></td><td>94.2%</td></tr><tr><td>A&E 4-hour standard</td><td>97.6%</td><td></td><td></td><td></td><td>97.6%</td></tr><tr><td>Cancer - 62 days</td><td>87.2%</td><td></td><td></td><td></td><td>87.2%</td></tr><tr><td>Diagnostic waits</td><td>99.9%</td><td></td><td></td><td></td><td>99.9%</td></tr></table>	In April, HDFT's performance was above the required level for all 4 key operational performance metrics.
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 April, an increase on last month's performance and remaining above the required national standard of 92%. At specialty level, Trauma & Orthopaedics and General Surgery remain 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 March was 97.6%, remaining above the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED in April was 97.0%. As can be seen on the chart, HDFT's performance remains significantly above the national average.
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.		Provisional performance is at 93.9% for April, above the required 93% standard but a deterioration on recent months. The majority of the breaches reported in April were due to capacity issues in endoscopy and ENT.

Operational Performance - April 2017

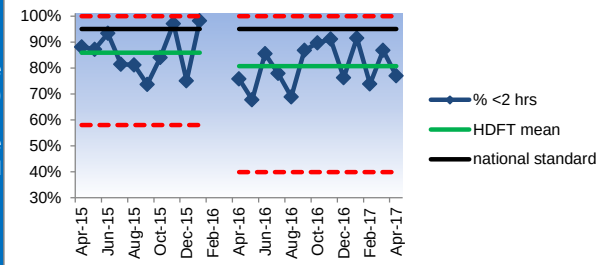
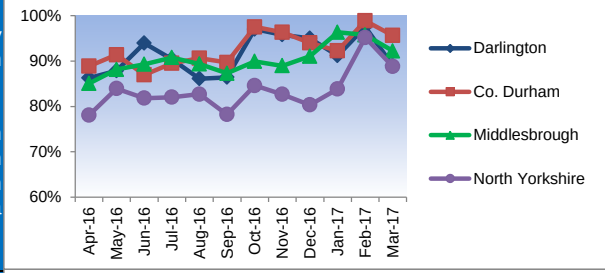
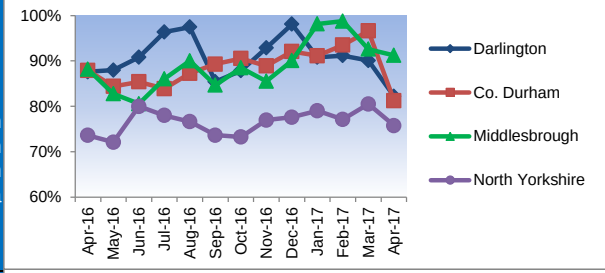
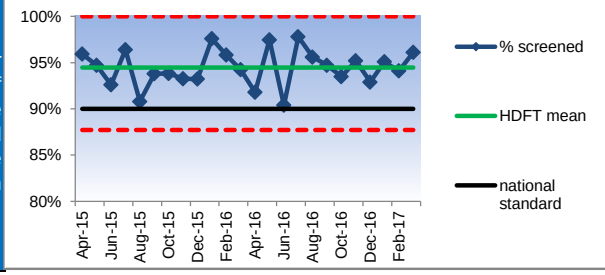
Harrogate and District NHS Foundation Trust

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.		Provisional performance is at 91.9% for April, below the required 93% standard. This equates to 5 breaches which were all due to patient choice.
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.

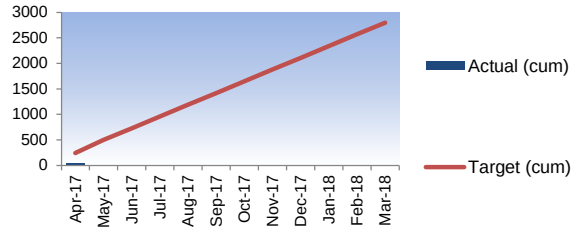
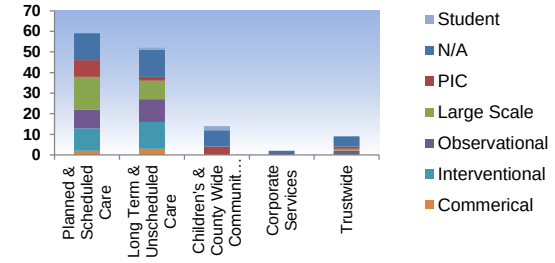
Operational Performance - April 2017

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.		Provisional performance for April is above the required 85% standard at 87.2% with 6 accountable breaches. Of the 11 tumour sites, 3 had performance below 85% in April - breast (1 breach), Haematological (3 breaches) and head and neck (0.5 breach). 1 patient waited over 104 days in April. The main reason for the delay was due to a complex diagnostic pathway.
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.		Performance was below 90% in April. However with only 4 accountable pathways in the month, this is below the de mininis level for reporting performance. The final performance for Quarter 4 2016/17 was below the 90% standard at 73.2% with 5.5 accountable breaches.
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 72% in April.

Operational Performance - April 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 77% in April.
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 April, the provisional, unvalidated performance position is that 88% 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 for April. 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 April, the provisional performance position is that 80% 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 - April 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 2017/18 for studies on the NIHR portfolio. This equates to 234 per month. Over recruitment is encouraged.		Provisional data indicates that recruitment to research studies during April was behind plan.
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

Harrogate and District NHS Foundation Trust

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.

Harrogate and District NHS Foundation Trust

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 2016/17, Amber if on or above HDFT average for 2016/17, 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%.	
Finance and efficiency	Day case rate	% elective admissions that are day case		Comparison with performance of other acute trusts.
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: 31 May 2017	**Paper No: 7.0**

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

Key Issues for Board Focus:

1. The Trust financial performance in April was a significant adverse position of £1,835k deficit.

2. Due to the financial position in month one, no S&T funding has been included in the position. The position also results in a Use of Resource Metric of 3.

3. Cash continues to be a concern for the Trust. The position for April was £1.4m behind plan.

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

Risk and Assurance	There is a risk to delivery of the 2017/18 financial plan if budgetary control is not improved. Mitigation is in place through regular monthly monitoring, and discussions on improving this process are ongoing.
Legal implications/ Regulatory Requirements	

Action Required by the Board of Directors

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

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April 2017 Financial Position

Financial Performance

- The Trust financial performance in April was a significant adverse position of £1,835k deficit. The detail of this is outlined below –

Description	YTD Plan	YTD Actual	YTD variance
Net surplus/deficit	**-£666k**	**-£1,835k**	**-£1,169k**
S&T funding	£189k	£0k	-£189k
Trust financial position	**-£477k**	**-£1,835k**	**-£1,358k**

- Due to the financial position in month one no S&T funding has been included in the position. The position also results in a Use of Resource Metric of 3 which is a significant concern and requires improvement.

- The variance in month one is a result of the following pressures which are explained in further detail within the report -
  - –£255k Acute Clinical Income
  - –£106k Ward Expenditure
  - –£86k Theatre Expenditure
  - –£142k Non pay pressure
  - –£580k Non recurrent issues in month 1
  - –£189k S&T funding

- Further information on each area is included later in the report.

- Work is urgently being taken forward to address this situation. There are a number of known challenges this financial year and the issues in April have added further pressure to this position. **As was reiterated at SMT, it is important that we continue to focus on theatre productivity to deliver our activity plan, LOS and bed numbers to manage our ward expenditure, and reducing our reliance on and cost of temporary staff.**

- Cash continues to be a concern for the Trust. The position for April was £1.4m behind plan.

Financial Position Continued

Summary Income & Expenditure 2017/18

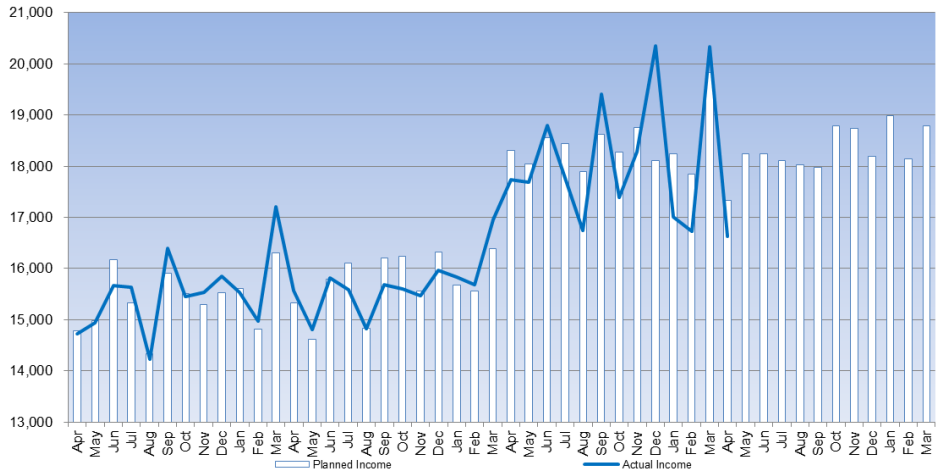
For the month ending 30th April 2017

Plan 2017/18 Budget £000		Budget Annual Budget £000	Budget Proportion To Date £000	Actual To Date £000	Cumulative Variance £000	April Actuals £'000
	INCOME					
	NHS Clinical Income (Commissioners)					
146,660	NHS Clinical Income - Acute	147,652	11,271	11,015	(255)	11,015
51,030	NHS Clinical Income - Community	53,449	4,449	4,308	(141)	4,308
0	System Resilience & Better Care Funding	913	76	76	0	76
	Non NHS Clinical Income					
1,879	Private Patient & Amenity Bed Income	1,472	123	166	43	166
523	Other Non-Protected Clinical Income (RTA)	523	44	44	0	44
	Other Income					
9,787	Non Clinical Income	10,962	1,032	1,013	(19)	1,013
0	Hosted Services	0	0	5	5	5
209,878	**TOTAL INCOME**	**214,972**	**16,994**	**16,627**	**(368)**	**16,627**
	EXPENSES					
	Pay					
(142,658)	Pay Expenditure	(149,134)	(12,957)	(13,015)	(58)	(13,015)
	Non Pay					
(3,015)	Drugs	(3,484)	(958)	(950)	8	(950)
(14,378)	Clinical Services & Supplies	(14,711)	(1,348)	(1,481)	(133)	(1,481)
(12,905)	Other Costs	(15,919)	(1,681)	(2,207)	(527)	(2,207)
(9,546)	**Reserves :** Pay	(5,774)	0	0	0	0
	Pay savings targets	0	0	0	0	0
(7,822)	Other Reserves	(6,327)	0	0	0	0
(10,352)	High Cost Drugs	(9,541)	0	0	0	0
4,600	Non Pay savings targets	0	0	0	0	0
(18)	**Other Finance Costs**	(18)	(1)	(6)	(5)	(6)
	Hosted Services	(58)	(58)	(64)	(6)	(64)
(196,093)	**TOTAL COSTS**	(204,964)	(17,004)	(17,724)	(720)	**(17,724)**
13,785	**EBITDA**	**10,008**	**(10)**	**(1,097)**	**(1,087)**	**(1,097)**
	Profit / (Loss) on disposal of assets	0	0	0	0	0
(5,081)	Depreciation	(5,081)	(423)	(461)	(38)	(461)
(90)	Interest Payable	(90)	(8)	(21)	(14)	(21)
41	Interest Receivable	41	3	1	(2)	1
(2,746)	Dividend Payable	(2,746)	(229)	(256)	(28)	(256)
5,909	**Net Surplus/(Deficit) before donations and impairmer**	**2,132**	**(666)**	**(1,835)**	**(1,168)**	**(1,835)**
	Donated Asset Income					
	Impairments re Donated assets					
	Impairments re PCT assets					
5,909	**Net Surplus/(Deficit)**	**2,132**	**(666)**	**(1,835)**	**(1,168)**	**(1,835)**
	Consolidation of Charitable Fund Accounts					
	Sustainability and Transformation Fund	3,777	189	0	(189)	0
	Total and Consolidated Net Surplus/(Deficit)	**5,909**	**(477)**	**-1,835**	**(1,357)**	**(1,835)**

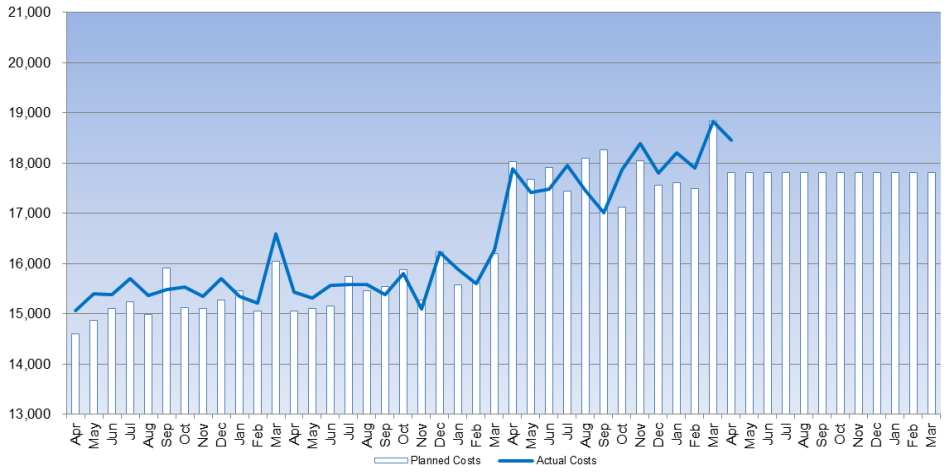
Negative sign under variance indicates an UNDER-recovery of forecast income, or an OVER-spending against budget

Financial Position Monthly Run Charts

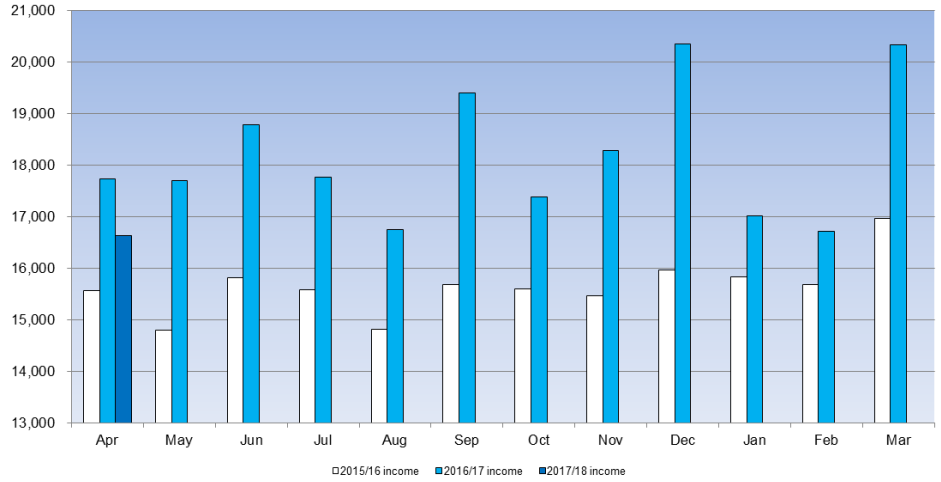
Planned and Actual Income Apr 2014 - Mar 2018



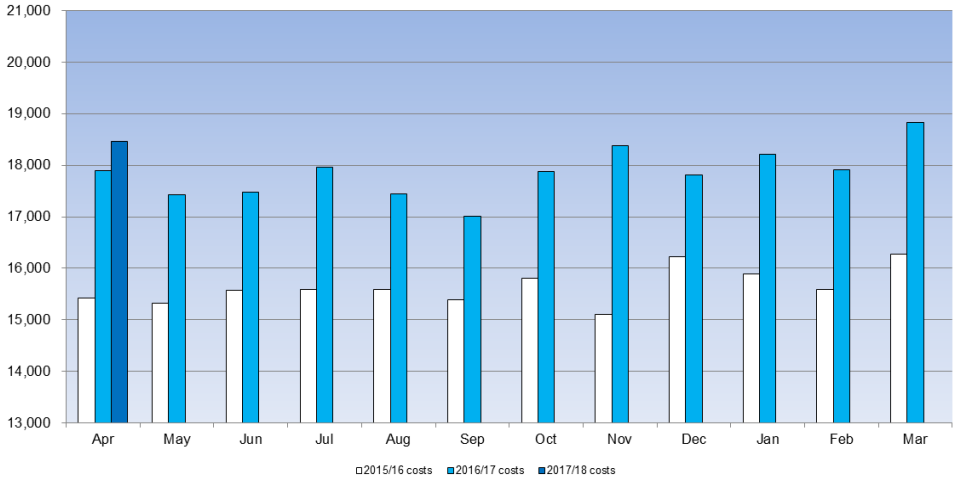
Planned and Actual Costs Apr 2014 - Mar 2018



Actual Income 2015/16, 2016/17 & 2017/18



Actual costs 2015/16, 2016/17 & 2017/18



Acute Clinical Income

Acute Clinical Income is £255k behind plan. The variances by point of delivery are outlined below -

	Activity Variance	Reported Income Variance
Outpatients	- 436	- 56,262
Elective Daycases	- 198	- 162,130
Elective Inpatients	- 26	- 61,418
Non-Elective Inpatients	- 18	33,877
Other	-	- 9,000
Total Variance	**- 678**	**- 254,934**

Issues at specific specialty level are being worked through with action plans developed. Elective and Daycase activity is a significant concern. The 5 highest adverse variances by specialty are outlined below –

Specialty	Activity Var (Spells)	Income Var (£'000s)
100: GENERAL SURGERY	-159	- 103.91
110: TRAUMA & ORTHOPAEDICS	-16	- 39.50
320: CARDIOLOGY	-15	- 25.99
120: ENT	-26	- 25.31
101: UROLOGY	-25	- 24.01

Specific plans to improve this position include –

- Development of business case for Trauma and Orthopaedic Capacity
- Review of General Surgery consultant of the week model and its affordability as a result of the impact on capacity to undertake elective activity
- Discussions with York Hospital in relation to the development of the Cardiology service
- ENT capacity was reduced in April due to consultant leave. Discussions with York Hospital about provision in line with capacity planned and any issues linked to this.

Main Theatre

The table below outlines expenditure in relation to Main Theatres. There is a significant cost pressure in relation to pay as a result of high vacancy levels and subsequent requirement to agency staffing.

Main Theatres	WTE Budget	WTE Contracted	Budget £'000s	Actual £'000s	Variance £'000s
Pay	78.61	61.28	226	290	64
Non Pay			116	140	24
Total	**78.61**	**61.28**	**343**	**430**	**88**

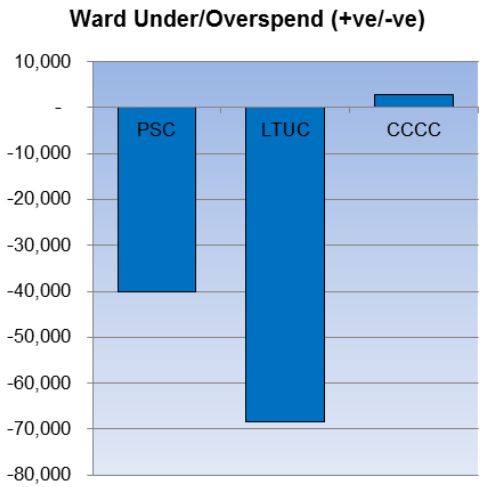
In order to address the pay pressure outlined above, the Directorate have undertaken a staffing review which outlines key actions to improve the position.

The paper is currently going through the approval process. It outlines a clear understanding of the challenges faced in the department, current mitigations and further plans. This is an important step forward in ensuring a effective and productive department.

Added to the pressure in relation to pay, non pay expenditure was above plan in month despite activity being behind plan. The implementation of a theatre stock system linked to Bluespier will help support the management of costs in this area.

Inpatient Ward Expenditure

An adverse variance of £106k was spent across all inpatient wards in April, £99k of which related to pay costs. The chart to the right outlines the split of this between directorates.



It is important that this is addressed quickly, with spend levels being brought back into line with agreed budgets while maintaining safe levels of staffing.

Actions to address this position include –

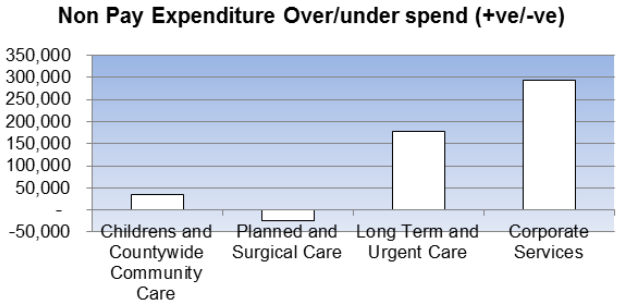
- In Long Term and Urgent Care, a review of inpatient ward budgets and staffing establishments to address the root causes of overspends in this area is being undertaken.

- Specific areas of high sickness are causing a cost pressure in Planned and Surgical Care. These areas are identified as hotspots for sickness input, with the HR team supporting the directorate with actions to improve this position.

- Work is required to ensure capacity at Ripon Hospital is at a level which is both safe and affordable in relation to the amount received by the Trust for this service.

Non Pay Expenditure

The graph below highlights the variance for non pay expenditure in each directorate.



There are a number of variances here which overlap with other issues such as achievement of CIP schemes (see pages 7 and 8 for update) and non recurrent issues in April. However, there is still a general theme of overspending across a number of areas.

Awareness is being raised of this issue within each directorate. Budget holders will be reminded of the requirement to undertake the HFMA eLearning package which is mandatory for new starters who are budget holders but available to others on request. At present 42 budget holders have undertaken the course.

The finance team are also committed to ensure information reaches budget holders in a quicker timescale. This is being done through a review of internal processes and learning from other organisations who have implemented schemes to reduce their reporting cycle.

Finally, discussions are ongoing about raising the profile of this and wider financial controls.

Further initiatives

As well as the areas of work specifically outlined the following initiatives are being progressed within the Trust –

- Work is ongoing in relation to improving Theatre Productivity. Outcomes from a recent RPIW for Theatre Scheduling will be implemented from as early as June, with utilisation of lists anticipated to improve.

- Increased capacity within the Clinical Transformation PMO is being focused on key work streams across the Trust, providing support to the development, implementation and realisation of benefits from each area.

- The work of the Tactical Savings Group and Temporary Workforce Group will be combined with a single group meeting every two weeks.

- Recently approved posts and current adverts are being reviewed in light of the current financial position. This encompasses all staff groups and is in addition to the current non clinical sign off process recently implemented.

- A review is being undertaken of cost pressure funding for 2016/17 and 2017/18. This will identify where commitments can be reversed or held, establishing the impact this would have to the Trust.

- The Trust is moving forward changes to the annual leave policy and will subsequently review the impact this has on the Trust annual leave accrual.

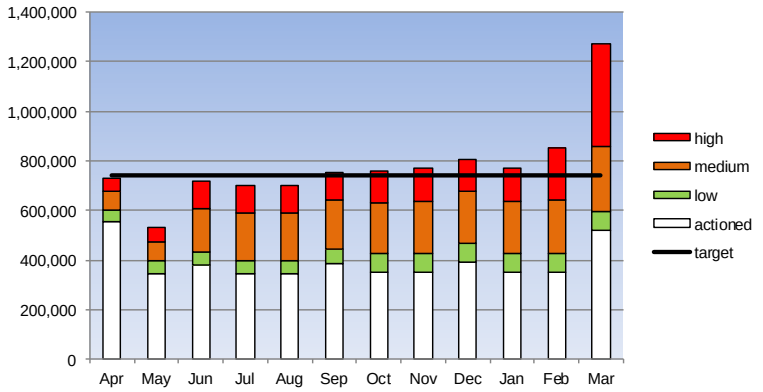
- As previously outlined the Trust is part of the ongoing rating appeal into the charitable rate status of Foundation Trusts. We are monitoring the progress of this action to see if there will be a benefit to the Trust.

- As with other members of the West Yorkshire Association of Acute Trusts, the Trust is exploring the benefits of implementing an Alternative Service Delivery Model (ASDM).

Efficiency Update

Although plans are in place for over 100% of the CIP requirement for 2017/18, the risk adjusted total equates to 77%. This highlights the level of risk in current planning to achievement.

Trustwide Cost Improvement Programme 2017/18

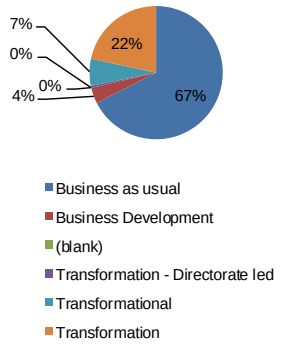


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	8,900,000	4,714,100	874,403	2,247,480	1,774,376	9,610,359	108%	7,697,642	86%
	% age of target		10%	25%	20%				

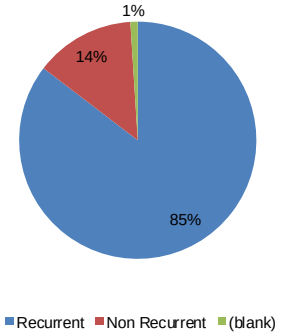
Top 10 unactioned schemes Top 10 as % of schemes - 23%

No.	Scheme	Value	Risk
1	Transformation 1 - inpatient workstream	250,000	Medium
2	Transformation 1 - inpatient workstream	250,000	Medium
3	Transformation 1 - inpatient workstream	250,000	Medium
4	Transformation 1 - inpatient workstream	250,000	Medium
5	Review of Recruitment Process	240,000	Medium
6	Transformation 2 - Theatre Utilisation	208,333	high
7	Transformation 3 - Enhanced Recovery	208,333	high
8	Pathology review	200,000	high
9	Endoscopy developments	159,143	high
10	Medical Staffing - job planning review	150,000	Medium

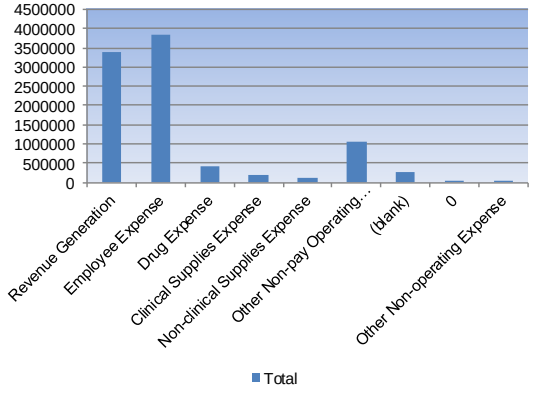
CIP schemes by internal category



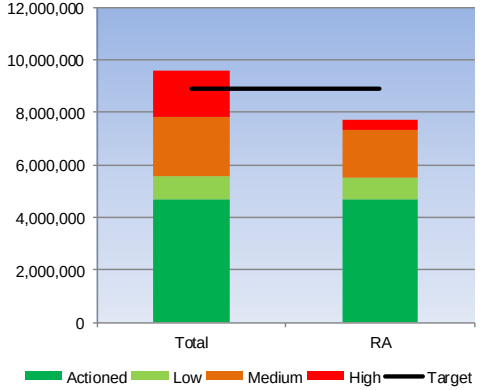
Recurrent V Non Recurrent Plans



Efficiency Category



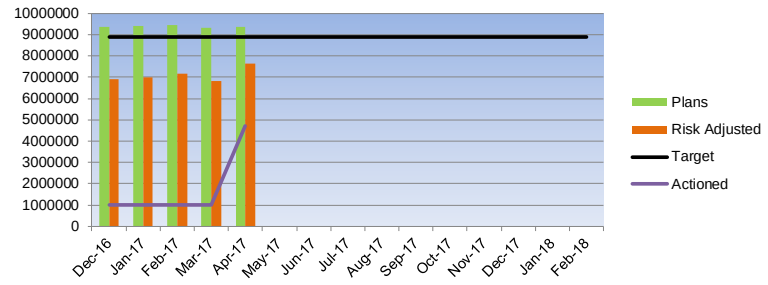
Risk Profile



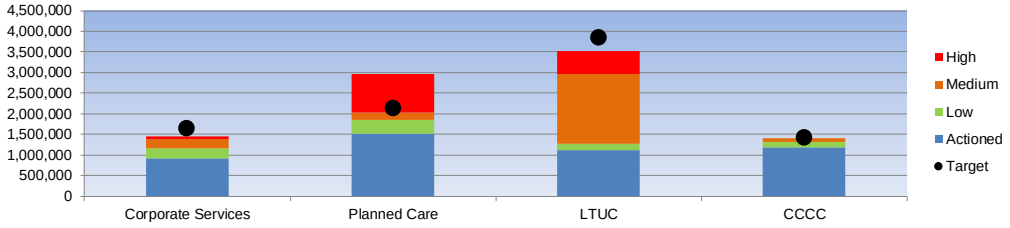
Efficiency Update Continued

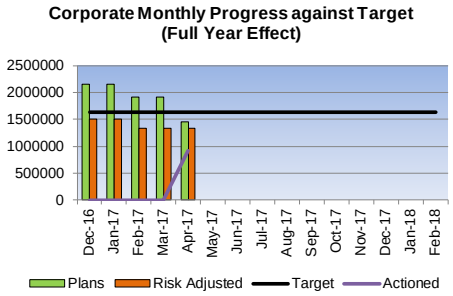
The directorate positions highlight the differing degrees of risk across the Trust. Further work is required in Corporate and LTUC around developing and moving forward plans. Planned Care have a number of plans in place over the target requirement, however there are a number of high risk plans.

