Harrogate and District NHS Foundation Trust

The meeting of the Board of Directors held in public will take place at 9.00am on Wednesday 27 March 2019 in the Boardroom, Harrogate District Hospital, HG2 7SX

AGENDA			
Item No.	**Item**	**Lead**	**Paper No.**
9.00am – 9.20am			
Patient Story – Dr Matt Shepherd, Consultant in Emergency Medicine, and Mrs Melanie Jackson, Patient Safety Manager, will be in attendance			
9.20am – 10.30am			
1.0	**Welcome and Apologies for Absence** *To receive any apologies for absence:*	Mrs A Schofield, Chairman	-
2.0	**Declarations of Interest and Register of Interests** *To declare any interests relevant to the agenda and to receive any changes to the Register of Interests*	Mrs A Schofield, Chairman	2.0
3.0	**Minutes of the Board of Directors meeting held on 30 January 2019** *To review and approve the Minutes of the meeting*	Mrs A Schofield, Chairman	3.0
4.0	**Review Action Log and Matters Arising** *To provide updates on progress of actions*	Mrs A Schofield, Chairman	4.0
Overview by the Chairman		Mrs A Schofield, Chairman	-
5.0	**Report by the Chief Executive including Integrated Board Report and Finance Report**	Dr R Tolcher, Chief Executive	5.0
	To deliver high quality health care		
6.0	**6.0 Summary from Quality Committee meeting of 6 February 2019** **6.1 Nurse and Midwifery (Safe) Staffing Assurance Report** *To receive, discuss and approve* **6.2 NHS Resolution Final Report** *To receive, consider and approve the Strategy* **6.3 Freedom to Speak Up Guardian Biannual Report** *To receive and consider the report* **6.4 Consideration of IBR metrics relating to quality**	Mrs L Robson, Chairman Quality Committee Mrs Jill Foster, Chief Nurse Mrs J Foster, Chief Nurse Dr S Wood, Deputy Dir of Governance/Freedom to Speak Up Guardian	6.0 6.1 6.2 6.3 6.4
	To work with partners to deliver integrated care		

You matter most

7.0	**7.0 WYAAT Report**	Dr R Tolcher, Chief Executive	Verbal
10.30am – 10.40am			
Break			
10.40am – 12.30pm			
	To ensure clinical and financial sustainability		
8.0	**8.0 Summary from Resources Committee meetings of 7, 28 January and 25 March 2019** *To be considered and discussed*	Mrs M Taylor, Chairman of Resources Committee	8.0
	8.1 Consideration of IBR and other metrics related to workforce and other HR matters	Ms A Wilkinson, Director of Workforce and Organisational Development	8.1
	8.2 Consideration of IBR and other metrics related to financial performance and contracts	Mr J Coulter, Director of Finance	8.2
	Governance		
9.0	**9.0 Summary from Audit Committee meeting of 6 March 2019** (written and oral) *To be considered and discussed*	Mr C Thompson, Chairman of the Audit Committee	9.0
	9.1 Minutes of the Council of Governors' Meeting on 6 November 2019 *For information*	Mrs A Schofield, Chairman	9.1
	9.2 Freedom of Information Act 2000 Annual Report *To be considered and discussed*	Mr Andrew Forsyth, Interim Company Secretary	9.2
10.0	**Any other relevant business** *By permission of the Chairman*	Mrs A Schofield, Chairman	-
	Board Evaluation	Mrs A Schofield, Chairman	-
Confidential Motion – the Chairman to move: *Members of the public and representatives of the press to be excluded from the remainder of the meeting due to the confidential nature of business to be transacted, publicly on which would be prejudicial to the public interest.*			

Harrogate and District NHS Foundation Trust

BOARD OF DIRECTORS – REGISTERED DECLARED INTERESTS

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

The register is maintained by the Company Secretary and was last updated in March 2019.

Name	Position	Interests Declared
Mr Andrew Alldred	Clinical Director LTUC	None
Ms Sarah Armstrong	Non-Executive Director	1. Company director for the flat management company of current residence 2. Chief Executive of the Ewing Foundation
Mr Jonathan Coulter	Deputy Chief Executive/ Finance Director	1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust)
Mrs Jill Foster	Chief Nurse	None
Mr Robert Harrison	Chief Operating Officer	1. Appointed Voluntary Member of the Strategy and Resources Committee of the Methodist Church 2. Charity Trustee of Acomb Methodist Church, York
Dr Kat Johnson	Clinical Director PSC	None
Dr Natalie Lyth	Clinical Director CCCC	None
Ms Laura Robson	Non-Executive Director	1. Familial relationship with Alzheimer's Society
Mrs Angela Schofield	Chairman	1. Member of WYAAT Committee in Common 2. Volunteer with Supporting Older People (charity). 3. Chair of NHS Northern Region Talent Board
Dr David Scullion	Medical Director	1. Member of the Yorkshire Radiology Group 2. Familial linkage with Freedom to Speak Up Guardian

Mr Richard Stiff	Non-Executive Director	1. Director of (and 50% owner) Richard Stiff Consulting Limited 2. Director of NCER CIC (Chair of the Board from April 2019) 3. Director and Trustee of TCV (The Conservation Volunteers) 4. Vice Chair of the Corporation of Selby College 5. Member of the Association of Directors of Children's Services 6. Member of Society of Local Authority Chief Executives 7. Local Government Information Unit Associate 8. Local Government Information Unit (Scotland) Associate 9. Fellow of the Royal Society of Arts
Mrs Maureen Taylor	Non-Executive Director	None
Mr Christopher Thompson	Non-Executive Director	1. Non-Executive Director of Harrogate Healthcare Facilities Management Limited (a wholly owned subsidiary company of Harrogate and District NHS Foundation Trust) 2. Director – Neville Holt Opera Limited 3. Deputy Treasurer and Member – Council of the University of York 4. Chair – NHS Audit Yorkshire Consortium 5. Chair – Tissue and Organ Donation Committee HDFT
Dr Ros Tolcher	Chief Executive	1. Specialist Adviser to the Care Quality Commission 2. Member of NHS Employers Policy Board (Vice Chair). 3. Harrogate Ambassador on behalf of Harrogate Convention Centre 4. Member of Harrogate System Leadership Executive Group 5. Member Harrogate Public Services Leadership Board 6. Member of WYAAT Committee in Common 7. Acute Trust representative on North Yorkshire Health and Wellbeing Board 8. Acute Trust (East) representative on AHSN 9. Co-chair of WYH LWAB
Mrs Lesley Webster	Non-Executive Director	None
Ms Angela Wilkinson	Director of Workforce and Organisational Development	None
Deputy Directors attending Board meetings as substitutes		
Dr David Earl	Deputy Medical Director	1. Private anaesthetic work at BMI Duchy hospital
Dr Claire Hall	Deputy Medical	1. HDFT representative on WYAAT Pathology group

	Director	2. HDFT representative on WYAAT Non-Surgical Oncology group 3. Member, HDFT Transfusion Committee 4. Principal Investigator for haematology trials at HDFT
Mrs Joanne Harrison	Deputy Director of Workforce and Organisational Development	None
Mr Jordan McKie	Deputy Director of Finance	1. Familial relationship with NMU Ltd, a company providing services to the NHS
Mrs Alison Mayfield	Deputy Chief Nurse	None
Mr Paul Nicholas	Deputy Director of Performance and Informatics	None
Dr Sylvia Wood	Deputy Director of Governance & Freedom to Speak Up Guardian	1. Familial relationship with Medical Director

Harrogate and District NHS Foundation Trust

Report Status: Open

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors' meeting held in public on
Wednesday 30 January 2019 at 9.00am in the Boardroom at Harrogate District Hospital

Present:
Ms Sarah Armstrong, Non-Executive Director
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mrs Jill Foster, Chief Nurse
Mr Robert Harrison, Chief Operating Officer
Dr Claire Hall, Deputy Medical Director
Ms Laura Robson, Non-Executive Director
Mrs Angela Schofield, Chairman
Mrs Maureen Taylor, Non-Executive Director
Dr Ros Tolcher, Chief Executive
Mrs Lesley Webster, Non-Executive Director
Ms Angela Wilkinson, Director of Workforce and Organisational Development

In attendance:
Mr Andrew Alldred, Clinical Director for Long Term and Unscheduled Care
Mr David Duffy, Clinical Lead, Trauma and Orthopaedics (Patient story only)
Mr Andrew Forsyth, Interim Company Secretary
Dr Kat Johnson, Clinical Director, Planned and Surgical Care
Dr Natalie Lyth, Clinical Director for Children's and County Wide Community Services

Patient Story

Mrs Schofield welcomed Mr Duffy to the meeting.

Mr Duffy said that he would show two video messages to the Board; each was a true patient story, filmed with the permission of the patients and featuring them recounting their experience at Harrogate District Hospital during and following surgery.

The Board was then shown Howard's Story and Amanda's story. In each case their surgery had been completed but they subsequently developed an infection in their wounds. The patients recounted how their lives had been changed; both had undergone a number of further surgeries, including partial knee replacements. In the case of Howard he had been made redundant, suffered with clinical depression and almost separated from his wife because of his changed personality. In Amanda's case she had shied away from the world, having previously been outgoing. They had both suffered considerable pain following the original procedure and were likely to face further surgery.

Following the video messages Mr Duffy said that he was very grateful to both Amanda and Howard for sharing their stories on film. They had provided a salutary lesson to

theatre staff of the importance of avoiding infection in wounds and the long-term effects of such infections. Their stories had brought to life what would otherwise have been an incident report. He explained that the video stories had been recorded for the Quality Improvement for Surgical Teams (QIST) programme and would be shared nationally, as part of a programme to reduce post-operative infections.

There was a wide-ranging discussion about the cases shown in the videos. It was agreed that the Board had found them to be a valuable addition to their understanding of the implications of care going wrong. The issues did not necessarily stop when surgery was completed but could, as in these cases, have life-changing effects. Dr Tolcher thought that the stories would be inspirational for staff in many different disciplines, in thinking through the implications of ensuring they do their part of any procedure as efficiently as possible.

Mrs Webster wondered about the possibility of making more video patient stories and asked how it had been funded. Mr Duffy said that QIST had not provided funding but that he had managed to fund it within the Trust. In his view there should be a fund on which clinicians could draw if there was a clear case for recording instructional videos such as these.

Mrs Schofield thanked Mr Duffy both for persuading the patients to tell their stories in this way and for explaining the background.

1.0 Welcome and Apologies for Absence

1.1 Mrs Schofield noted there were apologies for absence from Dr David Scullion, Medical Director, (Dr Claire Hall was attending in his stead), Mr Richard Stiff, Non-Executive Director and Mr Chris Thompson, Non-Executive Director/Vice Chairman.

1.2 It was confirmed a quorum was present at the meeting.

1.3 Mrs Schofield welcomed Ms Pamela Allen (Public Governor and Deputy Chair of the Council of Governors), and Dr David Crampsey (Deputy Medical Director, Airedale NHS FT), one member of staff and two members of the public to the meeting.

2.0 Declarations of Interest and Board Register of Interests

2.1 It was noted Mr Coulter was a Director of Harrogate Integrated Facilities (HIF). No agenda items were planned which would present a conflict of interest. It was, however, agreed that Mr Coulter could participate fully in any items which included reference to HIF.

2.2 Dr Tolcher noted that – for absolute transparency – she was declaring some interests in addition to those currently on the Register. These were organisations/memberships where it could be perceived she had influence which could affect the business of the Trust, primarily within the West Yorkshire Association of Acute Trusts (WYAAT). She urged all Board members to consider whether or not they were in similar positions and, if so, to declare them. Mr Forsyth was asked to circulate this request to all Board members so that the Register could be updated. Mrs Schofield declared that she was the Vice Chair of the West Yorkshire and Harrogate Health Care Partnership.

2.3 Dr Wood (as Freedom to Speak Up Guardian) was to be added to the Declarations of Interest for the Board of Directors.

ACTION: Mr Forsyth to circulate new guidance and declaration for the Register of Interest to all Board Members and alternates.

3.0 Minutes of the meetings of the Board of Directors on 28 November 2018

The draft minutes of the meeting held on 28 November 2018 were approved without amendment.

APPROVED:
The Board of Directors approved the minutes of the meeting held on 28 November 2018 as an accurate record of proceedings.

4.0 Review of Action Log and Matters Arising

4.1 Completed actions were noted. Actions 106, 112, 116, 118 and 119 were reported as being completed.

4.2 Action 81: This was confirmed. The changes to the Integrated Board Report were on track to be delivered in April 2019 although cover arrangements for the impending maternity leave of the co-ordinator had yet to be finalised. It was agreed to amend the target date for completion to April 2019.

4.3 Action 120: this had yet to be discussed at the Quality Committee and Ms Robson (Chairman of the Quality Committee) confirmed that this would take place at the next meeting. Board action completed.

4.4 Action 122: work on this action was taking place and when completed would be reported as part of the workforce information to the Resources Committee and Senior Management Team meetings, and to the Board. Board action completion date amended to March 2019.

4.5 There were no other matters arising

APPROVED:
The Board of Directors noted completed actions and the amended date for Action 122.

Overview by the Chairman

Mrs Schofield noted a number of items:

- Three new Governors had joined the Council of Governors – Mr Dennys and Mr Batt had been elected as Public Governors and Mrs Helen Stewart had been elected (unopposed) as a Staff Governor. The role of Staff Governor for medical staff was vacant, following the retirement of Dr Daniel Scott, and Clinical Directors were urged to try and identify suitable candidates. Advice to potential recruits was available from Dr Scott. The role should be regarded as a development opportunity for individuals. Dr Tolcher noted that the vacancy created an opportunity to improve diversity in the Council of Governors and emphasised that the role was not just open to members of the consultant body. Potential candidates could also speak to Ms Pamela Allen, Deputy Chairman of the Council.

- Mr Steve Russell had been selected as Chief Executive (designate) and had accepted the post. He would start at the Trust on 1 April and arrangements for his induction were in hand. He had started visits to the Trust as part of this programme.
- The final quarter of the year had started and the Trust was looking towards year-end and future years. The context for the future had been set by the publication of the NHS Long-Term Plan and the clear direction around systems. There would be an intensive period of discussion around the implications of this.
- Mrs Schofield said that there was a good agenda for the meeting, covering culture, relationships, public and patients and featuring the fantastic work of the Youth Forum. There would be a meeting between the Bard and the Youth Forum on 19 March and she reminded colleagues that the first Board to Board with Harrogate Integrated Facilities would follow the private meeting later that afternoon.

5.0 Report by the Chief Executive (excluding finance matters)

5.1 The report and IBR had been circulated in advance of the meeting and was taken as read. Dr Tolcher wished to emphasise five headline issues.

5.2 The Trust was experiencing what she described as the usual winter pressures, with high footfall. The achievement of the four-hour 95% target had been missed in quarters 1, 2 and 3, reaching only 94.4%, and the Provider Sustainability Funding (PSF) available had not been secured. The Trust hoped to achieve the target in March, with £400,000 PSF available. Dr Tolcher said that the quality of care for patients was most important and that there was no evidence of adverse impacts as a result of failing to reach the target – the Trust was meeting urgent care needs, as well as achieving the target for cancer waiting times. A close eye was being kept on other quality indicators, although there continued to be a slow decline in achievement of the RTT.

5.3 Moving to the financial position, Dr Tolcher noted that the Trust had achieved a surplus for the fourth consecutive month but had not yet fully recovered to the planned levels. The year-to-date figure was a £638,000 deficit, with PSF payments taken into account, which was some £3m behind plan. It would require a surplus of £1.1m per month for the remainder of the year to achieve the planned outturn. She noted that there was likely to be unallocated central PSF funding, as most providers were not achieving the required target standards, and this could be made available. There were three schemes – a 2-for-1 financial incentive, a scheme based on achievement above the allocated control total and a bonus scheme based around achieving the control total and recurrent Cost Improvement Plan. In the latter case the Trust had achieved 98% of the planned programme (96% risk-adjusted) and work was underway to examine non-recurrent schemes and assess their suitability to be recurrent. There was also a fund available for Trusts which agreed and achieved their control totals, but there would be a *pro rata* reduction if the control total was missed. Dr Tolcher noted that NHS Improvement had published the control totals for 2019-20; for the Trust this was unchanged from 2018-19.

5.4 The NHS Long Term Plan had been published and there had been a discussion at the Council of Governors on the preceding Saturday. The implications of the direction of travel would be explored and reflected in the Strategic Plan which was under development, led by Mr Stiff.

5.5 Dr Tolcher drew attention to the Truth Project, which offers the opportunity for victims and survivors of child sexual abuse to share their experience and be respectfully heard and acknowledged. The West Yorkshire and Harrogate ICS System Leaders

Executive Group had agreed to support the campaign and the Board agreed that the Trust should support it.

5.6 Moving to the CQC inspection, Dr Tolcher reminded colleagues that the core service inspection had taken place at the beginning of November and the Well-Led review in early December. The draft report had been received in the Trust, to be checked for factual accuracy, and the addition of evidence requested by the CQC, and returned by 14 February. She said it was a very good read and four core services had improved a grade.

5.7 Mrs Schofield asked about the outcome of the flu campaign. Mrs Foster said that the season had now ended and she was awaiting the final, accurate figures, which would be around 56% uptake. Planning was underway for the 2019 campaign, with vaccines being available in October, with discussions about how to optimise uptake this year, including better communication to improve perception of the vaccines. More peer vaccinators and greater availability to community teams were also being considered. There was some discussion about the efficacy of the vaccines and the importance of understanding that even if flu was not prevented by vaccination, its severity was usually reduced. Leadership was important, and a 'hearts and minds' element to the campaign was needed.

5.8 Mrs Webster suggested linking it to appraisal but Dr Tolcher said that the timings did not coincide. She wondered whether there was a different way to address the issue. Ms Armstrong thought that the target had been ambitious and was reassured that the Trust was seeking to learn from organisations which had achieved better uptake. We needed to understand the barriers for staff. Mrs Schofield suggested that a Rapid Process Improvement Workshop or similar intensive approach could yield better results, whilst Mr Harrison suggested that the decision to refuse a vaccination was often an emotional argument and needed to be approached differently. Mrs Webster thought that having a patient story based around the flu outbreak in Jervaulx Ward would have impact.

5.9 Turning to the new Clinical Assessment Unit, Mrs Schofield said that it was impressive and had already improved patient flow. It was a good project which had been developed and executed alongside Harrogate Integrated Facilities.

5.10 Mrs Webster noted that the Audit Committee had discussed the RTT data and performance around the 18-week target; the information was in the Integrated Board Report. Mr Coulter said that there was now a national focus on waiting list numbers and it was important to understand by how much patients were missing the 18-week target.

To deliver high quality healthcare

6.0 Infection Prevention and Control Report

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

6.2 Mrs Foster drew attention to the detailed report on the flu outbreak in Jervaulx Ward and noted that both patients and staff (vaccinated and unvaccinated) had been affected. The management of staff had been challenging, especially in terms of moving those at particular risk to other areas of the hospital. In response to a question, Mr Harrison said that although the wards have no ventilation, they have ventilation which changes the air six times each hour. Maintenance records showed that noisy fans in AMU and Byland Ward had been reported but this was a routine request and had no relevance

to the situation in Jervaulx Ward. Whilst there had been 13 Clostridium difficile infected patients in the hospital and 12 in the community, to date only one had been determined as being due to a lapse of care.

6.3 In the light of the patient story heard earlier, Mrs Webster enquired about the reporting process for surgical site infections and Mrs Foster replied that this was through the Planned and Surgical Care governance process; no alarms bells had been rung. Dr Johnson said that there was regular dialogue on this and a range of subjects at the quarterly infection control meeting. Dr Tolcher noted that the Getting It Right First Time programme was taking an increasing interest in surgical site infections and Mrs Schofield was reassured that these issues would be escalated to the Senior Management Team and the Board.

7.0 Patient and Public Participation Strategy

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

7.2 Mrs Foster reminded colleagues that the framework of the strategy had been considered at the September meeting of the Board, since when she had canvassed stakeholder views and involved patients at an individual level, resulting in large scale changes to the previous draft. The strategy was now at a point where it should be operationalised and become real.

7.3 Mrs Schofield commented that the document was now really positive and offered a range of ways of learning and responding. Mrs Webster thought that an appendix listing those who had contributed could be helpful, whilst Mrs Foster said that progress with implementing the strategy would be monitored quarterly at the Quality Committee. Ms Armstrong liked the language around 'listening but truly hearing' but wondered about the absence of a mention of Healthwatch – she thought the strategy offered an opportunity to work with the North Yorkshire branch.

7.4 Mrs Taylor wondered about the level of consultation at which changes in services would be agreed, with Mrs Webster suggesting a ladder of engagement. Mr Coulter noted that the Trust should always be asking users about proposed changes to services and how we operate - we needed to be better at it. Mrs Schofield also wondered about the level at which consultation would take place and Mrs Foster said this would be part of operationalising the strategy. She reassured Mrs Taylor that the strategy would sit alongside the Quality Impact Assessment process.

7.5 The Board of Directors approved the draft Patient and Public Participation Strategy.

APPROVED:
The Board of Directors approved the Patient and Public Participation Strategy.

8.0 Guardian of Safe Working Hours Report

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

8.2 Dr Hall noted that the number of exception reports remained low and there had been no breaches which might result in a fine for the Trust. She noted the remarks about the national trends on recruitment of doctors, as recorded in the State of Medical Education and Practice in the UK 2018 report, and Dr Johnson said that meeting the aspirations of the NHS Long-Term

Plan would be a big challenge. Doctors in training were the consultants of the future and they did not want to work at the same intensity as their predecessors. Dr Hall also noted the loss of trained F2 doctors abroad and to 'F3' posts rather than into core training. Dr Johnson said that looking at alternatives was also a challenge as there were fewer nurses available to undertake more specialist roles, such as Advanced Care Practitioners; the national workforce strategy work, in support of the NHS Long-Term Plan, and led by the CEO of Leeds THT, would need to address this.

8.3 Mrs Webster moved the discussion to the lack of response about exception reports from clinical supervisors. They were senior clinicians and it was disappointing. Mr Alldred said that he had picked this up at his Directorate meeting in order to try and resolve issues around rotas, which Dr Johnson said were difficult but also being addressed in her Directorate. Mrs Schofield confirmed that the Board had noted Dr Gray's concerns.

9.0 Learning from Deaths Report

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

9.2 Mrs Foster said that there had been no alerts but that the number of detailed reviews had fallen in Q3; a number were moving ahead in Q4.

9.3 Dr Tolcher wondered how the variance in the orthopaedic HSMR outlier review could be explained, despite the good and outstanding care which had been delivered. Dr Scullion was asked to explain this apparent anomaly. Mrs Foster said whilst this was seen to be statistically significant there was nothing of concern. Mrs Webster wondered about the column marked 'not applicable' on page 5 of the report, which Mrs Foster confirmed meant that the patient did not receive care.

9.4 Dr Lyth wondered how patients were chosen and what governed their inclusion. Mrs Webster said that there was a set of criteria set out in a template which governs who should be included in the structured judgement review. Sometimes the CCG would make a request for a patient to be included. Mr Harrison said that outliers were also identified on the HED system and reviewed if they appeared statistically significant. The Trust sets a 2% threshold, against the CCG 3% threshold. Mrs Webster noted that both the Audit Committee and Governors look at the SHMI, the latter in connection with the Quality Account; Mrs Coulter said that the Audit Committee considers the process to check that the data is correct. Dr Tolcher reassured Board members that the internal audit had been positive about the process in its last report. She suggested that the Learning from Deaths report could be presented at the Consultant's Forum.

ACTION: Dr Scullion to explain variance in orthopaedic HSMR outlier review despite good/outstanding care.

ACTION: Dr Scullion to consider presentation of Learning from Deaths report at Consultant Forum.

10.0 Hope for Healthcare

10.1 Dr Lyth introduced the Hopes for Healthcare standards, which she said were a set of standards which had been co-produced very much in partnership with the Trust's Youth Forum. She praised Emily Reid (who managed the Youth Forum for the Trust) in particular as she had been who been instrumental in managing the two-way process which had produced a powerful document reflected both rights and needs. She said that the graphics were particularly good.

10.2 Continuing, Dr Lyth said that the challenge was now to make actions happen so that they were embedded, moving from hopes to reality, and proving that they were being applied across the Trust. She drew attention to the forthcoming Board to Forum meeting on 19 March which was designed as a celebration rather than a challenge session, and asked that queries should be addressed at this meeting.

10.3 Mrs Schofield said that for her the intention and the flavour were encapsulated in the graphics, which Dr Lyth said had been developed by Nicholas Burgoyne, in Sterile Services. Ms Armstrong wondered about the ongoing involvement of the Youth Forum and was reassured that they were committed to ensuring that the standards were adopted; however, the Forum itself was evolving and would move on to other projects. Dr Tolcher asked about the inclusiveness of the wider generation and Dr Lyth said that it was proposed to pass the standards to local groups (including those in community areas) as well as the specialist children's services and Looked After Children teams.

10.4 Mrs Webster wondered whether any market research had been undertaken to see what young patients were experiencing – Dr Lyth replied that intention was to try and reach a point where the same outcomes were experienced wherever the young person touched the Trust services. Ms Robson thought the standards were fantastic and were very inclusive. She wondered whether 'Youtube' could be used to draw attention to them and was reassured this was already planned as part of the launch.

10.5 Mrs Schofield said that the Youth Forum was very focused on the transition between children's and adult services, which she said can be difficult; Dr Tolcher said that there were no special favours and it could be a 'cliff edge' for some whilst Mr Harrison echoed this, saying that whilst paediatrics was holistic, adult medicine was set up differently and could involve a number of different consultants. Dr Lyth considered that there was a need for a transition 'champion' and Mrs Foster said that whilst there was already work underway to see how this could be achieved she would take this forward.

10.6 Drawing the discussion to a close, Mrs Schofield said that insight into transition was clearly important and, similarly, each of the themes in the standards needed a Director to champion it. She said she would write to Mt Burgoyne to thank him for his work on Hopes for Healthcare and noted the contributions of Ms Reid and Mr Chillery to the work of the Youth Forum.

ACTION: Mrs Foster to identify an appropriate 'transition champion' for children's care to adult care from adult side.

ACTION: Executive Directors to indicate to Mr Forsyth which of the seven Hopes for Healthcare themes they would sponsor.

ACTION: Mrs Schofield to write to thank Mr Burgoyne for work on Hopes for Healthcare literature.

11.0 EDS2 – Annual Self-Assessment

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

11.2 Mrs Foster said that this was the fourth report prepared against EDS2 – EDS3 was expected to supersede it during 2019. In most areas the Trust had moved from a red or yellow rating to 'achieving'. More work was needed, however, around bullying, based on the Friends and Family Test and the staff survey. A meeting of stakeholders had taken place on 15 January to consider and agree the self-assessment.

11.3 Mrs Taylor wondered what it would take for the Trust to reach 'excelling' and Mrs Foster said that whilst this was the ultimate aim, the self-assessment was honest where there was a lack of compelling evidence, for which the search will continue. Dr Tolcher noted that a hawkish stance was always taken, because this reflected the lack of evidence rather than the culture in the Trust. The Trust needed to design processes which would provide evidence to support changing the ratings and Mrs Foster said that improving them could be a steady process, as it had been for improving services around patients with learning difficulties. Mrs Schofield said that the principle was that the Trust always had to demonstrate, with solid evidence, where improvement had taken place.

APPROVED:
The Board of Directors approved the EDS2 Self-Assessment.

12.0 NHS Improvement Nurse Staffing Review

12.1 Mrs Foster had circulated the final report and her response in advance. She said that the final report had included elements which had been disappointing and had not answered the original questions. Nothing much had been included about how conclusions on value for money had been reached but effective internal measures had been taken and more structured governance established.

12.2 The report seemed to imply that the Trust could make savings and have fewer staff, but Mrs Foster said that staffing levels had been established to provide safe care. Mr Coulter noted that it was always helpful to have a view taken from outside the Trust and we needed to set and fulfil aspirations. In Dr Tolcher's view establishments were linked to the acuity of patients and there was no intention to reduce them. It was about values and behaviours and there would be no compromise. Mrs Foster said it was about having the right, qualified staff in place; in Dr Hall's view medical wards were safe but the establishments were neither comfortable nor optimal. Mrs Foster said that they were the prime spot for redeployment when there were gaps elsewhere. It was all about leadership and it was important to protect staffing levels where possible – she saw no benefit in more staff. There would be changes in staffing on the stroke ward after the introduction of the new HASU arrangements in early April.

12.3 Ms Robson was disappointed by the report. She considered that the Chief Nurse was in control of staffing and understood the staffing budgets. She thought this was also true at ward level and amongst senior nurses, where they understood the staffing levels and the importance of budgeting; they were not reticent in making their views known. A masterclass had been held, and a second one would be held in February, to provide a forum to ensure the knowledge was embedded. Mr Alldred said that there had been discussions in his Directorate over the past months around upskilling, roster management and the journey of Ward Managers.

12.4 The Board approved the improvement plan and Mr Coulter said that there would be an internal audit in the next financial year to ensure that the actions had been embedded fully. Mrs Foster would bring forward a routine nurse staffing report as before.

APPROVED:
The Board of Directors approved the improvement plan developed from the NHSI Nurse Staffing Review

13.0 Review of the IBR Metrics relating to Quality

13.1 Ms Robson drew attention to the Safety Thermometer and the number of Urinary Tract Infections associated with catheters and asked why it had not featured in the report on

Infection Prevention and Control. Mrs Foster said that this was because the report was a snapshot 'on the day' the report was compiled; there had been no increasing trend in January and she confirmed that the number of such infections was closely monitored through the Infection Prevention and Control group.

To work with partners to deliver integrated care

14.0 West Yorkshire Association of Acute Trusts

14.1 Dr Tolcher confirmed that there was no written report from WYAAT this month. There had been a Committee in Common (CiC) meeting on the previous day and this had covered a number of issues. There had been two propositions around urology under the national Getting It Right First Time (GIRFT) programme and WYAAT had responded that the local collaboration was effective and it was not ready to commit to the proposals; rather WYAAT requested support in delivering an event to develop its own configuration (including York and Barnsley).

14.2 A Clinical Director had been appointed to the vascular network which was being established. The CiC approved the West Yorkshire and Harrogate (WY&H) Pathology Case for Change and an outline business case would be presented to the CiC in July. There was a presentation from the WY&H Cancer Alliance, during which it was stressed that every contact should count, for example, in encouraging smoking cessation.

14.3 The continuing challenges around the Pharmacy Regional Supply Chain Collaboration project were discussed by the CiC, with Mr Alldred involved in discussions over the finalisation of costs and benefits. There had also been a discussion about how WYAAT addresses the ambition of the NHS Long-Term Plan, in which some of the work across West Yorkshire had been recognised and it was considered that WH&H had an opportunity to influence what was happening on a large scale.

14.4 Mrs Schofield, who had chaired the meeting, said it had been very positive and it was important that WYAAT did not lose momentum whilst a number of Chairman and Chief Executives (Dr Tolcher amongst them) moved on. Dr Tolcher noted that the collaborative approach taken was held up nationally as being an exemplar.

To ensure clinical and financial sustainability

15.0 Report of the Resources Committee

15.1 The reports of the Resources Committee had been circulated in advance of the meeting and were taken as read.

15.2 Mrs Taylor noted that at the meeting on 28 January the month 9 report had shown a surplus but the Trust had a big task over the next three months to maintain this position. Ward and theatre staffing was again overspent but had shown improvement. The CIP and high cost drugs remained issues to be resolved; it was proposed that an internal audit of the system around the latter should be programmed. The assumptions and way ahead for the plan for 2019-20 had been discussed.

15.3 It had been agreed that the Chief Executive should attend the Resources Committee and Mrs Taylor requested Board approval to this minor change to the Terms of Reference of the Resources Committee; this was agreed.

APPROVED:
The Board of Directors approved the change to the Terms of Reference of the Resources Committee to include the attendance of the Chief Executive.

15.3 Mr Coulter said that the surplus in-month was positive and pointed out that income and activity were largely on plan; there would need to be some catching up in Q4. The Trust must hold on to the run rate improvement and complete the planned CIP. There should be targeting of activity towards the end of the year and the performance in the Emergency Department in March would be important; any non-recurrent opportunities would need to be grasped. He described the risks as the contract with HaRD CCG, the CIP and winter activity. The Trust now had a Use of Resources rating of 2. The deficit was lower and the Trust was spending within the agency ceiling figure. He believed that there was an opportunity to deliver the Control Total.

15.4 Dr Tolcher described Q4 as including a month of optimisation. There was a mismatch between some elements of activity but it was important to maximise productivity; there would be an audit of theatre productivity, although improving this was complex.

15.5 Moving to the way ahead in 2019-20, Mr Coulter said that the NHS Long-Term Plan laid emphasis on developing system working in an evolutionary way. Better funding had been announced some of which would go to reducing provider deficits. There would be a change of financial framework with the Trust being offered a Control Total of £4.4m. The underlying figure would be a deficit of £800k but there would be changes around MRET, which would be paid directly, and the usual incentive schemes based on financial performance and achievement of efficiency targets. It was expected that all WYAAT Trusts except one would be would be better than or at break even.

15.6 Mr Coulter noted that the HaRD CCG had been set a Control Total of £2m less for 2019-20 than for the current year. The Trust had submitted its activity plan to the CCG on 14 January and there were now discussions around affordability. Workforce planning was an iterative process and there were continuing discussions around theatre staffing and registered nurses. The capital programme would be proposed in February/March. He saw the two main risks as being achieving constitutional standards and capital funding.

15.7 Mrs Taylor drew the Board's attention to the update report on WebV project and in particular to the clinicians who have embraced the new technology, with the first paperless clinic to be tested in Urology; this would be a significant efficiency gain and Mr Coulter said that the team had identified a number of potential financial opportunities as a result of introducing WebV. Mrs Harrison added that there would be a tipping point when ICE was included and all results should be recorded in WebV by the end of the year. Mr Alldred said that the physicians were using the system and were very keen on using the open system.

15.8 Ms Robson noted that the Emergency Department targets had not been revised for 2019-20 and Mr Coulter said that this, and other issues around MRET, would be discussed at the February Board strategy day.

15.9 Mrs Schofield said she looked forward to the plan for 2019-20 receiving a high

degree of scrutiny.

16.0 Clinical Workforce Strategy Bi-annual Review

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

16.2 Ms Wilkinson highlighted the work to improve staff engagement as well as staff productivity, and the new roles which were being introduced. She emphasised the need to recruit domestically, as well as through the Global Learners Programme, in which 14 new offers had been made with likely starting dates in between 9 and 12 months; It was important to keep this pipeline open and keep turnover and recruitment of staff running in parallel. She was pleased to report that appraisal compliance was improving. There had been a 30% reduction in the use of temporary staff since the introduction of the Strategy, more specifically in nursing. The Mastervend approach to medical staffing was also improving the Trust position whilst savings through Direct Engagement had been around £130k to date and were forecast to reach £145k by year-end.

