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Harrogate and District NHS Foundation Trust

The meeting of the Board of Directors held in public will take place on Wednesday 26 July 2017 Boardroom, Harrogate District Hospital, HG2 7SX

Start: 9.00am Finish: 12.30pm

	AGENDA		
Item No.	**Item**	**Lead**	**Paper No.**
9.00am – 10.50am			
1.0	**Welcome and Apologies for Absence** *To receive any apologies for absence:* *Mrs Maureen Taylor*	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 28 June 2017** *To review and approve the minutes*	Mrs S Dodson, Chairman	3.0
4.0	**Review Action Log and Matters Arising** *To provide updates on progress of actions*	Mrs S Dodson, Chairman	4.0
Overview by the Chairman		Mrs S Dodson, Chairman	-
5.0	**Report by the Chief Executive Including the Integrated Board Report** *To receive the report for comment*	Dr R Tolcher, Chief Executive	5.0
6.0	**Report by the Finance Director** *To receive the report for comment*	Mr J Coulter, Deputy Chief Executive/ Finance Director	6.0
6.1	**CIP Quarterly Update** *To receive the report for comment*	Mr J Coulter, Deputy Chief Executive/ Finance Director	6.1
10.50am – 11.00am – Break			
11.00am – 12.30pm			
7.0	**Report from the Chief Operating Officer** *To receive the report for comment*	Mr R Harrison, Chief Operating Officer	7.0
8.0	**Report by the Director of Workforce and Organisational Development** *To receive the report for comment*	Mr P Marshall, Director of Workforce & Organisational Development	8.0
9.0	**Report from the Chief Nurse** *To receive the report for comment*	Mrs J Foster, Chief Nurse	9.0

10.0	**Report from the Medical Director** *To receive the report for comment*	Dr D Scullion, Medical Director	10.0
10.1	**Guardian of Safe Working Hours Quarterly Report** *To receive the report for comment*	Dr D Scullion, Medical Director	10.1
11.0	**Oral Reports from Directorates** *11.1 Planned and Surgical Care* *11.2 Children's and County Wide Community Care* *11.3 Long Term and Unscheduled Care*	Dr K Johnson Clinical Director Dr N Lyth, Clinical Director Mr A Alldred, Clinical Director	- - -
12.0	**Committee Chair Reports** *To receive the report from the Quality Committee meeting held 7 June 2017*	Mrs L Webster, Non-Executive Director / Quality Committee Chair	12.0
13.0	**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	
13.1	**Third Party Schedule** *To receive a list of those Third Parties with which the Trust has a duty to co-operate*	Mrs Sandra Dodson, Chairman	13.1
14.0	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs S Dodson, Chairman	-
15.0	**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

July 2017

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors' meeting held in public on
Wednesday 28 June 2017 9.00am in the Boardroom at Harrogate District Hospital.

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

In attendance:
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
Mrs Katherine Roberts, Company Secretary (minutes)

1.0 Welcome and Apologies for Absence

Mrs Dodson noted that there were no apologies for absence.

Mrs Dodson welcomed observers to the meeting, this included Mr Paul Widdowfield (Communications and Marketing Manager), Jane Hedley (Public Governor), Chris Mannion (Associate Director Workforce Transformation), Tracey Campbell (Head of Nursing – Long Term Conditions and Urgent Care) and Tammy Gotts (Matron, Long Term Conditions and Urgent Care).

2.0 Declarations of Interest and Board Register of Interests

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

3.0 Minutes of the meetings of the Board of Directors on 31 May 2017

The draft minutes of the meetings held on 31 May 2017 were approved with the following amendments.

- Paragraph 6.9 “great collaboration” should have read “greater collaboration”.
- Paragraphs 6.13 and 9.2 “Mr Nicolas” should have read “Mr Nicholas”.
- Final sentence of paragraph 7.7 amendment to read “Alternative delivery models would be explored.”
- Paragraph 14.1 reference to Emergency Department in the final sentence was to be replaced with “Endoscopy”.
- Section 15.1, in the resolution approved replace reference to “Quality Committee” with “Finance Committee”.

APPROVED:
The Board of Directors approved the minutes of the meeting held on 31 May 2017 as an accurate record of proceedings.

4.0 Review of Action Log and Matters Arising

4.1 Completed actions were noted. In addition an update was provided regarding a number of outstanding actions.

4.2 It was noted that actions 11, 12, 13, 16 and 25 would addressed at the Board Strategy day on 20 July 2017.

4.3 Dr Kat Johnson provided an update on action 15. She confirmed a review had been undertaken of ophthalmology patients seen between 1 April 2011 and 31 March 2017 who could have be lost to follow up, there were only 45 patients left to review. She noted the large number of patients (2214) included within this cohort and paid credit to the staff who had reviewed each case. It was acknowledged that going forward the Trust would need to ensure safety processes were robust for all specialities.

4.4 A debate followed regarding whether this action could be closed. It was noted that the issue is included on the Trust’s Corporate Risk Register. Mr McLean expressed concern that there remained a risk patients could be lost to follow-up, therefore the action should not be closed. He asserted that adequate evidence was required before the action would be complete. Dr Scullion said the task detailed in the action log was to complete a review of patient notes, this had been completed therefore the action could be closed. He agreed that assurance must be provided that patients could not be lost to follow up again.

4.5 Dr Johnson provided reassurance about the actions taken to avoid any future patients being lost to follow up; all staff were trained to ensure all patients have an outcome, cash-up sheets are completed, all patients are given information leaflets with contact details if they experience any problems, and the Trust’s Access Policy has been updated to reflect new practices.

4.6 Dr Tolcher suggested there were two elements to the action; firstly the action included on the Board of Directors action log was to undertake review of patients, this was now complete. The second aspect was for all directorates to complete recovery and assurance work. This continued to be addressed within the directorates and was recorded on the Corporate Risk Register which was reported to every Board meeting through the Chief Executive report. Mrs Taylor noted that a follow up audit was scheduled Internal Audit later in the year. Mrs Dodson concluded by confirming she agreed that the action was closed, and it was appropriate that further assurance about actions to mitigate the risk should be sought via the Audit Committee, this would be provided when the report

was received from Internal Audit. Mr McLean expressed his unhappiness and asked that his concerns be noted about this course of action.

4.7 Actions 18, 24, 43, 44 and 45 were complete.

4.8 Action 33; Dr Scullion confirmed that he would provide feedback to the July meeting of the Board.

4.9 Mrs Taylor noted action 46 would not be completed until December 2017 when the next Finance Committee self-assessment was planned to a take place.

4.10 Mrs Dodson noted how important it was for the Board action log process to be robust and for gaps to be closed in a timely manner.

4.11 There were no other matters arising.

APPROVED:
The Board of Directors agreed actions 15, 18, 24, 43, 44 and 45 were closed.

Overview by the Chairman

Mrs Dodson explained the meeting would focus on the Trust's current financial position with particular reference to forecasting of income, expenditure and Cost Improvement Plan (CIPs). The organisation's vision, mission and strategic objectives were to deliver high quality sustainable services. High quality services are an essential priority for the Board, but the meeting would focus on financial issues because this was necessary in order to achieve quality; finance and quality were always inter-linked.

In order to allow sufficient time for thorough debate about the financial position each of the director reports would be taken as read with an opportunity for members of the Board to ask questions.

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

5.1 The report had been circulated in advance of the meeting and was taken as read. Dr Tolcher explained she would focus on the Trust's financial performance, noting that finances are inextricable linked to the quality of care an organisation can provide. In addressing the financial position the board would not sacrifice care quality.

5.2 Dr Tolcher explained the drivers for the variance from the financial plan were income, expenditure and CIP performance. At month two the Trust had a £2.2m deficit against small forecast deficit, the position was £2.1m adverse of plan. As a result the NHS Improvement indicator for use of resources had reduced from a two to a three risk rating, the Trust would therefore flag on the regulator's radar because the organisation had not performed as it should have done. Dr Tolcher confirmed she did not expect the Trust would receive Sustainability and Transformation (S&T) funding at the end of quarter one.

5.3 It was reported the director team had undertaken granular level analysis to tease out which issues were one off items and which were fundamental to the Trust's run rate. Dr Tolcher confirmed she did not believe the situation was irretrievable and the organisation could get back on plan in future quarters.

5.4 Months one and two had seen adverse income and expenditure levels. Furthermore a CIP risk had crystallised; the £1m CIP for Long Term and Urgent Care (LTUC) was rag rated as red. This had been predicated on reducing bed numbers to achieve efficiencies but issues in the first two months had meant that reducing beds was no longer credible. There had been an increase in non-electives and an unexpected change to case mix. Work would be undertaken to ascertain whether this was a genuine change in acuity of patients or the result of a change in how activity had been coded.

5.5 The £1m CIP for LTUC had therefore been removed and substituted with a reduced CIP. The remaining savings had been reallocated as CIPs across the organisation. In identifying these new savings Dr Tolcher confirmed her focus would be on areas of absolute certainty.

5.6 The nursing establishment paper presented to the Board had been prepared when it had become apparent that regular levels of staff rotas in LTUC were above establishment; this additional staffing was required to maintain care quality. A thorough process had been followed to assess foreseeable clinical needs and the associated foreseeable beds which would need to be open. The report therefore sought approval for a recurrent adjustment to establishment for these inpatient areas. This change would require new resource, but would go some way to mitigating the Trust's financial position, because the revised budget was lower than the level of overspend of the past year. Approval of the proposal would enable the Directorate to provide the right level of staff at an appropriate level; moving forward budget managers would be held to account.

5.7 Dr Tolcher highlighted details included in the report about actions to address the financial position, this included productivity in theatres, strong vacancy controls and re-forecasted directorate CIPs.

5.8 It was reported there remained a £2.2m gap to close and there was an additional £1m CIP to be identified. A £1.2m unmitigated risk would be apportioned to directorates. Dr Tolcher confirmed that any additional CIP schemes would follow the usual process including a Quality Impact Assessment.

5.9 It was noted that the Chief Operating Officer report provided detail about actions being taken to recover elective income, this would include the appointment of an orthopaedic locum. Dr Tolcher acknowledged that this issue had been discussed for a long time. Demand from elective referrals had outstripped the capacity of the team, the Trust was therefore dependent on orthopaedic surgeons working above job plans at premium rates. A locum would be appointed at plain time rates while a recruitment process was launched to appoint a substantive consultant.

5.10 Dr Tolcher explained that changes to general surgery on-call arrangements, referred to as 'consultant of the week' had reduced productivity more than had been expected. The model was currently being reviewed in order to address this situation.

5.11 Consideration had been given to strengthening controls on professional leave for consultants. In future this would not be granted if it was at the detriment of clinical work, and would need to be part of SPA time as detailed in the consultant contract.

5.12 Dr Tolcher reported work to assess whether changes to coding had been a factor in reduced levels of income. The tariff formula had changed at the start of 2017/18, it was

noted other providers have also seen a larger than anticipated impact on income. The coding team would spend time on ward rounds to ensure the right clinical information was being recorded.

5.13 In summary Dr Tolcher concluded that at month two the Trust had an adverse variance of £2m and an emerging £1m CIP risk which needed to be delivered. Recommendations about nursing establishment levels, which would partially mitigate this situation, were presented for approval. She expressed a view that the financial situation was recoverable and a variety of scenarios were being worked on to ensure the 2017/18 plan could be delivered in totality.

5.14 Mrs Dodson suggested the Chief Executive and Director of Finance reports were taken together in order that all the issues could be debated by members of the Board.

5.15 Mr Ward expressed concern that the financial position was not recoverable, he noted the deficit was £2.2m, this was the biggest in-year deficit the organisation had ever had. The situation was very challenging and members of the board would need to consider what could be achieved month by month.

5.16 Mr Coulter drew attention to page six of his report: 'recovery plan'. The 2017/18 plan had been for a surplus of £5.9m, if S&T funding was removed this would fall to a £2.1m surplus. If the financial plan was reforecast based on current run rates the year end position would be a deficit of £5.9m, this would be an overall variance to the plan of £11m. If S&T funding was removed the variance would be £8m from plan.

5.17 The impact of non-recurrent issues in month one was noted, if these were removed the year-end forecast position would improve.

5.18 Mr Coulter explained the report detailed a range of recovery plan actions to improve the Trust's run rate. With regards to income improvements there would be a review of case mix to ensure coding had captured all activities that should have been recorded. The appointment of a locum orthopaedic consultant from September 2017 would improve the position by £250k. Revisions to the general surgery model from September would improve the run rate by £150k. Measures to improve theatre productivity were expected to bring benefits of £500k. The changes planned to management of professional leave management would recover £500k. Finally Mr Coulter noted that agreement for the Trust to access Wharfedale hospital for additional sessions would contribute an additional £250k.

5.19 Focusing on expenditure Mr Coulter highlighted actions related to nurse and theatre staffing which would provide savings against the current run rate of £800k and £160K respectively. Agency premium reduction, enacted by establishing the Trust's own internal bank in autumn 2017, would improve the run rate by 100k. Returning community services to contracted levels would contribute £100k. Finally £40k had been identified from opportunities from collaboration with the West Yorkshire Association of Acute Trusts (WYAAT).

5.20 Mr Coulter confirmed a Quality Impact Assessment process would be completed, where appropriate, for all the actions he had described.

5.21 Other items were detailed including the release of board contingency, capitalisation, a potential Alterative Service Delivery Model (ADSM) opportunity; annual

leave accrual and other financial provisions were noted.

5.22 It was noted that taking into account all the actions and opportunities outlined, the Trust could achieve a £896k surplus, therefore the 2017/18 financial plan would not be delivered.

5.23 The risk of a failure to achieve £1m LTUC CIP would be addressed by increased CIP targets for all directorates, the balance figure would be distributed between all four directorates within the next few days. Mr Coulter noted that it would be essential that revised CIP targets were deliverable and incentives were right for budget holders.

5.24 In conclusion Mr Coulter acknowledged that there were a large range of potential outcomes, best case a surplus and worst case a deficit of £6m. It would be essential that actions on the recovery list were delivered. In a worst case scenario the Trust would need to manage the cash position tightly and review the planned capital programme.

5.25 Mrs Dodson reminded directors to focus on what the Trust is here to do; deliver high quality sustainable services. The worst case scenario of a deficit would mean services were not sustainable and the organisation would be put into position where it would not be possible to deliver high quality services.

5.26 Mr Thompson noted the Trust was already one quarter into the year and expressed concern about increasing the CIP target at a time when there was uncertainty about achievement of the existing CIP levels. He advised the executives to consider actions the CCG may take, for example capped expenditure, and identify measures to address the impact these actions would have. Mr Thompson reflected 2018/19 would not be any easier, he therefore noted the importance of improving the run rate because this would impact on the current and also future years.

5.27 It was agreed the Board of Directors would need to hold an additional meeting in August 2017 to monitor progress.

5.28 Mrs Webster agreed the current situation was concerning, with a great deal happening externally and internally. She sought input from the Clinical Directors about their views on the situation and the proposed solutions.

5.29 Mr McLean expressed a view that in difficult times the best boards reflect on, and learn from, the lessons of history. It was important that solutions and forecasts were realistic about what could be achieved. The Board must be careful in pushing CIP onto directorates which were already struggling; in this situation he queried whether it would be realistic for the Trust to maintain a high quality of care. He reflected on financial performance during 2016/17 and suggested some of the issues identified in the last financial year were now crystallising. Mr McLean said it would be better to focus on resolving problems with income and expenditure, rather than other one-off solutions. It was important that the Trust was careful not to just chase savings and protect the organisation's pride by seeking a surplus. If it became apparent the Trust would face a deficit the Board would need to accept this and not 'strangle' the organisation to deliver a satisfactory financial outcome.

5.30 Mrs Dodson responded that as unitary board all members would need to agree the best outcome to deliver sustainable services. The Trust was amongst the few NHS organisations to make a surplus, this was the right aim but there must be reality in

identifying solutions.

5.31 Dr Tolcher confirmed that everything Mr McLean had said reflected the ongoing discussions between the executive directors. There was a focus on certainty of delivery not just a spreadsheet solution to satisfy other people. Dr Tolcher confirmed the goal was to continue to deliver safe services in a sustainable way. If the Board believed that it would be impossible to deliver sustainable safe care this would be an existential issue and the Trust would need to consider appropriate mitigation. She noted other NHS organisations were facing similar challenges, and when the Trust was benchmarked against reference costs the organisation spent less and delivered higher quality care.

5.32 Dr Tolcher asserted that although the mitigations identified were challenging, she believed they were reasonable estimates. There was a high enough level of confidence for the Board to agree to continue to deliver the plan.

5.33 Mr Ward said the seriousness of the issue was plain to appreciate. The situation was the result of issues which had arisen over a longer period of time and were apparent during 2016/17. He acknowledged that Dr Tolcher believed the situation was recoverable. It would be important for the Board to monitor progress against the revised financial forecast.

5.34 Dr Tolcher agreed it would be helpful to apply a risk adjustment methodology against the plan.

5.35 Mr Coulter noted that the Trust was required by regulators to set a stretching plan. If the Board were to decide to change the plan a regulatory process would follow which Dr Tolcher and Mrs Dodson would take forward with NHS Improvement. He confirmed he was not advocating changing the financial plan. In addition Mr Harrison noted that there would be further financial implications of a change to the financial plan, for example the Trust would not be eligible for additional A&E funding.

5.36 Mr Alldred confirmed there were dedicated senior managers in all directorates who were committed to delivering both safe care and the financial plan. It was important that there was real clarity on the issues, controls on costs and expenditure and on the areas where the Trust was not delivering on CIP. He noted 2017/18 was the first year the LTUC directorate had not delivered the CIP target. The directorate would need to make some difficult decisions, but they were assured of support, when needed, from the executive team. Although 2017/18 felt harder than previous years the LTUC team were committed.

5.37 Mrs Taylor expressed concern about planning and forecasting. Throughout 2016/17 actual performance varied significantly from forecast activity, she therefore questioned how good the Trust was at forecasting. She acknowledged that the Finance Committee had received assurance about how forecasts were developed. Although she was aware Mr Harrison and Mr Coulter had carefully considered the balance between deliverable CIP and activity forecast it appeared something had gone wrong. Mrs Taylor noted the need to maintain a focus on cash-flow.

5.38 Mr Harrison acknowledged that he held responsibility for the overseeing the activity plan. He sought to address Mrs Taylor's point about what had gone wrong with forecasting in the year to date. It did not take much for plans to be incorrect by few percentage points which would have a significant impact on income. In developing the plan there was a clear process followed which used recognised tools to take into account

demand. Mr Harrison detailed some of the specific issues in 2017/18 and committed to learning from these so that future year forecasts would be more accurate. Mr Coulter supported this approach, he reflected the plan needed careful balance, although the plan could have been more cautious on income this would have had an impact on expenditure targets. If the forecast for income was de-risked it would increase risk elsewhere. It was easier to adopt a stretch target than take out costs. The solution would be to deliver more income which the Trust had the capacity to do.

5.39 Dr Lyth said the Trust is one organisation and all directorates stand and fall as one. The Children's & Countywide Community Care directorate would therefore make their contribution to additional savings. But she cautioned that it is important to be mindful of the long game. The Trust had lots of work commissioned by organisations other than the CCG who might be suspicious that resources would be diverted away from what they had commissioned. Unless this is carefully managed there was a risk the Trust could lose future valuable business. Mrs Dodson agreed the Board must think strategically and remember income from local authorities. Mr McLean supported this point, he noted he had attended an innovation day with the Children's and County Wide Community Services directorate the previous week. It was clear local authorities held HDFT in high regard and this market was a growth area for the Trust; the Board must be careful not to de-resource one of the Trust's prime growth areas.

5.40 Dr Johnson reflected the challenges of getting the Planned and Surgical Care workforce in place and on side, especially the consultant teams. It was essential that every individual felt part of the organisation and sought to work for the good of the Trust, however on occasion 'tribalism' could get in the way.

5.41 Dr Johnson confirmed she was confident her directorate had plans in place to improve deliver the CIP target, 81% had been achieved to date. She noted that the planned and surgical care team had worked very hard and over-delivered on CIP during the last year. Although some unexpected issues had arisen, long term solutions, rather than additional resource would be the solution. She acknowledged that the executive team were always supportive and helpful. She agreed that although the position was challenging it was not unachievable.

5.42 Mrs Dodson said honest and open conversations were needed with the Trust's staff about what was required in order to sustain high quality services.

5.43 Dr Scullion acknowledged the useful and interesting comments made by the Clinical Directors. It was important to ensure the confidence of local authority commissioners was not lost through any financial actions. He agreed there were elements of tribalism within the organisation, as with all organisations, which was cultural and historic. A view was expressed that some members of the consultant workforce did not always view themselves as employees of the NHS; their motives may not therefore be aligned to the organisation's objectives. Dr Scullion noted the key impact senior clinicians would have in securing the long term sustainability of the Trust. Although many people attend work and do their best there are pockets of disengagement, and an increasing number of clinicians were becoming disengaged as they see marginal losses and their working environment getting worse. Attempts would need to be made to explain the seriousness of the current situation to the consultant body, the message would need to be clear and simple, the Trust had never been in the position before and unless action was taken it would become irrecoverable.

5.44 Mrs Foster provided a nursing and allied health professional perspective. She noted all the workforce were striving to deliver quality care. They saw that the reliance on temporary staff could undermine the Trust's position, however the environment in which the Trust currently operated provided a harsh reality about what workforce could be recruited. The Board must support staff to prevent harm and deliver the care they want to.

5.45 Mrs Webster sought further information about new business opportunities. Mr Coulter confirmed there were opportunities coming along which could have a positive impact in future years.

5.46 Mrs Dodson noted the importance of achieving a surplus for the Trust to be sustainable..

5.47 Mr Coulter noted actions outlined to bring financial efficiency and quality for patients. He reported demand for healthcare would continue to grow both inside and out of hospital, if this work could be delivered it would be a 'win win' position for income and patient benefit.

5.48 Dr Tolcher provided a short summary of the Board's debate. It had been reaffirmed that the organisation's mission was unchanged; to provide safe sustainable care and continue as a going concern. The 2017/18 plan was to make an operating surplus of £2.1m, one percent of turnover, however the year to date position was a deficit. Members of the board had explored the mitigations put in place, and following the meeting these would be risk assessed and a further analysis would be presented to the meeting in July 2017. At this point £1.2m had not been mitigated; around 0.5 percent of turnover.

5.49 Dr Tolcher said the Board debate had been a very helpful conversation. There was a need to be realistic when allocating new CIPs. She noted Dr Johnson had given an insight into cultural tribalism within the Trust, however it was key all clinical leaders had a role and teams themselves must become problem solvers. There was reported to be a determination to achieve and a will to be successful within the executives and the directorates. The debate had offered reassurance on actions and mitigation but Dr Tolcher noted this needed to move into positive assurance through a risk based process.

5.50 Looking to future years, in the context of sustaining the Trust as a going concern, financial strength would come from growing the market offer for local authorities. It was important to promote the Trust's position, and ensure nothing was done in haste in-year which would compromise this position. Dr Tolcher acknowledged that there was a growing realisation the most profitable work of district general hospitals had altered due to tariff adjustments and eroding margins, and this reduced the ability to cross-subsidise areas of work that cost more than the income received.

5.51 Although it had not been discussed during the meeting Dr Tolcher noted the external options available to the Trust from acute collaboration. The Board's strategy day on 20 July 2017 would provide an opportunity for directors to consider the Trust's income profile and areas of financial opportunity.