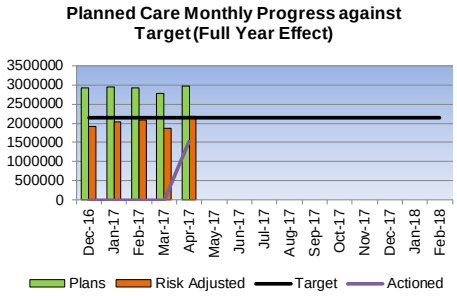
Trustwide Cost Improvement Programme 2017/18

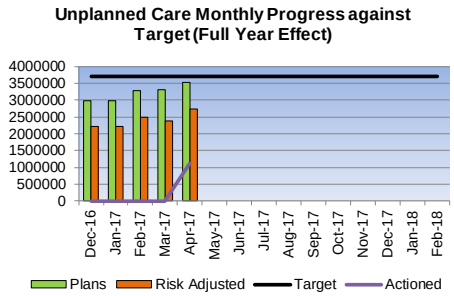


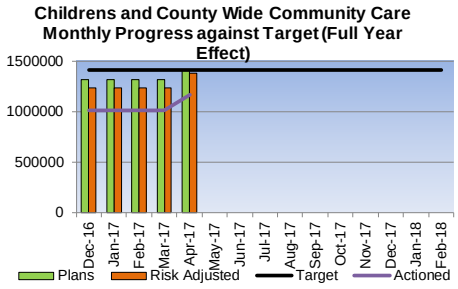
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,640,000	915,900	236,200	233,700	71,000	1,456,800	89%	1,341,450	82%
Planned Care	2,123,000	1,515,300	339,583	181,900	923,276	2,960,060	139%	2,168,079	102%
LTUC	3,832,700	1,107,200	156,600	1,706,400	548,000	3,518,200	92%	2,730,690	71%
CCCC	1,414,200	1,175,700	142,020	96,480	0	1,414,200	100%	1,387,803	98%

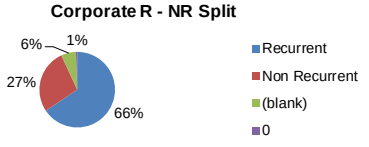


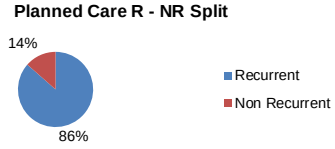


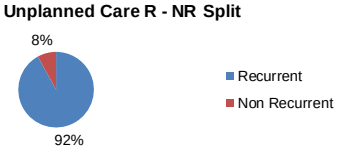


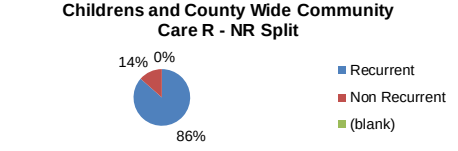






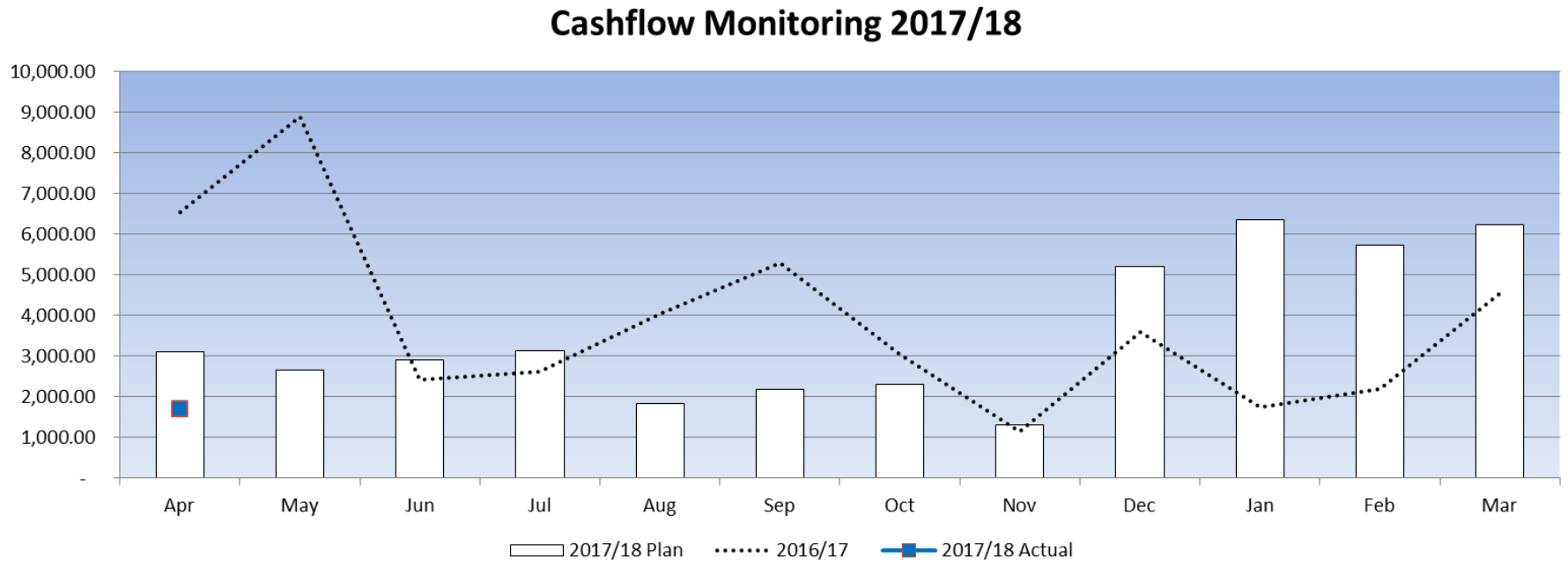






Cashflow

Cashflow continues to be a pressure for the organisation. The Trust reported a cash balance of £1.7m in April, £1.4m behind plan. Despite having improved contract terms in 2017/18 for the main Acute contract with HaRD CCG, a number of debts remain outstanding. The most significant area to be moved forward is the difference in outturn for 2016/17.



Despite having improved contract terms in 2017/18 for the main Acute contract with HaRD CCG, a number of debts remain outstanding. The most significant area to be moved forward is the difference in outturn for 2016/17 between the Trust and HaRD CCG. This is being addressed through Contract Management Board meetings.

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Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 31st May 2017	Paper No: 8.0

Title	Chief Operating Officer's Report
Sponsoring Director	Mr Robert 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:

- Details of the paediatric team's audit on 30 day readmissions are contained within this report.
- The Trust made Quarter 4 2016/17 CQUIN submissions to both HARD CCG and NHS England (for Specialist Commissioned Services) during May.
- Shadow reporting of the 62 day standard shows a significant reduction in performance for April when re-allocation rules are applied.

Related Trust Objectives	
1. 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.
2. 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.
3. 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 implications/ Regulatory Requirements	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.

1.0 READMISSIONS

As part of an ongoing review of 30 day re-admission rates, Dr Natalie Lyth and the Paediatric Team have conducted a small audit exploring the various reasons why paediatric readmissions at HDFT are higher than our comparators (both local trusts and the benchmark group of similar trusts).

There are several different reasons why re-admission rates can be higher than expected:

- Too early discharge – Patients are discharged home before they are clinically stable. If any of these cases are identified this would indicate a patient safety issue that would need addressing urgently.

- Admission thresholds – A hospital admits patients that other health providers would not admit but would treat by other pathways.

- The level of support given at discharge – the amount of information given at discharge on how to self-manage the condition and the robustness of planned follow up can affect the readmission rate.

Excluding jaundice (which was the subject of a separate audit), the next five frequent causes for readmission were identified. These were gastrointestinal disorders, perinatal conditions, abdominal pain, upper respiratory tract infections and acute and chronic tonsillitis. From a random sample of patients with each of these diagnoses, a case review was carried out. The conclusions from the audit were as follows:

- No patient safety concerns were identified.
- There are occasions where patients who could be managed as a ward attender, in an emergency outpatient appointment or through greater reassurance are admitted to the ward.
- In addition to babies with jaundice, there do appear to be other patients who could be managed on a different pathway to an admission.
- Improvements could be made to the level of support given at discharge (e.g. for patients with constipation, tonsillitis, and upper respiratory tract infections, readmissions could be prevented if information was given at discharge on how to self-manage the condition, and also if a more robust follow-up plan could be implemented).

Themes identified from the audit were as follows:

- There needs to be a clearer system for identifying patients who should be classified as ward attenders rather than admissions.
- The departmental project plan for the next year needs to include developing improved discharge advice and leaflets for children admitted with tonsillitis/viral and upper respiratory tract infections.
- The work that is already planned to look in more detail at nurse led outpatient clinics should include work on supporting children with constipation.

The final report of the joint audit of readmissions with HaRD CCG, led by Dr Claire Taylor and Dr Alastair Ingram is still awaited and the outcomes from that report will be brought to the Board as soon as it is available, as previously reported there were no patient safety concerns identified.

2.0 STROKE ACTION PLAN

Due to the ongoing concerns regarding performance against the Sentinel Stroke National Audit Programme (SSNAP), the Executive Directors have commissioned a hot spot review of stroke services which will be completed by the end of May. This is a new approach, agreed at the May SMT, to carrying out service reviews in areas where the delivery of the service is not at the level the Trust would expect. The purpose of the review is to undertake a diagnostic of the service and recommend actions that will improve care. The review will take account of the existing action plan, however, it will be a wider ranging review and therefore it is anticipated to provide a more comprehensive forward plan. The key measure of success will be evinced by an improvement in the Trust's SSNAP data. The service has fluctuated between a C or D in the SSNAP data and the objective is to achieve a score of B. The review will include an in-depth look at resources, finances, staffing and sustainability issue and best practice from high performing organisations.

3.0 CANCER SERVICES

Lymphoedema Services

Saint Michael's Hospice 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. It has now been agreed between HARD CCG and St Michael's that the Lymphodema service will continue until August 2017. Commissioners will use that time to review future service requirements.

Inter-Provider Transfer (IPT) performance

A National Cancer Breach Allocation Policy was published by NHS England in April 2016 with the aim of providing a fairer method of cancer breach allocation when treatment is delayed between referring and treating providers. In response to the national policy document, an Inter Provider Transfer (IPT) Operating Framework has been developed by Leeds Teaching Hospitals. The implications arising from the adoption of this framework will be taken forward through the West Yorkshire Cancer Alliance (WYCA).

Alongside ongoing work to streamline and enhance local processes for the timely transfer of care (where clinically appropriate) for shared pathways, all WYCA providers have agreed to continue monitoring the re-allocation performance over the next few months (i.e. reporting performance in shadow form).

Actual reported performance for April with the current allocation rules was at 87.2% (above the expected standard of 85%). A total of 10 patients were treated at tertiary centres in April following a 2WW referral to Harrogate. Of these, only 3 were transferred by day 38 (30%). For all cases transferred after day 38, treatment was delivered at the tertiary centre within 24 days of the IPT, meaning there would have been a significant reduction in HDFT's performance if a re-allocation policy was in place.

Shadow reporting of the 62 day standard shows that when the national guidance re-allocation rules are applied, performance in April would be below the expected standard at 82.4% (4.8% below reported performance). When the re-allocation rules developed by Leeds Teaching Hospitals are applied, shadow performance drops to 81.6% (5.6% below reported performance).

It should be noted that this is unusual and that applying these rules during 2016/17 would have resulted in minimal change to overall performance.

4.0 CQUIN UPDATE

The Trust made Quarter 4 2016/17 CQUIN submissions to both HARD CCG and NHS England (for Specialist Commissioned Services) at the beginning of May. The Trust is awaiting final confirmation from HARD CCG but anticipate achievement of the following indicators:

1. End of Life Care – improved recording and compliance with the proportion of patients dying in their preferred place of death;
2. Frailty – Implementing a screening tool or system to improve timely identification and proactive management of frailty in community teams;
3. Referral criteria and protocols - improved compliance with CCG Clinical Threshold documents and Procedures of Limited Clinical Value guidance for consultant to consultant referrals and other internally generated demand;
4. Decision aids - increased usage of patient decision aids in secondary and community care.

The Trust reported partial achievement of the following local indicators:

1. Sepsis in the Emergency Department – the sepsis screening element of the indicator was achieved with 94% of eligible patients screened, against a target of 90%. However only 38% of patients with red flag sepsis received IV antibiotics within the relevant time period which is a disappointing decrease from last quarter. The agreed Q4 target for IV antibiotic treatment was 60%. Based on the sliding scale for achievement agreed this represents >60% of the target and therefore we have achieved 70% of the quarterly payment for this element of the CQUIN. 100% of patients had appropriate antibiotic review within 3 days.
2. Sepsis in an Inpatient Setting – 41% of eligible inpatients were screened, against a target of 90%. The number of patients with red flag sepsis having IV antibiotics within the required time period was 89% reflecting 8 out of 9 patients treated within the target time. As previously agreed with HARD CCG, the target does not apply to five or fewer cases in a quarter or if a breach is caused by a single patient breach in a quarter. 100% of patients had appropriate antibiotic review within 3 days.

The Trust submitted reports to NHS England demonstrating achievement of the following indicators for Specialist Commissioned Services:

1. Armed Forces - Making the Armed Forces Covenant Operational;
2. QIPP – demonstration of engagement and achievement of agreed QIPP plan;
3. SACT (Systemic Anti-Cancer Therapy) – increasing the number of standardised does for selected SACT drugs;
4. Secondary care dental – implementation and submission of clinical activity data set for secondary care dental services;
5. Public Health - improve access to screening and immunisation programmes for people with learning difficulties and mental health conditions;
6. Neonatal care – Data completeness of specified questions within the National Neonatal Audit Programme (NNAP) dataset.

CQUINs for this year form part of a two year national scheme covering 2017/18 and 2018/19. The national set of CQUIN indicators are mandatory for all Trusts within their local contract. These are a challenging set of diverse indicators. Compliance will be monitored via Operational Delivery Group. In addition, the Trust has a number of CQUIN indicators for 2017/18 covering Specialist Commissioned Services.

5.0 PODIATRY SERVICES

Work continues within podiatry services to implement the contract for the service covering the NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Group (CCG) areas. This has been the build up to launching the new specification on the 1st May, which has included TUPE transfer of staff the previous private provider to HDFT. There are different inclusion and exclusion criteria in the new service and we are working with the CCGs who set the criteria to explain this to patients who do not meet the criteria, but it has proven difficult to finalise an agreed joint communication with the CCG. With the new specification, it has been estimated that approximately 10% of the current caseload do not meet the criteria and they will be informed by staff as they present for clinical sessions, with supportive documentation and signposting for their future care but there is the potential for an increase in complaints.

HDFT Podiatry have also been successful, in partnership with York Acute Trust, in their NHS England bid for Podiatry (diabetic) Foot Care and will start to consider the implementation of this service over the next few months.

6.0 MEDICAL STAFFING

While the Consultant Paediatric staffing is now at full capacity, the middle grade paediatric medical recruitment continues to remain a key risk for the Directorate and so a sharp focus of attention. In April, we have recruited and offered to three SAS doctor posts, although one has recently withdrawn and is now back out to advert. The impact on service delivery has been minimised by Consultants stepping down and the use of locums, but this places pressure on both staff and costs. We are now in the process of recruiting to a 4 month consultant locum post which will pick up many of the shifts and we hope they will be in post by the end of May. Looking forward, the Deanery have stated that all three ST4-8 posts will be filled in August and the service is starting to plan for the summer rota's now.

In General Surgery, there continue to be challenges in delivering the new resident on-call rota at the middle grade level, with a number of SAS doctor vacancies. In the medium term, the aim is to move to a full shift rota which will require at least ten doctors to contribute to the rota. Two recent appointments will move closer to the required number and the team will continue to work to recruit further SAS doctors as soon as possible.

7.0 SERVICE ACTIVITY

Variances above or below 3% are as follows – at the end of April, new outpatient activity was 8.7% below plan, follow-up outpatient activity was 4.2% below plan, elective admissions were 7.3% below plan, and ED attendances were 3.3% below plan.

For Leeds North CCG, new outpatient activity was 10% below plan, elective admissions were 3.1% below plan, and non-elective admissions were 38.2% above plan.

A number of factors in April contributed to the adverse variance, vacancies in General Surgery SAS doctors posts combined with the new resident rota to support the deanery requirements, along with lower than expected weekly sessions at Wharfedale endoscopy unit and a disproportionate level of annual leave in ENT were significant factors. The Planned and Surgical care directorate have plans to regain the activity in a number of specialties. However, productivity concerns in T&O and the impact of the General Surgery changes remain a cause for concern and as such are the focus of review within the directorate supported by the Executive Team.

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Harrogate and District NHS
NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	**Paper No: 9.0**

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. The Interview Panel did not select a preferred candidate for the position of Chair of the Trust.
2. A workshop was held on 19 May, involving good representation from all Directorates, to progress the Clinical Workforce Strategy.
3. The sickness absence rate has reduced significantly between February and March 2017 to 4.03% from 4.54%.

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

a) Recruitment of Chair of the Trust

The Interview Panel of the Nominations Committee met on 2 May and discussed the detailed reports produced by Gatenby Sanderson, following probing interviews undertaken by them. As a result of these discussions the Interview Panel shortlisted three candidates for interview. All three confirmed that they would attend the final interview process on Monday 22 May. Prior to this the Interview Panel was provided with the reports of psychometric testing on each of the shortlisted candidates.

The three candidates were taken through a process which included a 30-minute presentation to an audience of staff and stakeholders, two Discussion Groups and a one-hour formal interview. After deliberation and consideration of feedback from the various facets of the process, the Interview Panel decided not to select a preferred candidate. The Council of Governors will now consider and agree the timing for a further recruitment advertisement to be placed, which is likely to be towards the end of June 2017.

b) Clinical Workforce Strategy – an update

A workshop was held with all the Directorate teams on Friday 19 May at the Masonic Hall in Harrogate to review workforce challenges and to identify priorities for the first two years of the implementation plan for the Clinical Workforce Strategy. Workforce and Organisational Development, along with the Improvement and Transformation team, facilitated the event with the following focussed outcomes:

1. Acknowledge and agree challenges / priority areas;
2. Implementation, assessment and planning;
3. Consider the interdependencies; and
4. Produce a first draft of delivery initiatives - including supporting tools and resource required (to include corporate support and enablers identified within the Clinical Workforce Strategy).

Some of the key themes from the workshop were:

- The concept of workforce transformation and re-design – incorporating a review methodology that identifies the skills-mix and competencies of the team or service to deliver ‘Excellence Every Time’. This work will include the development of new roles and job descriptions for alternative staff models, across a range of professionals, to achieve this;
- Creating a structured programme relating to ‘rotational’ working, placements and training (across directorates, localities, Trusts and STP) to improve the resilience of staff and services as well as supporting retention of the workforce; and
- Winning hearts and minds of our staff – reaffirming our position as an ‘Employer of Choice’ through connectivity and supporting more agile working. In addition to having the right ‘tools’ for the job, develop a workforce which actively promotes HDFT as an employer.

Over 40 people attended, providing an overall rating of the workshop to be Excellent (65%) and Good (35%). Next steps include a full report to the June Clinical Transformation Board. The Directorate priorities will be reviewed and shared with all key stakeholders. Support will be provided by the HR Business Partners and

Improvement and Transformation Leads within the Directorates, to develop and commence delivery of the intended schemes.

c) Commissioning our Future Workforce

The Trust is working with the University of Huddersfield, as our lead Operating Department Practitioner (ODP) provider, to understand the current limitations to ODP supply from an educational perspective. The challenges relate to visibility and awareness of the role meaning that some of the 60 places available on the three-year undergraduate programme remain unfilled. The other challenge is a shortage of work based placements; it is not unusual for the university to struggle to identify a suitable number of NHS placements to support the programme.

In response to this there are three main pieces of work; locally there needs to be an understanding of the level of placement support that the Trust can provide in the immediate future with a view to a longer term arrangement for guaranteed placements. At a regional level there is a piece of work underway to look at improving placement capacity as soon as possible to enable the university to grow course numbers. The final piece of work seeks to establish a partnership between the Local Workforce Action Board (LWAB), the University of Huddersfield and the Association for Perioperative Practices based in Harrogate. It is envisaged that this partnership would jointly fund a targeted marketing campaign to raise the profile of the ODP profession with the ambition of attracting more young people into the education programme and accrediting prior learning for existing healthcare staff interested in pursuing the degree programme to become a Registered ODP. This will complement the development of an ODP apprentice role at the Trust.

The University of Leeds has approached the Trust with a proposal for developing a Physician Associate (PA) placement programme to support the clinical training element of their postgraduate PA Programme. The PA programme is a Postgraduate MSc programme, as the students have already completed a science-based degree. This would run concurrent with the current undergraduate medical training programme. A meeting is being planned with current undergraduate leads to discuss the delivery of these placements from September 2017 looking at the possibility of placing six PAs with the Trust at a time on a six-week placement. It was agreed that the University of Leeds would offer, potentially, a facility for the Trust whereby all placements would be undertaken at the Trust and the Trust would guarantee employment for six PAs at the end of the two-year course.

An event is planned for the introduction of new, non-Registered, roles on inpatient wards at Harrogate District Hospital, using the Calderdale Framework. It is envisaged that there will be significant career opportunities for the Trust's existing non-Registered workforce arising from this, which will assist with addressing long-term recruitment challenges for Registered Nurses. It will also support all Registered Nurses in these areas to work at the 'Top of their Licence', and only perform those tasks which a Registered Nurse can do.

d) Recruitment and Retention

Thirty four offers have been made to student nurses for September 2017. In addition a further 21 existing Registered Nurses have been offered employment across the Trust, including in community services, and the Trust is in the process of undertaking pre-employment checks and establishing start dates for the nine who do not have start dates during May and June.

Following last month's update on the Global Health Exchange programme, the nurse who passed his International English Language Test (IELT) at the first attempt has now booked his NMC Computer Based Test (CBT) for 24 May. If he passes, he will be required to request permission from the NMC to complete his OSCE test and will apply for his visa. All nine nurses who required a second IELT have now retaken their exam: two nurses are currently awaiting the results of their test which will be received within the next two weeks. Four nurses were not successful following their second IELT and will continuing studying before booking another test. Three nurses who failed their second attempts are likely to withdraw from the programme.

Apollo has undertaken a roadshow targeting other large hospitals and the region in India from where 80-85% of all nurses originate and has signed contracts with five other providers of nurses in India to support HDFT to recruit 20 nurses.

A representative from Harrogate College visited India last week and has indicated that she is confident the new IELT provider will be able to better support the nurses. Whilst being shown round the Apollo hospital she spoke with a number of nurses who all were very interested in coming to work in the UK and specifically mentioned Harrogate.

On the theme of international recruitment, Dr Jyoti Krishna, Consultant Histopathologist and Associate Medical Director, has agreed to work with the Trust in identifying hard-to-fill Consultant and SAS doctor roles, as well as recruitment of international nursing staff. The aim is to try and agree future workforce supply from overseas, with the focus on India in the first instance. This will build upon recent successful recruitment of Medical Training Initiative (MTI) doctors by the Medical Staffing team, working with the Royal Colleges to appoint specialist doctors to the Trust.

e) Recruitment of new Non-Executive Director

Following the placing of advertisements across a wide range of media, and a targeted series of letters from the Chairman to specific organisations, a significant number of enquiries have been received. The closing date for applications was 22 May and 27 applications had been received by the deadline.

A longlisting process will take place during the week commencing 29 May, followed by shortlisting on 15 June and interviews on 29 June. The selection will be ratified at a subsequent Extraordinary Council of Governors' meeting.

f) Investors in People (IiP) Bronze Award

The Trust's Investors in People Assessment Report, confirming our Bronze Level Accreditation, has been placed in the Reading Room. The report is a comprehensive review of our strengths and areas for potential development.

An Action Plan is currently under development to prioritise and address the areas for development. This is to be reviewed by the Workforce & OD Steering Group and presented to SMT in September 2017.

g) Medical Staff Internal Bank arrangements

The Trust is in the process of establishing an internal Medical and Dental staff bank. It is envisaged that this will be operational from autumn this year building upon existing bank arrangements. The new model will be coordinated by the Medical Staffing team and will provide an end to end solution to bank bookings with a fully automated system to streamline the process. As part of the programme the Trust will implement a Direct Engagement model for the engagement of agency staff as well as seeking to grow the numbers of doctors and dentists on our bank, and explore the possibility of a regional collaborative bank.

h) Job Planning

The latest job planning figures for Consultants and Specialty Doctor and Associate Specialist grades as at 30 April are shown in the table below. Overall progress in completed Job Plans month on month is shown as a RAG rating. Following the April SMT meeting, the Directorates were tasked to present action plans to improve their positions and these were presented at the May Senior Management Team meeting and offered full assurance of future compliance with the target of achieving an annual job plan review for all medical and dental staff. The slight reduction in the number of consultants with Job Plans is in contrast to the increased number of SAS doctors who are now compliant, although both remain short of the target. Auditing of compliance with Schedule 15 of the Terms and Conditions of Service is now underway and, along with actions, which the Directorates have in hand, this should stimulate a significant improvement in the statistics over the next two months. The Job Planning Group met on 17 May and was attended by three Clinical Leads. Subjects discussed included Directorate plans for improving Job Plan compliance and an emerging need to more precisely define the difference between, and Trust approach to, Study Leave and Professional Leave.

MAY 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	12	11	91.67%	1	8.33%	0	0.00%	0	Ex Mat Lve (1)	
LT & UC	55	39	70.91%	14	25.45%	2	3.64%	0	One LTS	
P & SC	63	37	58.73%	25	45.90%	1	1.59%	0		
Total	**130**	**87**	**66.92%**	**40**	**30.77%**	**3**	**2.31%**	0		

MAY 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	5	5	100.00%	0	0.00%	0	0.00%	0		
LT & UC	12	11	91.67%	1	8.33%	0	0.00%	0		
P & SC	19	3	35.30%	16	84.21%	0	0.00%	0		
Total	**36**	**19**	**52.78%**	**17**	**47.22%**	**0**	**0.00%**	0		
Change from previous month (in-date JPs)		**Improved**		**No change**		**Worse**				
Excludes locums, maternity leave, bank and new starters										

j) Sickness Absence

Sickness absence across the organisation showed a noticeable decrease to 4.03% from 4.54% during the month of March. Whilst this remains above the Trust target position, this is a significant improvement on the absence levels seen in January and February.

With the exception of Children's and County Wide Community Care with absence at 3.75%, all Directorates have seen an improvement in absence levels over the month. Corporate Services have seen the greatest improvement with absence levels down to 3.33%. Whilst both Planned and Surgical Care (4.65%) and Long Term and Unscheduled Care (4.18%) have both seen reduction in absence levels, both Directorates remain above the Trust target and there is a focus on identifying and addressing specific departmental issues within these Directorates. For the month of March Outpatients, Endoscopy, Farndale Ward, Trinity Ward, Selby MIU, Harrogate North community services, Children's 0-19 service in Middlesbrough and Woodlands Ward all have sickness absence levels above 10%. It is of concern that the Long Term and Unscheduled Care Directorate has reported less than 50% completion of return to work interviews, whereas all other Directorates report at least 66% compliance – therefore this will be addressed.

The annual sickness absence figure across the Trust for 2016-2017 was 4.08%. The figures for individual Directorates were: Children's and County Wide Community Services 4.38%, Corporate Services 3.38%, Long Term and Unscheduled Care 3.95% and Planned and Surgical Care 4.42%.

The Health & Wellbeing team has been working to raise further awareness of the importance of emotional wellbeing through activities around the national Mental Health Awareness week. Significantly the role of Mental Health Champions was launched - these volunteer individuals will work directly with staff who live with mental ill health, and with line-managers who wish to know more about signs and symptoms of mental ill health and how to support their staff and signpost them to appropriate services.

k) Clinical Excellence Awards 2016-17

The Clinical Excellence Local Awards Committee met on 23 and 30 March 2017 to discuss the submissions in respect of Consultants' Clinical Excellence Awards for 2016.

No applications were received from Associate Specialists' for Discretionary Points or from Senior Staff Practitioners for Optional Points**.**

Associate Specialists
No applications were received from Associate Specialists.

Senior Staff Practitioners
No applications were received from Senior Staff Practitioners.

Clinical Excellence Awards

30 Applications were received and 20 Consultants were granted an award as follows:

Consultant	Specialty	Now at Level
Dr R. Balmer	Paediatric Dentistry	4
Dr S. Basu	Paediatrics	1
Mr J. Conroy	Orthopaedics	6
Miss A.M. Davies	Urology	3
Mr J. Gill	Urology	1
Dr V. Holloway	Emergency Medicine	6
Dr K. Johnson	Obstetrics and Gynaecology	5
Dr A. Kant	Anaesthetics	2
Dr H. Kemp	Anaesthetics	1
Dr N. Lyth	Community Paediatrics	3
Mr C. Mahon	General Surgery	2
Dr S. Marsh	Anaesthetics	3
Dr J. McCreanor	Elderly Care	2
Dr H. Mortimer	Respiratory Medicine	1
Dr K. Sansam	Rehabilitation Medicine	2
Dr D. Scott	Histopathology	6
Dr D. Scullion	Radiology	8
Dr S. Sherliker	Anaesthetics	2
Mr C. Talbot	Orthopaedics	1
Dr R. Tuffin	Anaesthetics	1

All Local Awards Committee members were trained in valuing diversity.

