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NHS
Harrogate and District
NHS Foundation Trust

COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday, 7 November 2018 in The Council Chamber at the Civic Centre, Harrogate Borough Council, St Lukes Avenue, Harrogate, HG1 2AE.

Start: 5.45pm   Finish: 8.00pm
(Private discussion for Governors and the Board will commence at 5.15pm)

		AGENDA		
Time	**Item No.**	**Item**	**Lead**	**Paper No.**
5.45	**1.0**	**Welcome and apologies for absence** *Welcome to the public and setting the context of the meeting*	Mrs Angela Schofield, Chairman	-
5.45	**2.0**	**Minutes of the meeting held on 1 August 2018** *To review and approve the minutes*	Mrs Angela Schofield, Chairman	2.0
5.50	**3.0**	**Matters arising and review of action log** *To provide updates on progress of actions*	Mrs Angela Schofield, Chairman	3.0
5.55	**4.0**	**Declarations of interest** *To declare any interests relevant to the agenda and to receive any changes to the register of interests*	Mrs Angela Schofield, Chairman	4.0
5.55	**5.0**	**Chairman's verbal update on key issues** *To receive the verbal update for consideration*	Mrs Angela Schofield, Chairman	-
6.05	**6.0**	**Chief Executive Recruitment Update**	Mrs Angela Schofield, Chairman	6.0
6.10	**7.0**	**Governor Working Group – Membership Development and Engagement** *To receive the verbal summary for information*	Ms Pamela Allen, Deputy Chair of Governors/ Public Governor	
6.15	**8.0**	**Presentation – Winter Planning**	Mr Mike Forster, Operational Director, Long Term and Unscheduled Care Directorate Dr Matt Shepherd, Consultant and Lead Clinician, Emergency Medicine	Presentation

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6.30	9.0	**Chief Executive's Strategic and Operational Update, including Integrated Board Report** *To receive the update and report for comment*	Mr Jonathan Coulter, Deputy Chief Executive/Director of Finance	Presentation
**6.50 – 7.00pm – Break**			
7.00	10.0	**Resources Committee update** *To receive the update and report for consideration*	Mrs Maureen Taylor, Non-Executive Director/Chair of Resources Committee	-
7.10	11.0	**Question and Answer Session for Governors and members of the public** *To receive and respond to questions from the floor relating to the agenda*	Mrs Angela Schofield, Chairman	-
7.50	12.0	**Any other relevant business not included on the agenda** *By permission of the Chairman*	Mrs Angela Schofield, Chairman	-
	12.1	**Calendar of meetings - 2019**		12.1
7.55	13.0	**Member Evaluation**	Mrs Angela Schofield, Chairman	-
8.00	14.0	**Close of meeting**	Mrs Angela Schofield, Chairman	-

Date and time of next meeting – Saturday, 26 January 2019 at 10.00am (private meeting commences at 9.30am) – venue to be confirmed.

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Paper 2.0

Harrogate and District
NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 1 August 2018 at 17:45 hrs
at St. Aidan's Church of England High School, Oatlands Drive, Harrogate, HG2 8JR

Present:	Mrs Angela Schofield, Chairman
	Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
	Mr Ian Barlow, Public Governor
	Mrs Cath Clelland, Public Governor
	Mrs Angie Colvin, Corporate Affairs and Membership Manager
	Mr Robert Cowans, Public Governor
	Ms Clare Cressey, Stakeholder Governor
	Mr Tony Doveston, Public Governor
	Miss Sue Eddleston, Public Governor
	Mrs Emma Edgar, Staff Governor
	Dr Sheila Fisher, Public Governor
	Mrs Jill Foster, Chief Nurse
	Mrs Pat Jones, Public Governor
	Mr Neil Lauber, Staff Governor
	Cllr John Mann, Stakeholder Governor
	Mrs Rosemary Marsh, Public Governor
	Mr Phillip Marshall, Director of Workforce and Organisational Development
	Cllr Samantha Mearns, Stakeholder Governor
	Dr Christopher Mitchell, Public Governor
	Mrs Katherine Roberts, Company Secretary
	Mrs Laura Robson, Non-Executive Director
	Mr Richard Stiff, Non-Executive Director
	Mr Chris Thompson, Non-Executive Director
	Dr Ros Tolcher, Chief Executive
	Mr Steve Treece, Public Governor
	Mr Ian Ward, Non-Executive Director
	Mrs Lesley Webster, Non-Executive Director
In attendance:	6 members of the public
	Mr Andrew Forsyth, Compliance and Revalidation Manager
	Mr Rashpal Khangura, Director – Public Sector Audit, KPMG
	Dr Sylvia Wood, Deputy Director of Governance and Freedom to Speak Up Guardian

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1. **Welcome and apologies for absence**

Mrs Schofield was delighted to see members of the public at the meeting and offered them a warm welcome. She hoped they would find the meeting interesting and informative and welcomed questions for Governors, or any member of the Board, in attendance. She asked that any questions for item 12 on the agenda to be submitted during the break.

Mrs Schofield introduced the newly elected and nominated Governors and Mr Stiff, newly appointed Non-Executive Director. She also welcomed Mr Rashpal Khangura from KPMG who would be presenting the External Audit Assurance Report at item 8 on the agenda.

Apologies were received from Dr Pam Bagley, Stakeholder Governor, Mr Jonathan Coulter, Finance Director/Deputy Chief Executive, Mrs Liz Dean, Public Governor, Mr Rob Harrison, Chief Operating Officer, Ms Carolyn Heaney, Stakeholder Governor, Mrs Mikalie Lord, Staff Governor, Mr Andy Masters, Staff Governor, Mrs Zoe Metcalfe, Public Governor, Dr Daniel Scott, Staff Governor, Dr David Scullion, Medical Director and, Mrs Maureen Taylor, Non-Executive Director.

2. **Minutes of the last meeting held on 2 May 2018**

The minutes of the last meeting on 2 May were agreed as a true and accurate record.

3. **Matters arising and review of action log**

Item 1 – Dr Tolcher would be including new contract arrangements with Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) in her presentation at item 11 on the agenda.

Item 2 – consideration of the Youth Forum's involvement at public Council of Governors' meetings would be included in the Trust's Constitution Review at item 7 on the agenda.

Item 3 – a letter had been sent to Mr Crawley therefore this item was now complete.

Items 4 and 5 – both these actions were now complete. Non-Executive Directors (NEDs) would now also attend bi-monthly Governor Briefings on a rota basis in addition to the twice yearly Governor/NED meetings and Board to Board meetings. This arrangement would provide a further opportunity for Governors to interact with NEDs in a variety of forums.

There were no other matters arising.

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4. Declaration of interests

There were no further declarations of interest in addition to paper 4.

It was noted Mr Thompson was a Director of Harrogate Healthcare Facilities Management. No agenda items were planned which would present a conflict of interest. It was however agreed that Mr Thompson could participate fully in any items which included reference to Harrogate Healthcare Facilities Management.

5. Chairman's verbal update

Mrs Schofield paid tribute to Mr Ward who had been a NED for six years and would be leaving the Trust at the end of September. He had also undertaken the role of Senior Independent Director and worked closely with Governors.

Mr Ward commented that he was pleased to have been a NED for two terms of office and was particularly proud to be involved with such a high performing trust. He acknowledged the work of the Board, Governors, and all staff and wished the Trust every success in the future.

Mrs Schofield also thanked Mr Marshall, Director of Workforce and Organisational Development, who after 12 years on the Board would be leaving the Trust to undertake the same role on the Board at The Mid Yorkshire Hospitals NHS Foundation Trust. She highlighted that Mr Marshall had won the Healthcare People Management Association's award for Human Resources Director of the Year 2017 and wished him well for the future.

Mrs Schofield also wished the very best to Mrs Roberts, Company Secretary, who would be commencing maternity leave the following week. She introduced Mr Forsyth who would be taking over as Interim Company Secretary.

On other matters, Mrs Schofield highlighted the celebration of volunteering which took place on 3 July 2018 to coincide with the NHS celebrating its 70th birthday. Volunteers were presented with long service awards ranging from 10 years to an amazing 40 years' service. A long-service tea party also took place on 16 July 2018 to celebrate the Trust's long-serving members of staff. Staff were awarded for their outstanding service to the NHS for 25, 35 and 40 years; there was also special recognition for those who have recently retired from the Trust.

Mrs Schofield was delighted to confirm the opening of the new endoscopy suite and commented on the new pattern of Board meetings which were now being held in public on a bi-monthly basis. Governor briefings would now take place on alternate months; the next one scheduled for 30 August.

The Annual Members' Meeting was being held on Monday, 3 September at 6.00 – 8.00pm at The Pavilions of Harrogate. Registration, refreshments, networking and informative stands would be held between 5.00 – 6.00pm and everyone was welcome.

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Finally, Mrs Schofield referred to the agenda for the meeting which focussed on governance related topics, the Trust's constitution, the External Audit Assurance report and an update from the Freedom to Speak Up Guardian.

There were no questions for Mrs Schofield.

6. Governor Sub-Committee Reports

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

6.1 Volunteering and Education

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

Mrs Jones acknowledged and thanked the Corporate team for their hard work.

Dr Fisher reiterated Mrs Jones's thanks and expressed her delight that students were now offered the opportunity to go into theatres during their work experience placements.

Mrs Schofield reinforced the work of the volunteers and thanked them for all the support they offer to staff in delivering high quality patient care.

There were no questions for Mrs Jones.

6.2 Membership Development and Communications

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

Ms Allen emphasised that the Annual Members' Meeting was a statutory meeting for Governors and she looked forward to seeing as many of them there as possible.

Mrs Schofield confirmed that the Annual Members' Meeting agenda would continue to follow the tradition to engage with members and ask them to contribute to the Trust's ongoing focus on delivering high quality care. There would also be the opportunity for the audience to put questions to an expert panel.

There were no questions for Ms Allen.

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6.3 Patient and Public Involvement – Learning from Patient Experience

The report from Miss Eddleston, on the last meeting of the Learning from Patient Experience Group, had been circulated prior to the meeting and was taken as read.

Miss Eddleston highlighted the work of the Trust's Equality and Diversity Group referred to in her report. The Group was responsible for leading the Trust's equality agenda and promoting the Trust's commitment towards inclusiveness and equality for all.

There were no questions for Miss Eddleston.

6.4 Update from the Deputy Chair of Governors on Non-Executive Director Appraisals

Ms Allen confirmed she had undertaken the Non-Executive Directors' appraisals with Mrs Schofield and Mrs Schofield's appraisal with Mr Ward; each process had been completed successfully. She thanked Governors for their feedback and commented that the Trust was extremely fortunate to have such a robust team of Non-Executive Directors on the Board.

Mrs Schofield thanked Ms Allen for her time and commitment in undertaking the appraisals and for Governors involvement in the process.

There were no questions for Ms Allen.

7. HDFT Constitution Review

a) Constitution

Mrs Schofield thanked Mrs Roberts who had reviewed the Constitution in line with national guidance and best practice and worked with the Constitution Working Group (the Group) to produce the documents for approval by the Council of Governors.

All proposals had been considered by the Group in fine detail and had been discussed and approved by the Trust Board on 25 July.

Mrs Roberts thanked the Governors involved in the Group and summarised the key proposed amendments to the Trust's Constitution detailed in the report.