5.52 In conclusion Dr Tolcher confirmed that she did not recommend changing the 2017/18 financial plan.

5.53 Mr Thompson noted the NHS can look to other regulated sectors for parallels. He noted that the Trust had considered all of the areas already explored by the higher

education sector he was therefore assured that the plan was on the right track.

5.54 Mr Marshall reflected on growth in the agency market and emphasised the need for the Trust to drive different solutions such as development of an internal bank. Mr Marshall noted the important of communication and engagement with staff. Mr Alldred agreed, the Board's debate on the financial challenges was different from the usual debate at Board meetings, it would be powerful for staff to hear about this in a way which would emphasise the importance and pull the organisation together. Mr McLean agreed that the Board should not overestimate how much more could be asked for from staff. Following a meeting with the staff governors it was clear staff were getting more disenchanted.

APPROVAL:
The Board of Directors noted the strategic and operational updates.
The Board of Directors noted progress on risks recorded in the BAF and Corporate Risk Register and confirm that progress reflects the current risk appetite.

ACTIONS:
- **Financial plan to be risk assessed and be re-presented to Board meeting in July 2017.**
- **A meeting of the Board of Directors would be held in August 2017.**

6.0 Report by the Finance Director

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

6.2 Further to the agenda item regarding funded nursing establishment levels, Mr Marshall confirmed that his team were working on safeguards to ensure that local amendment to rosters would not happen again.

APPROVED:
The Board of Directors received and noted the contents of the finance report.

7.0 Integrated Board Report

7.1 The report had been circulated in advance of the meeting and was taken as read. Mrs Dodson invited comments and questions

7.2 Mrs Webster sought further information about the decline in performance against the 62 day cancer wait target. Mr Harrison noted that performance often dipped in the post winter period due to inpatient activity. He provided details of headline reasons why patients had not been treated; capacity at Leeds Teaching Hospitals Trust (urology), delays at York Teaching Hospitals Trust (head and neck), patient choice to wait and diagnostic capacity at HDFT. Due to workforce issues the Gastro-Intestinal pathway was struggling to deliver plans which had impacted on diagnostics and follow up appointments. Mr Harrison provided reassurance that performance had improved during June 2017.

7.3 Dr Tolcher noted there was a continued focus at regional level on performance against cancer targets. She noted changes to the way performance would be recorded were currently being shadow reported. Mrs Webster sought further information about why there were two forms of measurement. Mr Harrison explained this was a change encouraged by the national team, he noted performance reporting against targets would

soon move to West Yorkshire level.

7.4 Mr Thompson referred to recent discussions at the Quality Committee about the apparently low level of incident reporting. Although reporting levels had increased the Trust's benchmark position had not improved. Mrs Webster outlined an ongoing two year piece of work which would seek to improve the Datix system and encourage a culture of reporting. Mr McLean noted the Trust's assumption there must be more incidents that were not being captured, he expressed a view that this could be a false assumption. Dr Tolcher explained when compared with peer organisations the HDFT ratio of incident reporting was not as good as in 75% of other organisations; the profile of incidents therefore suggests the Trust is under reporting.

7.5 Mrs Foster drew attention to the improved performance on infection control. Members of the board acknowledged this decline in Clostridium-difficle infections and expressed thanks to everyone involved in improving the Trusts response.

APPROVED:
The Board of Directors received and noted the contents of the report.

8.0 Nursing Establishment

8.1 Dr Tolcher noted she had already described the rationale for presentation of the proposal. She invited questions or points of clarification but there were none.

8.2 The proposal to increase the nursing establishment within the Long Term & Unscheduled Care (LTUC) Directorate was approved. Option four was selected; to increase funded establishment to the proposed rosters, reduce bed closure programme and seek an alternative CIP delivery.

8.3 The proposal would be subject to the completion of a satisfactory Quality Impact Assessment.

APPROVED:
The Board of Directors approves option 4, subject to the completion of a satisfactory Quality Impact Assessment.

9.0 Report from the Chief Operating Officer

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

9.2 Mrs Dodson drew attention to a preliminary report from Picker which had ranked HDFT's Emergency Department as the best performing Trust in the country in relation to the 2016 Emergency Department survey results. Members of the Board expressed their congratulations to the team. Mr Harrison noted the West Yorkshire Acceleration Zone work and primary care streaming plan had assisted the Trust in receiving £1.34m capital funding to support this work.

9.3 Mr McLean sought further information about actions to improve the Trust's performance in the Sentinel Stroke National Audit Programme. Jodie Roberts was reported to be leading a 'hot spot' review which was scheduled to be completed in August 2017. A follow up action plan would be presented to the Board meeting in October 2017.

APPROVED:
The Board of Directors received and noted the contents of the report.

ACTIONS:
- **Sentinel Stroke National Audit Programme – following completion of 'hot spot' review, action plan would be presented to the Board meeting in October 2017.**

10.0 Report by the Director of Workforce and Organisational Development to include an update on the Clinical Workforce Strategy

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

10.2 Members of the Board of Directors congratulated Mr Marshall on his award of HPMA HR Director of the Year. Mr Marshall expressed his thanks for the support he had received from his team.

10.3 Mrs Webster confirmed she had attended the Trust's quality conference. She had found it to be an excellent day, very vibrant, with good external speakers. The Board expressed their thanks for the team who had organised the Quality Conference.

10.4 Mr McLean noted interviews for a new Non-Executive Director would take place on 29 June 2017.

10.5 Mr Ward provided a short update on the Chairman recruitment. Interviews would take place on 13 September 2017. Mrs Dodson noted the advert had been sent to all of the Trust's members.

APPROVED:
The Board noted and commented on the update on matters specific to Workforce, Training and Education, Service Improvement and Innovation and Organisational Development.

11.0 Report from the Chief Nurse

11.1 The report had been circulated in advance of the meeting and was taken as read. There were no questions or comments.

11.2 Mrs Foster noted a recent patient safety visit to the Minor Injuries Unit at Selby, the findings were very positive.

APPROVED:
The Board of Directors:
- **Confirmed they were assured by the monitoring of nurse recruitment and retention and the governance process for assuring safe staffing levels;**
- **Noted the results and changes to the reporting of Director Inspections;**
- **Noted the number of decrease in numbers of complaints received by the Trust in May.**

12.0 Report from the Medical Director

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

12.2 Dr Scullion noted an increase in the Trust's HSMR ratio. In response a review of cases would be undertaken, amongst other things this would consider the quality of coding. Mr Thompson said he found the graph very helpful, he queried the identity of the outlier Trusts. Dr Scullion confirmed he was in contact with one other Trust (Yeovil) to learn from their response. Mrs Dodson noted Airedale NHS Foundation Trust were a comparator Trust.

12.3 Mr Harrison explained his view that SHMI was a better measure than HSMR; HSMR only includes 80% of hospital episodes. It was noted crude death rates continue to go down year on year.

12.4 The Board noted the sad news of the death of Dr Umesh Sharan, a former Consultant at the Trust.

APPROVED:
The Board of Directors received and noted the contents of the report.

13.0 National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Annual Report

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

13.2 Mrs Dodson thanked Mr Lavalette for joining the meeting. She noted the importance of the report and welcomed evidence of progress.

13.3 Mr Lavalette explained the report provided an overview of progress against a number of national reports. There was evidence of significant developments in many areas. Unfortunately however, other areas had not seen the desired progress, for example in relation to the Emergency & Elective Surgery in the Elderly Report it had not been possible to appoint a new consultant during 2016/17. Dr Johnson noted an interview for this post would take place in July and a locum was in place at the current time.

13.4 Mr Lavalette noted engagement had improved overall but there was still difficulty in gathering data for some reports. A new approach had been agreed which would include participation of junior doctors, it was anticipated this would improve timeliness.

13.5 Mr Lavalette reflected it had been a difficult year but the process was getting back on track. He expressed his thanks to Mike England and Sylvia Wood for their invaluable support.

13.6 Mrs Dodson noted the NCEPOD report demonstrated improvements in quality and safety for patients, this rather than the process, should be the focus. Dr Scullion noted the planned involvement of junior doctors would be very helpful.

13.7 With reference to appendix one (Elective & Emergency Surgery in the Elderly) Mr Thompson sought assurance about the intended timeline for action one, he expressed concern that September 2020 may be an error. Dr Johnson and Mr Harrison confirmed this was not an error, a staged plan running to 2020 had been developed to build this new in-reach service for care of the elderly.

13.8 Mrs Webster expressed concern that if in future reports were allocated to departments not individuals there could be reduced accountability. Mr Lavalette

confirmed there would remain a named lead, but a wider team of people could help to collect the necessary information.

13.9 Mrs Taylor noted the action plan included some dates from 2016, this would require further review to bring these up to date.

13.10 Members of the Board thanked Mr Lavalette and offered any further support required.

APPROVED:
The Board of Directors received and noted the contents of the report.

14.0 Oral Reports from Directorates

14.1 Planned and Surgical Care Directorate

14.1.1 Dr Johnson confirmed a revised plan for the consultant of the week model had been shared with consultants. Initial feedback had suggested the model was unexpectedly contentious. The final revised plan would not therefore be ready for Quality Committee in July, but members of the committee would receive an update.

14.1.2 Dr Johnson reported on a recent meeting with LTHT regarding maternity services. Both Trusts confirmed a willingness to work in partnership and look at the flow of patients between both Trusts, seeking to move more patients to HDFT in a planned way, this would help the sustainability of both Trusts' services. It was noted neither Trust had a midwife led unit. Dr Johnson explained the meeting was very positive and both organisations could see mutual benefit.

14.2 Children's and County Wide Community Services Directorate

14.2.1 Dr Lyth reported the team have reviewed paediatric outpatient services to understand and address current issues. Learning from LTUC, consideration had been given to CEASAR including engaging a middle grade to support the service.

14.2.2 Dr Lyth explained Dr Ian Cannings had commenced discussions with LTHT regarding partnership working on services for neonates. HDFT could look after babies with lower complexity, and LTHT specialised in high complexity.

14.2.3 Dr Lyth highlighted a new approach to consent forms for school immunisation; the idea was developed by a HDFT practitioner. Consent from parents for immunisations has been obtained electronically and the new approach was proven to save time and money.

14.2.4 A celebrating innovation event took place on 22 June, this was an opportunity to showcase innovation to commissioners. It was a very successful event which included short presentations from a range of localities and services for different age groups and included audience participation.

14.2.5 The North Yorkshire Children Board surveyed staff across a number of agencies to test knowledge about the correct services to refer children on to. HDFT staff performed well and achieved the highest percentage of all organisations surveyed.

14.3 Long Term and Unscheduled Care Directorate

14.3.1 Mr Alldred described feedback received from governors about concerns regarding staffing within the community team. It was acknowledged the community team were under significant pressure and there were gaps in the team. Mr Alldred explained the team were being engaged through regular dialogue and there was weekly monitoring of incidents and complaints to identify areas of risk. Furthermore there had been a number of interventions to help discharge patients. He noted levels of morale were low and this was very challenging. This would remain a real concern and the directorate would maintain close oversight of the issues. Should there be evidence of an increased risk to patient care there would be further interventions.

14.3.2 Mrs Taylor asked how long the pop-up service would continue for, Dr Tolcher explained the Harrogate Health Transformation Board had agreed resource for a period of one year, but the service would undergo regular gateway reviews. Early work had given enough confidence to continue the pop-up. The next stage of the project would focus on how to share and spread learning from the pop-up. Dr Tolcher confirmed the wider system had engaged with the pop-up model and the team included colleagues from the local authority and Tee Wear and Esk Valley Foundation Trust.

14.3.3 Mr Alldred noted the A&E department had been very busy in recent weeks, indeed the previous week had seen the highest ever attendance. Teams across the Trust had pulled together and the result was most patients had been treated within the four hour target. Reasons behind the increase in attendance had been explored, there was no evidence of a change in shift case mix and patient attending were generally unwell. Mr Harrison noted an apparent increase in attendances from North Leeds patients.

14.3.4 Mr Alldred confirmed there were ongoing conversations regarding the future of the GP out of hours service. It was anticipated the service would need to operate on a smaller financial envelope.

14.3.5 An acute oncology locum had been secured until the end of July 2017, and a second consultant would commence in post for six months from September 2017. Mr Alldred confirmed cover would be required during August 2017. The directorate was looking at other models to cover acute oncology including working in partnership with York Teaching Hospitals Trust.

15.0 Committee Chair Reports

Mrs Dodson welcomed reports from the Board's committees.

15.1 Report from the Finance Committee meeting held on 19 June 2017

15.1.1 Mrs Taylor confirmed the Finance Committee met on the 19 June 2017. The report had been circulated in advance of the meeting and was taken as read.

APPROVED:
The Board of Directors received and noted the report.

15.2 Report from the Quality Committee meeting held on 7 June 2017

15.2.1 Mrs Webster confirmed the Quality Committee met on the 7 June 2017. The report had been circulated in advance of the meeting and was taken as read.

15.2.2 The Board of Directors approved revisions to the Quality Committee terms of reference.

APPROVED:
The Board of Directors received and noted the report and approved revisions to the Quality Committee terms of reference.

16.0 Other matters relating to compliance with the Trust's Licence or other exceptional items to report, including issues reported to the Regulators

16.1 Mrs Dodson noted the self-certification to NHS Improvement of condition FT 4. Following consideration the Board of Directors confirmed the statements within the attached paper for submission to NHS Improvement.

17.0 Any other relevant business not included on the agenda

17.1 Dr Tolcher confirmed that following the Grenville Tower tragedy, all NHS organisations had been invited to review all inpatient areas. Dr Tolcher reported she was satisfied all fire risk assessments were up to date.

17.2 Mr Harrison provided a statement released by the Trust :

"With respect to the immediate concerns around external cladding to inpatient areas HDFT do not have any areas of significant risk or concern. Fire risk assessments are in place and fire compartmentation is part of an ongoing annual work plan. Liaison with the North Yorkshire Fire and Rescue Service will be progressed." .

17.3 It was agreed assurance would be provided to the next meeting of the Board regarding the other 170 sites occupied by the Trust in order to safeguard patient care and staff.

ACTIONS:
- **Assurance to be provided to July meeting of the Board that fire risk assessments are up to date for all sites occupied by the Trust.**

18.0 Board Evaluation

Mrs Dodson noted this had been a different meeting to usual with a single item dominating the agenda.

Mr Harrison agreed it had been important the Board focused on the Trust's finances. He expressed a view that he was pleased to work in an organisation which valued quality and patient care, not just finance. Finance was important for the benefit of the services the Trust provides.

Mrs Webster said she was pleased she had been able hear from the Clinical Directors.

Mr Alldred reflected the debate had been fair and helpful, he would be able to share details with his team.

19.0 Confidential Motion

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

The Board agreed the motion unanimously.

The meeting closed at 12.40pm.

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NHS
Harrogate and District
NHS Foundation Trust

HDFT Board of Directors Actions Schedule as at July 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
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
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	Complete – included at Board to Board on 31 May 2017
Update on the standardised readmissions	Mr R Harrison, Chief Operating Officer	February 2017	Complete – included in Chief Operating Officer report in May 2017
Submission of a Research and Development Strategy for Board comment	Dr A Layton - Associate Director for Research	January 2017	Complete – provided in April 2017
A report on absconding patients to be brought back to the Board after review by SMT.	Mrs J Foster, Chief Nurse	April 2017	Complete – included within Chief Nurse report May 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	Complete – included in Chief Operating Officer report in May 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	Complete – approved by the Board in May 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	Complete – letter was sent in April 2017
BAF to be reviewed in order to ensure the risk of cyber-attacks was appropriately reflected.	Mr R Harrison, Chief Operating Officer & Katherine Roberts, Company Secretary	June 2017	Complete –BAF reviewed during June 2017, no amendments were required

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
Views would be sought from the Director of Infection Prevention and Control about suspending the rolling programme of additional deep cleaning during 2017/18	Dr R Tolcher, Chief Executive	June 2017	Complete – meeting held 1 June 2017
Consider the Trusts financial position in further detail and consider the format of the finance report (including a rolling forecast).	Finance Committee	June 2017	Complete – discussed at meeting on 19 June 2017
Update Board on progress with EDS2 action plan (11.10)	Mrs J Foster – Chief Nurse	January 2017	Complete – Board received an update in 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	Complete – matters considered in detail at Board development day in March 2017
Additional information on learning from cases of C. Diff and associated action planning during 2015/16 to be included in the annual report (6.3)	Mrs J Foster, Chief Nurse	February 2017	Complete June 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	Complete June 2017 – reported in May Quality Committee report
Review measures to ensure safer staffing levels were better linked to levels of ward activity	Chief Nurse, Jill Foster	June 2017	Complete June 2017
IBR would be amended to ensure that future reports would only include validated data for Children's services measures	Mr R Harrison, Chief Operating Officer	June 2017	Complete June 2017
Provide feedback to the Board following the 'Getting It Right First Time' meeting on 22 June 2017.	Dr Scullion, Medical Director	June 2017	Complete June 2017
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	Complete June 2017
Further update on progress of the Care of Frail Older People Strategy (11.2.3)	Mr A Alldred, Clinical Director	May 2017	Complete July 2017, part of Board Strategy Day on 20/07/2017
Update on the programme of work to reduce hospital admissions (9.3)	Mr A Alldred, Clinical Director	May 2017	Complete July 2017, part of Board Strategy Day on 20/07/2017
Update on progress of internal and system wide work to improve discharge	Mr R Harrison, Chief Operating Officer	May 2017	Complete July 2017, part of Board

Item Description	Director/ Manager Responsible	Date of completion/ progress update	Confirm action Complete
planning to *Board Strategy Day* (7.4)			Strategy Day on 20/07/2017
• 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	May 2017	Complete July 2017, part of Board Strategy Day on 20/07/2017
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	Complete July 2017, part of Board Strategy Day on 20/07/2017
Board strategy day to include consideration of the Board's vision for the future Trust and a focus on ways to drive up productivity within the organisation	Dr R Tolcher, Chief Executive	July 2017	Complete July 2017, part of Board Strategy Day on 20/07/2017
A meeting of the Board of Directors would be held in August 2017.	Mrs S Dodson, Chairman / Mrs K Roberts, Company Secretary	August 2017	Complete –meeting of the Board to be held in private scheduled for August 2017
Research succession plan to be presented to the Board	Dr R Tolcher, Chief Executive	July 2017	Complete – details included in Medical Director report July 2017

Harrogate and District NHS Foundation Trust

HDFT Board of Directors Actions Schedule – Outstanding Actions as at July 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	September 2017	**Deferred until September**
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	July 2017	**As part of IBR review, see action 26.**
26	February 2017	IBR to be reviewed by a small group post April 2017.	Mrs S Dodson, Chairman	July 2017	**Group to review IBR established.**
36	May 2017	Explore option to include WHO checklist within new theatre dashboard.	Mr Coulter, Director of Finance	July 2017	
37	May 2017	Consider how the Integrated Board Report would capture improved efficient within theatres	Mr Coulter, Director of Finance & Mr R Harrison, Chief Operating Officer	July 2017	**Linked to action 26.**
38	May 2017	Review KPIs included within the Integrated Board Report.	Non-Executive Directors, Mr Coulter, Director of Finance & Mr R Harrison, Chief Operating Officer	July 2017	**Linked to action 26.**
46	May 2017	During the planned Finance Committee self-assessment, consideration would be given to the committee's terms of reference and ensuring an appropriate balance of focus on short term financial management and longer term strategic issues	Mrs Maureen Taylor, Chair – Finance Committee	December 2017	
.	June 2017	Financial plan to be risk assessed and be re-presented to Board meeting in July.	Mr Coulter, Director of Finance	July 2017	
49	June 2017	Sentinel Stroke National Audit Programme; following completion of 'hot spot' review, action plan will be presented.	Mr R Harrison, Chief Operating Officer	October 2017	

50	June 20`17	Assurance to be provided to July meeting of the Board that fire risk assessments are up to date for all sites occupied by the Trust.	Mr R Harrison, Chief Operating Officer	July 2017	**Partially complete** **Details included in Chief Operating Officer report; assurance awaited from NHS Property Services.**

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Report to the Trust Board of Directors: 26 July 2017	**Paper No: 5.0**
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:

- Financial performance continues to be a high risk to the Trust, with the June position reported as a £613k deficit. This has resulted in a year to date deficit of £2,836k, £3,104k behind plan.
- Operational performance remains strong. The Trust achieved all four operational standards in the NHS Improvement (NHS I) Single Oversight Framework in Quarter 1. Compliance with the Emergency Department (ED) 4 hour standard remains good at 97% for the month.
- Our Safety Thermometer Harm Free Care score improved to 95.6% this month. Provisional performance for the 62 day cancer standard is now above the required 85%.
- One serious incident was reported in month.

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 Measures to reduce delays for people moving from hospital to social care

On 3 July 2017 the Secretary of State for Health, Jeremy Hunt, announced a package of measures to support the NHS and local government in reducing delays for people being discharged from hospital to local social care services. The measures announced include local authorities agreeing with local NHS organisations on the contribution they will make to reduce the number of delayed transfers of care in their local areas. In addition the Integration and Better Care Fund planning requirements for 2017-19 were announced. Furthermore performance dashboards will be published showing how health and social care partners in every local authority area in England are performing against a number of metrics.

North Yorkshire County Council has identified its investment priorities for the additional funds and will be seeking approval for these at the North Yorkshire Health and Wellbeing Board on 21 July 2017. This includes measures to support the local care home sector, and further roll out of Discharge to Assess. The Harrogate A&E Delivery Board is the main forum for agreeing local measures and implementation of these plans and we are working with partners to secure benefits as soon as possible.

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 Chief Executives met on 5 July 2017, it has been recognised that there is a need to develop a Clinical Strategy for WYATT; Chief Executives will consider this further at workshops planned during August and September 2017. The pharmacy supply chain case for change was approved for presentation to the Committee in Common for decision in August. A copy of this report is included on the private agenda for the Board of Directors meeting on 26 July 2017. The Chief Executives also discussed a case for change regarding the West Yorkshire and Harrogate Imaging Collaborative, it was agreed further work was required and will be represented to Chief Executives in early August 2017. Approval criteria focus for cases for change and business cases was agreed subject to any comments from sub groups; three criteria will be considered; financial impact, quality impact and sustainability impact.

Rob Webster's role as Senior Responsible Officer (SRO) for the WYH STP has been confirmed.

The first public joint committee of Clinical Commissioning Groups (CCGs) took place on 4 July 2017; it was live streamed via video link. Further details about the joint committee can be found at http://www.wyh-jointcommiteeccgs.co.uk/

The meeting focused on the stroke strategic case for change. The stroke case for change recommend that commissioners begin the work to develop proposals to determine the optimal service delivery models and pathways that need to be in place across the West Yorkshire and Harrogate footprint. This work builds on consultation undertaken by Healthwatch with health professionals across West Yorkshire and Harrogate in February and March 2017. Findings from the engagement highlighted some concern that a decision had already been made to reduce the number of hyper acute stroke units (HASUs), commissioners have emphasised that no decision has been made at this stage of the review process.

NHS England and NHS Improvement have published an 'STP performance dashboard'. Sustainability and Transformation Partnerships are rated as Outstanding; Advanced; Making Progress or Most in Need of Improvement. The West Yorks and Harrogate STP has been given a baseline rating of 'Making Progress' with 'Established' leadership arrangements. It is noteworthy that the first wave of capital allocations has been only awarded to STP systems rated as 'outstanding' or 'good' in this initial baseline assessment.