The Trust is grateful to the Local Negotiating Committee and the medical staff body generally for their agreement once again to defer the 2016 award date to 1 October 2016. This has enabled a non-recurrent saving to be made. Copies of applications from some consultants that received an award have been shared (with their consent) with consultants that did not receive an award in order to assist with improving future applications.

Phillip Marshall
Director of Workforce and Organisational Development

May 2017

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Report to the Trust Board of Directors: 31 May 2017	**Paper No: 10.0**
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:

- Monitoring of nurse recruitment and retention continues to show a challenging but improving position
- Two Director Inspections have resulted in 'green' ratings.
- Complaints in April have been lower than the last two months.
- Patient 'absconder ' incident are monitored effectively by the Trust

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	Yes – the report supports the Trust's objective to work with partners to deliver effective care of 'Looked after Children' and safeguarding of children
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

- Be **assured** by the monitoring of nurse recruitment and retention and the governance process for assuring safe staffing levels
- **Note** the results and changes to the reporting of Director Inspections
- **Note** the number of decrease in numbers of complaints received by the Trust in April.
- **Acknowledge** the excellent work to improve the care of pregnant women
- Be **assured** there is continual progress with the issues arising from the CLAS inspections.

The Chief Nurse report provides an overview of care quality, activities underpinning care and assurances on staffing arrangements. More details on key performance metrics are provided in the Integrated Board Report.

1. Nurse Recruitment

1.1 The Trust's recruitment and retention working group continue to work toward zero vacancies. A recruitment event was held on the evening of 2nd May 2017 and offers were made to two Registered Nurses for Orthopaedics and Byland and conditional offers were made to two Student Nurses from South Tees University for September. The next event is planned for 20th June 2017.

1.2 The next 'keeping in touch' event is planned for 5th July 2017.

1.3 Planned and Surgical Care has employed a Practice Educator to provide support to newly qualified and new to the Trust Registered Nurses.

1.4 The numbers of vacancies in Long Term and Unscheduled Care in-patient ward and departments remain about the same as last month. In Planned and Surgical Care the number of vacancies has reduced to approximately six Registered Nurses (from 12 WTE) but are currently experiencing higher than usual sickness levels on Farndale.

1.5 As I reported last month, the current number of vacancies means there are significant gaps in the planned rosters for the wards. We continue to take action to mitigate the risk due to staffing gaps by:

- Maximising effective rostering;
- All shifts out to NHSP and agencies within cap;
- All shift gaps published at ward level;
- Incentive scheme offered;
- Staffing gaps reviewed daily and staff moved to minimise risk; and
- Bed closures where feasible.

1.6 All rosters are now published eight weeks in advance of the start date.

1.7 The result of these actions are reported in the actual versus planned staffing levels in Appendix One.

1.8 I am, with the directorates, finance teams and HR, currently reviewing inpatient ward budgets and staffing establishments to determine the root causes of the consistent overspend in these areas.

Patient Safety

2 Unannounced Directors' Inspections 2017-2018

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

2.2 The following services have been inspected and rated as 'green' during 2017/18:

Date of inspection	Ward/Dept. visited	Risk Rating
21/04/17	Trinity	Green

2.3 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
21/02/17	Littondale	Red	Controlled Drug Book had gaps in daily checks	19/04/17	Red	Controlled Drug Book had gaps in daily checks
03/04/17	Wensleydale	Red	Height adjusters to raise toilet seats soiled	18/05/17	Green	Height adjusters clean and process in place

- Littondale - Failed inspections in Dec 2016 and Feb 2017 due to gaps in daily checking of controlled drug book and lack of evidencing IV Cannula care. Failed on both counts in April 2017. Issues being addressed with Ward Manager and Matron. A re-inspection is planned in June 2017.
- Wensleydale – failed due to height adjusters to raise toilet seats being soiled. There was no process in place to ensure this equipment is kept clean. Wensleydale has subsequently been visited on three further occasions: each time the height adjusters were clean and a process for maintaining the cleanliness of this equipment is in place.

3 Patient Safety Visits

3.1 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'.

Date	Area	Key Findings
25/04/17	Littondale	• Pressure of work due to staffing levels for both medical and nursing staff, good feedback regarding the contribution of the ACP • Showers leaking and concern about increased falls risk – estates aware • Ward is paperless for rostering • Still some delays for ward attenders

4 Patient Absconders

4.1 The number of patients reported as 'absconding' over the last three years is 101. The detail of each event is recorded on the Datix system including the reason the patient tried to leave or left, the outcome for the patient and the actions taken by staff. There are a number of reported reasons for a patient trying to leave, but there are three common trends:

i. the patient lacks capacity through delirium or dementia related diseases
ii. the patient changes their mind about requiring treatment (this is mainly a feature in ED) or
iii. the patient has mental health issues.

4.2 These incidents are managed and monitored and action is taken by the most appropriate group. An example of this is concern being raised about the expected response of the Police to vulnerable absconders from ED. This is being taken forward through the Supporting Vulnerable People group who will report the outcome of their action to the Operational Delivery Group, ED and SMT.

4.3 Table of the number of 'absconding' incidents and their locations in the past three years.

	14/15	15/16	16/17	Total
Acute Medical Unit	0	1	0	1
Acute Medical Unit Bolton (NO LONGER IN USE FROM 5/10/15)	1	2	0	3
Acute Medical Unit Fountains (NO LONGER IN USE FROM 5/10/15)	1	1	0	2
Byland Ward	0	4	2	6
Car Park	0	1	0	1
CATT Ward	0	2	7	9
Coronary Care Unit	0	1	1	2
Child Development Centre Harrogate Hospital	0	1	0	1
Emergency Department	5	12	8	25
Entrance	0	1	0	1
Farndale Ward	1	2	0	3
Granby Ward	0	4	1	5
Harlow Suite	1	0	0	1
ITU/HDU	1	0	0	1
Jervaulx Ward	1	0	1	2
Lascelles	2	0	0	2
Lift	0	1	0	1
Littondale Ward	4	1	3	8
Nidderdale Ward	1	1	1	3
Oakdale Ward	3	2	3	8
Pannal Ward	0	0	1	1
Radiology	1	0	0	1
Ripon Hospital - Trinity Ward	2	2	2	6
Ripon and Rural Community Care Team	0	1	0	1
MIU -Selby	0	0	1	1
Podiatry -Spring Hill	0	1	0	1
Stairs	0	0	1	1
Wensleydale Ward	0	0	1	1
Woodlands Ward	1	2	0	3
Totals:	25	43	33	101

5 CLAS Inspections

5.1These inspections are Looked After and Safeguarding (CLAS) reviews in our Children's Services. The reviews are conducted under Section 48 of the Health and Social Care Act 2008 which permits the CQC to review the provision of healthcare and the exercise of functions of NHS England and Clinical Commissioning Groups. The review explores the effectiveness of health services for Looked After Children and the effectiveness of safeguarding arrangements within health for all children. The focus is on the experiences of Looked After Children, and children and their families who receive safeguarding services.

The CQC Children's Services Inspection teams look at:

- The role of healthcare providers and commissioners;
- The role of healthcare organisations in understanding risk factors, identifying needs, communicating effectively with children and families, liaising with other agencies, assessing needs and responding to those needs and contributing to multi-agency assessments and reviews; and

- The contribution of health services in promoting and improving the health and wellbeing of looked after children including carrying out health assessments and providing appropriate services.

They also check whether healthcare organisations are working in accordance with their responsibilities under Section 11 of the Children Act 2004. This includes the statutory guidance, Working Together to Safeguard Children 2015.

5.2 I have previously reported there have been three CLAS reviews by the CQC during 2016/17:

- October 2016 - Durham 0-19 service;
- December 2016 – City of York (Looked after Children only); and
- February 2017 – North Yorkshire (Acute and Community Services).

The final outcome of the review in Durham was published two weeks ago, the report for the City of York is at the factual accuracy stage and nothing has been received yet regarding North Yorkshire. There were no new issues in the published report for Durham. The Directorate has developed action plans in all three areas based on the verbal feedback received at the time of the inspections.

Patient Outcomes

6 Introduction of new pressure ulcer category - Unstageable

6.1 Unstageable is now a nationally recognised category so the function has been developed to enable staff to report the category. What this means is with unstageable wounds the depth is unknown, as the wound bed is obscured by slough, necrosis, etc. so it is not possible to confidently diagnose it as either a Category 3 or 4. A process for review of unstageable wounds has been developed to support this new category – the Tissue Viability Nurses review and re-categorises the pressure ulcer and updates the report on Datix following debridement, leaving feedback with Risk Management to confirm the change.

6.2 The pressure ulcer reduction target this year, in both the hospital and the community, is to reduce the number of avoidable category 3 and 4 pressure ulcers. This target has been identified from the root cause analysis of category 3 and 4 pressure ulcers in 2016/17 which determined, in both the hospital and community, 55 out of 98 pressure ulcers analysed were deemed avoidable. There are seven pressure ulcers still under investigation.

Patient Experience

7 Complaints

7.1 In April the Trust received 16 complaints.

Of the 16 complaints received, 12 have been graded Yellow, three Green and one Amber.

7.2 The number of complaints received by month and compared with 2016/17 and 2015/16 is shown below.

Total number of complaints by month for 2017/18 compared to 2016/17 and 2015/16													
	April	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**Total**
2017/18	16												
2016/17	18	16	24	21	25	19	19	18	9	14	26	25	**234**
2015/16	26	18	30	15	17	26	11	9	12	12	21	16	**213**

8 Anti-D Injections

8.1 Current standard practice is that rhesus negative women are given an injection of a blood product (anti-D) at 28 weeks gestation to reduce the risk of them developing antibodies as a result of any sensitising events during pregnancy. In about 38% cases the injection is unnecessary because the fetus is also rhesus negative.

8.2 HDFT is the first Trust in the region to implement testing the baby's blood group using free fetal DNA in the mother's blood, avoiding the costs and exposure to a multi-donor blood product. The anti-D is a blood product and therefore carries a potential risk of disease transmission (HIV, Hepatitis, vCJD), although it is virally inactivated and the risk is deemed very low. HDFT have avoided giving unnecessary anti-D to 89 women since introduced in May 2016.

8.3 It became a NICE guideline in Nov 2016. HDFT is seen as a trail blazer and our documents have been added to the implementation toolkits on the NICE website.

Jill Foster
Chief Nurse
May 2017

Appendix One

Actual versus planned nurse staffing - Inpatient areas

The table below summarises the average fill rate on each ward during **April 2017.** 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 **April** was **7.90** care hours per patient per day.

	Apr-2017						
	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	89.1%	92.2%	96.7%	114.4%	4.30	2.30	6.70
Byland	75.0%	114.2%	80.0%	107.2%	3.10	3.40	6.50
CATT	87.4%	120.0%	90.8%	138.9%	4.90	3.10	8.00
Farndale	71.8%	99.4%	100.0%	111.7%	3.60	4.50	8.10
Granby	82.3%	106.7%	100.0%	105.0%	2.80	2.90	5.80
Harlow	114.2%	90.0%	100.0%	-	7.00	1.70	8.80
ITU/HDU	93.3%	-	94.7%	-	26.70	1.50	28.20
Jervaulx	70.9%	146.7%	78.9%	111.1%	2.60	3.60	6.20
Lascelles	90.2%	92.8%	100.0%	100.0%	4.10	3.70	7.80
Littondale	92.1%	112.7%	87.8%	123.3%	3.30	2.10	5.40
Maternity Wards	88.9%	90.9%	94.9%	95.0%	13.80	4.00	17.80
Nidderdale	89.7%	90.5%	85.6%	150.0%	4.10	3.10	7.20
Oakdale	91.7%	107.2%	95.8%	138.3%	4.30	3.00	7.20
Special Care Baby Unit	93.4%	38.3%	100.0%	-	30.70	2.50	33.20
Trinity	90.1%	114.2%	100.0%	120.0%	3.60	3.40	7.00
Wensleydale	92.5%	137.5%	100.0%	116.7%	3.40	2.80	6.20
Woodlands	79.5%	110.0%	88.9%	90.0%	12.00	4.40	16.40
Trust total	**87.1%**	**108.3%**	**93.1%**	**115.0%**	**4.80**	**3.10**	**7.90**

ED staffing	95%	265%	95%	126%			

Further information to support the April data

On the medical wards Jervaulx, Byland, CATT and AMU, 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. Extra care staff were deployed to support the wards during this period and this is shown in the enhanced care staff hours. Further care staff hours were also required at times in these areas to provide intensive 1:1 patient support.

On Granby ward although the daytime RN hours were less than planned, an assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of the patients.

On Farndale ward the daytime RN hours in April were less than planned due to vacancies and sickness, however beds were reduced in response to this and activity levels.

The ITU /HDU 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.

On Littondale the day and night time RN hours were less than planned due to staff sickness and vacancies.

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 Registered Midwife and care staff gaps were due to sickness and vacancies; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

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

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

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 April due to staff sickness, 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.

In the Emergency Department the elevated daytime care staff hours reflects new starters having supervised practice.

Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	**Paper No: 11.0**
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 contents of this report.

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.

Medical Director Board Report May 2017

1. **Mortality update**

The crude death rate decreased to 1.12% in April compared with 1.20% in April 2016. Both HSMR (Feb-Jan) and SHMI (Jan-Dec) increased to 106.10 and 95.24 respectively. Both remain within expected levels for the Trust. I am currently in the process of writing the Trust-wide Mortality Case Review Strategy in lieu of new national reporting guidelines for in-hospital mortality which come into place later this year. I hope to agree a process with colleagues that provides acceptable case mix and learning, whilst remaining mindful of the resource implications for reviewers.

2. **NHS cyber-attack**

I can report no serious clinical incidents as a direct result of the cyber-attack or the resulting resilience actions. I would like to formally take the opportunity to thank numerous colleagues in a wide variety of areas (clinical and non-clinical) who worked tirelessly to maintain business as usual and keep patients safe, not only in this organisation but in others. A fuller report of the events immediately following the attack will no doubt form part of the Chief Operating Officer's update.

3. **7 day services update**

Both I and Robert Harrison have a planned call with representatives of NHSI on Friday 26th May in order to discuss current status and delivery of the four priority standards by 2020. I will be able to verbally update the Board as necessary on the content and outcomes of the discussion.

4. **Getting It Right First Time (GIRFT)**

I will be attending the second national update on progress so far in London on 20th June. The agenda for the day will focus on The Model Hospital, specific clinical sub-specialties, commissioning for quality, workforce planning and pharmacy efficiencies. I will feed back to the Board at the June meeting on implications both locally and nationally.

Harrogate and District
NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	Paper No: 12.0
Title	Patient Experience and Incident Report Quarter 4 - 2016/17
Sponsoring Director	Jill Foster, Chief Nurse
Author(s)	Andrea Leng, Head of Risk Management
Report Purpose	To provide a summary of information for Patient Experience 2016/17

Key Issues for Board Focus:

1. To **note** the results of the Trust's participation in national and local surveys, including the Picker results for the 2016 National Emergency Department Survey.
2. To **recognise** there has been a 10% increase in the number of formal complaints in 2016/17. The response to agreed deadline remains poor and has fallen by 17% since last year and the number of actions completed to deadline is below our target.
3. To **note** the total number of contacts dealt with informally as PALS contacts has increased by 38%.
4. To **recognise** the number of cases upheld by the PHSO is 0% in 2016/17 to date. The national average of complaints upheld by the PHSO is 42%.
5. To **note** that there continues to be a significant number of out of date patient information leaflets on the Trust internet. In May 2017 this was 161 out of 598 (26.9%) leaflets.
6. To **note** good performance with the patient FFT. 95.6% of patients surveyed for all relevant HDFT services in March would recommend our services. This was in line with recent months and above the latest published national average of 92.4%.

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	No significant issues of concern
Legal implications / Regulatory Requirements	No additional risks

Action Required by the Board of Directors

- To **note** the Trust is participating in a number of national and local surveys.
- To **recognise** there has been a 10% increase in the number of formal complaints 2016/17. The response to agreed deadline remains poor and has fallen by 17% since last year. The number of actions completed to deadline is 38% which below our target.
- To **note** that work to improve the position regarding out of date documents on the Trust internet should start to impact positively on patient information.

Patient Experience Report
Quarter 4
2016/2017

Contents

1. Executive Summary

This is the quarter 4 patient experience report and will be presented to the Learning from Patient Experience Steering Group and Quality Committee. Comments are welcomed regarding content and presentation.

The key points to note are:

- 65 complaints were received in Q4 and all were acknowledged within three working days. This is an increase from Q3 and above the average across the year;
- In 2016/17 234 complaints have been received in total compared with 213 in 2015/16;
- The response rate in Q4 has increased to 32% (from 13% on Q3) against a target of 95%. Overall for the year the response rate is 35% compared to 52% from 2015/16. This is a disappointing position but it is recognised that this is reflective of the significant operational pressures the Trust has been experiencing;
- The % of complaints upheld in Q4 at the time of the report is currently 63%. This is similar across the whole year with an average in 2016/17 of 63% (slight decrease from 68% in 2015/16);
- The total number of contacts dealt with informally as PALS contacts has increased significantly this quarter to 293. It can be seen that there has been a 38% increase in the number of informal concerns handled by the PET in 2016/17 (936) compared with 2015/16 (676);
- There was one new PHSO request in Q4 which is currently being investigated. Overall five cases were referred to the PHSO in 2016/17 (the same number as the previous year).80% of these have been accepted for investigation and to date none have been upheld. The national average of complaints upheld by the PHSO is 42%;
- The number of new actions in Q4 delivered to deadline is 45% so far – the highest all year. There is a considerable way to go to reach the target of 100% and this will continue to be highlighted and monitored. 18% of actions from 2016/17 are still open and past the target date set by the Directorate;
- Six complaints received about the 0-19 Service in Q4 (only seven complaints in total from this area in 2016/17) These have centred around communication and attitude;
- The most frequent location of complaints in Q4 and across the whole financial year were ED, outpatients and CATT;
- The main specialities involved in complaints in 2016/17 were Orthopaedics, ED, Gastroenterology and Gynaecology. Gastroenterology and Gynaecology have not featured in previous years as the top specialities in complaints;
- Overall top subjects of complaints in 2016/17 were delay / failure to diagnose, communication with patients and delay in treatment or procedure. In Q4 there was also a pattern of a delay / failure in observations; and
- 72 formal compliments were received in Q4.

2. Patient and Public Involvement (Including FFT)

National Patient Surveys

New Survey Results

Final results have been released from Picker for the National Emergency Department Survey for 2016. A total of 420 patients completed the survey, giving a response rate of 35.5% compared to an average of 26.2%.

Historical Analysis

Compared to the 2014 survey (this survey runs every other year), we did not perform significantly WORSE on any of the questions.

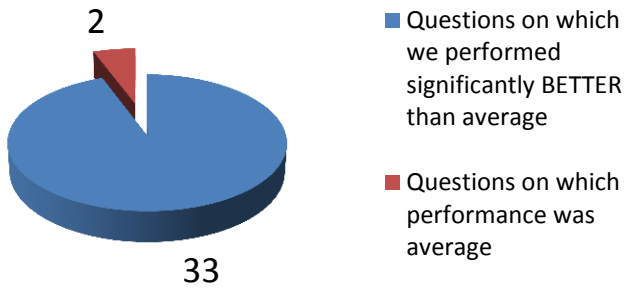
We performed significantly BETTER than 2014 on seven questions:

- Waiting: patients had to wait more than two hours to be examined
- Doctors/nurses: not enough time to discuss health or medical problems
- Doctors/nurses: did not have complete confidence and trust
- Doctors/nurses: did not have an opportunity to talk to a doctor
- Care: wanted to be more involved in decisions
- Pain: staff did not do everything to help control pain
- Leaving: not fully told when to resume normal activities

The historical analysis should be the key area for focus locally because it allows us to better understand our absolute performance compared to our own previous results, thus demonstrating whether we have made things better or worse for our patient population.

Benchmarking other Trusts

The chart below illustrates performance against the 75 Trusts who commissioned Picker for this survey.



There were no questions on which performance was significantly worse than average.

Current Surveys

- Fieldwork is ongoing for the Children & Young People's Survey 2016.
- Sampling is underway for the National Maternity Survey 2017 and surveys will be distributed shortly.

Local Patient Surveys

Surveys registered during 2016/17

A total of 24 surveys were registered with Clinical Effectiveness on the 2016/17 programme, with one new survey registered since the last report:

Title	Directorate	Specialty	Expected completion date
Improving the communication of information on prescribed medicines to adult inpatients, prior to discharge	Long term and unscheduled care	Pharmacy	01/06/2017

Completion of the 2016/17 programme currently stands as follows:

Completed – 11/24 (46%)
Postponed until next year – 3/24 (12.5%)
Ongoing (in date) – 3/24 (12.5%)
Ongoing (overdue) – 6/24 (25%)
Closed as incomplete – 1/24 (4%)

Recent Survey Results

Nurse-led haematology clinic survey

The Nurse-led Haematology Telephone Clinic is a service that was set up with the aim of improving the patient's experience of having their haematological disorder monitored and treated. Rather than stable patients attending a consultant clinic appointment at the hospital every few months, (some having to travel significant distances), the patients would have their bloods taken locally and then be managed via a telephone clinic appointment by a Haematology nurse specialist. A survey was undertaken to evaluate satisfaction levels with this clinic.

36/50 surveys were completed and returned (response rate 72%). The main findings were:

- 33/36 (92%) respondents either strongly agreed or agreed that the information given to them prior to referral to the service was sufficient.
- 33/36 (92%) respondents either strongly agreed or agreed that the telephone clinic service was convenient for them.
- Only 1 patient (3%) reported experiencing problems having their blood test prior to their appointment.
- 35/36 (97%) either strongly agreed or agreed that the nurse was always on time for their appointment.
- 31/36 patients (86%) said they preferred the telephone clinic than having to attend the hospital for a routine appointment.

The responses received generally reflect a high level of satisfaction with the service and do not highlight any particular areas of concern.

Friends and Family Test (FFT)

The friends and family test methodology is in place for inpatients, Emergency Department, Maternity Services, Outpatients, Day Surgery and Community Services. Further work is being undertaken to implement for children's services. The processes for collecting data vary depending on the service but involve paper questionnaires with results entered into a database by volunteers, and an automated process for telephone calls to patients following a contact with some services.

There have been various technical problems with the automated phone call service since December 2015 that have impacted on response rate and results. All outstanding issues were resolved in August 2016 and phone calls reinstated to all services that were previously using them.

Inpatient Wards

		2016/17						
Friends and Family Test Summary		Q1 Resp Rate	Q2 Resp. Rate	Q3 Resp. Rate	Jan 2017	Feb 2017	Mar 2017	Q4 Resp. Rate
Wards	Recommend (%)	35.19%	25.55%	24.15%	94	96	97	25.15%
	Not recommend (%)				1	2	1	
	Resp. Rate (%)				22.09%	23.01%	26.93%	
	Inputted Resp.				287	263	369	

Accident & Emergency

Friends and Family Test Summary		Q1 Resp. Rate	Q2 Resp. Rate	Q3 Resp. Rate	Jan 2017	Feb 2017	Mar 2017	Q4 Resp. Rate
A&E	Recommend (%)	9.16%	5.46%	9.18%	96	90	93	9.18%
	Not recommend (%)				0	4	2	
	Resp. Rate %				7.95%	6.97%	8.04%	
	Inputted Resp.				171	135	182	

Outpatients

		2016/17						
Friends and Family Test Summary		Q1	Q2	Q3	Jan 2017	Feb 2017	Mar 2017	Q4
Outpatients	Total responses	5323	5620	7380	3324	3037	3569	9930
	No. recommend	5140	5314	7039	3161	2896	3422	9479
	% recommend	96.56%	94.56%	95.38%	95.10%	95.36%	95.88%	95.46%

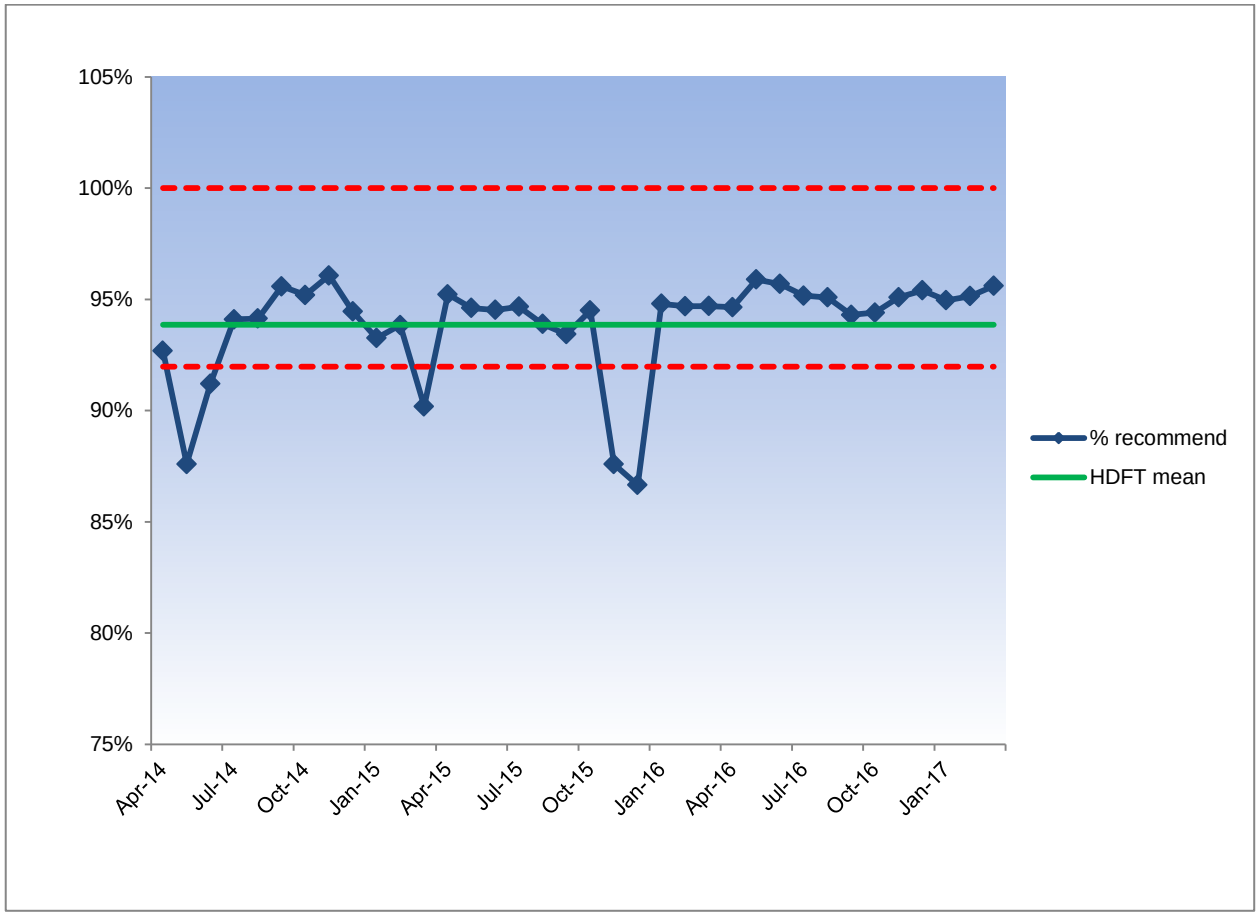
Community Services

Friends and Family Test Summary		Q1	Q2	Q3	Jan 2017	Feb 2017	Mar 2017	Q4
Community Services	Total responses	1647	1399	1676	737	785	745	2267
	No. recommend	1544	1319	1567	695	741	694	2130
	% recommend	93.75%	94.28%	93.50%	94.30%	94.39%	93.15%	93.96%

Maternity

		2016/17						
		Q1	Q2	Q3	Jan-17	Feb-17	Mar-17	Q4
Maternity Services - Qu 1 - antenatal care (touch point 1)	Response rate	16.2	17.5%	17.2%	21.5%	17.8%	18.1%	19.3%
	Recommend	98.9%	97.7%	97.7%	94.7%	100.0%	100.0%	97.8%
	Not Recommend	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Number of responses	89	87	88	38	24	27	89
Maternity Services - Qu 2 - birth (touch point 2)	Response rate	40.6%	39.9%	35.5%	43.9%	41.8%	32.9%	39.7%
	Recommend	96.6%	98.9%	94.3%	100.0%	96.7%	97.8%	98.3%
	Not Recommend	0.5%	0.6%	0.6%	0.0%	0.0%	0.0%	0.0%
	Number of responses	204	174	174	69	61	46	176
Maternity Services - Qu 3 - care on postnatal ward (touch point 2)	Response rate	41.8%	40.1%	34.9%	42.7%	42.5%	32.1%	39.3%
	Recommend	97.6%	99.4%	97.7%	95.5%	96.8%	93.3%	95.4%
	Not Recommend	0.0%	0.6%	1.8%	0.0%	1.6%	0.0%	0.6%
	Number of responses	210	175	171	67	62	45	174
Maternity Services - Qu 4 - postnatal community provision (touch point 3)	Response rate	14.0%	14.5%	8.8%	10.2%	6.2%	18.9%	11.7%
	Recommend	98.1%	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%
	Not Recommend	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Number of responses	52	67	43	16	9	27	52
Overall	Response rate	28.9%	27.5%	24.0%	29.3%	27.2%	25.3%	27.4%
	Recommend	97.5%	98.8%	96.6%	97.4%	97.4%	97.2%	97.4%
	Not Recommend	0.2%	0.4%	0.8%	0.0%	0.6%	0.0%	0.2%
	Number of responses	555	503	476	190	156	145	491

Overall



The chart shows the overall score (% who would recommend the service) for all HDFT services currently participating in the FFT survey. 95.6% of patients surveyed in March would recommend our services, remaining in line with recent months and above the latest published national average of 92.44%.