Mrs Schofield highlighted each proposal and sought approval from the Council of Governors:

The Council of Governors approved the proposed amendments to the Constitution noting they were approved by the Board of Directors on 25 July 2018.

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b) Constitution Working Group Terms of Reference

Mrs Roberts summarised the proposed amendments to the Constitution Working Group Terms of Reference including the membership of the Group.

The Council of Governors approved the amended Constitution Working Group Terms of Reference.

c) Procedure for Management of Governor Conduct Concerns

Mrs Roberts reminded Governors that it was a requirement of the Code of Governance for Foundation Trusts to have a procedure for removal of Governors. The Constitution Work Group reviewed the procedure based on recommended practice from NHS Providers and an example from another Foundation Trust.

The Council of Governors approved the procedure for management of Governor Conduct Concerns.

d) Remuneration, Nominations and Conduct Committee Terms of Reference

Mrs Roberts referred to the Terms of Reference for the new Remuneration, Nominations and Conduct Committee. In line with the proposed amendments to the Constitution, the new Committee would replace the previous Remuneration Committee and the Nominations Committee.

The Council of Governors approved the Terms of Reference for the Remuneration, Nominations and Conduct Committee

Mrs Schofield noted that members of the Committee would be confirmed in due course.

7.1 Governor Code of Conduct

Mrs Roberts referred to the updated version of the Code of Conduct based on the Trust's existing document and best governance practice recommended by NHS Providers. If approved, all Governors would be asked to sign the new Code of Conduct.

The Council of Governors approved the updated Governor Code of Conduct.

7.2 Procedure for disagreements between Council of Governors and the Board

Mrs Roberts referred to the Dispute Resolution Procedure for disputes between the Board of Directors and Council of Governors; a key document in achieving compliance with the Code of Governance for NHS Foundation Trusts. The updated version of the dispute resolution procedure was considered and approved by the Board of Directors on 25 July 2018.

The Council of Governors approved the Dispute Resolution Procedure for disputes between the Board of Directors and Council of Governors

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noting the Board of Directors had considered and approved the procedure on 25 July 2018.

Mrs Schofield thanked Mrs Roberts and the Constitution Review Working Group again for such a considerable and important piece of work.

8. **Annual Report and Accounts 2017/18 (including the External Audit Assurance Report to the Council of Governors)**

Mrs Schofield welcomed Mr Rashpal Khangura from KPMG to present the annual external audit report to the Council of Governors.

The annual External Audit Report 2017/18 had been circulated prior to the meeting. Mr Khangura reflected on KPMG's work with the Trust over the past year and highlighted the following key messages from his report:

- Financial Statements Audit – based on the Audit Code, which sets out the rules and regulations of their work, they provide an opinion on the Trust's accounts.

  He described the benefits of their work as 'adding a layer of credibility' to the Trust's financial statements. He explained the importance of an external eye on the accounts to provide assurance to Governors and the general public; similar to the Care Quality Commission (CQC) focussing on the quality of service. He highlighted key areas of focus including valuation of land and buildings, valuation of NHS income and receivables and, accounting for and related disclosures as a result of implementing Harrogate Healthcare Facilities Management (HHFM). Following a range of audit work, Mr Khangura confirmed that a clean unqualified audit opinion had been issued to the Trust. The audit identified a couple of differences and some minor presentational changes however, these were not material to the overall opinion. He was pleased to state that the Annual Report and Annual Governance Statement were consistent with financial statements and complied with the Group Accounting Manual. He acknowledged the work of the Trust's Finance Team and thanked them for their support.

- Use of resources – External Audit were required to issue a value for money conclusion taking into account the Trust having adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.

  Assessed against three criteria – informed decision making, sustainable resource deployment and working with partners and third parties; Mr Khangura confirmed the key focus area was the medium/long term financial sustainability of the Trust. The audit identified arrangements in place to manage financial risks and no significant issues at year-end. He was pleased to confirm that an unqualified use of resources opinion was issued for 2017/18.

- Quality Report – The content of the Quality Report complied with the requirements issued by NHS Improvement.

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Mr Khangura referred to the three indicators audited, included the following two mandated indicators:

- o the percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period and,

- o the percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge.

The third local indicator, as selected by Governors, was emergency re-admissions within 28 days of discharge from hospital.

KPMG provided a clean limited assurance opinion on the two mandated indicators. There was one low priority recommendation raised in relation to A&E however, this did not affect the opinion. KPMG were not required to provide assurance on the third indicator, but if they were, Mr Khangura assured Governors this would have also received a clean limited assurance opinion.

Mr Khangura thanked the Trust for the opportunity to present the audit findings at the meeting.

Mrs Schofield clarified that a clean limited assurance was the best opinion the Trust could achieve and would pass on Mr Khangura's thanks to the finance team.

Mrs Schofield asked if there were any questions.

A member of the public asked how many people from KPMG were involved in the audit to which Mr Khangura confirmed there were four.

A member of the public made several comments regarding his disappointment and lack of understanding on the process and he referred to hospitals needing more money.

A member of the public also informed the Chairman that she was having difficulty in hearing what people were saying throughout the meeting.

Mrs Schofield apologised and reminded everyone to use the microphones available.

In response, Mr Khangura clarified that The National Audit Office produced guidance in line with NHS Improvements requirement for Foundation Trusts to obtain external assurance on their quality reports. KPMG had no responsibility over any political arrangements

In support, Mr Thompson, Chair of the Audit Committee, provided reassurance that the role of the external auditor was to provide an independent, true and fair view of the Trust's accounts.

Dr Tolcher confirmed the statutory responsibility of the Council of Governors to appoint the External Auditor and seek independent assurance from them

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on the Trust's annual Quality Report. This was one of the ways in which members of the public could understand how trusts were using their resources effectively to provide high quality, efficient and sustainable care along with NHS Improvement's 'Use of Resources' assessments and CQC inspections. Dr Tolcher informed members of the public that the Trust was expecting an inspection by the CQC later in the year.

There were no questions from Governors who were happy to receive the report.

Mr Khangura left the meeting after this item on the agenda.

9. **Audit Committee update on the External Auditor Performance**

Mr Thompson referred to his report circulated prior to the meeting and taken as read.

He confirmed that the Audit Committee considered the performance of the External Auditor in May following the completion of the 2017/18 external audit work. The External Audit Effectiveness Assessment demonstrated an average rating of 4.5 for 2018 (the maximum score was 5.0) a slight deterioration on last year's score of 4.6. Mr Thompson summarised some of the scores from the questions used in the assessment and confirmed the Audit Committee evaluation overall was very good.

Dr Fisher asked if the Committee used benchmarking data. Mr Thompson responded and confirmed this was done formally through the appointment process looking at value for money against other companies. He confirmed that KPMG had significant expertise and audited more NHS Foundation Trusts than any other organisation. He was pleased to report that the Audit Committee received detailed information from KPMG on a regular basis and this was incredibly helpful. Mr Thompson also confirmed that KPMG had been appointed for a three year term of office commencing 1 December 2016 with an option to extend for a further two years subject to satisfactory service and performance and to be reviewed on an annual basis.

Mrs Clelland referred to the three year term and asked when the Trust last tested the market. Mr Thompson confirmed this was done at the appointment of KPMG in 2016 and would be reviewed formally in August 2019. As stated, based on satisfactory service and performance, Governors would have the option to extend the term by a further two years.

There were no further questions for Mr Thompson.

Mrs Schofield called for a break at this stage in the meeting.

10. **Presentation – Update from the Freedom to Speak Up Guardian**

Mrs Schofield introduced Dr Sylvia Wood, Deputy Director of Governance and Freedom to Speak Up Guardian

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Dr Wood was delighted to be given the opportunity to present about 'Speaking Up' to Governors and members of the public. She provided some background to how the role of Freedom to Speak Up Guardian had developed, what the Trust had achieved so far and, what the aims were for the future.

Following the Public Inquiry into the Mid Staffordshire NHS Foundation Trust, which exposed unacceptably poor levels of patient care and a staff culture that deterred staff from raising concerns, the recommendations of 'Freedom to Speak Up' provided independent advice and recommendations on creating a more open and honest reporting culture in the NHS. Supported by the National Guardian for the NHS, Dr Henrietta Hughes, the NHS now has over 500 guardians and champions of this review.

Dr Wood emphasised the importance for staff to be able to speak up to be able to make a difference and feel safe to do so.

Freedom to Speak Up Guardians help:

- o Protect patient safety and the quality of care.
- o Improve the experience of workers.
- o Promote learning and improvement.

By ensuring that:

- o Workers are supported in speaking up.
- o Barriers to speaking up are addressed.
- o A positive culture of speaking up is fostered.
- o Issues raised are used as opportunities for learning and improvement.

Moving on to describe freedom to speak up at the Trust, Dr Wood confirmed she had been in post since October 2016 and, whilst there had been significant process made, there was still work to do. She highlighted some of the achievements including raising awareness, staff engagement, policy reviews, and recruitment of Bullying and Harassment Advisors. She reiterated the importance of the role of others in supporting the Freedom to Speak Up Guardian including line managers, Staff Governors, Human Resources and Non-Executive Directors, to name a few.

The Trust was committed to a healthy, supportive and positive culture to deliver excellent care and enable staff to be happy at work. Dr Wood confirmed that when people speak up, this provides a message that the Trust can learn from. There had been a small number of cases so far however, this was just starting to creep up a little and there were now 15 cases across the organisation from staff, volunteers and patients. The theme so far from these cases was around concerns about workforce behaviours; there had been no concerns raised about patient care.

Dr Wood talked about next steps which included a self-assessment report to go back to the Board and ongoing work to drive forward the Trust's vision and ambitions for speaking up. Dr Wood also highlighted that trusts would be expected to demonstrate how they supported the guardian role as part of the CQC inspection.

October was 'Speaking Up Month'; a time to drive the ambition for speaking up to be 'business as usual' and to treat everyone with kindness and respect.

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Mrs Schofield thanked Dr Wood for such an informative and interesting presentation; she expressed how important this piece of work was and was pleased that Dr Wood was leading this initiative.

Mrs Schofield asked for questions from the floor.

Mrs Edgar asked if bullying was a key theme from speaking up across other organisations. Dr Wood confirmed that her peers were seeing a similar picture.

Mrs Edgar commented that she would be keen to become a champion in order to be more aware.

Mrs Marsh stated that she found the presentation interesting and acknowledged that it could be difficult for staff to talk about something that was worrying them. She asked if there was training for line managers around complaints. Dr Wood confirmed it was not part of her role to provide such training, but the Trust did offer leadership and management training for staff in a line management position.

Mr Marshall commented on examples which demonstrated a positive culture across the organisation including the Trust's values, appraisal process, and staff survey results. He assured Governors that HR would offer support to all staff including line managers.

Dr Fisher asked if the Trust would be sharing evidence with staff to demonstrate that speaking up would make a difference. Dr Wood stated that it was really important to obtain feedback at the end of each case and she was starting to use feedback as a support mechanism for change.

Mrs Schofield referred to the role of the Senior Independent Director, as discussed earlier in the meeting, and confirmed they would be a further contact for people to raise a concern. Mr Ward acknowledged the Senior Independent Director's support with this initiative.

There were no further questions for Dr Wood.

11. **Chief Executive's Strategic and Operational Update, including Integrated Board Report (IBR)**

Dr Tolcher presented the following headlines:

Operational Performance

The Integrated Board Report (IBR) circulated prior to the meeting provided further detailed information to support Dr Tolcher's summary.