2.2 NHS Improvement Well-Led Guidance

NHS Improvement has issued revised guidance for providers on the updated well-led framework for leadership and governance developmental reviews. The guidance describes the process and content of these developmental reviews and replaces the well-led framework issued in April 2015.

The guidance maintains an emphasis on integrated quality, operational and financial governance. It includes a new framework of key lines of enquiry (KLOEs) and the characteristics of good organisations. In line with their commitment to work more closely with regulatory partners, NHS Improvement has stated that the guidance has been shared with the Care Quality Commission (CQC), and underpins CQC's regular regulatory assessments of the well-led question.

A self-assessment for HDFT against the new guidance is currently being prepared by the Company Secretary and will be shared with the Board in autumn 2017.

2.3 New Care Quality Commission (CQC) Chief Inspector Appointed

Professor Ted Baker has been appointed as the new CQC Chief Inspector of Hospitals; he will assume his role at the end of July 2017. Professor Baker has been Deputy Inspector of Hospitals since January 2014.

2.4 Department of Health Ministerial Responsibilities

Following the re-appointment of Jeremy Hunt as Secretary of State for Health a number of ministerial appointments have been announced. Most pertinent for the Trust is the appointment of Philip Dunne MP as Minister of State for Health, his brief includes overseeing all aspects of hospital care, NHS performance and operations, workforce, and patient safety. He is therefore the ministerial lead for NHS Improvement and the CQC. Mr Dunne is Conservative MP for Ludlow; he has previously served as Assistant Government Whip and Minister of State for Defence Procurement

3.0 WORKING IN PARTNERSHIP

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

The Harrogate Health Transformation Board met on 22 June 2017, members received an update about early progress with the Integrated Response Service, referred to as the 'pop-up'. In addition Keith Derbyshire presented initial findings from a review of health and social care funding in Harrogate. The early indications are that this confirms existing intelligence as reported in the verbal feedback to the Board of Directors last month.

4.0 FINANCIAL POSITION

Financial performance continues to be a high risk to the Trust, with the June 2017 position reported as a £613k deficit. This has resulted in a year to date deficit of £2,836k; £3,104k behind plan. As a result of the underlying position no Sustainability and Transformation funding has been achieved.

A number of measures to recover this position have commenced however these have yet to positively impact on the underlying run rate. The additional savings requirements necessary to eliminate the deficit have been apportioned to all directorates thereby increasing the Trusts overall CIP programme to £9.4m. Schemes with a total value of £8.86m have been confirmed to date (94% of required total). The risk adjusted plan stands at £7.45m which is 79% of the required level.

Adverse variance in income and expenditure has resulted in an NHSI Use of Resources rating of 3, compared to a planned rating of 2.

Further detail on financial recovery plans are contained in the report from the Director of Finance's report.

5.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 19 July. The following key areas are for noting:

- Financial performance and recovery was the main focus of discussion. Recovery plans will be risk adjusted. The impact of HRG4+ is being analysed. Restoring productivity to prior levels is an essential factor in recovery. Expenditure on ward staffing remains above plan despite 22 beds being closed – this reflects high levels of patient acuity and gaps in substantive workforce numbers.
- Operational performance remains strong. Provisional performance for the 62 day cancer standard is now above the required 85%.
- Recruitment under the Global Health Exchange programme is gathering momentum. 19 international nurses have been offered positions.
- Commissioners have signalled their intention to test the market with respect to GP Out of Hours (OOH) services.
- Community Care Teams continue to experience extreme pressure due to high levels of demand relative to staffing levels. Emerging concerns in respect of end of life care were discussed. Issues relating to care quality and capacity are being proactively discussed with commissioners. One Community Care Team was closed to referrals over four days when demand significantly exceeded capacity.
- An evaluation of the recent Quality Conference was received and thanks offered to those who organised and coordinated the event. This will now be an annual conference.

6.0 COMMUNICATIONS RECEIVED AND ACTED UPON OR TO NOTE

6.1 The state of adult social care services 2014 to 2017 – CQC report

The Care Quality Commission (CQC) has recently published a review of adult social care services 2014 to 2017. The report provides analysis following 33,000 inspections of around 24,000 different services by the CQC. The report found "that while the majority of adult social care services are of a high quality and many are improving, too many people across England are receiving care in care homes and in their own home that is not good enough."

6.2 CQC Local System Reviews of Health and Social Care

In connection with the measures outlined above The Care Quality Commission (CQC) has been asked by the Secretaries of State for Health and for Communities and Local Government to undertake a Programme of local system reviews of health and social care in 12 local authority areas. The reviews will examine how effectively health and care systems are working together, they will include a review of commissioning across the interface of health and social care and an assessment of the governance in place for the management of resources. The review will look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old. It should be noted York is one of the areas selected for the review.

6.3 CQC Quality Matters Commitment

On 13 July the CQC launched the 'quality matters' commitment. The quality matters commitment outlines a “determined and shared vision on how quality care and support can be achieved and person-centered care becomes the norm for all”. The commitment includes a coalition of people and organisations coming together to focus on quality, it recognises the common definition between health and social of what good quality care looks like and aims to make person-centred care the norm for all. It is hoped the quality matters commitment will support organisations including local authorities and the NHS to improve the integration of services and guarantee patients receive the most appropriate care in the right place.

6.4 General Data Protection Regulations

The General Data Protection Regulations (GDPR), which was approved in 2016 and comes into force on 25th May 2018, will be directly applicable as law in the UK. It will replace the UK Data Protection Act 1998, which will be repealed or amended. It is expected that the provisions of the GDPR will remain in force post-Brexit, and for the foreseeable future.

Although in general the principles of data protection remain similar, there is greater focus on evidence-based compliance with specified requirements for transparency, more extensive rights for data subjects and considerably harsher penalties for non-compliance. Headline changes include:

- Organisations will be obliged to demonstrate that they comply with the new law;
- Appointment of a Data Protection Officer with defined role and responsibilities;
- There will be significantly increased penalties possible for any breach of the Regulation – not just data breaches;
- Data Protection Impact Assessment will be required for high risk processing;
- Legal requirement for security breach notification;
- Data protection issues must be addressed in all information processes;
- Removal of charges, in most cases, for providing copies of records to patients or staff who request them;
- Specific requirements for transparency and fair processing;
- Requirement to keep records of data processing activities;
- Tighter rules where consent is the basis for processing.

The Trust’s planned actions to respond to the GDPR include:

- Review role description of the Trust’s Data Protection Officer to ensure it complies with new guidance.
- Revision of information governance and related policies to address:

- Organisational accountability;
- Data Protection Officer reporting arrangements within the organisation;
- Statutory reporting requirements.

- Development of an action plan / project plan for implementation of the GDPR, this will be overseen by the Data and Information Governance Steering Group.

7.0 BOARD ASSURANCE AND CORPORATE RISK

7.1 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	*Red 12 ↔*	*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*

7.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 14 July 2017. The Corporate Risk Register contains 10 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 16 ↑*	*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 ↔*	*4*
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 a lack of provision of Acute Oncology, CUP, Breast and Urology Oncology services.	*Red 12 ↔*	*1*
CR24	Risk to patient safety, quality, experience, reputation, staff wellbeing and associated effect on timely discharge from the reduction to baseline (2011) funding capacity	*Red 15*	*2*

***Progress key**
1 = fully on plan across all actions
2 = actions defined - most progressing, where there are delays, interventions are being taken
3 = actions defined - work started but behind plan
4 = actions defined but largely behind plan
5 = actions not yet fully defined

Risks added to the corporate risk register

CR 24 - Risk to patient safety, quality, experience, reputation, staff wellbeing and associated effect on timely discharge from the reduction to baseline (2011) funding capacity

Risks removed from corporate risk register

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.

CR22 - Risk to reputation due to non-compliance with DNACPR policy caused by failure of some clinicians to implement policy.

CR23 - Risk of failing cancer waiting time targets due to capacity within site specific areas for diagnostics and treatments.

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. Increased to 16

8.0 DOCUMENTS SIGNED AND SEALED

No documents have been signed and sealed during the month.

Dr Ros Tolcher
Chief Executive
21 July 2017

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Report to the Trust Board of Directors: 26 July 2017	**Paper No: 5.0**

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

Key Issues for Board Focus:

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

- In Quarter 1, HDFT achieved all 4 key operational performance metrics in the NHS Improvement Single Oversight Framework.
- The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in June, against an expected rating of 2, and is a result of the variance from plan for income and expenditure. Actions in relation to the financial recovery plan are being taken forward to improve activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues.
- There were 3 inpatient falls causing moderate harm reported in June, along with 1 comprehensive SIRI (Serious Incident Requiring Investigation).
- Performance against the A&E 4-hour standard improved in June with Trustwide performance at 97.0% and performance of Harrogate Emergency Department at 96.4%.
- Provisional performance for the cancer 62 day standard is now above required 85% for Quarter 1 overall, despite concerns last month that this may not be achieved.

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 - June 2017

Key points this month

1. In Quarter 1, HDFT achieved all 4 key operational performance metrics in the NHS Improvement Single Oversight Framework.

2. The Trust reported a rating of 3 (where 1 is best) for NHS Improvement's Use of Resource Metric in June, against an expected rating of 2, and is a result of the variance from plan for income and expenditure. Actions in relation to the financial recovery plan are being taken forward to improve activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues.

3. The harm free percentage reported in this month's Safety Thermometer audit improved to 95.6%.

4. There were 3 inpatient falls causing moderate harm reported in June, along with 1 comprehensive SIRI (Serious Incident Requiring Investigation).

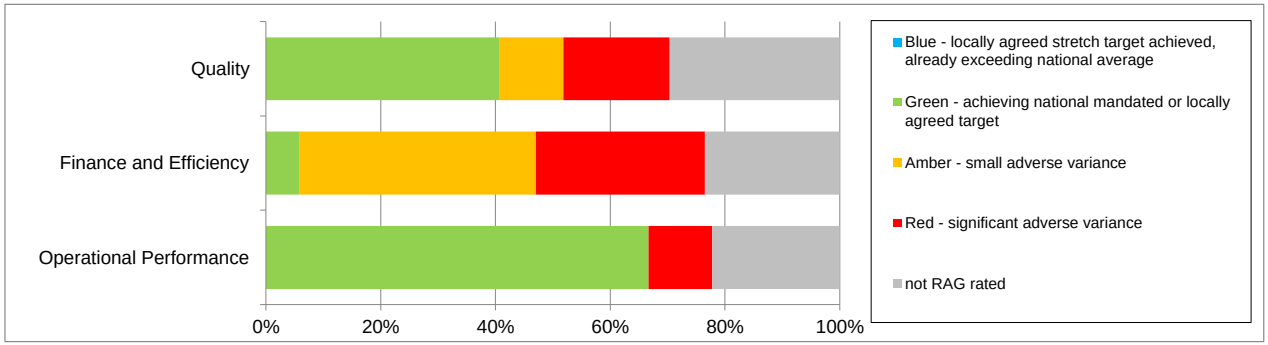
5. There have been no cases of hospital apportioned C. difficile reported in 2017/18 to date.

6. Performance against the A&E 4-hour standard improved in June with Trustwide performance at 97.0% and performance of Harrogate Emergency Department at 96.4%.

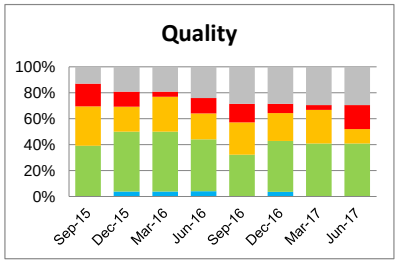
7. Provisional performance for the cancer 62 day standard is now above required 85% for Quarter 1 overall, despite concerns last month that this may not be achieved.

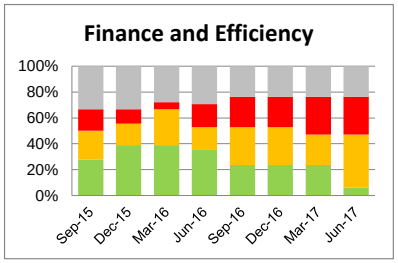
8. The Caesarean Section rate remains high at 30.2% for the 12 months ending June 2017.

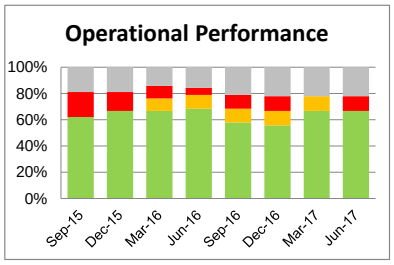
Summary of indicators - current month



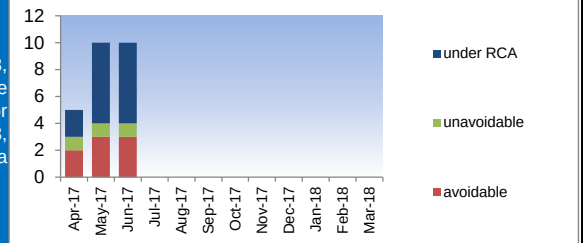
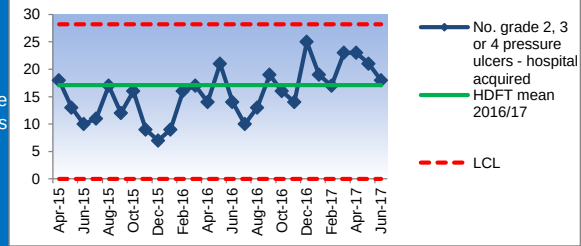
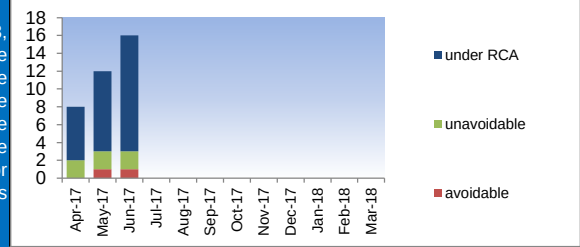
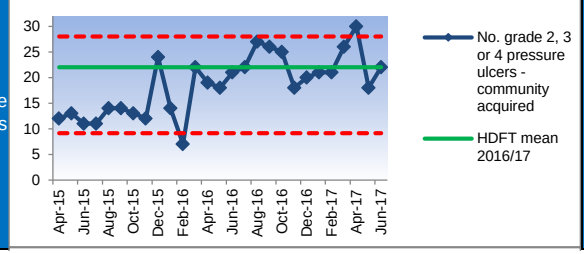
Summary of indicators - recent trends





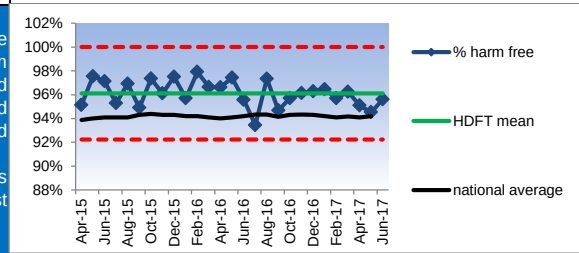
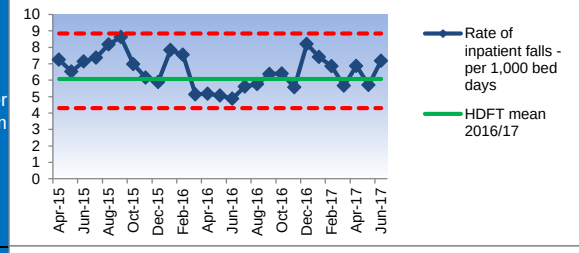
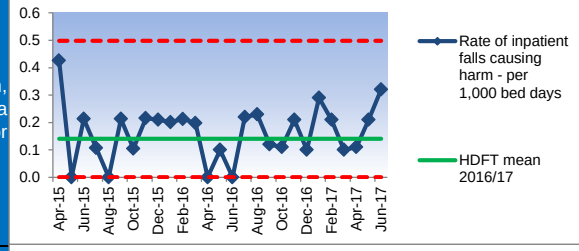
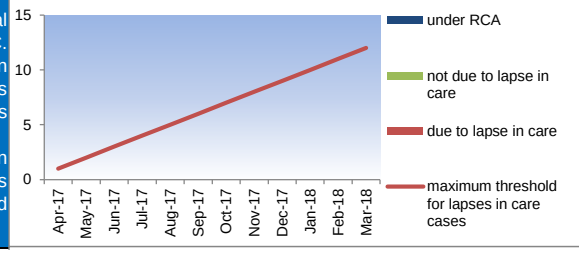


Quality - June 2017

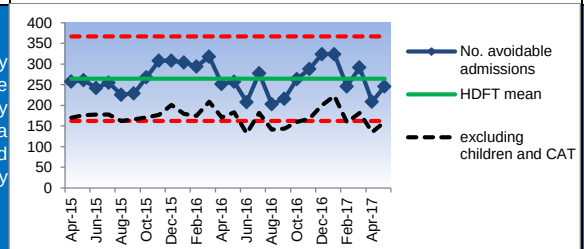
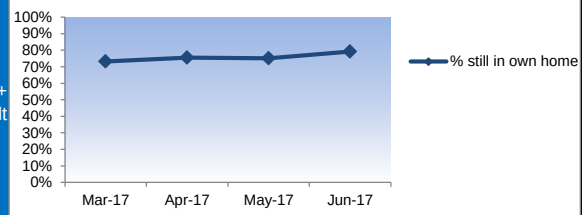
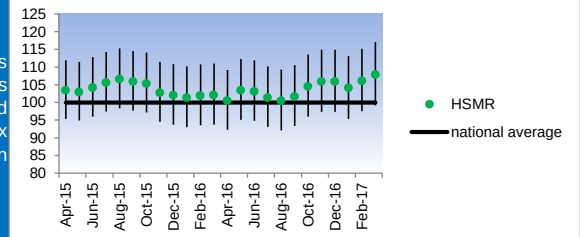
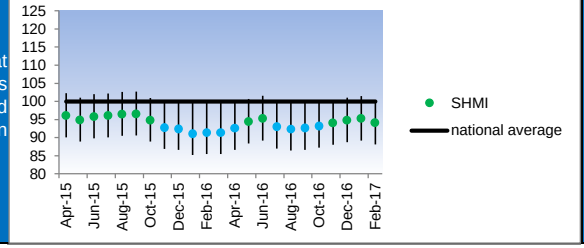
Indicator name / data quality assessment	Description	Trend chart	Interpretation
✓ **Pressure ulcers - hospital acquired**	The chart shows the cumulative number of category 3, category 4 or unstageable hospital acquired pressure ulcers in 2017/18. The Trust has set a local trajectory for 2017/18 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.		There were no hospital acquired unstageable or categeory 3 pressure ulcers reported in June, with the year to date total remaining at 10. Of these, 6 are still under root cause analysis (RCA), 3 have been assessed as avoidable and 1 as unavoidable. No category 4 hospital acquired pressure ulcers have been reported in 2017/18 to date. In 2016/17, 33 hospital acquired category 3 or unstageable pressure ulcers were reported. Of these, 19 were deemed to be avoidable.
✓	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 June was 18 (all category 2), compared to 21 last month. Whilst the total number of pressure ulcers reported has increased compared with the same period last year, the number of category 3, category 4 or unstageable pressure ulcers has reduced.
✓ **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 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.		There were 4 community acquired category 3 (or unstageable) pressure ulcers reported in June, bringing the year to date total to 16. Of these, 13 are still under root cause analysis (RCA), 1 have been assessed as avoidable and 2 as unavoidable. No category 4 community acquired pressure ulcers have been reported in 2017/18 to date. In 2016/17, 79 community acquired category 3 or 4 or unstageable pressure ulcers were reported (including 3 category 4 cases) of which, 42 were deemed to be avoidable.
▲	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 June was 18 cases, compared to 16 last month.

Quality - June 2017

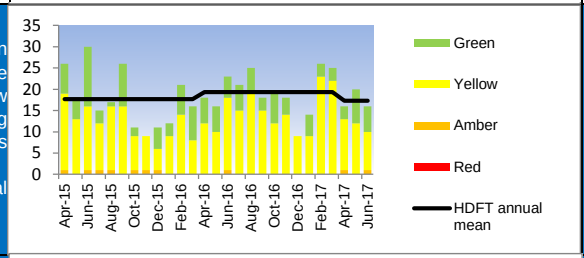
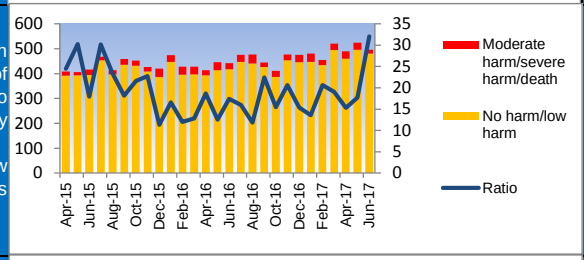
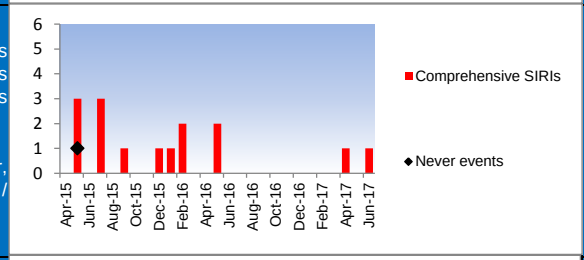
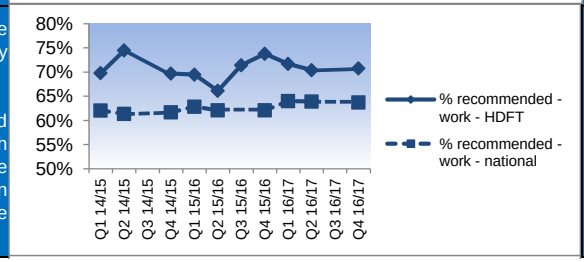
Harrogate and District NHS Foundation Trust

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 June was 95.6%, an improvement on last month and 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 7.18 per 1,000 bed days in June, 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 were 3 inpatient falls causing moderate harm in June, compared to 1 last month. The rate per 1,000 bed days in 2017/18 to date is now above the HDFT average for 2016/17.
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 have been no cases of hospital apportioned C. difficile or hospital apportioned MRSA reported in 2017/18 to date.

