

COUNCIL OF GOVERNORS' MEETING

A meeting of the Harrogate and District NHS Foundation Trust Council of Governors will take place on Wednesday 1 May 2019 in the Ballroom at the Harrogate Masonic Hall, Station Avenue, Harrogate, HG1 5NE

Start: 5.45pm Finish: 8.00pm

(Private discussion for Governors and the Board will commence at 5.00pm)

		AGENDA		
Time	Item No.	Item	Lead	Paper No.
In memory of Rosemary Marsh, Public Governor				
5.45	1.0	Welcome and apologies for absence <i>Welcome to the public, set the context of the meeting and receive any apologies for absence.</i>	Mrs Angela Schofield, Chairman	-
5.45	2.0	Declarations of Interest <i>To declare any interests relevant to the agenda and to receive any changes to the register of interests</i>	Mrs Angela Schofield, Chairman	2.0
5.50	3.0	Minutes of the meeting held on 26 January 2019 <i>To review and approve the minutes</i>	Mrs Angela Schofield, Chairman	3.0
5.55	4.0	Matters arising and review Action Log <i>To receive updates on progress of actions</i>	Mrs Angela Schofield, Chairman	4.0
6.00	5.0	Chairman's verbal update on key issues <i>To receive the verbal update for consideration</i>	Mrs Angela Schofield, Chairman	-
6.15	6.0	Timetable for Non-Executive Director Appointments <i>To receive for information and decision</i>	Mr Andrew Forsyth, Interim Company Secretary	6.0
6.20	7.0	Quality Priorities for 2019/20 <i>To receive the report for comment</i>	Mrs Jill Foster, Chief Nurse	7.0
6.25	8.0	Presentation – Strategic Plan Development	Mr Richard Stiff, Non-Executive Director and Chair of Strategic Plan Task & Finish Group Mr Jonathan Coulter, Deputy Chief Executive/Director of Finance	8.0 - Pr

You matter most

Time	Item No.	Item	Lead	Paper No.
6.40	9.0	Chief Executive's Strategic and Operational Update, including Integrated Board Report <i>To receive the update and report for comment</i>	Mr Steve Russell, Chief Executive	9.0 - Pr
6.55 pm – 7.05 – Break				
7.05	10.0	Update on the Quality Committee <i>To receive and respond to questions from the floor</i>	Mrs Laura Robson, Non-Executive Director	-
7.10	11.0	Question and Answer Session for Governors and members of the public <i>To receive and respond to questions from the floor</i>	Mrs Angela Schofield, Chairman	-
7.50	12.0	Any other relevant business not included on the agenda <i>By permission of the Chairman</i>	Mrs Angela Schofield, Chairman	-
7.55	13.0	Member Evaluation	Mrs Angela Schofield, Chairman	-
8.00	14.0	Close of meeting	Mrs Angela Schofield, Chairman	-

Date and time of next meeting – Wednesday, 7 August 2019 at 5.15 pm (public meeting commences at 5.45 pm). Venue to be confirmed.

You matter most

COUNCIL OF GOVERNORS DECLARATION OF INTERESTS

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

Name	Governor Status	Interests Declared	
Mrs Angela Schofield	Chairman	A position of Authority in a charity or voluntary organisation in the field of health and social care	Volunteer with Helping Older People (charity).
Dr Pamela Bagley	Stakeholder	Any connection with a voluntary or other organisation contracting for NHS services Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS Foundation Trust, including but not limited to, lenders or banks	Dean – Faculty of Health Studies, University of Bradford. Education services to NHS staff including HDFT student placements within HDFT. The Trust provides placements for University of Bradford students but this is financed through Health Education England
Mr Ian Barlow	Public elected	Other	Owner of non-profit website 'Harrogate Guide'
Mr John Batt	Public Elected	Other	Member of the Conservative Party

1 (updated May 2019)

You matter most

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

2 (updated May 2019)