Taking a snapshot from the 2018 Q1 April to June IBR, Dr Tolcher acknowledged there were more areas showing red than Governors were used to seeing in previous reports. She highlighted three key performance indicators where the Trust was not achieving the national standards in the first quarter of the financial year. Firstly, the referral to treatment incomplete pathways performance had dipped below the

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national standard of 92% (of which should be waiting less than 18 weeks). Secondly, the A&E 4-hour standard was marginally below the 95% target at 94.8%. Dr Tolcher confirmed that if 27 more patients had spent less than four hours in A&E, this indicator would have shown as green. She added that the department had seen 13,000 patients within the first quarter, almost a 10% increase above projected figures and four times the national trend in terms of growth. Most of the increased activity related to minor injuries and minor illnesses however, it was reassuring that patients continued to receive safe and timely care. The third red area was diagnostic waits which had dipped slightly below the national standard of 99% to 98.4%. This was due to the impact on capacity during the refurbishment work in Radiology and Cardiology, which had now recovered. Dr Tolcher expected the A&E 4-hour standard to recover but she did not expect the referral to treatment standard to recover for the next 12 months.

Moving on to the next slide in her presentation, she was delighted to confirm that community children's services continued to perform well.

In relation to Q1 finances, the year to date position showed a deficit of £3.2m compared to a planned deficit of £600k. A consequence of this position meant fewer opportunities for capital investment such as new operating theatres; a significant risk for the Trust going forward. Dr Tolcher confirmed the Trust was a little behind on the savings plan and there was overspend in some areas including workforce (registered nurses and theatre staff) however the income year to date was on plan.

Strategic Developments

Dr Tolcher went on to talk about strategic developments and provide an explanation on the new type of contract with the commissioners in light of the action following the last meeting.

Dr Tolcher summarised the up to date position of the West Yorkshire and Harrogate Integrated Care System (ICS); working closely together with West Yorkshire acute trusts covering Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield to plan health and care services across the area. The partnership was making good progress with access to national funding and both Dr Tolcher and Mrs Schofield were members ensuring senior representation from the Trust.

Dr Tolcher was delighted to welcome staff who had joined the Trust in July to provide 0-19 Children's services in Sunderland and Gateshead. The Trust was extremely proud to be the largest provider of children's services in the country.

Dr Tolcher was also pleased to confirm that the new endoscopy suite had opened in July. This now provided a much improved environment for patients and staff, with five procedure rooms, separate changing facilities and dedicated admissions and discharge rooms. The department had been designed to provide capacity to meet the anticipated future needs of the local population.

Moving on to explain the new Aligned Incentive Contract with HaRD CCG, Dr Tolcher summarised the need to work in partnership to manage both the demand for hospital care and the provision of high quality lower cost care in order to create a balanced system. The total value of the agreement with HaRD CCG this year to provide healthcare to the population of Harrogate was £94m. The Trust would receive less

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money than last year for the same amount of work but the freedom to spend that money in the most cost effective way. Dr Tolcher provided a pictorial slide to demonstrate how the money was proportioned based on cost of care provided. The two highest areas of spend were planned care and unplanned care. The Trust would be working closely with GPs around extra support in primary care however the ability to be flexible with funding across the different areas was positive.

Key Risks

Dr Tolcher summarised the top scoring strategic and operational risks for the Trust. The common themes between the two being related to workforce and finances.

Finally, Dr Tolcher highlighted some of the Trust's achievements including a CHKS Top 40 Hospitals Award and a 5% improvement in the staff Friends and Family score in Q1. She echoed the Chairman's earlier comments about the NHS's 70th birthday celebrations and confirmed that a CQC inspection was expected in the autumn.

Mrs Schofield thanked Dr Tolcher for her presentation and asked for questions.

Cllr Mann asked for further clarification regarding the new type of contract. Dr Tolcher confirmed that the new contract provided the Trust with increased flexibility. There were opportunities to provide services to a much larger footprint than the Harrogate population; currently around a third of the Trust's work was provided to other areas.

There were no further questions for Dr Tolcher.

12. **Question and Answer session for members of the public and Governors**

Mrs Schofield moved to the tabled questions submitted prior to the meeting. She explained there had been quite a lot of questions submitted so these had had to be prioritised due to the time allocated for this item. Questions from members of the public would be taken first as Governors had many more opportunities in which to ask questions from members of the Board.

Mr Andy Griffiths, member of the public, had submitted the following question prior to the meeting however he was not in attendance today:

"Do we have a backlog in maintenance, if so, how assured are the public Governors and Non-Executive Directors these are not impacting on patient care and experiences?"

Dr Tolcher reported backlog issues totalling a value of £11.6m; a risk assessment confirmed there were none classed as high risk. The Trust has invested £500k in the current year and Harrogate Healthcare Facilities Management (HHFM) was working on backlog issues.

Mr Thompson, Non-Executive Director for the Trust and Director of HHFM, confirmed that data in the backlog maintenance plan was discussed at the HHFM Board meeting on 19 June 2018. He was confident that the risks had been identified appropriately and work was being prioritised accordingly.

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Mrs Webster, Non-Executive Director, added that HHFM had provided an update to the Trust's Board to confirm they were progressing the backlog in maintenance issues.

Mrs Edgar, Staff Governor, was assured by the responses provided by the Non-Executive Directors of both the Trust and HHFM.

"How assured are our public Governors and Non-Executive Directors on all decisions made by the Board?"

Ms Allen, Public Governor, confirmed the responsibility of the Council of Governors to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors. She stated that Governors had the opportunity to seek assurance in a variety of ways including interaction with Non-Executive Directors at meetings and events, receiving reports, asking questions and appropriate challenge, and observing Non-Executive Directors at Board meetings and sub-committees. She was therefore assured.

"How is the 'Model Hospital' been used in our Trust and what does it tell us about our Trust?"

In response, Dr Tolcher summarised the 'Model Hospital'; a digital tool from NHS Improvement to enable trusts to compare their productivity and identify opportunities to improve - supporting the NHS to provide the best patient care in the most efficient way.

She confirmed the Trust's Board and clinical staff continuously referred to the 'Model Hospital' and used it as a valuable tool and resource to compare this Trust with others across the country, including for quality, financial and workforce data and thereby identify opportunities for service and efficiency improvements.

Mrs Schofield moved on to the questions which had been submitted by Governors and had been selected, with Ms Allen's input, as those with a direct public interest.

Mrs Rosemary Marsh, Public Governor, had submitted the following question:

"Could we please have an update on the HHFM enterprise in terms of whether a Business Manager has now been appointed; any progress made on obtaining outside work, general feelings of the facilities people with a cultural identity of being in the new enterprise beginning to emerge? Is there any other future independent enterprise being considered by the Board?"

Mr Thompson responded to this question and confirmed that a Business Manager had been appointed and would commence in post in September. He referred to the 14 meetings which had been held for HHFM colleagues and he was pleased that staff had been actively engaged in the decision of the new company trading name, logo and values. General feedback was that staff didn't feel much different as they were still working in the same place and providing the same services. The management team however had more accountability and would be focussing on expanding opportunities and the company's independence.

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You matter most

Tab 2 Minutes of the meeting held on 1 August 2018

2

Mrs Schofield informed Governors that the Chairman of HHFM, Mr Phillip Severs, would be attending the next Governor briefing on 30 August.

Mr Doveston, Public Governor, had submitted the following question:

"I have recently had the opportunity to visit the new Endoscopy Unit. Clearly, it is a state of the art facility which the Trust should be justifiably proud. Could you please give an indication, and a degree of assurance, that not only would the new unit improve patient care, but also that the facility will be fully utilised to maximise income generation thereby helping to improve the Trust's financial wellbeing."

In addition to her earlier comments, Dr Tolcher was pleased to confirm that the new Endoscopy Suite would certainly bring income generation to the Trust. Following a recent meeting with the West Yorkshire Association of Acute Trusts (WYATT), the Trust was pleased to be able to offer services to support trusts with capacity issues.

Miss Eddleston, Public Governor, had submitted the following comments for response:

"The reception area at Ripon Community Hospital was not staffed. The blinds were down and there was a notice on the window stating sickness being the cause for no-one in reception. This was first noticed 4-5 weeks ago and again this week. Patients were looking lost and searching for someone to help them as they entered the building.

On occasions over the past 4-5 weeks X-ray department reception had also been closed at certain times. Can someone explain why these two reception areas are not staffed as normal?

Patients are remarking that the car park for the hospital seems full yet not many patients are seen in the hospital. It is worse on Thursdays which is market day. GP surgeries have notices in each waiting area asking patients to remove their cars once they have seen the doctor. Are staff/visiting clinicians finding the same problem?"

Dr Tolcher confirmed that staff sickness was creating a challenge in order to keep the reception areas open. The Trust was working through some long-term solutions including electronic check-in which was proving popular and successful. She recognised there was still work to do in relation to improving signage and security and a conversation had taken place with the Friends of Ripon Hospitals to listen to their views. Where the receptionist had previously provided services to patients such as hearing aids and orthotics, these were being covered by the audiology department and orthotic main clinic.

In relation to the car park, Dr Tolcher clarified that NHS Property Services owned the car park not the Trust. The suggestion of a barrier would not be cost effective and there was still work to do to improve signage. She acknowledged the support from GP surgeries in putting notices up and the staff who had tried to speak to people about using the car park inappropriately, but this was difficult.

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You matter most

Tab 2 Minutes of the meeting held on 1 August 2018

2

Mrs Schofield thanked Governors for their questions. Mrs Fisher's and Mr Treece's questions were unable to be formally answered at the meeting today due to time restrictions. Mr Treece commented that some of his questions had been answered from Dr Tolcher's presentation. Governors also had opportunities for their questions to be answered at other meetings such as Governor Briefings, Governor meetings with Non-Executive Directors or within the Governors' newsletter.

13. **Any other relevant business not included on the agenda**

There were no further items of business.

14. **Member Evaluation**

Mrs Schofield sought views about the meeting.

Governors discussed the time restraints of the meeting with regards to the opportunity for submitted questions to be answered.

Mrs Schofield acknowledged that on this occasion, there had been a lot of questions submitted. She commented on her reluctance to run over the 8pm finish time and a judgement had been made on prioritising the questions to be answered today.

In support, Dr Tolcher reiterated that the meeting was not the only forum to seek assurance and she hoped that the public Board papers would provide Governors and members of the public with a range of detailed information.

Following further detailed discussion Mrs Schofield confirmed that a review of the meeting agenda would take place and feedback from the evaluation forms would be considered.

As this was his last meeting, Mr Marshall wished to take the opportunity to thank Governors for their contribution, challenge and commitment to the organisation.

There were no further comments.

15. **Close of meeting**

Mrs Schofield closed the meeting. She thanked everyone for attending and confirmed the next meeting would take place on Wednesday, 7 November at 5.45 – 8.00pm, venue to be confirmed.

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You matter most

Tab 3 Matters arising and review of action log

Paper 3.0

NHS
Harrogate and District
NHS Foundation Trust

HDFT Council of Governor Meeting Actions Log – November 2018
Completed Actions

This document logs actions completed following agreement at Council of Governor meetings. Completed items will remain on the schedule for the following meeting and then removed.