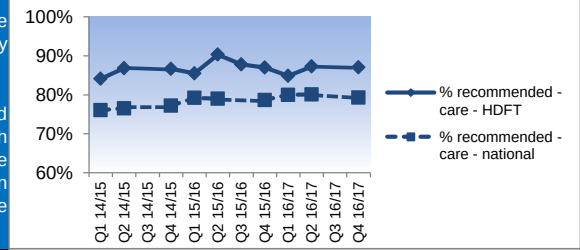
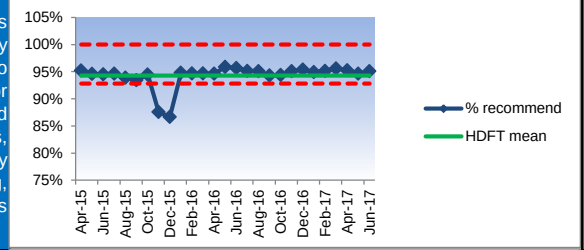
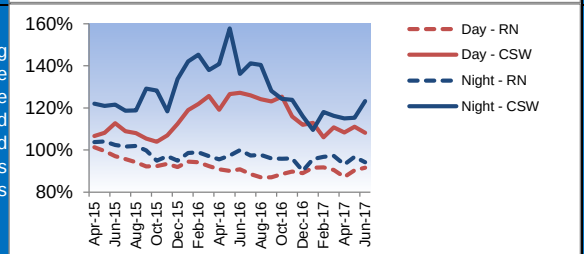
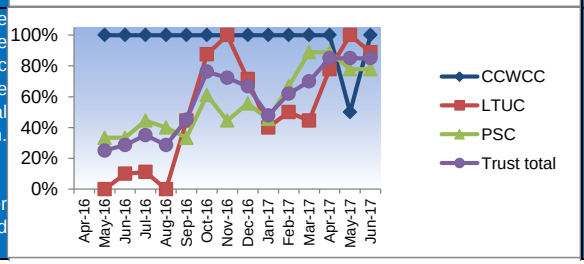
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Avoidable admissions ✓	The chart shows the number of avoidable emergency admissions to HDFT as per the national definition. The admissions included are those where the primary diagnosis of the patient does not normally require a hospital admission. Conditions include pneumonia and urinary tract infections in adults and respiratory conditions in children.		There were 246 avoidable admissions in May, an increase on last month but below the level reported in May last year. This equates to 7.9 avoidable admissions per day, compared to 6.7 per day in April. 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 March, 79% were still in their own home at the end of June. 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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's HSMR increased to 107.8 for the rolling 12 months ending March 2017 but remains within expected levels. At specialty level, one specialty (Geriatric Medicine) has a standardised mortality rate above expected levels.
Mortality - SHMI ✓	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's SHMI decreased to 94.06, compared to 95.24 last month, remaining within expected levels. At specialty level, two specialties (Geriatric Medicine and Gastroenterology) have a standardised mortality rate above expected levels.

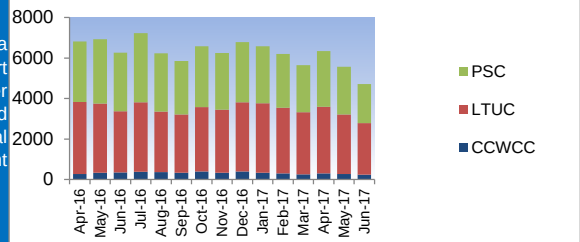
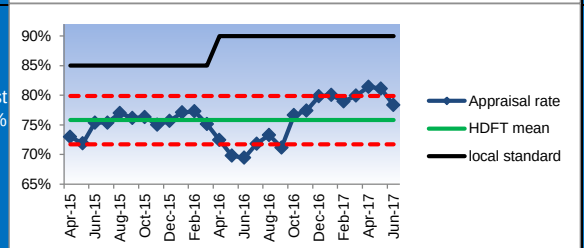
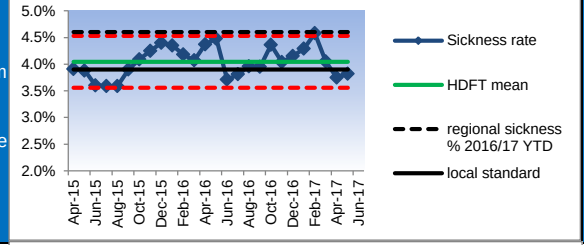
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Complaints ✓	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.		16 complaints were received in June, compared to 20 last month, with 1 complaint classified as amber. The main subjects referenced in the complaints received in June were communication and attitude.
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 placed 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 SIRIs reported in June.
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 for next month's report.* 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%.

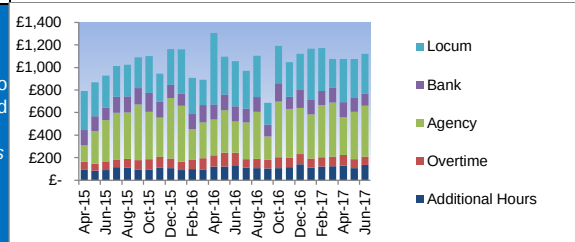
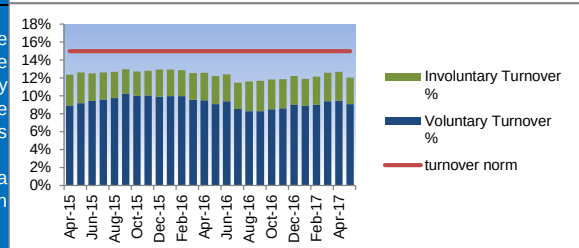
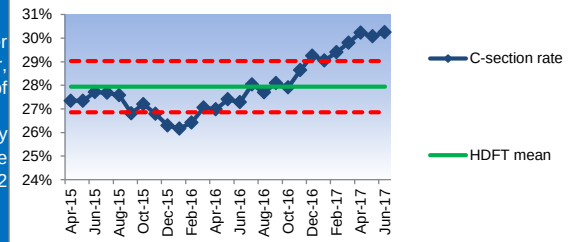
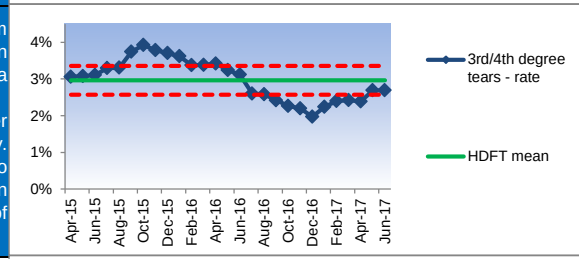
Quality - June 2017

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 for next month's report.* 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 79%. 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.		95.1% of patients surveyed in June would recommend our services, an increase on last month and above the latest published national average. Around 4,900 patients responded to the survey this month, which equates to an average of 163 responses per day.
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 99.6% in June, a slight increase on last month. 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 remains below 100%, 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. The data presented is split by Clinical Directorate, as well as showing the Trust overall position. A high percentage is good. Publishing electronic rosters in a timely manner improves staff morale, increases bank fill rates and reduces bank/agency costs.		This indicator has been amended to show the month on month trend, rather than a 12 month rolling position so that improvements in recent months can be more clearly seen. A Trustwide trend line has also been added which demonstrates the overall improvement on this indicator. 85% of rosters were published on time during June, compared to 29% last June. From next month, this metric will be amended to track the number of rosters published by the new deadline of 8 weeks' notice.

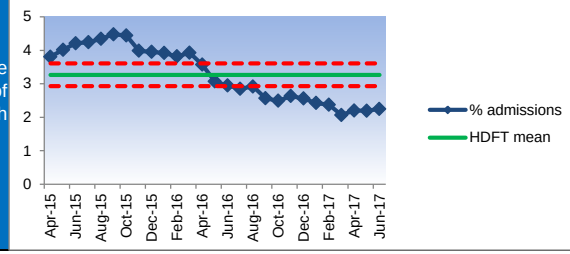
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Electronic rostering hours owed	This metric shows the sum of unused hours for staff as a running balance from the Trust's predefined audit start date. To allow for some flexibility in assigning hours over rosters (ie. for Night workers), an alert will be triggered when staff owe 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 number of owed hours decreased by 15.4% in June, when compared to last month. This can be attributed to the work that has been undertaken within the wards to claim hours back. A key area of focus for the month ahead is the starters and leavers process to ensure that hours are not being accrued for these reasons. This metric is being reviewed to ensure that it captures both hours owed by staff and hours owed by the Trust to staff, as well as excluding 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 12 months to the end of June is 78%. An agreement has been reached to remove the Children's and Community Services within CCCC Directorate from the appraisal period. This has come following a request that this does not align with the way in which they provide services and their high compliance levels against this metric. All other services remain as part of the appraisal period and this continues to be monitored through the Directorate Reports.
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: 89 Fire Safety Awareness: 78 Infection Prevention & Control (Including Hand Hygiene) 1: 100 Infection Prevention & Control (Including Hand Hygiene) 2: 82 Information Governance: Introduction: 88 Information Governance: The Beginners Guide: 83 Prevent Basic Awareness (December 2015): 99 Safeguarding Children & Young People Level 1 - Introduction: 95	The data shown is for the end of June 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 89%. 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 remains below the trust target of 3.9%, with a continued focus on the hotspot areas identified within the Clinical Directorates: Farndale Ward, Adult Community Teams and Woodlands Ward.

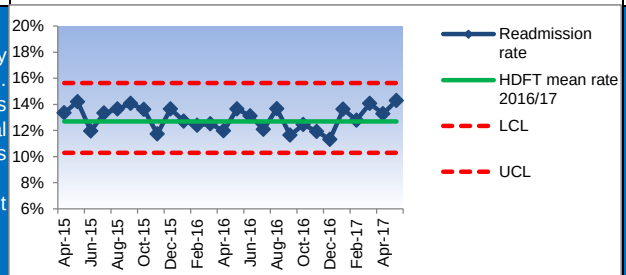
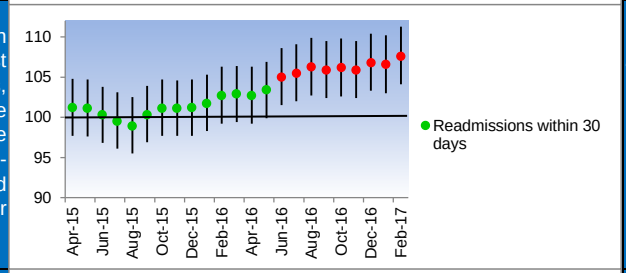
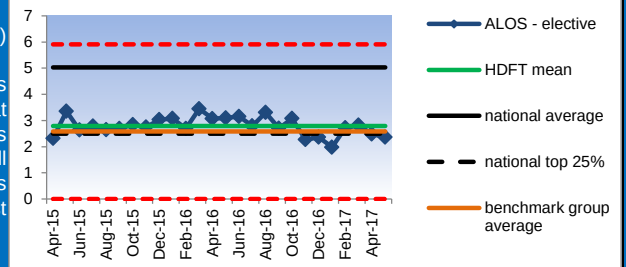
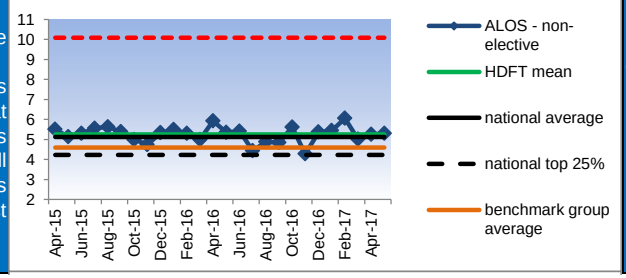
Quality - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Temporary staffing expenditure - medical/nursing /other	The chart shows staff expenditure per month, split into contracted staff, overtime and additional hours and temporary staff. Lower figures are preferable. *The traffic light criteria applied to this indicator is currently under review.*		The Workforce Efficiency Group continues to meet bi-weekly. At the recent meeting, an agreement on the interim plans for those hard to fill medical specialties was discussed and agreed with a review coming back to the group in August. A detailed discussion on the operational metrics associated with electronic rostering was provided to the group with key areas of focus remaining: publication of rosters, verification of rosters, time recovery and annual leave.
Staff turnover rate	The chart shows the staff turnover rate excluding trainee doctors, bank staff and staff on fixed term contracts. The turnover figures include both voluntary and involuntary turnover. Voluntary turnover is when an employee chooses to leave the Trust and involuntary turnover is when the employee unwillingly leaves the Trust. Data from the Times Top 100 Employers indicated a turnover rate norm of 15%, i.e. the level at which organisations should be concerned.		The total staff turnover rate remains stable at 12.07%. The pilot programme of exit interview completion is on-going for Care Support Workers and Registered Nurses in the Emergency Department, Inpatient ward areas and Theatres.
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 June was 30.2% of deliveries, 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 2.6% of deliveries in the 12 month period ending June, no change on last month and remaining below average.

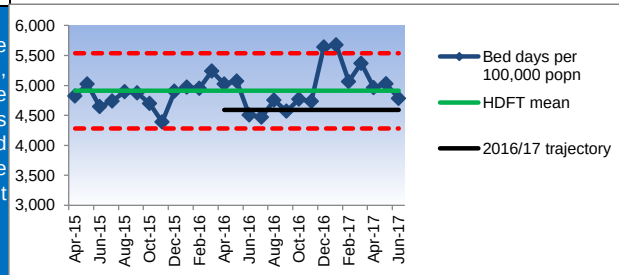
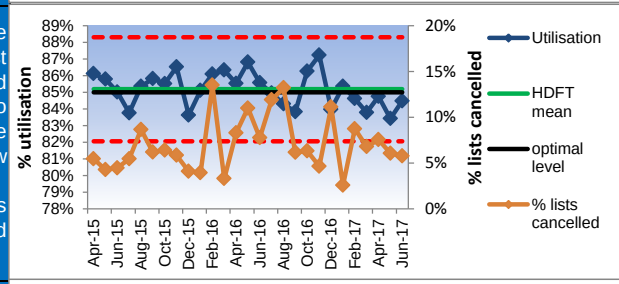
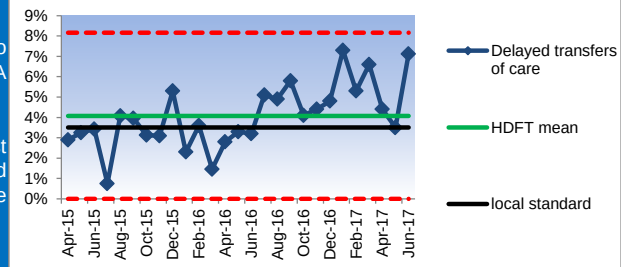
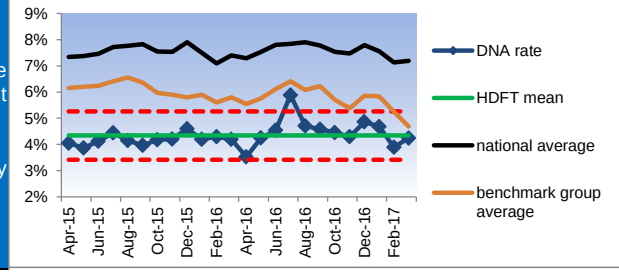
Quality - June 2017

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). 2.3% of term babies were admitted to SCBU in the 12 months ending June, no significant change on last month and remaining well below the historical average for HDFT.

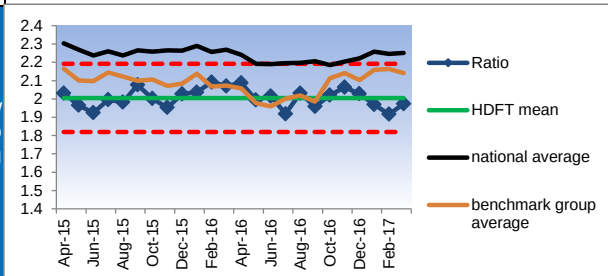
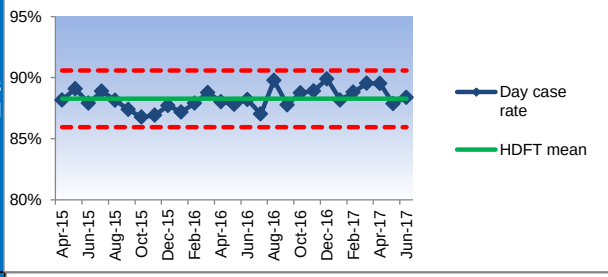
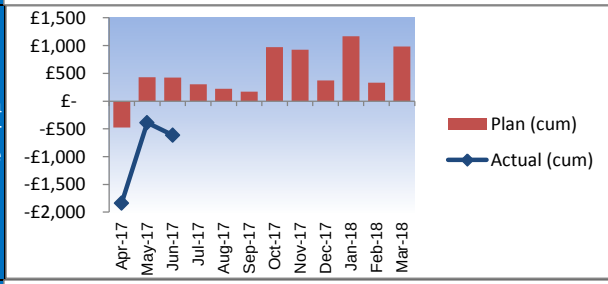
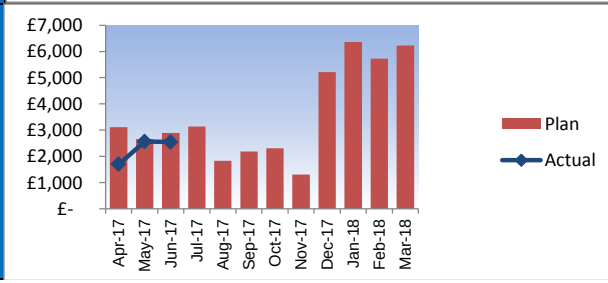
Finance and Efficiency - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Readmissions ✓	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.		The number of readmissions increased in May, when expressed as a percentage of all emergency admissions and remains above the HDFT average rate for 2016/17.
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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's standardised readmission rate increased to 107.6 in the most recently available data on HED, remaining 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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* The average elective length of stay for May was 2.4 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.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* The average non-elective length of stay for May was 5.3 days, an increase on last month. HDFT's length of stay remains above the benchmark group average but in line with the national average. The implementation of the SAFER care bundle, which supports discharge processes is now being supported by a live information dashboard, which enables ward level length of stay, morning discharges and use of planned discharge dates to be monitored at the daily bed meeting. Directorates are then progressing with targeted reductions in length of stay by ward area.

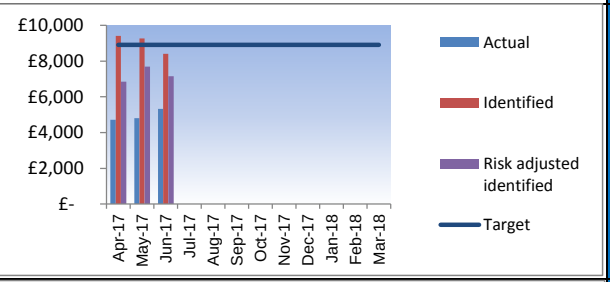
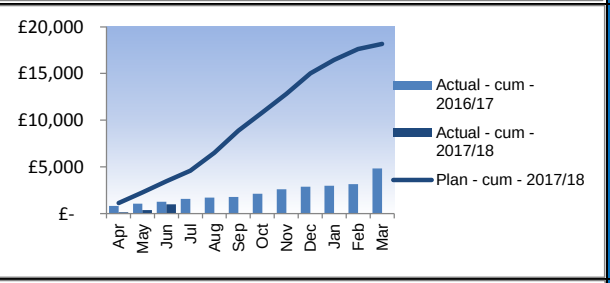
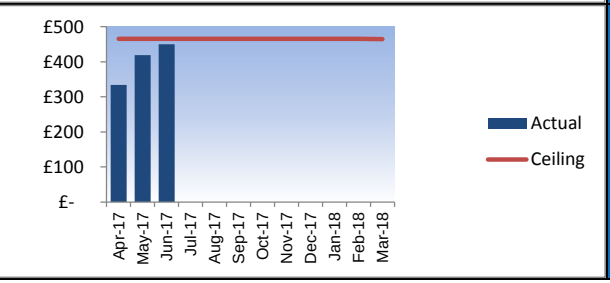
Finance and Efficiency - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Non-elective bed days	The charts shows the number of non-elective (emergency) bed days at HDFT for patients aged 18+, per 100,000 population. The chart only includes the local HARD CCG area. The 2016/17 trajectory 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 June but are above the level reported in June last year. The increase in non-elective admissions experienced since April has reduced the ability to meet the bed reduction programme as non-elective bed days have not reduced to the anticipated levels. The SAFER work on the wards has enabled more non-elective patients to be managed through the existing bed base; however to deliver the required bed reduction, further length of stay reductions will be required if non-elective admissions continue at this new level.
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 84.5% in June, but remains below the optimal level of 85%. The number of cancelled sessions decreased to 5.8% (compared to 6.1% last month).
Delayed transfers of care	The proportion of patients in acute hospital beds who are medically fit for discharge but are still in hospital. A low rate is preferable. A snapshot position is taken at midnight on the last Thursday of each month. The maximum threshold shown on the chart (3.5%) has been agreed with the CCG.		Delayed transfers of care increased to 7.1% when the snapshot was taken in June, above the maximum threshold of 3.5% set out in the contract.
Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* HDFT's DNA rate increased to 4.2% in March but remains below that of both the benchmarked group of trusts and the national average.

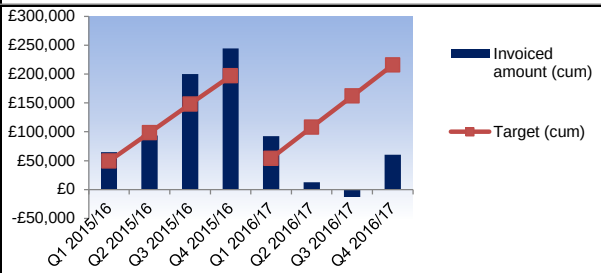
Finance and Efficiency - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		*There is no update of this indicator this month. Two months' worth of data will be published on HED next month.* Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio increased in March to 1.97, but remains 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 88.4% in June, an increase on last month.
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 £2,836k for Quarter 1, £3,215k behind plan. Actions in relation to the financial recovery plan are being taken forward to improve activity and income, pay spend in relation to medical staffing vacancies and ward nursing, and addressing non pay issues. These are described further in the finance report.
Cash balance	Monthly cash balance (£'000s)		The cash position is £345k behind plan, with pressures relating to the I&E position and outstanding payments for 2016/17 performance still be resolved.

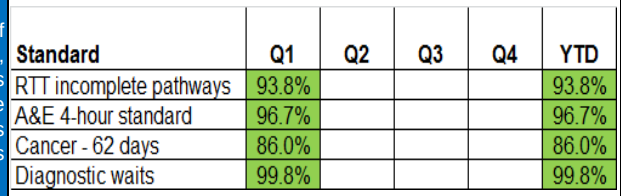
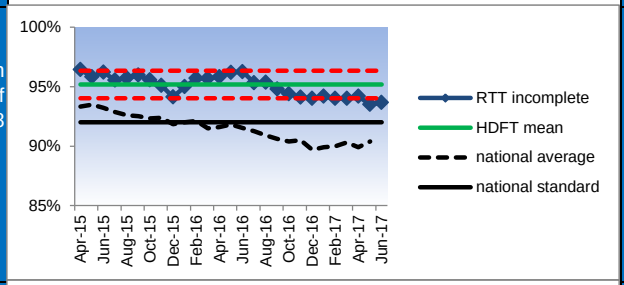
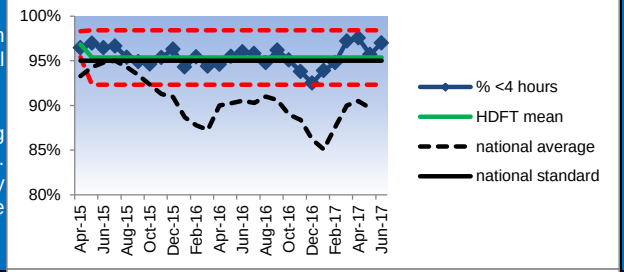
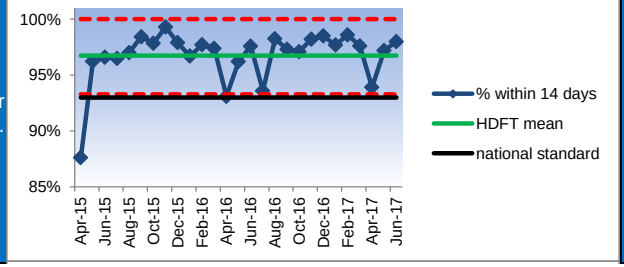
Finance and Efficiency - June 2017

Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework - Use of Resource Metric ✓	From 1st October 2016, NHS Improvement introduced the Single Oversight Framework. As part of this this, Use of Resource Metric was introduced to replace the previous Financial Sustainability Risk Rating. This is the product of five elements which are rated between 1 (best) to 4.	<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 June. This is behind the plan of 2 and is a result of the variance from plan for I&E.
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.		There were a number of actions in June which affected the Cost Improvement Programme (CIP). As part of the recovery plan, Directorate targets have been increased to reflect the greater savings required across the organisation. Plans now equate to 89% of the target, with the figure reducing to 76% once risk adjusted. Directorates are working to resolve this planning gap and action additional savings.
Capital spend ✓	Cumulative Capital Expenditure by month (£'000s)		Capital expenditure is behind plan. However it is anticipated that expenditure will increase to planned levels as the year progresses.
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 3.5% of total employee expenses. Although this continues to be below the agency ceiling there is still work underway to drive down agency usage and cost. This is being led through the Workforce Efficiency Group.