You matter most

Name	Governor Status	Interests Declared	
Dr Sheila Fisher	Public elected	Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies) Other	Governor (by definition a Director) of Bolton School Ltd Member of the Trial Steering Group for two studies funded by the National Institute for Health Research
Ms Carolyn Heaney	Stakeholder	A position of Authority in a charity or voluntary organisation in the field of health and social care Other	Previous Trustee of the MS Society. Volunteer member of its Policy Reference Group Independent Trustee of the ASDA Foundation. Community Governor of Rossett Academy School in Harrogate Employed by the Association of the British Pharmaceutical Industry (ABPI) as NHS Engagement Partner, North and Supporting NHS System Transformation and Medicines Optimisation Lead
Mrs Pat Jones	Public elected		NONE
Mr Neil Lauber	Staff elected		NONE
Mrs Mikalie Lord	Staff elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Covance Clinical and Periapproval Services Ltd
Cllr John Mann	Stakeholder	Position of authority in a local council or Local Authority	Harrogate Borough Council Councillor for Pannal North Yorkshire County Council for Harrogate Central

3 (updated May 2019)

You matter most

Name	Governor Status	Interests Declared	
Cllr Samantha Mearns	Stakeholder	Position of authority in a local council or Local Authority Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Councillor – Harrogate Borough Council Councillor – Knaresborough Town Council Self-employed consultant to Stockwell Road Surgery, Knaresborough
Dr Christopher Mitchell	Public elected	NONE	
Mrs Helen Stewart	Staff elected	AWAITED	
Mr Steve Treece	Public elected	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Employee of NHS Digital (trading name of the Health and Social Care Information Centre, an arms length body of the Department of Health and Social Care).

4 (updated May 2019)


 You matter most

Council of Governors' Meeting

Minutes of the public Council of Governors' meeting held on 26 January 2019 at 10:00 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
Dr Pam Bagley, Stakeholder Governor
Mr John Batt, Public Governor
Mrs Cath Clelland, Public Governor
Mrs Angie Colvin, Corporate Affairs and Membership Manager
Mr Jonathan Coulter, Deputy Chief Executive/Finance Director
Mr Martin Dennys, Public Governor
Mr Tony Doveston, Public Governor
Miss Sue Eddleston, Public Governor
Dr Sheila Fisher, Public Governor
Mr Andrew Forsyth, Interim Company Secretary
Mrs Jill Foster, Chief Nurse
Ms Carolyn Heaney, Stakeholder Governor
Mrs Rosemary Marsh, Public Governor
Cllr Samantha Mearns, Stakeholder Governor
Mrs Laura Robson, Non-Executive Director
Mr Richard Stiff, Non-Executive Director
Mrs Maureen Taylor, Non-Executive Director
Mr Chris Thompson, Non-Executive Director
Dr Ros Tolcher, Chief Executive
Mr Steve Treece, Public Governor
Mrs Lesley Webster, Non-Executive Director

In attendance: 6 members of the public

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.

She introduced Mr Batt and Mr Dennys to their first Council meeting as newly elected public Governors.

Mrs Schofield was also pleased to introduce Mr Steve Russell, who would be taking over from Dr Tolcher as Chief Executive for the Trust from 1 April.

Apologies were received from Mrs Sarah Armstrong, Non-Executive Director, Mr Ian Barlow, Public Governor, Mr Robert Cowans, Public Governor, Ms Clare Cressey, Stakeholder Governor, Mrs Emma Edgar, Staff Governor, Mrs Pat Jones, Public Governor, Mr Neil Lauber, Staff Governor, Mrs Mikalie Lord, Staff Governor, Cllr John Mann, Stakeholder Governor, Dr Christopher Mitchell, Public Governor, and Mrs Helen Stewart, Staff Governor.

It was noted that on this occasion, there were no Staff Governors present; however this was unusual for such a meeting.

Mr Forsyth would be taking photographs during the meeting to use for promotional purposes.

2. Declarations of Interest

There were no further declarations of interest in addition to paper 2 and Governors were reminded of their obligation to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

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.

3. Minutes of the last meeting held on 7 November 2018

The minutes of the last meeting held on 7 November 2018 were agreed as a true and accurate record.