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date of completion	Confirm action complete
1	2 May 2018	Include new contract arrangements with HaRD CCG at next Council of Governors' meeting	Dr Ros Tolcher, Chief Executive	1 August 2018	Complete
2	2 May 2018	Consider Youth Forum involvement at public Council of Governors' meetings and within Constitutional Review	Mrs Angela Schofield, Chairman	1 August 2018	Complete
3	2 May 2018	Written response to be sent to Mr Crawley	Mrs Angela Schofield, Chairman	1 August 2018	Complete
4	2 May 2018	Review public seating layout at future meetings	Mrs Angela Schofield, Chairman	1 August 2018	Complete
5	2 May 2018	Review structure of Council of Governors' meeting re NED involvement	Mrs Angela Schofield, Chairman	1 August 2018	Complete

1

You matter most

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Tab 3 Matters arising and review of action log

NHS
Harrogate and District
NHS Foundation Trust

HDFT Council of Governor Meeting Actions Log – No Outstanding Actions

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Council of Governor meeting or when a confirmation of completion/progress update is required	Detail of progress

2

You matter most

3

Tab 4 Declarations of Interest

Paper 4.0

NHS
Harrogate and District
NHS Foundation Trust

**COUNCIL OF GOVERNORS
DECLARATION OF INTERESTS**

The following is the current register of the Council of Governors of Harrogate and District NHS Foundation Trust and their declared interests. The register is maintained by the Foundation Trust Office, and holds the original signed declaration forms. These are available for inspection by contacting the office on 01423 554489.

Name	Governor Status	Interests Declared	
Mrs Angela Schofield	Chairman	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Volunteer with Helping Older People (charity).
Ms Pamela Allen	Public elected		NONE
Dr Pamela Bagley	Stakeholder	**Any connection with a voluntary or other organisation contracting for NHS services**	Dean – Faculty of Health Studies, University of Bradford commissioned for Under Graduate and Post Graduate education of Health Service staff and future staff
		Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks	The Trust provides placements for University of Bradford students but this is financed through Health Education England
Mr Ian Barlow	Public elected		NONE

1 (updated November 2018)

You matter most

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Tab 4 Declarations of Interest

Name	Governor Status	Interests Declared	
Mrs Cath Clelland MBE	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)**	Owner/Director - Canny Consultants Ltd Non-Executive Director - York St John University, York
		Ownership, part-ownership or directorship of private companies, business or consultancies likely or possibly seeking to do business with the NHS	Owner/Director - Canny Consultants Ltd Owner/Director – City Kipping Ltd (dormant)
		A position of Authority in a charity or voluntary organisation in the field of health and social care	Non-Executive Director - York St John University
Mr Robert Cowans	Public elected		NONE
Ms Clare Cressey	Stakeholder		NONE
Mrs Liz Dean	Public elected		NONE
Mr Tony Doveston	Public elected	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Volunteer for Yorkshire Air Ambulance
		Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)	A Director of Oakdale Golf Club Limited
Miss Sue Eddleston	Public elected		NONE
Mrs Emma Edgar	Staff elected		NONE

2 (updated November 2018)

You matter most

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Tab 4 Declarations of Interest

Name	Governor Status	Interests Declared	
Dr Sheila Fisher	Public elected	**Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies)**	Governor (by definition a Director) of Bolton School Ltd
		A position of Authority in a charity or voluntary organisation in the field of health and social care	Chair, HRA Yorkshire & Humber Leeds (West) Research Ethics Committee member and Trial Steering/Management Group for NIHR funded studies (currently 3 studies)
Ms Carolyn Heaney	Stakeholder	**A position of Authority in a charity or voluntary organisation in the field of health and social care**	Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group
			Independent Trustee of the ASDA Foundation.
			Community Governor of Rossett Academy School in Harrogate
		Other	Employed by the Association of the British Pharmaceutical Industry (ABPI) as NHS Engagement Partner, North and Supporting NHS System Transformation and Medicines Optimisation Lead
Mrs Pat Jones	Public elected		NONE
Mr Neil Lauber	Staff elected		NONE
Mrs Mikalie Lord	Staff elected		NONE
Cllr John Mann	Stakeholder	**Position of authority in a local council or Local Authority**	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central
Mrs Rosemary Marsh	Public elected		NONE

3 (updated November 2018)

You matter most

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Tab 4 Declarations of Interest

Name	Governor Status	Interests Declared	
Mr Andy Masters	Staff elected	NONE	
Cllr Samantha Mearns	Stakeholder	**Position of authority in a local council or Local Authority**	Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council
		Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Self-employed consultant to Stockwell Road Surgery, Knaresborough
Mrs Zoe Metcalfe	Public elected	**Position of authority in a local council or Local Authority**	Conservative Harrogate Borough Councillor North Yorkshire County Councillor
		Position of authority in a charity or voluntary organisation in health and social care	Trustee at Hollytree Foundation Charity
Dr Christopher Mitchell	Public elected	NONE	
Dr Daniel Scott	Staff elected	**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	Spouse is CEO of Yorkshire Cancer Research
		Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks	Spouse is CEO of Yorkshire Cancer Research
Mr Steve Treece	Public elected	**Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services**	Employee of NHS Digital

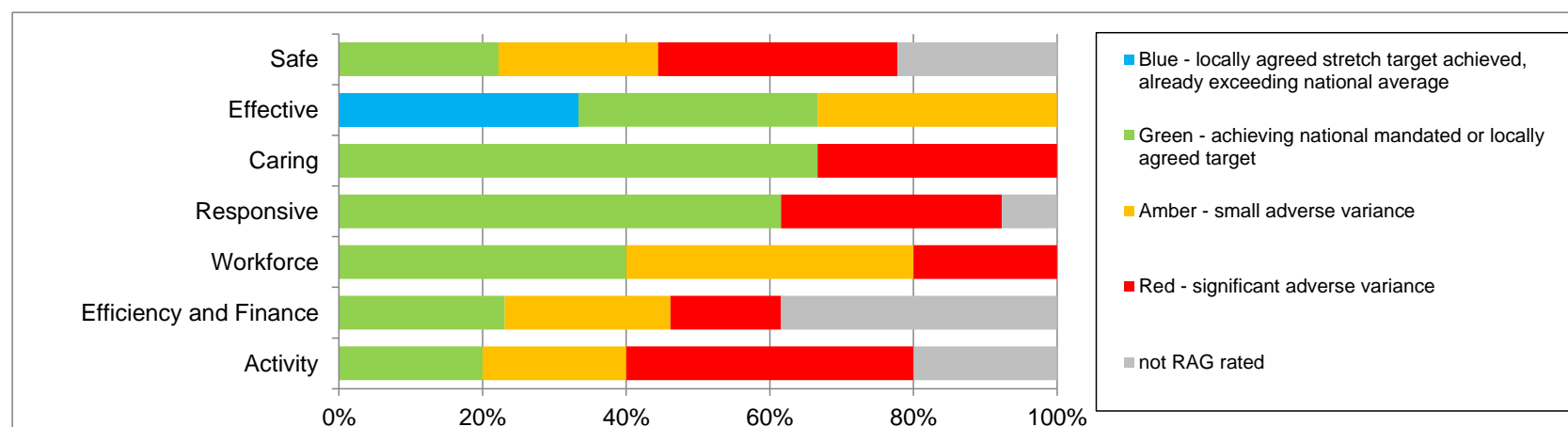4 (updated November 2018)

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Integrated board report - September 2018

NHS

Harrogate and District

NHS Foundation Trust

Key points this month

1. The Trust reported a surplus of £270k in September. While reporting a surplus is positive, this was still behind the internal plan. As a result, the year to date deficit is now £3.67m, again significantly behind the year to date internal plan.

2. The harm free percentage for September's safety thermometer audit was 94.4%, below 95% and a deterioration on last month.

3. There were 3 further hospital acquired cases of C.difficile reported in September, bringing the year to date total to 12 cases.

4. Staff sickness increased in September to 4.4%, above the local threshold of 3.9%.

5. HDFT's performance against the A&E 4-hour standard was above 95% in September but is below 95% for Quarter 2 overall.

6. The Trust's 18 weeks performance remained below the 92% standard in September with performance at 90.7%.

7. Provisional data indicates that 3 cancer waiting times standards were not achieved for Quarter 2 overall - the 2 week wait standard for breast symptomatic patients, the main 62 day standard and the 62 day screening standard.

8. Delayed transfer of care remain low and were at 2.1% in September, below the 3.5% contract threshold.
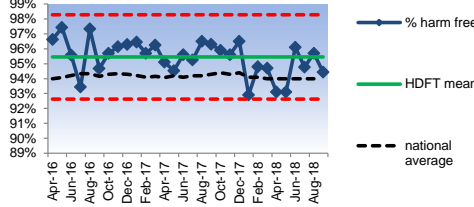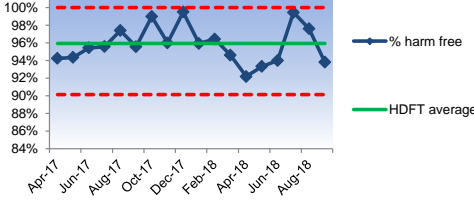
Summary of indicators - current month
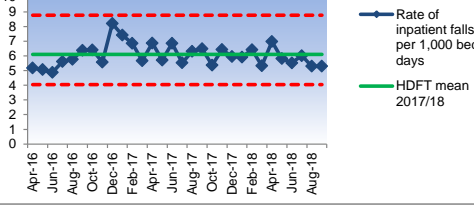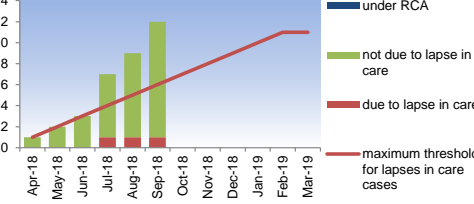
Legend:
- Blue - locally agreed stretch target achieved, already exceeding national average
- Green - achieving national mandated or locally agreed target
- Amber - small adverse variance
- Red - significant adverse variance
- not RAG rated

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

NHS
Harrogate and District
NHS Foundation Trust

Safe - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
DQ (green)	The chart shows the cumulative number of category 3, category 4 or unstageable hospital acquired pressure ulcers in 2018/19. The Trust has set a local trajectory for 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes hospital teams only.		There were 6 hospital acquired unstageable or category 3 pressure ulcers reported in September, bringing the year to date total to 25 This compares to an average of 5 per month reported in 2017/18.\n\nFor the 25 cases reported in 2018/19 to date, 6 have been assessed as avoidable, 14 as unavoidable and 5 are still under root cause analyisis (RCA). No category 4 hospital acquired pressure ulcers have been reported in 2018/19 to date.
Pressure ulcers - hospital acquired\n\n**DQ** (green)	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 September was 15, a decrease on last month and below the average per month reported in 2017/18.
DQ (green)	The chart shows the cumulative number of category 3, category 4 or unstageable community acquired pressure ulcers in 2018/19. 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 2018/19 to reduce the number of avoidable category 3, category 4 or unstageable pressure ulcers. The data includes community teams only.		There were 11 community acquired unstageable or category 3 pressure ulcers reported in September, compared to 15 last month. The average per month reported in 2017/18 was 12.\n\nFor the 66 cases reported in 2018/19 to date, 6 has been assessed as avoidable, 47 as unavoidable and 13 are still under root cause analyisis (RCA).
Pressure ulcers - community acquired\n\n**DQ** (amber triangle)	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 September was 30, an increase on last month and remaining above the average per month reported in 2017/18.