Finance and Efficiency - June 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.

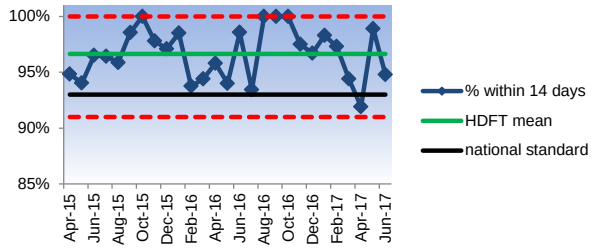
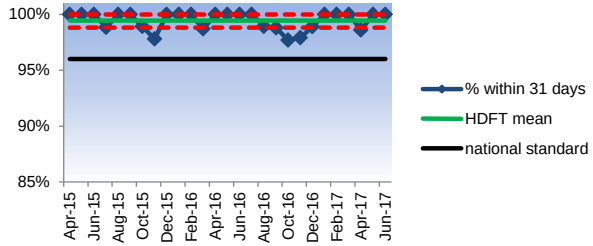
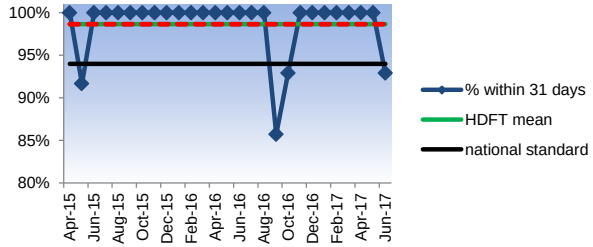
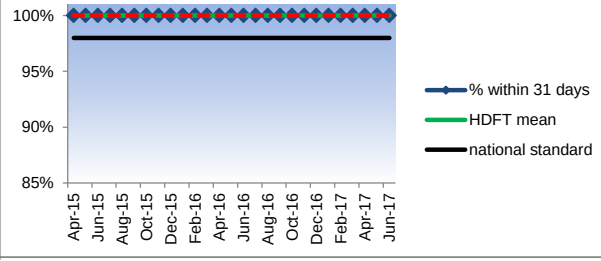
Operational Performance - June 2017

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.		In Quarter 1, HDFT's performance is 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.		93.7% of patients were waiting 18 weeks or less at the end of June, a small increase on last month's performance but remaining below historical performance levels. At specialty level, Trauma & Orthopaedics and General Surgery remain below the 92% standard. Plastic surgery specialty is also below 92% but with less than 20 pathways per month, it is below the reporting de minimis for Quarter 1. Operational Delivery Group reviews long waiting patients on a weekly basis to ensure that patients receive a date for treatment as soon as possible and the Trust maintains the national standard for RTT.
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 May was 97.0%, an improvement on last month and remaining above the required 95% standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. Performance for Harrogate ED was also above the 95% standard at 96.4%. 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 98.0% for June, above the required 93% standard and an improvement on last month's position. The provisional performance position for Quarter 1 is also above the standard at 96.4%.

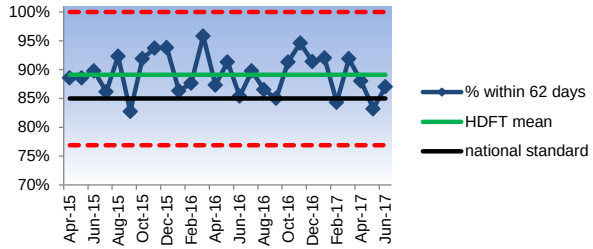
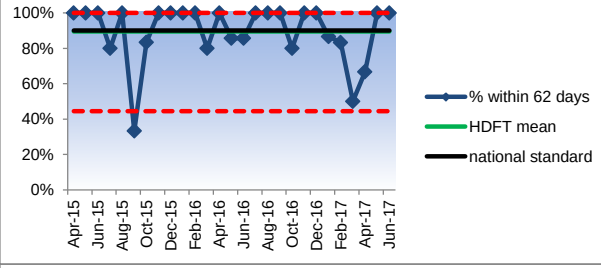
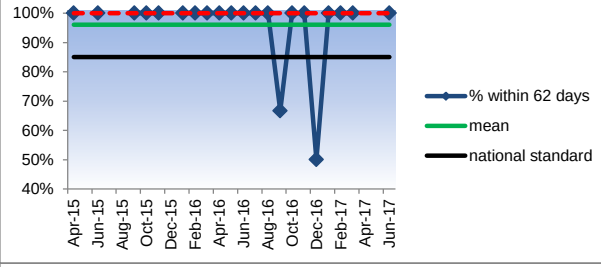
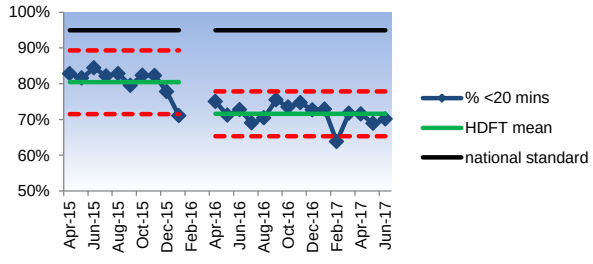
Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways	93.8%				93.8%
A&E 4-hour standard	96.7%				96.7%
Cancer - 62 days	86.0%				86.0%
Diagnostic waits	99.8%				99.8%

Operational Performance - June 2017

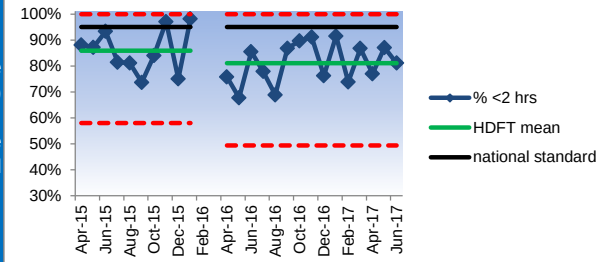
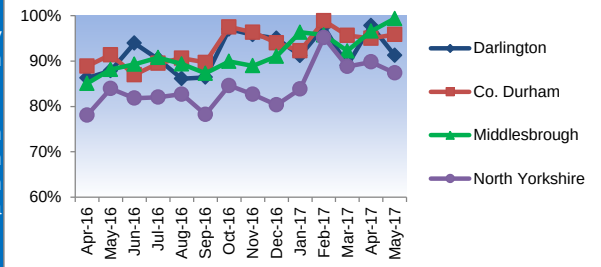
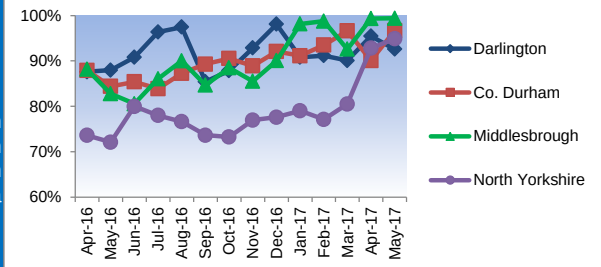
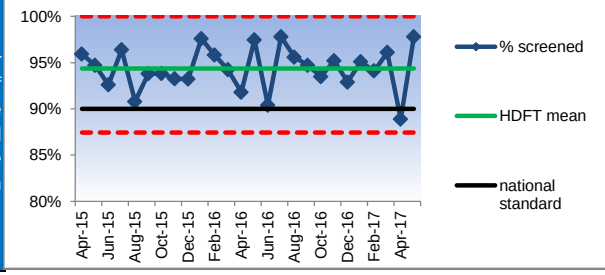
Harrogate and District NHS Foundation Trust

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 94.8% for June, above the required 93% standard. The provisional performance position for Quarter 1 is also above the standard at 95.7%.
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.		Provisional performance is at 92.9% for June, below the required 93% standard. However the provisional performance position for Quarter 1 is also above the standard at 98.1%.
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.

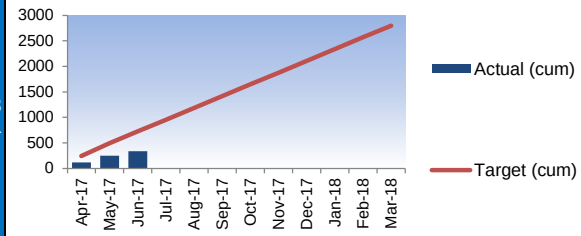
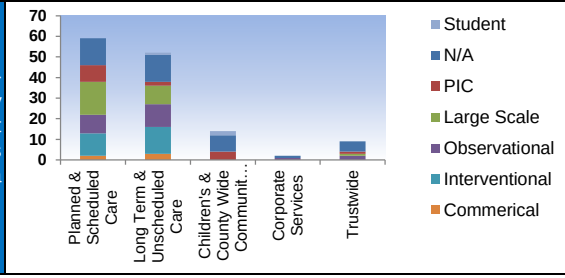
Operational Performance - June 2017

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 June is above the required 85% standard at 87.0% with 7.5 accountable breaches. Of the 11 tumour sites, 3 had performance below 85% in June - head and neck (2 breaches), lung (1) and upper gastrointestinal (1). Two patients waited over 104 days in June. The main reasons for the delays were clinical. Provisional performance for Quarter 1 is now 86.0%, above the 85% standard.
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 at 100% in June. However the provisonal performance position for Quarter 1 is at 84.2%, below the 90% standard.
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.		Performance was at 100% in June. With less than 5 eligible pathways during Quarter 1, the Trust is below the de minimis level for reporting this standard.
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 71% in June.

Operational Performance - June 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 81% in June.
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 May, the validated performance position is that 93% of babies were recorded on Systmone as having had a new birth visit within 14 days of birth. The improvement in delivery across all localities should be noted, this has been a clear priority for all 0-19 services as part of the team's performance frameworks. The data is reported a month in arrears so that the validated position can be shared.
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 May, the validated performance position is that 96% of children were recorded on Systmone as having had a 2.5 year review. The data is reported a month in arrears so that the validated position can be shared.
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.		Performance was at 98% in May, a significant improvement on last month when performance dropped below the 90% standard.

Operational Performance - June 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 June was behind plan. However, a new study has commenced recently which should start to address this shortfall.
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.

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 2016/17, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2016/17, Amber if YTD position is a reduction of up to 20% of HDFT average for 2016/17, Red if YTD position is on or above HDFT average for 2016/17.	
Quality	**Falls causing harm**	IP falls causing moderate harm, sever harm or death, per 1,000 bed days		Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Quality	**Infection control**	No. hospital acquired C.diff cases	Green if below trajectory YTD, Amber if above trajectory YTD, Red if above trajectory at end year or more than 10% above trajectory in year.	NHS England, 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).	
Quality	**Mortality - SHMI**	Summary Hospital Mortality Index (SHMI)		Comparison with national average performance.
Quality	**Complaints**	No. complaints, split by criteria	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 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%.	
Quality	**Friends & Family Test (FFT) - Staff**	% staff who would recommend HDFT as a place to receive care		Comparison with performance of other acute trusts.
Quality	**Friends & Family Test (FFT) - Patients**	% recommend, % not recommend - combined score for all services currently doing patient FFT	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
Quality	**Safer staffing levels**	RN and CSW - day and night overall fill rates at trust level	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
Quality	**Electronic rostering timeliness**	The proportion of rosters that were published on time (4 weeks prior to roster start)	tbc	tbc
Quality	**Electronic rostering hours owed**	The sum of unused hours for staff	tbc	tbc
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%.	
Finance and efficiency	**Length of stay - non-elective**	Average LOS for non-elective patients		Comparison with performance of other acute trusts.

Section	Indicator	Further detail	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	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: 26 July 2017	**Paper No: 6.0**

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. Financial performance continues to be a high risk to the Trust, with the June position reported as a £613k deficit. This has resulted in a year to date deficit of £2,836k, £3,104k behind plan.

2. 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.

3. The current underlying run rate position would result in an adverse variance to plan of £12m. This includes the impact of not receiving sustainability and transformation funding. Plans to recover this position are outlined within the report.

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

Risk and Assurance	There is a risk to delivery of the 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.

The Board of Directors is also asked to delegate authority to finance committee for the submission of the 2016/17 reference costs.

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June 2017 Financial Position

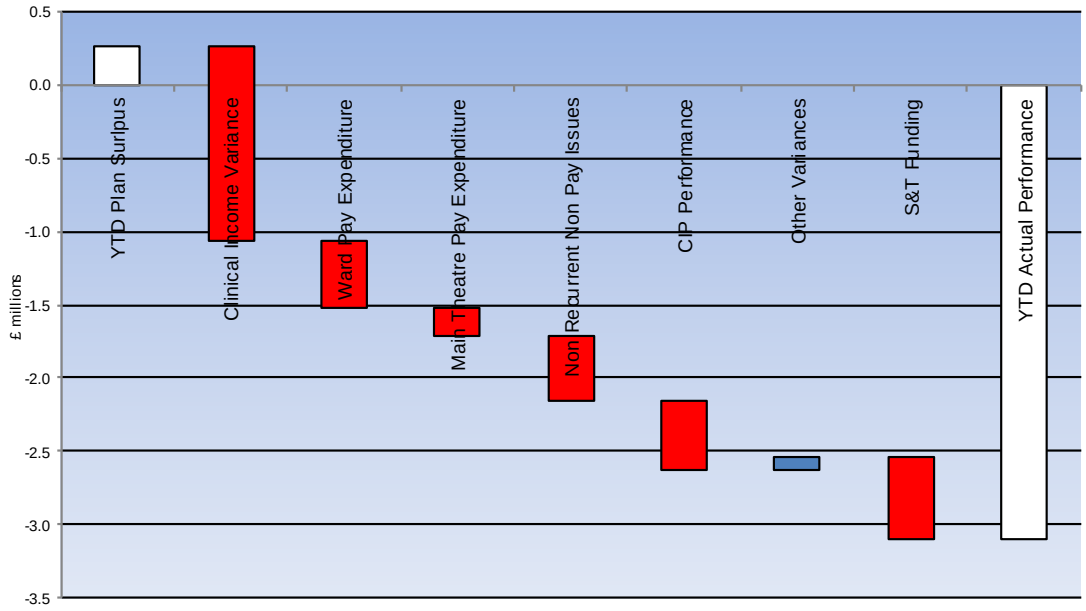
Financial Performance

- Financial performance continues to be a high risk to the Trust, with the June position reported as a £613k deficit. This has resulted in a year to date deficit of £2,836k, £3,104k behind plan. . No Sustainability and Transformation Funding (STF) has been assumed in this position as a result of the adverse position. This is summarised in the table below -

	Budget (£m)	Actual (£m)	Variance (£m)
Income	53.627	52.186	-1.441
Expenditure	53.926	55.022	-1.096
Deficit before STF	**-0.299**	**-2.836**	**-2.537**
Deficit after STF	**0.268**	**-2.224**	**-3.104**

- As a result of the above the NHS Improvement Use of Resource Metric for June is a 3. This is driven by the Trusts variance to plan and deficit position. Key Variances are highlighted in table and graph below –

	£'m
YTD Plan Surlpus	**0.3**
Clinical Income Variance	-1.3
Ward Pay Expenditure	-0.5
Main Theatre Pay Expenditure	-0.2
Non Recurrent Non Pay Issues	-0.4
CIP Performance	-0.5
Other Variances	0.1
S&T Funding	-0.6
YTD Actual Performance	**-3.104**



Financial Position Continued

- Details of the financial recovery plan can be found on page 5.

- Although cash is close to planned levels, the position summarised above will have an impact and therefore it remains a concern for the Trust. Further information on cash can be found on page 6.

- Work is being taken forward urgently to address this situation. The issues in quarter one have added further pressure to the number of known challenges the Trust faces this financial year. It vital that we focus on the agreed actions, are realistic about their delivery and build positive momentum to recover the position.

Reference Cost Submission

- The Board will be aware that the Trust has submitted Reference Cost information for many years. For the Reference Costs relating to 2016/17, the timeline for submission for the Trust has been moved back from the usual July deadline to September 14th 2017 as a result of our input into the Costing Transformation Programme Pilot.

- As a result of the change in deadline the Board is asked to delegate authority to the Finance Committee to take assurance from Internal Audit that a robust process is in place and subject to the outcome of this approve the final reference cost return prior to submission to NHS Improvement.

Financial Position Continued

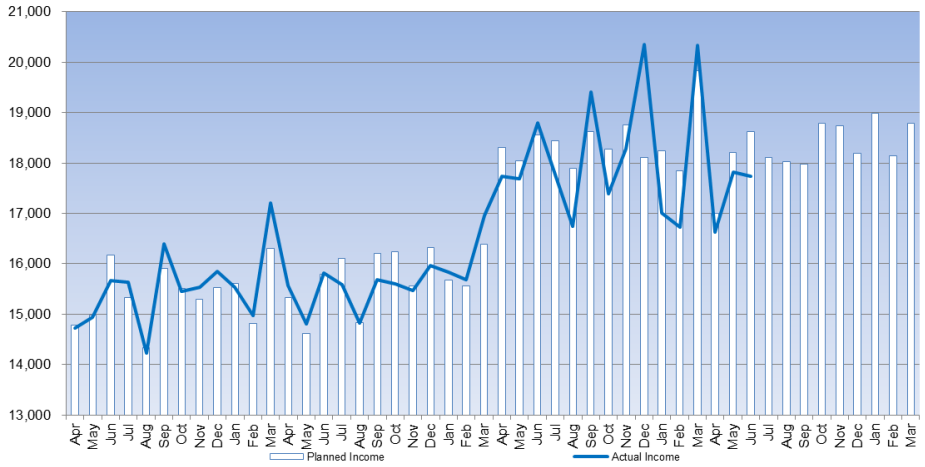
Summary Income & Expenditure 2017/18

For the month ending 30th June 2017

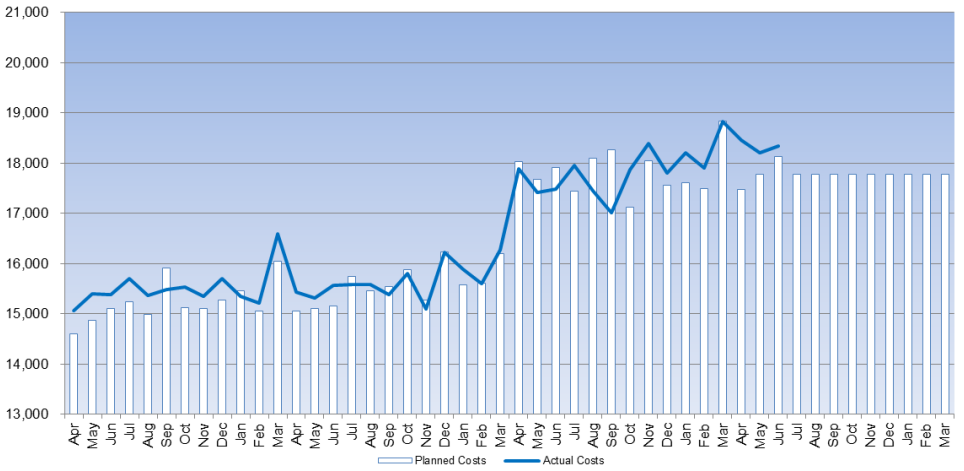
Plan 2017/18 Budget £000		Budget Annual Budget £000	Budget Proportion To Date £000	Actual To Date £000	Cumulative Variance £000	Change in Variance £'000	June Actuals £'000
	INCOME						
	NHS Clinical Income (Commissioners)						
146,660	NHS Clinical Income - Acute	147,855	36,190	35,519	(671)	(307)	12,139
51,030	NHS Clinical Income - Community	52,393	13,163	13,015	(148)	191	4,426
0	System Resilience & Better Care Funding	913	228	228	0	0	76
	Non NHS Clinical Income					0	
1,879	Private Patient & Amenity Bed Income	1,472	368	409	41	16	139
523	Other Non-Protected Clinical Income (RTA)	523	131	122	(9)	(20)	24
	Other Income					0	
9,787	Non Clinical Income	11,170	3,005	2,892	(112)	348	931
0	Hosted Services	0	0	0	0	0	0
209,878	**TOTAL INCOME**	**214,326**	**53,085**	**52,186**	**(899)**	**229**	**17,735**
	EXPENSES						
	Pay						
(142,658)	Pay Expenditure	(150,425)	(38,930)	(38,811)	119	304	(12,595)
	Non Pay					0	
(3,015)	Drugs	(5,749)	(3,666)	(3,627)	39	(5)	(1,526)
(14,378)	Clinical Services & Supplies	(14,990)	(4,061)	(4,302)	(242)	(108)	(1,465)
(12,905)	Other Costs	(16,694)	(5,120)	(5,961)	(840)	(406)	(2,050)
(9,546)	**Reserves :** Pay	(4,825)	(0)	0	0	1	0
	Pay savings targets	0	0	0	0	0	0
(7,822)	Other Reserves	(4,280)	542	0	(542)	(542)	0
(10,352)	High Cost Drugs	(7,108)	0	0	0	0	0
4,600	Non Pay savings targets	0	0	0	0	0	0
(18)	**Other Finance Costs**	(18)	(4)	(6)	(2)	1	0
	Hosted Services	(229)	(176)	(176)	(0)	(0)	(44)
(196,093)	**TOTAL COSTS**	(204,318)	(51,414)	(52,883)	(1,469)	(754)	**(17,681)**
13,785	**EBITDA**	**10,008**	**1,670**	**(697)**	**(2,367)**	**(525)**	**54**
	Profit / (Loss) on disposal of assets	0	0	0	0	0	0
(5,081)	Depreciation	(5,081)	(1,270)	(1,323)	(52)	23	(401)
(90)	Interest Payable	(90)	(23)	(51)	(28)	(3)	(10)
41	Interest Receivable	41	10	3	(7)	(2)	1
(2,746)	Dividend Payable	(2,746)	(686)	(769)	(83)	(28)	(256)
5,909	**Net Surplus/(Deficit) before donations and impairmen**	**2,132**	**(299)**	**(2,836)**	**(2,537)**	**(535)**	**(613)**
	Donated Asset Income	0	0	0	0	0	0
	Impairments re Donated assets	0	0	0	0	0	0
	Impairments re PCT assets	0	0	0	0	0	0
5,909	**Net Surplus/(Deficit)**	**2,132**	**(299)**	**(2,836)**	**(2,537)**	**(535)**	**(613)**
	Consolidation of Charitable Fund Accounts	0	0	0	0	0	
	Sustainability and Transformation Fund	3,777	567	0	(567)	(567)	
	Total and Consolidated Net Surplus/(Deficit)	**5,909**	**268**	**(2,836)**	**(3,104)**	**(1,102)**	**(613)**