16.3 Mr Alldred was keen to note the success of the CESR programme in the Emergency Department. Ms Robson was concerned that the clinical registered spend had increased by 256% when compared to the baseline, and doubled since 2015-16. Mr Harrison said that this was driven by vacancies and the Board should be assured that there was a robust escalation process in place; activity was planned and then staffing followed – and then if necessary agency staff would be brought in. Mr Coulter said that there was effort being put into converting agency staff to bank staff where they were willing to move. The Trust compared well with other Trusts in WYAAT and remained below the ceiling figure set.

16.4 Mr Alldred asked that non-medical, non-nursing data (eg for pharmacy prescribers) be included in the next report whilst Dr Tolcher wondered what was driving sickness absence, where the Trust trajectory (4.2% - around 180 per day) and the WY&H trajectory were crossing. She considered that the Trust needed a better grip on the causes of sickness absence (eg MSK, stress and anxiety). Ms Wilkinson said that this was a focus of the Workforce Efficiency Group, Directorate Boards and the Senior Management Team. Mrs Webster enquired whether the growth in services had been matched with a growth in HR support. Mr Alldred said that he had strengthened support around stress and anxiety in his Directorate, whilst Dr Johnson said that she conducted hot spot reviews. Mrs Taylor asked about staff taken on in the North East and Dr Lyth said that the sickness absence levels were broadly as they had been before the Trust took them over. Mrs Schofield said that the Trust needed to understand the reasons and continue to do what it could to improve the situation.

17.0 Review of the IBR Metrics relating to workforce and other HR matters and financial performance and contracts

17.1 Mr Harrison said that a new metric had been introduced into the IBR to measure the percentage of lists which were planned and completed. The aim was to be above 85%. Ms Robson asked about the Delayed Transfers of Care and Mr Harrison replied that work was continuing with HaRD CCG and North Yorkshire County Council around discharge to assess to a care setting which will help to determine future needs. The Moving On policy had been relaunched and this, alongside the Supported Discharge Service, was part of a longer term plan which could include an Emergency Department project on discharge support and bridging packages designed to send patients home earlier.

17.2 Mr Alldred highlighted work around the Every Hour Matters activity which had improved discharges and bed availability. Partnership working, as in discharge to assess and the Supported Discharge Service, was also improving the position. Mrs Schofield asked when the Post Project Evaluation of the Supported Discharge Service was scheduled and Mr Harrison confirmed it would be in October or November 2019. She added that the position around the wards seemed very positive while Ms Robson said that winter felt better this year. Mr Harrison said that more patients were being seen in the Emergency Department within four hours this year despite a 5% increase in patient numbers. Ms Robson said that it was sad for the staff that, despite their considerable efforts, they were still falling short of the 95% target.

Governance

18.0 Audit Committee

18.1 In Mr Thompson's enforced absence Mrs Taylor had chaired the Audit Committee meeting on 28 January. The notes had been circulated in advance of the Board meeting and were taken as read.

18.2 Mrs Taylor highlighted the report of the evening security visits which had taken place on 5 December and had highlighted poor standards of security. There had been some improvements in a later visit. Mr Coulter said that HIF had experienced some staffing issues but that in general there needed to be a higher level of security awareness. Mr Harrison said that the Providing a Safe Environment Group would be working on improving this throughout the Trust as, he agreed with Mrs Taylor, this was not work for the Audit Committee to undertake. She would look for comment on this in the annual report of the group in May. Dr Tolcher said that security was everyone's responsibility and there needed to be a clear message to individuals, and Mr Harrison reiterated that staff should keep their access cards safe and feel empowered to challenge anyone they saw behaving suspiciously or in a restricted area.

18.3 Mrs Taylor moved on to the Audit Committee assessment of effectiveness, which had been considered at the January meeting. There were no concerns. The review of the Internal Audit programme had reflected three Limited Assurance audits, which would be taken forward by the Senior Management Team. The Committee had welcomed progress on Post Project Evaluations and approved the noted the proposed protocol for Non-Audit services to be undertaken by KPMG. There had been discussion about the list of significant risks including revenue recognition and management override of controls.

19.0 Terms of Reference – Audit Committee

19.1 The annual review of the Terms of Reference of the Audit Committee was discussed. There were some minor changes around nomenclature and the Board of Directors approved the draft. The revised draft Terms of Reference had been considered by the Council of Governors on 26 January.

APPROVED:
The Board of Directors approved the revised Terms of Reference of the Audit Committee.

20.0 Minutes of the Council of Governors' Meeting on 1 August 2018

20.1 The Board of Directors noted the Minutes of the Council of Governors' Meeting held on 1 August 2018.

21.0 Any other relevant business not included on the Agenda

21.1 Dr Lyth drew attention to the seven Hopes and the Standards within the Hopes for Healthcare and requested that the Board approved them formally.

APPROVED:
The Board of Directors approved the seven Hopes, and Standards within them, in the Hopes for Healthcare.

21.2 Dr Johnson wished the Board to note that the Trust Maternity Unit had been reaccredited as a Gold Standard service.

21.3 Dr Lyth commented that sickness absence levels in her Directorate were higher than those in the Long-Term and Unscheduled Care Directorate and she was concerned that in three of the five geographical areas Return to Work interviews were not taking place effectively. It was important that managers recorded them in the Electronic Staff Record as soon as they were completed.

22.0 Board Evaluation

Board members agreed that the placing of the sections of the IBR had improved discussions and that the discussion around finance had been better informed and more focused. In general the right things were being discussed in the right way in the right place in the agenda. There was agreement that the patient story had been particularly effective.

15.0 Confidential Motion

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

The Board agreed the motion unanimously. The meeting closed at 12.35pm.

Harrogate and District NHS Foundation Trust

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HDFT Board of Directors Actions Schedule
Action Log
March 2019

This document logs items for action from Board of Directors meetings which remain outstanding. Board members will be asked to confirm completion of actions or give a progress update at the following Board meeting when they do not appear on a future agenda.

Ref	Meeting Date	Item Description	Director/Manager Responsible	Completion date	Detail of progress
81	January 2018	Further consideration to include additional measures within the integrated board report regarding patient experience in adult and children community services.	Mr Harrison, Chief Operating Officer / Mr Alldred, Clinical Director LTUC / Dr Lyth, Clinical Director CCWCC	**May** 2019	*From January 2019*
122	November 2018 (minute 10.3)	Clarify process for consideration of Clinical Workforce Strategy Key Performance Indicators and other workforce reports	Ms Angela Wilkinson, Director of Workforce and Organisational Development	**March** 2019	*From January 2019*
123	January 2019 (minute 2.3)	Request all Board members to disclose all positions of influence or where perceived conflict of loyalty may be present, for inclusion in Declarations of Interest	Mr Andrew Forsyth, Interim Company Secretary	March 2019	Complete
125	January 2019 (minute 9.4)	Provide explanation of variance in orthopaedic HSMR outlier review despite good/outstanding care	Dr David Scullion, Medical Director	March 2019	
126	January 2019 (minute 9.4)	Consider presentation of Learning from Deaths report at Consultant Forum	Dr David Scullion, Medical Director	March 2019	
127	January 2019 (minute 10.6)	Executive Directors to be sponsor each of seven Hopes for Healthcare themes	Executive Directors	March 2019	
128	January 2019 (minute 10.6)	Identify appropriate 'transition champion' for children's care to adult care from adult side	Mrs Jill Foster, Chief Nurse	March 2019	
129	January 2019 (minute 10.6)	Write to thank Mr Burgoyne for work on Hopes for Healthcare literature	Mrs Angela Schofield, Chairman	March 2019	
130	January 2019 (minute 17.2)	Post Project Evaluation of Supported Discharge Service to be considered by Board of Directors	Mr Robert Harrison, Chief Operating Officer	November 2019	

Harrogate and District NHS Foundation Trust

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Date of Meeting:	27 March 2019	**Agenda item:**	5.0
Report to:	Board of Directors		
Title:	Report from the Chief Executive		
Sponsoring Director:	Dr Ros Tolcher, Chief Executive		
Author(s):	Dr Ros Tolcher, Chief Executive Andrew Forsyth, Interim Company Secretary		

Report Purpose:	**Decision**		**Discussion/ Consultation**	✓	**Assurance**	✓	**Information**	✓

Executive Summary:

- The Trust achieved a 'Good' overall rating from the CQC following the inspection at the end of 2018. Improvements were reported in the overall rating of all core services inspected. Community services were rated as outstanding overall.
- All core services are now rated as 'Good' or 'Outstanding'.
- A 'Good' rating was also achieved for Use of Resources.
- The Trust reported an operating surplus of £919k in January and a deficit of £669k in February. The underlying position remains adverse of plan but the confidence in respect of the year-end forecast outturn has improved.
- There has been a further deterioration in RTT and ED performance although both remain relatively good compared to national means.
- The Trust failed to meet two of the national constitutional standards in February. Year to date performance on the ED 4-hour standard and RTT now stand at 94.2% and 90.4% respectively.
- The 2018 National Staff Survey results show a positive and improving position compared with peers and prior years.
- This is my last report to the Board as CEO of the Trust and I wish to place on record my thanks to colleagues across the organisation for their hard work and commitment to the Trust under my tenure, and pass on my very best wishes to Steve Russell as he takes over the leadership of the Trust.

Related Trust Objectives

To deliver high quality care	✓	**To work with partners to deliver integrated care:**	✓	**To ensure clinical and financial sustainability:**	✓

Key implications

Risk Assessment:	Strategic and operational risks are noted in section 6. Risks associated with this report are reflected in the Board Assurance Framework: BAF 14: risk to delivery of integrated models of care; BAF 15: misalignment of partner strategic plans; and BAF 9; failure to deliver the operational plan.
Legal / regulatory:	There are no legal/regulatory implications highlighted within the report.
Resource:	There are no resource implications highlighted within the report.
Impact Assessment	Not applicable.
Conflicts of Interest	None identified.
Reference documents:	• NHS Improvement: Single Oversight Framework: https://improvement.nhs.uk/uploads/documents/Single_Oversight_Framework___update_Nov_2017_v2.pdf
Assurance:	Not applicable.

Action Required by the Board of Directors:

- The Board is asked to **note** progress on risks recorded in the BAF and Corporate Risk Register and **confirm** that progress reflects the current risk appetite.
- The Board is requested to **endorse** use of the Trust's seal and agreement of a licence as detailed in the report.

You matter most

This report should be read alongside the Trust's Integrated Board Report which contains further information on key quality, operational and finance metrics.

1.0 QUALITY, PATIENT EXPERIENCE AND OPERATIONAL PERFORMANCE

1.1 Operational Performance

Recent trends in respect of achieving the key national operational performance standards continued during January and February, as illustrated in the Integrated Board Report. The Trust's performance against the A&E 4-hour standard was below 95% in January and February at 93.4% in both months. The Trust's year to date achievement on the 4-hour Emergency Department standard now stands at 94.2% (national average 85.75%). Attendances in the Emergency Department are 3.6% above plan for the year to date.

Performance against the 92% standard for incomplete referral to treatment (RTT) pathways within 18 weeks also deteriorated in both months (January 89%; February 88.6%) delivering a year to date rate of 90.4%. This position is forecast to remain challenging. The national average on this standard is deteriorating at a similar rate and currently stands at 86.7% (Month 10).

The Trust has agreed a trajectory to reduce the total number of HaRD CCG patients waiting for non-urgent care on the Trust waiting list. This plan is currently on track.

All cancer waiting time standards were achieved for January with the exception of the 14 day symptomatic breast standard. Provisional data indicates that all cancer waiting times standards were achieved in February, with the exception of the 62 day cancer standard. The number of 62 day treatments in the month was much lower than usual (37.5 vs 73.0 in January) which means that with 6.0 breaches performance was just below the standard at 84.0%. Trust's year to date performance remains above the standard at 86.1%.

The trend in terms of operational performance on key standards is particularly concerning in the context of a significant affordability gap in the Harrogate system wherein forecasts of demand for 2019/20 exceed local funding resources. The Trust remains in dialogue with commissioners regarding options. A verbal update will be presented at the meeting.

1.2 Care Quality Commission (CQC) Inspection

The final report from the CQC has been received and published. I am delighted to confirm an overall 'Outstanding' rating for our community services and a 'Good' rating for the Trust overall. All core services are now rated as either Outstanding or Good and the Trust's rating for caring remains 'Outstanding' overall. In addition the Trust is rated as 'Good' for use of resources.

The continued improvement since the 2016 inspection is a tribute to the hard work of colleagues working in every part of the Trust who contribute to delivering high quality care every day. I wish to place on record my sincere thanks to all staff whose focus on care quality is unwavering.

1.3 NHS Staff Survey 2018

The 2018 NHS staff survey was published this month. More than 1500 colleagues submitted questionnaires (39%). This bigger cohort of staff than previous years offers a more representative sample and will help us continue to make improvements for our staff (c7% identify as BME which is broadly in line with the overall profile of employees).

The format of the survey report has changed compared with prior years and there are now ten domains, each rated on a scale of 0-10 in which a higher score is better.

Compared with the prior year's survey, scores improved in four domains, were unchanged in three and deteriorated in two. As in prior years, results for HDFT are consistently better than the peer group average with the Trust exceeding the benchmark average in nine of the ten domains, and equalling the average in the tenth. There has been a statistically significant improvement in

the 'safety culture' score which is now just 0.2 points below the best score nationally (HDFT 6.9; national best 7.1). The Trust achieved the best score nationally for staff feeling secure in raising concerns about clinical care. This is particularly pleasing in the light of targeted work on safety culture across the Trust.

1.4 Acute Medical services

Members of the Board were updated on the Trust's compliance with the 7-Day Services Standards at the Strategic Workshop earlier this month. Pressures related to medical staffing challenges were discussed at that session and have continued. There are workforce gaps particularly in middle grade doctors which have resulted in extreme pressures for some colleagues and a number of consultants acting down in order to sustain safety. I am grateful to colleagues in a number of areas for their flexibility.

A number of plans are now being actively pursued in order to mitigate risk and ensure longer term resilience.

1.5 Endoscopy services JAG Accreditation

Following a rigorous assessment I am pleased to confirm successful JAG reaccreditation. Thanks are due to consultants Jon Harrison and Gareth Davies along with colleagues in the Endoscopy service. Feedback from the visiting JAG team was exceptionally positive.

2.0 FINANCIAL AND EFFICIENCY

2.1 Financial performance

The Trust reported surpluses of £919k in January. In February a deficit of £669k is reported however this is after removal of Q1-3 PSF in respect of A&E performance. The underlying position in February was a surplus of £108k.

The year to date position is now a deficit of £465k (Including adjusted PSF) which represents a small deterioration on prior months and remains behind plan. While the underlying position remains adverse of plan, the confidence in respect of the year end forecast outturn has improved. A verbal update will be given at the meeting.

Achievement of CIP plans remains positive with forecast attainment close to 100%. Further details are contained in the Finance Director's report.

The Trust reported a use of resources rating of 2 in January (on plan) and 2 in February (better than planned 3).

3.0 PARTNERSHIPS AND INTEGRATION

3.1 West Yorkshire and Harrogate Integrated Care System (WYH ICS)

There was an ICS Board Development day on 5 March attended by senior representatives of all member organisations.

3.2 West Yorkshire Association of Acute Trusts (WYAAT)

The WYAAT executive group received a presentation on dermatology services across WY&H from the WYAAT Clinical Lead. Dermatology is one of the three key services identified as having pressing sustainability challenges. A decision was taken to initiate a WY&H Dermatology Programme. This would also encompass the Elective Care programme and the Cancer programmes of WY&H, with the potential to include others.

WYAAT continues to explore opportunities for alignment of HR and workforce practice. The impact of national pension's policy on consultant medical staff and senior NHS employees poses some risks in respect of retention and availability to undertake additional work. HR directors are exploring options.

All Trusts were invited to respond to emerging themes in the development of a National Workforce Implementation Plan. These were contained in a letter dated 6 March 2019 to all Trusts co-signed by Dame Dido Harding (Chairman of NHS Improvement and Chair of the NHS Workforce Implementation Plan) and Julian Hartley (National Executive Lead). WYAAT and Community Trust CEOs submitted a joint response. A response was also submitted on behalf of all providers in the WYH ICS by the WYH Local Workforce Action Board (LWAB).

3.3 North Yorkshire, York and Harrogate proposed Integrated Care Partnership

An inaugural meeting of the North Yorkshire and York System Leaders Executive was held on 27 February. The aim of this group is to enable 'a collaborative and partnership approach across and between statutory leaders and their organisations, which will ensure we can create a sustainable health and social care system for the future'. Some initial principles for creating an integrated care partnership ('Integrated Care York and North Yorkshire') were discussed and outline terms of reference for the group agreed. A draft programme of working spanning 10 years was presented. North Yorkshire County Council retains an ambition to sit within a single STP footprint and a third-party review of STP working in North Yorkshire is proposed.

4.0 SENIOR MANAGEMENT TEAM (SMT) MEETING

The SMT met on 20 February and 20 March. The following key areas are for noting:

- Sickness absence rates have increased. More work is required to understand underlying issues.
- The reduction in falls year to date has been sustained and the figure now stands at 5%.
- The timeliness of complaint responses is poor (only 50% in February). Directorates are responding. A review of the Trust's policy and approach to complaints investigations and timelines will be led by Chief Nurse Jill Foster.
- Actions to bring down total waiting list numbers were agreed and will be kept under tight review.
- At the March meeting it was noted that 'flu cases have fallen and the season may be over.
- A report on the HDFT Gender Pay Gap was received. The gap has increased following the creation of HIF (Harrogate Integrated Facilities) but otherwise presents a reassuring picture.
- The 2018 Staff Survey results were discussed and recommendations for action agreed.
- 2019/20 Quality priorities for recommendation to the Quality Committee were agreed.
- A business case in respect of pathology services was supported, for recommendation to the Board.

5.0 COMMUNICATIONS RECEIVED AND ACTED UPON

5.1 EU exit planning

Planning in preparation for the United Kingdom's exit from the European Union has continued. A number of high-level briefings have been attended by Trust staff and an increasing number of reporting mechanisms are being established. Some of these require daily situation reports and frequent personal involvement of the Senior Responsible Officer, Mr Harrison.

On 12 March the Trust's Brexit Working Group conducted a table-top planning exercise to measure the impact of Brexit on Trust operations, insofar as it was possible in the current national context, against a number of time-related scenarios. This followed a thorough review of both the Major Incident Plan and Business Continuity Plans at Directorate and other levels. In general these were found to be robust and have been revised where necessary as a result of the

reviews. This process included known key local commitments (eg the ICU World Cycling Championships 9n September) which needed to be considered.

As this is a changing situation I will ensure that the Board is updated verbally at the meeting.

6.0 BOARD ASSURANCE AND CORPORATE RISK

6.1 Board Assurance Framework (BAF)

The Board Assurance Framework has been reviewed by the Executive Directors in both February and March. No new risks have been added to the BAF in either month, although a number of mitigating actions have become Key Controls and new mitigating actions have been added. One risk, BAF#15 has an increased score pending resolution of the 2019-20 Plan with commissioners, whilst one risk (BAF#17) has improved after some senior staff appointments, and BAF#9 has improved following reassessment in the light of financial performance. Six risks are currently assessed as having achieved their target risk score. The strategic risks are as summarized as follows:

Ref	Description	Risk score	Progress score	Target risk score reached
BAF 1	Risk of a lack of medical, nursing and clinical staff	*Amber 9* ↔	*Unchanged at 1*	√
BAF 2	Risk of a high level of frailty in the local population	*Amber 8* ↔	*Unchanged at 1*	√
BAF 3	Risk of a failure to learn from feedback and Incidents	*Amber 9* ↔	*Unchanged at 2*	
BAF 5	Risk of maintaining service sustainability	*Amber 9* ↔	*Unchanged at 1*	
BAF 9	Risk of a failure to deliver the Operational Plan	*Red 12* ↓	*Unchanged at 2*	
BAF 10	Risk of breaching the terms of the Trust's Licence to operate	*Yellow 5* ↔	*Unchanged at 1*	√
BAF 12	Risk of external funding constraints	*Red 12* ↔	*Unchanged at 1*	√
BAF 13	Risk standards of care and the organisation's reputation for quality fall because quality does not have a sufficient priority in the Trust	*Yellow 4* ↔	*Unchanged at 1*	√
BAF 14	Risk of delivery of integrated models of care	*Amber 8* ↔	*Unchanged at 1*	√
BAF 15	Risk of misalignment of strategic plans	*Red 12* ↑	*Unchanged at 1*	
BAF 16	Risk that the Trust's critical infrastructure (including estates, diagnostic capacity, bed capacity and IT) is not fit for purpose	*Red 12* ↔	*Improved to 2*	
BAF 17	Risk to senior leadership capacity	*Amber 8* ↓	*Unchanged at 1*	

6.2 Corporate Risk Register (CRR)

The CRR was reviewed at the monthly meeting of the Corporate Risk Review Group on 8 March 2019. No risks were added to the register: two risks were removed - CR13: Risk to patient care, experience and quality due to a lack of capacity to support patients following discharge and CR24: Risk to patient safety, quality, experience, reputation, staff wellbeing due to reduced capacity in the Community Care teams (CCTs).

Corporate Risk Register Summary

Corporate risk register summary of changes: Updated March 2019

Ref	Description	Current risk score	Risk movement	Current progress score	Target date for risk reduction	Notes
CR2	Risk to the quality of service delivery in Medicine due to gaps in rotas; reduction in trainee numbers; agency cap rate; quality control of locums; and no-deal EU Exit *(added 08/03/2019)*.	16	↑	*5*	*Mar-20*	*Risk increased; work needed to develop new actions. Target date extended*
CR5	Risk to the quality of service delivery due gaps in registered nurses establishment	12	↔	*2*	*Oct-20*	
CR13	Risk to patient care, experience and quality due to a lack of capacity to support patients following discharge	9	↓	*2*	*Mar-19*	*Risk decreased; to remove from corporate risk register*
CR14	Risk of financial deficit and impact on the quality of service delivery due to failure to deliver the Trust annual plan by having excess expenditure or a shortfall in income. *NB To note impact of no-deal EU Exit on annual financial plan (added 08/03/2019)*	12	↓	*2*	*Apr-19*	*Risk decreased. Target date amended from March 19 to April 19*
CR18	Risk to provision of service and not achieving national standards in cardiology due to potential for lab equipment breaking down	12	↔	*1*	*Mar-19*	*Gap in control updated*
CR24	Risk to patient safety, quality, experience, reputation, staff wellbeing due to reduced capacity in the Community Care teams (CCTs).	9	↓	*1*	*Mar-19*	*Risk decreased; to remove from corporate risk register*
CR26	Risk of inadequate antenatal care and patients being lost to follow up - due to inconsistent process for monitoring attendance at routine antenatal appointments in community	12	↔	*4*	*Apr-19*	*Progress score reduced to 4*
CR27	Risk to the quality of service delivery due to failure to have sufficient cash to support the capital programme including replacement of equipment due to delay in payment from commissioners or shortfall in delivering the financial plan	16	↔	*5*	*Apr-19*	*Progress score reduced to 5*
CR31	Financial risk associated with the failure to meet the 4 hour standard	20	↑	*1*	*Apr-19*	*Risk score increased from 15 to 20. Progress with mitigation related to March performance improved*
CR32	Financial risk from major sporting events due to cost of contingency arrangements and loss of income	12	↔	*3*	*Sep-19*	
CR34	Risk to quality of care by not meeting NICE guidance in relation to the completion of autism assessment within 3 months of referral.	12	↔	*1*	*TBC*	
CR34	Risk to Service Delivery as Microsoft ends support for Windows 7 in January 2020 resulting in no further patch or security updates from Microsoft.	12	↔	*2*	*Apr-20*	

Progress key

1 = fully on plan across all actions

2 = actions defined - most progressing, where there are delays, interventions are being taken

3 = actions defined - work started but behind plan

4 = actions defined but largely behind plan

5 = actions not yet fully defined

7.0 Quality Charter: Making a Difference and Team of the Month Awards

Congratulations to this month's Team of the Month and the Making a difference Awards winners listed below:

Team of the Month

Pharmacy Aseptic and Chemotherapy Team – January 2019
Endoscopy – February 2019

Making a Difference Awards made since 1 January:

- Rachel Templado, Staff Nurse – Trinity Ward
- Carmen McCormack, Staff Nurse – Harrogate South Community Care Team
- Nicola Bassitt, Domestic – Harrogate Integrated Facilities (HIF)
- Robert Watt, Stores Manager – Supplies
- Anna Rowe, Occupational Therapist – Knaresborough, Green Hammerton and Boroughbridge Community Care Team

- Dawn Benson, Ward Manager – Trinity Ward
- Dr Sergejs Magers, CT2 (Core Trainee) – Surgery
- Ionut Filip, Domestic – Harrogate Integrated Facilities (HIF)
- Phil Bremner, Macmillan Benefits Advisor
- Al Llewelyn, Joiner – Harrogate Integrated Facilities
- Meera Raju, Staff Nurse – Emergency Department
- Mary Irving, Former Health Visitor – Stockton 0-19 Children's Services
- Tony Ridley, Health Visitor – County Durham 0-19 Children's Services
- Dr Rebecca Leigh, Consultant Elderly Medicine/ Orthogeriatrics
- Dr Angela Bell, Consultant Elderly Medicine/ Orthogeriatrics
- Joanne Dodds, Community Health Assistant, FISCH Team – County Durham 0-19 Children's Services
- Agimol Uthuppan, Sister – Medical Short Stay (MSS)
- Gillian Robinson, Specialist Practitioner District Nurse - Harrogate South Community Care Team
- Mae Hartley, Staff Nurse – Medical Admission Unit (MAU)
- Sarah Whitaker, Clinical Site Manager – Bed/ Site Management Team
- Emma Edgar, Lead Cardiology Nurse – Cardiology
- Emma Burke, Specialist Radiographer – Radiology

8.0 DOCUMENTS SIGNED AND SEALED

The following documents have been signed by the Chairman and Chief Executive, and sealed:

1. Deed of Surrender to York NHS Foundation Trust for two rooms in Heatherdene Building.
2. A Design and Build contract for the construction of an Endoscopy Unit at Harrogate District Hospital.

In addition the following legal agreements on property and land matters have been concluded:

• The Licence to Occupy for the Football Club's emergency egress point across Heatherdene car park was renewed for a further 12 months
• A Tenancy Agreement for a Global Learner's residence at 147a Wetherby Road was renewed
• The Licence to Occupy in relation to the 0-19 Children's Services Hub at Briercliffe in Scarborough was signed.

9.0 And finally……

This is my last report to the Board as CEO of the Trust and I would like to thank Executive and Non-Executive Board members, as well as Clinical Directors, for your support, challenge and encouragement over the last almost five years. I also wish to place on record my sincere thanks to colleagues across the organisation for their hard work and commitment to the Trust under my tenure. My very best wishes go to Steve Russell as he takes over the leadership of the Trust.

Dr Ros Tolcher
Chief Executive
March 2019

February 2019 Financial Position

- The following slides summarise the Trustwide financial position as at February 2019.
- These should be read alongside the Resource Committee Chairs report for the meeting dated 25/03/2019.
- The Resources Committee discussed this position in more detail, supported by further analysis of –
    - In Month and Year to date drivers
    - Activity and Income
    - Workforce
    - Capital Expenditure
- This was also accompanied with Directorate level positions.

February 2019 Financial Position

Financial Performance

- As described in the IBR, the Trust reported a deficit of £669k for February, however, this included an exceptional item relating to Q1 to Q3 PSF funding related to A&E performance.

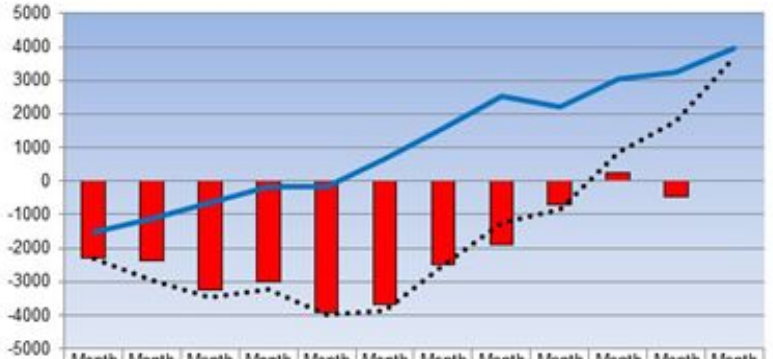
- Without this impact the Trust reported a surplus of £108k. This underlying position continues the recovery seen over the last few months, but remains behind the required control total plan.

- The year to date position now stands at a deficit of £467k, behind both the internal and control total plans. Monthly and cumulative performance is highlighted below.

HDFT Monthly Financial Performance (£'000s)

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Actual	-2,303	-59	-869	219	-925	270	1,183	583	1,214	919	-669	
External Plan	-2,328	-611	-514	246	-754	119	1,326	1,290	381	1,702	910	1,916
Internal Plan	-1,526	409	486	479	-	812	917	950	-330	860	192	734

HDFT Cumulative Financial Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Actual	-2303	-2,362	-3231	-3012	-3936.7	-3666.5	-2483.6	-1900.6	-687	232	-467.4	
External Plan	-2,328	-2,939	-3,453	-3,207	-3,961	-3,842	-2,516	-1,226	-845	857	1,767	3,683
Internal Plan	-1526	-1,117	-631	-152	-152	660	1,577	2,527	2,197	3,057	3,249	3,983

- The following slide outlines performance without PSF funding.

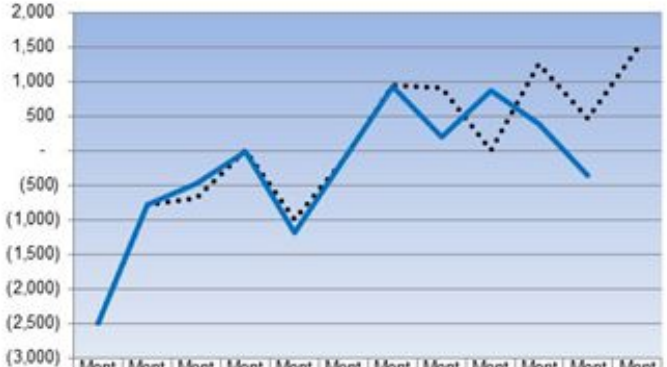
February 2019 Financial Position

Financial Performance

- The positions above include PSF funding received to date and expected income for quarter 4 related to both elements of funding, financial and A&E performance.

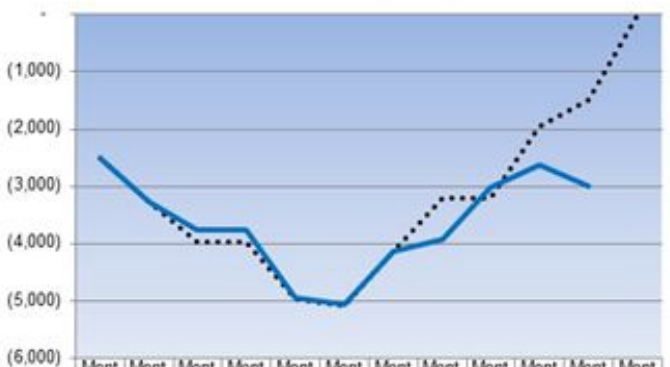
- As described on slide one, the Trust had been reporting achievement of the year to date A&E element of PSF, however, this has been reversed for Q1 to Q3, resulting in an adverse variance of £777k.

HDFT Monthly Control Total Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Control Total (excl PSF)	(2,502)	(785)	(688)	5	(995)	(121)	953	917	7	1,262	470	1,477
Performance against Control Total	(2,502)	(785)	(466)	(12)	(1,175)	(120)	931	212	888	396	(360)	

HDFT Cumulative Control Total Performance (£'000s)



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Control Total (excl PSF)	(2,502)	(3,287)	(3,975)	(3,970)	(4,965)	(5,086)	(4,133)	(3,216)	(3,209)	(1,947)	(1,477)	-
Performance against Control Total	(2,502)	(3,287)	(3,753)	(3,765)	(4,941)	(5,061)	(4,130)	(3,918)	(3,030)	(2,634)	(2,994)	

- While the above adjustment does not impact the overall requirement for an underlying break even position, it means that the position including PSF is now forecast as £3,207k.

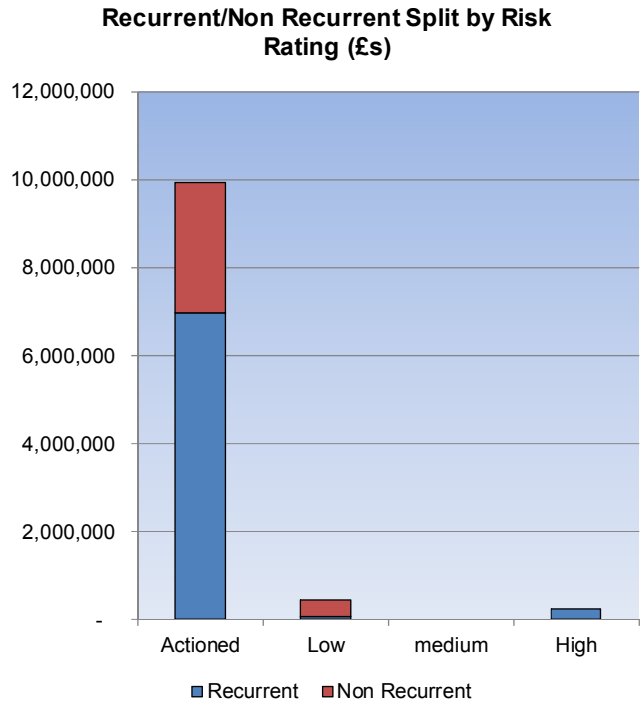
- The Trust therefore requires a pre PSF surplus of £3m in March. The best, worst and likely scenario are outlined on page 5 of the report.

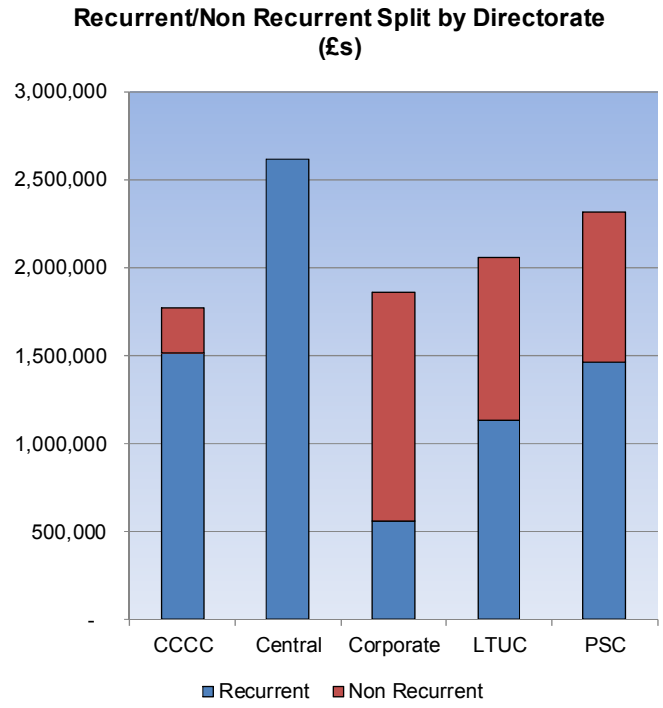
February 2019 Financial Position - CIP

- The Trustwide CIP programme continues its development and implementation, with plans in place for all of the £10.7m target. This reduces to 99% following risk adjustment.

Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Trustwide Summary	10,700	9,928	619	0	224	10,771	101%	10,561	99%
		% age of target	6%	0%	2%				

Summary	Target	Actioned	Low	Medium	High	Total	Total %age	Risk Adjust	Risk Adj %age
Children's and Countywide	1,733	1,755	20	0	0	1,775	102%	1,774	102%
Corporate	1,750	1,719	194	0	0	1,913	109%	1,903	109%
Other and/or Central Schen	2,667	2,613	100	0	0	2,713	102%	2,708	102%
Long Term and Unschedule	2,245	1,527	305	0	224	2,056	92%	1,862	83%
Planned and Surgical Care	2,305	2,314	0	0	0	2,314	100%	2,314	100%

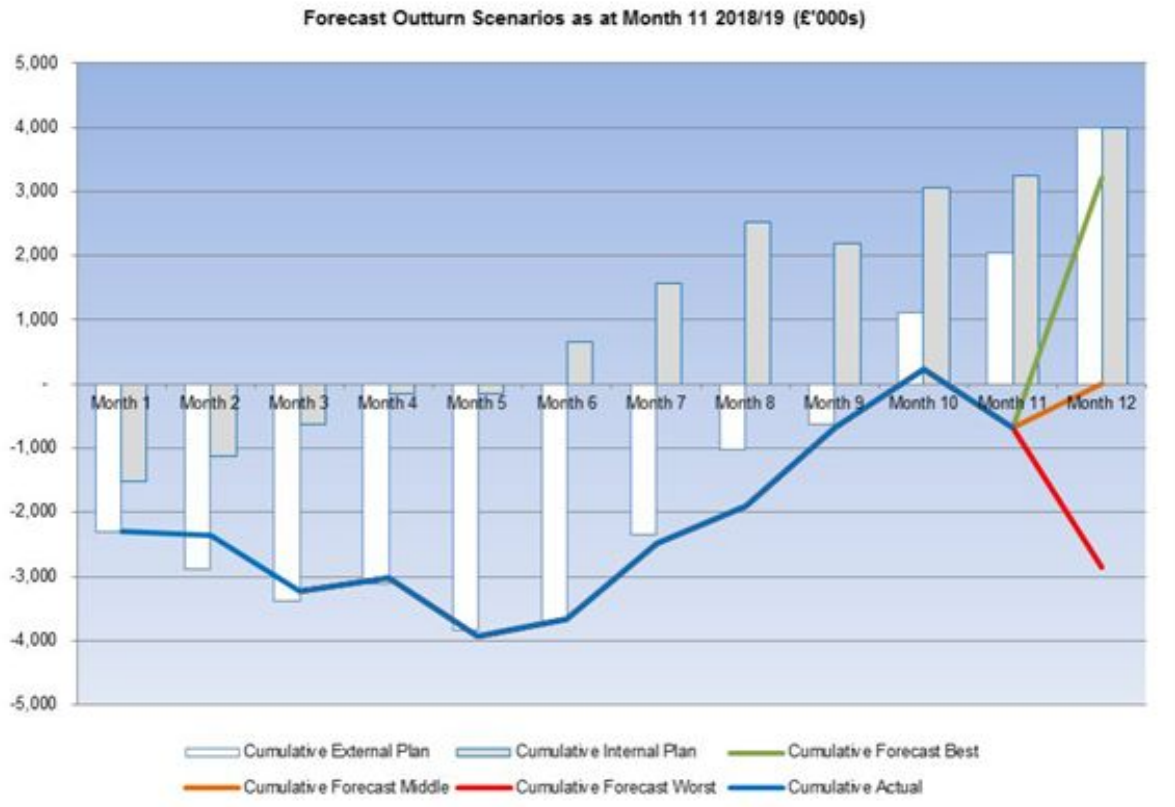




February 2019 Financial Position

Financial Performance Cont.

- The following forecast outturn scenarios outline the financial impact of the risks currently faced by the Trust.



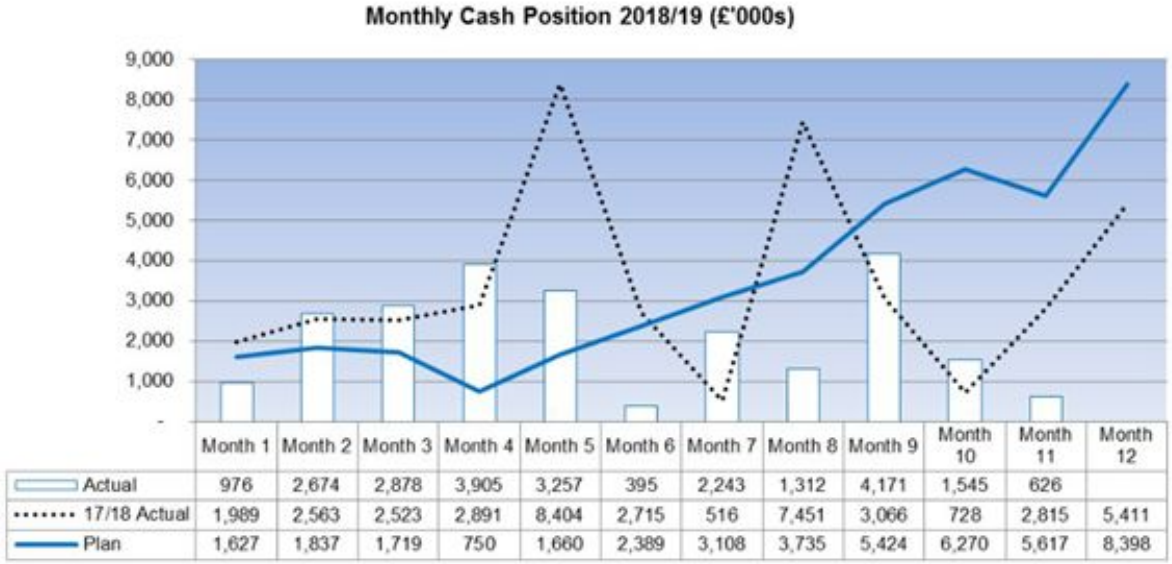
- The best case scenario relies on a significant scheme currently being developed by the finance and planning teams. In order for this to support the best case scenario, a positive position is required in March. Directorates need to continue with their underlying recovery to support this.

- The middle case accounts for this improvement, but not the large scheme mentioned above.

February 2019 Financial Position

Cash and Capital resource

• The cash position for the Trust is highlighted in the graph below. This is the consolidated group position.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Actual	976	2,674	2,878	3,905	3,257	395	2,243	1,312	4,171	1,545	626	
17/18 Actual	1,989	2,563	2,523	2,891	8,404	2,715	516	7,451	3,066	728	2,815	5,411
Plan	1,627	1,837	1,719	750	1,660	2,389	3,108	3,735	5,424	6,270	5,617	8,398

Use of Resources Rating

Use of resources score	Previous month YTD				Year to date				Forecast outturn			
	Plan Number	Actual Number	Variance Number	%	Plan Number	Actual Number	Variance Number	%	Plan Number	Forecast Number	Variance Number	%
Capital service cover rating	3	3			3	3			2	2		
Liquidity rating	1	1			1	1			1	1		
I&E margin rating	2	2			1	3			1	1		
I&E margin: distance from financial plan		2				3				2		
Agency rating		1				1				1		
Risk ratings after overrides		2				2				1		

• The Trust would need to achieve the control total to achieve a rating of 1. If the Trust did not achieve the A&E standard a rating of 1 would still be achieved if the financial element of the PSF was received. If the control total was not achieved, the variance in relation to PSF alone would result in the I&E margin being a 2. Despite an improvement in Capital Service Cover to a 2 this would result in a overall rating of 2.

Harrogate and District NHS Foundation Trust

5

Date of Meeting:	27 March 2019	**Agenda item:**	5.0
Report to:	Board of Directors		
Title:	Integrated Board Report		
Sponsoring Director:	Dr Ros Tolcher, Chief Executive		
Author(s):	Ms Samantha Bramald, Head of Contracts, Mr Jonathan Green, Information Analyst		
Report Purpose:	**Decision** ☐ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	The Trust is required to report its operational performance to NHS Improvement and to routinely submit performance data to NHS England and Harrogate and Rural District CCG. The Board of Directors are asked to note that: • The Trust reported a deficit of £669k in February. this included an exceptional item relating to Q1 to Q3 PSF funding related to A&E performance. Without this impact the Trust reported a surplus of £108k. This underlying position continues the recovery seen over the last few months, but remains behind the required control total plan. • HDFT's performance against the A&E 4-hour standard was below 95% in February at 93.4%. • The Trust's 18 weeks performance remained below the 92% standard in February with performance at 88.6%. • Provisional data indicates that all applicable cancer waiting times standards were achieved for February, with the exception of the 62 day standard. • The harm free percentage for February was 95.0%. • The number of inpatient falls reduced in February to 5.22 per 1,000 bed days. This is the lowest reported figure since June 2016.		
Related Trust Objectives			
To deliver high quality care ✓	**To work with partners to deliver integrated care:** ✓	**To ensure clinical and financial sustainability:** ✓	
Key implications			
Risk Assessment:	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 4: risk of a lack of interoperable systems across New Care Models partners; BAF 9: risk of a failure to deliver the operational plan; BAF 10: risk of a breach of the terms of the NHS Provider licence; BAF 16: risk to delivery of integrated care models.		
Legal / regulatory:	None identified.		
Resource:	Not applicable.		
Impact Assessment:	Not applicable.		
Conflicts of Interest:	None identified.		
Reference documents	None.		
Assurance:	Report reviewed monthly at SMT and Operational Delivery Group.		
Action Required by the Board of Directors:			
The Board of Directors are asked to receive and note the content of the report.			

You matter most

Integrated board report - February 2019

Key points this month

1. The Trust reported a deficit of £669k in February. this included an exceptional item relating to Q1 to Q3 PSF funding related to A&E performance. Without this impact the Trust reported a surplus of £108k. This underlying position continues the recovery seen over the last few months, but remains behind the required control total plan.

2. HDFT's performance against the A&E 4-hour standard was below 95% in February at 93.4%.

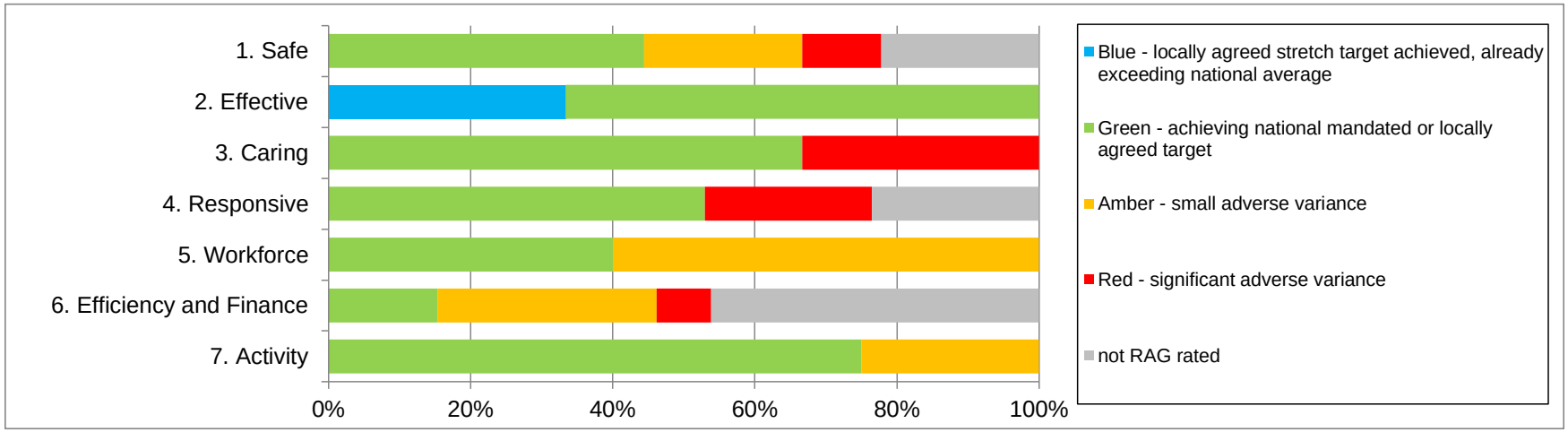
3. The Trust's 18 weeks performance remained below the 92% standard in February with performance at 88.6%.

4. Provisional data indicates that all applicable cancer waiting times standards were achieved for February, with the exception of the 62 day standard.

5. The harm free percentage for February was 95.0%.

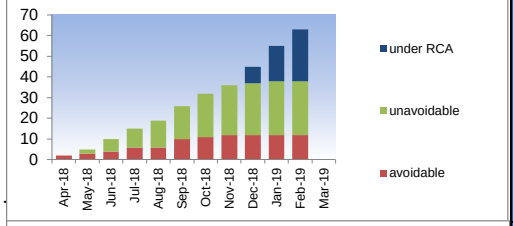
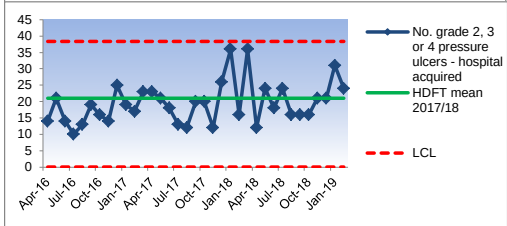
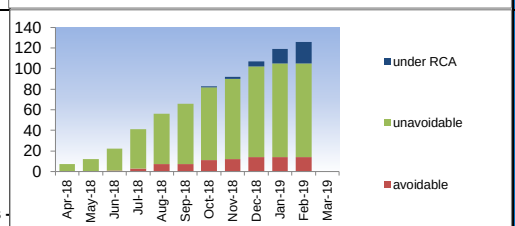
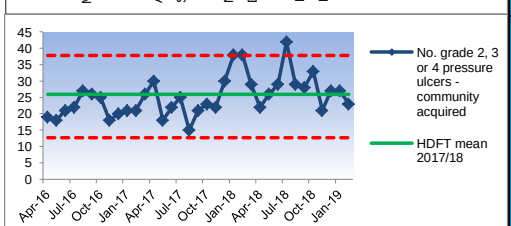
6. The number of inpatient falls reduced in February to 5.22 per 1,000 bed days. This is the lowest reported figure since June 2016.

Summary of indicators - current month



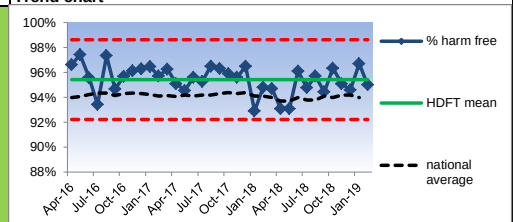
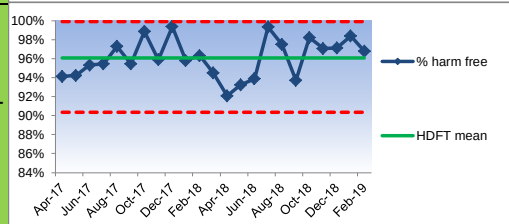
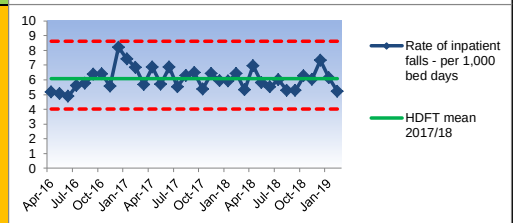
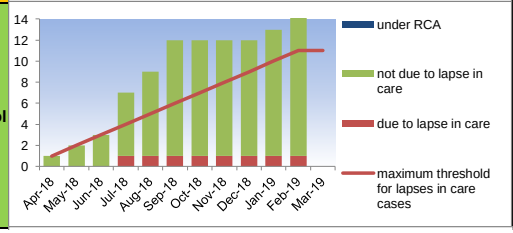
Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	DQ Pressure ulcers - hospital acquired		There were 8 hospital acquired unstageable or category 3 pressure ulcers reported in January, bringing the year to date total to 63. This is in line with last year with an average of 5 per month reported in 2017/18. For the 63 cases reported in 2018/19 to date, 12 have been assessed as avoidable, 26 as unavoidable and 25 are still under root cause analysis (RCA). No category 4 hospital acquired pressure ulcers have been reported in 2018/19 to date.
1.1b	DQ		The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in February was 24, a reduction of 6 compared to January (30). This decrease has resulted in the monthly average for 2018/19 matching the monthly average in 2017/18 (20).
1.2a	DQ Pressure ulcers - community acquired		There were 7 community acquired unstageable or category 3 pressure ulcers reported in January (compared to 11 last month). There were no category 4 pressure ulcers reported (compared to 1 last month). The average per month reported in 2017/18 was 12. For the 119 cases reported in 2018/19 to date, 14 have been assessed as avoidable, 91 as unavoidable and 14 are still under root cause analysis (RCA).
1.2b	DQ		The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in February was 23, a reduction of 4 from January.

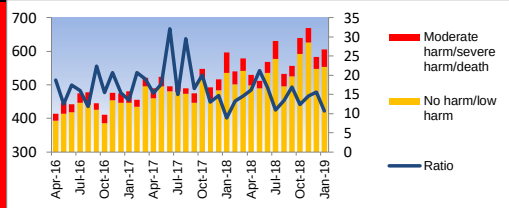
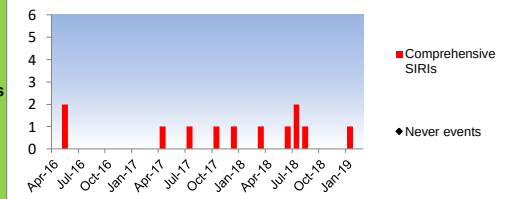
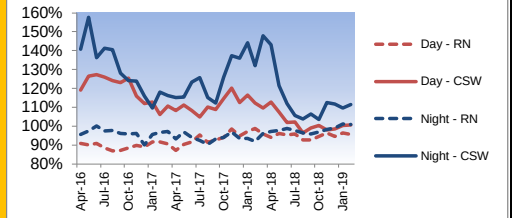
Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Safety Thermometer - harm free care DQ		The harm free percentage for February was 95.0%. There were 3 new pressure ulcers and 3 new VTEs reported this month.
1.4	Safety thermometer - harm free care - Community Care Teams DQ		The harm free percentage for February was 96.9%, a decrease on last month but remaining above 95%.
1.5	Falls DQ		The rate of inpatient falls was 5.22 per 1,000 bed days in February, a decrease on last month and lower than the average HDFT rate for 2017/18 (6.10) There was 1 fall resulting in a fracture this month.
1.6	Infection control DQ		There were 4 cases of hospital apportioned C. difficile reported in February, bringing the year to date total to 17. 16 of the 17 cases have had root cause analysis completed and shared with HARD CCG, and one RCA is in process. The outcome for 15 out of 16 completed, 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.

Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Incidents - all DQ		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 gives a ratio of 11, a further 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.
1.8	Incidents - SIRIs and never events DQ		There were no comprehensive SIRI reported in February. No Never Events were reported in 2017/18 or in 2018/19 to date.
1.9	Safer staffing levels DQ		Overall staffing compared to planned was at 99.9% in February. 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

Acute Medicine

We are currently undertaking a review of Acute Medicine in light of recent staffing issues at middle grade and consultant doctor level and increasing demand. A Business Case is being pulled together to understand the requirements to support the national move to 7 day ambulatory care, 14 hour clinical review and a hospital at night model.

Safer staffing

The table below summarises the average fill rate on each ward during February 2019. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the "Care Hours per Patient Day" (CHPPD) metric. Our overall CHPPD for February was 7.94 care hours per patient per day.

Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

	Feb-2019						
	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 (MSS)	96.9%	103.1%	100.0%	122.6%	4.34	2.92	7.26
Byland	90.7%	93.8%	91.4%	125.6%	2.61	3.31	5.93
CATT (MAU)	100.5%	110.1%	114.7%	96.4%	5.09	2.84	7.93
Farndale	91.7%	87.5%	100.0%	105.4%	3.15	2.98	6.13
Granby	111.1%	137.5%	100.0%	108.9%	3.21	3.23	6.45
Harlow	104.5%	85.7%	103.6%	-	7.25	1.72	8.97
ITU/HDU	108.9%	-	113.6%	-	22.11	1.06	23.17
Jervaulx	96.0%	95.3%	95.7%	122.0%	3.06	3.66	6.72
Lascelles	96.6%	92.1%	100.0%	100.0%	4.62	4.05	8.67
Littondale	97.5%	98.2%	100.0%	121.4%	4.18	2.54	6.72
Maternity Wards	94.3%	82.1%	95.7%	96.4%	14.06	3.91	17.97
Nidderdale	97.5%	98.2%	100.0%	103.6%	3.57	2.10	5.68
Oakdale	87.3%	111.9%	96.4%	132.1%	4.28	3.12	7.40
Special Care Baby Unit	90.8%	64.3%	100.0%	-	19.83	3.70	23.53
Trinity	100.0%	102.1%	100.0%	100.0%	3.35	3.81	7.17
Wensleydale	86.4%	108.0%	100.0%	103.6%	3.92	2.82	6.74
Woodlands	83.2%	105.4%	94.0%	100.0%	9.54	3.19	12.73
Trust Total	**95.7%**	**100.6%**	**100.9%**	**111.4%**	**4.92**	**3.02**	**7.94**

Further information to support the February safer staffing data

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

On CATT, Granby and Harlow Suite the increase in RN hours above plan was to support the opening of additional escalation beds in February, as required.

On Farndale ward the daytime RN and care staff hours were less than planned due to vacancies and sickness.

The ITU/HDU staffing levels reflect periods of increased activity within the unit during February.

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 February; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

NHS
Harrogate and District
NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

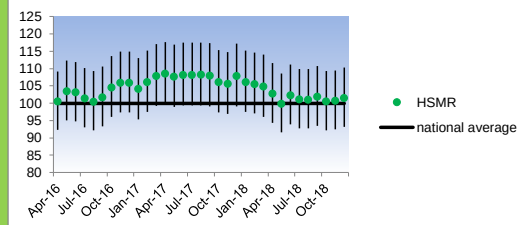
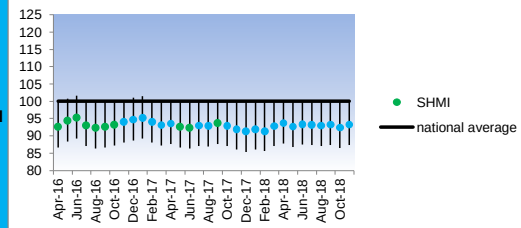
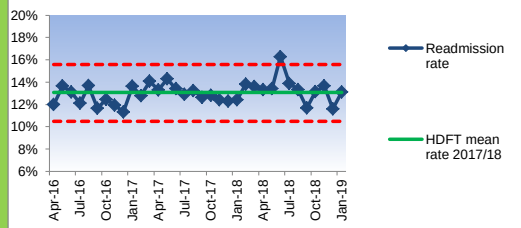
In some wards the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In February this is reflected on the wards; AMU, Byland, Granby, Jervaulx, Oakdale, Littondale and Wensleydale.

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 sickness the RN hours are less than planned in February, 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.

Harrogate and District NHS Foundation Trust

Section 2 - Effective - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR DQ		HDFT's HSMR for the rolling 12 months ending December 2018 was 101.51, a small increase on last month but remaining within expected levels. At specialty level, 5 specialties have a higher than expected standardised mortality rate - Trauma & Orthopaedics, Gastroenterology, Respiratory Medicine, Geriatric Medicine, and General Medicine.
2.2	Mortality - SHMI DQ		SHMI data is now available on HED up to end of November 2018. HDFT's SHMI for the most recent rolling 12 months was 93.26. This remains below expected levels. At specialty level, 5 specialties (Trauma and Orthopaedics, Gastroenterlogy, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.
2.3	Readmissions DQ		The number of emergency readmissions in January (after PbR exclusions are applied) was 263. This equates to 13.1% when expressed as a percentage of all emergency admissions. This is an increase on last month and at the same level as the HDFT average for 2017/18.

Narrative

Stroke

Discussions are progressing to ensure that changes to the Hyper Acute Stroke pathway will come into effect from the 3rd April. These changes will mean all acute stroke presentations will be taken to York or Leeds before being repatriated to Harrogate, if required, for ongoing acute care and rehabilitation. At the moment the plans are progressing well and it is anticipated the change will take place as planned.

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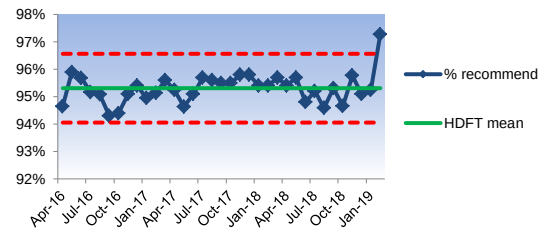
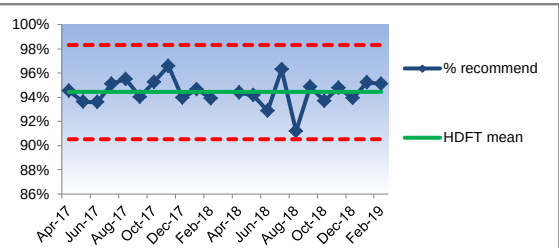
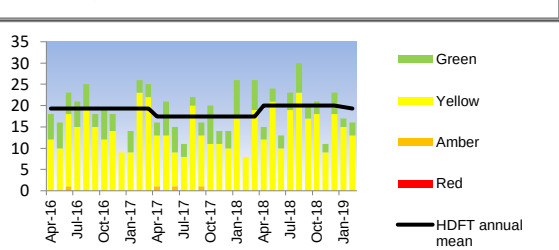
Section 3 - Caring - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients DQ		97.3% of patients surveyed in February would recommend our services, an increase on last month and remaining above the latest published national average (93.6%). Around 5,250 patients responded to the survey this month.
3.2	Friends & Family Test (FFT) - Adult community services DQ		95.1% of patients surveyed in February would recommend our services, a slight decrease on last month (95.2%) and remaining below the national average performance for community services (95.9%). 531 patients from our community services responded to the survey this month.
3.3	Complaints DQ		16 complaints were received in February, a decrease on last month and below the average for 2018/19. No complaints were classified as amber or red this month. Of note this month, there are a number of complaints about the delay or failure in treatment or procedure and attitude of staff.

Narrative

Harrogate and District NHS Foundation Trust

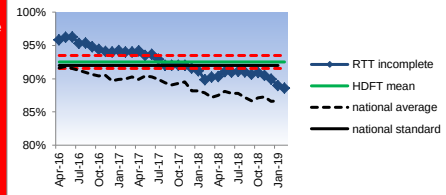
Section 4 - Responsive - February 2019

NHS Improvement Single Oversight Framework

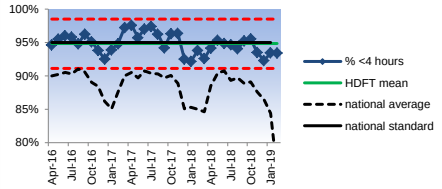
4.1 **NHS Improvement Single Oversight Framework** DQ

Standard	Q1	Q2	Q3	Q4 to date	YTD
RTT incomplete pathways	90.8%	90.9%	90.4%	88.8%	90.4%
A&E 4-hour standard	94.8%	94.6%	93.8%	93.4%	94.2%
Cancer - 62 days	87.3%	85.3%	85.5%	86.4%	86.1%
Diagnostic waits	98.4%	99.0%	99.5%	99.8%	99.1%
Dementia screening - Step 1	95.6%	93.0%	93.0%	91.2%	93.4%
Dementia screening - Step 2	95.7%	100.0%	98.1%	95.8%	97.5%
Dementia screening - Step 3	97.4%	100.0%	96.8%	100.0%	98.1%

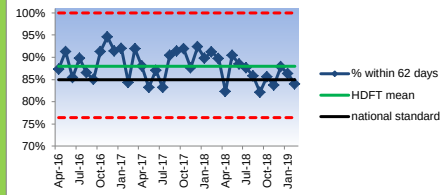
4.2 **RTT Incomplete pathways performance** DQ



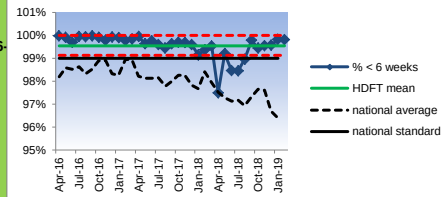
4.3 **A&E 4 hour standard** DQ



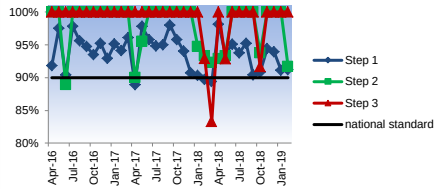
4.4 **Cancer - 62 day wait for first treatment from urgent GP referral to treatment** DQ



4.5 **Diagnostic waiting times - 6-week standard** DQ



4.6 **Dementia screening** DQ



Narrative

In Quarter 4 to date, HDFT's performance is below the required level for 2 of the operational performance metrics - the18 weeks standard and the A&E 4-hour standard. RTT performance was at 88.6% in February, a further deterioration on recent months. The total RTT waiting list size decreased in February to 14,051 but remains above the position reported at the end of 2017/18 (14,005). The Trust has agreed additional activity to the value of £50k to focus on patients on non-admitted pathways in order to close a further 200 pathways before year end. This will focus on ENT and Neurology in particular

For the A&E 4-hour standard, HDFT's Trust level performance for January was 93.4%, at the same level as last month and remaining below the 95% minimum standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. A new Task and Finish group has been established to focus on improving performance to back above 95% between now and year end. This includes the trial of a single referral contact for GP emergency admissions, enabling the direction of patients to the most appropriate setting, including assessment units, outpatient clinics, direct ward admissions or ED. It is anticipated this will ensure the delivery of the performance required to meet the PSF requirements for Quarter 4.

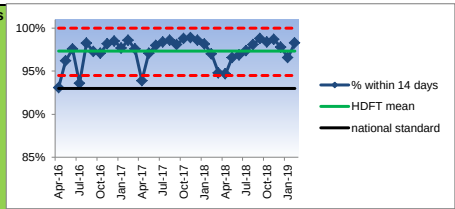
Performance against the 62 day cancer standard remains above the 85% standard for Quarter 4 to date.

Harrogate and District NHS Foundation Trust

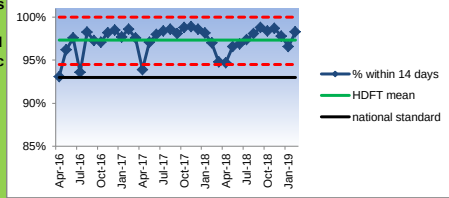
Section 4 - Responsive - February 2019

Cancer waiting times standards

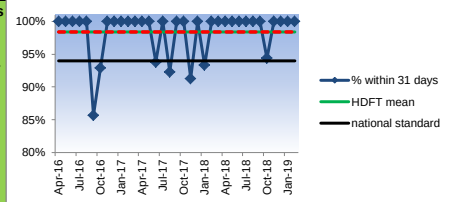
4.7 Cancer - 14 days max wait from urgent GP referral for suspected cancer — DQ



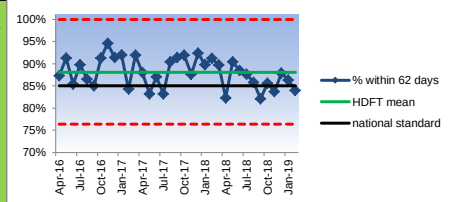
4.8 Cancer - 14 days maximum wait from GP referral for symptomatic breast patients — DQ



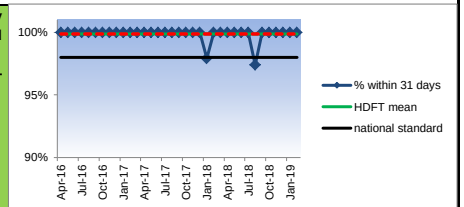
4.9 Cancer - 31 days maximum wait from diagnosis to treatment for all cancers — DQ



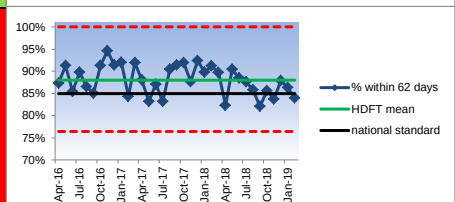
4.10 Cancer - 31 day wait for second or subsequent treatment: Surgery — DQ



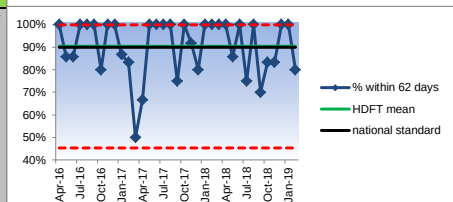
4.11 Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug — DQ



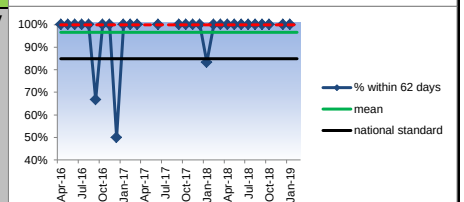
4.12 Cancer - 62 day wait for first treatment from urgent GP referral to treatment — DQ



4.13 Cancer - 62 day wait for first treatment from screening service — DQ



4.14 Cancer - 62 day wait for first treatment from consultant upgrade — DQ



Narrative

Provisional data indicates that all cancer waiting times standards were achieved in February, with the exception of the 62 day cancer standard. The number of 62 day treatments in the month was much lower than usual (37.5 vs 73.0 in January) which means that with 6.0 breaches performance was just below the standard at 84.0%.

For the main 62 day standard, of the 11 tumour sites, 5 had performance below 85% in February - colorectal (1.5 breach), Gynaecological (0.5), Lung (1.0), Upper GI (0.5), and urological (2.5). 4 patients waited over 104 days in February.