You matter most

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Tab 9 Chief Executive's Strategic and Operational update incl IBR

Safe - September 2018

Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Safety Thermometer - harm free care DQ	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 September was 94.4%, below 95% and a deterioration on last month.
Safety thermometer - harm free care - Community Care Teams DQ	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. 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 September was 93.8%, a deterioration on last month.
Falls DQ	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 5.29 per 1,000 bed days in September, no change on last month and remaining below the average HDFT rate for 2017/18. There were no falls resulting in a fracture in September (0 last month).
Infection control DQ	The chart shows the cumulative number of hospital apportioned C. difficile cases during 2018/19. HDFT's C. difficile trajectory for 2018/19 is 11 cases, a reduction of 1 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 2018/19. The last reported case of hospital acquired MRSA at HDFT was in Oct-12.		There were 3 cases of hospital apportioned C. difficile reported in September, bringing the year to date total to 12 cases. All 12 cases have had root cause analysis completed and shared with HARD CCG. The outcome for 11 out of 12 was that no lapse of care had occurred. 1 case has been deemed to be due to a lapse in care in relation to antibiotics.

No hospital apportioned MRSA cases have been reported in 2018/19 to date. |

You matter most

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Tab 9 Chief Executive's Strategic and Operational update incl IBR

NHS
Harrogate and District
NHS Foundation Trust

Safe - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Incidents - all DQ	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 Oct 17 - Mar 18) shows that Acute Trusts reported an average ratio of 47 no harm/low harm incidents for each incident classified as moderate harm, severe harm or death (a high ratio is better). HDFT's published ratio was 17, a reduction on the last publication and remaining in the bottom 25% of Trusts nationally. HDFT's latest local data for the period Apr 18 - Sep 18 gives a ratio of 15, a deterioration on this position. 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 DQ	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 were no comprehensive SIRIs reported in September. No Never Events were reported in 2017/18 or in 2018/19 to date.
Safer staffing levels DQ	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 97% in September. Care Support Worker staffing levels have reduced which may reflect a decrease in the 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.

Narrative

September is another month for a low total number of falls, with no falls with fractures reported in September.

The concerted campaign advocating flu vaccinations continues through October and November. Consultant rates are already equal to those at winter's end last year. The ambition is to reach greater than 95% of senior medical staff vaccinated against flu virus. The campaign continues.

A summary of the September safer staffing results is presented below.

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Safe - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description						Trend chart	Interpretation
				Sep-2018				
		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	97.4%	98.6%	97.5%	124.4%	4.23	2.79	7.02	
Byland	93.5%	104.6%	84.4%	106.7%	2.70	3.49	6.19	
CATT	81.9%	107.8%	86.7%	108.3%	4.68	3.37	8.06	
Farndale	108.3%	90.6%	100.0%	100.0%	3.91	4.25	8.16	
Granby	94.8%	105.0%	100.0%	98.3%	3.69	3.35	7.04	
Harlow	101.7%	101.7%	100.0%	-	7.00	2.03	9.03	
ITU/HDU	93.6%	-	94.7%	-	25.70	1.00	26.70	
Jervaulx	86.8%	94.9%	90.3%	110.0%	2.75	3.53	6.28	
Lascelles	100.0%	96.7%	100.0%	100.0%	4.39	3.92	8.31	
Littondale	93.7%	124.0%	96.7%	123.3%	4.16	2.75	6.90	
Maternity Wards	93.1%	89.2%	98.8%	81.3%	11.86	3.20	15.07	
Nidderdale	94.7%	81.9%	105.2%	107.0%	3.36	2.42	5.78	
Oakdale	91.4%	105.0%	89.2%	141.7%	4.45	3.21	7.66	
Special Care Baby Unit	90.2%	26.8%	100.0%	#DIV/0!	10.38	0.75	11.13	
Trinity	100.8%	92.7%	100.0%	100.0%	3.47	3.69	7.16	
Wensleydale	89.3%	121.7%	100.0%	103.3%	3.32	2.51	5.83	
Woodlands	82.3%	95.0%	95.6%	80.0%	10.25	2.98	13.23	
Trust total	**92.6%**	**99.1%**	**95.8%**	**106.5%**	**4.83**	**3.08**	**7.91**	

You matter most

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NHS
Harrogate and District
NHS Foundation Trust

Safe - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Further information to support the September safer staffing data On the wards CATT, Oakdale, Jervaulx and Byland, where the Registered Nurse (RN) fill rate was less than 100% against planned, this reflects current band 5 Registered Nurse vacancies and is reflective of the local and national position in particular regarding the difficulties in recruiting Registered Nurses. The Trust is engaged in an extensive recruitment plan in response to this. In addition, planned staffing levels on Jervaulx, Farndale and Nidderdale were adjusted in September to reflect the closure of beds in these areas in response to activity levels. The ITU /HDU day and night staffing levels which appear as less than planned are flexed when not all beds are occupied and staff assist in other areas. National standards for RNs 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 and care staff gaps were due to sickness in September; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity. In some wards, the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In September, this is reflected on the wards: AMU, CATT, Granby, Jervaulx, Byland, Oakdale and Littondale. For the Special Care Baby Unit (SCBU,) although the day time RN and care staff hours appear as less than planned, it is important to note that the bed occupancy levels fluctuate in this area and a professional assessment was undertaken on a shift by shift basis to ensure that the planned staffing matched the needs of both babies and families. The staffing complement for the children's ward, Woodlands, is designed to reflect varying levels of occupancy. Due to vacancies and sickness, the day and night time RN and care staff hours are less than planned in September, however 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.			

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Effective - September 2018

NHS
Harrogate and District
NHS Foundation Trust

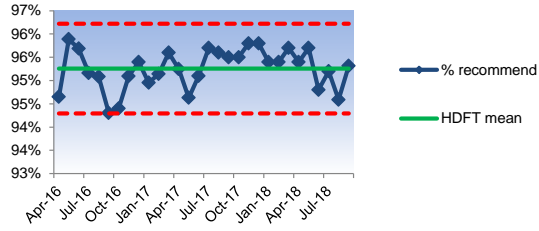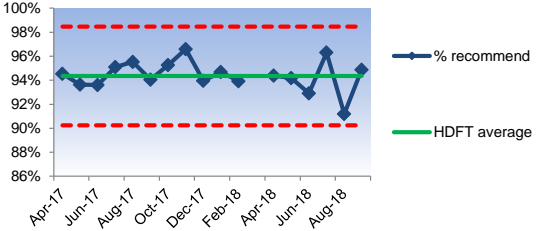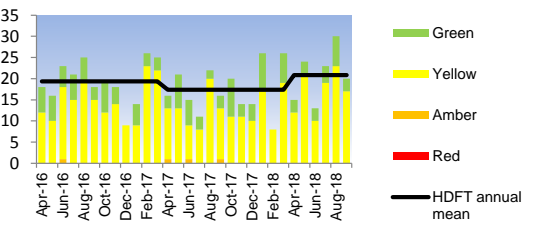| Indicator name / data quality assessment	Description	Trend chart	Interpretation
Mortality - HSMR DQ	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.		HDFT's HSMR for the rolling 12 months ending July 2018 was 101.1, a decrease on last month and remaining within expected levels. At specialty level, the same 3 specialties contniue have a higher than expected standardised mortality rate (General Medicine, Geriatric Medicine and Trauma & Orthopaedics).
Mortality - SHMI DQ	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 data this month.* HDFT's SHMI for the rolling 12 months ending March 2018 was 92.8. This remains below expected levels. At specialty level, 3 specialties (Geriatric Medicine, Respiratory Medicine and one small volume surgical specialty) have a standardised mortality rate above expected levels.
Readmissions DQ	% 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 emergency readmissions in August (after PbR exclusions are applied) was 250. This equates to 13.3% when expressed as a percentage of all emergency admissions. This is a reduction on last month but remains above the HDFT average for 2017/18.

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Effective - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	
			Interpretation
Narrative			

The Trust has received formal notification from the CQC that local monitoring of mortality indices in cerebrovascular disease has been closed. The CQC are content with the earlier mortality review and actions arising.

Preparations continue for the implementation of the Medical Examiner role. Meetings have taken place with key stakeholders. A business case is in preparation. The ambition is to have the position filled by 1st April 2019.

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Caring - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Friends & Family Test (FFT) - Patients **DQ**	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.	*(trend chart: % recommend, HDFT mean)*	95.3% of patients surveyed in September would recommend our services, an increase on last month and remaining above the latest published national average (93.5%). Around 5,100 patients responded to the survey this month.
Friends & Family Test (FFT) - Adult community services **DQ**	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 adult community services including specialist nursing teams, community care teams, community podiatry and GP OOH. A high percentage is good.	*(trend chart: % recommend, HDFT average)*	94.9% of patients surveyed in September would recommend our services, an increase on last month but remaining below the national average performance for community services (95.5%). 450 patients from adult community services responded to the survey this month. The data for March 2018 is not available as there were very few surveys conducted for community services due to a temporary issue with the automated phone call surveys.
Complaints **DQ**	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.	*(bar chart: Green, Yellow, Amber, Red, HDFT annual mean)*	20 complaints were received in September, a decrease on last month and below the average for 2017/18. No complaints were classified as amber or red this month. The complaints received this month are in relation to a number of different HDFT services. Of note this month, there are again a number of complaints about a failure to diagnose (including a missed fracture), but the number of complaints about communication and attitude of staff has fallen.

Narrative

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Responsive - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
RTT Incomplete pathways performance DQ	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.		Performance was at 90.7% in September, remaining below the minimum standard of 92%. The same two specialties (Trauma & Orthopaedics and Ophthalmology) remain below the standard. The total RTT waiting list size reduced in September but remains above the position reported at the end of 2017/18.
A&E 4 hour standard DQ	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.		HDFT's Trust level performance for September was 95.2%, an improvement on last month and above the required 95% standard. However performance for Quarter 2 overall was below the standard at 94.6%. This includes data for the Emergency Department at Harrogate and Ripon MIU.
Cancer - 14 days maximum wait from urgent GP referral for suspected cancer referrals DQ	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.		Delivery at expected levels.
Cancer - 14 days maximum wait from GP referral for symptomatic breast patients DQ	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.		Provisional performance for September was at 86.1%, remaining below the 93% standard. This means that this standard has not been achieved for the second successive quarter with performance for Quarter 2 overall at 90.0%. The Clinical Directorates continue to work together to manage the volume of referrals received and match this with appropriate clinic capacity.

You matter most

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Tab 9 Chief Executive's Strategic and Operational update incl IBR

Responsive - September 2018

NHS
Harrogate and District
NHS Foundation Trust
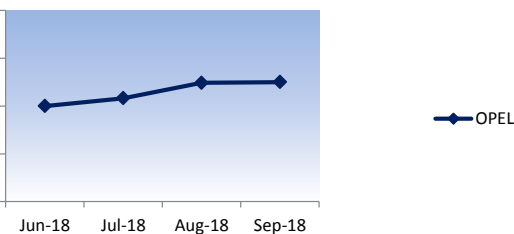
Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 31 days maximum wait from diagnosis to treatment for all cancers DQ	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Surgery DQ	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.		Delivery at expected levels.
Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug DQ	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.		Provisional performance for September is at 100%. Performance for Quarter 2 overall is 98.9%, above the 98% standard.
Cancer - 62 day wait for first treatment from urgent GP referral to treatment DQ	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 September was below the required 85% standard at 79.8% with 10 accountable breaches. Of the 11 tumour sites, 5 had performance below 85% in September - colorectal (1.5 breaches), head and neck (0.5), lung (2), upper gastrointestinal (2) and urological (4). 4 patients waited over 104 days in September. The main reasons for the delays were diagnostic capacity at HDFT and surgical capacity at York Trust.