3.1 Minutes of the Annual Members' Meeting held on 3 September 2018

The minutes of the Annual Members' Meeting held on 3 September 2018 were agreed as a true and accurate record subject to the following amendment:

Item 4, page 3, second paragraph, Carolyn Heaney had been referred to as Caroline Heaney in error.

4. Matters arising and review of action log

Dr Tolcher summarised an update from Ms Wilkinson regarding the recruitment process highlighted at the last Council of Governors' meeting. Development and improvement work was underway including a Rapid Process Improvement Workshop scheduled to take place week commencing 18 February. The ambition would be to reduce the overall time of the recruitment process, from advert to commencement in post, from 77 to 60 days, and reduce the time of specific stages in the process including pre-employment checks. Data was being collected from current vacancies

to identify potential areas of inefficiency, delay or opportunities for improvement. A selection of new starters and recruitment managers were also being surveyed to ensure feedback from both candidates and staff was being incorporated into future improvements.

There were no further matters arising.

5. Chairman's verbal update

Mrs Schofield thanked Mrs Foster and Mr Coulter for attending the meeting on behalf of Executive Directors. In addition to the two new public Governors introduced earlier, Mrs Schofield confirmed that Mrs Helen Stewart, Ward Manager from Granby Ward had been elected as the new Staff Governor for Nursing and Midwifery; however she was unable to attend that day. Mrs Schofield reminded the Council about the vacancy for a Staff Governor for Medical Practitioners and the Trust would be looking to fill this position in the spring By-Election.

The Governor Working Group for Membership Development and Engagement had discussed the arrangements for the 2019 Annual Members' Meeting (AMM) and proposed this would be held on 24 July. As a member of the group, Ms Allen clarified that the AMM should be convened within a reasonable timescale after the end of the financial year. Mr Forsyth also commented that the timing of the AMM was dependent on the Annual Report and Accounts being laid before Parliament before the summer recess. He was confident that this would have occurred before the proposed date.

Mrs Schofield referred to the recent Medicine for Members' event about the new state of the art SPECT CT scanner in the radiology department. The next event would be held in March and would focus on nutrition. Mrs Marsh was happy to see a group of students at the event from Ripon Grammar School. Miss Eddleston was also pleased that students were given the opportunity to speak to the consultants after the event to ask more questions.

Since the last meeting, Mrs Schofield confirmed that a group of Governors had attended a joint core skills training day in December run by NHS Providers with Governors from York Teaching Hospital NHS Foundation Trust. She thanked those Governors who had attended and hoped they had found the day useful. The aim would be to share learning with all Governors and identify any specific areas to follow up.

Mrs Schofield summarised the meeting agenda and looked forward to hearing from Dr Tolcher who would be presenting key areas from the NHS 10 Year Plan.

Mrs Schofield highlighted the work of the Youth Forum and confirmed that a paper on the Hopes for Healthcare would be received at the Board meeting the following week. There would be a further meeting scheduled in March for the Youth Forum to meet with the Board to formally launch their work and discuss how their 'Hopes' become a reality across the organisation. A huge thank you to all the young people in the Youth Forum for their dedication to such a valuable project.

Finally, Mrs Schofield paid tribute to Dr Tolcher as this would be her last Council of Governors' meeting before she retired at the end of March. She reflected on Dr Tolcher's outstanding leadership and on behalf of the Council of Governors, thanked her and wished her well.

There were no questions for Mrs Schofield.

6. Update on Quality Report Process

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

Mrs Foster highlighted the importance of stakeholder engagement in producing the Quality Report and to determine the quality priorities for the coming year. This would involve engaging with a variety of stakeholders, including Clinical Commissioning Groups (CCGs), Healthwatch and Governors, to ensure local community representation.

Mrs Foster summarised the quality priorities for 2018/19 and asked Governors to think about areas to focus on in 2019/20. The Quality Report timetable had been circulated prior to the meeting and this included the stakeholder meeting scheduled in March and the submission of the final report at the end of May*.

Mr Thompson confirmed the Audit Committee would be reviewing the external audit plan in relation to the Quality Report at their meeting the following week. The steer from NHS Improvement (NHSI) for the local indicator this year was for external auditors to look at the Summary Hospital-level Mortality Indicator (SHMI); this is the report on mortality at trust level across the NHS in England using a standard and transparent methodology.