FFT Comments

I want to record my sincere thanks to everyone who helped to look after my Mother. The outcome was not good but you treated her, and me, with such care and kindness and I am immensely grateful. You really are a stellar bunch of people. Very best wishes.

BY

All staff were absolutely brilliant, especially the Trauma Co-ordinator, the Ward Sister. Everyone really all super helpful, polite and funny!

FAR

I did not feel I was wasting anyone's time. I was very well looked after and made aware of all procedures and gives advice on discharge. I was quite happy with my experience.

ED

Superb, friendly and attentive nurses. Put me at ease and made my 2 night stay as comfortable as possible. Food was plentiful and served by polite and friendly staff. Thank you.

AMU

No doctor on ward to alter dose or change pain relief. Took a long time to alter medication. Ward seemed to be understaffed at times. Very noisy on ward. Lots of banging doors, building work noise in evenings and at weekend. Staff do not have time to stop talk about problems. Staff may listen but not pass on information. Often the case that urine bottles were left for a long time at the bed.

WENS

Food Manager not informed by Ward all weekend that I have a specialist diet.We were told that she had been but not sorted out until Tueasday 14th.To be told that you had 'poorly patients' on the Ward by staff is unacceptable as I have a heart condition. How unprofessional. This is in my notes.

LIT

Nurses, assistants I can not fault. They kept everyone cheerful. However when wanting answers regarding care, appointments discharge, they never knew the answer. I first asked about discharge at 9.30am. At 16.00 I finally made it to the discharge lounge. The process of informing the patient they will leave, till the end should not have taken so long.

NID

Patient Information

There is a process for developing new patient information leaflets that includes clear guidance about content, format and readability and this is evaluated by our volunteer lay reader panels. The lay readers are sent draft patient information leaflets and asked to review these against some specific standards and to return any comments and suggestions for improvement. The author is expected to consider the feedback and use this to develop the final draft, which is then quality assured by the clinical lead for patient information, Stephanie Davis, Matron in Emergency Department / Urgent Care.

The table below shows those leaflets that have been sent for reader testing and/or finally approved between 01/01/17 and 31/03/17.

Patient Information Leaflet	Author	Department	Date to reader panel	Approved
Colonoscopy (picolax)	Kathryn Johnson	Diabetes specialist nurse	19/01/2017	
Colonoscopy using Klean prep (am & pm)`	Kathryn Johnson	Diabetes specialist nurse	19/01/2017	
Diabetic patients taking bowel prep for colonoscopy (moviprep) leaflet	Kathryn Johnson	Diabetes specialist nurse	19/01/2017	
Info for diabetics fasting for endoscopic procedure	Kathryn Johnson	Diabetes specialist nurse	19/01/2017	
Information for diabetic patients taking bowel prep for a radiological procedure	Kathryn Johnson	Diabetes specialist nurse	19/01/2017	
Arthroscopic shoulder stabilisation	Joe Askew	Physiotherapy	25/01/2017	
Sub Acromial pain syndrome and arthroscopic sub acromial decompression	Joe Askew	Physiotherapy	25/01/2017	
Arthroscopic rotator cuff repair	Joe Askew	Physiotherapy	25/01/2017	
Elderly care medication review	Hannah Fletcher	Pharmacy	25/01/2017	
Welcome to the special care baby unit	Amy Holmes	SCBU	25/01/2017	
Patient Information following Oral Surgery	Lorraine Groves	Day Surgery	25/01/2017	
the Macmillan Gastrointestinal GI Nursing Team	Mel Aubin	Macmillan GI	01/02/2017	
Inpatient care for people with diabetes - what to expect	Kathryn Johnson	Diabetes Specialist Nurse	03/02/2017	
Learning disabilities A5	Ben Haywood	Learning Disabilities	01/03/2017	
Learning disabilities tri-fold	Ben Haywood	Learning Disabilities	01/03/2017	
Post breast surgery	Jo Prosper	Women's & men's health	01/03/2017	
Biofeedback simplex unit	Jo Prosper	Women's & Men's health	14/03/2017	
Electrical stimulation loan agreement - patients copy	Jo Prosper	Women's & Men's health	14/03/2017	

Patient Information Leaflet	Author	Department	Date to reader panel	Approved
Biofeedback simplex loan unit agreement - patients copy	Jo Prosper	Women's & Men's health	14/03/2017	
Neuromuscular electrical stimulation	Jo Prosper	Women's & Men's health	14/03/2017	
Community medicines review	Hannah fletcher	Pharmacy	21/03/2017	
Patients with Type 2 diabetes treated with insulin undergoing surgery or a procedure (no more than 1 missed meal)	Kathryn Johnson	Diabetics	23/03/2017	
Patients with Type 2 diabetes treated with tablets and/or GLP 1 injectable therapy undergoing surgery or a procedure (no more than 1 missed meal)	Kathryn Johnson	Diabetics	23/03/2017	
Patients with Type 2 diabetes treated with tablets, GLP 1 injectable therapy and/or insulin undergoing surgery or a procedure	Kathryn Johnson	Diabetics	23/03/2017	
Patients with Type 1 diabetes undergoing surgery or a procedure (no more than 1 missed meal)	Kathryn Johnson	Diabetics	23/03/2017	
Sick day management in Type 1 diabetes following surgery or a procedure	Kathryn Johnson	Diabetics	23/03/2017	
Sick day management in Type 2 diabetes following surgery or a procedure	Kathryn Johnson	Diabetics	23/03/2017	
Wound closure	Alan Fisher	Minor Injuries Unit	28/03/2017	

Once approved and uploaded it is the responsibility of the author to review their resource on the intranet to ensure that it is accurate and contains up to date information. On 05/05/17 there were 598 documents uploaded to the Information for Patients section of the intranet. Of the 598 documents, 161 were passed their review date. There are also 44 current documents with a review date longer than 2 years. This is against the recommended standard for written information.

Performance around document control over previous quarters are as follows:

- October 2015: 219/610 (35.9%) information leaflets past their review date
- January 2016: 115/595 (19.3%)
- April 2016: 96/586 (16.4%)
- August 2016: 107/593 (18%)
- November 2016: 130/590 (22%)
- January 2017 148/597 (24.8%)
- May 2017: 161/598 (26.9%)

3. NHS Choices, Patient Opinion & Social Networking

NHS Choices

Harrogate District Hospital – Based on 92 ratings

73% of reviews left in Q4 were positive and 26% were negative. This was based on 15 reviews

Ripon & District Community Hospital –Based on 22 ratings

There were seven reviews left during Q4, all of which were positive.

We were very disappointed in the way we were handled by a doctor. We had a meeting to explain my mother's illness and the doctor left us extremely distressed. They did not take kindly to questions we asked and their manner was quite abrasive and aggressive. This doctor was not clear in their explanation and we all left extremely distressed and confused. They argued with us and were most unprofessional.

We are now asking to be transferred to St James Hospital Leeds. A very rude and unprofessional Doctor.

Visited in February 2017. Posted 24 February 2017

Diagnostic Colonoscopy at this hospital. Procedure room staff particularly nice and informative about the procedure and subsequent results. Mixed sex ward, but as the only female patient was given a private area and toilet to dress/undress. Welcome drink and biscuit after and the discharge nurse very thorough and friendly and gave me leaflets regarding the findings. For such an unpleasant/undignified procedure the staff are friendly and professional. The department was spotless.

Visited in February 2017. Posted on 01 February 2017

I had an operation for a Dupuytren's contracture yesterday. I was dealt with very quickly and efficiently by all the staff/consultants from admission to when I left. I was kept fully informed all the way through and checked many times to ensure that I was the right person having the correct operation and the hand marked appropriately to ensure that the correct hand/finger was operated upon. I was given and explained a discharge letter being advised where to contact in the event of a problem after I left. I have had absolutely no pain and apart from a slight sore throat I am perfectly OK - thanks to all. Also many thanks to the pre-operation assessment team who were extremely efficient and friendly - even got a cup of tea as I arrived early as I hate being late. I hope that the staff know how much a difference they make by their friendly approach that must be genuine as it couldn't be put on. Well done to all.

Visited in January 2017. Posted on 04 January 2017

Patient Opinion

My late father was looked after by a Consultant in the Sir Robert Ogden unit. They treated my dad with dignity and compassion and spent time with us all when we received the diagnosis that sadly he was terminally ill. Everyone in the unit seemed caring and gave us time. We can't thank you all enough for looking after us all at a very sad time

March 2017

I was taken to A&E who were excellent, but oh dear, the Cardiac Care Unit was a different matter. I was spoken to like a child I asked to use the toilet and was told we will bring the commode which I refused as there is a toilet right outside the ward but I was told no you cannot use it if you don't like it you don't have to stay, so I left !!!! had doctors telling me they were going to call the police so I gave them my mobile and said call them! What have I done wron?g no reply. This is not the first time I have had problems on CCU but it's the last as I will never become an inpatient again.

March 2017

I have recently had to visit the Women's Unit and then Day Surgery, the staff are a credit to the NHS. I was kept informed all throughout.

Harrogate Hospital staff definitely get10/10 from me.
March 2017

I have nothing but praise for all the staff. The care I received from my initial outpatient appointment through to my operation and aftercare has been excellent. I was treated with kindness, honesty and respect at all times by everyone. There was a great sense of teamwork on Nidderdale Ward and this helped to ensure the high standard of care. The consultant/ surgeon in charge of my treatment was superb in every aspect. Thank you.

February 2017

I met with a member of staff today at the dressing clinic to have the stitches removed from my hand.

Just a quick note to say that apart from being very professional, as of course I would expect, they were friendly and engaging.

We had a good chat without delaying the treatment.

Thanks to this staff member and all the other staff I have seen over the last week or so following a dupuytren's contracture operation.

February 2017

The Communications and Marketing Manager is responsible for responding to feedback left on NHS Choices and Patient Opinion. In the event of negative feedback a response is posted to signpost the author to the Patient Experience Team. For example:

Good morning - thank you very much for your comments. Clearly, this is something we would like to investigate further and feed back to you about.
In the first instance, please could you contact our Patient Experience Team and we can take it forward from there.
http://www.hdft.nhs.uk/patients-visitors/facilities-for-patients-and-visitors/patient-experience-service/

Social Networking sites

Social networking websites, primarily Facebook or Twitter, are regularly monitored for mentions of the Trust (and elements of the Trust, such as "Harrogate Hospital") by the Communications and Marketing team. Where appropriate, replies are made.

Similar to patient feedback websites, positive comments are shared with the appropriate team leaders for sharing with their teams. Negative comments are responded to by referring them to the Patient Experience team. Below are some examples demonstrating HDFT interactions on Social Networking sites by the Communications and Marketing Team during quarter 1.

Positive: Praise for our staff shared on Twitter

Positive: Happy patient and relatives after successful surgery

Positive: Many examples of Making a Difference Award winners and positive replies that followed – like in Sally's example:

Harrogate and District NHS Foundation Trust
Published by Paul Widdowfield [?] · 28 March ·

Great to see Sally Greco, Quality Production Manager – Sterile Services, winning a Making a Difference Award for March!

Sally was nominated by her line manager for going above and beyond in helping out a new colleague whom she interviewed. Sally, in her own time, researched and found suitable accommodation for her new colleague who was relocating to the area. Sally also took her time to meet with him, take him to his new accommodation and welcome him to both Harrogate, and the Trust. Sally exemplifies many of our Trust's Values.

Find out about our other winners - and perhaps make a nomination yourself - https://www.hdft.nhs.uk/about/making-difference-awards/team/. You can also email Natasha.Wilson@hdft.nhs.uk or call 01423 544349.

Lisa Horsley, Gwen Unwin and 66 others — Chronological

1 share

Karen Leigh Well done Sally Helen Greco xx
Like · Reply · Message · 1 · 28 March at 08:52

Joanne Bell What a star xx
Like · Reply · Message · 1 · 28 March at 09:20

Jet Goldsbrough Awesome xx
Like · Reply · Message · 1 · 28 March at 10:30

Lorraine Dyson Go Sally!
Like · Reply · Message · 1 · 28 March at 14:19

Sally Helen Greco Thank you everyone x we all go above and beyond all the time but it was nice to get the award and have your extra hard work recognized.
Like · Reply · Message · 4 · 28 March at 17:06

Melanie Davies You rock my lovely Sorella Sally Helen Greco ❤❤❤
Like · Reply · Message · 2 · 28 March at 17:15

Julie Thornber Well done x
Like · Reply · Message · 1 · 28 March at 18:28

Agnieszka Zarucka Well done Sally 😄x
Like · Reply · Message · 1 · 28 March at 18:53

Gemma Harman Well done Sally you are amazing, well deserved 😘
Like · Reply · Message · 1 · 28 March at 20:37

Esther Noland 👍well done Sal! 👏👏👏xx
Like · Reply · Message · 1 · 28 March at 22:56

Paul Turner-Smithson Well done!
Like · Reply · Message · 1 · 28 March at 23:31

Janet Hill X
Like · Reply · Message · 1 · 29 March at 00:40

Dawn Jackson This doesn't surprise with Sally she's lovely. And she listens but that's the main thing in a person. Well done xxx
Like · Reply · Message · 1 · 29 March at 11:41

Shirley Keating Well done Sally xx
Like · Reply · Message · 1 · 29 March at 22:40

Postive: Twiddlemuff donations

Harrogate and District NHS Foundation Trust
Published by Stephen Kelly [?] · 8 March ·

Staff on Oakdale Ward have been inundated with Twiddle Muff donations from extremely generous members of the public in the last few weeks.

Twiddle Muffs are multi-coloured hand-knit sleeves with buttons, bobbles, ribbons and other materials on, and the idea is that patients put their hands inside and 'twiddle' with the materials.

People with dementia often have restless hands and would like something to keep them occupied. The Twiddle Muffs provide a source of visual and sens ... See more

1,317 people reached **Boost post**

Like · Comment · Share

Alison Walker, Aurelia Peycher and 161 others · Chronological

8 shares

Vickie Cunningham Ann Allan I think Mollie is holding one of yours there with the feathery fluffy bit round it?!
Like · Reply · Message · 2 · 8 March at 18:19

Vickie Cunningham #TeamOakdale !
Like · Reply · Message · 2 · 8 March at 18:20

Mollie Halliday Charlotte Cheesebrough Mark Barton Casey Shepherdson
Like · Reply · Message · 2 · 8 March at 18:22

Vickie Cunningham How come I always miss photo days?! I'm a poser!!
Like · Reply · Message · 4 · 8 March at 18:22

View more replies

Charlotte Anderson Yasmin Horche have you heard of these? Xx
Like · Reply · Message · 1 · 8 March at 19:04

Yasmin Horche Yes we have some at work they're brill xx
Like · Reply · Message · 1 · 8 March at 19:11

Gina Questa Mark Barton
Like · Reply · Message · 1 · 8 March at 19:11

Denise Nottingham That's lovely! They have them at my Mum's dementia care home too. I think they are great.
Like · Reply · Message · 1 · 8 March at 19:29

Vikki Wilkins Caroline W-s I must remember to pass my meagre offerings to Deanna W-s in April!
Like · Reply · Message · 2 · 8 March at 19:44

1 Reply

Ingrid Davidson Pauline Mackay....why aren't you in the photo .???
Like · Reply · Message · 8 March at 19:56

Christine Clayton Yorkshire Countywomen's Association it was a pleasure
Like · Reply · Message · 1 · 8 March at 20:17

Positive: Sharing positive patient feedback went down well

Harrogate and District NHS Foundation Trust
Published by Paul Widdowfield [?] · 14 January ·

This week we recevied a lovely message from a relative of a patient. Thank you to our staff who looked after this lady, and to all colleagues for the past couple of busy weeks.

"Please pass on my thanks for the great service my mother in law and I received today at Harrogate hospital. We were treated with kindness and respect from the first contact, when a porter offered us help finding the fracture clinic, to receptionists through to nursing staff and doctors. My mother in law's appointment was at 10am and by 10.35 we were on our way having been accessed and having a plaster cast fitted.

"Our heartfelt thanks go to the staff for working so hard in these tricky times and providing a first class service."

Sandra Langley

4,655 people reached **Boost post**

Like Comment Share

Emma Rachel Oxtoby, Jane Hare and 124 others Chronological

22 shares

Cate Frances So good to read a positive message about our NHS.
Like · Reply · Message · 2 · 14 January at 09:25

Harrogate and District NHS Foundation Trust Thanks Cate - despite national headlines, lots of fantastic, dedicated staff providing great care.
Like · Reply · Commented on by Paul Widdowfield [?] · 16 January at 15:56 · Edited

Denise Nottingham All the Staff were fantastic to my Mum during her stay. When she was suffering from delirium after a nasty chest infection, she had one to one care on the ward. Everyone works so hard. They are all heroes. 😇
Like · Reply · Message · 3 · 14 January at 09:42

Harrogate and District NHS Foundation Trust Thanks Denise - great to hear it!
Like · Reply · Commented on by Paul Widdowfield [?] · 16 January at 15:55

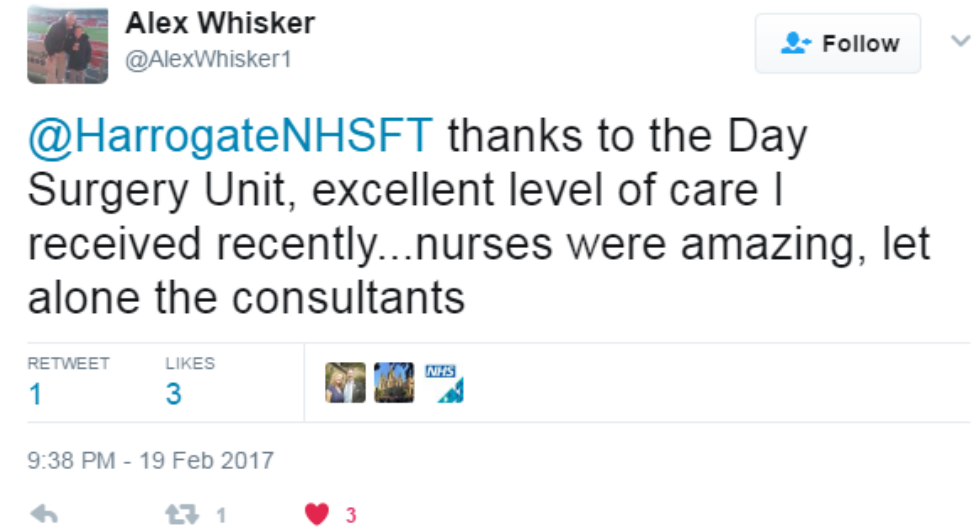
View more replies

Joanne Banks Staff at Harrogate Hospital are amazing, they do a fantastic job.
Like · Reply · Message · 4 · 14 January at 10:23

Harrogate and District NHS Foundation Trust Thanks Joanne - really great people here.
Like · Reply · Commented on by Paul Widdowfield [?] · 16 January at 15:55

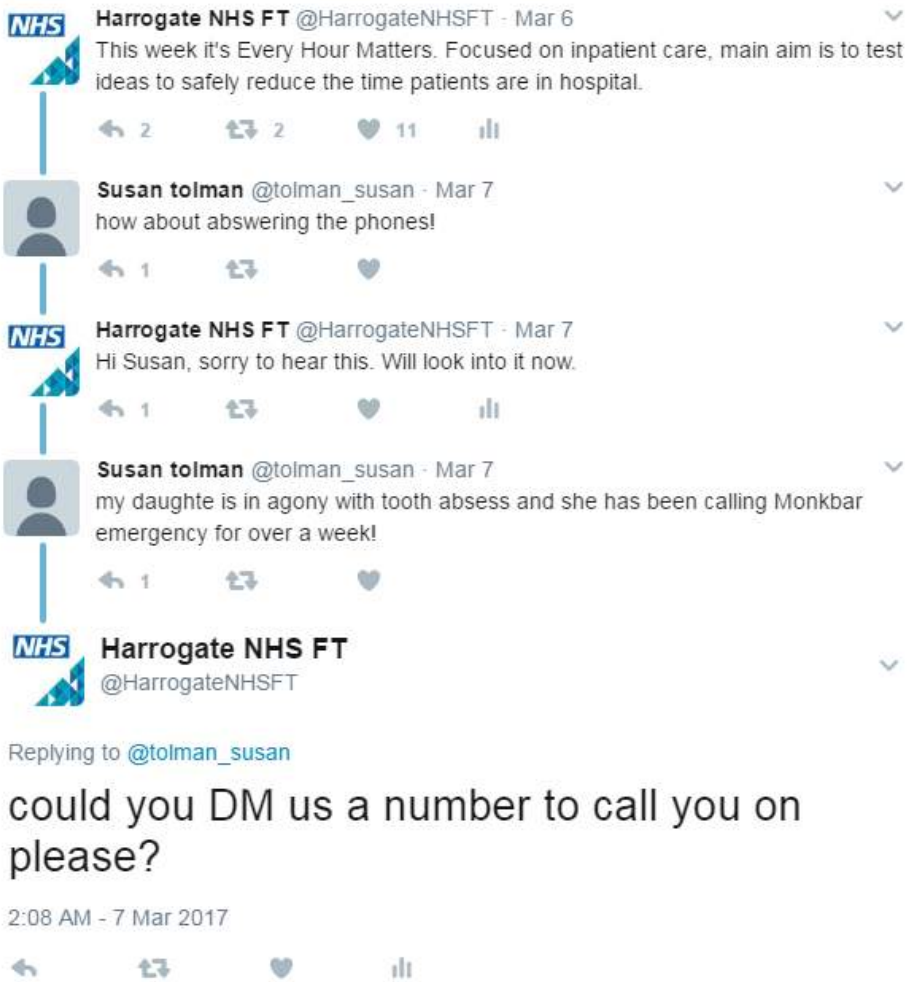
Positive: Pleased to report that there's been no negative messages shared to our Facebook page in Q4

Positive: Another happy patient after surgery



Negative: A&E criticism

Negative: criticism about phone answering



4. Complaints

Quarter Data	2015/16					2016/17				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Total Number of formal complaints*	74	58	32	49	213	58	65	46	65	234
% responded to by deadline (target 95%**)	73%	31%	47%	56%	52%	43%	46%	13%	32%	35%
% upheld	59%	78%	78%	65%	68%	63%	64%	64%	63%	63%
Number returned for further local resolution	9	6	9	5	29	4	0	0	0	4
Number of new PHSO requests	2	1	1	1	5	1	1	2	1	5
Total informal requests (PALS contacts)***	159	201	168	148	676	169	240	234	293	936

**Number of complaints compared with average of complaints received in previous year. (Green if below HDFT average for 2015/16, Amber if above HDFT average for 2015/16)*
*** of those deadlines reached at time of report. Target rate set in Jan 2016*
**** Our aim is to increase informal contacts and reduce complaints*

Year to Date Position	2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Total
Complaints received by PHSO (YTD)	5	1	1	2	1	5
Complaints investigated by PHSO as % of received by PHSO	80% (4 out of 5)	0 (PHSO decided not to investigate)	1 (100%)	2 (100%)	1 (100%)	4/5 (80%)
Complaints upheld by Ombudsman as % of received (nat av=47% at Q4)	20%	0%	0%	0%	0%	0%
Number of complaint actions developed	445	90	101	44	49	340
% of actions completed within deadline (target 100%)	34%	39%	15%	42%	45%	38%

Out of the 65 complaints received in Q4 100% were acknowledged within three working days.

Complaint numbers by Directorate

Quarter Data (2016/17 Q4)	LTUC	PSC	CCWCC	Corp
Total Number of formal complaints	27	25	12	1
% responded to by deadline (target 95%*)	22%	35%	38%	100%

* *of those deadlines reached at time of report. Target rate set in Jan 2016*

Annual Data (2016/17)	LTUC	PSC	CCWCC	Corp
Total Number of formal complaints	94	113	24	3
% responded to by deadline (target 95%*)	42%	29%	40%	33%

Update on actions developed in light of complaints

Actions 2015/16	
Number of actions developed	445
% completed within deadline	34%
% still open (of total)and past due date	4%

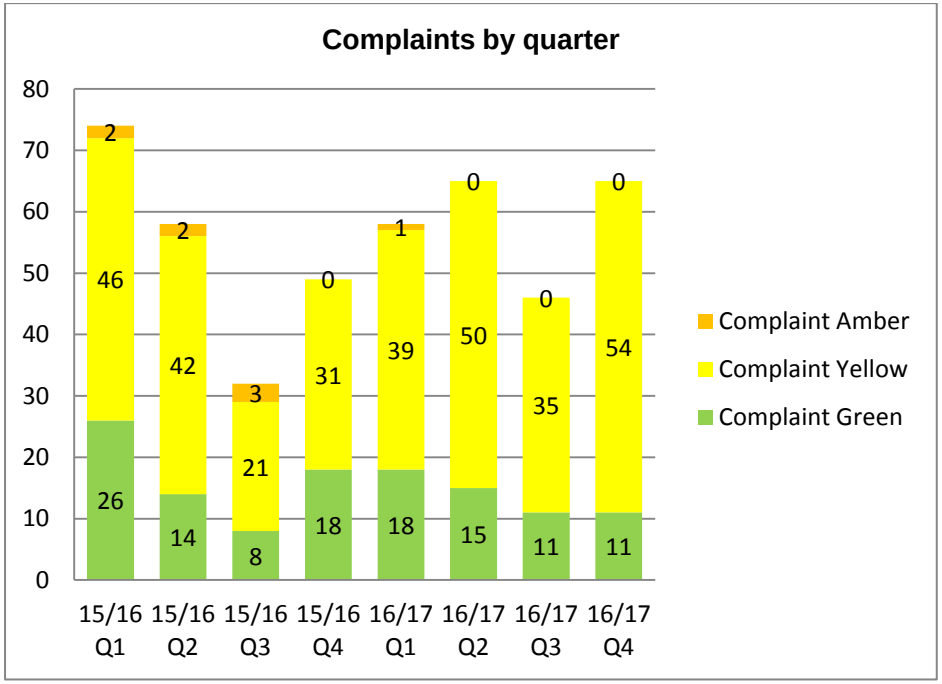
Actions 2016/17	
Number of actions developed	340
% completed within deadline	38%
% still open (of total)and past due date	18%

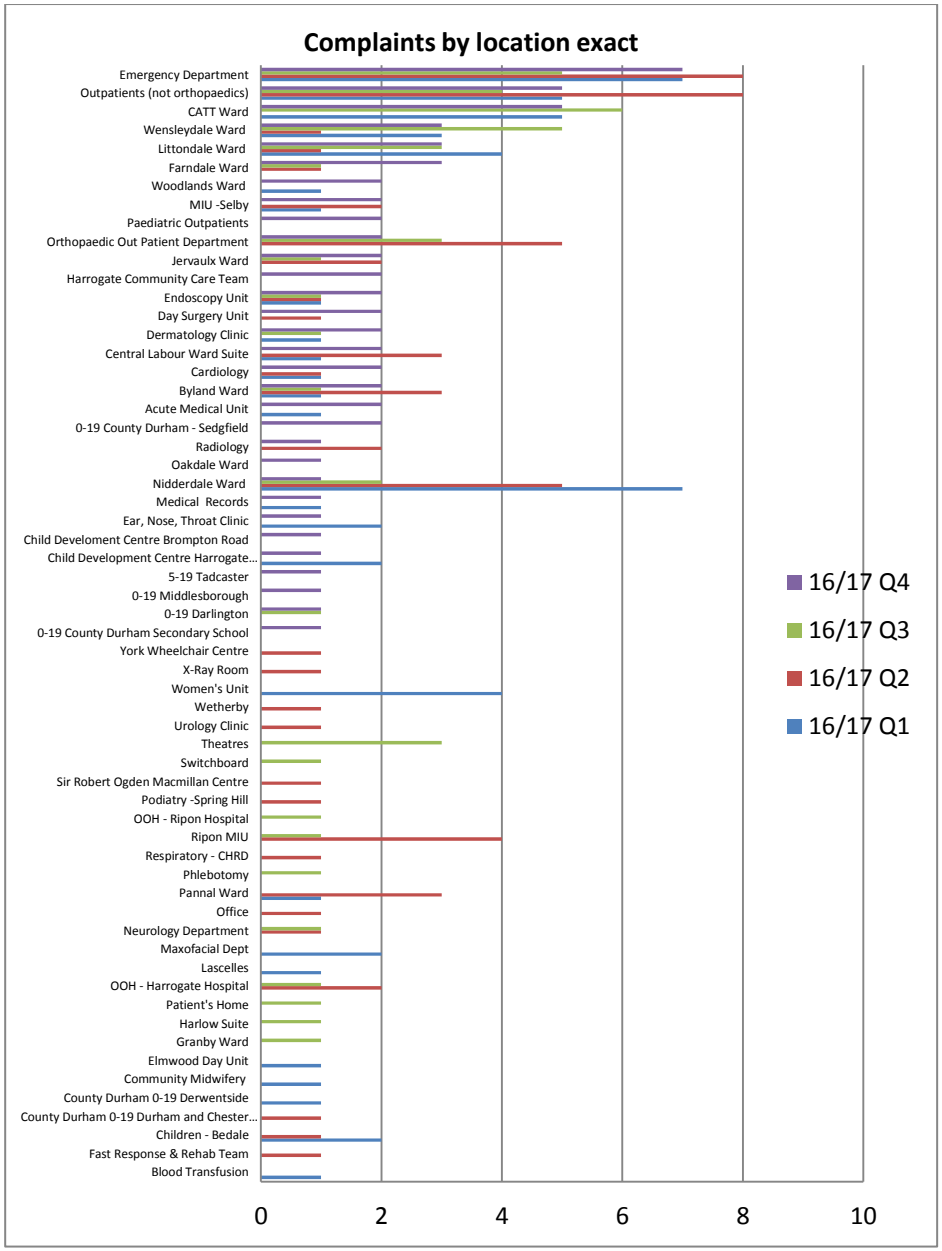
Actions Q1 2016/17	
Number of actions developed	90
% completed within deadline	39%
% still open (of total) and past due date	9%