Financial Position Monthly Run Charts

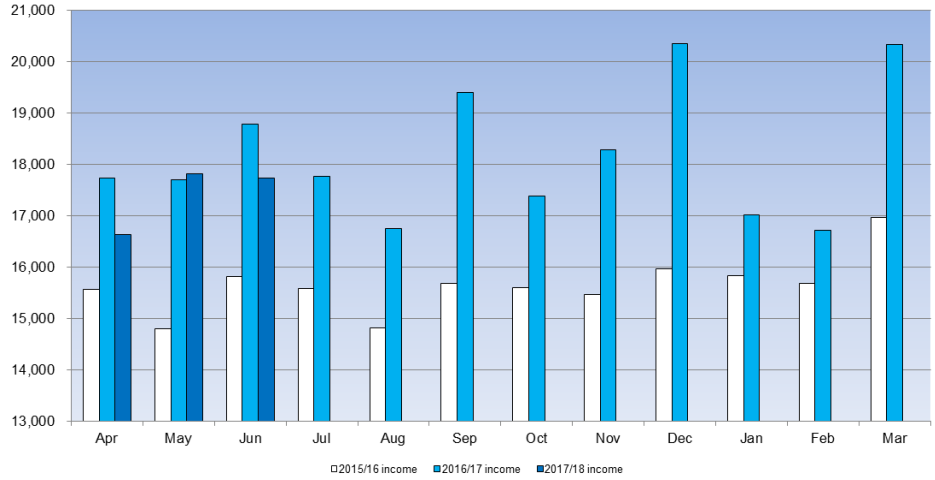
Planned and Actual Income Apr 2014 - Mar 2018



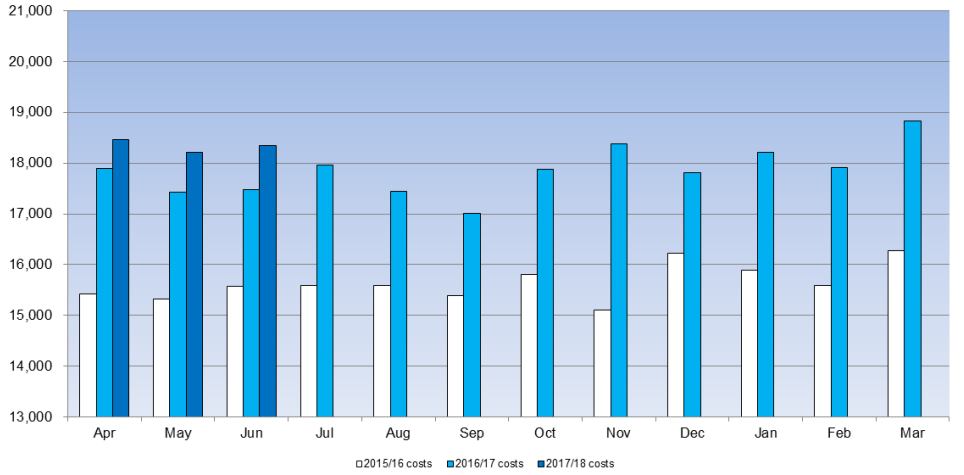
Planned and Actual Costs Apr 2014 - Mar 2018



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



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



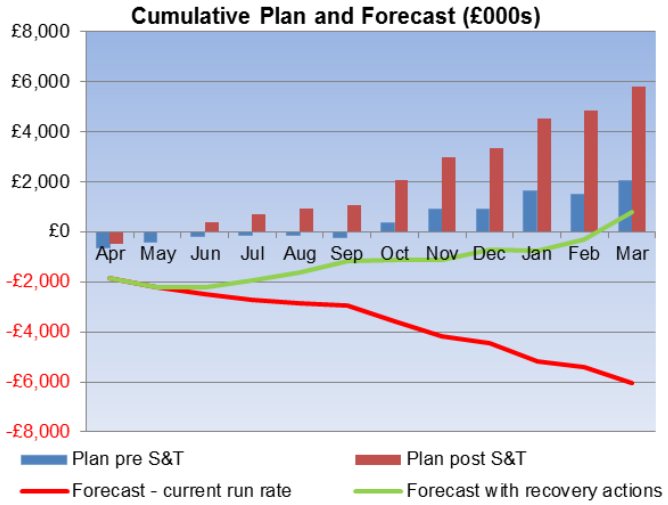
Recovery Planning

As previosuly discussed, the forecast variance as a result of current performance is £12m behind plan. This is a result of the underlying run rate and subsequent impact on STF income. Details of this and plans to recover the position are outlined below -

Current high level forecast position	Plan £'000s	Forecast £'000s	Variance £'000s
Forecast Run Rate	£5,909	-£5,959	-£11,868
Forecast less STF	£2,132	-£5,959	-£8,091

Forecast as a result of the above improvements	Plan £'000s	Forecast £'000s	Variance £'000s
Pre STF	£2,132	£896	-£1,236
Forecast with improvements including STF	**£5,909**	**£896**	**-£5,013**

Remaining Operational Gap **-£1,236**



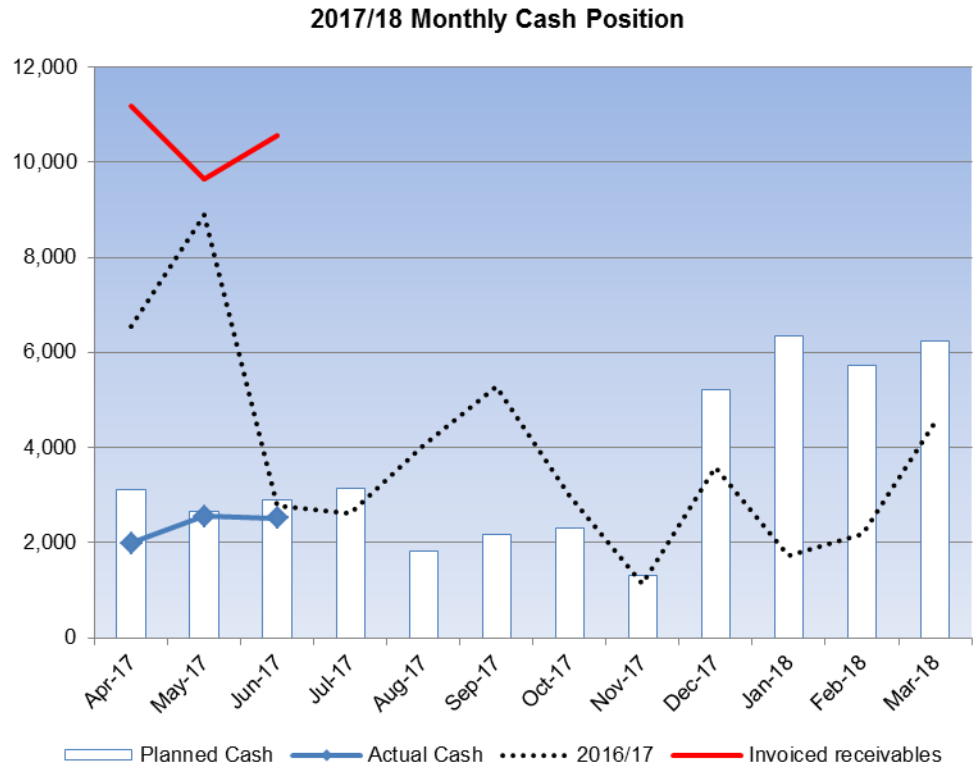
Recovery Plan Actions	Improvement to run rate £'000s	Subtotal £'000s	Start Date
Non Recurrent Issues effecting forecast variance			
Such as power failure, maintenance charge from 16/17	£695		**Ongoing**
Total Non Recurrent Issues		**£695**	
Activity/Income			
- Casemix Review (Elective and Non Elective)	£850		Jun-17
- Orthopaedic Locum	£250		Sep-17
- General Surgery model	£150		Sep-17
- Theatre Productivity	£500		Jul-17
- Professional leave management	£500		Sep-17
- Wharfedale Activity	£250		Aug-17
Total Activity/Income Improvements		**£2,500**	
Expenditure			
- Nurse Staffing (inc. 1 to 1 care)	£800		Jul-17
- Theatre Staffing Strategy	£160		Jan-18
- Agency premium reduction (Medical bank for example)	£100		Oct-17
- Management of Community Services to contracted values	£100		Oct-17
- Further Procurement Opportunities from WYAAT collaborative work	£40		Sep-17
Total Expenditure Improvements		**£1,200**	
Other Items			
- Release Board Contingency	£750		Jun-17
- Capitalisation	£200		Jun-17
- ASDM Opportunity	£750		Mar-18
- Annual Leave Accrual	£460		Jun-17
- Provisions	£300		Mar-18
- Rates	TBC		TBC
Total Other Improvements		**£2,460**	
Total Improvements		**£6,855**	

Plans are progressing in relation to this programme of work, with updates to be discussed at Board.

Cashflow

Cashflow remains a concern with the current position £345k behind plan. As discussed at SMT, capital schemes which have not commenced or do not have an impact on efficiency will be held until the I&E position recovers.

As the information below demonstrates, there is a significant value of invoiced receivables the Trust is awaiting payment for. This does not include the overtrade with HaRD CCG which due to reconciliation timelines is yet to be invoiced. This value currently stands at approx. £3m.



Outstanding Accounts Receivable Debts - JUNE 2017	0 to 30 Days £000	31 to 60 Days £000	61 to 90 Days £000	Over 91 Days £000	Total £000
NHS/WGA Debts	1,349	430	341	7,242	9,362
Insurance Companies	94	29	8	53	184
Other	389	175	21	420	1,005
Totals	**1,832**	**634**	**370**	**7,715**	**10,551**

June 2017 top 5 receivables by organisation	£
NHS HARROGATE AND RURAL DISTRICT CCG	3,500,420.21
NHS SCARBOROUGH AND RYEDALE CCG	919,029.09
NHS VALE OF YORK CCG	738,787.65
NORTH YORKSHIRE COUNTY COUNCIL	713,335.94
NHS ENGLAND	660,343.80
	6,531,916.69

Q1 Efficiency Update

- As outlined on page 2, the Trust has actioned £5.3m of savings (FYE) in quarter 1, 57% of the Trustwide target.

- Plans are in place for 94% of the target, reducing to 79% following risk adjustment. Clearly this position is a concern for the Trust.

- Following on from the June board, adjustments have been made to increase directorate targets in order to assist in the wider recovery plan. The changes are outlined in the table below and based on the paper presented at Board last month.

		Original Target	BoD paper reduction	Spread based on Size	Rephased CIP
Corporate Services		1,640,000		178,875	1,818,875
Planned Care		2,123,000		374,146	2,497,146
LTUC		3,832,700	(750,000)	363,344	3,446,044
CCCC		1,414,200		233,635	1,647,835

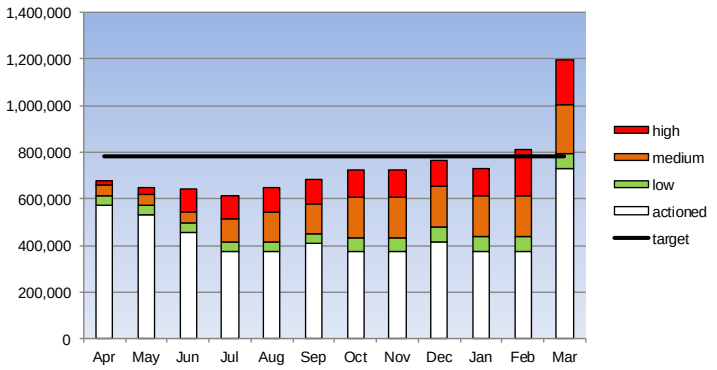
- Due to the timing of this change directorates are currently working through how the planning gap will be closed at it is expected that this position will improve in July.

- 81% of schemes have been actioned recurrently to date. There is potentially a risk that this will increase following the increase in target.

- The biggest change in plans relates to the inpatient workstream has reduced from £1,000k to £250k and is now rated high risk. This change can be seen in the reduction in plans on page 3.

Efficiency Update

Trustwide Cost Improvement Programme 2017/18

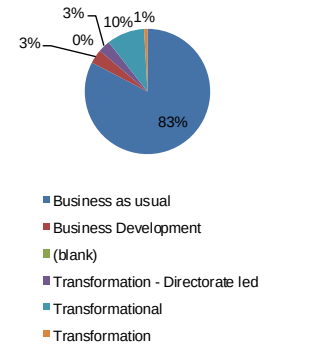


Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide	9,409,900	5,325,000	587,003	1,630,249	1,319,276	8,861,529	94%	7,450,708	79%
	% age of target		6%	17%	14%				

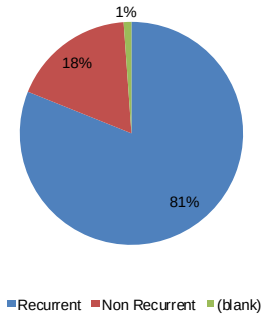
Top 10 unactioned schemes Top 10 as % of schemes - 22%

No.	Scheme	Directorate	Value	Risk
1	Vacancy Control	LTUC	350,000	Medium
2	Inpatient Workstream	LTUC	250,000	high
3	Recruitment Review	LTUC	240,000	Medium
4	Enhanced Recovery - CTB	Planned Care	208,333	high
5	Theatre Utilisation - CTB	Planned Care	208,333	high
6	Endoscopy	Planned Care	159,143	high
7	Clinic review	LTUC	150,000	Medium
8	Drug savings	LTUC	134,000	Medium
9	Pathology Review	LTUC	126,100	Low
10	Repatriation of Services	Planned Care	100,833	high

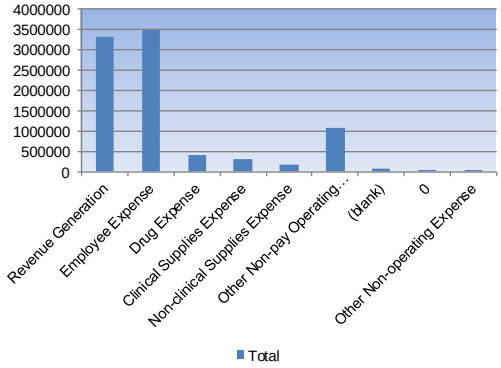
CIP schemes by internal category



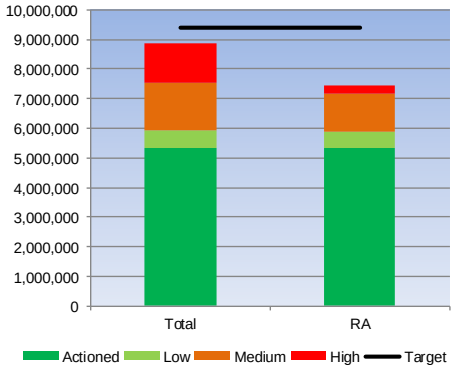
Recurrent V Non Recurrent Plans



Efficiency Category



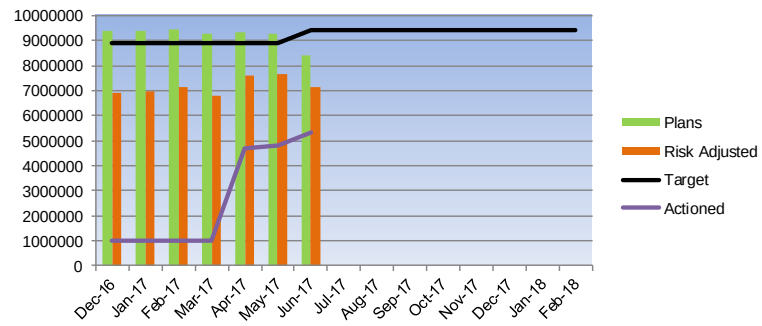
Risk Profile



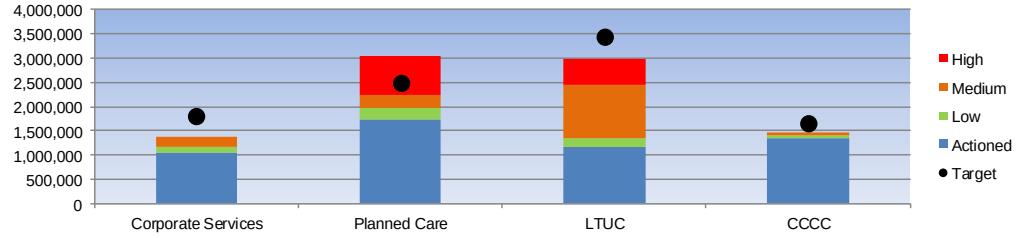
Efficiency Update Continued

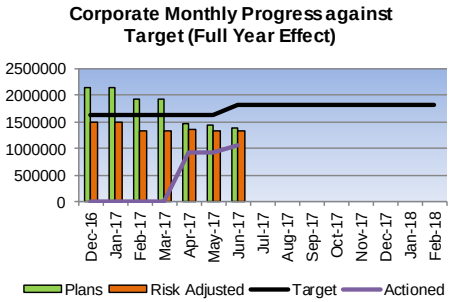
The directorate positions highlight the differing degrees of risk across the Trust. Further work is required in Corporate, CCCC and LTUC around developing and moving forward plans. Planned Care have a number of plans in place over the target requirement, however there are a number of high risk plans.

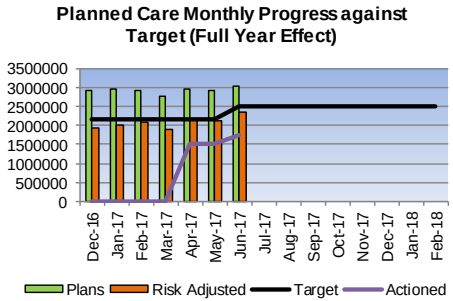
Trustwide Cost Improvement Programme 2017/18

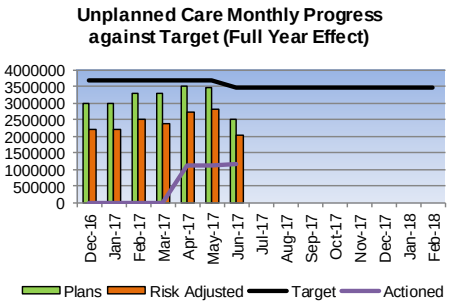


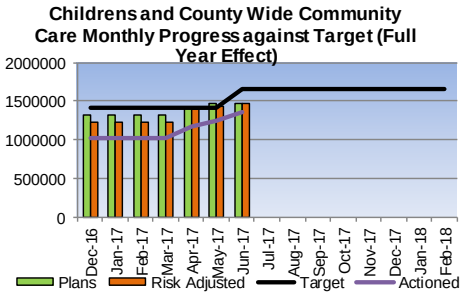
Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Corporate Services	1,819,000	1,063,200	120,200	185,700	0	1,369,100	75%	1,325,950	73%
Planned Care	2,497,146	1,732,000	249,983	257,260	806,276	3,045,520	122%	2,336,547	94%
LTUC	3,446,044	1,166,000	169,200	1,121,900	513,000	2,514,100	73%	2,025,660	59%
CCCC	1,647,835	1,363,800	47,620	65,389	0	1,476,809	90%	1,461,350	89%

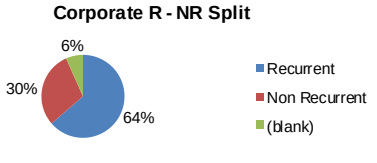


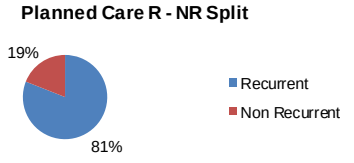


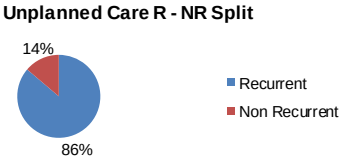


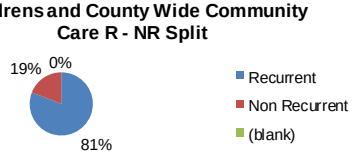












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NHS
Harrogate and District
NHS Foundation Trust

Report to the Trust Board of Directors: 26 July 2017	**Paper No: 7.0**

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:

- Elective admissions remain below plan, but there has been an improvement for elective inpatient activity since April 2017.
- Provisional data indicates that delivery of the 62 day standard for Quarter 1 will be achieved. Shadow reporting of the 62 day standard shows a deterioration in performance for June 2017 and Quarter 1 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.

CHIEF OPERATING OFFICER'S REPORT
Board of Directors' meeting 26th July 2017

1.0 CHILDREN'S SERVICES

The Children's Services key performance metrics continue to show a positive trajectory which is the outcome from active case management and data validation work in all 4 areas. There has been specific work in North Yorkshire and commissioners have reported they are pleased with the progress being made.

A key change management issue is to continue to support the Children's Services in agile working. There are a mixture of technical challenges as well as some issues around clinician confidence, so the Directorate with informatics are putting forward two initiatives; a VPN pilot, and a year's "floor walks" with SystmOne and IT programmed for a year. This will start in September 2017.

The Children's and Countywide Community Care (CCCC) Directorate had a very successful "celebration of innovation" event with a focus on learning and sharing of clinician driven service improvement initiatives within the different teams. This engaged clinical staff, commissioners, Public Health England (PHE) and HDFT executives, and created a significant amount of activity on social media.

2.0 CANCER SERVICES

62 day cancer performance

Despite a high number of 62 day cancer breaches in May and June 2017, projected performance for June 2017 and for Quarter 1 is above the 85% standard at 87% and 86% respectively. This position will be validated at the monthly Breach Analysis meeting in July 2017, after which we will have the confirmed quarter position. This meeting will also identify the key issues that need to be addressed in order to improve patient pathways and performance.

One patient breached the 31 day surgical subsequent treatment standard in June 2017, meaning that performance for the month fell below the expected 94% standard with 92.9% of 14 patients treated within 31 days. However, projected performance for Quarter 1 is at 98.1% for this standard.

Inter-Provider Transfer (IPT) performance

As stated above, projected performance for Quarter 1 with the current allocation rules is at 86%. A total of 49 patients were treated at tertiary centres in the quarter following a two week wait (2WW) referral to Harrogate. Of these, 22 were transferred by day 38 (44.9%).

Shadow reporting of the 62 day standard shows that when the WYH draft policy interpretation of the national guidance re-allocation rules are applied, performance would have been below the expected standard for both June and the quarter at 80.6% and 83.6% respectively. Performance for the quarter would have been 2.4% lower than reported performance).

3.0 BRIARY WING

Following the joint communication from NHS Harrogate and Rural Districts (HaRD) CCG and Tees Esk and Wear Valley NHS Foundation Trust (TEWV) pausing the new build project at Cardale Park, HDFT Chief Operating Officer (COO) met with TEWV COO to understand the implications for vacating the Briary wing. The meeting confirmed the engagement timeline which TEWV are working to and that it is therefore unlikely that any space will be vacated before late 2019.

4.0 FIRE RISK ASSESSMENTS

Following the update given to Board last month regarding fire risks associated with cladding I can confirm we have received a subsequent request to review all non-inpatient areas in buildings higher than 18 metres. The Trust has responded to confirm that for all properties it owns there is not aluminium cladding on its building, and that all NHS Property Services and Local Authority properties returns will be completed by those landlords.

The Trust is in the process of writing to all third party landlords to confirm there is no aluminium cladding on buildings higher than 18 metres. However based on our own understanding of the properties we occupy most are buildings lower than 18 metres. In addition the teams have checked fire risk assessments are up to date and, with the exception of those associated with NHS Property Services buildings, this can be confirmed as being the case. Confirmation from NHS Property Services regarding fire risk assessments has been requested.

It should be noted that all teams through the health and safety SALUS book process do complete their own fire checks and risk assessments associated with their use of the building and these are all up to date.