There were no questions for Mrs Foster.

7. Audit Committee Terms of Reference

Mr Thompson referred to the Audit Committee Terms of Reference circulated prior to the meeting and confirmed that Governors were being consulted on this document as required by the NHS Foundation Trust Code of Governance. Next steps would be to discuss the document at Audit Committee meeting the following week and then submit to the Board meeting for final sign off.

There were no comments from Governors on the proposed amendments to the Terms of Reference.

8. Presentation – The NHS 10 Year Plan (www.longtermplan.nhs.uk)

Dr Tolcher presented a summary of The NHS 10 Year Plan highlighting the three overriding ambitions to:

- Making sure everyone gets the best start in life.
- Delivering world-class care for major health problems.
- Supporting people to age well.

Dr Tolcher reflected on everyone having a personal investment in these goals. She referred to the Trust being the largest provider of community children's services in England and highlighted the recognitions and awards the Trust had received from The Baby Friendly Initiative, set up by UNICEF, for the Growing Healthy North Yorkshire 0-5 Health Visiting services, the Growing Healthy 0-5 Health Visiting services in County Durham and Darlington and Harrogate District Hospital's Maternity and Special Care Baby Unit.

She talked through the detailed requirements of each of the three ambitions summarised on her slides and referred to the challenges these would bring, opportunities to make further improvements, and further plans required to meet demand such as an increase in diagnostics to provide better screening programmes.

The six chapters of The NHS Long Term Plan set out:

1. How the NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
2. New, funded, action the NHS will take to strengthen its contribution to prevention and health inequalities.
3. The NHS's priorities for care quality and outcomes improvement for the decade ahead.
4. How current workforce pressures will be tackled, and staff supported.
5. A wide-ranging and funded programme to upgrade technology and digitally enabled care across the NHS.
6. How the 3.4% five year NHS funding settlement will help put the NHS back onto a sustainable financial path.

Dr Tolcher summarised each chapter in more detail and highlighted areas of focus for the Trust.

A new service model for the 21st Century included digitally enabled primary and outpatient care, reducing pressure on emergency hospital services and a focus on population health via Integrated Care Systems.

Further action on prevention and health inequalities with a change in the funding formula to improve support for people with learning disabilities.

Further progress on care quality and outcomes; by 2028 the Plan commits to dramatically improve cancer survival, partly by increasing the proportion of cancers diagnosed early, from a half to three quarters.

NHS staff will get the backing they need; a focus on continuing to increase the NHS workforce and make the NHS a better place to work. Julian Hartley, Chief Executive of Leeds Teaching Hospitals NHS Trust, will lead the development of the new workforce implementation plan for the NHS.

Referring to the fifth chapter, digital enabled care, Dr Tolcher highlighted a question raised by Governors – how does the Trust plan to use technology in patient care? She confirmed the Trust was already doing a huge amount around the effective use of technology and would talk more about this in her next presentation.

Taxpayers' money – Dr Tolcher summarised plans to continue to drive efficiencies including the NHS to return to financial balance, a reduction in unjustified variation in performance and better use of capital investment and its existing assets to drive transformation. The Model Hospital, a digital information service designed to help NHS providers to improve their productivity and efficiency, would be used for benchmarking and Dr Tolcher would provide further details and snap shots of such data in her next presentation.

Moving on to what all this means for HDFT services, Dr Tolcher talked about how the Plan would shape the Trust's emerging proposals on community services and how an expanded community workforce would be required in addition to workforce and infrastructure changes to meet the ambition to drive up same day emergency care. There was ongoing work required in maternity services and diagnostic and workforce capacity to meet the goals and demands around cancer services.

What does all this mean for HDFT finances? Dr Tolcher quoted the Plan, that the local NHS would receive sufficient funds over the next five years to grow the amount of planned surgery year on year, to cut long waits and reduce the waiting list. Dr Tolcher stated that with the right leadership and collaboration she felt optimistic about this statement.