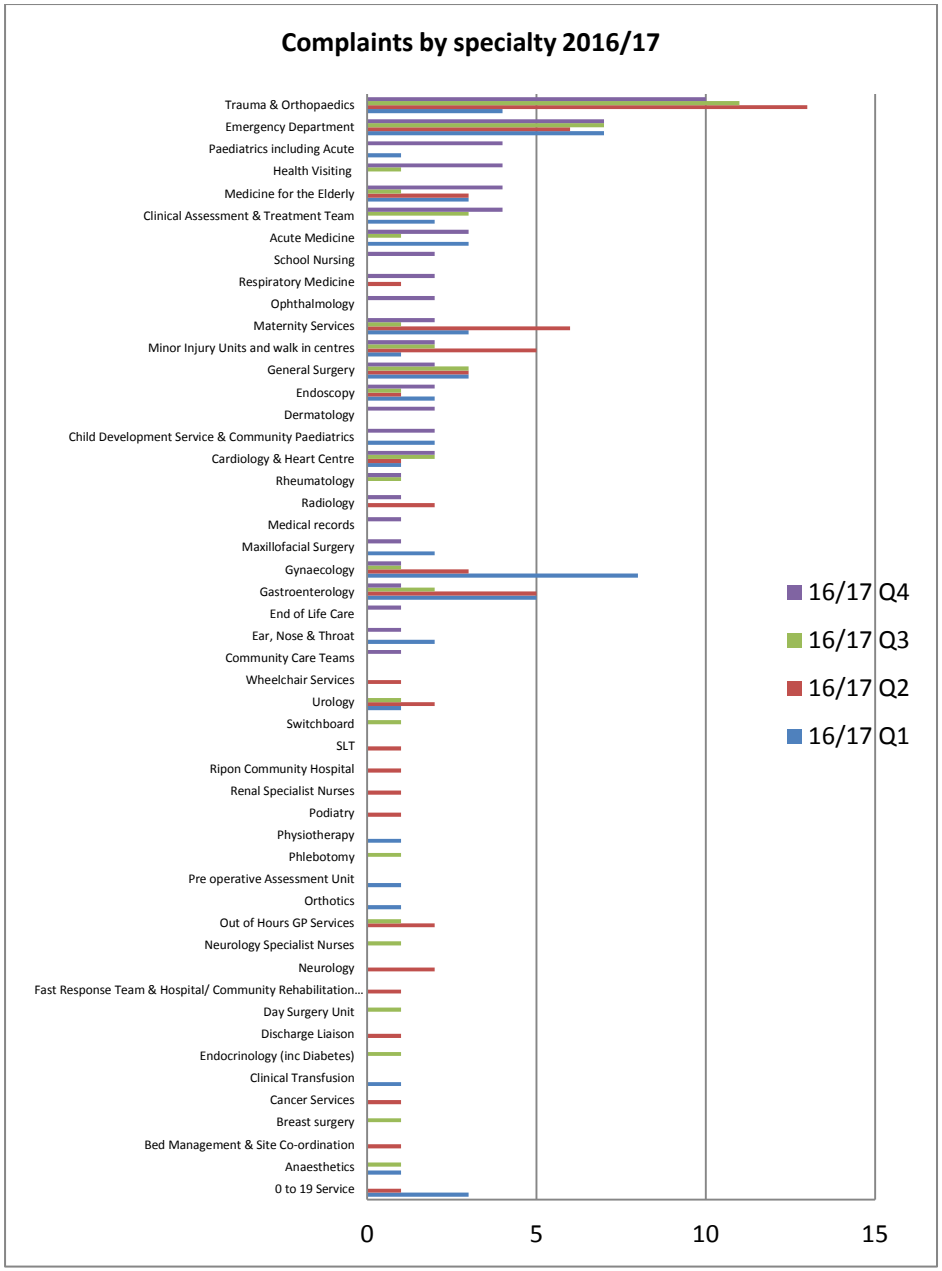
Actions Q2 2016/17	
Number of actions developed	101
% completed within deadline	15%
% still open (of total) and past due date	22%

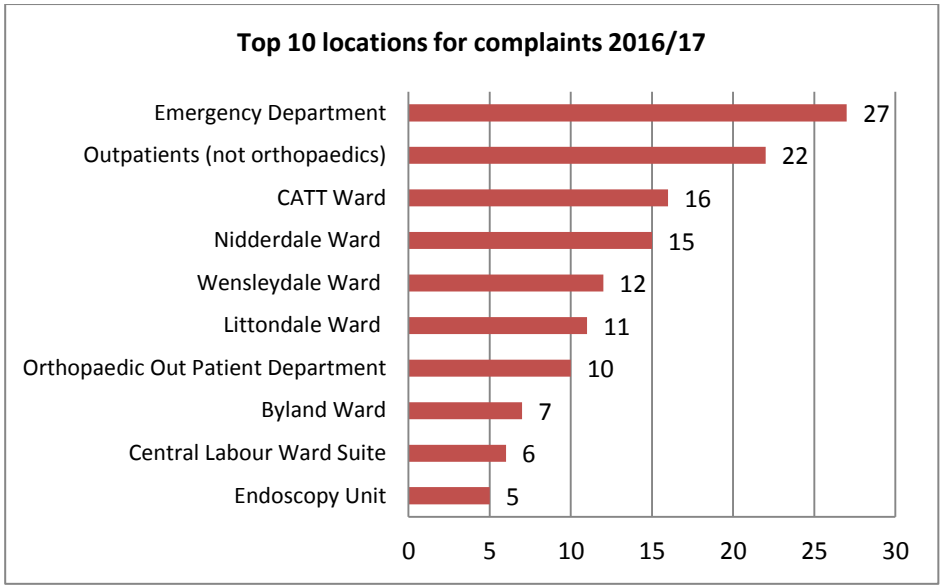
Actions Q3 2016/17	
Number of actions developed	44
% completed within deadline	42%
% still open (of total) and past due date	27%

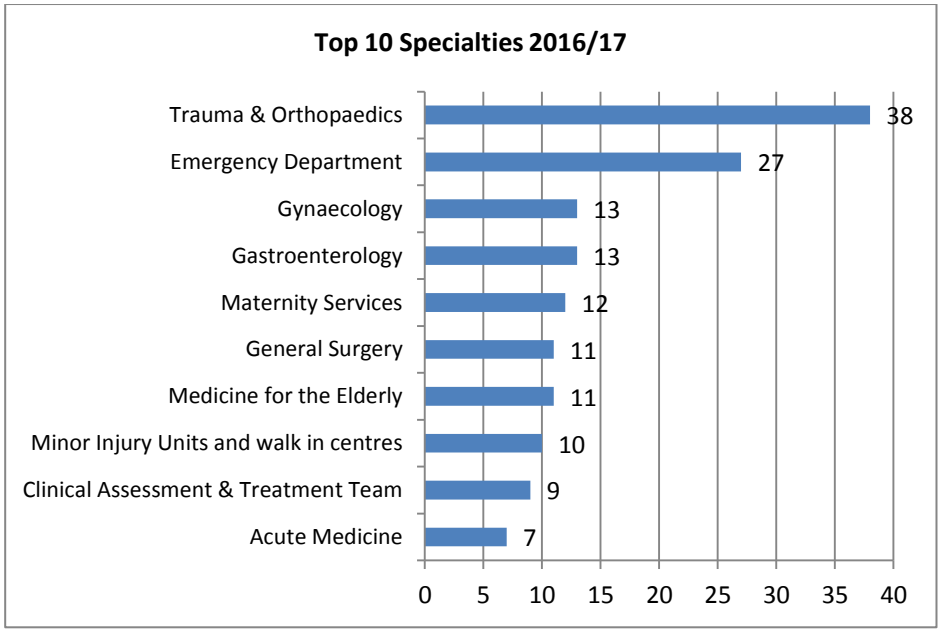
Actions Q4 2016/17	
Number of actions developed	49
% completed within deadline	45%
% still open (of total) and past due date	26%

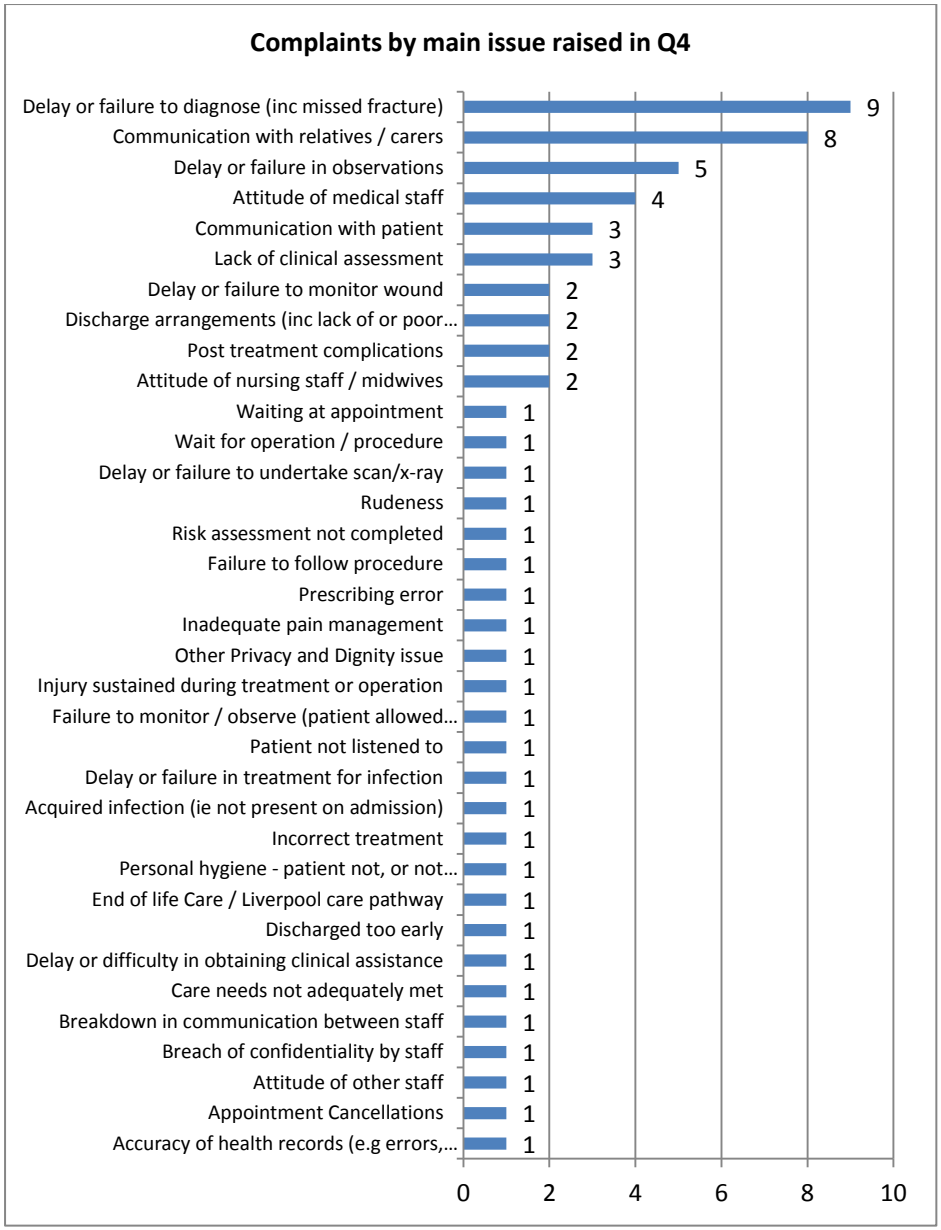

Complaints by quarter
80
70
60
50
40
30
20
10
0
2
46
26
2
42
14
3
21
8
0
31
18
1
39
18
0
50
15
0
35
11
0
54
11
15/16 Q1
15/16 Q2
15/16 Q3
15/16 Q4
16/17 Q1
16/17 Q2
16/17 Q3
16/17 Q4
Complaint Amber
Complaint Yellow
Complaint Green

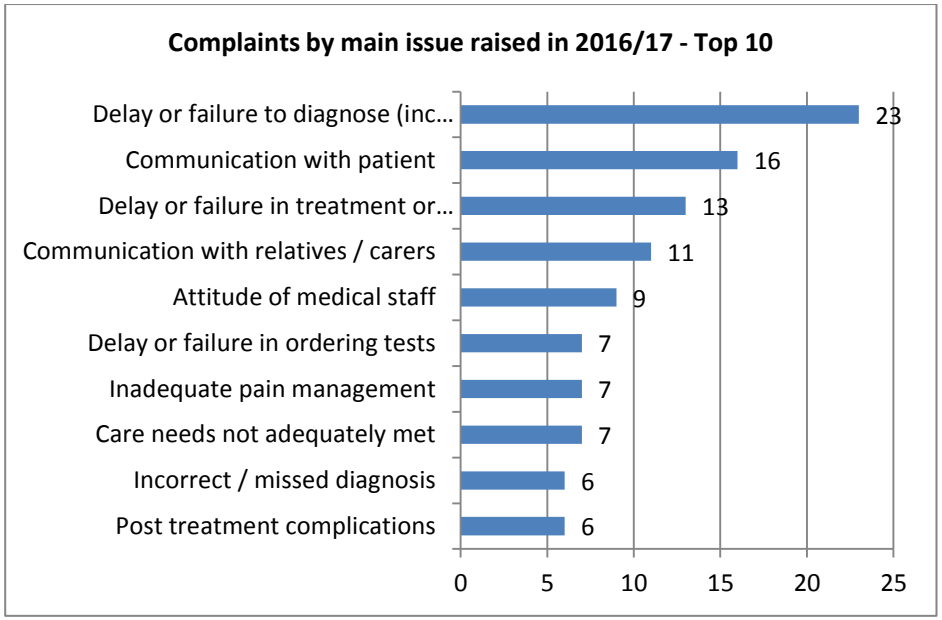

Complaints by location exact
Emergency Department
Outpatients (not orthopaedics)
CATT Ward
Wensleydale Ward
Littondale Ward
Farndale Ward
Woodlands Ward
MIU -Selby
Paediatric Outpatients
Orthopaedic Out Patient Department
Jervaulx Ward
Harrogate Community Care Team
Endoscopy Unit
Day Surgery Unit
Dermatology Clinic
Central Labour Ward Suite
Cardiology
Byland Ward
Acute Medical Unit
0-19 County Durham - Sedgfield
Radiology
Oakdale Ward
Nidderdale Ward
Medical Records
Ear, Nose, Throat Clinic
Child Develoment Centre Brompton Road
Child Development Centre Harrogate...
5-19 Tadcaster
0-19 Middlesborough
0-19 Darlington
0-19 County Durham Secondary School
York Wheelchair Centre
X-Ray Room
Women's Unit
Wetherby
Urology Clinic
Theatres
Switchboard
Sir Robert Ogden Macmillan Centre
Podiatry -Spring Hill
OOH - Ripon Hospital
Ripon MIU
Respiratory - CHRD
Phlebotomy
Pannal Ward
Office
Neurology Department
Maxofacial Dept
Lascelles
OOH - Harrogate Hospital
Patient's Home
Harlow Suite
Granby Ward
Elmwood Day Unit
Community Midwifery
County Durham 0-19 Derwentside
County Durham 0-19 Durham and Chester...
Children - Bedale
Fast Response & Rehab Team
Blood Transfusion
0
2
4
6
8
10
16/17 Q4
16/17 Q3
16/17 Q2
16/17 Q1


Complaints by specialty 2016/17
Trauma & Orthopaedics
Emergency Department
Paediatrics including Acute
Health Visiting
Medicine for the Elderly
Clinical Assessment & Treatment Team
Acute Medicine
School Nursing
Respiratory Medicine
Ophthalmology
Maternity Services
Minor Injury Units and walk in centres
General Surgery
Endoscopy
Dermatology
Child Development Service & Community Paediatrics
Cardiology & Heart Centre
Rheumatology
Radiology
Medical records
Maxillofacial Surgery
Gynaecology
Gastroenterology
End of Life Care
Ear, Nose & Throat
Community Care Teams
Wheelchair Services
Urology
Switchboard
SLT
Ripon Community Hospital
Renal Specialist Nurses
Podiatry
Physiotherapy
Phlebotomy
Pre operative Assessment Unit
Orthotics
Out of Hours GP Services
Neurology Specialist Nurses
Neurology
Fast Response Team & Hospital/ Community Rehabilitation...
Day Surgery Unit
Discharge Liaison
Endocrinology (inc Diabetes)
Clinical Transfusion
Cancer Services
Breast surgery
Bed Management & Site Co-ordination
Anaesthetics
0 to 19 Service
16/17 Q4
16/17 Q3
16/17 Q2
16/17 Q1
0
5
10
15


Top 10 locations for complaints 2016/17
Emergency Department 27
Outpatients (not orthopaedics) 22
CATT Ward 16
Nidderdale Ward 15
Wensleydale Ward 12
Littondale Ward 11
Orthopaedic Out Patient Department 10
Byland Ward 7
Central Labour Ward Suite 6
Endoscopy Unit 5
0
5
10
15
20
25
30


Top 10 Specialties 2016/17
Trauma & Orthopaedics 38
Emergency Department 27
Gynaecology 13
Gastroenterology 13
Maternity Services 12
General Surgery 11
Medicine for the Elderly 11
Minor Injury Units and walk in centres 10
Clinical Assessment & Treatment Team 9
Acute Medicine 7
0
5
10
15
20
25
30
35
40


Complaints by main issue raised in Q4
Delay or failure to diagnose (inc missed fracture) 9
Communication with relatives / carers 8
Delay or failure in observations 5
Attitude of medical staff 4
Communication with patient 3
Lack of clinical assessment 3
Delay or failure to monitor wound 2
Discharge arrangements (inc lack of or poor... 2
Post treatment complications 2
Attitude of nursing staff / midwives 2
Waiting at appointment 1
Wait for operation / procedure 1
Delay or failure to undertake scan/x-ray 1
Rudeness 1
Risk assessment not completed 1
Failure to follow procedure 1
Prescribing error 1
Inadequate pain management 1
Other Privacy and Dignity issue 1
Injury sustained during treatment or operation 1
Failure to monitor / observe (patient allowed... 1
Patient not listened to 1
Delay or failure in treatment for infection 1
Acquired infection (ie not present on admission) 1
Incorrect treatment 1
Personal hygiene - patient not, or not... 1
End of life Care / Liverpool care pathway 1
Discharged too early 1
Delay or difficulty in obtaining clinical assistance 1
Care needs not adequately met 1
Breakdown in communication between staff 1
Breach of confidentiality by staff 1
Attitude of other staff 1
Appointment Cancellations 1
Accuracy of health records (e.g errors,... 1
0 2 4 6 8 10


Complaints by main issue raised in 2016/17 - Top 10
Delay or failure to diagnose (inc... 23
Communication with patient 16
Delay or failure in treatment or... 13
Communication with relatives / carers 11
Attitude of medical staff 9
Delay or failure in ordering tests 7
Inadequate pain management 7
Care needs not adequately met 7
Incorrect / missed diagnosis 6
Post treatment complications 6
0 5 10 15 20 25

1. Complaints- top 5 subjects (KO41a)	No
Clinical Treatment	114
Communications	36
Patient care	26
Values and behaviours (staff)	23
Trust admin/policies/procedures including patient record management	9

Table 1 illustrates the top five subjects for formal complaints under the national return categories KO41a year-to-date

Tables 2-6 highlight the sub subjects and the number of times they feature within each of those subjects eg 6 mentions of 'delay or failure in treatment or procedure' within the 34 complaints categorised as "clinical treatment".

2. Clinical treatment (new June 2016)	No
Delay or failure to diagnose (incl missed fracture)	30
Delay or failure in treatment or procedure	26
Delay or failure in observations	14
Post treatment complications	12
Inadequate pain management	10
Delay or failure in ordering tests	10
Injury sustained during treatment or operation	8
Incorrect / missed diagnosis	7
Delay or failure to follow up	6
Incorrect treatment	5
Delay or difficulty in obtaining clinical assistance	4
Inadequate frequency of observations	4
Lack of clinical assessment	3
Dispute over diagnosis	3
Mismanagement of labour	3
Inappropriate treatment	2
Delay or failure in acting on test reports	2
Incorrect procedure	2
Inappropriate procedure	2
Delay or failure to monitor observations	2
Delay or failure to undertake scan/x-ray	2
Awareness under anaesthetic	1
Blood transfusion inappropriate / unnecessary	1
Delay or failure in treatment for infection	1
Delay in induction of labour	1
Other Clinical treatment issue	1
Delay or failure to monitor wound	1

3. Communications	60
Communication with patient	22
Communication with relatives / carers	9
Conflicting Information	5
Incorrect / No information provided	5
Patient not listened to	4
Breaking bad news	3
Incorrect / inaccurate interpretation	3
Breakdown in communication between staff	2
Breakdown in communication re appointments	1
Communication failure between departments	1
Communication with GP	1
Communication between medical teams	1
Inadequate information provided	1
Delay in reporting results	1
Delay in giving information / results	1

4. Patient Care	40
Care needs not adequately met	10
Failure to provide adequate care (incl overall level of care provided)	7
Food & Hydration - failure to identify specific nutritional / dietary needs on admission	3
Care needs not identified	2
Call Bell - failure to respond	2
Inadequate support provided	2
Cannula management	1
Catheter care	1
Food & Hydration - failure to provide adequate fluids during period of admission	1
Food & Hydration - Failure to monitor food intake during period of admission	1
Food & Hydration - Failure to provide appropriate food linked to clinical needs (eg coeliac, textured)	1
Failure to comply with hand hygiene requirements (incl bare below elbow etc)	1
Acquired infection (ie not present on admission)	1
Failure to monitor / observe (patient allowed to wander / abscond)	1
Moving and Handling issues	1
nil by mouth issues	1
Call Bell - out of reach	1
Acquired pressure ulcer (ie not present on admission)	1
Risk assessment not completed	1
Slips, trips and falls - unwitnessed	1

5. Values and Behaviours	28
Attitude of medical staff	9
Attitude of nursing staff / midwives	6
Breach of confidentiality by staff	5
Rudeness	3
Attitude of other staff	2
Physical abuse / Assault by staff (incl alleged)	1
Attitude of Admin and Clerical staff	1
verbal abuse by staff (incl alleged)	1

6. Trust Admin/ Policies / Procedures	9
Failure to follow procedure	4
Child protection process / policy / procedure	3
Accuracy of health records (eg errors, omissions)	1
Trust administration issues	1

Learning from Complaints

Example of a complaint responded to within this quarter (description and outcome graded yellow)

Concerned re care on ward - compression was not given to ulcerated leg. Also left to care for his own infection around lips. On several occasions patient had called relative as nurses were not answering the call bell. Dressing also applied incorrectly to his legs

Actions
• Review the referral/communication process for Elmwood referrals.
•Introduce a daily Board Round to review and chase any outstanding actions for each patient. This will improve communication and prevent delayed referrals and is part of our SAFER project.
• Increase frequency of the Matrons and Ward Managers Assurance checks.
Patients should have any sight or hearing difficulties documented on the admission document/transferred to the handover document and discussed at the Safety Briefs - this will be reminded to staff
• We will remind staff how to record and escalate heating and facilities issues if they are unable to resolve them locally.

Parliamentary Health Service Ombudsman (PHSO)

Case	Issue	Incident Date	Area	Synopsis	Status
	Attitude of staff	01/05/2015	General Surgery	Unhappy that lead investigator was unable to identify staff member who answered the phone on the ward and was rude to him.	Closed - PHSO decided not to investigate
	Inadequate care whilst inpatient	24/01/2015	Elderly Medicine	inappropriately discharged from hospital, not sufficiently fed, not treated appropriately given diagnosis of dementia, unexplained injuries whilst in HDFT care, did not receive adequate nursing care at HDFT	PHSO has investigated and has not upheld the complaint
	Overall treatment and care received from Trust until she died	01/06/2015	Emergency Medicine	Injured by staff, failure to assess, diagnose and treat her broken neck, decisions to discharge her and the nature of end of life care.	PHSO has copy records and file and has advised of their intention to investigate
	Care and treatment during 2 hospital admissions	07/11/2013	Elderly Medicine	Abdominal bleeding & bruising not treated initially. Delays arranging scans. Wife blames Trust for his death	PHSO has copy records and file and has advised of their intention to investigate
	Concerns over surgery performed	01/09/2014	Orthopaedics	Patient believes surgery was incorrectly performed on her foot on 3 separate occasions	PHSO has copy records and file and has advised of their intention to investigate

Complaints and learning

Main Issue of Complaint	Action
Complainant concerned about care provided to patient on elderly ward. Complainant asks why no overnight supervision? Why was patient left unshaven and unwashed for days? Why could junior nurses not do anything unless given instructions from senior staff? Why is there no separate Dementia Ward as staff spend more time with those patients leaving little time for all other patients? Ward was generally unclean and soiled incontinency item found under patient's bed	Senior sister to discuss with ward staff the importance of a patient's physical appearance both to the patient and their family. To stress the importance of offering patients a shave, documenting if the patient has declined and discussing with the family when they visit. Ward Sister to remind the staff of the importance of adhering to the safe disposal of soiled items . To discuss at Sisters and Matrons Meeting how senior nurses can be more visible to patients and visitors to discuss queries and concerns they may have.
Patient attended fracture clinic and file not passed to clinical staff and therefore no one knew she had attended the clinic. Following operation delay of discharge due to pharmacy over running. Attended for three appointments and the last was considerably delayed due to error in files again. Patient also concerned about feedback phone calls.	Electronic patient check in to be introduced. All medical records team to be reminded of the importance of ensuring the nursing team are aware when a patient arrives. Review opting out process for feedback calls and what information is given to patients.
Mother raising concerns about certification of daughter's death. Both the GPOOH and the District Nurses refused to come out to patient after death to certify. Patient's Macmillan Nurse from Leeds had to chase this. Eventually GP attended.	Complaint was due to miscommunication from Leeds regarding the certification of death. Highlighted issue that families are not adequately prepared for expected deaths and what to do / should happen. Matron to work on information leaflet / card and maybe training for staff to ensure clear message from HDH to families regarding this.
Mother raising concerns about Daughters chair at school broken and after numerous phone calls, emails and messages therapist did not reply to herself or the school. Mother was not kept informed on when chair would be fixed, incorrect information given, staffing levels quoted as reason.	The school have agreed to record any messages for Therapists in writing. These will be checked and signed on a regular basis. Teams will engage in some shared learning at staff meetings to highlight the importance of timely communication and reinforce best practice. To implement an escalation process in relation to communication with equipment companies in the event of delays.
Partner of patient unhappy with communication regarding PEG procedure, no information from consultant, had to stay in hospital for seven days after operation was cancelled as clopidogrel wasn't stopped, patient nil by mouth all weekend and also concerned about care following Peg procedure.	Review of full patient pathway from referral, to procedure, after care and discharge. PEG post-insertion maintenance care leaflet to be included in the discharge information Training for patients and relatives on how to administer medications via the PEG.
Patient felt pressurised into having endoscopy without sedation. Patient also felt exposed and no privacy when asked to undress for procedure.	Review of documentation given to patients prior to procedure. Reminder to staff to fully explain sedation to patients prior to procedure and ensure that patients are aware they have space behind the curtain to change.