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NHS
Harrogate and District
NHS Foundation Trust

Responsive - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Cancer - 62 day wait for first treatment from consultant screening service referral (DQ)	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.		Provisional performance for Quarter 2 is at 84.1%, below the 90% standard. With 14.5 reportable pathways, performance for the quarter is above the de minimis level for reporting performance.
Cancer - 62 day wait for first treatment from consultant upgrade (DQ)	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.		Delivery at expected levels.
Children's Services - 10-14 day new birth visit (DQ)	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, Middlesbrough and Stockton. A high percentage is good. The contract does not specify a required level. | | In August, 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 chart presents a combined performance position for all Children's Services contracts. Performance in August in the different localities varies from 89% in North Yorkshire to 97% in Durham.

The data is reported a month in arrears so that the validated position can be shared. Data for Gateshead and Sunderland will be included from October onwards. |
| **Children's Services - 2.5 year review** (DQ) | 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, Middlesbrough and Stockton. A high percentage is good. The contract does not specify a required level. | | In August, the validated performance position is that 95% of children were recorded on Systmone as having had a 2.5 year review. The chart presents a combined performance position for all Children's Services contracts. Performance in August in the different localities varies from 88% in North Yorkshire to 98% in Stockton.

The data is reported a month in arrears so that the validated position can be shared. Data for Gateshead and Sunderland will be included from October onwards. |

You matter most

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Responsive - September 2018

NHS Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
OPEL level - Community Care Teams DQ	The OPEL (Operational Pressures Escalation Level) is a measure of operational pressure being experienced by the community care teams. A value of 1 to 4 is agreed each day, with 1 denoted the lowest level of operational pressure and 4 denoting the highest. The chart will show the average level reported by adult community services during the month.		During September, the average community OPEL level reported was 2.5, no change on last month. There has been high staff turnover in the community teams and particular difficulty in recruiting to Band 6 roles which has caused increased pressure within these services. Ongoing recruitment will continue to fill the remaining vacancies as soon as possible. In the meantime, existing staff have been asked to cover gaps as overtime. A skill mix review is also taking place to consider other options for the vacancies that are proving difficult to fill.

Narrative

Performance for September for the A&E standard was above the required level in month, however, it was not sufficient to move the quarter above the standard. New guidance on access to the PSF for A&E performance has been released and where year to date performance exceeds 95% for HDFT at the end of a quarter, any previous un-earned PSF will be released. A new 4-hour delivery group has been established to focus on improving performance against the standard and a number of new initiatives have commenced to support the timeliness of care.

The focus on the delivery of the 62 day cancer performance has further increased, with a visit to the West Yorkshire and Harrogate Cancer Alliance from the National Cancer Leads. The Chief Operating Officer attended the session to represent WYAAT which focussed on the Alliance performance and the steps being taken to improving it. Locally a combination of higher than normal breaches and lower number of treatments in September means that prior to all validation being completed the delivery of the standard is challenging. Going forward it is anticipated this will improve in Quarter 3 for both 62 day performance and 14 day breast symptomatic performance.

Discussions have continued in respect of the waiting list size and the expectation that waiting lists will return to the same size at the end of the year as they were at the beginning. At present there is a clear risk of an increase of approximately 800 incomplete pathways should the current activity levels continue, however, this remains above the contract affordability envelope and this presents a risk of a further 3,500 incomplete pathway increase, should activity be reduced. This has been set out to NHSI and NHSE by the Trust and work continues with the CCG to agree a way forward.

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Workforce - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Staff appraisal rates DQ	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 window closed on the 30th September. In the areas where this has been adopted we have delivered 84.74% of staff appraisals. This is an improvement on the achievement in 2017 when we achieved 79.96% within the same period. Overall the Trust is at 79.52% of appraisals completed within the last 12 months. A review of the appraisal period will now be completed with recommendations going to the Workforce and OD Steering Group.
Mandatory training rates DQ	The table shows the most recent training rates for all mandatory elements for substantive staff.	See table below	The data shown is for the end of September and excludes the Harrogate Healthcare Facilities Management (HHFM) staff who transferred into the new organisation on the 1st March 2018 and excludes Stockton, Gateshead and Sunderland staff who Tupe transferred in to the Trust during 2018/19. The overall training rate for mandatory elements for substantive staff is 92% and has increased 1% since the last reporting cycle.
Sickness rates DQ	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.		All Directorates have seen an increase in sickness absence rates in September with data showing 4.38% overall. We are entering peak absence season where historically sickness absence rates tend to be higher. Therefore moving into winter pressures, a continued focus on the implementation of the attendance management process is critical.
Staff turnover rate DQ	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 labour turnover rate has remained fairly static at 12%. The recruitment and retention group continue to meet on a monthly basis and are developing a number of initiatives to address Band 5 nursing retention.

Mandatory training rates table:

Competence Name	% Completed
Equality, Diversity and Human Rights - Level 1	90
Fire Safety - Level 1	80
Infection Control - No Renewal|	98
Data Security Awareness	93
Safeguarding Children & Young People Level 1 - Introduction eLearning	94
Risk Awareness - No Renewal (Replaced Basic Risk Management May 2018)	97
Manual Handling eLearning (Nov 2016)	92
Health & Safety Elearning (June 2016)	95

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Workforce - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Agency spend in relation to pay spend DQ	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 increased to £442k in September, with the agency ceiling being breached for the month. At the current rate of expenditure it is likely the agency ceiling will be breached for the financial year by £500k.

Narrative

Sickness absence

Following hotspot reviews in five key areas (Main Theatres, Farndale ward, Emergency Department, Adult Community Services and Woodlands ward), the Trust has seen a significant reduction in sickness absence across these areas during April to August in comparison to the same period last year. We have seen an £80K reduction in sickness absence spend when compared to last year. The two main areas that have seen the most significant benefit are Main Theatres (which reduced from 4.6% to 1.9%) and Farndale ward (which reduced from 15.2% to 4.0%). The hotspot reviews have focused on ensuring that the attendance management process has been followed, coaching and support for line managers in the implementation of the policy and a continued focus on long term absence and the development of return to work plans at an early stage.

Temporary Workforce

The Trust continues to focus on the reduction in the use of the temporary workforce, particularly in relation to Nursing, Medical and Dental staff groups. There have been a number of initiatives that the Trust has been taking forward this year to support these areas to get back to budget and "live within their means".

Nursing

Year to date we have seen a 70% reduction in spend variance on Registered Nurse spend in wards, a 75% reduction in CSW spend in wards and a 55% reduction in Theatres when compared to April 2018.

Department	Spend April 18	Spend September 18	Reduction
Registered Nurse Wards	58K	17K	41K (70%)
Care Support Workers Wards	£148K	36K	£112K (75%)
Theatres and DSU	£72K	£33K	£39K (55%)

This shows the direct impact that the Trust has made through the workforce initiatives that have been implemented, including: Global Learners Programme, NHSPD Programme, Enhanced Care work, attendance management process and Nursing agency cascade.
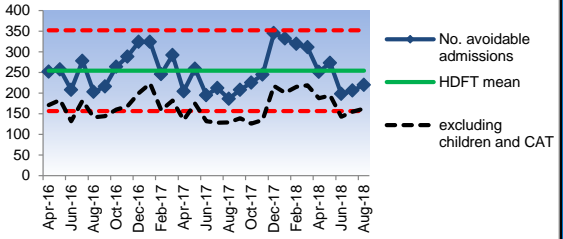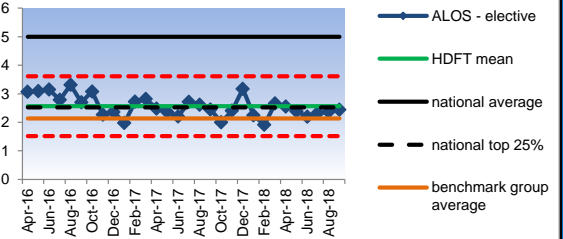
Tab 9 Chief Executive's Strategic and Operational update incl IBR

Workforce - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation

Medical and Dental

For Medical and Dental staff, the Trust continues to manage the Master Vend Contract and maximise the use of the Direct Engagement (DE) Platform to generate savings. We have delivered above 90% DE bookings for the last 3 months with September at 100% and generated £105K savings year to date, which is on track to deliver our year end savings of £150K in line with the business case.

A national comparison of agency bookings has been carried out using benchmarking information available across 55 Trusts nationally, 20 of which were in the North. Rate control continues to be a challenge across the country, with Yorkshire and Humber identified as the region paying the highest rates in Quarter 1. During Quarter 1, the highest rate paid by the Trust was £145 per hour; this is above the regional average of £136 but below the recorded maximum of £170. Chief Executive approval is obtained for rates over £100 per hour. Nationally 14% of bookings in Q1 were above £100 per hour, around 40% of bookings for the Trust were above £100 per hour. This is driven in the main by long term Consultant bookings in key specialities where there are National Labour Market shortages. The Trust is able to utilise substantive staff to work additional hours within training grades and non-consultant career grades to mitigate the risk and minimise spend in these areas.

The focus for the contract management discussions with our master vend is rate reduction and we are currently exploring options as to how this can be achieved.

The biggest opportunities for savings are identified as substantive recruitment and the conversion of agency worker to internal bank. Plans are being taken forward to develop alternative staffing models within the key clinical specialities that are currently driving spend at Consultant level (Oncology and Gastroenterology), in addition a Paediatric CESR model for SAS doctors has been developed and will commence in January 2019. The Trust has also undertaken market engagement to procure an internal medical bank platform to improve the efficiency of the process and to support the conversion of workers from agency to internal bank bookings. The internal bank platform is being mobilised in November 2018.

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Efficiency and Finance - September 2018

NHS
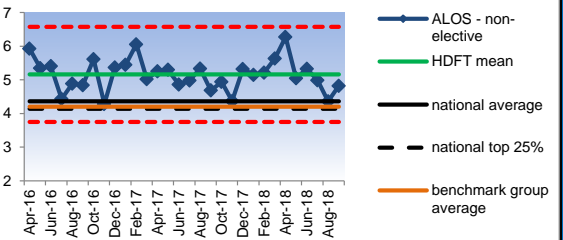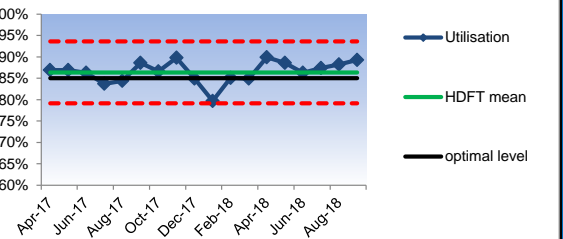**Harrogate and District**
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Avoidable admissions DQ	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.		Provisional data indicates that there were 220 avoidable admissions in August, an increase on last month but remaining in line with the usual seasonal trend of less avoidable admissions during the summer months. Adult avoidable admissions (excluding CAT attendances) showed a similar trend this month.
Length of stay - elective DQ	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.		HDFT's average elective length of stay for September was 2.4 days, no significant change on last month. HDFT remains in the top 25% of Trusts nationally in the most recently available benchmarking data.
Length of stay - non-elective DQ	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.		HDFT's average non-elective length of stay for September was 4.8 days, an increase on last month. The Trust remains in the middle 50% of Trusts nationally when compared to the most recently available benchmarking data.
Theatre utilisation DQ	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. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.		Elective theatre utilisation was at 89.3% in September, remaining above the 85% optimal level. This utilisation only reflects the elective lists that took place as planned and does not factor in planned elective lists that were cancelled. A list cancellation metric is being incorporated into the new theatres dashboard and will be considered for inclusion in this report.