Dr Tolcher's final slide confirmed that local plans for 2019/20 would be published in April 2019 and the West Yorkshire and Harrogate Integrated Care System (WYH ICS) five-year plan would be published by autumn 2019.

Mrs Schofield thanked Dr Tolcher for her informative summary and opened up the floor for questions.

In response to Mr Batt, Mrs Schofield confirmed that Dr Tolcher's slides would be uploaded to the website along with the agenda and papers for the meeting.

Mrs Clelland asked if local plans would be benchmarked against the NHS Long Term Plan. Dr Tolcher confirmed that plans with key milestones and deliverables would reflect the Plan such as the WYH ICS plan. Mr Stiff was leading a task and finish group working on the Trust's five-year strategic plan; the Plan would form part of the framework and the engagement plan would include Governors and members of the public.

Mr Doveston asked how the national inequality issues would be tackled. Dr Tolcher acknowledged there were health inequalities including pockets of deprivation and rural communities across the Trust's catchment population area and this was an ongoing challenge. NHS England would continue to target a higher share of funding for Commissioners towards geographies with high health inequalities. Dr Tolcher acknowledged that services must be designed to reach the people who need them.

There were no further questions for Dr Tolcher.

Dr Tolcher's slides would be made available on the Trust website - slides are available on the Trust's website at <https://www.hdft.nhs.uk/about/council-of-governors/governors-meetings/>

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

Dr Tolcher presented the following headlines:

Operational Performance

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

Dr Tolcher's first slide demonstrated the Q3 (October to December 2018) operational performance position; key messages included referral to treatment times remained below the 92% standard and this was in line with the national picture that the NHS was finding it hard to sustain key performance indicators. The Accident and Emergency (A&E) 4-hour standard continued to drop however the overall year to date position was 94.4%, just below the standard of 95%. To put the position in to context, Dr Tolcher added that Emergency Department attendances were 4.8% higher than the same period last year.

The next two slides provided the A&E 4 hour standard national distribution and the 18-week Referral to Treatment standard national distribution taken from the Model Hospital data referred to earlier in the meeting. Trusts could use the tools provided on the Model Hospital website to dive deeper into their data and compare with peers to understand what good looked like and identify areas for improvement.

Dr Tolcher summarised both slides highlighting the fact that the Trust was positioned top nationally in relation to the A&E target for a couple of days in January however the overall performance remained at red. She assured Governors that the Trust was doing its very best by keeping patients safe and there had been no incidences of any delays causing harm to patients. The Trust had undertaken the 'Every Hour Matters' initiative in the first two weeks of January which had been extremely successful. The initiative was Harrogate and District's system response to challenge and aims to prioritise acute work in order to recover rapidly from the impact of the two long bank holidays at Christmas and New Year.

Moving to Community Children's Services, Dr Tolcher was delighted to report that performance remained very strong.

In relation to Q3 finances, the current position showed a deficit of £687,000 following receipt of national funding. Cash remained a concern leaving minimal capital investment opportunities. Dr Tolcher summarised a number of incentives for the Trust to meet the financial plan agreed at the start of the year; everything was being done to secure a further £1m incentive funding at year end.

News and current issues

Dr Tolcher highlighted several points of news including a recent outbreak of flu affecting patients and staff in addition to winter pressures. The CQC inspection report was still awaited.

As mentioned earlier in the meeting, following a question about technology, Dr Tolcher was pleased to report there was lots going on. She provided examples of how the Trust had been using technology to support patient care for a long time and confirmed ambitious plans for the future. Examples included electronic prescribing; the Trust had been an early adopter of this initiative. Other examples included the pharmacy robot, mobile/agile working in community children's services, digital voice recognition reports/letters and electronic test requests and reporting. Ongoing projects and future plans included a radiology imaging collaborative meaning that trusts in the system would be using the same digital technology allowing shared access to imaging, electronic patient record, hospital at night and digital bed management.

Dr Tolcher summarised her slide regarding the Trust's EU Exit planning group which consisted of colleagues from procurement, human resources and pharmacy to understand the foreseeable impact of Brexit, in particular a 'no-deal' scenario. She assured Governors that the Trust was doing everything it could to understand and mitigate any risks.