5. Concerns and Comments (positive suggestions for improvement)

	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	Total 16/17
Number of Concerns	100	158	146	151	555
Number of Comments	35	24	34	90	183
Number of Information Requests	34	58	54	52	198
Total Informal requests	168	240	234	293	936

Concern	Outcome
Concerned regarding misinformation about mums care in relation to the drain in situ. In particular, are staff aware of protocol and reading her notes properly and is everything being recorded? Would like information on prognosis.	Meeting arranged with matron, sister and consultant and actions agreed and also care plan drafted to ensure clear protocol for referral, admission and after care.
Patient concerned about attitude of sonographer and midwife during first scan and also that she received no information about children not attending scans. Patient felt threatened and upset by attitude of staff. Also received letter detailing wrong appointment and not a scan for her 20 week scan.	Matron called patient and apologised for her experience with the sonographer and the MSW in ANC. This behaviour is unusual for both members of staff but can understand how this has made her feel. Matron offered to support her in transferring her care but the process has already commenced. She apologised for her experience of our service and wished her well for the remainder of her pregnancy.
Patient concerned about attitude of orthodontist during appointment to have wisdom tooth removed, as she was very anxious and was not put at ease.	Sister confirmed letter sent to patient to explain an appointment. Sister also called patient's dentist to give further information and explanation of the procedure to discuss with the patient.
Daughter concerned about the care her mother received from the District Nurses and the continuity of the care.	Matron discussed concerns with complainant and also visited complainant for a meeting and detailed this in a letter and arranged for patient to feed back experience at quality of care meeting with staff.
Wife concerned that husband had been discharged without a number of personal belongings.	Matron telephoned the complainant and also sent a letter detailing processes to be put in place to prevent it happening again in the future.
Patient concerned about lack of organisation at the eye clinic and her not being checked in upon arrival subsequently waiting a long time or not being seen at all.	Outpatients Sister discussed concerns with complainant and advised patient of a new check in system that would shortly be coming on line and assured the patient that she would share her concerns with the staff at our staff meeting.

Comments/Requests/Suggestions	Outcome
Patient commented that automated voice recognition system not working and keeps being put through incorrectly.	Switchboard responded that new system had been implemented that week that was more adept to regional dialects and would welcome any feedback regarding this as additional information can then be programmed into the new system.
Request for information on how to register with a dentist in the area.	PET advised that Monkgate, York do not take NHS patients and sign posted the patient to the NHS Choices website.
Patient comment that school had not received letter following son's appointment with psychologist.	PET spoke to secretaries and advised patient letter had been sent, however for speed a further copy would be faxed across to the school.
Patient comment about lack of changing places facilities.	PET responded that Trust have undertaken review of the site to identify potential area that a changing place facility could be provided. A project team has been established and feasibility design work is being undertaken to explore the viability of a number of locations.
Patient comment that needed to reschedule appointment and had been issued with first warning.	PET able to clarify 18 week policy regarding cancellations and also requested that Information Manager call the patient to further explain the protocol.
Patient comment about shortness of gowns and humiliation felt in radiology.	Service Manager contacted the patient and also wrote to them to explain situation of lack of gowns, however as a result of this comment, an information leaflet has been updated to ensure patients are aware they can bring in their own gowns or loose clothing to aid dignity.

6. Compliments Received by Chief Executive / Chairman

	16/17 Q1	16/17 Q2	16/17 Q3	16/17 Q4	16/17 Total
Total Number of Compliments	**88**	**94**	**71**	**72**	**325**

"I am almost a month into my recovery after a hip replacement. I have been delighted with the treatment received and the kindness and care by all concerned. I felt I must drop a line of congratulation all round and wonder if you would be kind enough to pass the enclosed letters of appreciation to the appropriate parties, My hip replacement is the third joint replacement I have had in Harrogate and each one has so far had a superb result. Your Hospital deserves all the praise I can give. Thank you very much."

January 2017

"Great pleasure in express my sincere appreciation of the excellent service I received at A&E Department, the reason suspected left elbow (and confirmed) torn ligament damage. From the moment of presenting myself at A&E the whole procedure was courteously efficient and patient orientated. I was particularly impressed with doctor who attended me, who quite openly stated she needed a second opinion, I greatly appreciate her honest, "best possible patient care concerns" and action. Please convey my appreciation to all your staff."

March 2017

"I attend the Colonoscopy Department to investigate possible colon cancer. Prior to my visit I was supplied with a very comprehensive data pack set out in layman's language together with the dreaded "clear out kit". My appointment was for 10am and procedure at 10.30am during this time the Nurse used this to reassure me and to ask a great number of questions and answered mine. A very professional half hour. Ongoing to theatre staff could not have been more reassuring and professional. You have a team you should be proud of they were great and a credit to you."

January 2017

"Had an appointment at Breast Clinic, was very impressed by all staff involved with my appointment. All staff where friendly, approachable and very efficient. I was very pleased to have my tests and results within a couple of hours. Would high recommend Harrogate Hospital based on this and recent experiences for both myself and husband. Big thank you to the staff involved."

March 2017

"I was admitted by ambulance with severe abdominal pain which was later diagnosed as pancreatitis and Gallstones, I spent a week in hospital. The care and attention I received from everyone was exceptional and I am sure this made my stay in hospital a bit more acceptable, particularly as I had been due to go on holiday two days after my admission. There was a Student Nurse who was so good with all patients and is the right type of person to have in that profession. In December 2016 I was a day patient in for a Laparoscopic Cholecystectomy and once again the care and attention I received was excellent. Finally I must mention the consultant, he is a great asset to Harrogate Hospital."

February 2017

7. Appendix 1- 2016/17 Local patient surveys

Survey Title	Directorate	Specialty	Expected completion date	Project Status	Additional Information	E&D questions included?
Annual plan						
Bereavement Survey	Long Term & Unscheduled Care	Palliative Nursing	Ongoing	Complete	First report completed and presented to EOL Steering Group. Data collection ongoing. 2nd report due September 2017 dependent on numbers of responses (at time of writing, 64 further responses received).	Age, gender, ethnicity, religion
Making Experiences Count	Corporate/ Trust Wide	Patient Experience Team	31/01/2017	Complete	To ensure that complainants and people contacting PET do not feel discriminated against and to see if there is any way we can improve the service.	N/A
Colposcopy Patient Satisfaction Survey	Planned & Surgical Care	Women's Unit/Gynae	31/03/2017	Postponed	Annual survey previously dealt with by Quality Assurance Reference Centre (NHS Cancer Screening Programmes) but now Trust responsibility. Advised by Women's Unit that this is a calendar year requirement (last done March 2016) and better to do at different times of year so plan to re-do in October 2017.	No but may consider adding relevant ones
Patient Survey on Information Sharing/Data Protection	Corporate/ Trust Wide	Information Governance	31/12/2016	Complete	IG Toolkit & standard contract requirement. Assessing practice against NICE guidance CG138 & QS15.	No

Survey Title	Directorate	Specialty	Expected completion date	Project Status	Additional Information	E&D questions included?
Ad-hoc projects						
Women's Unit Pain Survey	Planned & Surgical Care	Gynaecology	01/08/2016	Complete		No
Respiratory Nurse Specialist Clinics	Long Term & Unscheduled Care	Respiratory	31/10/2016	Postponed	Postponed due to lack of capacity in team. To go ahead spring 2017	Yes
Physiotherapy - Gynae and antenatal patient satisfaction survey	Planned & Surgical Care	Physiotherapy	25/07/2016	Complete	Details of sharing requested - "team informed of results. No plan to present"	No
IBD patient survey	Planned & Surgical Care	Gastroenterology	31/10/2016 Extended to 31/03/2017	Complete		Yes
Assessing Pain and anxiety during Bone marrow Biopsies and Effectiveness	Long Term & Unscheduled Care	SROMC	04/07/2016	Complete		No
Dermatology Patient Survey (Ripon)	Planned & Surgical Care	Dermatology	31/07/2016	Complete		Yes
Advanced Care Planning for Parkinson's Patients	Long Term & Unscheduled Care	Neurology	On-going	On-going	Small numbers of patients. Continuous piece of work for Consultant Neurologist.	No
Nurse-led Haematology tele-clinic patient satisfaction survey	Long Term & Unscheduled Care	SROMC	01/06/2016 Extended to 31/05/2017	Complete	To be presented at AGM	Yes

Survey Title	Directorate	Specialty	Expected completion date	Project Status	Additional Information	E&D questions included?
Prostate patient satisfaction survey	Planned & Surgical Care	Urology	15/08/2016	Complete		No
National Child Measurement Programme - Parents Survey	Children's and County Wide	0-19 Children's Services	09/01/2017	To consider closing as incomplete.	Unclear if project going ahead.	Unknown
C. difficile booklet and card - patient feedback	Long Term & Unscheduled Care	Infection Prevention and Control (Community)	Ongoing	Data collection	1st report due November 2017	Yes
Patient experience of outpatient medical management of miscarriage	Planned & Surgical Care	EPAU	31/10/2016	Complete		Yes
Service Evaluation and local patient survey of the Physiotherapy Respiratory Out-patient Service	Long Term & Unscheduled Care	Physiotherapy	01/01/2017	Data analysis	Original deadline extended to 30/04/2017. Data analysis underway	Yes
Orthoptic department patient satisfaction	Planned & Surgical Care	Orthoptics	28/02/2017	Unknown	Project lead now on year-long secondment. Update requested from head orthoptist 27/02/17	Yes
Continence Satisfaction Survey	Long Term & Unscheduled Care	Continence	TBC	Postponed	Capacity issues have meant that this has been delayed. Update requested to understand if this project is to go ahead.	Unknown
Urology outreach clinics - Bladder cancer patient survey	Planned & Surgical Care	Urology	28/10/2016	Report drafted, awaiting final version	Project lead off work. Update request from another team member.	Yes

Survey Title	Directorate	Specialty	Expected completion date	Project Status	Additional Information	E&D questions included?
Colorectal patient survey	Long Term & Unscheduled Care	GI nursing	31/04/2017	Data analysis	Original deadline revised to 31/04/2017.	Yes
Patient Satisfaction Survey for Diabetic Hypertension Clinic	Long Term & Unscheduled Care	Pharmacy	31/03/2017	Current (overdue)	Awaiting report/action plan	Yes
“Growing Healthy” Bus School Nursing Survey	Children's and County Wide	School Nursing	28/02/2017	Current (overdue)	Update requested 13/04/17	No
Improving the communication of information on prescribed medicines to adult inpatients, prior to discharge	Long Term and Unscheduled Care	Pharmacy	01/06/2017	Planning	Sample TBC.	Unknown

8. Appendix 2- Grading of Concerns and Complaints

Rating	Type	Description	Level of investigation	Internal Reporting	External Reporting	Response*
1 **White**	**Concern**	Unsatisfactory service or issue easily resolved with simple action	**Line manager** **Matron**	LPEG		Within 2 days
2 **Green** *Low*	**Complaint** (*resolution plan in acknowledge letter & final response sign off by CE*)	Unsatisfactory service user experience related to care clinical or non clinical, minimal impact. No risk of litigation.	**Directorate**	LPEG & Q of C Teams Dashboard	Annual Korner return (Health and Social Care Information Centre (HSCIC))	Within 25 working days
3 **Yellow** *Moderate*		Unsatisfactory service user experience in several areas but not causing lasting problems. Some potential for litigation (if so refer to CORM).	**Directorate**	LPEG & Q of C Teams CORM Dashboard	Annual Korner return (HSCIC)	Up to 25 working days
4 **Amber** *High*	**Complaint** (*resolution plan / terms of reference sent to complainant to agree & final response sign off by CE*)	Significant issues of standards, quality of care, safeguarding, with quality assurance or serious risk management issues that may cause lasting problems or death. Possibility of litigation and adverse local publicity (refer to CORM)	**Outwith Directorate involved** *(if Sui concise or comprehensive RCA with external input)*	LPEG CORM Dashboard If SIRI= Board	Annual Korner return (HSCIC) Consider SIRI & CCG	Up to 60 working days
5 **Red** *Extreme*		Serious adverse incidents also raised as a complaint causing long-term damage or death such as criminal offence, gross substandard care or gross professional misconduct, multiple allegations of neglect resulting in serious harm or death.	**Outwith Directorate** Comprehensive RCA	LPEG CORM Dashboard **<u>Board</u>**	Annual Korner return (HSCIC) **<u>SIRI & CCG</u>** **<u>Monitor</u>**	Within 90 working days

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Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Finance Committee
Committee Chair:	Maureen Taylor
Date of last meeting:	24th April 2017
Date of Board meeting for which this report is prepared	31st May 2017

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

1. The outturn financial position for 2016/17 shows a surplus of £3,688k including S&T funding of £3,450k (£238k without S&T funding). Q4 S&T funding was not achieved.
2. CIP was delivered in full in 2016/17 and for 2017/18. Schemes identified for 2017/18 total £9.4m which reduces to £6.8m after risk adjustment (against a target of £8.9m).
3. The Q4 Use of Resources Rating will be returned on plan at 1 (the highest rating) and this will be approved by Board in April.
4. Cash at the end of March was £4.6m, which was £5.5m behind plan. Of this £3.1m is due to non-achievement of surplus and Q4 S&T funding. There are still some outstanding debts to collect. A cash profile has been agreed with HaRD CCG for 2017/18.
5. Financial and activity variances for 2016/17 were reviewed with a view to seeking assurance that any impact on 2017/18 was known about and reflected in latest forecasts. A further report focusing on activity and drug expenditure will be presented in June.
6. A report on Corporate Services benchmarking was considered covering Finance, HR, Payroll, IMT, Governance and Risk and Procurement. In some areas we need to make sure that the comparative figures are accurate. There is potential to focus on some of these benchmark areas to form part of the Corporate CIP programme. However, we need to ensure we are not compromising quality.
7. The Business Development update was scheduled to be reported to the Board of Directors meeting on 26th April and so, due to time constraints, was deferred to that meeting.

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

- Collection of outstanding debts needs to be progressed.

Matters for decision

None

Action Required by Board of Directors: None

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Harrogate and District NHS
NHS Foundation Trust

Report title: **Annual report of the 2016/17 Finance Committee**

Report to: **Board of Directors Meeting**

Report author: **Mrs M Taylor**

Date: 31 **May 2017**

1. Introduction

1.1 This report has been prepared to provide the Board of Directors with a summary of the work of the Finance Committee during the period April 2016 – March 2017, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

2. Meetings & Attendance

2.1 The Finance Committee met formally on six occasions during 2016/17. Finance Committee members attendance is set out in the table below.

Membership As defined by Terms of Reference	**April 2016**	**June 2016**	**Sept 2017**	**October 2016**	**December 2016**	**February 2017**	**Total 6**	**%**
Mrs M Taylor,	Y	Y	Y	Y	Y	Y	**6**	**100**
Mr I Ward,	Y	Y	Y	N	Y	Y	**5**	**83**
Mrs L Webster,	Y	Y	Y	Y	Y	Y	**6**	**100**
Deputy Chief Executive and Director of Finance	✓	N	Y	Y	Y	Y	**5**	**83**
Chief Operating Officer	Y	Y	Y	Y	Y	Y	**6**	**100**
Deputy Director of Finance	Y	Y	N	N	Y	Y	**4**	**67**
Deputy Director of Performance and Informatics	Y	Y	N	Y	N	Y	**4**	**67**

2.2 The Finance Committee has a membership of 3 Non-Executive Directors and during 2016/17 these were:

Mrs Maureen Taylor (Chairman)
Mr Ian Ward
Mrs Lesley Webster

In addition Mr Chris Thompson, Chair of the Audit Committee, attends the Committee as an observer.

2.3 During the year other people have attended the Committee as observers including Sandra Dodson, Chair of the Trust, The Trust Company secretary, observing Governors and a representative from another Trust. The Committee receives secretarial support

from Mrs Catherine Gibson who is employed by the Trust. Details of all attendees during 2016/17 are attached at Appendix 1.

2.4 The Committee has a documented timetable and work-plan which schedules the key tasks and reports to be considered over the course of the year. This schedule is reviewed at each meeting and additional items are added as required, these are largely one-off project related reports.

2.5 Detailed minutes are taken of all Finance Committee meetings and are reported to the Board of Directors. In addition, the Committee Chair prepares a summary report highlighting significant issues discussed, for consideration at the Board of Directors meeting, in advance of the minutes being agreed.

2.6 An action log is prepared after each meeting and details of cleared actions and those carried forward are presented at the following meeting.

3. Duties of the Finance Committee

3.1 Following a review of the Finance Committee's terms of reference in January 2017, the key responsibilities of the Finance Committee can be categorised as follows:

Financial Strategy	To scrutinise the development of the Trust's financial and commercial strategy, both revenue and capital. This incorporates scrutiny of the assumptions and methodology used in developing the financial strategy, including activity modelling and efficiency assumptions. To ensure that annual financial plan is consistent with financial strategy and to review the capital programme in line with the financial plan. To recommend to the Board the financial plan for submission to Monitor/NHS Improvement.
Scrutiny & Efficiency	To scrutinise and ensure appropriate due diligence is undertaken in relation to any significant transactions as defined by Monitor / NHS Improvement. Scrutiny of the annual Cost improvement Programme and review the impact on the Trust and to scrutinise the Trust budget prior to approval by the Board.
Financial Performance	To review the activity plans in line with the financial planning assumptions, including reviewing the financial performance before submission to Monitor / NHS Improvement and assessing the impact of financial performance on the Financial Services Risk Rating Overseeing the implementation of service line reporting, review of service line information, profitability of service lines and the impact of activity delivery on financial performance. To undertake any relevant matter as requested by the Board of Directors

4. Work Performed

4.1 The Committee has organised its work under six main headings:

- Budget Strategy
- Performance against Current Annual Financial Plan
- Service Line Reporting
- Carter Review
- Board Assurance Framework
- Business Development

In addition the Committee receives reports on significant project proposals or project reviews.

4.2 Budget Strategy

4.2.1 In December 2016 and February 2017, the Committee received reports from the Director of Finance and the Chief Operating Officer on the proposed budget for the new financial year and the activity assumptions assumed within the proposed budget. The Committee scrutinised the information and sought assurance as to the robustness of the proposed budget.

4.2.2 In addition, throughout the year, the Committee has received updates relating to the development of the West Yorkshire Sustainability and Transformation Plan, particularly focussing on the implications and impact for the Trust.

4.2.3 In October and December 2016, the Committee focussed on reviewing the proposed operational plans for 2017/18 and 2018/19, including the contract arrangements with our local commissioner.

4.3 Performance Against Current Annual Financial Plan

4.3.1 At every meeting the Committee receives a report on the latest financial position against the financial plan, including both income and expenditure variations. Also included is an update on the Trust's cash position, collection of sums due to the Trust and progress towards achieving the Cost Improvement Programme. A capital programme update is received 3 times each year.

4.3.2 Where timing of meeting dates allows, the Committee receives details of the Financial Sustainability Risk Rating declaration which is made to NHS Improvement each quarter. From 1st October 2016, this rating was replaced with the Single Oversight Framework and the Use of Resources metric which has to be declared quarterly.

4.4 Service Line Reporting

4.4.1 The Committee oversees the implementation of Service Line Reporting within the Trust. This is a concept developed by NHS Improvement to help trusts develop a better understanding of the operational and financial performance of their various services and hence improve their strategic and clinical decision-making.

4.4.2 A Service Line Reporting Steering Group has been established within the Trust and reports were received by the Committee in June and September 2016.

4.5 Carter Review

4.5.1 The Committee oversees the progress of recommendations arising from the Carter Review. There were initially delays in receiving the local data so the Committee received its first report in December 2016.

4.5.2 The Committee received an example of the on-line Board Level Dashboard which is part of the new model hospital which will provide a set of metrics that could be used to benchmark hospitals to identify opportunities to improve efficiency and implement good practice.

4.6 Board Assurance Framework

4.6.1 In April and October 2016, the Committee received reports on the main financial risks on the Board Assurance Framework. The risks were reviewed with a view to ensuring that there were no other actions that could be taken to mitigate risk.

4.7 Business Development

4.7.1 At every meeting the Committee received a report from the Director of Finance on business development opportunities within the Trust. This includes bidding to retain existing contracts as well as opportunities to bid for new contracts.

4.7.2 In April 2016, the Committee received a business proposal to provide a range of outreach outpatient services to the local population in the new Alwoodley Medical Practice in Leeds, prior to presentation to the Trust Board. An update on progress with the project was received in October 2016.

4.7.3 Also in April 2016, the Committee received a business proposal to seek a community pharmacy partner to provide a range of medicines services (including providing an outpatient dispensing service) at Harrogate and District NHS Foundation Trust Pharmacy Service on the Harrogate District Hospital site.

4.7.4 In June 2016, the Committee received a report from the Chief Operational Officer, giving an update on the progress with implementing the Carbon Energy Efficiency scheme within the HDH site.

4.7.5 In October 2016, the Committee received a report from the Chief Operational Officer with a business proposal for upgrading the front of house catering facilities, prior to consideration by the Trust Board.

5. Conclusion

5.1 The Finance Committee can demonstrate that it has conducted itself in accordance with its Terms of Reference and work plan during 2016/17. The Committee has responded to changes in the financial planning framework during the year, with the introduction of the West Yorkshire Sustainability and Transformation Plan.

Appendix 1: Attendance monitoring

	April 2016	June 2016	Sept 2017	October 2016	December 2016	February 2017
Finance Committee Members						
Mrs M Taylor, Non-Executive Director and Chair	Y	Y	Y	Y	Y	Y
Mr I Ward, Non-Executive Director	Y	Y	Y	N	Y	Y
Mrs L Webster, Non-Executive Director	Y	Y	Y	Y	Y	Y
Mr J. Coulter, Deputy Chief Executive and Director of Finance	Y	N	Y	Y	Y	Y
Mr R. Harrison, Chief Operating Officer	Y	Y	Y	Y	Y	Y
Mr J. McKie, Deputy Director of Finance	Y	Y	N	N	Y	Y
Mr P. Nicholas, Deputy Director of Performance and Informatics	Y	Y	N	Y	N	Y
Observers						
Mr C Thompson, Non-Executive Director	Y	N	Y	N	Y	N
Miss D Henderson, Company Secretary	Y	Y	Y	Y	Miss Henderson left the Trust in December 2016	
Mrs Angie Colvin, Corporate Affairs & Membership Manager	Y					
Mrs Sandra Dodson, Trust Chairman		Y				
Mr Ben Sanders, Graduate Finance Trainee			Y			
Mr Carl Chambers, Non-Executive Director, Leeds Teaching Hospitals Trust					Y	
Observing Governors						
Ms Yvonne Campbell, Staff Governor	Y					
Dr Sally Blackburn, Public Governor		Y				
Mrs Jane Hedley, Public Governor			Y			Y
Mr Daniel Scott, Staff Governor				Y		
Mr Tony Doveston, Public Governor					Y	
Quorum: 2 Non-Executive Directors and 1 Executive Director	Yes	Yes	Yes	Yes	Yes	Yes

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Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Quality Committee (QC)
Committee Chair:	LA Webster
Date of last meeting:	3 May 2017
Date of Board meeting for which this report is prepared	31 May 2017

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

Board request for QC to seek assurance:

- **Quality of Care Teams –** Paper received providing assurance on the working of these groups. Confirmed this is an area of continuing focus for the Directorates and ongoing assurance will be via the Learning from Patient Experience Group which receives reports on this on a six-monthly basis, any concerns would be escalated by this Group. *Action complete.*
- **Prevention and Management of Pressure Ulcers –** Annual report presented by Tissue Viability Specialist, Ms R Lee. The QC received assurance on:
  - Training & development of nursing staff in both the Acute and Community settings.
  - Reporting mechanisms in place for recording pressure ulcers in both settings.
  - Quality target for FY17/18 for reducing avoidable pressure ulcers in both settings.

  Ongoing assurance would be maintained via the IBR. *Action complete.*
- **Incident Reporting / Datix –** Two reports received
  - **National Reporting & Learning System Report –** data discussed
  - **Datix utilisation -** a paper setting out the options to improve the Datix system was received and the QC recommends this work gets underway as quickly as possible.

  The QC remains concerned about the poor levels of reporting of 'Low harm/No harm' incidents, but noted the progress made on this. Ongoing assurance will continue via a new Quality Initiative to be delivered during FY17/18.
- **Falls –** Report deferred to June's meeting.

Reports heard:

- **Update on clinical skills training priorities for nurses –** Assurance received that work is progressing for delivering, recording and maintaining 3 specialist core skills. QC to maintain focus on this activity.
- **Midwifery Supervision –** The new model has just come into force. An update to be received in December to check implementation progress.
- **CQUINs – challenges and risk report –**CQINs for the next 2 years reviewed and confirmed the governance process for monitoring delivery of these.
- **Patient FFT – Annual Summary –** Noted the Trust continues to compare favourably with the National data and recommends more is done to feedback the positive feedback to the wider public community.
- **Annual Report on Antenatal and Newborn Screening Programme –** This is a complex service delivery area, which has undergone a large amount of change. An update report requested in 3 months.
- **Annual Quality Report** – latest draft received

Are there any significant risks for noting by Board? (list if appropriate)
No
Matters for decision
None.
Action Required by Board of Directors: • **REsPECT –** This new methodology has been considered by all Directorates and all are supportive of this being implemented within the Trust. The QC requests the Board to endorse the progression of this. • **Note –** Quality Committee Annual Report for 2016/17

Annual Report of the Quality Committee 2016/17
Prepared for the Audit Committee April 2017

The purpose of this annual report is to provide assurance that the Quality Committee is working effectively within its Terms of Reference (ToR) and achieving the required outcomes/impact.

Purpose of the Committee

The Quality Committee (QC) is an accountable Committee to the Board of Directors. The purpose of which is to oversee arrangements for quality governance and seek assurances on the delivery of high quality care and regulatory compliance.

Background

The QC has been in existence since July 2015 and considers that it is now a well-established sub-committee of the Board performing a valuable function in its review of the Governance arrangements, in respect of quality, within the Trust.

The work of this committee will continue to evolve as priorities and new areas for focus present during the year, however a standardised base work- plan to deliver the ToR is now firmly in place.

Membership and attendance

Attendance at meetings has been very good. (Quorate being six core members). (*The Chair is very grateful to members who arrange for a team member to attend on the few occasions where they have been unable to attend.*)

In November it was decided that for consistency Dr Tolcher should no longer be a member of this sub-committee to the Board and the ToR were amended.

NB: The Head of Nursing from LTUC attends all meetings as a valuable observer.

Member (by title or group representing as per ToR) / Date of Meeting	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total Attended	No of Meetings per Year	Percentage
Non-Executive Director (Chair)	1	1	1	1	1	1	0	1	1	0	1	1	10	11	91%
Non-Executive Director (Neil McLean)	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Non-Executive Director (Prof Sue Proctor)	1	0	1	0	1	1	1	1	1	0	1	1	9	11	82%
Chief Executive	1	1	0	1	1	1	0	0	0	0	0	0			
Chief Nurse	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Deputy Medical Director/Medical Director	1	1	1	1	1	1	1	1	1	0	0	0	9	11	82%
Chief Operating Officer	0	0	1	1	1	1	1	1	1	0	1	0	8	11	73%
Director of Workforce and OD	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Deputy Director of Governance	1	1	1	1	1	1	0	1	1	0	1	1	10	11	91%
Head of Risk Management	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Clinical Director - LTUC	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Clinical Director - P&SC	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%
Clinical Director - C&CWCC	1	1	1	1	1	1	1	1	1	0	1	1	11	11	100%

In addition to the regular membership we have been pleased to welcome a number of Governors and other observers throughout the year.

Sally Blackburn, Public Governor			0								1	
Pamela Allen, Public Governor	1											
Jane Hedley, Public Governor							1					
Zoe Metcalfe, Public Governor		0										
Clare Cressey, Staff Governor				1								
Tony Doveston, Public Governor					1							1
Yvonne Campbell, Staff Governor						1						
Dr Daniel Scott, Staff Governor								1				
Cath Clelland, Public Governor									1			
Debbie Henderson, Company Secretary	1	0	0	1	1	1	1	0	0			
Ross Mitchell, Deputy Dir of Facilities	1											
Alison Pedlingham, Matron, Maternity	1											
Rebecca Wixey	1	1	1	0	1	1	0	0	1			1
Nicki West (+ Paula De Souza Mar only)			1									1
Amy Worsfold (observing)				1								
David Plews (observing) - Dec re Q Charter					1				1			
Matthew Shepherd (observing)						1						
Ben Haywood (item and observing)						1					1	
Kate Considine (observing)							1					
Kath Banfield (observing)								1				
Dr Jenny Child (I&PC update)									1			
Dr David Earl (QP Sepsis update)									1			
David Griffin (NED Programme) (observing)												1

Date on which Terms of Reference were confirmed and any changes to Terms of Reference in year
Terms of Reference were last reviewed and approved in November 2016.

Progress on stated committee - objectives or key areas of responsibility

The committee has continued its work to gain assurance in relation to the four domains defined in Monitor's 'Well-led framework for governance reviews' guidance for NHS foundation trusts:

- Strategy and planning;
- Capability and culture;
- Process and structures;
- Measurement.

The work-plan remains focussed on the following 6 key headings:

1. To identify current concerns
2. Quality Reports
3. Patient Safety
4. Effective Care and Outcomes
5. Patient Experience
6. Regulatory and Compliance

Identify Current Concerns – Now called 'Hot Spots' this section has continued to add value to the Committee with three areas of quality considered:

1. The QC can hear from members about current issues that are impacting upon the ability of the Trust to deliver quality care and to gain assurances that suitable actions / activity is underway to address these. Examples of this are:
    a. staffing levels and issues which have required focussed management attention
    b. service development activities and quality impact e.g bed configuration project / the flip project;
    c. Nurse training and Midwifery Supervision

2. To enable more in depth scrutiny of specific areas of care at the request of the Board. Examples are:
    a. specific reports and updates received in relation to the methods put in place to improve the quality of care provided to patients at risk of developing pressure sores or at risk of falls
    b. assurance gained in respect of monitoring of care provided by GPOOH services
    c. consideration of new care policies such as REsPECT

3. The QC reviews the Quality Dashboard and Integrated Board Reports in depth each month and pursues areas of concern and seeks further assurance where necessary.