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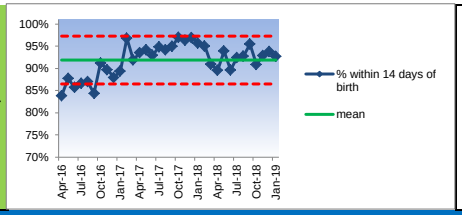
Section 4 - Responsive - February 2019

Children's Services metrics

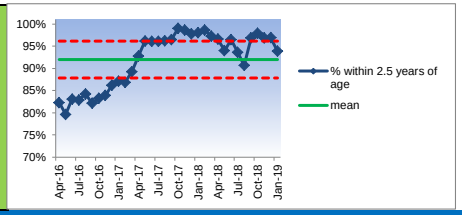
4.15 **Children's Services - 10-14 day new birth visit**

DQ



4.16 **Children's Services - 2.5 year review**

DQ

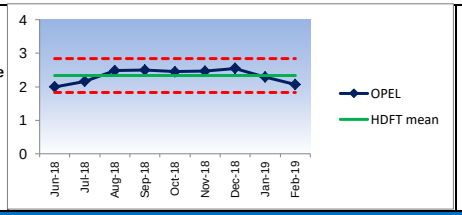


Narrative

Adult Community Services metrics

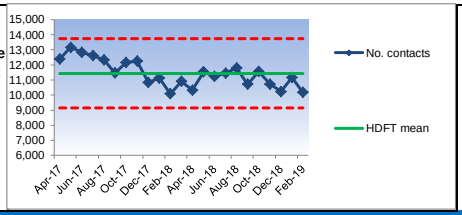
4.17 **OPEL level - Community Care Teams**

DQ



4.18 **Community Care Teams - patient contacts**

DQ



Narrative

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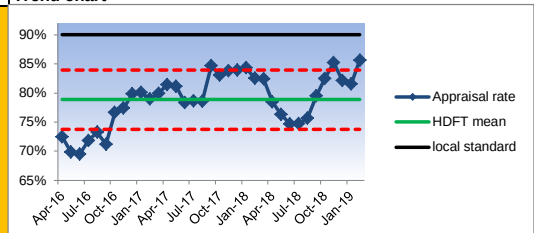
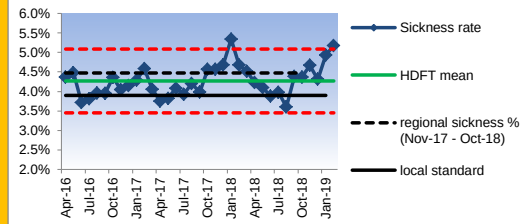
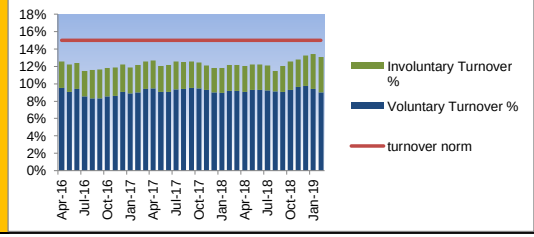
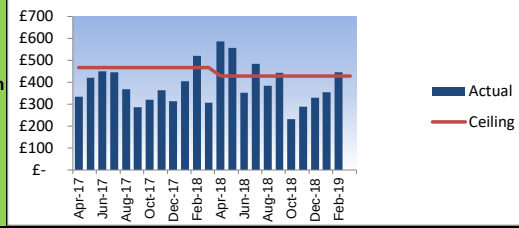
Section 5 - Workforce - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.1	Staff appraisal rates DQ		The appraisal period for 2019 will commence in April closing in September, the objective of this is to ensure that 90% of staff are appraised during that window. Preparations are underway to ensure that this is communicated to all Agenda for Change staff and key documents are updated where required. The focus for Q4 is to ensure that any outstanding six monthly reviews are undertaken. 12 month appraisal compliance has increased from 81.6% in January 2019 to 85.6% in February 2019.
5.2	Mandatory training rates DQ	Competence Name / Compliance % Data Security Awareness - Level 1 — 92% Equality, Diversity and Human Rights - 3 Years — 92% Fire Safety - Level 1 — 86% Infection Control - No Renewal — 98% Safeguarding Children (Version 2) - Level 1 - 3 Years — 92% Risk Awareness - No Renewal — 98% Health, Safety and Welfare - 5 Years — 96% Manual Handling eLearning — 93%	Mandatory % Report – Trust exc HIF, Stockton, Sunderland and Gateshead 01.02.19 The data shown is for the end of January and excludes the Harrogate Integrated Facilities (HIF) staff who transferred into the new organisation on the 1st March 2018 and excludes Stockton who Tupe transferred in to the Trust on 1st April 2018 and Gateshead and Sunderland who Tupe transferred in to the Trust on 1st July 2018. The overall training rate for mandatory elements for substantive staff is 93% and has stayed the same since the last reporting cycle.
5.3	Sickness rates DQ		Trustwide sickness absence for February 2019 is recorded as 5.18%. This is an increase on the January position and reflects expected seasonable variations. Current benchmarking information indicates that the Trust is performing better than others both regionally and nationally. It should be noted that this has not yet been updated to cover the winter period but will continue to be monitored. An increase in sickness absence has been seen in three out of the four directorates across the Trust. A number of initiatives are being managed at a local level bespoke to individual service needs, this is in addition to a Trustwide focus on completion and recording of return to work interviews in response to the increase in short term sickness levels. A number pf hot spot reviews are taking place in CCCC sickness and a workshop is planned for March to discuss developing staff resilience in community services.
5.4	Staff turnover rate DQ		Turnover has seen a marginal decrease from January into February 2019, with combined turnover being reported as 13.10% (13.42% previously). A gradual upward trend can be seen with turnover at the beginning of the financial year being reported as 12.08%. Turnover for key staff groups and departments is reported through the Workforce Efficiency Group and has been factored into ongoing recruitment plans for 2019/20 and beyond. In addition, the Nurse Recruitment and Retention Group is working through a number of initiatives to help increase retention across the Trust.

Harrogate and District NHS Foundation Trust

Section 5 - Workforce - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
5.5	Agency spend in relation to pay spend DQ		Agency expenditure has improved in recent months, and while the in month expenditure was a small spike, the year to date percentage spend on agency staff as a proportion of the overall pay bill now stands at 2.8%

Narrative

Sickness Absence
Short term absence has seen a steady increase since September 2018, which is expected and in line with seasonal trend. However following a sharp increase in January 2019, which is mainly attributable to the rise in reported cases of cough, cold and flu (17.24% of the overall absence for January) the absence has continued to rise in February to 5.18%. Focused work continues in the identified hot spot areas as well as the promotion of good absence management practice in terms of; RTW completion, timely reporting and keep in touch discussions and meetings. A deep drive has been undertaken with a specific focus on long term absence and this will be brought to SMT in April for further discussion.

Turnover
Turnover has seen a slight decrease from 13.42% in January 2019 to 13.10% in February 2019. Flexible Working will be the next key focus of the Recruitment & Retention Group with the ambition of improving retention across the Trust.

Appraisal Rate
There has been an increase in the appraisal rate from 81.56% in January 2019 to 82.64% in February 2019. The Appraisal window will open on the 1 April 2019 until 30 September, with the aim of ensuring 90% of staff are appraised during this period. Communications with staff will shortly commence to highlight the launch of this year's appraisal window which will signpost staff to the relevant appraisal resources in the HR Toolkit.

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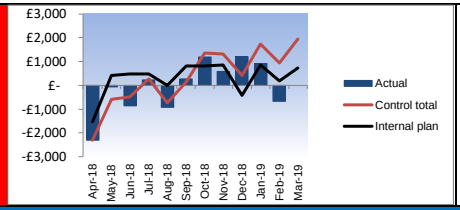
Section 6 - Efficiency and Finance - February 2019

Finance

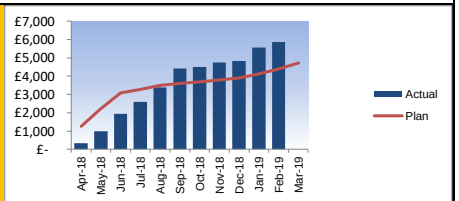
6.1 Surplus / deficit and variance to plan — DQ



6.2 NHS Improvement Single Oversight Framework - Use of Resource Metric — DQ

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

6.3 Capital spend — DQ



Narrative

Overall the Trust reported a deficit of £669k for February, however, this included an exceptional item relating to Q1 to Q3 PSF funding related to A&E performance. Without this impact the Trust reported a surplus of £108k. This underlying position continues the recovery seen over the last few months, but remains behind the required control total plan.

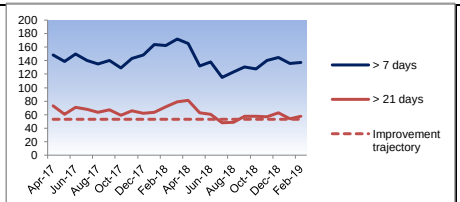
The finance report contains more information in relation to the finance position and requirements for March.

The Trust reported a UoR rating of 2 in February. While this is at the current plan, this remains a challenging position as a result of I&E performance.

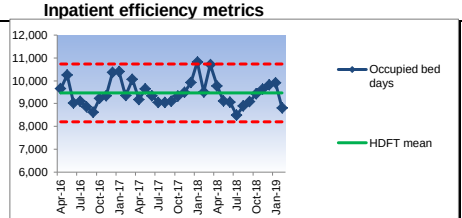
While resource for capital remains a risk, expenditure is exceeding planned levels.

Inpatient efficiency metrics

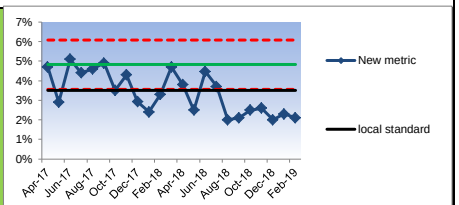
6.4 Long stay patients



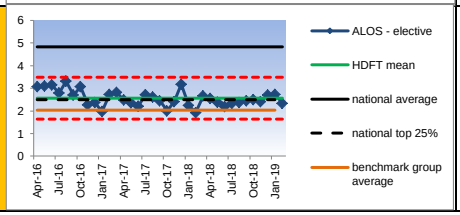
6.5 Occupied bed days



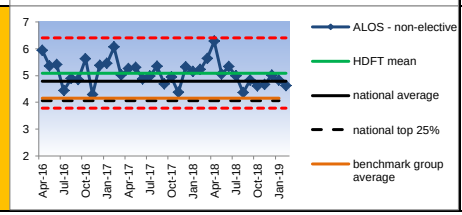
6.6 Delayed transfers of care — DQ



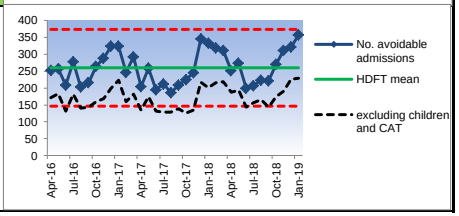
6.7 Length of stay - elective



6.8 Length of stay - non-elective



6.9 Avoidable admissions — DQ



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Section 6 - Efficiency and Finance - February 2019

Narrative

The number of long stay patients (>21 days) at HDFT was 53 in February (54 in January). NHS Improvement has set improvement trajectories for Trusts to reduce the number of super-stranded patients by around 25% by Quarter 4 2018/19. 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.

In February, there were 8,806 occupied bed days, a decrease on last month and below the level reported last February (10,736). This reflects a reduction on average of 69 beds per day over the month from the previous year. The reduction in DTOC levels from the previous year and the introduction of SDS (15 beds of out of hospital capacity) will have contributed to this change and is reflected in the reduced length of stay for Non Elective patients year on year.

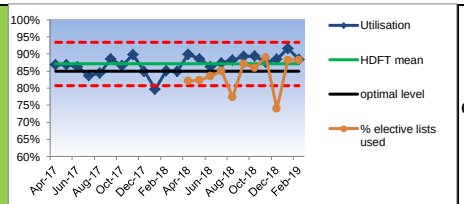
In February, 2.1% of bed days were lost due to delayed transfers of care, a decrease on last month but remaining below the local standard of 3.5%.

HDFT's average elective length of stay for February was 2.3 days, a slight decrease on last month. HDFT is now in the middle 50% of Trusts nationally in the most recently available benchmarking data. HDFT's average non-elective length of stay for February was 4.8 days, the same as last month. HDFT remains in the middle 50% of Trusts nationally when compared to the most recently available benchmarking data.

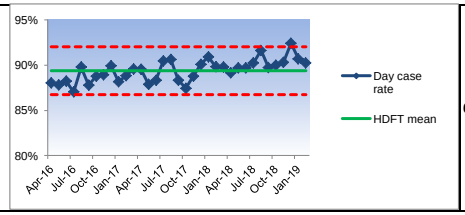
Provisional data indicates that there were 357 avoidable admissions in January, an increase on last month and above the level reported in January last year. Adult avoidable admissions (excluding CAT attendances) also increased slightly this month (229 vs. 226).

Productivity metrics

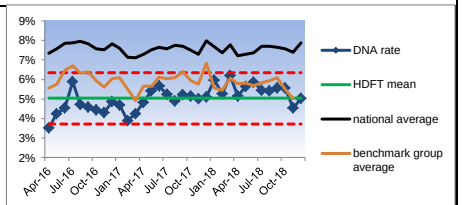
6.10 Theatre utilisation



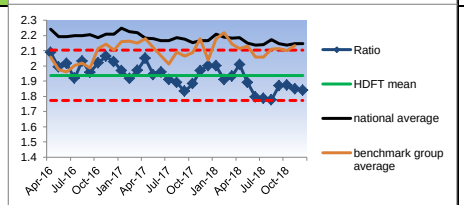
6.11 Day case rate DQ



6.12 Outpatient DNA rate DQ



6.13 Outpatient new to follow up ratio DQ



Elective theatre utilisation was at 87.0% in February, a decrease on last month and remaining above the 85% optimal level. This utilisation only reflects the elective lists that took place as planned. An extra line has been added to the chart to show the percentage of planned elective lists that took place each month. In January, 88% of elective lists were used. This is the same as last month.

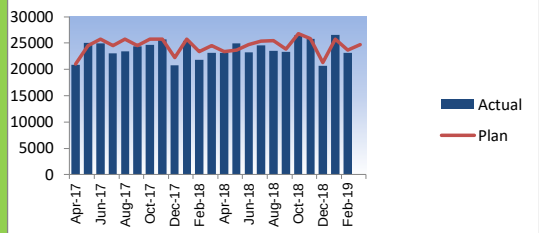
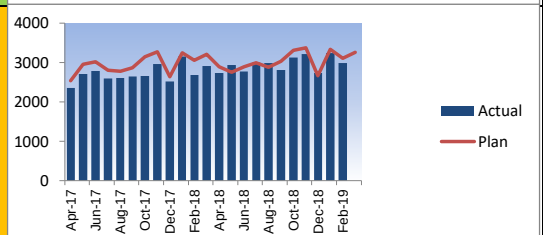
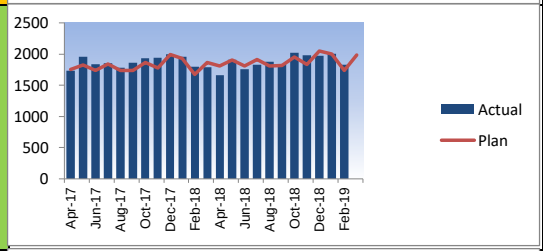
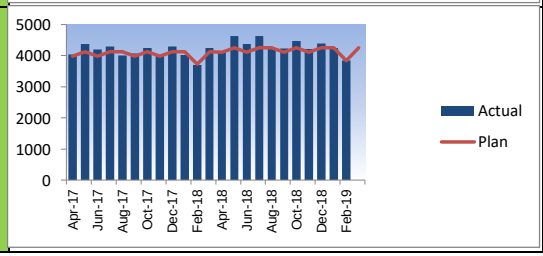
The day case rate was 89.4% in February, a decrease on last month but remaining above the HDFT average.

HDFT's DNA rate was 5.0% in December, a slight increase on recent months and remaining below the level reported by the benchmarked group of trusts and below the national average.

The clinical teams continue to implement opportunities to reduce follow up activity through the use of appropriate alternatives. This work is being managed through the Planned Care Board which oversees work in relation to the Aligned Incentive Contract. HDFT's new to follow up ratio was 1.77 in December, 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.

Harrogate and District NHS Foundation Trust

Section 7 - Activity - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
7.1	Outpatient activity against plan DQ		Outpatient activity was 2.3% below plan in February and remains 1.7% below plan year to date.
7.2	Elective activity against plan DQ		Elective activity was 4.0% below plan in February and is 2.0% below plan year to date.
7.3	Non-elective activity against plan DQ		Non-elective activity was 5.1% above plan in February and remains 0.2% above plan year to date.
7.4	A&E activity against plan DQ		A&E attendances were on plan in February. The year to date position is 3.6% above plan. The figures presented include patients streamed to primary care.

Section 7 - Activity - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

Narrative

Elective day case activity is 1.9% behind plan at February YTD. This is largely due to Endoscopy, which has a back loaded plan due to the issues at the start of the year with the new unit and staffing.
The second half of the year has seen an improved trajectory and if the run rate seen over the past two months continues, the 19/20 plan set will be achieved.

Activity Summary - Trust total

	Feb-18 YTD			Jan-19			Feb-19			Feb-19 YTD		
Activity type	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
New outpatients	88537	89445	-1.0%	9049	8624	4.9%	7759	7922	-2.1%	92370	90349	2.2%
Follow-up outpatients	171740	179391	-4.3%	17482	17128	2.1%	15306	15742	-2.8%	172785	179462	-3.7%
Elective inpatients	3174	3597	-11.8%	302	288	4.7%	292	287	1.9%	3145	3266	-3.7%
Elective day cases	26460	28685	-7.8%	2937	3041	-3.4%	2690	2819	-4.6%	29382	29941	-1.9%
Non-electives	20665	19869	4.0%	2004	2000	0.2%	1827	1739	5.1%	20673	20633	0.2%
A&E attendances	45221	44387	1.9%	4246	4245	0.0%	3842	3834	0.2%	47370	45737	3.6%

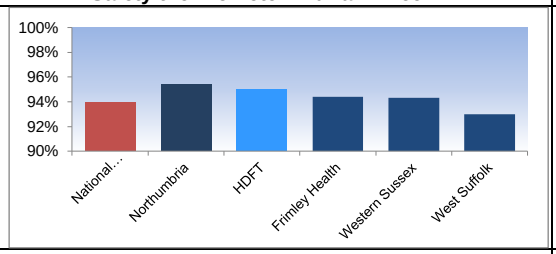
Activity Summary - HARD CCG

	Feb-18 YTD			Jan-19			Feb-19			Feb-19 YTD		
Activity type	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
New outpatients	60434	55553	8.8%	6121	5704	7.3%	5496	5238	4.9%	62641	59759	4.8%
Follow-up outpatients	121056	107831	12.3%	12148	11309	7.4%	10922	10379	5.2%	122092	118463	3.1%
Elective inpatients	1999	2000	0.0%	192	185	3.9%	209	179	16.7%	2022	2036	-0.7%
Elective day cases	18194	16755	8.6%	1897	1799	5.4%	1814	1659	9.3%	19185	17726	8.2%
Non-electives	15568	14750	5.5%	1571	1485	5.8%	1441	1291	11.6%	15855	15321	3.5%
A&E attendances	32756	31999	2.4%	3124	3134	-0.3%	2858	2831	1.0%	34325	33768	1.6%

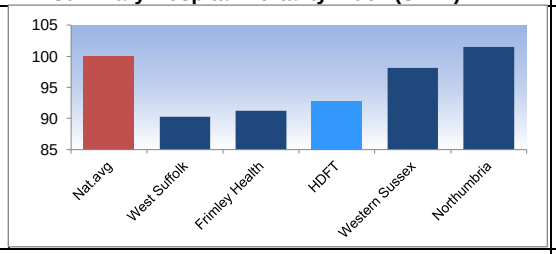
Harrogate and District NHS Foundation Trust

Section 8 - Benchmarking - February 2019

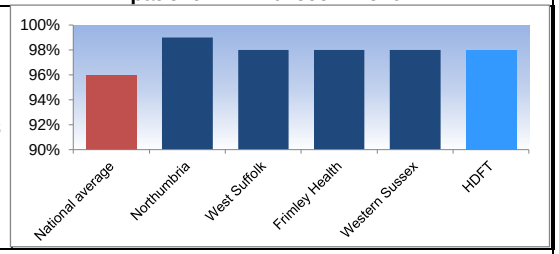
8.1 Safety thermometer - % harm free



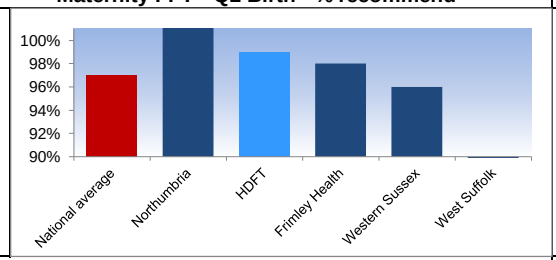
8.2 Summary Hospital Mortality Index (SHMI)



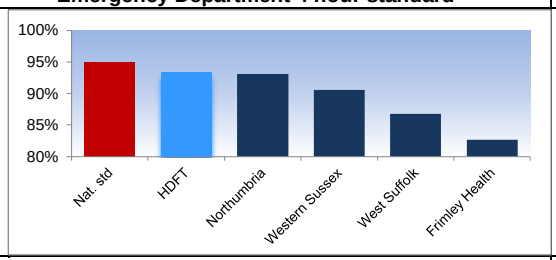
8.3 Inpatient FFT - % recommend



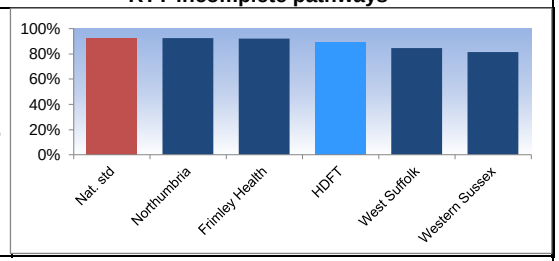
8.4 Maternity FFT - Q2 Birth - % recommend



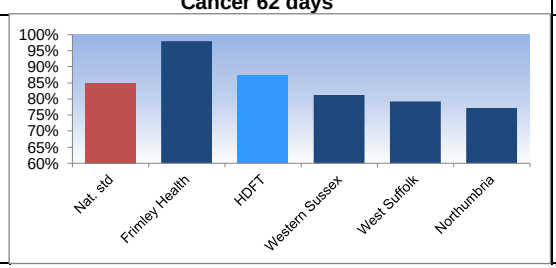
8.5 Emergency Department 4 hour standard



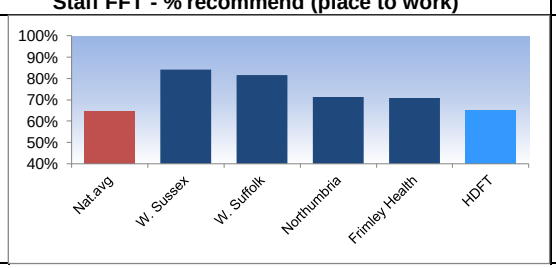
8.6 RTT incomplete pathways



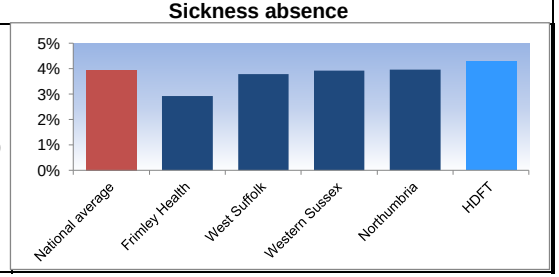
8.7 Cancer 62 days



8.8 Staff FFT - % recommend (place to work)



8.9 Sickness absence

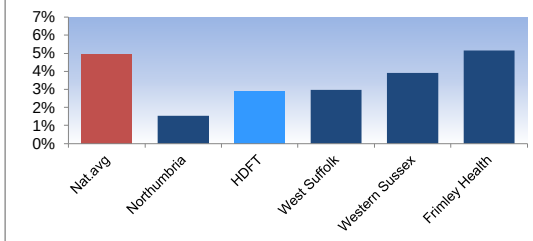


Section 8 - Benchmarking - February 2019

Harrogate and District NHS Foundation Trust

Proportion of temporary staff

8.10



Narrative

The charts above show HDFT's latest published performance benchmarked against small Trusts with an outstanding CQC rating. The metrics have been selected based on a subset of metrics presented in the main report where benchmarking data is readily available. For the majority of metrics, the data has been sourced from NHSE Website, Data Statistics.

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Data Quality - Exception Report

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.

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Indicator traffic light criteria

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
1.1	Safe	Pressure ulcers - hospital acquired	The chart shows the number of category 2, 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.	tbc	tbc
1.2	Safe	Pressure ulcers - community acquired	The chart shows the number of category 2, 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.	tbc	tbc
1.3	Safe	Safety thermometer - harm free care	Measures the percentage of patients receiving harm free care (defined as the absence of pressure ulcers, harm from a fall, urine infection in patients with a catheter and new VTE) in the Safety Thermometer audits conducted once a month. The data includes hospital and community teams. A high score is good. Whilst there is no nationally defined target for this measure, a score of 95% or above is considered best practice.	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%.
1.4	Safe	Safety thermometer - harm free care - community care teams	As above but including data for community teams only.		
1.5	Safe	Falls	The number of inpatient falls expressed as a rate per 1,000 bed days. The data includes falls causing harm and those not causing harm. A low rate is good.	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.
1.6	Safe	Infection control	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.	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
1.7	Safe	Incidents - all	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	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.
1.8	Safe	Incidents - comprehensive SIRIs and never events	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.	Green if none reported in current month; Red if 1 or more never event or comprehensive reported in the current month.	
1.9	Safe	Safer staffing levels	Trusts are required to publish information about staffing levels for registered nurses/midwives (RN) and care support workers (CSW) for each inpatient ward. The chart shows the overall fill rate at HDFT for RN and CSW for day and night shifts. The fill rate is calculated by comparing planned staffing with actual levels achieved. A ward level breakdown of this data is provided in the narrative section and published on the Trust website.	Green if latest month overall staffing >=100%, amber if between 95% and 100%, red if below 95%.	The Trusts aims for 100% staffing overall.
2.1	Effective	Mortality - HSMR	The Hospital Standardised Mortality Ratio (HSMR) looks at the mortality rates for 56 common diagnosis groups that account for around 80% of in-hospital deaths and standardises against various criteria including age, sex and comorbidities. The measure also makes an adjustment for palliative care. A low figure is good.	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.
2.2	Effective	Mortality - SHMI	The Summary Hospital Mortality Index (SHMI) looks at the mortality rates for all diagnoses and standardises against various criteria including age, sex and comorbidities. The measure does not make an adjustment for palliative care. A low figure is good.		
2.3	Effective	Readmissions	% of patients readmitted to hospital as an emergency within 30 days of discharge (PbR exclusions applied). To ensure that we are not discharging patients inappropriately early and to assess our overall surgical success rates, we monitor the numbers of patients readmitted. A low number is good performance. This data is reported a month behind so that any recent readmissions are captured in the data.	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.
3.1	Caring	Friends & Family Test (FFT) - Patients	The Patient Friends and Family Test (FFT) gives patients and service users the opportunity to give feedback. They are asked whether they would recommend the service to friends and family if they required similar care or treatment. This indicator covers a number of hospital and community services including inpatients, day cases, outpatients, maternity services, the emergency department, some therapy services, district nursing, community podiatry and GP OOH. A high percentage is good.	Green if latest month >= latest published national average, Red if < latest published national average.	Comparison with national average performance.
3.2	Caring	Friends & Family Test (FFT) - Adult Community Services	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.		

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Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
3.3	Caring	Complaints	The number of complaints received by the Trust, shown by month of receipt of complaint. The criteria define the severity/grading of the complaint with green and yellow signifying less serious issues, amber signifying potentially significant issues and red for complaints related to serious adverse incidents. The data includes complaints relating to both hospital and community services.	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.
4.1	Responsive	NHS Improvement governance rating	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.	As per defined governance rating	
4.2	Responsive	RTT Incomplete pathways performance	Percentage of incomplete pathways waiting less than 18 weeks. The national standard is that 92% of incomplete pathways should be waiting less than 18 weeks. A high percentage is good.	Green if latest month >=92%, Red if latest month <92%.	NHS England
4.3	Responsive	A&E 4 hour standard	Percentage of patients spending less than 4 hours in Accident & Emergency (A&E). The operational standard is 95%. The data includes all A&E Departments, including Minor Injury Units (MIUs). A high percentage is good.	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%.
4.4	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.5	Responsive	Diagnostic waiting times - 6-week standard	Percentage of patients waiting 6 weeks or less for a diagnostic test. The operational standard is 99%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.6	Responsive	Dementia screening	The proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step 1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. A high percentage is good.	Green if latest month >=90% for Step 1, Step 2 and Step 3, Red if latest month <90% for any of Step 1, Step 2 or Step 3.	NHS England, NHS Improvement and contractual requirement
4.7	Responsive	Cancer - 14 days maximum wait from urgent GP referral for all urgent suspect cancer referrals	Percentage of urgent GP referrals for suspected cancer seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.8	Responsive	Cancer - 14 days maximum wait from GP referral for symptomatic breast patients	Percentage of GP referrals for breast symptomatic patients seen within 14 days. The operational standard is 93%. A high percentage is good.	Green if latest month >=93%, Red if latest month <93%.	NHS England, NHS Improvement and contractual requirement
4.9	Responsive	Cancer - 31 days maximum wait from diagnosis to treatment for all cancers	Percentage of cancer patients starting first treatment within 31 days of diagnosis. The operational standard is 96%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.10	Responsive	Cancer - 31 day wait for second or subsequent treatment: Surgery	Percentage of cancer patients starting subsequent surgical treatment within 31 days. The operational standard is 94%. A high percentage is good.	Green if latest month >=94%, Red if latest month <94%.	NHS England, NHS Improvement and contractual requirement
4.11	Responsive	Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug	Percentage of cancer patients starting subsequent drug treatment within 31 days. The operational standard is 98%. A high percentage is good.	Green if latest month >=96%, Red if latest month <96%.	NHS England, NHS Improvement and contractual requirement
4.12	Responsive	Cancer - 62 day wait for first treatment from urgent GP referral to treatment	Percentage of cancer patients starting first treatment within 62 days of urgent GP referral. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.13	Responsive	Cancer - 62 day wait for first treatment from consultant screening service referral	Percentage of cancer patients starting first treatment within 62 days of referral from a consultant screening service. The operational standard is 90%. A high percentage is good.	Green if latest month >=90%, Red if latest month <90%.	NHS England, NHS Improvement and contractual requirement
4.14	Responsive	Cancer - 62 day wait for first treatment from consultant upgrade	Percentage of cancer patients starting first treatment within 62 days of consultant upgrade. The operational standard is 85%. A high percentage is good.	Green if latest month >=85%, Red if latest month <85%.	NHS England, NHS Improvement and contractual requirement
4.15	Responsive	Children's Services - 10-14 day new birth visit	The percentage of babies who had a new birth visit by the Health Visiting team within 14 days of birth. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.16	Responsive	Children's Services - 2.5 year review	The percentage of children who had a 2.5 year review. A high percentage is good. Data shown is for North Yorkshire, Darlington, Co. Durham, Middlesbrough, Stockton, Gateshead and Sunderland. A high percentage is good.	Green if latest month >=90%, Amber if between 75% and 90%, Red if <75%.	Contractual requirement
4.17	Responsive	OPEL level - Community Care Teams	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.	tbc	Locally agreed metric
4.18	Responsive	Community Care Teams - patient contacts	The number of face to face patient contacts for the community care teams.	tbc	Locally agreed metric
5.1	Workforce	Staff appraisal rate	Latest position on no. staff who had an appraisal within the last 12 months. The Trusts aims to have 90% of staff appraised. A high percentage is good.	Annual rolling total - 90% green. Amber between 70% and 90%, red<70%.	Locally agreed target level based on historic local and NHS performance
5.2	Workforce	Mandatory training rate	Latest position on the % substantive 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
5.3	Workforce	Staff sickness rate	Staff sickness rate - includes short and long term sickness. The Trust has set a threshold of 3.9%. A low percentage is good.	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

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
5.4	Workforce	Staff turnover	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.	Green if remaining static or decreasing, amber if increasing but below 15%, red if above 15%.	Based on evidence from Times Top 100 Employers
5.5	Workforce	Agency spend in relation to pay spend	Expenditure in relation to Agency staff on a monthly basis as a percentage of total pay bill. The Trust aims to have less than 3% of the total pay bill on agency staff.	Green if <1% of pay bill, amber if between 1% and 3% of pay bill, red if >3% of pay bill.	Locally agreed targets.
6.1	Efficiency and Finance	Surplus / deficit and variance to plan	Monthly Surplus/Deficit (£'000s). In some months, a deficit is planned for. This indicator reports positive or adverse variance against the planned position for the month.	Green if on plan, amber <1% behind plan, red >1% behind plan	Locally agreed targets.
6.2	Efficiency and Finance	NHS Improvement Financial Performance Assessment	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.	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
6.3	Efficiency and Finance	Capital spend	Cumulative Capital Expenditure by month (£'000s)	Green if on plan or <10% below, amber if between 10% and 25% below plan, red if >25% below plan	Locally agreed targets.
6.4	Efficiency and Finance	Long stay patients	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.	tbc	as defined by NHS Improvement
6.5	Efficiency and Finance	Occupied bed days	Total number of occupied bed days in the month.	tbc	Locally agreed targets.
6.6	Efficiency and Finance	Delayed transfers of care	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.	Red if latest month >3.5%, Green <=3.5%	Contractual requirement
6.7	Efficiency and Finance	Length of stay - elective	Average length of stay in days for elective (waiting list) patients. The data excludes day case patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.	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.
6.8	Efficiency and Finance	Length of stay - non-elective	Average length of stay in days for non-elective (emergency) patients. A shorter length of stay is preferable. When a patient is admitted to hospital, it is in the best interests of that patient to remain in hospital for as short a time as clinically appropriate – patients who recover quickly will need to stay in hospital for a shorter time. As well as being best practice clinically, it is also more cost effective if a patient has a shorter length of stay.		
6.9	Efficiency and Finance	Avoidable admissions	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.	tbc	tbc
6.10	Efficiency and Finance	Theatre utilisation	The percentage of time utilised during elective theatre sessions (i.e. those planned in advance for waiting list patients). The utilisation calculation excludes cancelled sessions - operating lists that are planned not to go ahead due to annual leave, study leave or maintenance etc. A higher utilisation rate is good as it demonstrates effective use of resources. A utilisation rate of around 85% is often viewed as optimal.	Green = >=85%, Amber = between 75% and 85%, Red = <75%	A utilisation rate of around 85% is often viewed as optimal.
6.11	Efficiency and Finance	Day case rate	The proportion of elective (waiting list) procedures carried out as a day case procedure, i.e. the patient did not stay overnight. A higher day case rate is preferable.		
6.12	Efficiency and Finance	Outpatient DNA rate	Percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the trust in advance. A low percentage is good. Patient DNAs will usually result in an unused clinic slot.		
6.13	Efficiency and Finance	Outpatient new to follow up ratio	The number of follow-up appointments per new appointment. A lower ratio is preferable. A high ratio could indicate that unnecessary follow ups are taking place.	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.
7.1	Activity	Outpatient activity against plan (new and follow up)	The position against plan for outpatient activity. The data includes all outpatient attendances - new and follow-up, consultant and non-consultant led.		Locally agreed targets.
7.2	Activity	Elective activity against plan	The position against plan for elective activity. The data includes inpatient and day case elective admissions.		Locally agreed targets.
7.3	Activity	Non-elective activity against plan	The position against plan for non-elective activity (emergency admissions).		Locally agreed targets.
7.4	Activity	Emergency Department attendances against plan	The position against plan for A&E attendances at Harrogate Emergency Department. The data excludes planned follow-up attendances at A&E and pateints who are streamed to primary care.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	Locally agreed targets.