As referred to earlier, Dr Tolcher went on to talk about the CQC inspection which had taken place in November and the Well Led Review in December 2018. The outcome was still awaited however Dr Tolcher wanted to share some of the comments received from inspectors following the inspection. They confirmed the inspection was a very positive experience, staff were brilliant and there was an overwhelmingly patient-centred culture across the organisation. It was acknowledged that work in some areas was in progress and there were some inequalities, in particular reported by black, Asian and minority ethnic (BAME) staff via the Staff Survey. Action plans were shared with the CQC, including the ambition for diversity on the Board and Council of Governors. The draft report was expected to be received by the Trust the following week for factual accuracy before being published in March.

Dr Tolcher was proud to report that about 30 colleagues had signed up to be 'Fairness Champions' to support the fair and just culture across the organisation. The Trust and HIF had also signed the 'Time to Change' pledge to raise awareness of mental health; Mrs Schofield, Chairman and Mr Sturdy, Managing Director of HIF were pictured on Dr Tolcher's slide with their signed pledge.

Before moving on to key risks, Dr Tolcher highlighted the generosity of the public who had donated to Harrogate Hospital and Community Charity and picked out examples of donation schemes resulting in a new family support room on Byland Ward and a new nuclear medicine gamma scanner.

Key Risks

Dr Tolcher summarised the top scoring strategic and operational risks for the Trust; key to some of these risks were financial constraints as discussed earlier in the presentation.

Before moving to questions, this was Dr Tolcher's last public Council of Governors' meeting before she retired at the end of March. She wished to record her thanks to Governors for their support and commitment, and for their challenge in helping to drive forward continuous improvement and high quality patient care.

Mrs Schofield thanked Dr Tolcher for her last presentation and opened up the floor for questions.

Mr Dennys commented that it was helpful to see the IBR. He asked for more details in terms of A&E and RTT challenges, and the fact that if the Trust didn't reach the national standards, the provider sustainability funding (PSF) would not be received; what actions were being taken?

Dr Tolcher explained that annual financial targets must be achieved to unlock access to national funding and other financial benefits. For the Trust, funding of around £4m was at stake over the current financial year; 70% related to financial planning and 30% related to the Emergency Department national standard. As quoted earlier, year to date, the Trust was achieving 94.4% for the A&E 4-hour standard, slightly below the national target of 95% - if 95% was reached by the end of March the Trust would receive £1.2m for the full year. Dr Tolcher explained the Trust had not received any funding to date as each quarter the required standard had not been met. There would be another 'Every Hour Matters' week in the last week of February to optimise the best possible outcome. In terms of financial planning there were a number of technicalities that would determine the outcome, but Dr Tolcher described that for every pound the Trust exceeded our plan, we would receive funding to match.

Mrs Taylor added that the Resources Committee would be meeting the following week. She was assured that the Trust had met the control total in Q3 and was positive about the end of year financial plan.

Mr Coulter also commented on the risks the Trust faced in the last quarter such as winter pressures and costs related to the recent clinical waste issue however, he echoed Mrs Taylor's comments that the operational budget and the situation had improved.

In response to Dr Fisher's comments about the patient safety domain in the IBR, Dr Tolcher confirmed the three key performance indicators were the safety thermometer, falls and incidents. Senior Management Team continued to keep a close eye on the detail within the IBR and overall trends had gone down. Mrs Foster added that falls had increased and were reported as higher than average but in December there were no falls resulting in a fracture and overall there had been a 3% reduction in falls compared with last year.

Dr Fisher also referred to section 3, the caring domain, and whilst this particular area was normally very good she had noticed a reduced percentage in the Friends and Family Test results. Dr Tolcher summarised these results and explained that, following a careful assessment of the results, and as described in the narrative on the IBR, the results reflected an issue around the GP out of hours service; this was being followed-up in order to drive improvements. Dr Tolcher also highlighted page 19, benchmarking information, enabling the Trust to compare our services with others rated as outstanding by the CQC.

Mrs Clelland thanked Dr Tolcher for both presentations which she found most informative. She noted the Trusts position in regard to mental health services and the challenge in the face of funding cuts. She asked whether the Local Authority were similarly committed to financially supporting mental health needs in the Harrogate area.