Quality Reports – Throughout the year the Committee has heard regular updates from the lead Directorate on their progress to deliver the Trusts 2016/17 quality priorities which were:

a) Reduce morbidity and mortality related to sepsis
b) Improve care of people with learning disabilities
c) Improve the management of patients on insulin
d) Provide high quality stroke care

Annual Quality Account Report – The QC retains oversight of this annual account

Patient Safety – The new Patient Safety Report is now embedded and providing good information. The focus for the committee has been the level of reporting of Low / No Harm Incidents and will remain an area of scrutiny in the new FY.

Effective Care and Outcomes – Quarterly reports received on the Clinical Effectiveness Audit program and receives the annual audit plan for the FY.

A further important area of work has been in relation to External Reports Received. There is now a well embedded system including template reports for recording receipt of external reports and a log for the lead individual responsible to action these. In addition is a process to gain assurance that external reports are being acted upon and that action plans are being progressed within the agreed timescales.

Patient Experience – The Committee hears the Patient Experience and Incident report each quarter, the new format report has provided assurance on this element of quality. An area the committee has retained focus upon is dealing with complaints specifically closing actions within deadline. A focus on the number and quality of objectives in the plans of action, to deal with learning from complaints has been an area of focus for the QC.

Finally the Committee has retained an interest in the introduction and progress of the activity in relation to the Quality Charter

Regulatory and Compliance - a list of reports received is below.

Summary of Reports received by the Committee

Below are the reports which have been progressed, reviewed or endorsed by the Committee.

Reports Received 16-17	Item Lead	Report Date
Quality Account		
Timetable for quality account preparation	S Wood	December
Draft report	S Wood	April
Final report	S Wood	May
Quality priority updates		
Reducing morbidity and mortality from sepsis	D Earl	Baseline, Q2, Q3
Improving care of people with learning disabilities	T Campbell	Baseline, Q2, Q3
Improving the management of inpatients on insulin	A Alldred	Baseline, Q2, Q3
Improving stroke care		Baseline, Q2, Q3
Reports		
Infection Prevention and Control	J Child	December
Local Supervising Authority audit report / action plan	S Keogh	October
Annual Maternity screening report	S Keogh	December
Health and safety annual report	R Mitchell	April
Patient experience report - quarterly	A Leng	Sept (Q1), Dec (Q2), March
Annual report - Staff FFT and staff survey as it relates to the	P Marshall	April
Clinical audit plan / report - quarterly	H Moss / R Wixey	Sept (Q1), Dec (Q2), March
Well led review action plan follow up	S Wood	
NICE compliance report	H Moss / R Wixey	Sept (Q1), Nov (Q2), Feb (Q3),
Maternity assurance statement	K Johnson	December, June
Annual report on the management of Controlled Drugs	A Alldred	January
Progress on external reports from directorates / steering	Leads	January and July
Clinical Effectiveness and Audit annual report	R Wixey	June
Patient safety quarterly report	S Wood	Sept (Q1), Dec (Q2), March
Safeguarding children annual report	Wendy Atkinson	July
Adult safeguarding annual report	J Farnhill	June
Annual report Quality Committee	L Webster	April
Annual review Quality Committee TOR	L Webster	June
Annual report from directorate governance groups	Clinical Directors	July
Quality Charter Update	D Plews	Dec
LSA Audit Report/Action Plan	J Foster	Jan
CQC Action Plan update	J Foster	Dec
Conference Feedback	TBC	Monthly
Nursing and midwifery annual report	J Foster	June
Comprehensive SIRI flow chart for information	A Leng	February

Proposed objectives for 2017/18

The Committee will continue to gain assurance under the 6 headings listed above.
The Committee will hear updates from the Directorates on progress to deliver the new Quality Priorities for the year which are currently being developed, plus continue oversight of the two which are being carried forward:

- Reduce morbidity and mortality related to sepsis
- Provide high quality stroke care
- Improve learning from incidents, complaints and good practice
- Improve the patient experience of discharge processes
- Strengthen the voice of children, young people and families by seeking patient reported experience and using this in the development of a number of services.

The forward plan for reports to be received during 2017/18 is listed below.

Forward plan 2017-18

Quality Committee

Report	Item Lead	Reports due
Quality Account		
Timetable for quality account preparation	S Wood	December
Draft report	S Wood	April
Final report	S Wood	May
Quality priority updates		
Reduce morbidity and mortality related to sepsis	D Earl / M Shepherd	Baseline, Q2, Q3
Provide high quality stroke care	J Roberts	Baseline, Q2, Q3
Improve learning from incidents, complaints and good practice	IPSSG	Baseline, Q2, Q3
Improve patient experience of discharge processes	M Forster	Baseline, Q2, Q3
Strengthen the voice of children, young people and families	R Chillery	Baseline, Q2, Q3
Annual reports and reviews		
Infection Prevention and Control	J Child	December
Local Supervising Authority audit report / action plan	S Keogh	October
Annual Maternity screening report	S Keogh	December
Health and safety annual report	R Mitchell	April
Annual report - Staff FFT and staff survey as it relates to the	P Marshall	April
Clinical Effectiveness and Audit annual report	R Wixey	June
Annual report from directorate governance groups	Clinical Directors	May
Annual report Quality Committee	L Webster	May
Annual review Quality Committee TOR	L Webster	June
Safeguarding children annual report	Wendy Atkinson	July
Adult safeguarding annual report	J Farnhill	June
Nursing and midwifery annual report	J Foster	June
Annual report on pressure ulcers	J Foster	April
Annual report on the management of Controlled Drugs	A Alldred	January
Patient FFT	S Wood	May
Quarterly reports		
Patient experience report - quarterly	A Leng	Sept (Q1), Dec (Q2), March (Q3), June (Q4)
Clinical audit plan / report - quarterly	H Moss / R Wixey	Sept (Q1), Dec (Q2), March (Q3), June (Q4)
NICE compliance report	H Moss / R Wixey	Sept (Q1), Dec (Q2), March (Q3), June (Q4)
Patient safety quarterly report	S Wood	Sept (Q1), Dec (Q2), March (Q3), June (Q4)
Action plan follow ups		
Well led review action plan follow up	S Wood	
CQC Action Plan update	J Foster	
LSA Audit Report/Action Plan	J Foster	
Assurance statement and reports		
Quality Charter Update	D Plews	July, Dec
Maternity assurance statement	K Johnson	December, June
Report on progress with action plans relating to external reports	Directorate and steering group leads	February and July
Conference Feedback	TBC	Monthly
Comprehensive SIRI flow chart for information	A Leng	February

Conclusion
The Quality Committee considers it has delivered to the Terms of Reference as requested by the Board and has comprehensive minutes and actions log on file to further demonstrate this. The Committee has developed a clear forward plan of activity to continue this work throughout 2017/18.
Author
Lesley A Webster, Non-Executive Director, Chair Quality Committee. *Date: 25/04/2017*

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meetings:	4 & 18 May 2017
Date of Board meeting for which this report is prepared	31 May 2017

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

1. At its meeting on 4th May, the Committee considered, and where appropriate approved, a number of documents that had been prepared in connection with the end of year process. These included the following:
    a. Draft Audit Committee Annual Report
    b. Quality Committee Annual Report
    c. Code of Governance Self Assessment
    d. Local security management Specialist Report
    e. Counter-Fraud Annual Report
    f. NHS Professionals Annual Review
    g. Accounts Briefing paper
    h. Draft Financial Statements for the Trust
    i. Draft Financial Statements for the Trust Charitable Fund

   In particular the Committee considered a number of changes that had been made to the draft financial statements following the Accounts Review Meeting on 25th April.

2. At the meeting on 18th May, the following documents were considered:

    a. Draft Quality Account 2016/17
    b. Audit Committee Annual Report 2016/17
    c. Annual Corporate Governance Statement
    d. Draft Annual Report 2016/17
    e. Updated Draft Financial Statements for the Trust
    f. Updated Draft Financial Statements for the Trust Charitable Fund
    g. Review of Losses and Special Payments
    h. External Audit ISA 260 Audit Highlights Memoranda and draft letters of representation
    i. Confirmation of External Audit independence

3. The Audit Committee has also undertaken its “normal” programme of work and review during the course of the meetings. This has included reviews of the minutes of Corporate Risk Review Group and the Quality Committee.

4. The most recent version of the Corporate Risk Register was reviewed, with the Committee noting the most recent set of changes that had been made to the Register and confirming that the detailed analysis was consistent with the information most recently provided to the Trust Board of Directors.

5. The Periodic Internal Audit Report contained details of 16 audits that had been finalised during the period under review. Of these audits, a total of 8 were follow-up audits following past Limited Assurance findings. It was disappointing to note that only 3 of these resulted in Significant Assurance outcomes. Of the remainder, 3 were again Limited Assurance (Ward Staffing & Rostering, WHO Checklist and Safety Netting) and further audit follow-ups will be required. Two other previous Limited Assurance audits were reported as being split Significant / Limited where further work will be required. After much discussion, the Committee were reassured that there were some valid mitigating reasons for apparent lack of progress in some areas, and remain confident that SMT will ensure that the necessary improvements are achieved.

6. At previous meetings the Committee had been concerned at the apparent inability of certain members of the management team to prepare and submit Post Project Evaluations (PPE's) to the PPE Group within the required timescale, and had asked for the relevant individuals to meet with the Audit Committee and explain the reasons for the delays. The Committee was pleased to note that most of the previously overdue submissions have now been received and considered by the Group. However, 2 remain outstanding and additional PPE's are now becoming overdue. The Committee has been assured that these issues will be resolved over the coming weeks and will keep the situation under close review.

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

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

Matters for decision

- The Committee has carefully considered a range of documents relating to the financial year-end that are coming to the Board for consideration and approval. These include:
    - Accounts Briefing paper
    - Draft financial statements for the Trust and for the Charitable Fund
    - Draft representation letters for the Trust and for the Charitable Fund
    - ISA 260 Audit Highlights Memoranda
- The Committee also submits its Annual Report for consideration by the Board;
- The Audit Committee can confirm that it does recommend that the Board approves the signing of the year end accounts for the Trust and for the Charity and also the letters of representation for the Trust and the Charity for submission to the external auditors, KPMG.

Action Required by Board of Directors:

The Board is asked to note the considerations that took place at the two meetings of the Audit Committee on the 4th May and the 18th May, and also the recommendations made by the Committee

Harrogate and District
NHS Foundation Trust

Report to the Trust Board of Directors: 31 May 2017	Paper No: 15.0

Title	Communications and Marketing Strategy – Year 2 plans
Sponsoring Director	Jonathan Coulter, Director of Finance
Author(s)	Paul Widdowfield, Communications and Marketing Manager
Report Purpose	To provide the Board with an update on plans for Year 2 of the Trust's Communications and Marketing Strategy.

Key Issues for Board Focus:

The Board is asked to note this action plan for Year 2 of the Communications and Marketing Strategy. This action plan has been developed following discussions with the Chief Executive and Deputy Chief Executive to reflect the needs of the Trust over the coming year. The action plan also builds on the successes of Year 1 of the strategy.

The Communications and Marketing Strategy provides a framework for the delivery of effective communications and marketing over three years, recognising the challenges we face while ensuring we are equipped to position ourselves as a clinically-led provider of consistently high quality care.

The Strategy enables the Trust to shift forwards to a more balanced approach to the use of traditional and digital communications methods to reach out to and engage with our stakeholders. It also assists the Trust to market key services, increasing income and becoming a provider of choice for people in the wider region. It builds on and supports the Trust's ambitions to develop key services by providing targeted communications and marketing support, leaving key audiences in no doubt about what the Trust can provide (and what our supporting values are).

Vital to the success of this plan is proactive promotion, always with the Trust's values at the heart of it. This creates a bedrock of continually-reinforced messaging which helps to build the brand and build the case for why people should use us for healthcare and why they should feel safe using us. This constant drip feed of positive, on-brand good news (with all key audiences) is important to build continual awareness and understanding of what the Trust does.

This strategy builds on some communications channels already in place, but also introduces new ones to ensure the Trust is taking advantage of ways in which our key audiences want or need to be communicated with.

Key areas for communications and marketing focus over the coming year will be:

- Reflecting Trust priorities: Ward staffing spend, Agency spend, Theatre Productivity. This includes supporting Workforce with staff engagement on these subjects as well as more broadly.
- Develop a detailed, three-year marketing strategy to support the direction and priorities of the clinical directorates. This will identify five priorities from each of the

three clinical directorates, looking at how they fit together timescales and achievability.

- Support to CCWC directorate in developing improved staff engagement.
- Consideration to reintroducing a printed newsletter to target colleagues who don't often look at their emails.
- Continuation of successes from Year 1, such as social media and media relations.
- Continued involvement in STP and WYAAT region-wide projects.
- Updating and enhancing the Communications and Media Policy.
- Further embedding of the 'This is us…' vision, mission, etc, messaging, across the Trust and in external materials. Provides great focus on the direction of the Trust and its values.
- Implementation of new HDFT brand and templates.
- Website – keep up-to-date, create a GP-specific area with information about specific referrals, key data, latest news.
- Planning for the redevelopment of the Intranet.
- Bid success mobilisation support.
- Further development of social media, both with main accounts and service-specific accounts, to provide greater focus on user need and promotion of key messages/projects from the Trust.
- Testing of department major incident plans.
- Close support to Harrogate Hospital and Community Charity's strategy.

Related Trust Objectives	
1. To deliver high quality care	Yes – the strategy has been developed to support colleagues who deliver of high quality care.
2. To work with partners to deliver integrated care	Yes – HDFT is working as part of the region-wide STP partnership made up of CCGs, care providers and local authorities.
3. To ensure clinical and financial sustainability	Yes – a significant part of the strategy over the coming year will focus on marketing of services which generate income, as well as (for example) supporting the Trust's aim of reducing use of agency staff.

Risk and Assurance	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF# 1 Lack of Medical, Nursing and Clinical Staff; BAF#2 High level of frailty in local population; BAF#13 Insufficient focus on Quality in the Trust; BAF #5 Service Sustainability.
Legal implications / Regulatory Requirements	The paper does not highlight any legal/regulatory implications.

Action Required by the Board of Directors

The Board is asked to **note** and **comment**, where appropriate, on the information in this paper.

Action Plan for 2017-18

Action	Audience	Timing	Responsibility	Complete?	Evaluation methods
Policy					
Updating Communications and Media Policy	Staff	August 2017	Comms		Policy updated and in place, and appropriately promoted with staff.
Marketing					
Agree separate marketing strategy based around clinical directorate priorities.	Public, patients, staff, stakeholders & GPs	Sign off by September 2017	Comms, Business Planning		Programme in place. Executive team / Business Development Group sign off.
Continued development of private patients' website and marketing strategy.	Public	Website launch June 2017 Implement ation of strategy TBC	Comms, Business Planning		
Reconsider options for updating maps around HDH, on website and in print.	Patients, visitors, staff	December 2017	Comms, Business Planning		Business case to go to SMT.
Agree process for charging for advertising space on railings around HDH site, and where key locations are.	Visitors, staff, patients, passers-by	January 2017	Comms, HHCC		Process in place. Process is monitored.
Branding					
Continued monitoring of HDFT branding and logo use to ensure it reflects updated Trust guidelines.	Public, patients, staff, stakeholders	March 2018	Comms		New logo / branding used consistently. Documents, letters, etc, updated as necessary across the Trust.
Develop action plan to build in greater use of 'This is us…' branding across all communications channels	Public, patients, staff, stakeholders	November 2017 for action plan, implement ation by February 2018.	Comms		Action plan developed and delivered.

Continue to promote refreshed guidelines and templates.	Staff.	April 2017-March 2018	Comms	See above	In Weekly Bulletin every quarter. Part of Communications presentations where appropriate.
Development of infographic / pictograph template for teams to use to be able to engagingly display information.	Public, patients, staff, stakeholders.	December 2017	Comms		Templates in place, appropriately shared and used.
Consider how Communications and Marketing function gives greater support to patient leaflet process.	Public, patients, staff, stakeholders	Action plan by November 2017	Comms, Steph Davis		Backlog cleared. Clearer process for all staff to follow. Leaflets reflect updated Trust branding.
Text style guide developed for website, media releases, newsletters	Staff.	In place by June 2017	Comms.		Review at year end re: its effectiveness.
Reminders about the Display Board guidance.	Staff.	Every three months from May 2017	Comms		Decrease in posters and signs stuck directly onto walls and other surfaces which aren't noticeboards.
Digital					
Develop GP-focused area of website, to include referral information, key statistics and latest news.	GPs	December 2017	Comms. Services must provide information around specific referral processes.		Area created and published, populated and plan in place to keep it updated.
Review website content and structure – monthly review within comms team.	Public and patients	Monthly from April 2017	Comms. Services to support on new content etc, where appropriate.		Review takes place. Changes made where appropriate.
Ensure splashes on home page are regularly	Public and patients	From April 2016	Comms.		Reviews take place.

updated, reflecting current Trust news.					Changes made when appropriate; at least one update per month.
Agree responsibilities for the redevelopment or new development of the intranet.	Staff	August 2017	Comms / IT / Governance to lead. Executive support from Finance Director.		Agreement in place for redevelopment plan.
Social media					
Monitoring of adherence to Social Media Policy.	Staff	Ongoing	Comms.		Policy adhered to.
Plan and implement 'staff takeover' days on the main Twitter account, showcasing their role.	Staff, patients, public, stakeholders.	From September 2017	Comms		Schedule in place with volunteers. Successful implementation of programme.
Continue to develop Trust Facebook page.	Public, patients, staff, stakeholders	Ongoing	Comms		Increase in post reach. Increase in likes. Review of post styles to ensure consistency and relevance.
Continue paid-for promotional adverts on Facebook. Trials successful in 2016/17.	Public and patients (largely depends on trial subject)	By year end	Comms. Requires budget from a service happy to take part.	.	Reach of post. Engagement with post. Sign-ups to core campaign via post.
Continue to develop Trust Twitter account.	Public, patients, staff, stakeholders	Ongoing	Comms.		Increase in followers. Increase in tweet impressions. Increase in mentions and interactions.
Further develop YouTube account, including branding and more consistent uploading of films.	Social media and website users	From January 2018	Comms		Account in place. Account is Trust branded.
Continue	Staff	Ongoing	Comms		Process adhered

process for sign off of service-specific accounts.	In turn specific team audiences.				to. Accounts approved. Feedback provided to account holders not approved.
Review effectiveness of all service-led accounts.	Staff	March 2018	Comms.		Checks that accounts are branded correctly and on message. Feedback to those responsible for accounts. Closure of ineffective accounts.
Explore other social media channels for specific projects (More Instagram, Snapchat).	Public, patients, staff, stakeholders	Ongoing	Comms. Day-to-day management of accounts carried out by local teams.		Agree effectiveness of channels with relevant service/s. Implement channels.
Continue to monitor and respond to comments left on NHS Choices and Patient Opinion.	Patients and public. Prospective patients.	Ongoing – fortnightly checks for new posts.	Comms to co-ordinate. Services responsible for providing responses to negative comments.		Timely, accurate responses to comments.
Media relations					
Build on positive relationships with key local media.	Public, patients, stakeholders & staff.	Ongoing	Comms		Request feedback from key contacts in December 2016. Request feedback from CEO in December 2017. Number of and relationship with key media.
Proactive publication of good news stories.	Public, patients, stakeholders & staff.	Ongoing	Comms		Number and type of stories placed. Review of Media Log to examine success rate in

					getting news distributed. Balanced mix of stories between community and acute services.
Maintenance of media contacts database.	Media. Media consumers.	Review July 2017	Comms.		Up-to-date in July 2017. Contains bespoke lists for community areas.
Increase profile among industry trade publications.	NHS / healthcare industry opinion formers.	Ongoing – review at year end	Comms. Requires support from colleagues (depending on story) to ensure stories contain right information, case studies, etc.		Relationships with named journalists at trade publications. Trade publication journalist database in place.
Internal Communications					
Support to CCWC directorate in developing improved staff engagement.	Staff	Meetings with Derbyshire Healthcare NHS Trust over summer 2017 to help generate ideas.	CCWC directorate team to lead, Comms to support.		Action plan to improve engagement in place, actioned.
Identify and engage with staff 'communications ' champions – informal network. Strong focus on community staff.	Staff	February 2018	Comms		Champions identified, engagement programme in place.
Explore possibility of Whatsapp / text message service to work mobiles.	Staff	December 2017	Comms, with support and guidance from IT.		Proposal developed or clear reasons given for not progressing.
Develop proposal for printed newsletter, with costings, to target staff who don't access emails on a	Staff	August 2017	Comms Support from regular columnists or contributors.		Proposal approved (budget required). Newsletter launched.

regular basis.					
Continue to build relationships with key teams, individuals. To include teams who may not be as proactive as others, but still have a story to tell.	Staff	Ongoing	Comms		Programme of at least one meeting per month with actions from it.
Continue producing the Weekly Bulletin.	Staff	Ongoing	Comms		Weekly Bulletin in place. Weekly Bulletin used as a tool by managers to update teams. Consistent mix of acute and community stories.
Support teams and directorates in the development of their own local newsletters.	Staff	Ongoing, on request	Comms, to hand over to teams.	Support with Fiona Maher for her teams with Mail Chimp. Support for Child Safeguarding with Publisher.	Branded, professional e-newsletters in place.
Review focus of Team Brief and consider how better it can reach more staff.	Staff	November 2017	Comms		New proposal developed and agreed.
Provide comms support on staff engagement programmes.	Staff	As required	Human Resources, Comms to support as appropriate with clearly defined boundaries.		Appropriate input and support provided for engagement programmes.
Supporting specific projects					
Ward staffing communications campaign plan.	Public, potential staff, current staff.	Plan agreed August 2017	Workforce project, but comms to support with action plan.		Plan in place, being actioned.
Support to specific projects/campaigns across the Trust.	Staff, public, patients, stakeholders.	Throughout year.	Comms – to feed in to projects managed by colleagues, not to lead them.		Appropriate comms support provided to ensure a successful campaign.

Monitor calendar of national awareness days / weeks to piggy back onto.	Public, patients, staff, stakeholders	Ongoing	Comms		Calendar produced. Projects appropriately supported.
Photography and filming					
Training for new Communications and Marketing Assistant on video editing	Staff, public, patients, stakeholders	March 2017	Comms		Training taken place.
Continue to produce one short film (less than 1 minute) capturing Trust news and tied to a news story.	Staff, public, patients, stakeholders	Ongoing	Comms		One film per month.
Stakeholder engagement					
Continue with monthly stakeholder newsletter (which includes GPs on mailing list)	Corporate stakeholders GPs, politicians.	Monthly, ongoing.	Comms		One newsletter published per month. Mix of acute and community stories. Professional looking with photos.
Review contacts database for newsletter.	Corporate stakeholders	June 2017	Comms		Database produced.
Continue sharing info/stories with FT office for its publicity materials.	Members	Ongoing	Comms, Membership Manager		Process in place continues.
Regular catch ups in place with CCG comms lead, WYAAT and STP comms groups.	Comms team	Monthly, as diarised.	Comms		Meetings attended.
Events					
Provide communications and marketing support to Annual Members Meeting planning lead.	Public, patients, staff, members, stakeholders.	Up to September 2017.	Comms		Appropriate support provided. Event effectively promoted via comms channels.
Understand desire for an Open Event bearing in mind costs. Plan and	Public, patients, staff, stakeholders	September 2017	Comms to co-ordinate.		Increase in attendance over previous year. Focus on

deliver Open Event if going ahead, plan an alternative, especially around careers information, if not.					services which support Trust objectives. Positive feedback from attendees.
Plan and deliver the Trust Awards and Christmas Oscars.	Staff.	December 2017	Comms to co-ordinate.		Increase in quality of entries. Attendance at the event. Appropriate promotion of the awards, and the winners (esp post-event). Use of technology to promote winners.
Emergency preparedness					
Maintain active membership of Trust's Emergency Planning Steering Group.	Staff, patients, public, stakeholders	Ongoing	Comms		Regular meeting attendance and meaningful contribution.
Table-top exercise for comms MAJAX pack and action cards.	Comms	October 2017			Session takes place, learning points built into update pack.
Residential at Emergency Planning College for new Comms and Marketing Assistant.	Comms	March 2018	Comms		Training undertaken.
Ongoing evaluation					
Produce monthly comms and marketing report for senior colleagues.	Trust Board, senior managers.	Monthly	Comms		Monthly report published.
Produce yearly review of monthly report to better demonstrate trends.	Trust Board	April 2018	Comms		Report written and circulated on time.
Communications and Marketing team Time Outs.	Comms	October 2017, March 2018	Comms		Two per financial year – half days.
Fortnightly catch	Comms,	Ongoing	Comms		Meaningful

ups with CEO, Chair and Company Secretary to discuss key issues.	CEO, Chair, Company Secretary.				contribution made to meeting every fortnight. Actions arising taken forward and implemented.
Continue with team 1:1s	Comms team members	Ongoing	Comms		Meetings established, held and actions taken forward.
Short staff survey published.	Staff	November 2017	Comms		Survey published. Results analysed and actioned where appropriate.
Short public and patient survey published.	Staff	February 2018	Comms		Survey published. Results analysed and actioned where appropriate.

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Harrogate and District NHS Foundation Trust

Council of Governors

Minutes of the public Council of Governors' meeting held on 18 February 2017 at 10:45 hrs at St Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR

Present:

Mrs Sandra Dodson, Chairman
Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
Cllr. Bernard Bateman, Stakeholder Governor
Dr Sally Blackburn, Public Governor
Mrs Yvonne Campbell, Staff Governor
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Ms Clare Cressey, Staff Governor
Mr Tony Doveston, Public Governor
Miss Sue Eddleston, Public Governor
Mrs Jill Foster, Chief Nurse
Mrs Jane Hedley, Public Governor
Mrs Ann Hill, Public Governor
Cllr. Phil Ireland, Stakeholder Governor
Mrs Pat Jones, Public Governor
Mr Phillip Marshall, Director of Workforce and Organisational Development
Mr Neil McLean, Non-Executive Director
Mrs Zoe Metcalfe, Public Governor
Mr Peter Pearson, Public Governor
Prof. Sue Proctor, Non-Executive Director
Dr Daniel Scott, Staff Governor
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Dr Ros Tolcher, Chief Executive
Mr Steve Treece, Public Governor
Mrs Lesley Webster, Non-Executive Director

In attendance:

11 members of the public
Mrs Emily Reid, Education Liaison, Work Experience and Membership Officer
Mr Richard Chillery, Operational Director, Children's and County Wide Community Care Directorate

1. Welcome and apologies for absence

Apologies were received from Mr Jonathan Coulter, Director of Finance/Deputy Chief Executive, Dr Sarah Crawshaw, Stakeholder Governor, Mrs Liz Dean, Public Governor, Mrs Emma Edgar, Staff Governor, Mrs Beth Finch, Stakeholder Governor, Mr Rob Harrison, Chief Operating Officer, Mrs Sally Margerison, Staff Governor, Dr David Scullion, Medical Director, Mr Ian Ward, Non-Executive Director, and Dr Jim Woods, Stakeholder Governor.

Mrs Dodson was delighted to see so many members of the public at the meeting and offered them a warm welcome. She hoped they would find the meeting interesting and informative and welcomed questions for Governors or any member of the Board in attendance. She asked that any questions for item 10 on the agenda to be submitted during the break.

Mrs Dodson was also delighted to introduce Mrs Reid and Mr Chillery, who would be talking about the Youth Forum under item 8 on the agenda and she welcomed the new Governors who had commenced their term of office on 1 January: Miss Eddleston, Mrs Hill, Cllr. Ireland and Mr Treece.

2. Minutes of the last meeting, 2 November 2016

The minutes of the last meeting were agreed as a true and accurate record.

2.1 Minutes of the Extra-ordinary Council of Governors' meeting, 30 November 2016

The minutes of the Extra-ordinary Council of Governors' meeting held on 30 November 2016 were agreed as a true and accurate record.

2.2 Minutes of the Annual Members' Meeting (AMM) held on 13 September 2016

Mrs Dodson asked for the minutes of the last AMM to be noted and any comments to be forwarded to Mrs Colvin. The minutes would then be ratified at the next AMM in September.

3. Matters arising and review of action schedule

Mrs Foster provided an update regarding the progress of Nutritional Assistants; item 1 on the outstanding action schedule. She confirmed there were eight well-established Nutritional Assistants based on the wards and they were making a valuable contribution in supporting patients with their nutrition.

Mrs Hedley had a keen interest in the role of the Nutritional Assistants as she attended the Nutrition Group meetings as a member of the Patient Voice Group. Mrs Foster confirmed that the Nutritional Assistants provided nutritional support at breakfast and lunch times Monday to Friday; evenings and weekends were covered by Care Support Workers and registered nurses.

Mr Marshall provided an update regarding the Global Health Exchange Programme; item 2 on the outstanding action schedule. He was delighted to report that a small

team of representatives from the Apollo Group and Health Education England, who were running the Indian element of the Global Health Exchange initiative, had visited the Trust on 22 November 2016 and had the opportunity to meet Trust staff and have a guided tour of Harrogate Hospital.