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

Harrogate and District NHS Foundation Trust

Indicator number	Domain	Indicator	Description	Traffic light criteria	Rationale/source of traffic light criteria
	Red	major data quality issue with no improvement as yet/ data confidence low/ figures not reportable			

Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Quality Committee (QC)
Committee Chair:	Laura Robson NED
Date of last meeting:	6th March 2019
Date of Board meeting for which this report is prepared	27th March 2019

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

Hot Spots:
The situation reported at the meeting in February regarding staffing issues in Acute Medicine was reviewed. The committee was informed that there were no reported incidents or causes for concern regarding quality of clinical care. There was however a deterioration in the experience of patients. The quality committee will receive an updated report in April.

It was reported that the Senior Nurse with responsibility for Safeguarding children was away from the Trust for a prolonged period. The Directorate was confident that the team of Safeguarding nurses would be able to manage the service in the interim. The Director of Nursing was also available for advice and guidance. No action is required, but the quality committee will seek assurance that the service continues to deliver to its current standard.

Board Request for QC to seek assurance:
The Committee is awaiting further information with regard to the alternative process for ReSPECT. A group has been established reporting to the Improving Patient Safety Group. The Director of Nursing has been requested to update the quality committee on the current process and plans for the future model as an alternative to ReSPECT.

Reports Received:
The Committee received an excellent presentation from Ruth Wilde a Quality of Care Champion speaking about her project to achieve a silver status

The Children's and County wide Directorate presented their Governance report. The report was very positive and demonstrated a continuing commitment to governance and excellent patient experience. Autism assessments were discussed as demand for this service exceeds the current commissioned volumes. The committee were assured that parents and young people could access services and support required prior to completion of the assessment.

Quality Dashboard was received. The committee still requires a discussion with the clinical lead for sepsis screening to give assurance with regard to compliance.

Patient safety report. No new concerns identified Patient experience report.. Work is still ongoing to improve response times to complaints. There was slight concern that the number of complaints being reopened was raising. North Yorkshire Safeguarding Adults Annual Report Received NHS Resolution Report received and discussed. NICE Compliance Report Quarter 3. There are currently 27 pieces of guidance and 20 quality standards where the Trust has assessed itself as not compliant. This is on the risk register for the risk management department. The quality committee receives quarterly reports on NICE compliance.
Are there any significant risks for noting by Board? (list if appropriate)
No significant risks identified
Matters for decision
No decisions required
Action Required by Board of Directors: To note.

Harrogate and District NHS Foundation Trust

6.1

Date of Meeting:	27 March 2019	Agenda item:	6.1
Report to:	Board of Directors		
Title:	Nurse and Midwifery (Safe) Staffing Assurance Report		
Sponsoring Director:	Mrs Jill Foster, Chief Nurse		
Author(s):	Mrs Jill Foster/ Mrs Alison Mayfield, Deputy Chief Nurse		
Report Purpose:	The purpose of this report is to provide information and assurance to the Trust Board in relation to nursing and midwifery (safe) staffing levels Decision [ ] Discussion/ Consultation [✓] Assurance [✓] Information [✓]		
Executive Summary:	This report provides: • The Trust Board with assurance that nursing and midwifery staffing across the organisation is set at a level that is safe, enables delivery of high standards of care and is affordable • Assurance that HDFT is compliant with national reporting requirements • Response to the recommendations from the NHSI Nurse Staffing Review of HDFT's acute services		

Related Trust Objectives

To deliver high quality care	✓	**To work with partners to deliver integrated care:**	✓	**To ensure clinical and financial sustainability:**	✓

Key implications	
Risk Assessment:	Risks associated with the content of the report are reflected in the Board Assurance Framework via: BAF 1: risk of a lack of medical, nursing and clinical staff and BAF 13: risk of insufficient focus on quality in the Trust.
Legal / regulatory:	None identified.
Resource:	None identified.
Impact Assessment:	Not applicable.
Conflicts of Interest:	None identified.

Action Required by the Board of Directors:

- **Note** the content of review
- **Be assured** that nursing and midwifery establishment levels are safe and appropriate for all areas included in the report.
- **Be assured that** appropriate measures are being undertaken to strengthen planning, operational, quality and financial oversight of nursing and midwifery establishments

Introduction

The impact of nursing, midwifery and care staffing capability and capacity on the quality of care experienced by patients and patient outcomes has been well documented in several high profile reports on care failings.

The purpose of this report is to inform the Trust Board about the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations 2012, 2016), NHS Improvement(NHSi, 2018) and the Care Quality Commission (CQC). It also complies with the expectation of the Operational Productivity and Performance within the NHS in England report (2016) to use the Care Hours per Patient Day (CHPPD) methodology.

The report also complies with recommendations 4 and 7 of the NHSi Nurse Staffing Review Improvement Plan agreed by the Trust Board in January 2019.

Background

In July 2016, the National Quality Board updated its guidance for provider Trusts. The updated guidance set out revised responsibilities for Trust boards for ensuring safe, sustainable and productive nursing and midwifery staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well led care.

This updated NQB guidance 2016 identified three expectations that form a triangulated approach to staffing decisions:

- **Expectation 1 Right staff**- evidenced based workforce planning, professional judgement, and peer comparison.
- **Expectation 2 Right skills**- training and development, working as multi professional team, recruitment and retention.
- **Expectation 3 Right place and time**- productive working and eliminating waste, efficient deployment and flexibility, efficient employment and minimising agency.

In February 2016, Lord Carter of Coles published his report into Operational Productivity and Performance within the NHS in England. In this report, Lord Carter describes one of the obstacles to eliminating unwarranted variation in nursing and care staff distribution across and within the NHS provider sector as due to a single means of consistently recording and monitoring staff deployment. This led to the development of benchmarks and indicators to enable comparison across peer trusts as well as wards through the introduction of Care Hours Per Patient Day (CHPPD) measure.

In November 2018 the Trust received the NHSI Nurse Staffing Review report for Harrogate. This report agreed the Trust had established safe nursing and midwifery staffing levels but made recommendations regarding improving governance arrangements. The recommendations included strengthening oversight from the Trust Board in agreeing nursing and midwifery levels. In January 2019 the Trust Board approved the NHSi Nurse Staffing Review Improvement Plan which included the following recommendations

Recommendation 4

Review the Trust's compliance with national safer staffing recommendations from the National Quality Board, NHS Improvement and NICE. Review the reporting of this to the Trust Board to ensure that it is equipped fully to exercise its accountability in this regard

Recommendation 6

Establish more robust processes for involving sisters and charge nurses in setting and agreeing their budgets.

This report presents the 'safer staffing' position for April 2018 – February 2019 for our acute in-patients wards. The report also includes the information for how we are compliant with the requirements of NQB guidelines and meeting the recommendations of the NHSi Nurse Staffing Review in Harrogate and includes confirmation nursing and midwifery staffing levels have been agreed and budgets have been set for 2019/20.

In addition this report includes information about the nursing and midwifery establishments in departments and communities beyond the acute in-patients wards.

Safe Sustainable and Productive Staffing; Measurement and Improvement

The HDFT Trust board receives monthly actual versus planned nursing and midwifery staffing levels and CHPPD data as part of the IBR and monitors key performance indicators (KPI) of quality, safety and patient experience through KPI dashboards and reports. The Trust Board also receives regular updates through papers presented by the Chief Nurse and Director of Human Resources. Cost Improvement Plans (CIP) that may impact on staffing undergo a Quality Impact Assessment (QIA) undertaken by the senior directorate team and signed off by the Chief Nurse and Medical Director to ensure that the impact of initiatives are not detrimental to the quality of service delivered. The Trust Board is responsible for the oversight of establishing nursing and midwifery staffing establishments as part of the annual budget setting process (NCB Guidelines). As part of strengthening Trust Board oversight, the Board is receiving this paper today in advance of signing the annual budgets in May 2019. A review of the agreed nursing and midwifery staffing levels will be presented to the Trust Board in September 2019.

The Board also receives external reports and recommendations from the CQC and NHSI. HDFT Trust Board papers relating to nursing and midwifery staffing are accessible to the public. Incident reporting, via datix, is actively encouraged to report concerns regarding staffing levels and Freedom to Speak Up (FTSU) Guardian role is embedded in the organisation and is widely publicised with FTSU champions are available across the organisation. Staff feedback is also sought through local and national staff surveys.

Patient, and carer feedback is actively sought through "Friends and Family" survey results and through Patient Voice Group, Compliments, complaints, comments, and National Patient Surveys.

Care Hours Per Patient Day (CHPPD)

From May 2016 all acute Trusts with inpatient wards/units began reporting monthly CHPPD data to NHS Improvement. This was a recommendation of the Lord Carter Review (2016) and Trusts are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the new "Care Hours per Patient Day (CHPPD)" metric. This benchmark is one indicator to enable comparison across peer Trust to eliminate unwarranted variation in nursing and care staff distribution across and within the NHS.

HDFT has been publishing registered and unregistered nursing fill rates actual versus planned for the inpatient wards since June 2014 as per the "Hard Truths" commitments associated with publishing staffing data regarding nursing, midwifery and care staff levels. This information is part of the public Trust Board information and is published on the Trust's website. The daily actual versus planned staffing numbers are displayed in the inpatient ward areas. Since May

2016 the Trust has also published monthly CHPPD data at the public Trust Board and on our website.

Actual v planned nurse staffing and CHPPD data for the inpatient wards at HDFT Dec 17 to Feb 19

	Day				Night				Day		Night		Care hours per patient day (CHPPD)		
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff								
Month	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	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
Dec-17	29,140.7	27,382.5	18,930.0	21,060.0	17,340.5	16,194.3	9,141.0	12,251.8	94.0%	111.3%	93.4%	134.0%	4.50	3.40	7.90
Jan-18	28,375.5	27,558.8	18,532.5	21,577.5	16,735.3	15,640.8	8,525.0	12,303.5	97.1%	116.4%	93.5%	144.3%	4.20	3.30	7.40
Feb-18	26,265.0	25,920.0	17,175.0	19,290.0	16,030.0	14,740.5	8,316.0	10,978.0	98.7%	112.3%	92.0%	132.0%	4.41	3.28	7.70
Mar-18	30,459.0	29,206.9	19,515.0	21,393.0	17,406.5	16,748.3	8,695.5	12,864.5	95.9%	109.6%	96.2%	147.9%	4.39	3.27	7.66
Apr-18	29,287.5	27,538.1	18,660.0	21,048.8	16,742.0	16,291.6	8,503.0	12,166.0	94.0%	112.8%	97.3%	143.1%	4.60	3.50	8.10
May-18	30,150.0	28,995.0	18,772.5	20,163.8	17,160.0	16,774.0	8,926.5	10,835.0	96.2%	107.4%	97.8%	121.4%	5.15	3.49	8.64
Jun-18	28,915.5	27,525.0	18,105.0	18,427.5	16,482.0	16,266.0	8,723.0	9,762.8	95.2%	101.8%	98.7%	111.9%	5.17	3.33	8.50
Jul-18	28,902.0	27,682.5	17,977.5	18,386.3	16,779.5	16,387.3	9,036.5	9,529.3	95.8%	102.3%	97.7%	105.5%	5.34	3.38	8.72
Aug-18	29,085.8	26,984.9	18,480.0	17,812.5	16,818.0	16,237.8	9,025.5	9,355.5	92.8%	96.4%	96.5%	103.7%	5.05	3.18	8.23
Sep-18	28,623.8	26,493.8	18,127.5	17,962.5	16,652.5	15,951.3	8,558.0	9,116.3	92.6%	99.1%	95.8%	106.5%	4.83	3.08	7.91
Oct-18	29,796.8	28,173.8	18,472.5	18,547.5	17,236.0	16,713.0	8,783.5	9,086.0	94.6%	100.4%	97.0%	103.4%	4.91	3.02	7.94
Nov-18	29,112.0	28,042.4	18,112.5	17,741.3	16,768.0	16,473.8	8,250.0	9,278.5	96.3%	98.0%	98.2%	112.5%	4.74	2.87	7.61
Dec-18	30,001.5	28,380.0	18,757.5	18,450.0	17,406.5	17,231.8	8,629.5	9,641.5	94.6%	98.4%	99.0%	111.7%	4.84	2.98	7.82
Jan-19	30,360.8	29,285.6	18,780.0	18,862.5	17,368.0	17,533.0	8,695.5	9,524.9	96.5%	100.4%	101.0%	109.5%	4.89	2.97	7.86
Feb-19	27,465.0	26,280.0	17,010.0	17,118.8	15,722.0	15,856.8	7,854.0	8,750.5	95.7%	100.6%	100.9%	111.4%	4.92	3.02	7.94

Expectation 1 - Right Staff

Inpatient wards

Nurse staffing reviews at HDFT have all featured strong engagement of professional leaders including ward managers, matrons and Heads of Nursing.

As part of the budget setting process for 2019/20 the Chief Nurse has met with each ward manager, matron and Head of Nursing to discuss the proposed nurse staffing budgets for the coming financial year, taking into account professional judgement, KPI's and recent dependency study results. All ward managers have agreed they have been involved in the budget setting for their areas for 2019/20 and are satisfied the budget affords an establishment that enables delivery of service and standards for their areas

Principles for adult in patient ward nurse staffing establishments at HDFT

- Professional judgement, Registered Nurse to patient ratios, skill mix, key performance indicators and the use of evidence based tools are used to guide decision making with regard to nurse staffing levels at HDFT.
- Ward managers have between 1-3 supervisory days factored into establishments on the adult in patient wards.
- All wards have 1.00 wte band 7 ward manager supported by band 6 sister/charge nurses
- Each ward has a ward clerk.
- Some wards have a nutritional assistant
- Headroom uplift to establishments per ward which includes annual leave 14.96%, Study leave 1.92%, Sickness 3.9%. **Total 20.78%.**
- Capacity to provide some enhanced care requirements

The general ward establishments do not include:

- Further enhanced care requirements
- Winter pressures funding
- Maternity leave cover for staff (which is currently accommodated through a central resource which enables backfill)

Nursing dependency/Acuity studies

Adult inpatient wards-Nurse staffing tools (acuity tools) have been used to support decision making regarding required staffing levels for the adult inpatient wards. At HDFT we use the Safer Nursing Care Tool (SNCT) for the adult inpatient wards in conjunction with professional judgement, patient feedback, patient safety incidents and key quality indicators to determine staffing requirements.

The nursing dependency study is undertaken three times a year across the adult inpatient wards and the results can be seen in Appendix 1 which gives the results of the last four studies undertaken. It details the ward establishments at the time of the study the average recommended establishment based on the results of the study and ward activity data. Data on the average number of empty beds per day has been added to reflect bed occupancy for the period of the study. To note nutritional assistant posts and discharge coordinators are not included in the total ward nursing establishment figures.

Paediatrics- In paediatrics we audit staffing levels against the RCN "Defining Staffing Levels for Children and Young People's Services.

Maternity- In Maternity we use the Birth-rate Plus acuity tool

Expectation 2 - Right Skills

The Trust discusses nursing recruitment in a number of forums, including the Workforce Efficiency Group, Workforce and OD Steering Group, Partnership Forum and the Recruitment and Retention Group. From this an understanding of areas of shortage is gained. The HDFT Clinical Workforce Strategy 2016-2021 details our plans for future workforce transformation developing a pipeline of talent to ensure we can deliver sustainable safe and effective care.

This year saw the introduction of the "RCN Clinical Leadership Programme" for Senior Nurses and AHP s.

The Trust has an established two year Preceptorship programme for newly qualified nurses. This has received positive feedback. This is facilitated by the Practice Educators.

The Trust is working in partnership with HEE as part of the Global Learners Programme. Through this programme the Trust has supported 14 Global Learners to date to obtain their NMC registration and more nurses are planned to join us in the next few months.

In addition the Trust has established a Trainee nurse Associate programme with Cohort 1 commencing in January 2018 and a second cohort commencing in December 2018. There are also four Assistant Theatre practitioners currently in training.

The Advanced Clinical Practitioner (ACP) programme has seen eight members of staff qualify to date with a further four in training due to qualify in January 2020.

Nursing recruitment events are held regularly throughout the year.

Expectation 3 - Right Place and Time

Three times a day (more if necessary) senior staff, including Heads of nursing, matrons, clinical site coordinators and general managers (Directors if necessary) meet to review patient flow and staffing levels in order to maintain at least minimum safe staffing in all areas. This is achieved but is extremely challenging on some occasions. The Trust has a minimum standard, whereby no ward is left with fewer than two registered nurses/midwives on any shift. Staffing levels are assessed directly by confirming staff available on the day and by the matrons' assurance checklist. Factors that are taken into consideration before determining if a ward is safe, or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates and activity levels
- The self-declaration by the shift leader on each ward as to their professional view on the safety and staffing levels that day
- The physical layout of the ward
- The availability of other staff – eg. Bank, students, supernumerary
- The balance of risk across the organisation

On a daily basis we continue to take action to mitigate the risk due to staffing gaps by

- Maximising effective rostering
- All shift gaps published at ward level
- Staffing gaps reviewed a minimum of twice daily and staff moved to minimise risk.
- Bed closures where feasible.
- Quality and safety is monitored regularly and concerns escalated
- Matrons rota provides out of hours support weekdays until 9pm and weekends 9-5pm. In addition further support is provided on a weekend by a ward manager, during the daytime. This is in addition to the site coordination team who provide 24/7 nursing presence.
- All RN shifts go out to NHSP, our nurse bank and selected agencies.
- Enhanced Care requests are risk assessed and discussed on a daily basis

For the departments and community services staffing gaps are monitored by the senior team leaders and action taken to optimise skill mix and mitigate risks due to staffing gaps.

Planned and Surgical Care -Departments

- Main Theatres – Theatre Staffing Strategy approved and implemented. Subsequently, it has been identified that the theatre schedule did not match the staffing establishment. A business case for further staffing investment has just been approved to address this shortfall
- Day Surgery Unit - A review of DSU staffing was completed last year and had additional funding added to their budget
- Outpatients Departments – A review of Outpatients staffing was undertaken as part of the 'productive outpatients' work and included the following areas:
- Main outpatients
- Dermatology
- Elmwood
- Outreach
- Ortho Outpatients - staffing review currently being undertaken
- Ophthalmology – staffing review currently being undertaken
- Maxfax – no review needed

- Endoscopy – staffing review planned to start in the next few months. We are planning to implement some B4 TNA's into this department.
- ITU – Staffing review planned

Maternity

The Birthrate Plus acuity tool is currently the only midwifery specific, national tool that gives the intelligence needed to be able to model midwifery numbers, skill mix and deployment and to inform decision making about safe and sustainable services. It is based on an understanding of the time required to care for women, using NICE guidance and available evidence and best practice. The acuity tool is completed 4 hourly on delivery suite; capturing data at the time by the delivery suite coordinator. On Pannal ward this information is completed 8 hourly by predicting activity for the next 6 hours (day) and 12 hours (night) by the midwife in charge.

The acuity tool supports safety action 5 of the NHS Resolution Maternity Incentive Scheme – yr. 2:

- A systematic, evidence-based process to calculate midwifery staffing establishment has been done
- The obstetric unit midwifery labour ward coordinator has supernumerary status (defined as having no caseload of their own during the shift) to enable oversight of all birth activity in the service.

Current midwifery staffing establishment

Area	Midwives (funded)	Midwives (actual)	MSW's (funded)	MSW's (actual)
Maternity staffing	35.88	34.33	9.85	10.4
Band 7's (ward / departmental managers	3.0	3.0		
Delivery Suite Coordinators	7.4	7.4		
Specialist midwives	5.5	7.1		
Antenatal clinic	2.96	2.91	1.6	1.6
Community midwifery	11.69	11.69	1.0	1.0
Total establishment	**66.43**	**66.43**	**12.45**	**13.00**

Assurance that staffing levels are safe

- Midwife : Birth ratio – currently for Nov – January = 1: 28.27 (gold standard is 1:28.5)
- 1:1 care in labour – for Nov-Jan = 96.8% (aim for 100%, NHS Resolution)
- Use of hospital midwife on call – regularly reviewed
- Weekly review of datix forms completed for workload and staffing reasons
- Use of the Birthrate + acuity tool (information within the reports and any key themes identified, monitoring of red flag events)
- Bi-annual staffing report as part of the NHS Resolution Maternity Incentive Scheme
- Safer staffing levels collected monthly (see table below - January)
- Monitoring staff sickness levels – short and long term and reasons for sickness
- Themes identified from concerns and complaints
- Review of FFT narrative comments – staffing concerns.

Planned versus actual staffing (Maternity) – January 2019

	Average fill rate	Care hours per patient per day
Midwives (day)	93.2%	Midwives = 13.36
MSW's (day)	83.1%	MSW's = 3.54
Midwives (night)	98.9%	
MSW's (nights)	87.1%	Overall = 16.90

- New process for maternity safety concerns just implemented – e mail address in place and monthly walkabouts for HOM/Matron and Chief Nurse

Women's unit

The unit provides dedicated facilities for nurse and medical colposcopists and hysteroscopists to provide a range of out-patient services for women.

Nurse staffing

Post	Planned	Actual
8a	2.51	0.51
7	0.00	1.00
6	0.00	1.00
5	1.60	1.60
2	1.00	0.60

Emergency Department

ED Registered Nurse	33.52wte
ED Emergency Nurse Practitioner	0.47wte
CSW	10.25wte

Community Care Teams- LTUC

	RN establishment wte	RN vacancy wte	CSW establishment wte	CSW vacancy wte	Caseload
Harrogate North	12.2	1.33	7	0	336
Harrogate South	13	1.45	8	0	336
Ripon & Rural	13	0.58	8	0	373
Kbro & BB	15.8	0.78	9	0	516

SROMC

	RN establishment wte	RN vacancy wte	CSW establishment wte	CSW vacancy wte	Caseload
SROMC	16.72	-	8.89	0.11	N/A

Children's and County wide Community Care

Acute Paediatric Staffing - Approved staffing 2019-2020

	Woodlands	SCBU
Band 7	0	1.0
Band 6	2.41	2.84
Band 5	15.98	8.49
Band 4	1.0	2.0
Band 2	5.64	0
Number of Beds/ cots	22 including CAU	7

Nursing establishment is based on The RCN Defining Staffing Levels for Children and Young people's Services 2013 and British Association of Perinatal Medicine (BAPM).

There are 16 core standards in general paediatrics the service is not compliant on

- Shift supervisor being supernumerary and at band 6 level. We mitigate this with an in-depth nurse in charge competency.
- At least one nurse per shift being EPLS trained, we will be by November 2019 on Woodlands.

We use a dependency tool twice a year for general paediatrics based on the RCN defining staffing levels which states, bedside, deliverable hands-on care;

Children < 2 years of age 1:3 registered nurse:child, day and night.
Children > 2 years of age 1:4 registered nurse:child, day and night.

Four times a day, for 2 weeks, twice a year staff complete the below tool which then indicates the number of Registered nurses required. When undertaken this tool has indicated we have sufficient staff to safely care for the children on the ward within our establishment.

2years plus	Under 2 years	High Dependency	Needing 1 to 1	Nurses needed	Date	Time	RN	CSW
10	1	0	0	2.83	27/03/2018	4	3	1
7	2	0	0	2.41	27/03/2018	10	3	1
6	1	0	0	1.83	27/03/2018	16	3	1
10	2	1	1	4.66	27/03/2018	22	3	2

January 2019 the Neonatal ODN assessed our SCBU with regards to staffing levels in line with BAPM guidelines and confirmed we were compliant.

Health Visitors and School Nurses

This is the establishment of Health Visitors (HV) and School Nurses (SN) in the agreed contracts for the next financial year 2019/20. There may numbers subject to change as we go through tendering round for North Yorkshire and contract reductions in Middlesbrough.

The caseloads for HV are detailed below (obviously there will be some variance to this due to demographic changes in birth rates etc).

HV caseloads

Area	Average Caseload	
Sunderland	228	HV
Gateshead	249	HV
Durham	260	HV
N Yorkshire	339	HV
Darlington	284	HV
Middlesbrough	276	HV
Stockton	318	HV

We are unable to provide "caseloads" for School Nurses (SN), as the model of delivery does not work in that way. SN's across all contracts prioritise their workloads, so that safeguarding work is being delivered. There is a difference in the numbers commissioned so there is variance across all the contracts but fair to say SN is on commissioners radar's as they consider cost reductions. There is a focus on vulnerable groups such as SEND, LAC, vulnerable teenagers in all of the contracts.

HV and School Nurse Establishment

	HV and School Nurse establishment	School Nurses	Health Visitors
	Date	**AVG**	**AVG**
N Yorkshire	Budgeted Establishment B6	14.42	74.78
	Actual Establishment	10.49	77.99
	(Over) / Under Establishment	3.93	-3.21
Darlington	Budgeted Establishment	7.22	18.92
	Actual Establishment	6.90	20.46
	(Over) / Under Establishment	0.32	-1.54
Middlesbrough	Budgeted Establishment	8.96	35.89
	Actual Establishment	5.65	36.71
	(Over) / Under Establishment	3.31	-0.82
Durham	Budgeted Establishment	21.76	104.56
	Actual Establishment	17.73	98.35
	(Over) / Under Establishment	4.03	6.21

Stockton	Budgeted Establishment (Based on Bid)	4.00	31.00
	Actual Establishment	6.04	28.48
	(Over) / Under Establishment	-2.04	2.52
Sunderland	Budgeted Establishment (Based on Bid)	5.00	59.89
	Actual Establishment	5.97	55.05
	(Over) / Under Establishment	-0.97	4.84
Gateshead	Budgeted Establishment (Based on Bid	5.00	39.00
	Actual Establishment	5.01	30.90
	(Over) / Under Establishment	-0.01	8.10
Overall Total	Budgeted Establishment	66.36	364.04
	Actual Establishment	57.79	347.94
	(Over) / Under Establishment	8.56	16.09

Conclusion

The Nursing and Midwifery staffing establishments are set and funded to a good standard which allows delivery of high quality care in all services and maintains patient flow throughout the acute services. Moving forward staffing levels will be reviewed twice a year by the Trust Board in line with national guidance.

It is important to note NHSi has issued revised guidance on how Trusts are to publish workforce data from the next financial year onwards. 'Developing Workforce Safeguards' seta out future arrangements for reporting staffing levels across a broader range of professional groups.

Jill Foster

Chief Nurse

March 2019

References

National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time – A guide to nursing, midwifery and care staffing capacity and capability

National Quality Board 2016 Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe, sustainable and productive staffing

NHS Improvement (June 2018) Care Hours Per Patient Day (CHPPD) Guidance for acute and acute specialist trusts

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations (2016) – An independent report for the Department of Health by Lord Carter of Coles

Appendix 1: Safer Nursing Care Tool Data 2017 - 2018

Summary of safer nursing care tool data - Oct/Nov 2018

		Staffing levels indicated by tool			Average daily totals reported:											
Ward	Ward * Establishments	Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Funded Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
CATT	42.25	**38.04**	47.58	25.23	6.00	18.38	0.00	9.14	0.90	5.62	0.19	0.19	0.57	0.00	0.57	0.00
CATT Escalation	0	**2.51**	2.51	-	CATT Escalation patient flow data incorporate into CATT base ward data											
Byland	38.56	**39.09**	45.93	30.72	0.86	0.19	0.00	1.81	0.71	0.05	0.00	0.14	0.00	0.10	2.48	0.10
Farndale	31.96	**22.98**	27.46	20.44	7.57	1.19	0.05	1.67	0.48	0.00	0.00	0.14	0.00	0.00	0.14	1.14
AMU	39.67	**35.33**	40.83	31.41	2.14	3.10	0.00	5.57	3.29	1.14	0.00	0.24	0.05	0.14	0.62	0.00
Granby	24.98	**21.14**	26.85	18.02	0.05	0.14	0.00	1.86	1.48	0.38	2.62	0.19	0.24	0.10	2.05	0.29
Harlow	14.97	**9.04**	10.97	7.64	1.24	0.71	1.05	2.67	0.71	0.05	0.14	0.10	0.00	0.00	0.00	0.00
Jervaulx	37.76	**44.95**	50.99	0.00	1.24	0.71	1.05	2.67	0.71	0.05	0.14	0.10	0.00	0.00	0.00	0.00
Littondale	31.36	**24.60**	30.40	19.55	4.38	0.29	0.00	1.76	0.67	0.10	0.00	0.14	0.00	0.00	2.90	0.00
Nidderdale	34.53	**26.44**	33.70	21.90	8.00	1.62	0.48	4.43	2.43	1.52	0.05	0.00	0.00	0.00	0.86	0.90
Oakdale	42.07	**39.16**	43.99	33.31	5.48	2.90	0.52	5.90	2.33	0.33	2.57	0.14	0.00	0.00	0.00	3.33
Trinity	25.28	**19.29**	22.86	14.83	2.48	1.38	0.00	2.00	1.14	0.67	0.00	0.33	0.29	0.05	0.14	0.05
Wensleydale	29.61	**25.01**	29.98	19.18	5.95	1.62	0.10	5.19	3.48	2.24	0.05	0.00	0.00	0.00	0.24	0.33
Lascelles	22.44	**17.84**	25.84	12.55	0.33	0.00	0.00	0.19	0.05	0.00	0.00	0.00	0.00	0.33	5.19	0.00
Swaledale	Ward not open during Oct/Nov 2018															

*Nutritional assistants, discharge coordinators and ward clerks are not included in the establishment numbers

** CATT acuity scores include data outside the study period to accommodate for gaps.

Summary of safer nursing care tool data - Jun/Jul 2018

		Staffing levels indicated by tool			Average daily totals reported:											
Ward	Ward * Establishments	Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Funded Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
CATT	42.25	**32.17**	43.74	18.23	9.35	17.86	0.00	9.71	1.05	5.43	0.38	0.10	0.00	0.00	0.19	0.00
CATT Escalation		Data not complete February 2018			CATT Escalation patient flow data incorporate into CATT base ward data											
Byland	38.56	**33.49**	39.74	24.27	5.76	0.14	0.00	1.90	0.67	0.05	0.00	0.19	0.00	0.14	1.00	0.00
Farndale	31.96	**27.39**	34.81	20.73	4.33	1.05	0.00	1.57	0.19	0.14	0.00	0.05	0.00	0.00	0.29	2.14
AMU	39.67	**33.14**	39.93	19.68	4.40	2.38	0.00	4.86	2.95	0.95	0.00	0.38	0.43	0.05	0.00	0.05
Granby	24.98	**20.50**	23.84	15.48	1.14	0.10	0.05	1.81	1.10	0.10	2.10	0.10	0.05	0.05	0.48	0.00
Harlow	14.97	**8.35**	10.97	5.87	1.70	1.33	0.76	3.38	1.43	0.33	0.19	0.00	0.00	0.00	0.00	0.00
Jervaulx	37.76	**46.91**	50.26	40.14	1.43	0.14	0.00	1.81	0.86	0.10	0.00	0.24	0.00	0.00	0.00	0.00
Littondale	31.36	**20.78**	24.44	16.36	11.45	2.14	0.14	5.76	2.95	0.52	0.00	0.10	0.00	0.00	0.00	1.81
Nidderdale	34.53	**20.75**	24.26	17.02	9.81	2.24	0.33	4.57	1.67	1.05	1.71	0.05	0.00	0.00	0.14	2.00
Oakdale	42.07	**36.42**	45.21	26.40	4.76	1.14	0.05	2.10	0.81	0.33	0.00	0.14	0.00	0.00	2.10	0.05
Trinity	25.28	**19.50**	22.86	14.15	1.43	0.10	0.05	0.67	0.14	0.10	0.00	0.05	0.05	0.00	0.00	0.00
Wensleydale	29.61	**25.93**	31.86	14.55	5.29	1.14	0.00	5.29	3.29	2.76	0.05	0.05	0.00	0.00	0.00	0.05
Wensleydale Escalation	0	**0.09**	0.98	-	Wensleydale Escalation patient flow data incorporate into Wensleydale base ward data											
Lascelles	22.44	**17.51**	19.43	15.06	0.86	0.10	0.00	0.38	0.05	0.00	0.00	0.00	0.00	0.48	2.48	0.00
Swaledale	Ward not open during Jun/Jul 2018															

*Nutritional assistants, discharge coordinators and ward clerks are not included in the establishment numbers

**wef/ July 2018

Summary of safer nursing care tool data - Feb/Mar 2018

		Staffing levels indicated by tool			Average daily totals reported:											
Ward	Ward * Establishments	Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Funded Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
CATT	42.25	Data not complete February 2018			1.88	16.29	0.05	7.29	0.86	5.57	0.19	0.29	0.57	0.00	1.05	0.00
CATT Escalation		Data not complete February 2018			CATT Escalation patient flow data incorporate into CATT base ward data											
Byland	38.56	**40.95**	46.16	34.91	0.67	0.29	0.00	1.90	0.86	0.05	0.00	0.24	0.00	0.00	2.86	0.00
Farndale	31.24	**33.45**	37.80	20.18	1.62	1.76	0.05	1.81	0.52	0.67	0.05	0.05	0.00	0.00	0.71	10.24
AMU	38.95	**34.39**	40.92	23.33	1.57	2.71	0.00	4.05	2.05	1.10	0.00	0.38	0.24	0.14	2.29	0.24
Granby**	24.98	**26.45**	0.00	0.00	-5.43	0.19	0.05	2.38	1.43	0.05	1.90	0.10	0.19	0.00	0.29	0.00
Harlow	14.97	**9.40**	11.22	7.56	0.81	0.67	0.86	2.33	0.95	0.57	0.05	0.05	0.00	0.00	0.00	0.00
Jervaulx	37.76	Data not complete February 2018			10.10	0.14	0.00	1.62	0.57	0.05	0.00	0.29	0.29	0.00	1.71	0.00
Littondale	32.76	**30.30**	38.97	20.23	4.86	4.52	0.43	6.19	1.71	1.29	1.76	0.24	0.00	0.00	1.05	8.10
Nidderdale	32.08	**30.14**	37.41	26.94	1.95	3.48	0.38	5.81	1.95	0.71	3.38	0.10	0.00	0.05	1.86	5.57
Oakdale	41.35	**38.79**	45.33	25.07	1.86	0.48	0.05	1.90	1.19	0.19	0.00	0.19	0.00	0.00	2.24	0.00
Trinity	25.28	Data not collected February 2018			N/A	0.05	0.00	0.48	0.05	0.05	0.00	0.10	0.00	0.00	0.00	0.00
Wensleydale	29.25	**32.16**	35.63	24.10	0.95	0.90	0.05	4.52	3.19	1.14	0.00	0.00	0.00	0.00	1.72	0.86
Lascelles	22.44	**22.09**	22.09	22.09	-1.00	0.05	0.00	0.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Swaledale		Data not collected Swaledale 2018			Data not collected Swaledale 2018											

*Nutritional assistants, discharge coordinators and ward clerks are not included in the establishment numbers