Dr Tolcher clarified that mental health services were commissioned by the CCGs and provided by Tees, Esk and Wear Valleys NHS Foundation Trust. She confirmed there was a very positive and supportive relationship however acknowledged the debate over investment versus demand. Dr Tolcher described the high demand for mental health services in the Harrogate area in comparison with some other areas and acknowledged that it was not always easy for patients to navigate the system. The need to focus on this area was reflected in the NHS Long Term Plan.

Mrs Schofield thanked everyone for a helpful discussion regarding both Dr Tolcher's presentations.

There were no further questions for Dr Tolcher.

Dr Tolcher's slides would be made available on the Trust's website - slides are available on the Trust's website at <https://www.hdft.nhs.uk/about/council-of-governors/governors-meetings/>

10. Update from Senior Independent Director

Mrs Webster summarised the role of the Senior Independent Director (SID) which she had taken up recently; Mr Ward had been the previous SID until he left the Trust at the end of September 2018.

The role of SID was in addition to her existing role as Non-Executive Director and she was also a member of the Resources Committee and Audit Committee. She had stepped down as Chair of the Quality Committee which was now being chaired by Ms Robson.

She provided some background to the role of SID; a role which first developed in 2006. Mrs Webster highlighted some key responsibilities from the role description including being available to staff and to Governors if they had concerns which contact through the usual channels such as the Chairman and Chief Executive had failed to resolve or where it would be inappropriate to use such channels.

There may be situations where the SID might intervene however this would not be in respect of trivial or inappropriate matters.

The SID would maintain regular contact with the Council of Governors and attend regular meetings including the public meetings and the bi-annual Board to Board. The SID would also carry out the appraisal of the Chairman on behalf of the Council of Governors, working closely with the Deputy Chair of Governors.

The SID also supported the Chairman and acts as a sounding Board and source of advice.

In the first month of her new role as SID, Mrs Webster met with Dr Wood, the Freedom to Speak Up Guardian, to determine her responsibility in line with the Speaking Up Policy.

Mrs Webster would be meeting with Ms Allen and Mrs Schofield the following week to review the Non-Executive Director appraisal process.

There were no questions for Mrs Webster.

Mrs Schofield thanked Mrs Webster for her informative update.

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 Clelland, Public Governor, had submitted the following question which had been raised with her from a member in the Rest of North Yorkshire and York catchment area:

“What is the Trust’s plan to replace the old wheelchairs which are difficult to push in a forward direction?”

In response, Mr Coulter confirmed there were approximately 59 of these specific wheelchairs and a key part of their design was for them to be pulled rather than pushed. He explained the reasons behind this were for patient safety; the person pulling the chair would meet an obstacle before the person who was sat in the chair. He confirmed the chairs were replaced when needed, and were maintained as designed.

Mrs Clelland commented that she had never seen this style of wheelchair in other hospitals.

Mrs Webster echoed Mr Coulter’s comments and provided additional background confirming they were designed as porters’ chairs. She acknowledged they could be difficult to manoeuvre and felt there weren’t many suitable alternatives. She assured Governors that porters would be happy to assist patients if requested and acknowledged that instructions on how to use the wheelchairs and how to seek help could be improved. Dr Tolcher suggested the Trust could look again at alternative models but agreed that better signage about seeking help and instructions to confirm they are meant to be pulled could be actioned.

Miss Eddleston commented that the person sitting in the chair had no control of what was happening to them.

Mrs Schofield thanked Mrs Clelland for raising this on behalf of a member of the Trust.

Actions:

- **Look at alternative wheelchair models.**

- **Signage for wheelchair use.**

Mr Newton, member of the public, raised the following issues:

“As a member of the public residing in Ripon I use services at Ripon Community Hospital. Outpatients department is located on the first floor, the building is old fashioned, the lift has two sliding doors and I am unable to reach the button inside of the lift as I am a wheelchair user. It is fine whilst the receptionist is present and can help otherwise I have to wait until someone is going past and I can ask for help?”