You matter most

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Efficiency and Finance - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Delayed transfers of care (DQ)	The proportion of bed days lost due to being occupied by patients who are medically fit for discharge but are still in hospital. A low rate is preferable. The maximum threshold shown on the chart (3.5%) has been agreed with HARD CCG.		In September, 2.1% of bed days were lost due to delayed transfers of care, an increase on last month but remaining below the local standard of 3.5%.
Outpatient DNA rate (DQ)	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		HDFT's DNA rate decreased to 5.5% in July. This is now below the level reported by the benchmarked group of trusts and below the national average.
Outpatient new to follow up ratio (DQ)	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.		Reducing the number of follow ups is a major part of HARD CCG's financial recovery plan. HDFT's new to follow up ratio was 1.79 in July, no change on last month but significantly lower than previous months and remaining well below both the national and benchmark group average. There remains a focus on ensuring patients continue to be seen within expected timeframes for follow up where appropriate and for capacity released to either enable reduction in cost or realignment to support alternative activity.
Day case rate (DQ)	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		The day case rate was 89.8% in September, a decrease on last month but remaining above the average day case rate for 2017/18 (89.3%).

You matter most

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Efficiency and Finance - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Long stay patients DQ	This indicator shows the average number of patients that were in the hospital with a length of stay of over 7 days (previously defined as stranded patients by NHS Improvement) or over 21 days (previously super-stranded patients). The data excludes children, as per the NHS Improvement definition. A low number is good.		The number of long stay patients at HDFT increased in September following reductions in recent months. NHS Improvement has set improvement trajectories for Trusts to reduce the number of super-stranded patients by around 25% by December 2018. HDFT's trajectory has been set at 53, which equates to a 27% improvement on the 2017/18 baseline position. A methodology document has also been published recently - the Information Team are reviewing this to ensure that we are reporting on the correct cohort of patients and can replicate the data published by NHS Improvement for our Trust. Any amendments will be reflected in the metric presented here once this work concludes.
Surplus / deficit and variance to plan DQ	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.		The Trust reported a surplus of £270k in September. While reporting a surplus is positive, this was still behind the internal plan. As a result, the year to date deficit is now £3.67m, again significantly behind the year to date internal plan.
NHS Improvement Single Oversight Framework - Use of Resource Metric DQ	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.	See table below	The Trust continues to report a UoR rating of 3. While this is at the current plan, this remains a risk as the anticipated improvement in I&E would require the Trust to have a rating of 1 by March 2019.
Capital spend DQ	Cumulative Capital Expenditure by month (£'000s)		While resource for capital remains a risk, expenditure is exceeding planned levels.

Element	Plan	Actual
Capital Service Cover	4	4
Liquidity	1	1
I&E Margin	4	4
I&E Variance From Plan	1	1
Agency	2	2
Financial Sustainability Risk Rating	**3**	**3**

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Efficiency and Finance - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
NHS Improvement Single Oversight Framework DQ	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. From 1st April 2018, dementia screening perfromance forms part of this assessment.	(see table below)	In Quarter 2, HDFT's performance is below the required level for 3 of the operational performance metrics - 18 weeks, the A&E 4-hour standard and the cancer 62-day standard. The September position on the cancer 62-day standard is currently provisional but perfromance for Quarter 2 will remain below the required 85%. Diagnostic waiting times performance improved significantly in September and as a result, Quarter 2 performance is above the required 99% standard.

Standard	Q1	Q2	Q3	Q4	YTD
RTT incomplete pathways	90.8%	90.9%			90.9%
A&E 4-hour standard	94.8%	94.6%			94.7%
Cancer - 62 days	87.3%	84.6%			85.9%
Diagnostic waits	98.4%	99.0%			98.7%
Dementia screening - Step 1	95.6%	93.0%			94.3%
Dementia screening - Step 2	95.7%	100.0%			97.6%
Dementia screening - Step 3	97.4%	100.0%			98.4%

Narrative

As outlined above, while a surplus of £270k was reported in month this remains behind the run rate required in the financial plan. The year to date position now stands at a deficit of £3.67m, £4.3m behind the financial plan.

Drivers for this position are discussed in more detail in the supporting information. They continue to be related to:

- Ward Nursing   - Drug Expenditure
- Theatre Staffing   - Private Patients
- CIP   - Additional waiting lists

There are also a number of smaller overspends. Recovery plans have been developed and will be discussed at finance committee to improve spend in these areas.

Income continues to broadly be at planned levels, despite some localised pressures. Key to performance in this area will be increasing activity levels to reflect the plan, as per the changes we anticipated. Activity is included within the activity section.

As a result of performance against Revenue plans, cash and capital are particularly pressured. Cash is being managed carefully on a ongoing basis. Capital resource is continually requiring prioritisation following a number of issues arising.

Plans continue for the Winter period, with continued focus on Length of Stay and Delayed Transfers of Care (DTOC). The recruitment to the Supported Discharge Service (SDS) has gone well and the full team will be in place, with the exception of one therapy post, by November and therefore the teams impact will begin to escalate. There has been a notable reduction in DTOCs relating to ongoing NHS care, including patients requiring continuing healthcare assessment as these are now being done after discharge. The use of the revised Moving On policy is having an impact on delays due to patient choice.

You matter most

Tab 9 Chief Executive's Strategic and Operational update incl IBR

Activity - September 2018

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Outpatient activity against plan DQ	The chart shows the position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Outpatient activity was 2.9% below plan in September, an improvement on last month but remains and 2.6% below plan year to date.
Elective activity against plan DQ	The chart shows the position against plan for elective activity. The data includes inpatient and day case elective admissions.		Elective activity was 7.2% below plan in September and 1.1% below plan year to date.
Non-elective activity against plan DQ	The chart shows the position against plan for non-elective activity (emergency admissions).		Non-elective activity was 0.1% above plan in September but is 1.8% below plan year to date.
A&E activity against plan DQ	The chart shows the position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E.		A&E attendances were 5.5% above plan in September. The year to date position remains 8.1% above plan.

You matter most

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Tab 9 Chief Executive's Strategic and Operational update incl IBR

Activity - September 2018

NHS
Harrogate and District
NHS Foundation Trust

Indicator name / data quality assessment	Description	Trend chart	Interpretation
Community Care Teams - patient contacts DQ	The chart shows the number of face to face patient contacts for the community care teams.		There were 10,700 face to face patient contacts in September, a decrease on recent months. During 2017/18, there were a number of restructures of the teams within these services and a reduction to baseline contracted establishment as the Vanguard work came to an end. This will have impacted upon the activity levels recorded over this period. Therefore caution should be exercised when reviewing the trend over time.

Narrative

Although income for clinical activity remains broadly in line with plan, there continue to be some areas of under delivery against plan. This includes follow-up outpatient activity, where there continues to be a focus on reducing follow up rates, however it is essential that capacity released from this then either provides an opportunity to reduce cost or provide alternative capacity for replacement income.

Elective activity remains marginally below plan, with Endoscopy unit activity accounting for most of the under-performance. A detailed paper on this has been shared with the Resources Committee including the actions being taken to improve the position. The commencement of a newly qualified nurse endoscopist and the two new Colorectal surgeons will improve utilisation and the commencement of the new Orthopaedic surgeon in November will also support the delivery of the plan in the second half of the year.

You matter most

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Tab 9 Chief Executive's Strategic and Operational update incl IBR

Data Quality - Exception Report

Harrogate and District
NHS Foundation Trust

Domain	Indicator	Data quality rating	Further information
Safe	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.
Caring	Friends & Family Test (FFT) - Adult Community Services	Amber	The number of patients surveyed represents a small proportion of the community based contacts that we deliver in a year.
Efficiency and Finance	Theatre utilisation	Amber	This metric has been aligned with the new theatre utilisation dashboard from December 2017. Further metrics from the new dashboard are being considered for inclusion in this report from April 2018.

The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc.

There are some known data quality issues with the utilisation data but it is anticipated that increased visibility of the data via the new dashboard will help to resolve these in the coming months. |
| Responsive | OPEL level - Community Care Teams | Amber | This indicator is in development. |
| Activity | Community Care Teams - patient contacts | Amber | During 2017/18, there were a number of restructures of the teams within these services and a reduction to baseline contracted establishment as the Vanguard work came to an end. This will have impacted upon the activity levels recorded over this period. Therefore caution should be exercised when reviewing the trend over time. |

Tab 9 Chief Executive's Strategic and Operational update incl IBR

NHS
Harrogate and District
NHS Foundation Trust

Indicator traffic light criteria

Domain	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Safe	Pressure ulcers - hospital acquired	No. category 3 and category 4 avoidable hospital acquired pressure ulcers	tbc	tbc
Safe	Pressure ulcers - community acquired	No. category 3 and category 4 community acquired pressure ulcers	tbc	tbc
Safe	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%.
Safe	Safety thermometer - harm free care - community care teams	% harm free		
Safe	Falls	IP falls per 1,000 bed days	Blue if YTD position is a reduction of >=50% of HDFT average for 2017/18, Green if YTD position is a reduction of between 20% and 50% of HDFT average for 2017/18, Amber if YTD position is a reduction of up to 20% of HDFT average for 2017/18, Red if YTD position is on or above HDFT average for 2017/18.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Safe	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
Safe	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.
Safe	Incidents - comprehensive 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.	
Safe	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.
Effective	Mortality - HSMR	Hospital Standardised Mortality Ratio (HSMR)	Blue = better than expected (95% confidence interval), Green = as expected, Amber = worse than expected (95% confidence interval), Red = worse than expected (99% confidence interval).	Comparison with national average performance.
Effective	Mortality - SHMI	Summary Hospital Mortality Index (SHMI)		
Effective	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 2017/18, Amber if latest month rate > HDFT average for 2017/18 but below UCL, red if latest month rate > UCL.	Locally agreed improvement trajectory based on comparison with HDFT performance last year.
Caring	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.
Caring	Friends & Family Test (FFT) - Adult Community Services	% recommend, % not recommend - combined score for all services currently doing patient FFT		
Caring	Complaints	No. complaints, split by criteria	Blue if no. complaints in latest month is below LCL, Green if below HDFT average for 2017/18, Amber if on or above HDFT average for 2017/18, 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.
Responsive	RTT Incomplete pathways performance	% incomplete pathways within 18 weeks	Green if latest month >=92%, Red if latest month <92%.	NHS England
Responsive	A&E 4 hour standard	% patients spending 4 hours or less in A&E.	Blue if latest month >=97%, Green if >=95% but <97%, amber if >= 90% but <95%, red if <90%.	NHS England, NHS Improvement and contractual requirement of 95% and a locally agreed stretch target of 97%.
Responsive	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
Responsive	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
Responsive	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
Responsive	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
Responsive	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
Responsive	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
Responsive	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
Responsive	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
Responsive	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