Interviews had taken place for the first cohort of nurses and 24 had been given conditional offers of employment. Mr Marshall confirmed that ten nurses had taken their first set of exams, including English language, that day in Hydrabad, India and the results would be known the following week. For those who were successful, the next steps would be to apply for a visa and then travel to England to complete further training at Northampton University. Mr Marshall would be pleased to provide a further update at the next meeting.

Cllr Bateman enquired whether the nurses would stay in the UK. Mr Marshall confirmed that the programme was based on an 'earn, learn and return' initiative and the aim was for the staff to return to India.

Following a question submitted at the last meeting covered under items 3, 4 and 5 on the outstanding action schedule, confirmation had been received that seating was now available in the Strayside entrance on Harrogate District Hospital and other areas were also being reviewed. There was a telephone near the emergency maternity entrance of the hospital and a laminated notice with key contact numbers was now displayed. Mrs Dodson confirmed she had spoken with Mrs Tomlinson, Volunteer Services Manager, and agreed that the 'Meet and Greet' Volunteers based at the main entrance to the hospital would be very happy to help anyone who entered at the maternity entrance and rang for assistance.

Miss Eddleston welcomed the positive response and commented that further seating would also be appreciated.

Mrs Dodson confirmed that she had thanked Dr Leigh for her presentation at the Medicine for Members' Event in October 2016 and this was the final action on the schedule.

ACTION:

- **Mr Marshall to provide a further update on the Global Health Exchange Programme at the next meeting in May.**
- **An update on the review of seating arrangements in Harrogate District Hospital.**

4. Declaration of interests

In response to Mrs Dodson's request for any declarations of interest, Mr Treece confirmed that he was an employee of NHS Digital and this was recorded on Paper 4.0.

There were no other declarations of interests from Governors.

Mrs Dodson reminded Governors that they would be asked to sign a Declaration of Interest form on an annual basis and that the overall summary would be brought to each quarterly Council of Governor meeting as a standard item on the agenda. Governors were reminded that it was the obligation of each individual Governor to

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

5. Chairman's verbal update on key issues

Mrs Dodson introduced the newly elected Public Governors: Miss Eddleston, Mrs Hill and Mr Treece, and also Cllr. Ireland, the newly appointed Stakeholder Governor representing Harrogate Borough Council to their first meeting. She explained that Stakeholder Governors were not elected as local representatives but nominated by their respective organisations and then appointed by the Trust to foster stakeholder engagement and to seek views on service development and specialist advice, to name a few.

As well as Harrogate Borough Council, the Council of Governors included Stakeholder Governors representing North Yorkshire County Council, Leeds University, the Voluntary Sector, Patient Experience, and Harrogate and Rural District Local Medical Committee.

Mrs Dodson wished to formally thank Mr Michael Armitage, Public Governor for Wetherby and Harewood, who had finished his term of office at the end of December 2016 for his contribution on the Council for the last three years.

On behalf of the Trust, Mrs Dodson was delighted to congratulate Mrs Clelland who had been awarded an MBE in the 2016 Queen's Birthday Honours for her services to the community in West Yorkshire. Mrs Clelland had received her prestigious award from Prince Charles.

Finally, Mrs Dodson also congratulated Professor Proctor on her appointment as Chair of Leeds and York Partnership NHS Foundation Trust; a provider of NHS mental health and learning disability services across Leeds and specialist services across Yorkshire and the Humber. Professor Proctor would take up her new role from 1 April. Mrs Dodson commented that the Trust was disappointed to lose such a valued Non-Executive Director and Vice Chair on the Board but was delighted for Leeds and York Partnership Trust and both Trusts would continue to work in partnership. Mrs Dodson thanked Professor Proctor and wished her all the very best for the future.

6. Governor Sub-Committee Reports

Mrs Dodson moved on to clarify the role of the two formal sub committees and the Patient and Public Involvement, Learning from Patient Experience Group. She said how important it was for the general public to hear about the work of these sub-committees and thanked Governors for their commitment and involvement.

6.1 Volunteering and Education

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

Mrs Hedley highlighted the new volunteers from Ripon Grammar School who had commenced volunteering in Trinity Ward at Ripon Community Hospital, outlined in her report.

There were no questions for Mrs Hedley.

Mrs Dodson was pleased to hear about the volunteers who were actively engaging with the patients in Ripon and expressed how important this was for patients who were often required to stay in hospital for longer periods of time.

6.2 Membership Development and Communications

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read.

Ms Allen highlighted membership recruitment and engagement outlined in her report. She thanked Miss Kirsty Burt, Corporate Administrative Assistant and Mrs Colvin for their focus on engaging with new members in the age group 22 – 45 and with people residing in rural communities.

Ms Allen commented that members of the sub-committee would welcome the opportunity to meet and talk to different groups to promote membership and the role of the Governor.

There were no questions for Ms Allen.

6.3 Patient and Public Involvement

Mrs Dodson took a question from a member of the public at this stage in the meeting. The member of public needed to leave before item 10 on the agenda. The question submitted was as follows:

"What are the changing facilities at the hospital for adult disabled visitors/patients as the disabled toilets are not suitable." In addition, a member of the public commented about access issues to the hydrotherapy pool.

Mrs Dodson thanked the member of the public for her question and said that it was an important question to raise which highlighted general accessibility for everyone. She confirmed that the Trust's Equality and Diversity Stakeholder Group had Governor representation and such issues were discussed in that forum.

In relation to the issues around access to the hydrotherapy pool, Mrs Foster agreed to follow this up outside of the meeting with the Operational Director for Planned and Surgical Care. With regard to a 'Changing Places' facility in Harrogate Hospital, Mrs Foster was pleased to report a space had been identified near Herriot's Restaurant on the first floor and this was currently in the planning phase. In the meantime, if anyone visiting the hospital required such a facility they could ask at the front reception desk and the Site Co-ordinator or Matrons would be able to identify somewhere appropriate on a ward.

Mrs Dodson explained that any actions as a result of questions submitted, or indeed from any discussions throughout the meeting, would be recorded on

the action schedule and raised at the following meeting for a further response. This would provide assurance for members of the public that actions were being dealt with.

Following the comment about access to the hydrotherapy pool, another member of the public asked about the cost of a hoist. Mrs Dodson agreed that the finer detail of the individual's issue would be dealt with outside of the meeting.

6.3.1 Quality of Care Teams – individual Governor feedback on attendance at Quality of Care Teams

Mrs Dodson explained that Quality of Care Teams formed part of the Trust's governance structure and the aim of these multidisciplinary teams was to ensure that quality and safety was discussed as a matter of priority at local level. She acknowledged that some Quality of Care Team meetings were more effective than others and welcomed feedback from Governors who were assigned to a Team.

Mrs Jones confirmed that she was involved with the Quality of Care Team for the Special Care Baby Unit and Woodlands children's ward. She thoroughly enjoyed being part of their team which met once per month and provided positive feedback regarding both the team and the format of the meetings. Mrs Jones highlighted the opportunity to spend time talking to patient's families about their experience with children in hospital.

Mrs Dodson was pleased to hear such positive feedback and commented how this demonstrated a well-managed Quality of Care Team.

Mr Doveston confirmed he had joined the Sir Robert Ogden Macmillan Centre Quality of Care Team which was attended by hard-working and dedicated staff, including doctors. This experience provided him with a good insight into team working and team morale. He gave examples of what was discussed in a typical meeting including items on the risk register, service development, new drugs, audit trials, and feedback from patient experience; both positive and negative issues. He was pleased to say he felt very welcome at the meetings and the discussions were genuine and honest.

Mrs Dodson acknowledged that there could be positive and negative issues highlighted at such meetings and it was important to have a culture of openness and honesty.

Mr Pearson was pleased to confirm he had joined the Pathology Quality of Care Team which met once a month to review a wide range of pathology related aspects. He gave some examples of the papers the team looked at in detail and acknowledged that external pressures, including freedom of information requests and inspections, could have an impact on a variety of priorities.

Mrs Dodson thanked Mr Pearson for his detailed feedback and clarified that the Governors' role on these teams was to gain an understanding of the quality and risk issues being discussed. This involvement demonstrated how much Governors were engaged across the organisation and the insight they could gain from being a member of these teams.

Ms Allen stated that she was pleased to hear from fellow Governors about the success of the Quality of Care Teams they were involved with. Unfortunately, she had not had a similar experience and the team she was assigned to did not function as effectively which meant she was not currently involved.

Dr Blackburn provided an overview of her involvement with the Joint Health Visitor and School Nursing Harrogate and Rural Quality of Care Team, which met monthly. They focussed on children's services provided in the community and Dr Blackburn thoroughly enjoyed attending meetings.

Mrs Dodson stated that it was important to recognise that not all Quality of Care Teams followed the successful role model however the initiative was a fundamental aspect of governance and consistency across the teams was needed.

Mrs Dodson confirmed that Quality of Care Teams were held both in the hospital and across the community and acknowledged the challenges faced by community staff to come together for such a meeting once a month. Mrs Dodson set the challenge to teams in the hospital to be able to do the same.

6.3.2 Update from the Chief Nurse on review of Quality of Care Teams process

Mrs Foster thanked all the Governors for their comments and their valuable time in attending Quality of Care Team meetings. She was aware that not all of the teams were functioning as well and acknowledged that further progress was required. She stated that Directorates reported back to her on a six monthly basis, including Quality of Care Team actions, and agreed to provide a further update at the next Council of Governors meeting in May.

ACTION:
- **Mrs Foster to provide a further update on the progress of Quality of Care Teams at the Council of Governors' meeting in May.**

6.4 Patient Safety Visits Annual Report

Mrs Dodson explained that patient safety visits were a way of ensuring that:

- Executives and Non-Executives were informed first hand, regarding the safety concerns of frontline staff.
- Senior leaders demonstrated visible commitment by listening to and supporting staff when issues of safety were raised.

- The safety of patients was seen as the priority of the organisation.

One Governor was invited to join the visiting team on each planned patient safety visit.

The purpose of patient safety visits was to:

- Encourage staff to raise any concerns in a forum which was supportive.
- Build good communication and relationships with staff.
- Enable senior leaders to promote a positive safety culture among all staff, such as the value of incident reporting in order to learn and improve the delivery of safe care.
- Obtain and act on information that identifies risk and areas for improvement.
- Promote the use of local solutions whenever possible.

Mrs Foster referred to her annual report which had been circulated prior to the meeting and taken as read. She confirmed that patient safety visits were an important mechanism to meet with staff on the frontline and discuss any concerns. Meetings were organised in advance and the meeting would take place with any staff available, and on duty, that day.

There were no questions for Mrs Foster.

6.5 Update on the Quality Account Process

Mrs Foster outlined the purpose of the Quality Account, an integral part of the Annual Report and Account, which reflected on the highest priorities of the Trust for the forthcoming year and reported on progress made in the past year.

Mrs Foster highlighted the importance of stakeholder engagement in producing the Quality Account and to determine the quality priorities for the coming year. This would involve engaging with a variety of stakeholders, including Governors, to ensure representation of the local community. The final report would be submitted for publication at the end of May.

Mrs Dodson added that the Quality Account would continue to be monitored through the Quality Committee.

7. Report from the Nominations Committee

Mr Thompson left the room at this stage in the meeting.

Mrs Dodson confirmed the responsibility of the Council of Governors to appoint and reappoint the Chairman and Non-Executive Directors. Paper 7.0 had been circulated prior to the meeting, including the recommendations of the Nominations Committee to the Council of Governors, and this was taken as read.

The Nominations Committee had met on 27 January to discuss the reappointment of Mr Thompson to a second term of office as Non-Executive Director from 1 March 2017 to 29 February 2020.

Mrs Dodson referred to the minutes of the meeting held on 27 January and these were approved.

Moving on to the recommendation for the reappointment of Mr Thompson, Mrs Dodson had recommended to the Nominations Committee that Mr Thompson be reappointed to a second term, subject to the approval of the Council of Governors. Ms Allen fully endorsed the recommendation commending Mr Thompson's competency, enthusiasm and commitment to his role as Non-Executive Director and Chair of the Audit Committee.

There were no questions for the Nominations Committee and the Council of Governors was in unanimous agreement and approved the recommendation.

Mr Thompson returned to the room at this stage of the meeting and Mrs Dodson was pleased to congratulate him and report that the recommendation had unanimously been approved.

7.1 Update from the Nominations Committee on the Chairman's Recruitment Process

Ms Allen provided an update on the progress made regarding the recruitment process to appoint a new Chair. Following a tender exercise to select an Executive search organisation, presentations and interviews were held on 27 January and the panel were unanimous in recommending that Gatenby Sanderson should be appointed to facilitate the recruitment process. The Nomination Committee met with Mr Robin Staveley and Ms Emma Pickup from Gatenby Sanderson on 15 February to discuss the process in further detail including the timeline, job description, person specification and agree members of the interview panel. It was agreed that the following Governors would be on the interview panel: Ms Allen, Ms Cressey, Mrs Metcalfe and Mr Doveston. Dr Scott and Mr Treece would be on the focus groups. Ms Allen confirmed the closing date for applications would be 3 April and interviews would take place on 22 May, allowing candidates to meet with key members of Trust staff. The Council of Governors would be asked to ratify the appointment of the new Chair at an Extra-ordinary Council of Governors meeting on 16 June.*

A member of the public enquired as to why Mrs Dodson could not continue as Chair to which Ms Allen confirmed, in accordance with the Trust's constitution, Mrs Dodson would be coming to the end of her third and final term of office on 30 September.

8. Presentation – Youth Forum – listening to young people's experiences and ideas for healthcare improvement

Mrs Dodson welcomed Mrs Reid and Mr Chillery to present about the new Youth Forum.

Mrs Reid thanked Mrs Dodson for the opportunity to present at the meeting and she provided an overview of the new Youth Forum to date. The Youth Forum was set up as a sub-group of the Governor Working Group for Membership Development and Communications for young people between the ages of 13 – 19. A variety of ways to promote the forum to young people included notices at events, posters in the hospital

and in schools, invitations to young volunteers and work experience students, and networking with other local group contacts. The first meeting took place on 8 December 2016 and members agreed to meet every six weeks.

Current members were from a range of schools and some had long-term health conditions and had experienced some of the Trust's services. Mrs Reid was delighted to present some of the ways in which the Trust would be working alongside the Youth Forum to listen to their views, and actively involve them in projects across the organisation. Some of the suggestions to date included new methods of communication, innovative fundraising ideas, mystery shopper, and the exciting opportunity to work with the Children's and County Wide Community Care Directorate to develop a new Children's Strategy.

Mrs Reid displayed a photograph of some of the current members of the Youth Forum stating that each person brought their own unique blend of interests and the views of their peers. Mrs Reid and Mrs Colvin, with support from Governors and colleagues across the Trust, would support the Youth Forum to develop their own brand and enable their voices to be heard. Through networking with their peers, the Youth Forum would strengthen the Trust's relationship with schools and have opportunities to link up with other Youth Forums in the area. Two members had already volunteered to attend the North Yorkshire Youth Executive meeting; an excellent opportunity to take local health priorities to a county wide forum.

Mr Chillery talked about the expansion of children's services across North Yorkshire and more recently across Darlington, County Durham and Middlesbrough which he managed as Operational Director of the Children's and County Wide Community Care Directorate. He commented on the importance of listening to young people as well as receiving feedback through a variety of mechanisms. He acknowledged that this may bring its challenges but hoped that it would inspire the Trust to drive forward high quality children's services. Mr Chillery highlighted the objective to develop the Trust's strategy for young people and he looked forward to engaging with such a valuable resource within the Youth Forum and taking a steer from the community the Trust served.

Mrs Dodson opened up questions from the floor.

Mrs Webster noted that the forum was predominantly made up of girls. Mrs Reid confirmed there were boys in the group, albeit not as many, and one boy who was present when the photograph was taken chose not to be in the photograph. Mrs Reid confirmed recruitment would continue to be promoted to all and the challenge was put back to the forum to encourage more boys to join.

Cllr Bateman offered his support to the group. Mrs Reid thanked him and noted for a future opportunity.

Mr Chillery confirmed the forum was still new and the Corporate team was keen to allow them the time to develop as a group and feel confident in making decisions as to what was on their agenda.

Professor Proctor thanked Mrs Reid and Mr Chillery for an inspiring presentation. She asked: if young people raised issues around services not provided by the Trust, for example mental health, how these views would be communicated to other providers. Mr Chillery confirmed that mental health was already an emerging theme

however through a variety of networks this should not be seen as a barrier to stifle communications.

Mrs Lennon, Chair of the Patient Voice Group, who had attended the meeting as a member of the public, expressed her delight towards the Youth Forum and asked how responsive providers could be towards any ideas they may put forward. Mr Chillery thanked Mrs Lennon for her question and confirmed that already the group were being involved in quick turnaround projects, so they would be able to see the results of their valuable input. In terms of the strategy, Mr Chillery explained this would be a longer term project and his aim would be to take this forward with the Youth Forum step by step and create opportunities to network with local schools.

There were no further questions for Mrs Reid and Mr Chillery and Mrs Dodson thanked them for such an informative presentation.

9. Chief Executive's Strategic and Operational Update, including Integrated Board Report

Dr Tolcher presented the following headlines:

Winter pressures and current performance

Dr Tolcher highlighted the considerable operational pressures experienced over the Christmas and New Year period, both in the hospital and across community services. The demand reached an all-time high for the organisation with emergency department attendances up by 12% compared to last year and emergency admissions up by 10%. She recognised that staff across the organisation had worked incredibly hard and commented that the Trust's performance was a tribute to their dedication and commitment in maintaining services and providing high quality care to our patients.

Dr Tolcher presented detailed charts of operational performance during surges in demand, including non-elective (emergency) bed days (adults, per 100,000), Emergency Department 4 hour standard, delayed transfers of care, and referral to treatment incomplete pathways, taken from the Integrated Board Report, available on the Trust's website.** These charts demonstrated how the Trust was performing in the Emergency Department against national data and, despite not achieving its usual performance, the Trust had been recognised by NHS Improvement as one of the best performing Emergency Departments in England.

Dr Tolcher provided further information regarding the referral to treatment data; a national standard on how quickly patients were seen and treated. She explained the importance of reporting on quality and how long patients would expect to wait as people could choose where to receive treatment. Despite having some clinical specialities which exceeded the 18 week standard, namely orthopaedics and general surgery, the Trust performed well averaging around 94%.

Dr Tolcher moved on to a snapshot of Key Performance Indicators (KPIs) recorded in December 2016 and explained how these were rated. She explained some of the detailed information which related to the red-rated areas in the report taken from the Quality, Finance and Efficiency, and Operational Performance Indicators and provided reassurance on the actions being taken. Quality had three red-rated KPIs including: total number of falls, falls causing harm, and total number of incidents. Dr

Tolcher offered reassurance that, although the overall aim was to have no falls, there had been a considerable reduction of fractures due to falls with five to date compared with 12 last year. Overall the number of falls was also less compared with last year.

Finance and efficiency had five red-rated KPIs in standardised readmissions, non-elective bed days, delayed transfers of care, surplus/deficit variance to plan, and cash balance. In relation to the Trust's financial position, Dr Tolcher stated that the Trust remained ahead of the financial plan in Q3, however there were significant risks to delivery at year end.

The Operational Performance summary demonstrated two red-rated KPIs in NHS Improvement single oversight framework and A&E 4 hour standard, which had dipped in the last quarter resulting in a red rating.

Dr Tolcher was pleased to report that the vast majority of performance indicators remained green, including all cancer pathways, referral to treatment, safety thermometer, infection control, and complaints and incidents, all despite the winter pressures.

Strategic landscape: Sustainability and Transformation Plans and New Care Models

Moving on to the strategic landscape Dr Tolcher provided a brief update on the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP); delivered by local health care organisations working together across the region to support changes needed to improve services for its population. The Trust was part of the West Yorkshire STP footprint working collaboratively with five other acute hospitals having agreed a Committee in Common to make network decisions.

In addition, Dr Tolcher confirmed the local New Care Model (Vanguard) was in its last year of a three-year funding programme and formal evaluation would be shared at a later date.

Risks and Issues

Dr Tolcher went on to talk about the risks affecting the organisation at the current time, both internally and externally. She highlighted some of the top scoring strategic risks for the Trust which related to:

- The ability to deliver integrated models of care.
- Medical and nurse staffing levels.
- System level financial risks.
- Lack of a single care record.

The two top scoring operational risks in the organisation were:

- Ability to meet the Emergency Department 4 hour wait target.
- Income shortfall due to activity below plan.

In addition, Dr Tolcher talked about additional issues affecting the organisation including workforce supply issues, pressures on critical infrastructure (e.g. too much activity and not enough theatre capacity), finance, and future health and care architecture (the amount of time being engaged in all the different programmes).

Finally, Dr Tolcher finished her presentation by highlighting some of the initial findings from the National Staff Survey 2016; a mandatory report consisting of 21 questions based on quality of care and what each organisation was like to work for. The final results were expected imminently, but Dr Tolcher was pleased to report initial positive findings: a 5% increase in the number of staff feeling confident to raise concerns. Dr Tolcher stated that this increase was remarkable given that the Trust already scored higher than average. A slightly more disappointing finding was a 3% decrease in the number of staff recommending the Trust as a place to work – 66% compared to 69% last year, however it was still reassuring that this figure was above the national average of 57% and Dr Tolcher looked forward to receiving detailed analysis of the figures shortly.

Mrs Dodson thanked Dr Tolcher for her update and opened up questions from the floor.

Dr Scott asked how the finance shortfall was impacting on the STP.

Dr Tolcher confirmed there was a complete freeze on capital spending in the NHS at the current time; the Trust had some developments on hold however, it was too early to provide any additional information at this stage.

A member of the public asked for clarification on bed management and Dr Tolcher confirmed this remained a challenge with difficulties moving patients back home or on to other care providers.

Mr Doveston asked, at this early stage with the STP, did the Trust see areas of vulnerability for Harrogate and had there been any reduction in services.

Dr Tolcher stated that a key objective for the Trust was to ensure clinical and financial sustainability. The aim in working with other acute trusts was to offer better value and better outcomes for patients. The NHS Five Year Forward View focussed on three gaps: closing the care and quality gap, closing the health and wellbeing gap, and closing the funding and efficiency gap. Dr Tolcher confirmed that health professionals across West Yorkshire and Harrogate were already engaging with local people regarding stroke services across the area and how these could be improved further whilst making the most of latest technology, staff skills and maximising the best outcome following a stroke. This engagement work was being supported by Healthwatch and would initially take six weeks. She explained that it was important for people to understand that stroke services would not disappear in Harrogate but if patients were transferred to a specialist unit quickly, this could provide the best outcome for that patient.

Mrs Hill asked if this would mean patients being moved to another area for stroke services. Dr Tolcher confirmed there was local tension regarding access to local services. The number of people having a stroke was expected to increase in the future and evidence showed the care people received in the first few hours could make a difference to how well they recovered. This included receiving specialist treatment in sustainable and resilient hyper acute stroke units which could mean that patients may be taken a longer distance to receive such treatment. Ongoing rehabilitation should however be provided at locations closer to where people live. Consultation would follow the initial engagement and the Trust would continue to provide an acute stroke service in the short-term.

Miss Eddleston commented that, on a recent visit to the Emergency Department, and despite it being very busy, she was pleased that every member of staff acted in a caring and professional manner and the department appeared calm. She confirmed she would be writing to Mrs Foster and Dr Tolcher to praise the staff involved and she acknowledged the importance in recognising staff working in difficult conditions. She did however express concern for patients coming into the department on their own and asked how they could be supported to go home.

Dr Tolcher thanked Miss Eddleston for her valuable feedback and confirmed the Emergency Department team would be very pleased to receive her thanks. She expressed that the team wouldn't want anyone to be alone for any length of time whilst in the department, but this could happen at busy times. When well enough to leave the department and go home, people often relied on family and friends, as transport was not available to everyone. Staff would not knowingly let people go home alone and frightened late at night and they would support anyone, as much as they could, if this was the case.

Dr Scott commented on Dr Tolcher's slide regarding the initial findings from the National Staff Survey and wondered if Staff Governors could assist in the future with specific findings. Dr Tolcher confirmed the vast majority of staff had recommended the Trust as a place to work however, as the Trust provided services across a wide area staff may not chose to receive treatment here if they lived further afield. Mr Marshall and his team would be looking into the final results in greater detail.

There were no further questions in relation to Dr Tolcher's presentation.

10. Question and Answer session for members of the public and Governors

Mrs Dodson moved to the tabled questions submitted prior to the meeting and during the break.

Ms Cressey, Staff Governor, had submitted the following comment:

"I would like to be assured that the Trust is being paid for treatment for overseas visitors and this is not impacting on the financial balance."

Dr Tolcher confirmed the Trust had a policy under development and the Trust did recover costs wherever possible.

Mrs Edgar, Staff Governor, had submitted the following comment which Mrs Dodson read out in her absence:

"I would like an update on how the community care teams are developing and if we think some of the increase in unscheduled admissions might be attributed to the changes in community care and particularly the loss of the community matron role."

Mrs Foster confirmed there hadn't been an increase in non-elective admissions but a significant increase in the number of referrals to the Community Specialist Nurses. The Directorates were looking into this in further detail and would be keeping admissions under review in order to take action early if avoidable admissions occurred.

Dr Tolcher referred to her presentation and added that there had been an upward spike relating to winter pressures, but prior to this, numbers had gone down.

Mrs Margerison, Staff Governor, had submitted the following question which Mrs Dodson read out in her absence:

"Can the Board assure us that there is a strategy in place for managing patients with long-term conditions within the New Care Model? I would also like to seek assurance that End of Life Care management in the community is being addressed as a priority in view of the Care Quality Commission report last year."

In response, Mrs Foster confirmed the Trust was not commissioned to provide end of life care in the community. The Trust are commissioned to provide Specialist Palliative Care Nurses in the community who provide advice, care and treatment for patients with specialist palliation needs. The End of Life Working Group is working closely with external stakeholders to improve EOLC across Harrogate and the wider district.

Dr Scott, Staff Governor, had submitted the following comment:

"I would suggest Governors seek assurance regarding the major investment in a Trust wide IT system"

Mrs Dodson asked Mr Thompson to address this item.

Mr Thompson confirmed this was a hugely complicated area and the Board accepted that a good Information Technology system was critical as the Trust moved forward. The Board had considered and approved the IT Strategy recently which focussed on a robust IT infrastructure including both hardware and software. Mr Thompson referred to Dr Tolcher's presentation earlier and expressed the importance of an electronic patient record to save duplication of data and multiple log-ons. He confirmed that Non-Executive Directors had met in May 2016 to understand the electronic patient record in finer detail and the risks associated with a large transitional programme. Non-Executive Directors were assured that the Board was managing associated risks effectively through Board meetings, Committee meetings and audit, and they had confidence moving forward.

He added that, following recent media regarding cyber security, KPMG had recently presented to the Board and he was reassured that the IT team were confident.

Mr Treece, Public Governor, had submitted a similar question prior to the meeting and was satisfied that Mr Thompson's response had addressed this.

Miss Eddleston, Public Governor, had submitted the following question:

"There seems to be fewer podiatry clinic appointments in Ripon yet patients are unaware as to the reason this should be so. Special concern for diabetics attending, normally every three months, yet being seen every six months or longer. One elderly lady had reported not being seen for over 12 months for her foot care."

Dr Tolcher stated that it was important to emphasise there was no 'normal' podiatry follow up for people with diabetes, each person had individual requirements and these could vary from weekly to annually dependent on the foot condition. She was pleased to reassure Governors that the number of Podiatry clinics had not reduced, compared to last year, with ten clinical sessions per week at Ripon using the one room to full capacity. The service however, was seeking additional space.

A member of the public asked for an update on the situation with the Royal Voluntary Service (RVS) café on the ground floor in Harrogate District Hospital.

Dr Tolcher confirmed the seven-year lease for the RVS coffee shop at Harrogate District Hospital would come to an end on 30 June this year. Options had been explored to build on the existing high quality service for all the patients and public who visit the hospital including, enhancing the range and quality of food and drinks provided as well as extending the opening times to include weekends. There would be a complete refurbishment of the coffee shop area which was expected to re-open in the autumn. This would be a Trust-run service with volunteers supporting paid members of staff.

Dr Tolcher confirmed the RVS volunteers were part of the Trust's valued volunteer community and hoped they would continue to be associated with us.

There were no other questions and Mrs Dodson moved to the next item on the agenda.

11. Non-Executive Directors' Feedback: Update on involvement in the Annual Plan for 2017/18 and two year Operational Plan

Mrs Taylor, Chair of the Finance Committee, confirmed it was the role of the Committee to spend time looking at the finer detail of the plan. They had looked at all assumptions, levels of activity income, growth in services and population, and income and contractual arrangements with Clinical Commissioning Groups. The Committee understood system risks and investment challenges in capital infrastructure as Dr Tolcher had summarised in her presentation. She commented on how the plan reflected the STP landscape and how the Committee kept a close eye on the highest risks on the Risk Register. She was confident that any issues would be picked up and the Committee fully supported the two year Operational Plan.

There were no questions for Mrs Taylor.

12. Any other business

There were no further items of business and therefore Mrs Dodson closed the meeting. She thanked everyone for attending and confirmed the next meeting would take place on Wednesday, 3 May at 5.45pm at a venue to be confirmed.

* Post meeting note – change of date for the meeting to ratify the appointment of the new Chair.

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