5.0 SERVICE ACTIVITY

The table below summarises the year to date position on activity for the main points of delivery.

	Apr-17			May-17			Jun-17			Jun-17 YTD		
Activity type	**Actual**	**Plan**	**Variance**	**Actual**	**Plan**	**Variance**	**Actual**	**Plan**	**Variance**	**Actual**	**Plan**	**Variance**
New outpatients	6831	7000	-2.4%	8505	8167	4.1%	8412	8556	-1.7%	23748	23722	0.1%
Follow-up outpatients	14020	14039	-0.1%	16551	16379	1.0%	16499	17159	-3.8%	47070	47578	-1.1%
Elective inpatients	246	273	-9.9%	328	344	-4.7%	325	344	-5.6%	899	962	-6.5%
Elective day cases	2104	2263	-7.0%	2378	2609	-8.8%	2458	2672	-8.0%	6940	7543	-8.0%
Non-electives	1731	1757	-1.5%	1960	1822	7.6%	1817	1735	4.7%	5508	5314	3.6%
A&E attendances	4031	3987	1.1%	4373	4120	6.1%	4192	3987	5.1%	12596	12093	4.2%

Despite remaining behind plan for elective admissions, June has seen an improvement on the April 2017 position for elective inpatient activity, and the variance for elective day cases has remained static since May 2017 at around 8%. The specialties with the largest adverse variance to plan on elective activity year to date are: General Surgery, Orthopaedics, ENT, Ophthalmology and Urology.

During June 2017 consultant sickness has affected both Orthopaedic and Ophthalmology Elective Activity levels and in July 2017 it is impacting on General Surgery.

Actions have been developed further since last month, and are summarised below:

- A review of the Consultant of the Week model has been completed. Conversations have been undertaken with individual consultants and agreement gained with the majority for the replacement of elective activity whilst on call. This is being actioned in July.
- One General surgery middle grade has joined in July and two further are starting in August. Following induction, these posts will enable further activity (the gaps have contributed to the current activity challenges in general Surgery)
- The theatre productivity dashboard which enables timely analysis of productivity will be completed by end July and rolled out to clinicians. Initial review of this highlights opportunity, the Planned and Surgical Care directorate is working up plans and linking this with the transformational programme in order to maximise the opportunities the report shows.
- The theatre staffing strategy has been launched and communicated to staff. This has received positive feedback from staff. Consultation is under way with senior staff affected by the altered roles and the strategy will be launched through various platforms with the aim of improving the recruitment of substantive staff. Although not a short term solution to the high spend in theatres, this is anticipated to reduce spend and improve staffing consistency in main theatres which should in turn aid productivity.
- A review of gastroenterology medical staffing deployment which is anticipated to improve delivery of the activity plan. This includes specific plans for the Medical Training Initiative Doctors to ensure they are reaching required competency levels to support additional clinical activity.
- The appointment of a locum Consultant Orthopaedic surgeon from September, with a plan to then recruit substantively from the new year.
- Agreement from Leeds senior management to increase the number of endoscopy sessions utilised on the Wharfedale Hospital site and work underway from HDFT to resolve IT issues that have limited the number of points on a list.
- An immediate review of medical staffing professional leave has commenced. This is currently managed separately to the study leave allocation and results in a further reduction in clinical activity. This has been discussed at LNC and a new policy to be agreed by the end of July.

In addition to the activity variances outlined above, a case-mix issue has been identified which is further affecting income. At this stage, it is anticipated that this relates to three possible areas:

- A genuine reduction in patient acuity;
- The actual impact of HRG 4+ being different to the planned impact;
- The translation of patient acuity being accurately reflected into the coded spell.

Further work is being undertaken to better understand each of these three possibilities and in the interim, a letter has been issued to all affected commissioners.

The Sterile Services Department upgrade has now reached the critical stage and the department have decanted offsite for 8 weeks. During this phase activity is being carefully managed as the turnaround of equipment is significantly slower. In addition, Theatre 2 is closed for refurbishment and therefore it is not anticipated that Elective Inpatient and Day Case activity recovery will be able to commence until mid-September when it returns. Disproportionate levels of annual leave have been planned in to maximise the activity for the rest of the year and to support the reduced theatre availability and equipment capacity.

Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 26 July 2017	Paper No: 8.0

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. Agreement on the Apprenticeship Levy signed
2. Placement of Physician Associates in the Trust
3. Band 4 roles on in-patient wards

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) Apprenticeship Levy

On 21 June 2017 I accepted the terms of the legally binding agreement on behalf of this Trust with the Education and Skills Funding Agency. This will now enable the Trust to release the levy monies to support the education and development of a variety of apprentices across the Trust. In excess of £600,000 will be available each year and the Trust will be expected to meet its public sector duty to recruit an agreed number of apprentices. This duty will be monitored via the Trust's Integrated Board Report from September 2017 onwards.

b) New Non-Executive Director

Final interviews for the vacant Non-Executive Director (NED) post took place on 29 June 2017. Three candidates were shortlisted for interview and the process included a session with a Discussion Group followed by a formal interview. A preferred candidate was selected and pre-employment checks are underway, with a view to proposing the preferred candidate to the regular meeting of the Council of Governors (with which the responsibility for the appointment lies) scheduled for 2 August 2017. If the Council of Governors approves the recommendation, the new NED will take up the role on 1 September.

c) Appointment of new Chair

Following the previous unsuccessful recruitment campaign earlier this year, a new process is underway to recruit a Chair to take up the role when Sandra Dodson completes her maximum nine-year term at the end of September. Advertisements have been placed, primarily online but also in the Sunday Times on 18 June, and Gatenby Sanderson immediately started the process of seeking potential applicants. Governors, Executive and Non-Executive Directors and Trust members have been asked to use their networks to stimulate interest in the post and to try and broaden the field of candidates.

The closing dates for applications was 20 July, following which the Interview Panel will longlist applicants on 26 July, shortlist on 25 August and invite the final selected group to interview on 13 September. As before, the final interview day will comprise presentations from each candidate to an audience from across the Trust, discussions with two smaller groups and a formal interview. The Council of Governors will then be invited to approve the preferred candidate.

d) Physician Associates

"Physician associates are collaborative healthcare professionals with a generalist medical education, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated supervisor, but are able to work autonomously with appropriate support". (Royal College of Physicians – Faculty of Physician Associates Website)

From September 2017 the Trust has agreed to become a placement provider for second year Physician (PA) Associates in partnership with the University of Leeds. The students are already qualified with a health related degree, and will be studying a further two year Postgraduate Physician Associate qualification. The two year Postgraduate Physician Course is developed from the current medical training curriculum and accredited by the Faculty of Physician Associates.

The PA role will provide vital day to day support to doctors working as part of the multidisciplinary medical team undertaking duties such as taking medical histories, performing examinations, diagnosing illnesses, analysing test results and developing management plans.

The Trust has committed to take a maximum of six students at a time for a period of six weeks across the specialties. I have negotiated with the University of Leeds to guarantee two substantive PAs for HDFT upon qualification. The guarantee of two Physician Associate posts supports the Trust's workforce strategy of developing alternative roles to help develop multidisciplinary teams to deliver quality patient care.

e) Sickness Absence

There was a slight increase in sickness absence of 0.07% across the organisation in May, from 3.75% to 3.82%. Despite this slight increase, the percentage overall still remains below the Trust threshold of 3.9%. The sickness absence levels within the Planned and Surgical Care Directorate have reduced, from 4.57% to 4.24%, whilst those in the other Directorates have marginally increased from April. The figure for Corporate is currently 3.11% and that for Long Term and Unscheduled Care is 3.50%; overall these both remain under the Trust threshold. The Children's and County Wide Community Care Directorate has also seen an increase to 4.28%.

There are targeted action plans being put in place for the inpatient areas within the Planned and Surgical Care Directorate and a significant focus on Farndale Ward has already seen a number of long term sickness cases concluded. Children's and Country Wide Community Care also has some key actions being implemented in order to be more proactive in the management of attendance. There is ongoing work being undertaken to help increase the overall percentage of return to work meetings being recorded in Rosterpro.

f) Job Planning

The chairman of the Job Planning Group took up an invitation to address the Consultants' Forum on 6 July. Subjects covered included the updated Job Planning Policy, the introduction of a digitised Job Planning template from 1 August, the need for managerial and clinical input into job planning discussions and agreement thereof, a proposal for medical staff leave to be calculated by Professional Activity sessions, rather than days, and the need for a distinction between study and professional leave and how the latter should be administered. There was a useful debate on many of these subjects.

The latest Job Planning figures, for the end of June, show a welcome increase in completed Job Plans overall, although there remain some areas where progress is slower than others. However, there are a number of Job Plans where the meeting has taken place and the sign- off of the Job Plan is imminent – these should be reflected in the July figures. It is expected that the implementation of Schedule 15 sanctions from June, whereby those doctors who have not completed an appraisal, a Job Plan and their Mandatory and Essential training will not be allowed to take their annual pay progression, is likely to have a positive effect on Job Planning rates.

JULY 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	14	14	100.00%	0	0.00%	0	0.00%	0		
LT & UC	59	42	71.19%	17	28.81%	0	0.00%	0		
P & SC	68	54	79.41%	13	19.11%	1	1.47%	0		
Total	**141**	**110**	**78.01%**	**30**	**21.28%**	**1**	**0.71%**	0		

JULY 2017 JOB PLANNING CENTRAL REPORT - SAS GRADES										
Directorate	Number of SAS Doctors	Job Plans within 12 months	%	Job Plans older than 12 months	%	Number of SAS Doctors with no Job Plans recorded	%	In progress	Notes	RAG
C & CWCC	6	6	100.00%	0	0.00%	0	0.00%	0		
LT & UC	11	10	90.91%	1	9.09%	0	0.00%	0		
P & SC	40	7	17.50%	12	30.00%	21	52.50%	0		
Total	**57**	**23**	**40.35%**	**13**	**22.81%**	**21**	**36.84%**	0		
Change from previous month (in-date JPs)		**Improved**		**No change**		**Worse**				

g) NHS England Voluntary Agreement on Sugar in Beverages

The Trust has signed up to a commitment to a new NHS England scheme designed to reduce the sale of sugar-sweetened beverages from all outlets on its premises. WH Smith has also signed up to this nationally.

Through the voluntary scheme suppliers on NHS premises will commit to:

> Reduce the total volume of monthly sugar-sweetened beverage sales per NHS outlet, reaching a target of 10% or less of total volume of drinks sales for the whole month of March 2018 and continuing thereafter and in future contracts;
>
> Commit to an agreed definition of sugar-sweetened beverages;
>
> Provide NHS England with quarterly self-reported data, comprising total monthly beverage sales by volume (litres), including the total number of sugar-sweetened beverage sales, on a site-by-site basis; and
>
> Submit the first data return, while will encompass data from Quarter 2, to NHS England by 31 October 2017 and submit data returns on a quarterly basis thereafter.

h) Celebrating Success Awards

Following the enforced cancellation of the Summer Fair, the Workforce and Organisational Development team is organising a Tea Party for staff to mark both Celebrating Success Awards and Long Service Awards. The Tea Party will be held on the afternoon of Monday 24 July 2017 and invitations have been sent out, with further details, for all those with long service and those who will receive Celebrating Success awards.

i) Nurse Recruitment

On Tuesday 20 June the Trust held a Student and Registered Nurse recruitment evening which attracted a number of registered and student nurses from various locations across England. In total eleven conditional offers of employment were made across the in-patient wards.

The Trust currently has 38 student nurse applications in process with start dates ranging from September 2017 to March 2018.

j) Global Health Exchange update

Over recent weeks the Trust has interviewed, and conditionally offered, 17 international nurses, taking the current project total to 19.

This cohort of nurses has been supplied by a new project partner, with the nurses all at various stages of the complex application process. Three of the applicants have already submitted and received their NMC application decision letter confirming they can complete their NMC OSCE test.

The Trust is busy supporting the three nurses to fulfil the required pre-employment checks prior to applying for their Certificates of Sponsorship.

The earliest anticipated start dates for the three nurses is early September, however a number of stages of the process will need to be completed before a definitive date can be set.

The remaining nurses are undertaking the required English language competency test and NMC tests, with support from the project partners.

k) Band 4 Roles – Proposal for In-patient Wards

In March 2017 the Corporate nursing team requested the application of the Calderdale Framework (CF) to develop Band 4 roles on both the surgical wards and the elderly medical wards. This was followed by a skill mix review taking into account current ward establishments and redesigning these to take into account Band 4 roles. Both events involved ward staff, ward managers, matrons and the Deputy Chief Nurse. As part of the CF core and service specific activities were identified for each of the clinical areas.

There are 2 routes for implementation of Band 4 roles:

1. Assistant Practitioner route – relevant to recruitment of qualified Band 4s to work on in-patient wards or other departments or 2-year training model for Allied Health Practitioner roles and others such as scrub roles in theatres;
2. Associate Nurse route – relevant to the 2-year training programme for ward-based Band 4 roles. First programme commences January 2018

The outcome of the skill mix review was that funding from vacant Band 5 posts will be used to recruit 8.81 Whole Time Equivalent Band 4 posts across five in-patient wards. A further three in-patient wards are being considered for employment of Band 4 Assistant Practitioners in due course.

Phillip Marshall
Director of Workforce and Organisational Development

July 2017

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Report to the Trust Board of Directors:	Paper No: 9.0

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.
- Three Director Inspection visit have resulted in 'green' ratings. There have been no red ratings this month.
- Complaints in June is lower than last month.
- Update on concerns regarding the Referral Management Service.
- The work being undertaken to gain accreditation for being Baby Friendly.

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. To maintain high standards of care for mothers and babies
2. To work with partners to deliver integrated care	No
3. To ensure clinical and financial sustainability	Yes – the report supports Trust's quality objective to ensure quality of care is not compromised to insufficient clinical staff

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

Action Required by the Board of Directors

- 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 decrease in numbers of complaints received by the Trust in June 2017.
- **Note** update regarding the Referral Management Service
- **Acknowledge** the work to improve standards for mothers and babies

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 17th July 2017, 4 people attended and all were interviewed. Offers were made to 3 Registered Nurses and 1 Student Nurse. This breaks down as 2 registered nurses for Theatres, 1 registered nurse for AMU and 1 student nurse qualifying in September for Wensleydale. In addition, 2 registered nurses who could not attend have been interviewed separately and offered positions in Planned and Surgical Care.

1.2 The next event is planned for September 2017.

1.3 A 'keeping in touch' event was held on 5th July 2017, attended by 7 student nurses who currently have conditional job offers from HDFT.

1.4 Following the decision at last month's Trust Board to invest in the nurse establishment in Long Term and Unscheduled Care (LTUC) directorate, the directorate has accelerated the recruitment of Care Support Workers (CSW). 27 additional CSW's are required to support the new rosters, there are still 14 to be appointed.

1.5 In Main Theatres there are 15.19 WTE Band 5 vacancies (9.27 RN's and 5.9 ODP's). By September this will have reduced to 10WTE.

1.6 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;
- Bed closures where feasible.

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

1.8 The number of 'hours owed' to the Trust are decreasing.

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

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
12/05/17	Granby	Green
01/06/17	Selby MIU	Green
16/06/17	ITU	Green
16/06/17	Littondale	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. Re-inspection took place 16th June 2017 and was passed as green.

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
23/03/17	Granby	• Nurse staffing levels concern as staff often work through break and stay late • There is limited space on ward but potential to convert unused rooms • Alternative methodology for cannula care audit was discussed • Staff believe patients would benefit from therapy provision at weekends • Staff could use OT room when not in patient use for breaks • Staff would like to push forward 'End of PJ Paralysis' campaign
06/06/17	Byland	• Nurse Staffing -The ward felt that Nurse staffing gaps were the greatest risk to patient safety in the department but recognised that this was reflected on the departmental, directorate and corporate risk registers. • Medical Staffing - Whilst the ward has daily consultant ward rounds, there is limited cover from 2 junior doctors and no middle grade support. • Falls - The ward is a high risk fall area. The ward tries to cohort patients at high risk of falling however this often requires an additional CSW to special. • Pressure Ulcers - The ward area hasn't had any hospital acquired pressure ulcers for a while. • MDT meetings - The visiting team were informed that MDT meetings are held daily where the ward team run through each patient's needs. The ward is using the Expected Discharge Dates in order to manage the clinical team's expectations and priorities. • Therapy Service provision - No therapy service input over the weekend. Reduced SALT provision.
21/06/17	Pharmacy	• Carter Review - Recommended that 80% of pharmacist resources are utilised for direct medicines optimisation – current performance is 84% and know we can improve on this in the next few months • We have improved the % of medicines reconciliation done within 24 hours – Feb 2016 at 80%, currently at 87% aiming for 90% by April 2018. We are the best in the region. • We have increased the number of pharmacists actively prescribing. Feb 2016 – 10%, currently 17% and once all those who have completed the course are ratified – 30%. If all pharmacists are accepted on the courses they have applied for by next year – 58% • Summary Care Record – aiming for new junior doctors to be trained and then rolled out to all relevant medical staff • Still need to improve the % of non-pharmacist ward based activity – should improve post September when two student technicians qualify and the new support workers that we have recruited recently will be fully up and running - so this should make the ward based team service sustainable. We are training more student technicians with (hopefully) 5 qualifying next year. ePMA • Reports now available for: Antibiotics prescribed, allergy not recorded, patients' Medicines On Admission / prescribed warfarin and when patients are discharged we ensure that info on Dawn (warfarin software) is updated / fax TTOs to relevant AC Service.
27/06/17	Main Out-Patients Dept	• A&E patients continue to be sent to clinic to be seen by specialists inappropriately. • Outpatient Administrative Support looks ahead at coming clinics to manage appointments of patients requiring Patient Transport Service • A number of the clerical support staff have worked in the department for an extended period of time however the department was in the process of recruiting to a 19hour clerk post for Ophthalmology and ENT clinic. • Taxis that are used to transfer staff to/from outreach clinics continue to be an issue. There was an incident recently where a driver started to fall asleep at the wheel putting staff at risk. Patient Waiting Times • Long waiting times for patients in clinic is a recurrent FFT theme. The most common cause for this is understood to be as a result of clinicians not arriving to clinic on time and overbooked clinics due to urgent

		appointments. Limited Space
		• The department suffers from limited space form storage and waiting areas. There was some discussion around developing the courtyard space between East and West Waiting. Disabled Toilet
		• Following the adjustment to the seat pan, the disabled toilet continues to be out of order.
		• There had also been some issues raised relating to the door which can be opened outwards into the corridor in order to allow wheelchair uses to easily get through the door. The department have put signage on the doors to warn visitors.
		• There was a discussion about changing places facilities and the support that is available to patients who require these. LD patients
		• Lynn made the visiting team aware of an incident where by a patient had been sent multiple follow up appointment letters following an urgent attendance but had DNA'd. It transpires tha the patient had Learning Disabilities but had not been flagged. There were concerns around the safety netting of vulnerable patients requiring 2 week wait appointments. FFT feedback:
		  • Poor car parking facilitites
		  • Long appointment waiting times
		  • Lack of Patient WiFi. Outpatient Department Project
		• Screens used in waiting areas to present relevant patient information regarding the department, appointment and facilities.
		• New signage to be put up and waiting areas renamed to reduce confusion and to be compatible with Web-V checkin stands.
		• Since the directorate restructure all outpatient services had been moved under one directorate. There was now good communication between surgical, medical and outreach outpatient departments.
		• The department has noticed that whilst there appears to have been a lot of progress in discussions around the project, it appears to have quietened down. It was though this might be linked to operational pressures and capacity within the directorate management teams as project managers are pulled back into directorate rolls. There was also a Gap without a Matron currently responsible for the department.
		• However it was understood that a number of changes were due to come into place in the near future. Admissions Office
		• Treatment booking forms were not being completed properly with very limited information. An example of an incomplete booking form was shared with the group. It was suggested that this would be raised at the Improving Patient Safety Steering Group and that there was potential for auditing the quality of these forms.

Patient Outcomes

4. Pressure Ulcer Target 2017/18

4.1 As I discussed last month 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, 66% of category 3 and 4 pressure ulcers analysed were deemed avoidable. The table below provides further detail of results to date.

April-June 2016 and April - June 2017 Comparison

Community Datix	2016	2017	Increase / Decrease
Category 2	38	53	39% ↑
Unstageable / Category 3	18	16	11.1% ↓
Category 4	2	0	100% ↓

Community RCA/SIRI	2016	2017	Increase / Decrease
Avoidable	10	3	70% ↓
Unavoidable	10	11	10% ↑
Total	20	14	30% Overall ↓

*Note 2 x Community RCAs pending

Hospital Datix	2016	2017	Increase / Decrease
Category 2	38	52	36.8 % ↑
Unstageable / Cat 3	12	10	16.67% ↓
Category 4	0	0	N/A

Hospital RCA/SIRI	2016	2017	Increase / Decrease
Avoidable	6	4	33.3% ↓
Unavoidable	5	6	10% ↑
Total	11	10	10% Overall ↓

5. Referral Management Service

5.1 At last month's Trust Board Meeting the referral management service commissioned by HaRD CCG was discussed as concerns had been raised about the referral of patients being delayed beyond the agreed timeframe of 2 days.

5.2 The CCG are now in receipt of an interim report and audit from About Health (the providers of the referral management service) and I have met with the commissioners to discuss the findings.

5.3 Between February 14th to 31st May 2017 there had been 5200 referrals to About Health. Following investigation by About Health 52 referrals remain a concern due to a delay in the referral pathway. All of these referrals except 1 have either had an appointment, or have an appointment date within the next two weeks. 1 appointment is yet to be made.

5.4 The CCG know who these patients are and have made arrangement to follow up the outcome of these appointments with the patients GP's to determine if the delay in referral has resulted in harm. A final report is then expected and will be shared with HDFT.

5.5 The interim report from About Health has identified the reasons for the delays in referrals and has developed actions to prevent them from happening again. The CCG now has KPI's in place the monitor the performance of About Health.

Patient Experience

6. Complaints

6.1 In June the Trust received 16 complaints. Of the 16 complaints received, 9 have been graded Yellow, 6 green and 1 Amber.

6.2 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	20	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**

7. Baby friendly Initiative

7.1 UNICEF Baby Friendly is a global initiative. The accreditation programme is recognised and recommended in numerous government and policy documents across all four UK nations, including NICE. Baby Friendly accreditation is a nationally recognised mark of quality care for babies and mothers.

7.2 Harrogate maternity unit has been accredited as Baby Friendly since 2002, and has undergone numerous external assessments to maintain this accreditation. Neonatal mothers are included in the assessments but in a limited way, concentrating on the care they received on the postnatal wards.

7.3 We are due a further assessment (August 16, 17,18th) to maintain our accreditation. This involves a team of external assessors visiting the unit. They will audit staff skills and knowledge, interview mothers by phone and face to face and audit policies and guidance related to the standards.

Maternity - what happens next?

7.4 If we pass *all* the required standards we will have an opportunity to work towards a gold award.

7.5 This will involve a further assessment around the leadership, culture, monitoring and progression in the unit.

7.6 We would submit a further application with more in depth evidence around the sustainability standards and the assessment team would interview maternity managers and our Trust Baby Friendly Guardian to support our application.

7.7 If we pass the majority of the standards but have further work to do we would proceed to a bespoke re-assessment before having an opportunity to work towards the gold award.