Tab 9 Chief Executive's Strategic and Operational update incl IBR

NHS
Harrogate and District
NHS Foundation Trust

Domain	Indicator	Further detail	Traffic light criteria	Rationale/source of traffic light criteria
Responsive	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
Responsive	OPEL level - Community Care Teams	OPEL (Operational Pressures Escalation Level) experienced by the community care teams	tbc	Locally agreed metric
Workforce	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
Workforce	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
Workforce	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
Workforce	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
Workforce	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.
Efficiency and Finance	Avoidable admissions	The number of avoidable emergency admissions to HDFT as per the national definition.	tbc	tbc
Efficiency and Finance	Length of stay - elective	Average LOS for elective patients	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Efficiency and Finance	Length of stay - non-elective	Average LOS for non-elective patients		
Efficiency and Finance	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.
Efficiency and Finance	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
Efficiency and Finance	Outpatient DNA rate	% first OP appointments DNA'd		
Efficiency and Finance	Outpatient new to follow up ratio	No. follow up appointments per new appointment.	Blue if latest month score places HDFT in the top 10% of acute trusts nationally, Green if in top 25%, Amber if within the middle 50%, Red if in bottom 25%.	Comparison with performance of other acute trusts.
Efficiency and Finance	Day case rate	% elective admissions that are day case		
Efficiency and Finance	Stranded patients	Average number of stranded patients (LOS >7 days) and super-stranded patients (LOS >21 days).	tbc	as defined by NHS Improvement
Efficiency and Finance	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.
Efficiency and Finance	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
Efficiency and Finance	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.
Efficiency and Finance	NHS Improvement governance rating	Trust performance on Monitor's risk assessment framework.	As per defined governance rating	as defined by NHS Improvement
Activity	Outpatient activity against plan (new and follow up)	Includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
Activity	Elective activity against plan	Includes inpatient and day case activity		Locally agreed targets.
Activity	Non-elective activity against plan			Locally agreed targets.
Activity	Emergency Department attendances against plan	Excludes planned followup attendances.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.
Activity	Community Care Teams - patient contacts	Face to face patient contacts	tbc	Locally agreed metric

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

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Tab 12.1 Calendar of Meetings 2019

Paper 12.1

Harrogate and District
NHS Foundation Trust

PUBLIC COUNCIL OF GOVERNORS' MEETINGS

CALENDAR 2019

Date & Time	Venue
Saturday 26 January 2019 Private Meeting – 9.30 – 10.00am Public Meeting – 10.00am – 12.15pm	tbc
Wednesday 1 May 2019 Private Meeting – 5.15 – 5.45pm Public Meeting – 5.45 – 8.00pm	tbc
Wednesday 7 August 2019 Private Meeting – 5.15 – 5.45pm Public Meeting – 5.45 – 8.00pm	tbc
Wednesday 6 November 2019 Private Meeting – 5.15 – 5.45pm Public Meeting – 5.45 – 8.00pm	tbc

12.1

You matter most

Tab 13 Member Evaluation

**HARROGATE AND DISTRICT NHS FOUNDATION TRUST
GLOSSARY OF ABBREVIATIONS**

A

A&E	*Accident and Emergency*
AfC / A4C	*Agenda for Change*
AHPs	*Allied Health Professionals*
AIC	*Aligned Incentive Contract*
AMM	*Annual Members' Meeting*
AMU	*Acute Medical Unit*
AQP	*Any Qualified Provider*

B

BAF	*Board Assurance Framework*
BME	*Black and Minority Ethnic*
BoD	*Board of Directors*

C

CATT	*Clinical Assessment, Triage and Treatment Ward*
C.Diff	*Clostridium difficile*
CCCC	*Children's and County Wide Community Care Directorate*
CCG	*Clinical Commissioning Group*
CCTs	*Community Care Teams*
CCU	*Coronary Care Unit*
CE / CEO	*Chief Executive Officer*
CEA	*Clinical Excellence Awards*
CEPOD	*Confidential Enquiry into Perioperative Death*
CIP	*Cost Improvement Plan*
CLAS	*Children Looked After and Safeguarding Reviews*
CNST	*Clinical Negligence Scheme for Trusts*
CoG	*Council of Governors*
COO	*Chief Operating Officer*
CORM	*Complaints and Risk Management*
CQC	*Care Quality Commission*
CQUIN	*Commissioning for Quality and Innovation*
CRR	*Corporate Risk Register*
CSW	*Care Support Worker*
CT	*Computerised Tomography*
CT DR	*Core trainee doctor*

D

Datix	*National Software Programme for Risk Management*
DBS	*Disclosure and Barring Service*

You matter most

Tab 13 Member Evaluation

DNA	*Did not attend*
DoH	*Department of Health*
DoLS	*Deprivation of Liberty Safeguards*
Dr Foster	*Provides health information and NHS performance data to the public*
DSU	*Day Surgery Unit*
DToC	*Delayed Transfer of Care*

E

E&D	*Equality and Diversity*
eNEWS	*National Early Warning Score*
ENT	*Ear, Nose and Throat*
EoLC	*End of Life Care*
ERCP	*Endoscopic Retrograde Cholangiopancreatography*
ESR	*Electronic Staff Record*
EU	*European Union*
EWTD	*European Working Time Directive*

F

FAQ	*Frequently Asked Questions*
FFT	*Friends and Family Test*
FC	*Finance Committee*
FNP	*Family Nurse Partnership*
FOI	*Freedom of Information*
FT	*NHS Foundation Trusts*
FTSU	*Freedom to Speak Up*
FY DR	*Foundation Year doctor*

G

GIRFT	Get it Right First Time
GPOOH	GP Out of Hours
GWG MD&C	Governor Working Group – Membership Development and Communications
GWG V&E	Governor Working Group – Volunteering and Education

H

H@N	*Hospital at Night*
HaRD CCG	*Harrogate and Rural District Clinical Commissioning Group*
HaRCVS	*Harrogate and Ripon Centres for Voluntary Service*
HBC	*Harrogate Borough Council*
HCP	*Health and Care Partnership*
HDFT	*Harrogate and District NHS Foundation Trust*
HDU	*High Dependency Unit*
HED	*Hospital Episodic Data*
HEE	*Health Education England*
HFMA	*Healthcare Financial Management Association*
HHFM	*Harrogate Healthcare Facilities Management Ltd*
HR	*Human Resources*
HSIB	*Healthcare Safety Investigation Branch*
HSE	*Health & Safety Executive*

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You matter most

Tab 13 Member Evaluation

HSMR	*Hospital Standardised Mortality Ratios*

I

ICU or ITU	*Intensive Care Unit or Intensive Therapy Unit*
IG	*Information Governance*
IBR	*Integrated Board Report*
IT or IM&T	*Information Technology or Information Management & Technology*

K

KPI	*Key Performance Indicator*
KSF	*Knowledge & Skills Framework*

L

L&D	*Learning & Development*
LAS DR	*Locally acquired for service doctor*
LAT DR	*Locally acquired for training doctor*
LCFS	*Local Counter Fraud Specialist*
LEPs	*Local Education Providers*
LMC	*Local Medical Council*
LNC	*Local Negotiating Committee*
LoS	*Length of Stay*
LPEG	*Learning from Patient Experience Group*
LSCB	*Local Safeguarding Children Board*
LTUC	*Long Term and Unscheduled Care Directorate*
LWAB	*Local Workforce Action Board*

M

MAC	*Medical Advisory Committee*
MAPPA	*Multi-agency Public Protection Arrangements*
MARAC	*Multi Agency Risk Assessment Conference*
MASH	*Multi Agency Safeguarding Hub*
MDT	*Multi-Disciplinary Team*
Mortality rate	*The ratio of total deaths to total population in relation to area and time.*
MRI	*Magnetic Resonance Imaging*
MRSA	*Methicillin Resistant Staphylococcus Aureus*
MTI	*Medical Training Initiative*

N

NCEPOD	*NCEPOD (National Confidential Enquiry into Perioperative Death)*
NED	*Non-Executive Director*
NHSE	*National Health Service England*
NHSI	*NHS Improvement*
NHSR	*National Health Service Resolution*
NICE	*National Institute for Health & Clinical Excellence*
NMC	*Nursing and Midwifery Council*
NPSA	*National Patient Safety Agency*
NRLS	*The National Reporting and Learning System*
NVQ	*National Vocational Qualification*

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You matter most

Tab 13 Member Evaluation

NYCC   *North Yorkshire County Council*

O

OD   *Organisational Development*
ODG   *Operational Delivery Group*
ODP   *Operating Department Practitioner*
OPEL   *Operational Pressures Escalation Levels*
OSCE   *The Objective Structured Clinical Examination*

P

PACS   *Picture Archiving and Communications System – the digital storage of x-rays*
PbR   *Payment by Results*
PEAT   *Patient Environment Action Team*
PET   *Patient Experience Team*
PET SCAN   *Position emission tomography scanning system*
PHSO   *Parliamentary and Health Service Ombudsman*
PMO   *Project Management Office*
PPU   *Private Patient Unit*
PROM   *Patient Recorded Outcomes Measures*
PSC   *Planned and Surgical Care Directorate*
PST   *Patient Safety Thermometer*
PSV   *Patient Safety Visits*
PVG   *Patient Voice Group*

Q

QC   *Quality Committee*
QIA   *Quality Impact Assessment*
QIPP   *The Quality, Innovation, Productivity and Prevention Programme*
QPR   *Quarterly Performance Review*

R

RCA   *Route Cause Analysis*
RN   *Registered Nurse*
RTT   *Referral to Treatment. The current RTT Target is 18 weeks.*

S

SALT   *Speech and Language Therapy*
SAS DR   *Speciality and Associate specialist doctors*
SCBU   *Special Care Baby Unit*
SHMI   *Summary Hospital Mortality Indicator*
SHU   *Sheffield Hallum University*
SI   *Serious Incident*
SID   *Senior Independent Director*
SIRI   *Serious Incidents Requiring Investigation*
SLA   *Service Level Agreement*
SMR   *Standardised Mortality rate – see Mortality Rate*
SMT   *Senior Management Team*

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You matter most

Tab 13 Member Evaluation

SPF	*Social Partnership Forum*
SpR	*Specialist Registrar – medical staff grade below consultant*
ST DR	*Specialist trainee doctors*
STEIS	*Strategic Executive Information System*
STP	*Sustainability and Transformation Plan/Partnerships*

T

TARN	*Trauma Audit Research Network*
TOR	*Terms of Reference*
TU	*Trade Union*
TUPE	*Transfer of Undertakings (Protection of Employment) Regulations 2006*

V

VC	*Vice Chairman*
VSM	*Vey Senior Manager*
VTE	*Venous Throboembolism*

W

WTE	*Whole Time Equivalent*
WY&H HCP	*West Yorkshire and Harrogate Health Care Partnership*
WYAAT	*West Yorkshire Association of Acute Trusts*

Y

YTD	*Year to Date*

Further information can be found at:
NHS Providers – Jargon Buster –
http://nhsproviders.org/programmes/governwell/information-and-guidance/jargon-buster

June 2018

You matter most

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