**Granby dependancy scores include 6 esclalation beds

Summary of safer nursing care tool data - Oct 2017

		Staffing levels indicated by tool			Average daily totals reported:											
Ward	Ward * Establishments	Average of all days	Maximum daily requirement	Minimum daily requirement	Empty Beds	Acute Admissions	Elective Admissions	Discharges	Transfers In	Transfers Out	Ward attenders	Deaths	Escorts on Site	Escorts off Site	Number Patients requiring 1-1 care	Patient Outliers
CATT	40.53	**42.14**	53.63	22.77	7.52	17.90	0.00	9.05	0.76	5.76	0.33	0.19	0.00	0.00	0.38	0.05
CATT Escalation		Data not collected October 2017			CATT Escalation patient flow data incorporate into CATT base ward data											
Byland	39.39	**39.28**	45.10	30.94	4.95	0.10	0.00	1.19	0.43	0.10	0.00	0.24	0.00	0.00	2.24	0.00
Farndale	31.24	**22.53**	28.25	18.05	8.14	1.67	0.10	2.14	0.43	0.10	0.00	0.10	0.00	0.00	2.33	1.24
AMU	37.95	**37.97**	45.10	27.89	3.38	2.24	0.00	4.76	2.62	0.81	0.14	0.10	0.00	0.00	0.29	0.00
Granby	24.98	**27.52**	30.17	20.69	0.52	0.10	0.05	1.90	1.10	0.14	3.90	0.10	0.00	0.00	0.52	0.00
Harlow	14.97	**9.82**	12.49	6.84	1.19	1.00	0.81	2.52	0.71	0.14	0.19	0.00	0.00	0.00	0.14	0.00
Jervaulx	38.59	**41.87**	47.12	29.66	3.90	0.24	0.00	1.95	0.95	0.24	0.00	0.33	0.00	0.00	1.86	0.00
Littondale	31	**30.95**	37.67	24.90	4.19	4.10	0.57	7.29	3.05	1.52	0.81	0.05	0.00	0.00	0.67	3.05
Nidderdale	33.84	**19.88**	23.75	14.66	10.52	2.76	0.81	5.90	2.14	0.38	3.24	0.00	0.00	0.00	0.29	0.76
Oakdale	41.35	**29.10**	32.84	24.35	8.57	0.19	0.05	1.29	0.67	0.14	0.00	0.33	0.05	0.14	0.81	0.00
Trinity	25.28	**14.43**	17.18	12.20	9.10	0.10	0.00	0.43	0.10	0.00	0.00	0.10	0.00	0.05	0.14	0.00
Wensleydale	29.25	**27.90**	32.74	21.95	3.19	1.38	0.05	5.38	3.62	2.29	0.00	0.00	0.00	0.00	1.17	0.00
Lascelles	22.44	**21.18**	22.09	19.03	-0.95	0.00	0.00	0.24	0.05	0.00	0.00	0.00	0.00	0.19	0.00	0.00

*Nutritional assistants, discharge coordinators and ward clerks are not included in the establishment numbers

Harrogate and District NHS Foundation Trust

Date of Meeting:	27 March 2019	**Agenda item:**	6.2
Report to:	Board of Directors		
Title:	NHS Resolution: Safer Maternity Incentive Scheme		
Sponsoring Director:	Mrs Jill Foster, Chief Nurse		
Author(s):	Dr Kat Johnson, Clinical Director, Planned and Surgical Care, Mrs Alison Pedlingham, Head of Midwifery		
Report Purpose:	**Decision** ✓ **Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓		
Executive Summary:	• This benchmarking template details the Trust's position against the 10 maternity actions necessary for a 10% rebate in the maternity NHSLA premium • The Trust is green for nine actions and red for one action. In April 2018, the Trust was green for four actions, amber for five and red for one. • The red action relates to workforce planning specifically to the supernumerary labour ward coordinator – significant investment or change to the structure of the establishment would be required to provide this. • All actions have clear plans in place to move forward		
Related Trust Objectives			
To deliver high quality care ✓	**To work with partners to deliver integrated care:** ✓	**To ensure clinical and financial sustainability:** ✓	
Key implications			
Risk Assessment:	There is significant investment required to fully meet all 10 actions to recover the full 10% discount of the NHSLA premium. Meeting all 10 actions would reduce the risk of safety incidents within maternity		
Legal / regulatory:	None identified		
Resource:	None identified		
Impact Assessment:	Not applicable		
Conflicts of Interest:	None identified		
Reference documents:			
Assurance:	Reviewed by PSC Directorate Board, SMT and Quality Committee		
Action Required by the Board of Directors:			
It is **recommended** that the Trust Board • **Notes** the items included in this report • Subject to comment received from the Board, **endorses** the content and actions			

6.2

You matter most

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria One		RED	AMBER	GREEN	Validation Process
Q1	**Are you using the National Perinatal Mortality Review Tool to review perinatal deaths to the required standard?**			✓	Self-certification by the trust Board and submitted to NHS Resolution using the Board declaration form. NHS Resolution will use MBRRACE-UK data to cross reference against trust self-certification the number of eligible deaths from Wednesday 12th December 2018 until Thursday 15th August 2019. Deadline 15th August 2019
Q1a	A review of 95% of all deaths of babies suitable for review using the Perinatal Mortality Review Tool (PMRT) occurring from Wednesday 12 December 2018 have been started within four months of each death'.			✓	
Q1b	At least 50% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018 will have been reviewed, by a multidisciplinary review team, with each review completed to the point that a draft report has been generated, within four months of each death.			✓	
Q1c	In 95% of all deaths of babies who were born and died in your trust (including any home births where the baby died) from Wednesday 12 December 2018, the parents were told that a review of their baby's death will take place and that their perspective and any concerns about their care and that of their baby have been sought.			✓	
Q1d	Quarterly reports have been submitted to the trust Board that include details of all deaths reviewed and consequent action plans			✓	

Comments:
Q1 d) Quarterly report ready for trust board – planned for April (Quality committee)
Action:
Continue to submit this data on a quarterly basis.
Evidence submitted:

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Two		RED	AMBER	GREEN	Validation Process
Q2	**Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?**			✓	NHS Digital will issue a monthly scorecard to data submitters (trusts) that can be presented to the Board. The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met and whether the overall score is enough to pass all 3 mandatory criteria and 14 of the 19 criteria (please see below for details) Self-certification of the trust Board and submitted to NHS Resolution using the Board declaration form. NHS Resolution will cross-reference self-certification against NHS Digital data.
	Mandatory categories 2.1 – 2.3 must be met to pass Safety action 2				
Q2.1	January 2019 data contained at least 90% of HES births expectation, based on number of days in month (unless reason understood)			✓	
Q2.2	MSDSv2 readiness questionnaire completed and returned to NHS Digital within required timescales			✓	
Q2.3	Submit MSDSv2 data for April 2019 by the submission deadline of end of June 2019			✓	
	14 of the 19 optional categories 2.4 – 2. 22 must be met to pass Safety action 2			✓	
Q2.4	Made a submission in each of the six months October 2018 - March 2019 data, submitted to deadlines December 2018 - May 2019			✓	
Q2.5	January 2019 data contained valid smoking at booking for at least 80% of bookings			✓	
Q2.6	January 2019 data contained valid smoking at delivery for at least 80% of births			✓	
Q2.7	January 2019 data contained all of the tables 501, 502, 404, 409, 401, 406, 408, 602 (unless justifiably blank)			✓	
Q2.8	January 2019 data contained all of the tables 101, 102, 103, 104, 112, 201, 205, 305, 307, 309, 511 (unless justifiably blank)		✓		
Q2.9	January 2019 data contained method of delivery for at least 80% of births			✓	
Q2.10	January 2019 data contained valid baby's first feed for at least 80% of births			✓	

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

Q2.11	January 2019 data contained valid in days gestational age for at least 80% of births			✓	
Q2.12	January 2019 data contained valid presentation at onset for at least 80% of births where onset of labour recorded			✓	
Q2.13	January 2019 data contained valid labour induction method (including code for no induction) for at least 80% of births where onset of labour recorded			✓	
Q2.14	January 2019 data contained valid place type actual delivery for at least 80% of births			✓	
Q2.15	January 2019 data contained valid site code for at least 80% of births			✓	
Q2.16	January 2019 data contained valid genital tract trauma code for at least 80% of vaginal births			✓	
Q2.17	January 2019 data contained valid Apgar score at five minutes for at least 80% of births			✓	
Q2.18	January 2019 data contained valid fetus outcome code for at least 80% of births			✓	
Q2.19	January 2019 data contained valid birth weight for at least 80% of births			✓	
Q2.20	January 2019 data contained valid figure for previous live births for at least 80% of bookings			✓	
Q2.21	MSDSv2 event or webinar attended in late 2018 / early 2019, or had 1:1 call with one of the NHS Digital team in lieu of attendance			✓	
Q2.22	January 2019 data contained valid (including “Not Stated”) ethnic category (Mother) for at least 80% of bookings.			✓	

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

Comments:

NHS Resolution CNST Incentive Scheme – Criteria Three		RED	AMBER	GREEN	Validation Process
Q3	**Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?**			✓	Local policy available which is based on principles of British Association of Perinatal Medicine (BAPM) transitional care where: 1. There is evidence of neonatal involvement in care planning 2. Admission criteria meets a minimum of HRG XA04 but could extend beyond to BAPM transitional care framework in practice 3. There is an explicit staffing model 4. The policy is signed by maternity and neonatal clinical leads. Data is available (electronic or paper based) on transitional care activity which has been recorded as per XA04 2016 NCCMDS. An audit trail providing evidence and a rationale for developing the agreed action plan to address local findings from ATAIN reviews.
Q3a	Have pathways of care for admission into and out of transitional care been jointly approved by maternity and neonatal teams with neonatal involvement in decision making and planning care for all babies in transitional care.			✓	
Q3b	Is a data recording process for transitional care established, in order to produce commissioner returns for Healthcare Resource Groups (HRG) 4/XA04 activity as per Neonatal Critical Care Minimum Data Set (NCCMDS) version 2.			✓	
Q3c	Has an action plan has been agreed at Board level and with your Local Maternity Systems (LMS) and Operational Delivery Network (ODN) to address local findings from Avoiding Term Admissions Into Neonatal units (ATAIN) reviews.		✓		
Q3d	Has progress with the agreed action plans has been shared with your Board and your LMS & ODN		✓		

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

					Evidence of an action plan to address identified and modifiable factors for admission to transitional care. Action plan has been signed off by trust Board, ODN and LMS and progress with action plan is documented within minutes of meetings at Board ODN/LMS. **a) and b) by 3rd February 2019** **c) by 10th March 2019** **d) by 19th May 2019**
Comments: Q3 c) – action plan has been completed to address local findings from ATAIN reviews, plans to share action plan with Trust Board, LMS and ODN – will be presented at Quality committee March 2019					

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Four		RED	AMBER	GREEN	Validation Process
Q4	**Can you demonstrate an effective system of medical workforce planning to the required standard?**			✓	aQ Proportion of trainees formally recorded in Board minutes and the action plan to address lost educational opportunities should be signed off by the trust Board and a copy submitted to the RCOG at workforce@rcog.org.uk b) Board minutes formally recording the proportion of ACSA standards 1.2.3.4.6, 2.6.5.1 and 2.6.5.6 that are met. Where trusts did not meet these standards, they must produce an action plan (ratified by the Board) stating how they are working to meet the standards.
Q4a	Do you have a formal record of the proportion of obstetrics and gynaecology trainees in the trust who 'disagreed/strongly disagreed' with the 2018 General Medical Council National Training Survey question: 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota.' In addition, a plan produced by the trust to address lost educational opportunities due to rota gaps?		✓		
Q4b	Is an action plan is in place and agreed at Board level to meet Anaesthesia Clinical Services Accreditation (ACSA) standards 1.2.4.6, 2.6.5.1 and 2.6.5.6. (See below)?			✓	
	1.2.4.6 Where there are elective caesarean section lists there are dedicated obstetric, anaesthesia, theatre and midwifery staff			✓	
	2.6.5.1 A duty anaesthetist is available for the obstetric unit 24 hours a day, where there is a 24 hour epidural service the anaesthetist is resident			✓	
	2.6.5.6. The duty anaesthetist for obstetrics should participate in labour ward rounds			✓	

Comments:
Q4 b) ACSA coming to the unit in March 2019 – await discussion and agreed compliance with above standards.
a) College tutor to prepare a report and action plan to be reviewed at Quality committee for sign off by Trust Board.

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Five		RED	AMBER	GREEN	Validation Process
Q5	**Can you demonstrate an effective system of midwifery workforce planning to the required standard?**		✓		A bi-annual report that includes evidence to support a-c being met. This should include: A clear breakdown of Birthrate+ or equivalent calculations to demonstrate how the required establishment has been calculated. Details of planned and actual midwifery staffing levels An action plan to address the findings from the full audit or table-top exercise of Birthrate+ or equivalent undertaken. Where deficits in staffing levels have been identified maternity services should detail progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls. The midwife: birth ratio The percentage of specialist midwives employed and mitigation to cover any inconsistencies. Birthrate+ accounts for 9% of the establishment which are not included in the clinical numbers. This includes those in management positions and specialist midwives
Q5a	A systematic, evidence-based process to calculate midwifery staffing establishment has been done			✓	
Q5b	The obstetric unit midwifery labour ward coordinator has supernumerary status (defined as having no caseload of their own during that shift) to enable oversight of all birth activity in the service		✓		
Q5c	Women receive one-to-one care in labour (this is the minimum standard that Birthrate+ is based on)			✓	
Q5d	A bi-annual report that covers staffing/safety issues is submitted to the Board		✓		

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

					Evidence from an acuity tool and/or dashboard figures demonstrating 100% compliance with supernumerary labour ward status and the provision of 1:1 care in active labour and mitigation to cover any shortfalls. Number of red flag incidents (associated with midwifery staffing) reported in a consecutive 6-month period within the last 12 months, how they are collected, where/how they are reported/monitored and any actions arising.

Comments: Birthrate Plus purchased summer 2018 and data collection commenced in both areas (Delivery Suite and Pannal ward) from November 2018

Action: Staffing report for Board – 3 months' data of Birthrate + (Directorate and Trust Board – March), Financial year staffing report for Trust Board (April 2019) and further report from Birthrate + (Feb – April) to Board in May/June 2019.

DS Coordinator is not within the current establishment as being supernumerary. 3 possible options for consideration by Trust Board

- ✓ **We accept that the DS Coordinator is not supernumerary**
- ✓ **The DS Coordinators ensure they are supernumerary all of the time and escalate appropriately by using specialist midwives and ward manager when required (days) or the use of the hospital midwife on call (at night)**
- ✓ **Increase to the midwifery establishment by appointing additional midwives (increase number of midwives per shift from 4 to 5 on delivery suite)**

Evidence submitted:

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Six		RED	AMBER	GREEN	Validation Process
Q6	**Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?**			✓	Self-certification to NHS Resolution using the Board declaration form. Board minutes demonstrating that the SBL care bundle has been considered in a way that supports delivery and implementation of each element of the SBL care bundle or an alternative put in place to deliver against the element(s)
Q6a	Has Board level consideration of the Saving Babies' Lives (SBL) care bundle (Version 1 published 21 March 2016) been undertaken in a way that supports the delivery of safer maternity services?			✓	
Q6b	Has each element of the SBL care bundle been implemented or is an alternative intervention in place to deliver against element(s).			✓	

Comments:
Ultrasound scanning – pilot for 3 months for women who smoke to identify the impact on the scanning capacity.

Action:

Evidence submitted:

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Seven		RED	AMBER	GREEN	Validation Process
Q7	**Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?**			✓	Self-certification report to Board using template report. Evidence should include: Acting on feedback from, for example a Maternity Voices Partnership. User involvement in investigations, local and or CQC survey results. Minutes of regular MVP and/or other meetings demonstrating explicitly how a range of feedback is obtained, the action taken and the communications to report this back to women.
Q7a	Has user involvement has an impact on the development and/or improvement of maternity services.			✓	

Comments: Early days with local MVP but plans being made by the group for 2019; a user event (what went well, what didn't go so well, what service improvements can they suggest), 15 steps challenge (maternity) and walk the patch.
FFT responses – You said, we did
Picker/CQC patient satisfaction survey results 2018.

Action:

Evidence submitted:

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

NHS Resolution CNST Incentive Scheme – Criteria Eight		RED	AMBER	GREEN	Validation Process
Q8	**Can you evidence that 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?**		✓		Self-certification report to Board using template report. You will need to evidence to your Board that you have met the 90% of each staff groups before 15th August 2019. Trust Board in July 2019
Q8a	Does training include fetal monitoring in labour and integrated team-working with relevant simulated emergencies and/or hands-on workshops?			✓	
Q8b	Are training syllabus' based on current evidence, national guidelines/recommendations, any relevant local audit findings, risk issues and case review feedback, and include the use of local charts, emergency boxes, algorithms and pro-formas?.			✓	
Q8c	Maternity staff attendees should be 90% of **each** of the following groups: • Obstetric consultants		✓		
	• All other obstetric doctors (including staff grade doctors, obstetric trainees (ST1-7), sub speciality trainees, obstetric clinical fellows and foundation year doctors contributing to the obstetric rota		✓		
	• Obstetric anaesthetic consultants			✓	
	• All other obstetric anaesthetic doctors (staff grades and anaesthetic trainees) contributing to the obstetric rota.			✓	
	• Midwives (including midwifery managers and matrons, community midwives; birth centre midwives (working in co-located and standalone birth centres and bank/agency midwives)				
	• Maternity theatre and maternity critical care staff (Including operating	✓			

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

	department practitioners, anaesthetic nurse practitioners, recovery and high dependency unit nurses providing care on the maternity unit) • Maternity support workers and health care assistants (to be included in the maternity skill drills as a minimum)		✓		

Comments: **Escalated to Directorate Board in February 2019 as a priority to ensure theatre staff are released to attend Prompt training between now and June and highlighted that there will be a cost implication for this.**

Action: **We could use some of the NHS Resolution money 2018/19 to pay ODP's to attend the MDT Prompt training.**

NHS Resolution CNST Incentive Scheme – Criteria Nine		**RED**	**AMBER**	**GREEN**	**Validation Process**
Q9	**Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?**			✓	Self-certification report to Board using template report. a) All Board level safety champions and exec sponsor for MNHSC must have set up the required mechanisms for supporting quality and safety improvement activity in both the trust and the LLS by **27th January 2019.** b) Must be implemented by **27th February 2019.**
Q9a	Is the Executive Sponsor for the Maternal and Neonatal Health Safety Collaborative (MNHSC) actively engaging with supporting quality and safety improvement activity within: i. the trust ii. the Local Learning System (LLS)			✓	
Q9b	Have the Board level safety champions implemented a monthly feedback session for maternity and neonatal staff to raise concerns relating to relevant safety issues?			✓	

NHS Resolution CNST Incentive Scheme – Benchmarking January 2019

Q9c	Have the Board level safety champions taken steps to address named safety concerns and that progress with actioning these are visible to staff		✓		Must be implemented by **27th March 2019** with ongoing feedback to staff on a monthly basis.

Comments: No LLS dates available at the moment.

Action: safetyconcerns.nhs.net - account is going to be available for staff to raise safety concerns – reviewed daily (Mon-Fri) by ward managers. Monthly walkabouts from Chief Nurse to be arranged (with some narrative for staff on the aim of these). Safety concerns will be on the agenda for HOM and Chief Nurse weekly 1:1 sessions and regular feedback to staff will be introduced. Q9c) amber as process only just commenced.

Evidence submitted:

NHS Resolution CNST Incentive Scheme – Criteria 10		**RED**	**AMBER**	**GREEN**	**Validation Process**
Q10	**Have you reported 100% of qualifying 2018/19 incidents under NHS Resolution's Early Notification scheme?**			✓	Self-certification report to Board using template report with Commissioner sign-off.
Q10a	Are you reporting of all qualifying incidents that occurred in the 2018/19 financial year to NHS Resolution under the Early Notification scheme reporting criteria			✓	NHS Resolution to cross reference Trust report against the National Neonatal Research Database (NRRD) data and numbers reported to NHS Resolution Early Notification Scheme.

Harrogate and District NHS Foundation Trust

6.3

Date of Meeting:	27 March 2019	**Agenda item:**	6.3
Report to:	Board of Directors		
Title:	Freedom to Speak Up Guardian Bi-Annual Report		
Sponsoring Director:	Dr Ros Tolcher, Chief Executive		
Author(s):	Dr Sylvia Wood, Deputy Director of Governance and Freedom to Speak Up Guardian		
Report Purpose:	**Decision**		**Discussion/ Consultation** ✓ **Assurance** ✓ **Information** ✓
Executive Summary:	Freedom to Speak Up Guardians are to provide regular, comprehensive reports to their Board so that barriers to speaking up are identified and addressed. This report outlines current work at national and local level, progress with the development of a positive speaking up culture, and further actions planned.		

Related Trust Objectives					
To deliver high quality care	✓	**To work with partners to deliver integrated care:**	✓	**To ensure clinical and financial sustainability:**	✓

Key implications	
Risk Assessment:	There is a risk that poor standards of care can proliferate unless patients and staff are listened to and their concerns welcomed and acted upon.
Legal / regulatory:	All NHS trusts were required to appoint a Freedom to Speak Up Guardian and an assessment of speaking up is at the heart of the well led domain of CQC inspections of NHS trusts.
Resource:	There is a time resource required to progress the actions and recommendations from national and local findings.
Impact Assessment:	This work aims to impact positively on all staff but particularly on staff who might be more vulnerable to speaking up.
Conflicts of Interest:	Declared.
Reference documents:	HDFT Speaking Up Policy
Assurance:	This report provides assurance that the Board is informed about national and local work in relation to developing a culture of speaking up about concerns.

Action Required by the Board of Directors:

It is recommended that the Board:

- **Notes** the content, progress and further actions planned
- **Agrees** the actions from the Board FTSU self-review for the Board to progress

You matter most

Harrogate and District NHS Foundation Trust

Report: Freedom to Speak Up Guardian bi-annual report to Board of Directors

From: Dr Sylvia Wood, Freedom to Speak Up Guardian

Date: 27 March 2019

Freedom to Speak Up Guardians are to challenge and change culture within their organisations so that barriers to speaking up, whatever they are, wherever they are, are identified and addressed. An important part of the process is for each FTSU Guardian to provide in person regular, detailed and comprehensive Board reports, to support the development of a positive speaking up culture.

Publications

National Guardian's Office (NGO) Annual Report 2018

This report was published in November 2018. Over 7,000 cases were raised through Freedom to Speak Up Guardians in trusts, with the number of cases increased quarter on quarter. There are now over 800 guardians and champions in trusts, independent sector organisations and arm's-length bodies. Nearly a third of the cases raised to guardians in trusts had an element of patient safety, whilst nearly half of the cases had an element of bullying and harassment. Based on the results of the 2018 Guardian Survey which is included in the report, there is a reported correlation between overall CQC rating and guardian perceptions of speaking up culture.

The NGO has made further recommendations to improve how the guardian role is being implemented, and to provide additional support to those in the role. These include:

- Refresher training every 12 months;
- Guardians to assess possible conflicts of interest in their role and take action to address them;
- Organisations should make an assessment of any groups that face particular barriers to speaking up and take action to ensure those barriers are tackled;
- Organisations should make an assessment of the time required by a guardian to carry out their role effectively and provide the necessary ring-fenced time;
- Time is provided to ensure that all organisations are represented at regional meetings.

Case reviews | Care Quality Commission

The NGO continues to undertake case reviews. Individuals or organisations are able to refer cases where they think there is evidence that the handling of a speaking up case did not meet good practice. The purpose of a case review is to identify areas that can be improved, make recommendations on how improvements can be made and commend examples of good practice. Case reviews are to promote learning; trusts have been encouraged to reflect on the recommendations and to look at how they might improve and apply the learning to their own cultures and processes.

In previous reports I have summarised findings from case reviews undertaken at the following trusts and highlighted any recommendations relevant to HDFT:

- Southport and Ormskirk Hospital NHS Trust
- North Lincolnshire and Goole NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust.

There have been 2 new case reviews published since my last report.

Nottinghamshire Healthcare NHS Foundation Trust
This case review was published in November 2018. 13 recommendations were published for the trust on how it can improve its support for its workers to speak up. There is one recommendation that is particularly relevant to HDFT regarding the implementation of the trust's conflicts of interest policy. Several trust workers perceived a significant obstacle to speaking up in the close relationships they believe existed between some members of staff. The workers explained that they regarded such relationships as a potential obstacle to speaking up because they believed they might not be treated fairly if they needed to speak up to a manager about the actions of another staff member they managed, where a close relationship existed between them. They believed that the manager faced a conflict of loyalty in such circumstances and would not act impartially. The trust was asked to ensure all staff are aware of the purpose of the conflict of interest policy and to ensure all relevant staff make appropriate declarations, including those relating to conflicting loyalty interests.

Royal Cornwall Hospitals NHS Trust
A review of the speaking up processes, policies and culture at Royal Cornwall Hospitals NHS Trust was published in December 2018. This report also highlighted inappropriate recruitment practices as a cause of poor staff relations, describing a belief by some staff that individuals were appointed and promoted based on their close relationships with trust colleagues, rather than as a result of an open and fair recruitment process. There was also an inappropriate use of the grievance process to respond to workers who raise issues which neither supported their needs, nor facilitated a positive speaking up culture. The majority of the recommendations were specific to the trust, with 2 recommendations for the NGO and partners in relation to settlement agreements and speaking up training for workers.

A further case review is being undertaken at Brighton and Sussex University Hospitals NHS Trust.

Gosport Independent Panel Report
The report of this national inquiry was published in June 2018, highlighting similar concerns about listening to staff and standards of patient care to those highlighted by Sir Robert Francis in relation to the Mid-Staffordshire inquiries in the National Guardian's Office Annual Report 2017:

> *"It became clear to me from the Mid-Staffordshire inquiries and the Freedom to Speak Up review that poor standards of care can proliferate unless both patients and staff are listened to by the leaders of our health services and their concerns welcomed and acted upon."*

This report was reviewed by the Deputy Director of Governance and Freedom to Speak up Guardian and the key findings reported to both the Improving Patient Safety Steering Group and Quality Committee in September 2018. Insight into speaking up processes was highlighted but no specific actions for this Trust were identified.

Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts
The NHSI and NGO guidance and self-review tool were published in May 2018. Boards were asked to treat this guide as a benchmark, review where they were against it and reflect on what they need to do to improve. The Board of Directors undertook a review, and the outcome was endorsed at a Board workshop in October 2018. There are a number of actions that have been progressed and some that require further work. These are defined below in sections on what has been achieved, what has not yet been achieved.

Related national initiatives

The following initiatives were detailed in the last FTSU Guardian report to the Board in September 2018, and highlighted again here because they are still relevant to the work of the FTSU Guardian.

Tackling Bullying Call to Action (The Social Partnership Forum: December 2016). A range of suggested actions supported by resources, advice, guidance and good practice are available to help organisations develop their own plans in partnership to tackle bullying. The agreed goal is for NHS organisations to provide excellent, compassionate leadership in a supportive culture where staff can flourish and problem behaviours such as bullying disappear. Workforce and Organisational Development are leading the work within HDFT regarding the Call to Action.

Caring to change: how compassionate leadership can stimulate innovation in health care
RCS (Ed) Anti-bullying and Undermining Campaign: This campaign highlights that the link between bullying and undermining behaviour and patient safety is clear. It has been estimated that this issue costs organisations in the UK £13.75 billion annually, and healthcare professionals have attributed disruptive behaviour in the perioperative area alone to 67% of adverse events, 71% of medical errors, and 27% of perioperative deaths.

Sign up to Safety: the focus of this national patient safety campaign has become one of helping the right safety culture grow and flourish, in essence helping people talk to each other. The campaign will be finishing in 2019, however the team have developed resources to facilitate conversations where people have a chance to speak, to be listened to, to feel heard and understood. Rather than focusing on “safety” as a problem that can be fixed by a set of tasks or interventions, they are promoting behaviours that help us work safely.

Civility saves lives: This campaign has been started by a small number of healthcare professionals – largely doctors - aiming to raise awareness of the power of civility in medicine. It describes rudeness as: shouting; belittling; talking over someone; stubbornness and non-co-operation; undermining; aggression, and clarifies that rudeness is defined by the interpretation of the recipient, regardless of intent. It highlights that incivility affects more than just the recipient – it affects everyone. Civil work environments matter because they reduce errors, reduce stress and foster excellence. @civilitysaves

CQC well-led: The National Guardian’s Office has worked with the CQC to ensure that an assessment of speaking up is at the heart of inspecting the well led domain, including progress with the Call to Action; how trusts support the guardian role; how trusts respond to the concerns raised by their workers; evidence of a positive speaking up culture in the trust; and steps to support minority and vulnerable staff groups to have a voice.

Local work - what has been achieved?

Learning from others
Since the last report to the Board, I have:

- Attended a regional FTSU guardian meeting and a regional training event, which provided the recommended refresher training;
- Attended the first NGO development day for FTSU guardians;
- Attended a webinar on freedom to speak up and workforce race equality in the NHS by Dr Habib Naqvi, Policy Lead for NHS Workforce Race Equality Standard at NHS England;
- Had several discussions with NGO regarding conflict of interest;
- Attended the 2018 national conference with speakers including Chris Turner, founder of Civility Saves Lives; Professor Megan Reitz, "Speaking truth to power".

Contacts and feedback
The Guardian works alongside many existing systems and processes for staff to raise concerns. The cases logged and reported below are those which are specifically raised to the FTSU Guardian, and do not include cases raised directly with managers, other departments e.g. HR, Risk Management, or those that might be raised through "Ask the Directors" even if the guardian provides a response.

The following data is provided to the NGO office quarterly together with the number of contacts from specified staff groups

Year / quarter	Summary data			
	Total number of cases	No. raised anonymously	No. with patient safety element	No. with B&H element
2016/17	1	0	0	0
2017/18	8	0	1	5
Q1 2018/19	4	0	0	3
Q2 2018/19	11	0	2	8
Q3 2018/19	16	2	1	10
Q4 2018/19 (to 13/3/19)	8	1	0	2
2018/19 YTD	39	3	3	21

The number of cases raised has increased significantly in 2018/19. This was an expected result of raising awareness but reflects underlying and sometimes longstanding staff concerns.

- Staff speaking up represent nursing, allied health professionals, support services and administration staff, and a range of levels from Band 2 to senior staff in management positions;
- Staff have been based in acute and community services; HDFT and HIF;
- Concerns have been raised by more than one member of staff from some teams;
- A small number of contacts are anonymous, with a significant proportion wanting their concern to be managed confidentially;
- Just over half the cases have an element of perceived bullying and harassment – either impacting on the member of staff raising the concern or on their colleagues.
- A small number of cases have had a direct element of patient safety involved although it is important to note that there may be an indirect impact on patient safety when staff experience poor behaviours and bullying.

When a case is closed, the staff member is asked for feedback. This information is also reported to the NGO in the quarterly report with the top 3 themes identified from the feedback question.

Year / quarter	Feedback questionnaire		
	Total no. cases feedback received in Q	Response to "Given your experience, would you speak up again?"	
		No. responded Yes	No. indicating detriment as result of speaking up
Q1 2018/19	1	1	0
Q2 2018/19	1	1	1
Q3 2018/19	5	5	1 Not clear why. Feedback was anonymous so can't find out more
Q4 to date	4	4	0
2018/19 YTD	11	11	2

Themes identified

- Staff raise concerns confidentially because they fear impact on their job and recrimination from peers or managers.
- Perceived bullying and harassment – personalities and perceived power.
- Some poor team dynamics, relationships and management.
- Repeated concerns about behaviours of individuals inadequately dealt with – so staff perceive nothing being done when they or colleagues have spoken up in the past.
- HR processes perceived as inconsistent, slow and unfair, favouring managers, with insufficient advice and support for staff.
- Management inconsistent and related to favouritism.
- Attitudes and behaviours by some individuals and within some teams are poor – with examples of incivility, undermining, unkindness.
- Managers need more training and support to manage staff effectively, to encourage speaking up as a way of improving, to promote and model kindness and civility, and to address bullying behaviours.

Actions taken since last report

Actions have been taken to continue to embed the FTSU Guardian role and to act on some of the learning identified in the last report.

- Supporting the work on the fair and just culture;
- Further communications and awareness raising to increase the visibility of the FTSU Guardian and promote the speaking up processes; Team Brief; attending meetings to highlight work e.g. Partnership Forum; Junior Doctors Forum;
- Regular meetings established with the Chief Nurse to follow up cases, and identify and progress learning;
- Development of Fairness Champions with defined roles and responsibilities. 33 staff have now been appointed. 14 attended the first induction on 15 November 2018. The remainder have been invited to the next induction on 22 March 2019. Recruitment is ongoing – the ambition is to grow a fair and just culture;

"Changing culture one behaviour at a time…."

- Support meetings for the Fairness Champions are also starting on 22 March 2019. These are planned as an informal catch up over coffee for anyone who can come along. It fits with Sign up to Safety's National Kitchen Table Week 2019 on 18-24 March. They have promoted the idea of having "conversations rooted in kindness" such as you would have around a kitchen table at home – at work. The aim is to enable the group to have a chance to talk about how things are going, how to support each other, and how to further improve the culture within teams and across the organisation.

Actions addressed from FTSU self-review October 2018

Whilst it is important to note that the Guidance for boards on Freedom to Speak Up in NHS trusts and NHS foundation trusts makes it clear that it is for Boards to complete and act upon, some of the actions are relevant to the FTSU Guardian.

Recommendation (*and reference from self-review tool*)	**Actions taken**
1. A diverse range of workers' views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan *(7.1)*.	Listening events; Q3 staff FFT questions; full staff survey in 2018.
2. Plan to include annual data and actions to support positive speaking up culture in 2018/19 Annual Report / Quality Account *(7.4)*.	Included in 2018/19 draft report
3. Identifying and sharing best practice – FTSU guardian and senior leaders to engage more with other trusts to identify best practice, consider inviting regional chair or national guardian to visit / attend Board for awareness raising *(7.6, 8.2)*.	National Guardian invited to HDFT Quality Conference; Contacts made with relevant others in the reported period to be included in the FTSU guardians report to Board.
4. Additional independent FTSU guardian role to be advertised using a fair recruitment process in accordance with NGO guidance and using the NGO Freedom to Speak Up Guardian job description *(10.3, 10.4)*.	This has happened and will provide an alternative guardian to address potential conflict of interest and will cover absence.
5. Focus progress reviews of the strategy using: assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success *(8.5)*.	Board report March 2019 structured in this way which will focus progress.
6. FTSU strategy, policies and procedures to be reviewed annually and improved using feedback from workers *(6.7, 10.6)*.	Policy and processes are reviewed annually using feedback from staff. Progress with strategy will be reported in future Board reports from the FTSU Guardian/s.
7. Training: include in CPD for Trade Union colleagues (6.5)	Included – Fair and Just Culture and FTSU Guardian update at Partnership Forum March 2019
8. FTSU Guardian to strengthen follow up of outcome of cases, continue to identify underlying concerns and share learning, identify barriers to speaking up for those in more vulnerable groups - to ensure doctors in training have information about speaking up and are supported (1.2, 6.2, 6.4, 6.5, 8.7, 10.8, 13.3)	Follow up of cases strengthened with regular meetings with Chief Nurse. Attended Junior Doctors Forum to talk to doctors in training

Conflict of Interest

Managing Conflicts of Interest in the NHS: Guidance for staff and organisations (NHS England 2017) describes:

> Conflicts of interest can arise when decision making is influenced subjectively through association with colleagues or organisations out of loyalty to the relationship they have, rather than through an objective process.