7.8 If we have significant work to do we may need a follow up assessment, we will then be fully reassessed again in 2-3 years and we will get an opportunity to try again for the gold award at that time

7.9 Following on from a Gold award and the benefits we will keep a portfolio of audit results and relevant data, this will be submitted to Baby Friendly annually. A year later we will have a revalidation meeting to review progress, following this if all is well we will revalidate 3 yearly. Short notice monitoring visits may be carried out by the Baby Friendly team. We will no longer pay for large assessments but will pay a yearly fee which will be substantially less cost for the Trust.

7.10 Presently there are no facilities in the UK with a gold award – achieving this would be a clear indicator of our excellent standards of care.

7.11 Neonatal Standards -There are now bespoke standards for neonatal units. The standards are around supporting close and loving relationships, breast milk and breastfeeding and valuing parents as partners in care. In August we will also be assessed to these standards. There is only one unit in the country that has

been accredited so far but numerous units are working towards the standards, including Bradford, Leeds and York. We have been changing practice and implementing the standards for approx. 3 years with a staff education programme and changes in facilities and culture. The assessment will be rigorous and we may not achieve full accreditation first time, this would then involve a smaller follow up assessment on any areas of weakness.

8 **Children's 0 – 19 Service**

8.1 The Health Visiting services for County Durham, Darlington and Middlesbrough are also accredited as Baby Friendly. North Yorkshire is on a pathway to become accredited.

8.2 County Durham and Darlington – due reassessment – may go for a gold award depending on results.

8.3 Middlesbrough – Have just been reaccredited after a follow up assessment

8.4 North Yorkshire – Will have a stage 2 assessment where staff skills and knowledge will be assessed. If they pass they will move onto stage 3 where mothers will be interviewed, if following this they are successful they will be accredited as Baby Friendly.

Jill Foster
Chief Nurse
July 2017

Appendix One

Actual versus planned nurse staffing - Inpatient areas

The table below summarises the average fill rate on each ward during **June 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 June was **8.00** care hours per patient per day.

	Jun-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	88.4%	109.4%	98.3%	132.2%	4.40	2.80	7.20
Byland	89.7%	100.0%	83.9%	120.3%	3.10	3.40	6.50
CATT	92.3%	124.7%	92.9%	137.8%	5.10	3.10	8.30
Farndale	93.8%	130.0%	100.0%	116.7%	3.30	4.00	7.30
Granby	77.6%	99.3%	101.7%	113.3%	3.20	3.30	6.60
Harlow	105.8%	101.7%	100.0%	-	6.40	1.90	8.20
ITU/HDU	104.4%	-	98.0%	-	24.10	1.80	25.80
Jervaulx	82.7%	108.5%	77.8%	111.1%	2.90	3.50	6.40
Lascelles	91.6%	99.3%	100.0%	106.7%	4.10	3.80	7.90
Littondale	93.2%	129.3%	87.8%	180.0%	3.40	2.70	6.10
Maternity Wards	89.5%	88.3%	97.5%	97.5%	12.50	3.50	16.10
Nidderdale	94.0%	97.6%	86.7%	183.3%	3.70	3.00	6.70
Oakdale	94.8%	113.9%	91.7%	153.3%	4.20	3.10	7.40
Special Care Baby Unit	92.7%	61.5%	96.7%	-	19.80	2.10	21.90
Trinity	109.3%	88.0%	101.7%	98.3%	3.80	3.50	7.20
Wensleydale	90.8%	123.3%	103.3%	133.3%	3.40	2.80	6.10
Woodlands	76.3%	91.7%	90.0%	80.0%	10.00	3.10	13.10
Trust total	**91.6%**	**108.2%**	**94.1%**	**123.2%**	**4.80**	**3.10**	**8.00**

ED staffing	85.7%	233.3%	83.9%	123.3%

Further information to support the May 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, the occupancy levels fluctuated in this area throughout the month and staffing requirements were monitored on a shift by shift basis.

On Farndale ward the planned RN staffing levels were adjusted in June to reflect the closure of beds in this area in response to RN vacancies, sickness and activity levels.

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

The planned staffing levels on the Delivery Suite and Pannal ward (maternity wards) have been combined to reflect the close working relationship of these two areas and the movement of staff between the wards in response to fluctuating occupancy and activity levels. Some of the Registered Midwife gaps were due to sickness and the care staff gaps due to 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.

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

For the Special Care Baby Unit (SCBU) although the day and night time RN hours and the daytime 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 June due to staff sickness and the care staff hours due to vacancies, 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.

Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 26 July 2017	**Paper No: 10.0**

Title	**Report from the Medical Director**
Sponsoring Director	Dr David Scullion, Medical Director
Author(s)	Dr Claire Hall, Deputy Medical Director
Report Purpose	To receive an update on clinical issues.

Key Issues for Board Focus:

- To note plans for succession planning for R&D Lead/Associate Medical Director for Research.
- To note mortality indices and for discussion as necessary.

Related Trust Objectives	
1. To deliver high quality care	Yes – the report provides an update on clinical issues which may impact on the delivery of high quality care
2. 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.
3. 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 implications/ Regulatory Requirements	The report does not highlight any legal/regulatory implications for the period.

Action Required by the Board of Directors

To note content of report and for discussion as deemed necessary.

1. Plans for succession planning for Research & Development Lead/Associate Medical Director for Research

Introduction
It is likely that the current post will be vacant in 12/18 months and alternatives for succession planning are being considered.

The future role needs to reflect the changing research landscape at a national, regional and local level.

Components to consider include:
1. Supporting alignment of research to disease prevalence and population need,
2. Continuing engagement at a regional level with National Institute of Health Research bodies e.g. Yorkshire and Humber Clinical Research Network, CLAHRC, AHSN and RDS - ideally this requires a nominated lead who has approval to make executive decisions.
3. Providing proactive infrastructure to support regional research interests through involvement with HEIs and local academics.
4. Leading and delivering the current Trust research strategy which involves increasing local capacity, capability and considering areas where commercial research would enhance income generation and sustain research for the organisation.

Current options include:
1. Supporting and developing interested consultant colleague(s) to work with the Medical Director to deliver on these aspects
2. Looking to support a joint academic/HDFT clinical post who could take on this role and align opportunities with Leeds Teaching Hospital Trust
3. Discuss options with neighbouring teaching hospitals to identify opportunities with their Research and Innovation Leads to explore the opportunity of working more collaboratively.

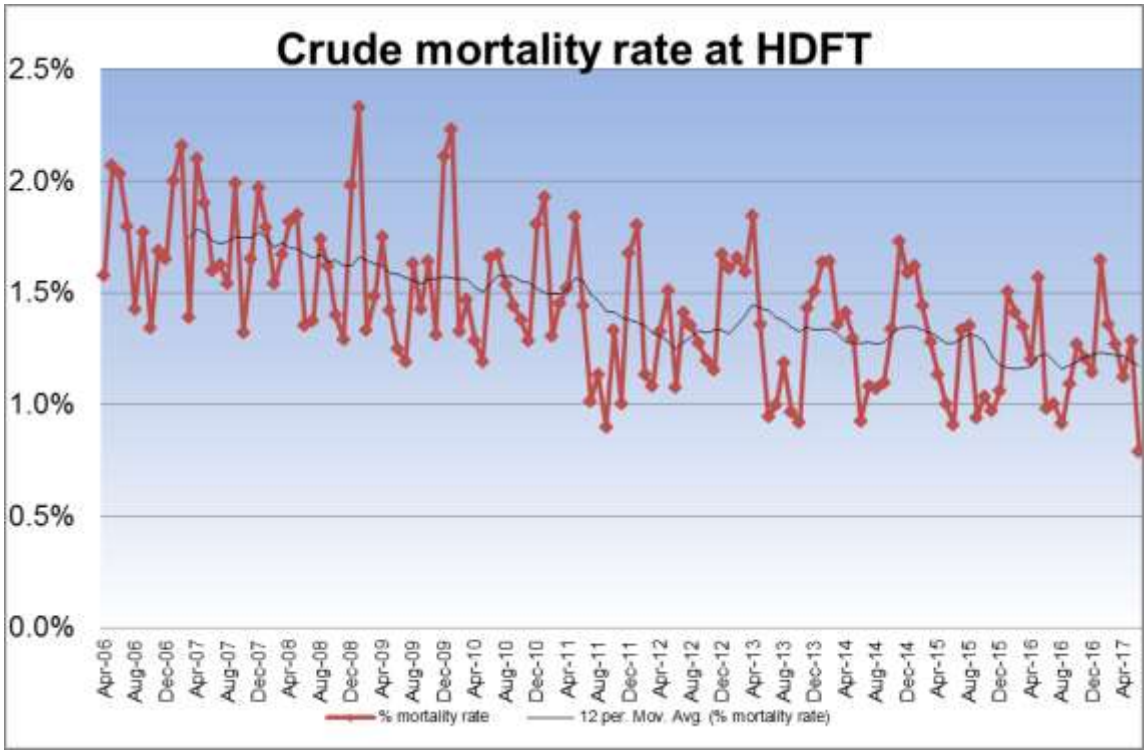
2. Analysis of the 7DSAT case note review undertaken in March 2017.

The overall proportion of patients seen and assessed by a suitable consultant within 14 hours of admission was 64% - an improvement of 4% since the September 2016 audit. Note that as with previous reviews, this may reflect inadequate record keeping rather than actual practice, as the criterion is automatically marked as a fail if the time of the review is not documented, even if it is likely to have fallen within the 14 hours.

3. Crude Mortality Rate

The crude death rate decreased significantly to 0.79% in June, which is the lowest crude death rate we have ever reported (certainly it is the lowest since 2006).

It is worth noting that the latest HSMR and SHMI only look at deaths up until end March (for HSMR) and end April (for SHMI).



4. Yorkshire and Humber Genomic Medicine Centre

The Trust has confirmed commitment to contribute to the Yorkshire and Humber Genomic Medicine Centre. Dr Daniel Scott is Executive Lead with support from Dr David Scullion.

5. Patient Measure of Organizational Safety (PMOS) Questionnaire

The Patient Measure of Organizational Safety (PMOS) Questionnaire is a study organized through Leeds Institute of Medical Education. The wards involved will be Granby, Littondale, Farndale and AMU. The study uses patient feedback about the safety of care to support inter-professional education to take place across HDFT.

Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 26 July 2017	**Paper No: 10.1**

Title	**Third quarterly report on safe working hours for doctors and dentists in training**
Sponsoring Director	Dr D Scullion, Medical Director
Author(s)	Dr C Gray, Guardian of Safe Working Hours
Report Purpose	To receive an update on issues pertaining to the safe working hours for doctors in training

Key Issues for Board Focus:

The Board of Directors is asked to note:

- The Guardian has on-going concerns in one department.
- The number of Exception Reports received is half that of last quarter and is below the national average.
- The Guardian attended the second regional meeting in Sheffield.
- There are regional/national concerns at under-reporting.
- There is a developing national recruitment crisis in doctors in training.

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
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 is asked to **receive and note** the content of the report.
The Board of Directors is requested to **consider the points** at the end of the report.

Harrogate and District NHS Foundation Trust

Board of Directors 26th July 2017

Q1 2017-18 QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

July 2017

Executive summary

This is the third quarterly report of the Guardian of Safe Working Hours. Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience. This report covers the period 1st April to 30th June 2017.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

The Trust is now in an intermediate phase with 34 trainee doctors presently transferred into the new 2016 TCS contract since its start in December 2016. All remaining trainees will be on the 2016 TCS contract from 1st August 2017 and will be eligible to use the exception reporting system as they wish.

Twenty-five exception reports have been received from trainees and dealt with [Q4 2016-17: 48]. These have all concerned over-runs of working hours owing to the busy state of the wards and to individual patient matters. No few reports of educational deficiency have been received. Exception reporting is in decline here and regionally.

One systematic problem persists. Foundation Year doctors in Specialty Y continue to work late. They are reluctant to make a fuss and admire their consultants who also work late. This issue will have to be investigated by an observational study.

There having been no breach of the European Working Time Directive, no fine has yet been levied.

National trends in medical post-graduate training continue to be adverse.

The Guardian has attended the second regional Guardians' meeting. Trainee doctors' forums have been held bi-monthly jointly with the Deputy Director of Medical Education.

Regional concerns are discussed.

This is the key quality assurance statement for the board: the Board is advised that overall working hours across the organisation are satisfactory and that there are presently no unaddressed specific concerns in departments or directorates. One specialty continues to have persistent late working for trainees: this is under study and management.

Introduction

This is the third quarterly report of the Guardian of Safe Working Hours which presents the Trust's statistics in brief form: more detailed data are held in the DRS computer system and are available on request.

Its purpose is to report to the Board of Directors the state of safe working of doctors in training ('junior doctors') in relation to their working hours, gaps in rotas and their educational experience.

The report provides the Board with up-dated quarterly evidence to support its assurance that the issues of safety within the Guardian's remit are in a satisfactory state.

The Trust is in an intermediate phase with 34 doctors presently transferred into the new 2016 Terms and Conditions of Service (TCS) contract since its start in December 2016. The rest of the doctors in training join the 2016 contract on changing jobs from August 2017.

High level data

Number of doctors / dentists in training (total):	121 [last quarter: 110]
Number of doctors / dentists in training on 2016 TCS (total):	34 [last quarter: 36]
Amount of time available in job plan for guardian to do the role:	1.5 PAs per week
Admin support provided to the Guardian (if any):	none [assistance from HR Department]
Amount of job-planned time for educational supervisors:	0.5 PAs per trainee

Exception reports

Exception reports are individual notifications by trainee doctors who have had a problem occasion causing them to vary their working hours from the contracted rota. Exception reports have a time-limited process for response by the Trust. At any one time there will usually be reports awaiting attention by individual clinical supervisors although none are in this state on the date of writing.

This is a full quarter covering the period 1st April 2017-30th June 2017.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Gen Medicine	0	16	16	0
Gen Surgery	0	7	7	0
Anaesthetics	0	1	1	0
Paediatrics	0	1	1	0
Total	0	25	25	0

Work schedule reviews & interventions

Work schedule review

A work schedule review would be undertaken to investigate any case of systematic or repeated over-working of contracted hours where the planned schedule itself is questioned. No work schedule review has been necessary to date.

Interventions

Two problems requiring action have been identified by the exception-reporting process. This quarterly report is a document for the public domain so the identities of the doctors and specialties in these cases are withheld. The identities have been disclosed separately to the Director of Workforce Development and the Medical Director for managerial accountability.

Dr X

As reported last quarter, Dr X submitted 13 exception reports in the period 16/12/2016 to 24/3/2017. Intervention led to the recruitment of a temporary post to relieve the burden of duties for the FY1 doctor in this specialty. The burden was indeed relieved. This temporary post remains a temporary solution.

Meanwhile, the Director of Medical Education has received a report on a specialty visit by the Yorkshire Deanery. This makes a number of criticisms of this specialty including strategic issues. The DME and the specialty consultants are considering the Trust's response. The workload of the FY1 post in this specialty is subsumed in the wider issues.

Specialty Y

In this specialty, exception reports have continued of persistent late working. The Guardian has interviewed several trainees in this specialty. Late working is usual; ward rounds may take all day and often continue past 1700hrs. This reflects the workload of the whole team who are hard-pressed by demand.

These trainees describe their consultants as 'very nice' and emphatically do not wish to make waves or cause any trouble on a named basis.

The Guardian had requested that trainees in Specialty Y keep diary records of start and finish times for a period but this was not done.

Given the trainees' reticence to discuss the frequent late finishes, a different approach will have to be tried. The Guardian proposes a service review with observational recording of start and finish times. The over-working contravenes the contract of employment but is not at a dangerous level. Over-working affects doctors of all grades. A new consultant has been appointed in this specialty.

Vacancies

There were 16 rota gaps in June 2017 [of 121 posts overall]. In February and August each year there are planned cohort changes; at other times of year there are always a few doctors coming and going for personal reasons. At any one time, there are gaps owing to failure of recruitment and vacant posts are at different stages of re-advertisement and recruitment.

Of course, rota gaps add to the strain on the trainees in post and add to the Trust's workforce costs by necessitating locum and other temporary employees.

Fines

The Guardian has the contractual power to penalize departments for failure to ensure safe working hours and particularly repeated breaches of the Working Time Directive. This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed should be attached as an appendix.

No fine has been necessary to date. There have been no identified breaches of the Working Time Directive.

Working time rules may of course change after BREXIT.

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	£0	£0	£0

Qualitative information

The Guardian attended the second Health Education England regional meeting for guardians on 16th June 2017 in Sheffield. This was another gloomy occasion. It was agreed that exception reporting has declined regionally with trainees in some instances reluctant to use the contractual mechanism. Instances of discouragement by seniors had been detected. National advice to seniors is to be issued to urge the welcoming of exception reports.

Systematic problems of recruitment of trainees continue to be intractable regionally and nationally leading to widespread gaps in rotas. Leeds Teaching Hospitals has 950 established trainee posts; only 750 are filled presently (21% gaps). Our own Trust had 13% rota gaps in June 2017. Many mainstream medical specialties in large teaching centres are nowadays failing to fill their training posts.

A survey of the cohort of UK trainee doctors certifying completion of FY2 training in 2016 found that half of these doctors - having qualified in medicine and completed two years in the FY grades - did not progress as expected immediately to GP or hospital specialist training posts. One sixth had left the country; a further sixth were out of medical practice and the remaining sixth were working in the NHS in non-training temporary posts. There have always been doctors training abroad for a spell and leaving medicine for personal reasons and taking temporary posts. What is unknown are the numbers of doctors intending to return from abroad to UK medical practice and to return to medical practice having left it. Recurrent loss of a third of the Foundation Scheme 'output' of medical graduates after two years' experience would be a serious challenge to the NHS. Morale is poor and many trainees hold lasting bitter views of HM Government for alleged pejorative and non-evidence-based comments during the 2016 junior doctors' contract dispute. Some trainees show the

'Generation Y' phenomenon: they have seen how hard their consultants' working lives are and do not want such lives for themselves.

Trusts have been urged by the Deans to consider all possible means of staffing their hospitals with professionals other than trainee doctors.

The Guardian was able to discuss the Deanery Report on Specialty Y with the Deputy Dean, Dr David Eadington.

The Guardian – jointly with the Deputy Director of Medical Education – has held the regular bi-monthly forums for doctors in training in the Doctors' Mess, missing one. The work of the Guardian in relation to safe working hours has been introduced. No substantial issue has ever been raised and the trainees in this Trust are low-key. Their BMA representative is reasonable and helpful and their BMA professional advisor is a serious and realistic person.

Exception reporting was announced as extended to all doctors including those outside the 2016 TCS using the 'Salaries 20 Form'. No report has been received from the non-2016 TCS doctors. All Trust trainees will be on 2016 TCS from August 2016.

Issues arising

1. The Trust is in comparatively good standing. We have had a below-average rate of exception reporting, lately reducing.
2. The bad example of overtime working and poor supervision in an FY1 post has been identified and resolved on a temporary basis. This specialty is now the subject of a recent Deanery Report.
3. Reluctance to report exceptions may exist regionally.
4. Exception reports are being received and processed.
5. The Guardian's concerns of persistent late working in Specialty Y continue. This will need an observational study as trainees are reluctant to make trouble.
6. There are gaps in rotas owing to failed recruitment. This a worsening issue throughout medical specialties especially in the North of England.
7. All Trust medical trainees will be on the 2016 TCS from August 2017.

Actions taken to resolve issues

1. A robust intervention was necessarily made by the Guardian in the previous quarter in the case of Dr X. This matter is currently resolved temporarily by the provision of a new post. The resilience of this response is yet to be seen. Manpower issues in the specialty are subsumed in the issues covered by the recent Deanery Report. These are under consideration by the Trust.
2. A diary exercise had been requested in Specialty Y without any results being forthcoming. This will now have to be conducted as an observational study.
3. At the date of reporting, the Board of Directors is assured from the evidence available that:
    1. The exception reporting system is operational for 2016 TCS doctors, and all trainees from August 2017.
    2. One identified problem continues this quarter. In one medical specialty, late-working in the evenings is a persistent phenomenon. This is under study and management.
    3. No other systematic or individual problem of unsafe working hours is known to exist currently.

Questions for consideration by the Board of Directors

1. *The Board is asked to receive the report and to consider the assurances provided by the Guardian.*
2. *There are presently no issues outlined in the report which are not being (or cannot be) tackled.*
3. *The Guardian makes no request for escalation, internally, externally or both, which might be recommended in order to ensure that safe working hours would not be compromised in the future.*
4. *Issues of medical manpower planning are a strategic challenge to the Trust and to the entire NHS. Shortages of trainee doctors in general practice and hospital specialties are likely to present intractable problems in the short to medium terms nationally. The Trust should be considering developing health care professionals other than trainee doctors in their traditional roles. These may include further enhancement of nursing practitioners and newer roles such as physician assistants, surgical assistants, science graduates in Pathology and so on.*

Dr Carl Gray

Guardian of Safe Working Hours

19th July 2017

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Board Committee report to the Board of Directors

Committee Name:	Quality Committee (QC)
Committee Chair:	LA Webster
Date of last meeting:	05/07/2017
Date of Board meeting for which this report is prepared	July 2017

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

Board request for QC to seek assurance:
Cannula Care- Audit update received, compliance is improving as confirmed by matron inspections and progress is being made towards being in a position to consider a new methodology for measuring the quality of care associated with cannulas.

Hot Spots Discussed:
Hospital Case of Carbapenemase Producing Entertobacteria (CPE) noted and case review to be conducted with a potential requirement to review the CPE policy

Reports heard:
- Infection Prevention and Control Annual Report
- Safeguarding Children Annual Report
- Clinical Audit Quarterly Report
- Quality Charter update

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

Note case of CPE

Matters for decision

None

Action Required by Board of Directors:

None

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Harrogate and District NHS Foundation Trust

Report to the Trust Board of Directors: 26 July 2017	**Paper No: 13.1**
Title	**Third Party Schedule**
Sponsoring Director	Dr Ros Tolcher, Chief Executive
Author(s)	Mrs Katherine Roberts, Company Secretary
Report Purpose	To update the Board with the Trust Third Party Schedule
Key Issues for Board Focus: The Board of Directors is required, under the Foundation Trust Code of Governance, to maintain a schedule of the specific third party bodies in relation to which the NHS Foundation Trust has a duty to cooperate.	

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

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

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

Third parties with roles in relation to Harrogate and District NHS Foundation Trust July 2017

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

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

NHS Improvement
Care Quality Commission

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

2. **Regulators of individual health professionals:-**

General Chiropractic Council
General Dental Council
General Medical Council
General Optical Council
General Osteopathic Council
General Pharmaceutical Council
Health Professions Council
Nursing and Midwifery Council

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

3. ***Third parties with a general statutory remit:***

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

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

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

Commissioners
Health and Wellbeing Boards
Public Health England
NHS Blood and Transplant
Parliamentary and Health Service Ombudsman
NHS Digital
Overview and scrutiny committees
Healthwatch and Healthwatch England
Local Authority Scrutiny of Health Committees

5. Third parties with a general remit:

Ofsted
National Audit Office

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

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

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

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

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

- Royal College of Anaesthetists
- Royal College of Emergency Medicine
- Royal College of General Practitioners
- Royal College of Midwives

- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Royal College of Ophthalmologists
- Royal College of Paediatrics and Child Health
- Royal College of Pathologists
- Royal College of Pharmaceutical Medicine
- Royal College of Physicians
- Royal College of Psychiatrists
- Royal College of Radiologists
- Royal College of Speech and Language Therapists
- Royal College of Surgeons