Conflict of interest in relation to loyalty has been raised by the National Guardian's Office in two recent case reviews, and at the development day for guardians. Staff perceive loyalties as a barrier to speaking up, as well as there being the potential for loyalties to influence recruitment, management, and how concerns, behaviours and investigations are managed.

The specific loyalty conflict arising from the spousal relationship between the FTSU Guardian and the Medical Director was recognised at the time of appointment and mitigated by awareness

and the promotion of many alternative routes for raising concerns. However, concern was raised and the conflict has been formally declared. The trust conflict of interest policy and NHS England guidance has been reviewed. Neither had sufficient detail about loyalty conflict to be particularly helpful in this situation, and did not adequately support staff to consider loyalty conflicts that might affect many situations. Some amendments to strengthen the trust policy have been suggested. It is however important to be realistic about expectations, and not suggest that every loyalty must be declared. Awareness of loyalty conflict and ensuring that this is managed appropriately is perhaps more important.

It has also been recognised that a second independent guardian would provide additional assurance to staff who might be concerned about a potential conflict, and would also provide cover during absence. A recruitment process is underway.

The NGO has been interested in the way the trust is managing this and has been assured by the action being taken.

What hasn't been achieved yet

Recommendations for Board actions following FTSU self-review October 2018

Recommendation (*and reference from self-review tool*)
1. Clarify / develop FTSU vision and strategy (1.2, 1.4, 2.1, 2.4) There has been discussion about how this fits with the work undertaken on the fair and just culture. It would seem appropriate for speaking up to be clearly articulated as a key component of an overarching Fair and Just Culture Strategy;
2. FTSU Guardian to continue to identify underlying concerns and share learning, identify barriers to speaking up for those in more vulnerable groups - to ensure agency staff, students have information about speaking up and are supported, and to ensure appropriate action follows allegations of victimisation (1.2, 6.2, 6.4, 6.5, 8.7, 10.8, 13.3)
3. Consider regular update meetings between FTSU Guardian and CEO and Chair to focus on learning and how to make change (3.4, 6.5, 9.5)
4. Ensure learning is reported into the governance framework and embedded into operational practice including within the teams and departments that MD and Chief Nurse oversee (3.4, 6.5, 9.5, 13.3)
5. Link into current Leadership Development Activity and RCN Clinical Leadership, and include importance of learning from issues raised by people who speak up in Leadership Strategy (1.3)
6. To embed senior leaders modelling speaking up by acknowledging mistakes and making improvements, high standards of conduct around FTSU - to be part of any meetings or introductions with colleagues e.g. on safety visits – to talk about role of FTSU and the Fairness Champions, give examples of importance of being kind and respectful to co-workers where/when appropriate (3.5, 11.4)
7. Training: For managers and HR partners about how to promote constructive speaking up and appropriate response to concerns from staff - to have more focus on speaking up in Pathway to Management Programme - most contacts relate to perceived bullying and poor behaviours and demonstration of values by managers (3.6, 6.1, 12.2, 12.3, 13.3)
8. To embed senior leaders modelling speaking up by acknowledging mistakes and making improvements, high standards of conduct around FTSU - to be part of any meetings or introductions with colleagues e.g. on safety visits – to talk about role of FTSU and the Fairness Champions, give examples of importance of being kind and respectful to co-workers where/when appropriate (3.5, 11.4)
9. Consider asking IA to review wider staff investigatory processes (not just FTSU) but unclear how to manage confidentiality, and seek advice about how to quality assure a sample of cases (8.7, 10.5)

Actions for FTSU Guardian

Remaining actions identified from work to date and informed by NGO case reviews and the NHSI self-assessment include:

- Regular meetings to be established with HR business partners to share learning, triangulate intelligence with other data to identify hot-spots of concerns and enable focused work and agree actions;
- Continuing to develop clear policies, processes and information including a Speaking Up Policy on a page, and supporting a review of HR policies especially B&H Policy and Disciplinary Policy, to ensure fair and compassionate management of staff.

Barriers and how they can be overcome

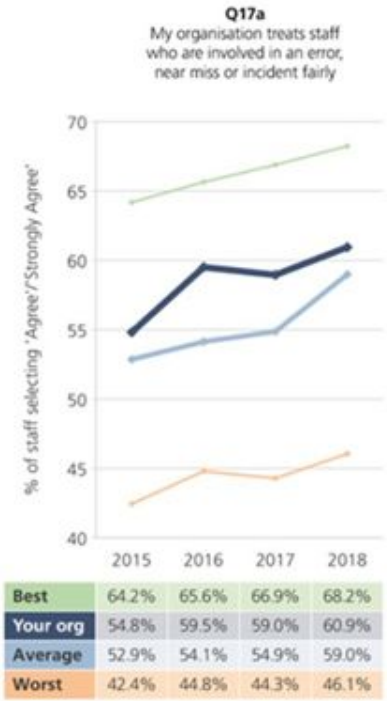
Barriers to speaking up may be felt by those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME), workers and agency workers. Actions to overcome these include work to progress:

- Staff networks
- Staff engagement
- Inclusion and diversity

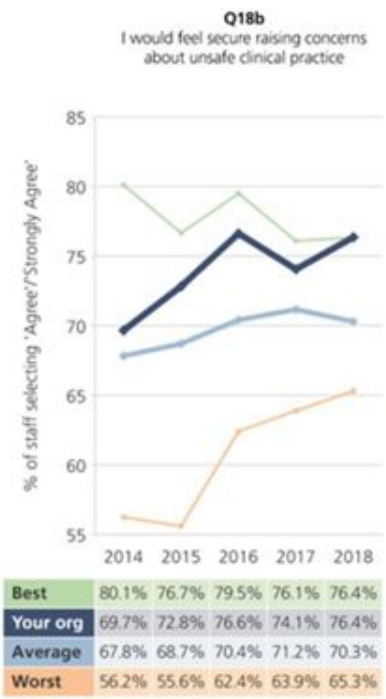
A culture that inhibits speaking up because of recrimination and blame acts as a significant barrier; the work to promote a fair and just culture, training managers to address concerns positively and supportively, and the work to ensure the fair application of HR policies and processes are significant pieces of work to address this.

Indicators being used to measure success

The FTSU self-review suggests reviewing whether the correct indicators are being used to measure success. The results of the staff survey are probably the most objective indicators that we have. The 2018 staff survey shows some positive progress with the safety culture, particularly in relation to staff feeling secure about raising concerns about unsafe clinical practice.



	2015	2016	2017	2018
Best	64.2%	65.6%	66.9%	68.2%
Your org	54.8%	59.5%	59.0%	60.9%
Average	52.9%	54.1%	54.9%	59.0%
Worst	42.4%	44.8%	44.3%	46.1%



	2014	2015	2016	2017	2018
Best	80.1%	76.7%	79.5%	76.1%	76.4%
Your org	69.7%	72.8%	76.6%	74.1%	76.4%
Average	67.8%	68.7%	70.4%	71.2%	70.3%
Worst	56.2%	55.6%	62.4%	63.9%	65.3%

Summary

There have been an increasing number of contacts to the Freedom to Speak up Guardian during 2018/19 which probably reflects increased awareness of the role, and the focus on fair and just culture, behaviours and inclusion. Some of the individuals who have spoken up, have cast some light on behaviours within teams which do not fit with the Trust's values and expectations, and have helped us to identify specific actions. The information available from other trusts in the NGO case reviews also provides useful insight and learning.

Linking to the wider initiatives such as Civility Saves Lives and embedding a just culture has the potential to positively shape the behaviour of everyone who works in the organisation, the quality of care it provides and its overall performance. Fairness Champions are volunteering to play an important part in driving the cultural change toward an expectation of fairness, listening to colleagues who have concerns and signposting them to those who can help them to speak up.

Considerable progress has been made since the last report with communication across the Trust about equality and inclusion, intolerance of bullying and undermining behaviours, and awareness of speaking up. However there are a number of actions that have been identified for the Board and the FTSU Guardian to further progress this aspiration for speaking up to become a normal and positive behaviour that is seen to contribute to a better working environment for staff and a safer environment for patients.

Integrated board report - February 2019

Key points this month

1. The Trust reported a deficit of £669k in February. this included an exceptional item relating to Q1 to Q3 PSF funding related to A&E performance. Without this impact the Trust reported a surplus of £108k. This underlying position continues the recovery seen over the last few months, but remains behind the required control total plan.

2. HDFT's performance against the A&E 4-hour standard was below 95% in February at 93.4%.

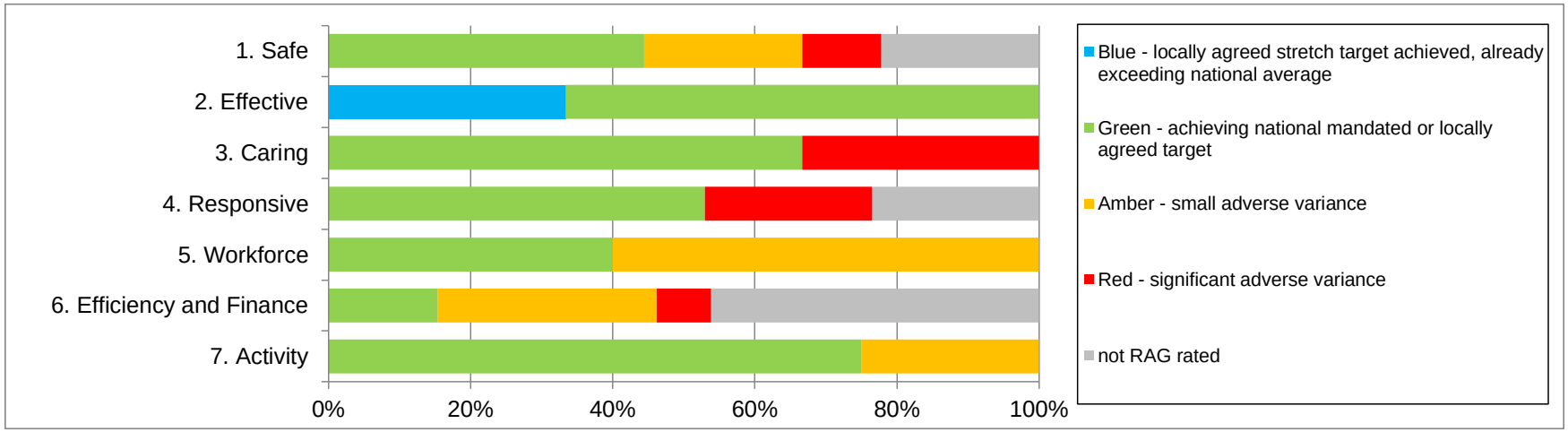
3. The Trust's 18 weeks performance remained below the 92% standard in February with performance at 88.6%.

4. Provisional data indicates that all applicable cancer waiting times standards were achieved for February, with the exception of the 62 day standard.

5. The harm free percentage for February was 95.0%.

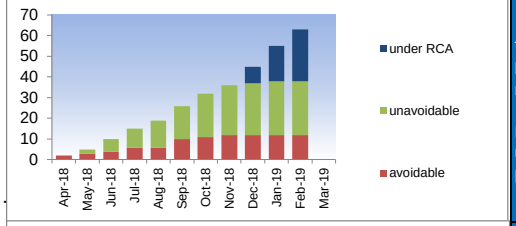
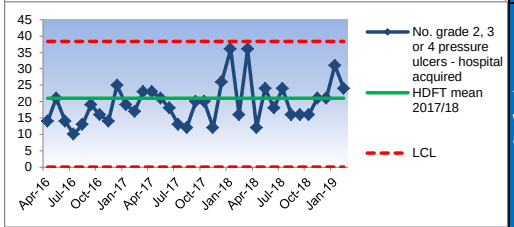
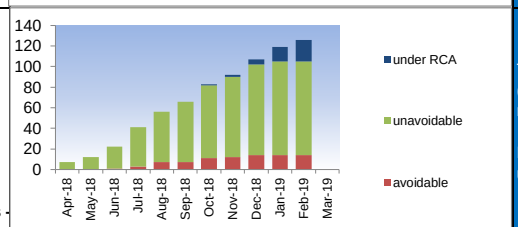
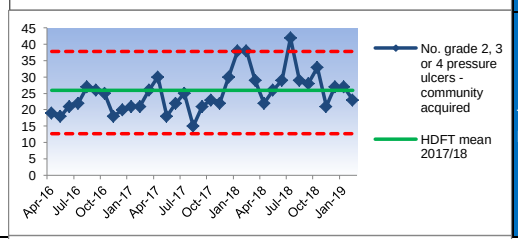
6. The number of inpatient falls reduced in February to 5.22 per 1,000 bed days. This is the lowest reported figure since June 2016.

Summary of indicators - current month



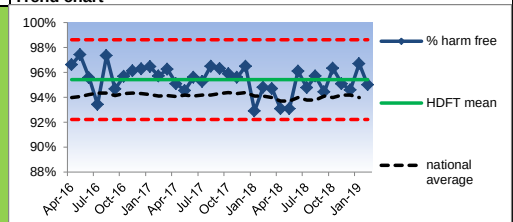
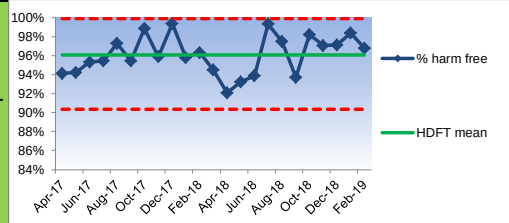
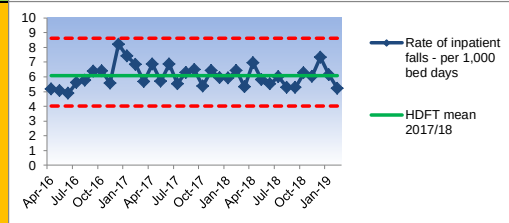
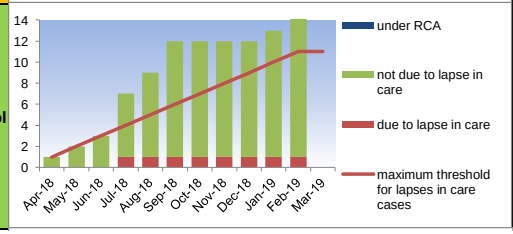
Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	Pressure ulcers - hospital acquired DQ		There were 8 hospital acquired unstageable or category 3 pressure ulcers reported in January, bringing the year to date total to 63. This is in line with last year with an average of 5 per month reported in 2017/18. For the 63 cases reported in 2018/19 to date, 12 have been assessed as avoidable, 26 as unavoidable and 25 are still under root cause analysis (RCA). No category 4 hospital acquired pressure ulcers have been reported in 2018/19 to date.
1.1b	DQ		The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in February was 24, a reduction of 6 compared to January (30). This decrease has resulted in the monthly average for 2018/19 matching the monthly average in 2017/18 (20).
1.2a	Pressure ulcers - community acquired DQ		There were 7 community acquired unstageable or category 3 pressure ulcers reported in January (compared to 11 last month). There were no category 4 pressure ulcers reported (compared to 1 last month). The average per month reported in 2017/18 was 12. For the 119 cases reported in 2018/19 to date, 14 have been assessed as avoidable, 91 as unavoidable and 14 are still under root cause analysis (RCA).
1.2b	DQ		The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in February was 23, a reduction of 4 from January.

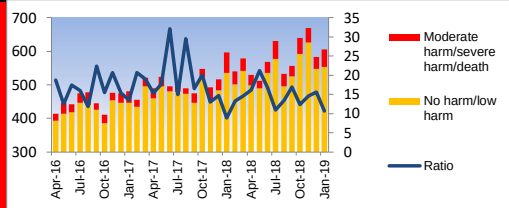
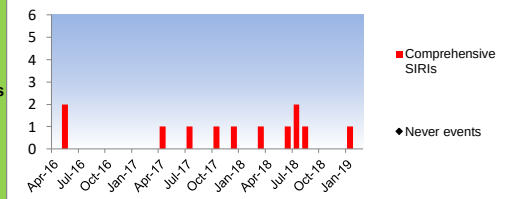
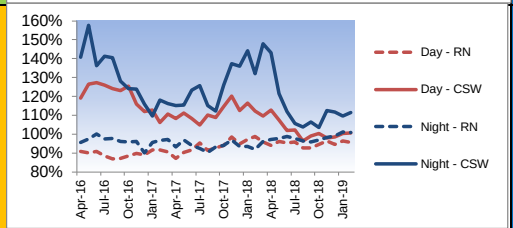
Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Safety Thermometer - harm free care DQ		The harm free percentage for February was 95.0%. There were 3 new pressure ulcers and 3 new VTEs reported this month.
1.4	Safety thermometer - harm free care - Community Care Teams DQ		The harm free percentage for February was 96.9%, a decrease on last month but remaining above 95%.
1.5	Falls DQ		The rate of inpatient falls was 5.22 per 1,000 bed days in February, a decrease on last month and lower than the average HDFT rate for 2017/18 (6.10) There was 1 fall resulting in a fracture this month.
1.6	Infection control DQ		There were 4 cases of hospital apportioned C. difficile reported in February, bringing the year to date total to 17. 16 of the 17 cases have had root cause analysis completed and shared with HARD CCG, and one RCA is in process. The outcome for 15 out of 16 completed, 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.

Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Incidents - all DQ		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 gives a ratio of 11, a further 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.
1.8	Incidents - SIRIs and never events DQ		There were no comprehensive SIRI reported in February. No Never Events were reported in 2017/18 or in 2018/19 to date.
1.9	Safer staffing levels DQ		Overall staffing compared to planned was at 99.9% in February. 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

Acute Medicine

We are currently undertaking a review of Acute Medicine in light of recent staffing issues at middle grade and consultant doctor level and increasing demand. A Business Case is being pulled together to understand the requirements to support the national move to 7 day ambulatory care, 14 hour clinical review and a hospital at night model.

Safer staffing

The table below summarises the average fill rate on each ward during February 2019. The fill rate is calculated by comparing planned staffing hours and actual staffing achieved.

In addition we are required to submit information on the total number of patients that were on each ward throughout the month – this is then used to calculate the "Care Hours per Patient Day" (CHPPD) metric. Our overall CHPPD for February was 7.94 care hours per patient per day.

Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation

	Feb-2019						
	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 (MSS)	96.9%	103.1%	100.0%	122.6%	4.34	2.92	7.26
Byland	90.7%	93.8%	91.4%	125.6%	2.61	3.31	5.93
CATT (MAU)	100.5%	110.1%	114.7%	96.4%	5.09	2.84	7.93
Farndale	91.7%	87.5%	100.0%	105.4%	3.15	2.98	6.13
Granby	111.1%	137.5%	100.0%	108.9%	3.21	3.23	6.45
Harlow	104.5%	85.7%	103.6%	-	7.25	1.72	8.97
ITU/HDU	108.9%	-	113.6%	-	22.11	1.06	23.17
Jervaulx	96.0%	95.3%	95.7%	122.0%	3.06	3.66	6.72
Lascelles	96.6%	92.1%	100.0%	100.0%	4.62	4.05	8.67
Littondale	97.5%	98.2%	100.0%	121.4%	4.18	2.54	6.72
Maternity Wards	94.3%	82.1%	95.7%	96.4%	14.06	3.91	17.97
Nidderdale	97.5%	98.2%	100.0%	103.6%	3.57	2.10	5.68
Oakdale	87.3%	111.9%	96.4%	132.1%	4.28	3.12	7.40
Special Care Baby Unit	90.8%	64.3%	100.0%	-	19.83	3.70	23.53
Trinity	100.0%	102.1%	100.0%	100.0%	3.35	3.81	7.17
Wensleydale	86.4%	108.0%	100.0%	103.6%	3.92	2.82	6.74
Woodlands	83.2%	105.4%	94.0%	100.0%	9.54	3.19	12.73
Trust Total	**95.7%**	**100.6%**	**100.9%**	**111.4%**	**4.92**	**3.02**	**7.94**

Further information to support the February safer staffing data

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

On CATT, Granby and Harlow Suite the increase in RN hours above plan was to support the opening of additional escalation beds in February, as required.

On Farndale ward the daytime RN and care staff hours were less than planned due to vacancies and sickness.

The ITU/HDU staffing levels reflect periods of increased activity within the unit during February.

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 February; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.

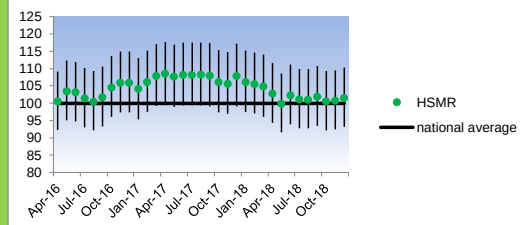
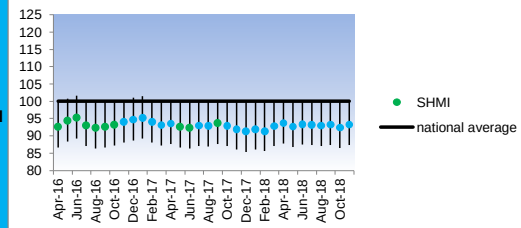
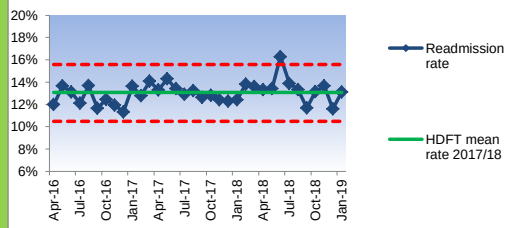
Harrogate and District NHS Foundation Trust

Section 1 - Safe - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
			In some wards the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In February this is reflected on the wards; AMU, Byland, Granby, Jervaulx, Oakdale, Littondale and Wensleydale. 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 sickness the RN hours are less than planned in February, 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.

Harrogate and District NHS Foundation Trust

Section 2 - Effective - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR DQ		HDFT's HSMR for the rolling 12 months ending December 2018 was 101.51, a small increase on last month but remaining within expected levels. At specialty level, 5 specialties have a higher than expected standardised mortality rate - Trauma & Orthopaedics, Gastroenterology, Respiratory Medicine, Geriatric Medicine, and General Medicine.
2.2	Mortality - SHMI DQ		SHMI data is now available on HED up to end of November 2018. HDFT's SHMI for the most recent rolling 12 months was 93.26. This remains below expected levels. At specialty level, 5 specialties (Trauma and Orthopaedics, Gastroenterlogy, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.
2.3	Readmissions DQ		The number of emergency readmissions in January (after PbR exclusions are applied) was 263. This equates to 13.1% when expressed as a percentage of all emergency admissions. This is an increase on last month and at the same level as the HDFT average for 2017/18.

Narrative

Stroke

Discussions are progressing to ensure that changes to the Hyper Acute Stroke pathway will come into effect from the 3rd April. These changes will mean all acute stroke presentations will be taken to York or Leeds before being repatriated to Harrogate, if required, for ongoing acute care and rehabilitation. At the moment the plans are progressing well and it is anticipated the change will take place as planned.

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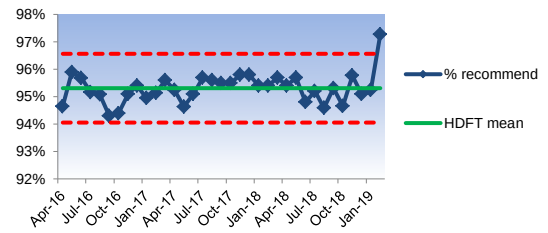
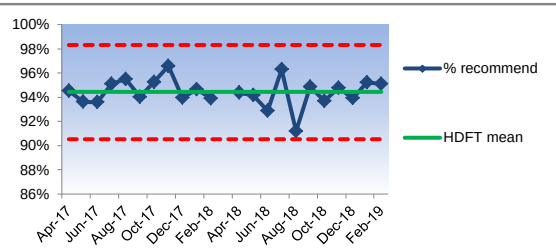
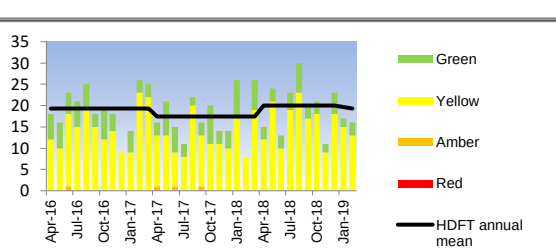
NHS Foundation Trust

Section 3 - Caring - February 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients DQ		97.3% of patients surveyed in February would recommend our services, an increase on last month and remaining above the latest published national average (93.6%). Around 5,250 patients responded to the survey this month.
3.2	Friends & Family Test (FFT) - Adult community services DQ		95.1% of patients surveyed in February would recommend our services, a slight decrease on last month (95.2%) and remaining below the national average performance for community services (95.9%). 531 patients from our community services responded to the survey this month.
3.3	Complaints DQ		16 complaints were received in February, a decrease on last month and below the average for 2018/19. No complaints were classified as amber or red this month. Of note this month, there are a number of complaints about the delay or failure in treatment or procedure and attitude of staff.

Narrative

Harrogate and District NHS Foundation Trust

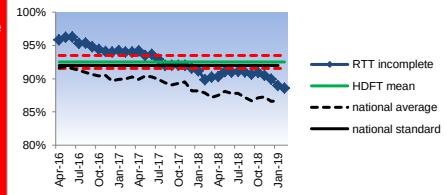
Section 4 - Responsive - February 2019

NHS Improvement Single Oversight Framework

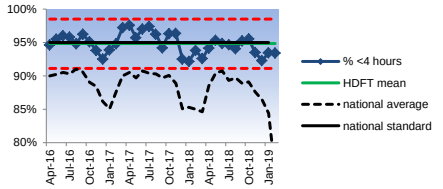
4.1 NHS Improvement Single Oversight Framework — DQ

Standard	Q1	Q2	Q3	Q4 to date	YTD
RTT incomplete pathways	90.8%	90.9%	90.4%	88.8%	90.4%
A&E 4-hour standard	94.8%	94.6%	93.8%	93.4%	94.2%
Cancer - 62 days	87.3%	85.3%	85.5%	86.4%	86.1%
Diagnostic waits	98.4%	99.0%	99.5%	99.8%	99.1%
Dementia screening - Step 1	95.6%	93.0%	93.0%	91.2%	93.4%
Dementia screening - Step 2	95.7%	100.0%	98.1%	95.8%	97.5%
Dementia screening - Step 3	97.4%	100.0%	96.8%	100.0%	98.1%

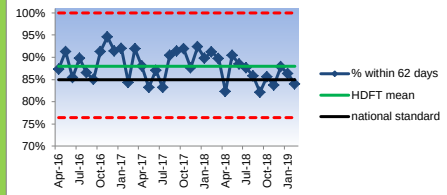
4.2 RTT Incomplete pathways performance — DQ



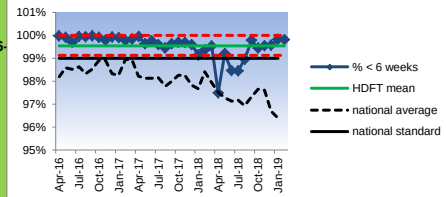
4.3 A&E 4 hour standard — DQ



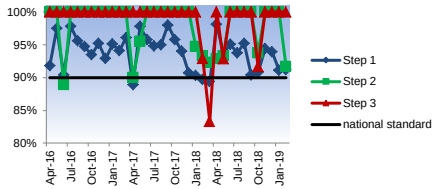
4.4 Cancer - 62 day wait for first treatment from urgent GP referral to treatment — DQ



4.5 Diagnostic waiting times - 6-week standard — DQ



4.6 Dementia screening — DQ



Narrative

In Quarter 4 to date, HDFT's performance is below the required level for 2 of the operational performance metrics - the18 weeks standard and the A&E 4-hour standard. RTT performance was at 88.6% in February, a further deterioration on recent months. The total RTT waiting list size decreased in February to 14,051 but remains above the position reported at the end of 2017/18 (14,005). The Trust has agreed additional activity to the value of £50k to focus on patients on non-admitted pathways in order to close a further 200 pathways before year end. This will focus on ENT and Neurology in particular

For the A&E 4-hour standard, HDFT's Trust level performance for January was 93.4%, at the same level as last month and remaining below the 95% minimum standard. This includes data for the Emergency Department at Harrogate and Ripon MIU. A new Task and Finish group has been established to focus on improving performance to back above 95% between now and year end. This includes the trial of a single referral contact for GP emergency admissions, enabling the direction of patients to the most appropriate setting, including assessment units, outpatient clinics, direct ward admissions or ED. It is anticipated this will ensure the delivery of the performance required to meet the PSF requirements for Quarter 4.

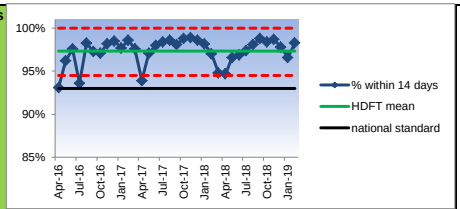
Performance against the 62 day cancer standard remains above the 85% standard for Quarter 4 to date.

NHS
Harrogate and District
NHS Foundation Trust

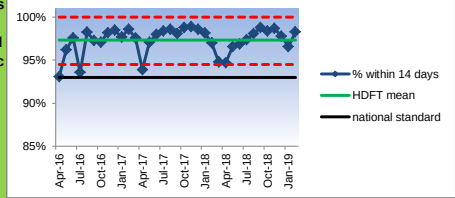
Section 4 - Responsive - February 2019

Cancer waiting times standards

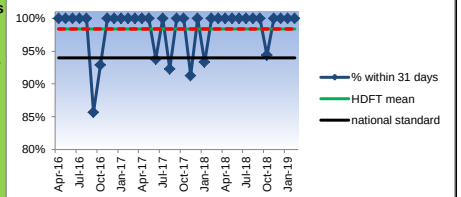
4.7 Cancer - 14 days max wait from urgent GP referral for suspected cancer — DQ



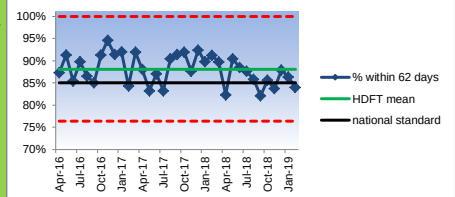
4.8 Cancer - 14 days maximum wait from GP referral for symptomatic breast patients — DQ



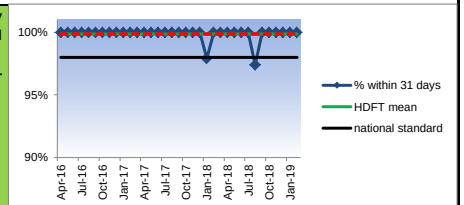
4.9 Cancer - 31 days maximum wait from diagnosis to treatment for all cancers — DQ



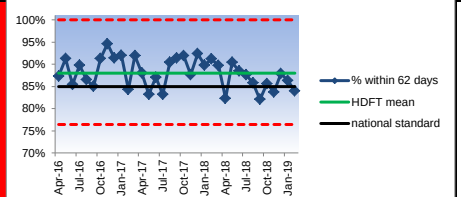
4.10 Cancer - 31 day wait for second or subsequent treatment: Surgery — DQ



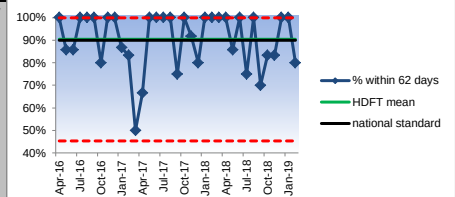
4.11 Cancer - 31 day wait for second or subsequent treatment: Anti-Cancer drug — DQ



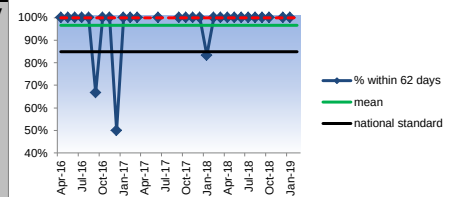
4.12 Cancer - 62 day wait for first treatment from urgent GP referral to treatment — DQ



4.13 Cancer - 62 day wait for first treatment from screening service — DQ



4.14 Cancer - 62 day wait for first treatment from consultant upgrade — DQ



Narrative

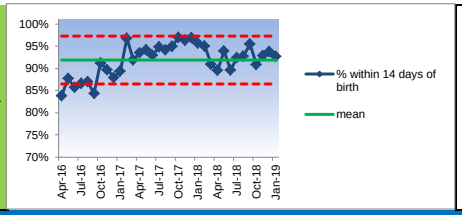
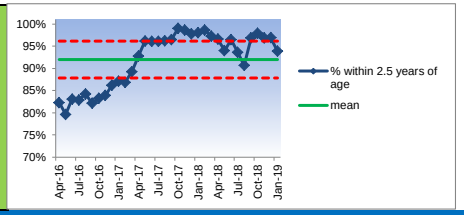
Provisional data indicates that all cancer waiting times standards were achieved in February, with the exception of the 62 day cancer standard. The number of 62 day treatments in the month was much lower than usual (37.5 vs 73.0 in January) which means that with 6.0 breaches performance was just below the standard at 84.0%.

For the main 62 day standard, of the 11 tumour sites, 5 had performance below 85% in February - colorectal (1.5 breach), Gynaecological (0.5), Lung (1.0), Upper GI (0.5), and urological (2.5). 4 patients waited over 104 days in February.

Harrogate and District NHS Foundation Trust

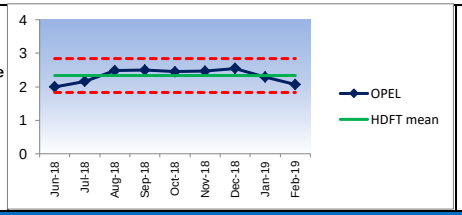
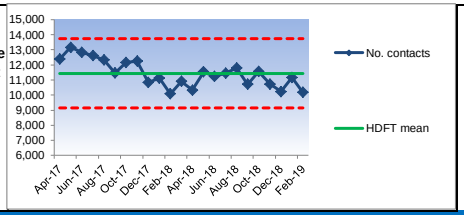
Section 4 - Responsive - February 2019

Children's Services metrics

4.15	Children's Services - 10-14 day new birth visit	DQ		4.16	Children's Services - 2.5 year review	DQ	

Narrative

Adult Community Services metrics

4.17	OPEL level - Community Care Teams	DQ		4.18	Community Care Teams - patient contacts	DQ	

Narrative

Harrogate and District NHS
NHS Foundation Trust

Board Committee report to the Board of Directors

Committee Name:	Audit Committee
Committee Chair:	Chris Thompson
Date of last meeting:	6Th March 2019
Date of Board meeting for which this report is prepared	27th March 2019

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

1. The Committee considered the issues for the Trust around "Third Party Assurances" – both those received from third parties, which provide reassurance to the Committee and the Trust Board, and those which are given by the Trust to third parties. It was recognised that a review of these assurances needs to be undertaken in order to confirm that the Trust's continuing position is as strong as possible.
2. The minutes of the Corporate Risk Review Group ("CRRG") and Corporate Risk Register are regularly reviewed by the Committee – it was noted that it would be appropriate for the Committee to consider the WY&H ICS Risk Register at such a time as it is sufficiently developed.
3. In reviewing the current BAF, it was agreed that the progress rating in respect of BAF15 (the Misalignment of Commissioner / Partner Strategic Plans) should be reconsidered once clarity emerges around the outcomes of the current NHSI / NHSE consultation.
4. Year End matters:
    a. The Committee concurred with the proposition that the Trust should be considered to be a "Going Concern" for the purposes of the preparation of year end financial statements
    b. The Committee approved the appropriateness of the revised Accounting Policies for the Trust.
5. The Committee approved the Internal Audit Annual Operational Plan and the Counter Fraud Plan for 2019/20.
6. The Committee noted that at its February meeting, the Board of HHFM had approved the proposed audit plan and fee submitted by the external auditors, KPMG.
7. The Internal Audit Progress Report highlighted the outcomes from the recent Payroll Audit. The Committee were very concerned at the reported level of overpayments to employees at £103k for the period from April to December 2018 – an increase of 15% over the equivalent period in 2017. The vast majority of these continue to be as a result of late notification by managers of terminations and contract changes. It is requested that consideration be given to establishing the correct and timely submission of change forms to

Payroll as an issue on which managers are appraised in their performance review. This issue must be taken more seriously by managers throughout the Trust.

8. The Committee was pleased to note that as a result of a higher profile being given to the PPE process by SMT and within directorates, there has been good progress on the timely submission of PPE's to the Post project Group. However further progress is required in respect of a number of overdue PPE's and the SMT is requested to remind directorates that all such PPE's must be completed and submitted – the "tail" of old PPE's must be cleared.

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

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

Matters for decision

There are no matters on which a decision from the Board is required.

Action Required by Board of Directors:

The Board is asked to note the considerations that took place at the Audit Committee on 6th March 2019 and in particular, the following matters:

- It is appropriate to prepare the Trust Financial Statements for 2018/19 on a "going concern" basis
- The Trust's revised Accounting Policies are appropriate and can be adopted
- Greater focus needs to be given to the timely and accurate submission of employee change forms by managers to the Payroll Department.

Harrogate and District NHS Foundation Trust

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 7 November 2018 at 17:45 hrs at The Civic Centre, Harrogate Borough Council, St Lukes Avenue, Harrogate, HG1 2AE

Present:

Mrs Angela Schofield, Chairman
Ms Pamela Allen, Public Governor/Deputy Chair of Council of Governors
Mrs Sarah Armstrong, Non-Executive Director
Dr Pam Bagley, Stakeholder Governor
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mr Robert Cowans, Public Governor
Ms Clare Cressey, Stakeholder Governor
Mrs Liz Dean, Public Governor
Miss Sue Eddleston, Public Governor
Mrs Emma Edgar, Staff Governor
Dr Sheila Fisher, Public Governor
Mr Andrew Forsyth, Interim Company Secretary
Mr Rob Harrison, Chief Operating Officer
Ms Carolyn Heaney, Stakeholder Governor
Mr Neil Lauber, Staff Governor
Mrs Rosemary Marsh, Public Governor
Mr Andy Masters, Staff Governor
Cllr Samantha Mearns, Stakeholder Governor
Dr Christopher Mitchell, Public Governor
Mrs Laura Robson, Non-Executive Director
Dr Daniel Scott, Staff Governor
Dr David Scullion, Medical Director
Mr Richard Stiff, Non-Executive Director
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Mr Steve Treece, Public Governor
Mrs Lesley Webster, Non-Executive Director
Ms Angela Wilkinson, Director of Workforce and Organisational Development

In attendance:

11 members of the public

Mr Mike Forster, Operational Director, Long Term and Unscheduled Care Directorate
Dr Matt Shepherd, Consultant and Lead Clinician, Emergency Medicine

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.

Mrs Schofield introduced Mrs Sarah Armstrong, Non-Executive Director, and Ms Angela Wilkinson, newly appointed Director of Workforce and Organisational Development to their first Council meeting.

Apologies were received from Mr Ian Barlow, Public Governor, Mr Tony Doveston, Public Governor, Mrs Jill Foster, Chief Nurse, Mrs Pat Jones, Public Governor, Mrs Mikalie Lord, Staff Governor, Cllr John Mann, Stakeholder Governor, Mrs Zoe Metcalfe, Public Governor and, Dr Ros Tolcher, Chief Executive.

2. Minutes of the last meeting held on 1 August 2018

The minutes of the last meeting on 1 August were agreed as a true and accurate record subject to the following amendment:

Item 12, page 14, first paragraph to read – 'Mrs Webster, Non-Executive Director, added that HHFM had provided an update to the Trust's Board, where it was confirmed that the benefits of the new company pay structure had enabled them to fill a number of long standing vacancies enabling them to focus on the backlog in maintenance.'

3. Matters arising and review of action log

There were no matters arising.

4. Declaration of interests

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

It was noted Mr Coulter and Mr Thompson were Directors of Harrogate Integrated Facilities (HIF – previously known as Harrogate Healthcare Facilities Management - HHFM). No agenda items were planned which would present a conflict of interest. It was however agreed that Mr Coulter and Mr Thompson could participate fully in any items which included reference to HIF.

5. Chairman's verbal update

Mrs Schofield paid tribute to the Governors who were leaving the Council at the end of the year; Mrs Dean, Public Governor for Harrogate and surrounding villages, Mrs Metcalfe, Public Governor for Knaresborough and East District, Mr Masters, Staff Governor for Nursing and Midwifery and Dr Daniel Scott, Staff Governor for Medical Practitioners. She wished them all well for the future and hoped they would continue to remain engaged through Trust membership activities.

Mrs Schofield confirmed that Mrs Webster had now taken over the role as Senior Independent Director; duties which included maintaining regular contact with the Council of Governors and a named contact in the Speaking Up Policy.

Referring to the Annual Members' Meeting held in September, Mrs Schofield thanked Mrs Colvin for organising such a well-attended and successful event. The next meeting would be planned through the Governor Working Group for Membership Development and Engagement.

As a result of feedback from Governors, Mrs Schofield confirmed that the Council of Governors' meeting agenda had been reviewed to allow more time for questions. She also reminded Governors about the training session taking place on 11 December and hoped they would find the day beneficial.

Mrs Schofield was happy to announce that Mrs Helen Stewart, Ward Manager on Granby Ward, had been elected unopposed as the new Staff Governor for Nursing and Midwifery. She looked forward to welcoming Helen at the next meeting in January 2019.

Finally, Mrs Schofield confirmed that inspectors from the Care Quality Commission (CQC) had arrived the previous day to undergo an inspection of the Trust. They were expected to be on site until Thursday afternoon with inspections also taking place at Ripon Community Hospital and Selby Minor Injuries Unit. She was pleased to report that everything appeared to be going well following initial feedback and staff were reacting positively to the visit.

Following a request from Mr Cowans, Mrs Schofield described the CQC; the independent regulator of health and social care in England ensuring health and social care services provided people with safe, effective, compassionate and high-quality care.

The CQC would also be visiting the Trust during the first week in December to undergo a well-led review; based on a framework for making judgements about how leadership, management and governance of the organisation assured the delivery of high quality care for patients, support learning and innovation and to promote an open and fair culture. This visit would also include the CQC meeting with Governors and further information would be available at the Board to Board meeting on 28 November.

6. Chief Executive Recruitment Update

Mr Forsyth referred to Paper 6.0 which had been circulated prior to the meeting and taken as read.

He summarised the Chief Executive recruitment process to date and thanked Governors who would be attending the candidates' presentations and those involved in the focus groups. An extraordinary meeting of the Council of Governors would be convened on 19 December to receive and approve the recommendation of the preferred candidate from the Remuneration Committee.

There were no questions and Mrs Schofield thanked Mr Forsyth for his involvement in the process.

7. Governor Working Group – Membership Development and Engagement

Ms Allen provided a verbal update in relation to the newly merged Governor Working Group which met on 16 October. She described how the two groups (previously known as the Governor Working Group for Membership Development and Communications and the Governor Working Group for Volunteering and Education) had come together and the Terms of Reference had been updated. The group would continue to be responsible for overseeing the delivery of the Foundation Trust's membership development strategy including membership recruitment and engagement. Members of the Corporate Team would attend on a rota basis to update the group on volunteering, education liaison and work experience related topics. Ms Allen would remain on the group however, Mrs Jones would be taking over as Chair from January 2019.

There were no questions for Ms Allen.

8. Presentation – Winter Planning

Mrs Schofield welcomed Dr Matt Shepherd and Mr Mike Forster who presented the Trust's emergency care winter challenges (slides available on the Trust's website at https://www.hdft.nhs.uk/about/council-of-governors/governors-meetings/).

The presentation summarised the national Accident and Emergency four hour target; a measure of the percentage of patients who are either treated and discharged or admitted from the Emergency Department within four hours.

Dr Shepherd provided examples of what impacted on the four hour target during winter as opposed to any other time of the year highlighting the focus to support patient flow through the hospital and into the community. He referred to a chart demonstrating the number of Emergency Department attendances and percentages of admissions by month over the past three years which demonstrated peaks in December and January each year.

Mr Forster went on to talk about the range of winter pressures faced by the NHS and how these impacted on performance across the country. He described the Trust's 'all year round' approach, detailed on slide 8, focussing on three patient pathways to improve discharge.

He summarised some key actions taking place over the winter period which included a partnership approach and a focus on emergency work. 'Every Hour Matters' would take place again at the beginning of the New Year; a two week period focussed on a partnership approach to achieve improved outcomes in patient flow, discharge and quality.

Mrs Schofield took questions from the floor.

Mrs Clelland thanked Dr Shepherd and Mr Forster for their informative presentation and asked:

"Have you reviewed the forward plan for the coming winter in the knowledge of where we have resource challenges at this point compared to the year before and are you satisfied there are sufficient funds to meet that plan?"

In response, Mr Forster reflected on system resilience. He reported that nursing was the largest resource pressure and traditionally, the plan was to increase bed capacity to deal with more patients. He explained the impact this created on staffing and, by default, the length of stay would then generally increase. In order to minimise this effect, Mr Forster described the opportunities to create support for patients across community settings including in people's homes and this was starting to ease some of the pressure off hospital ward staff. He described how the Trust had invested in building community capacity to try to reduce the inevitable high cost related to agency staff.

Mr Coulter reiterated that each year winter would cost the organisation in the region of £1-£1.5m and the Trust was investing around £400k from West Yorkshire and Harrogate funding.

Dr Shepherd also referred to the new ambulatory care unit which was now located near to the Emergency Department. He explained how this, and further creative ways of working in the Emergency Department, would make a huge logistical and cost-effective difference in improving patient flow, reducing admissions and improving the patient experience.

Dr Fisher's question related to the resilience of support services including radiology and diagnostic tests, equally critical to patient care.

Dr Shepherd talked about minimising the 'weekend effect' and confirmed he was confident in how the Trust managed such services.

Mr Harrison added that the organisation had embraced seven day working with Radiologists working over seven days and the Pathology Department achieving exceptional turnaround times.

Mr Lauber referred to improvement made during last year's 'Every Hour Matters' week and stated that Pathology Department wanted to continue providing the high level of turnaround for urgent pathways. Mr Forster thanked him for this information.

Mr Treece asked about the 100% flu target for front line clinical staff. In response, Mr Harrison confirmed the Trust was currently at 43% and there was further work to do.

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

Mr Coulter presented the following headlines:

Operational Performance

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

Mr Coulter reported that the Trust was doing well in challenging circumstances achieving three out of the five national standards in Q2 of the financial year (July – September 2018). The referral to treatment time's standard was just below the 92% national target at 90.9% and, whilst just below the national standard this year, the A&E 4-hour standard of 95% had been achieved in September and October, even though Emergency Department attendances had been significantly above plan.

Moving on to the next slide in his presentation, Mr Coulter was delighted to confirm that community children's services continued to perform well. The data now included services provided in Stockton-on-Tees however, Sunderland and Gateshead services would be reported from October.

In relation to Q2 finances, the year to date position showed a deficit of £3.6m compared to a small planned surplus. Mr Coulter confirmed that financial recovery actions had been initiated however, risks included winter pressures, the contract with Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) and the staff pay award. He explained how financial risk impacted on service risk with minimal opportunity for capital investments.

Strategic Developments

Mr Coulter went on to talk about strategic developments including the regional West Yorkshire and Harrogate Integrated Care System 5 year plan which would mirror the NHS 10 Year Plan currently being developed. The focus would be to continue working with other organisations and partners to improve quality and productivity in providing safe, robust and resilient services.

Moving on to explain the local Harrogate system, Mr Coulter's described the aims of working with HaRD CCG to reduce demand for hospital services at the same time as reducing the cost of providing hospital services and to use the money available to provide the best care for residents of Harrogate, in hospital or in the community. He summarised some of the challenges under discussion and acknowledged that challenging times would no doubt have a knock on effect on services.

Key Risks

Mr Coulter summarised the top scoring strategic and operational risks for the Trust; there were no surprises and these were regularly reviewed through risk registers and the Board Assurance Framework.

Finally, Mr Coulter highlighted other key issues including the flu campaign and the CQC inspection referred to earlier in the meeting.

Mrs Schofield thanked Mr Coulter for his presentation and asked for questions.

In response to Ms Cressey's question about HIF staff receiving the same three year pay deal as Trust staff, Mr Coulter confirmed there would be funding to cover this.

Mrs Marsh referred to the increasing number of patients referred to in the data provided. Mr Coulter confirmed there was an 8-10% increase in minor attendance rather than majors therefore, the number was increasing, but not all of these patients were requiring admission. The population continued to grow year on year and Mr

Harrison also added that the Trust was able to provide services to patients in north Leeds.

Mrs Edgar asked about the risks relating to follow-up on the top scoring key operational risks in the organisation. Mr Coulter confirmed there was a safety net in relation to follow-ups but there had been some issues highlighted in some specialities where patients had not been called back in a timely fashion and there was still a backlog which meant it was flagged on the risk register.

Dr Scott asked for further detail in relation to the red flags on the cancer indicator on the IBR. Mr Harrison described some of the challenges facing cancer services including patient choice around time for treatment and the impact of tertiary care provided at other organisations. Mr Harrison also noted that there had been an increase in referrals for prostate cancer as more men had attended their GP following Bill Turnbull's diagnosis in the media. He was pleased to confirm that some additional investment had been received and he expected to see performance targets improve in this area.

Ms Heaney wanted further clarification regarding the reported 43% of clinical staff receiving the flu vaccination and asked how this compared to this time last year. Mr Coulter confirmed this was not because of a shortage of vaccine. The figures were improved on this time last year but there was still a way to go. Actions in place involved asking staff to declare whether or not they had had the vaccine and to give a reason if not; it was hoped that this would provide a positive prompt to staff.

Mr Masters asked about access to stroke services and whether there would be a potential delay for patients. Dr Scullion confirmed that patients would be sent to a central unit of expertise and this would enable them to receive the best care. Once fit and stable, they would then be transferred back for rehabilitation.

Mrs Clelland asked how Governors and members could be assured that essential capital expenditure could be managed, what were the Trust priorities and how could we achieve what we need.

Mrs Taylor reiterated Mr Coulter's earlier comments regarding the Trust's ability to invest in capital which relied on achieving the financial plan. She confirmed there were no high risk backlog maintenance items and the Trust continued to allocate money to HIF to cover the ongoing work. In terms of priorities for equipment, this formed part of the planning process and Directorates' priorities were assessed along with contingency plans. The Trust was always actively looking to secure additional funding and had been successful this year for work in ED, some digital work, and for the ambulatory care unit. Mrs Taylor also referred to fundraising campaigns through Harrogate Hospital and Community Charity however these tended to be for specific pieces of equipment. The key message was to focus on the financial plan in order to invest.

Mr Coulter highlighted two key areas requiring capital; the cardiac cath lab and a new CT scanner.

There were no further questions for Mr Coulter.

10. Resources Committee Update

Mrs Taylor reminded Governors that the Resources Committee (formally known as the Finance Committee) was a committee of the Board of Directors of Harrogate and District NHS Foundation Trust with oversight of the development and delivery of the financial plan of the organisation.

The Committee was now meeting on a monthly basis and would be forward focussed, scrutinising the Trust's monthly financial performance, operational activity levels and the workforce plan. The Committee would look at proposals for investment and use Model Hospital data to focus on areas for improvement. Mrs Taylor was pleased to report that Ms Wilkinson would be a member of the Committee.

Mrs Taylor summarised the latest committee meeting agenda held on 29 October to give a flavour of what had been discussed. This included detailed updates around performance against the current Annual Financial Plan, contract issues with HaRD CCG, service updates, and a project business case for the replacement of computer servers, prior to the full business case being submitted to the Board for approval. From November the Committee would be looking at planning for 2019/20 in addition to the in-month scrutiny.

There were no questions for Mrs Taylor.

Mrs Schofield thanked Mrs Taylor for her informative update and thanked her for chairing the Resources Committee.

11. Question and Answer session for Governors and members of the public

Mrs Schofield moved to the tabled questions submitted prior to the meeting.

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

"How are Non-Executive Directors addressing the challenges around recruitment, both clinical recruitment and the wider support/non-clinical staff recruitment (including Harrogate Integrated Facilities staff)?"

Mrs Robson confirmed that Non-Executive Directors received a variety of information and assurance about recruitment which featured high on the risk register through Quality Committee and Board. There was lots of innovative activity ongoing throughout the organisation including the Global Health Exchange Programme, previously reported to Governors, apprentice schemes, and reported by staff via safety visits.

Mr Thompson confirmed that new arrangements were still being put in place with regards to the new company, HIF, however at the end of September the overall average turnover of staff was at 18% with estates staff at 36% and domestic staff at 14%. As the new company was able to offer flexible terms and conditions this was proving attractive to staff such as tradesmen, joiners and electricians, so this was a positive step forward. There was also a re-structure being put in place in Sterile Services with clear career progression routes for staff. Finally, Mr Thompson

confirmed the company Board was considering a staff survey, as for NHS staff, as an instructive aid to recruitment.

Mrs Schofield provided a positive story about a young person who had been a member of the Youth Forum; he had commenced an apprentice role at the Trust and had now secured a full time role. He had recently been nominated by his colleagues and had won a 'Making a Difference Award', for his personable approach.

Miss Eddleston commented about the question she raised at the public meeting in August and was happy to report to members of the public that the reception area at Ripon Community Hospital was now staffed.

Mrs Edgar, Staff Governor, raised the following question on Mr Doveston's behalf:

"Are the Non-Executive Directors confident that the recruitment department are actively seeking solutions to managing the high volume of applications and to reducing the time between interview and start dates?"

Mrs Edgar also highlighted a situation when there had been a long period of time between recruitment and start date for a prospective employee.

Mrs Schofield requested Ms Wilkinson to respond to this question as Non-Executive Directors would not be sighted on such level of detail.

Ms Wilkinson acknowledged this was an issue and commented that she would be examining the process as a matter of urgency. She reported similar challenges at the Trust she had recently moved from due to the robust pre-employment checks required and the resource available in the recruitment team. This situation was being reviewed by colleagues across the West Yorkshire Association of Acute Trusts in order to streamline the process and reduce expenditure. She agreed to provide an update for Governors at the next meeting in January.

Action: Ms Wilkinson to provide an update on the recruitment process at the meeting in January 2019.

Mrs Marsh, Public Governor, submitted the following question:

"What are the Non-Executive Directors considering to encourage UK recruitment by supporting the training and development of the next generation of sector staff, ie bursaries for nursing, physio, nutritionist, theatre staff etc?"

In response, Mrs Webster did not feel that Non-Executive Directors were involved with this level of planning. She referred to the detail provided in the IBR in addition to Non-Executive Directors involvement in regular discussions regarding nurse staffing and, as a result of changes to Board meetings, there were opportunities for Board members to visit staff in their workplace across the Trust. She referred to a recent visit to see Podiatrists and Speech and Language Therapists in Northallerton and Scarborough where she heard about difficulties with local recruitment in those specialities.

Mrs Dean commented on the opportunity to be creative and innovative with bursaries, but acknowledged the difficulty in accessing specialist courses. She asked about the possibility of having an Academy.

Mrs Webster confirmed that academies had been discussed however, there were the obvious challenges around resources and funding to consider.

Mrs Schofield commented on the importance of staff in training having a good experience in order for the Trust to be able to retain those staff as future employees.

Dr Fisher added that, given the magnitude of the Trust's staff budget and staff being the Trust's key asset, it was good to have such a discussion at the meeting and the need to focus on future staff development.

Mrs Clelland commented on opportunities in building partnerships with other organisations including local universities.

Mr Harrison referred to Dr Tolcher's role as Co-Chair of the Local Workforce Action Board and the focus on ensuring health and care services were built around the needs of people in Yorkshire and the Humber area. Local providers and commissioners were working together to produce Sustainability and Transformation Plans (STP) and the Trust also had a local workforce strategy.

As a result, a range of initiatives include Operating Department Practitioners, Certificate of Eligibility for Specialist Registration (CESR), Global Health Exchange Programme and, more recently, Advanced Practitioners in Pathology.

Mr Treece, Public Governor, submitted the following question:

"I would be interested to understand more about the Trust's overall medicines policy (e.g. use of generic and alternative medicine – in the latter respect, I have in mind recent developments regarding treatments for macular degeneration."

Dr Scullion confirmed the policy was to use the most cost effective and clinically effective medicines.

With reference to treatments for macular degeneration, Mr Harrison confirmed the Trust had not made any changes as the new treatment required increased patient visits to hospital.

Mrs Clelland, Public Governor, asked for an update in relation to savings which had emerged from partnership working, in particular the cost of medicines.

Mr Coulter commented on the Yorkshire collaborative; partnership working and joint procurement which had saved in the region of £1.2m and approximately £100k for the Trust.

Mr Dennys, member of the public, referred to the incidents data in the IBR and asked how the moderate harm/severe harm statistics for this Trust compared with other trusts.

Dr Scullion commented that, in terms of numbers of moderate/serious harm, this Trust was in line with other trusts and the numbers were very low; less than 1% of reportable incidents. In relation to low/no harm, the Trust was working on improving the reporting software to continue encouraging a reporting culture.

There were no further questions.

12. Any other relevant business not included on the agenda

12.1 Calendar of meetings – 2019

The calendar of meetings for 2019 had been circulated prior to the meeting and Mrs Schofield asked everyone to note these in their diaries.

12.2 Governor Elections

Mrs Schofield confirmed that the Governor Elections process was well underway and she was pleased to have some candidates present at the meeting. She wished everyone good luck and encouraged members to use their vote.

12.3 Remuneration, Nominations and Conduct Committee

Mrs Schofield confirmed that, following a vote by Governors, the following would be assigned to the Remuneration, Nominations and Conduct Committee – Ms Allen, Mr Doveston, Miss Eddleston, Mrs Edgar, and Dr Fisher. She thanked those Governors who had put their name forward to join the Committee and to those who had voted. The Committee would meet as and when required.

13. Member Evaluation

Mrs Schofield sought views about the meeting. Feedback included positive remarks about the venue and Governors would like to use the room again. It was reported that the sound system was excellent, parking was good, and there was a good amount of time allocated to questions on the agenda.

There were no further comments.

14. Close of meeting

Mrs Schofield closed the meeting. She thanked everyone for attending and confirmed the next public meeting would take place on Saturday, 26 January 2019 at 10:00am – 12:15pm (private meeting 9:30 – 10:00am), venue to be confirmed.

Harrogate and District NHS Foundation Trust

Date of Meeting:	27 March 2019	**Agenda item**	9.2
Report to:	Board of Directors		
Title:	Freedom of Information (FOI) Requests Annual Report 2018		
Sponsoring Director	Dr Ros Tolcher, Chief Executive		
Author(s):	Mr Andrew Forsyth, Interim Company Secretary		
Report Purpose:	**Decision**		**Discussion/ Consultation**		**Assurance**	✓	**Information**	✓
Executive Summary:	• During 2018 the Trust received 646 requests under the FOI Act; an increase of 1.25% on 2017. • A total of 105 (16%) were responded to past the 20 day deadline • Exemptions were applied to 131 FOI requests, the most frequent exemption applied was Section 40; personal information. • A total of eleven complaints/appeals were reviewed, all but one were upheld. There were three formal referrals to the Information Commissioner Office (ICO): (FOI034 John Hindle, FOI072 Andrea Bion, FOI474 Claire Miller)		

Related Trust Objectives					
To deliver high quality care		**To work with partners to deliver integrated care:**		**To ensure clinical and financial sustainability:**	✓

Key implications	
Risk Assessment:	If the Trust fails to manage FOI requests within the Act there is a risk that the ICO may find the Trust has breached the FOI Act and could issue a Decision Notice requiring the Trust to take action to correct the position. If the Trust failed to adopt a publication scheme, or publish required information, the ICO could enforce compliance.
Legal / regulatory:	As a public body the Trust is required to comply with the Freedom of Information (FOI) Act.
Resource:	None identified.
Impact Assessment	Not applicable.
Conflicts of Interest	None identified.
Reference documents	Information Commissioner's Guide to FOI: https://ico.org.uk/for-organisations/guide-to-freedom-of-information/ Trust's FOI Policy: https://www.hdft.nhs.uk/content/uploads/2015/11/FINAL-Freedom-of-Information-Policy-Sept-2017-v7.pdf Trust's Publication Scheme: https://www.hdft.nhs.uk/freedom-of-information/publication-scheme-2/
Assurance:	Monthly reports regarding FOI are presented to the Trust's Information Governance Working Group.

Action Required by the Board of Directors:
The Board of Directors is invited to note and receive the Freedom of Information Requests Annual Report 2018.

9.2

Freedom of Information Requests Annual Report 2018

Background

As a public body the Trust is required to comply with the Freedom of Information Act (FOIA) 2000. This requires that the Trust provides the public access to information held by the organisation.

Once a Freedom of Information (FOI) request is received the Trust has 20 working days in which to respond and provide the requestor with the information sought. In certain scenarios the Trust is able to apply one of a range of exemptions defined within the FOIA, which allows the Trust to withhold and not release some or all of the information requested. Exemptions may be full or partial and, in particular, are claimed in order to maintain the confidentiality of patient information or commercial confidentiality. In order to claim some of these exemptions, the Trust is required to assess the public interest in releasing or withholding the information.

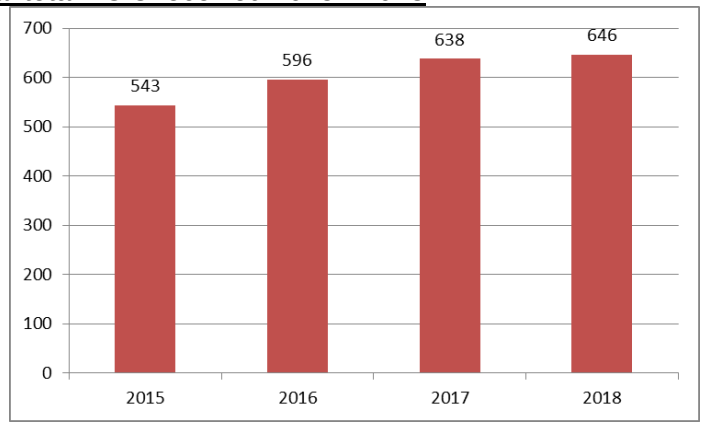
If people who request information are unhappy with the response they receive from the Trust they can submit a complaint and ask the Trust to conduct an 'internal review' whereby a senior staff member who has had no previous involvement in the original request will consider the Trust's initial response. In the first instance this will be the Deputy Director of Performance and Informatics. If after the internal review the requestor continues to believe that the Trust did not dealt with their complaint properly, they can contact the Information Commissioner's Office (ICO).

The Trust has a 'Publication Scheme' which sets out categories of information that the Trust undertakes to publish, it is based on the ICO's NHS Model Publication Scheme. It can be accessed via the Trust's website and includes the following types or 'classes' of information:

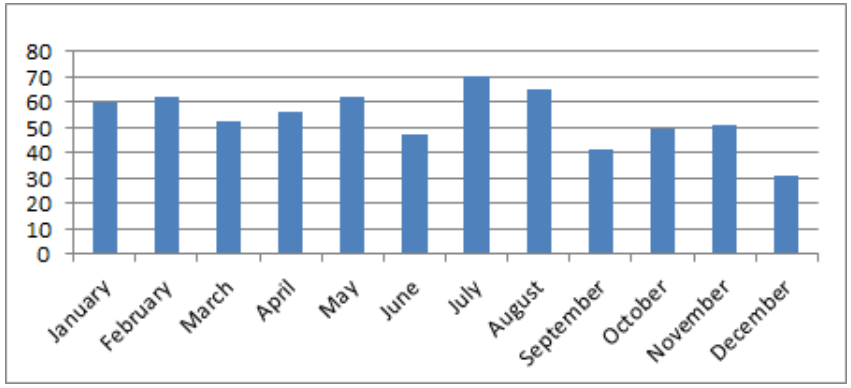
- Who we are and what we do;
- What we spend and how we spend it;
- What are our priorities and how are we doing;
- How we make decisions;
- Our policies and procedures;
- Lists and registers; and,
- The services we offer.

Number of FOI requests received
During 2018 the Trust received 646 FOI requests; this was an increase of 1.25% on 2017.

Annual total FOIs received 2015 - 2018



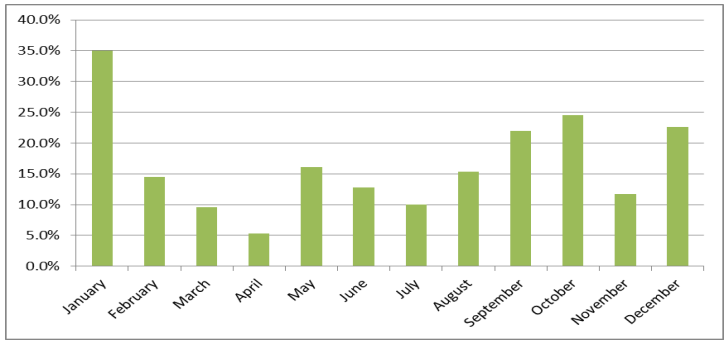
Monthly total FOIs received during 2018



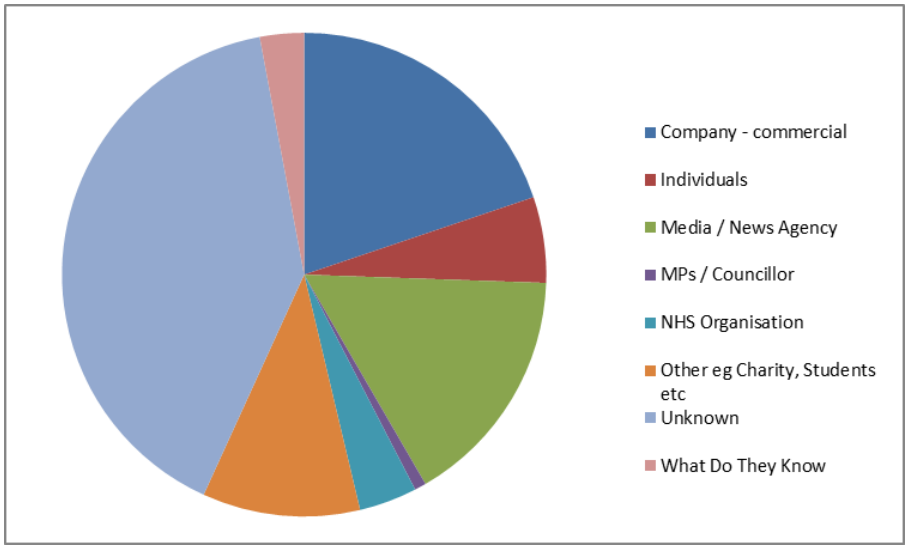
Responses within statutory deadline
The Trust is required to respond to all FOI requests within 20 working days. A total of 105 (16%) were responded past the deadline. It should be noted this is an improvement on performance during 2017 which was 19% (and 25% in 2016).

	Total FOIs received in month	FOIs exceeded Deadline
January	60	21
February	62	9
March	52	5
April	56	3
May	62	10
June	47	6

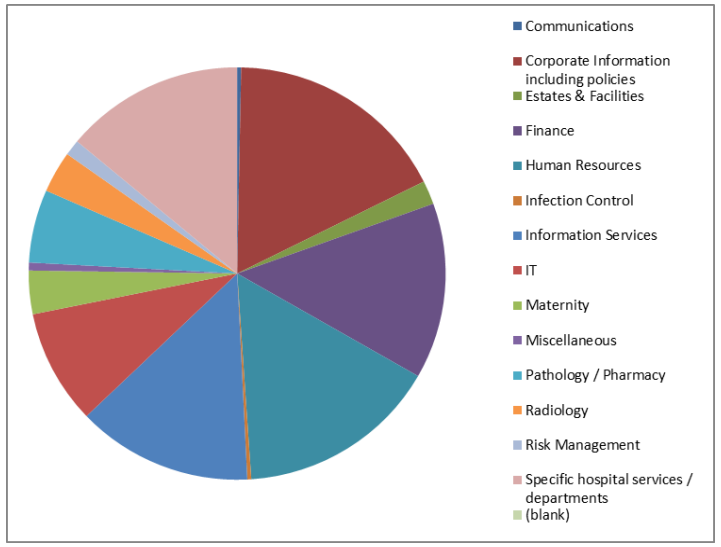
	Total FOIs received in month	FOIs exceeded Deadline
July	70	7
August	65	10
September	41	9
October	49	12
November	51	6
December	31	7
Total	**646**	**105**



Category of requestor
The source or category of requestor is recorded by the Trust, and was as follows during 2018.



Topic of data requested
The type of data requested is recorded by the Trust, and was as follows during 2018.



Exemptions
Exemptions were applied to 131 FOI requests, of these the exmptions applied most frequently were as follows:

Section	Exemption	Total applied during 2018
12	Requests where the cost of compliance exceeds the appropriate limit	19
21	Information reasonably accessible to the applicant by other means	17
40	Personal information	14
40(2)	Low numbers	62

Complaints and Appeals

During the year the Trust received a total of eleven complaints or appeals regarding information the Trust provided under the FOIA. In accordance with the Trust's FOI Policy these cases were reviewed by Mr Paul Nicholas, Deputy Director of Performance and Informatics/Data Protection Officer. Mr Nicholas upheld the Trust's initial response in all but one of the eleven cases.

Three formal complaints were referred to the ICO by requestors during the year and, following rulings by the Information Commissioner, the Trust took action to comply with the ICO's recommendation.

Publication Scheme

In October 2017 the Trust refreshed the Publication Scheme which is available on the Trust's website. The Publication Scheme mirrors the ICO requirements for NHS Trusts. It is available to view at: https://www.hdft.nhs.uk/freedom-of-information/publication-scheme-2/

Conclusion

The Trust has put in place robust procedures for receiving, processing and responding to requests made under the FOIA. The Trust is compliant with the ICO's requirements regarding the Publication Scheme.

The Board of Directors is requested to note that the gathering of information by Trust staff, at all levels, imposes a significant additional workload on increasingly busy clinical and non-clinical staff. The continued increase in the number and complexity of requests received has influenced the Trust's failure to respond to 16% of requests within the 20 working day deadline, although this figure continues the downward trend in late responses (2017: 19%) seen over the last three years.

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