Mrs Schofield thanked Mr Newton for his comments; similar issues at Ripon had been raised previously by Governors over the last few meetings.

In response, firstly Dr Tolcher apologised on behalf of the Trust for the difficulties Mr Newton and others were experiencing. She acknowledged there had been a breakdown in communication. She agreed that Ripon Community Hospital was an old building which resulted in challenges logistically. The lift did not comply with the Equality Act 2010 and, although it could not be changed, there was a requirement to provide reasonable adjustments in order that people could access the appropriate services. She confirmed that clearer signage had been actioned so people could be signposted to the receptionist or staff in the Minor Injuries Unit, who would be able to assist. Dr Tolcher also confirmed that a phone would be installed in reception for people to use to seek assistance.

Mr Newton also talked about issues he had when he needed to attend the hospital to pick up a splint. Dr Tolcher apologised for his inconvenience and confirmed she would look into this with the appropriate Directorate in order to action a solution for the future.

Mrs Clelland asked why splints could not be sent to patients in the post. Dr Tolcher confirmed this issue would be looked into and Mr Newton would be contacted outside of this meeting as soon as possible.

Mrs Schofield thanked Mr Newton for raising these issues and for attending the meeting; she confirmed that the care we provided was of paramount importance and we would always seek to make improvements to improve both the quality of care and experience for the patient.

Miss Eddleston added a comment that she had been informed that week the reception had been open Monday to Friday, 9am through until 2pm and that clear signage would be made but the phone was yet to be connected.

Action:

- **Dr Tolcher would follow-up the issues with collecting splints for Mr Newton.**

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

“Can you give us assurance that the café on the ground floor at Harrogate Hospital is generating the optimum amount of revenue for the Trust and

servicing patient and visitor's needs? Can you also confirm if the café will be extending the hours of opening?"

In addition to his question, Mr Doveston mentioned that the café had closed at 3.30pm the previous day and the fridge containing food had disappeared.

Mrs Schofield confirmed that this service was provided by HIF and therefore asked Mr Coulter to respond.

Mr Coulter confirmed that HIF was considering a business case regarding the café in the near future. A pilot was underway to see if it was viable for the café to be open until 6.30pm and at weekends so he was unsure why it would have closed at 3.30pm the previous day. The café was being run by HIF staff. Mr Coulter was also unaware of the situation with the fridge.

A further conversation followed about the fridge and the café closing early and Mr Coulter agreed to pass this back to Mr Harrison following the meeting.

Action:

- **Follow-up the concerns in relation to the fridge and the café closing early.**

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

"Can we have an update on plans to upgrade Harrogate Hospital entrance? The current image is looking tired and dated. Could there be small changes made to phase the overall upgrade?"

Mr Coulter confirmed there were draft plans to make improvement to the front entrance; some of the work had been done including the entrance to the Emergency Department and the Patient Experience Team information screens. There were plans to do more however, there were constraints on resources to complete the work and clinical equipment was higher on the priority list.

Dr Fisher commented on the recent work around the experience for bereaved families and asked that consideration was factored in to any future plans regarding how bereaved families were welcomed when they arrive at the hospital.

Dr Tolcher clarified that a private room had been made available in the main entrance for General Office staff to see bereaved families when they were picking up death certificates. Viewing was held in the mortuary and bereaved families would be met and supported to this viewing area which had been refurbished.

Dr Fisher had taken part in a mini CQC visit to see where people waited when they arrived through the front door. It had been reported that people were left sitting in the main reception area and office space had been suggested. In response, Dr Tolcher echoed what she had already reported but would need to check how the process was communicated.

Mrs Clelland asked for clarification on why there was a further delay in response to questions submitted. She used the example of the question about the cafe which

had been submitted several weeks prior to the meeting yet the response received today was that the issue would be passed to Mr Harrison.

Dr Tolcher referred to Mr Coulter's earlier comments and confirmed the business case was being worked through including the consideration of facilities being made available at weekends and later in the day.

Mrs Schofield apologised for not being able to provide a clearer response than this at this time; there would be times at meetings when the team present would not be able to respond to additional queries in relation to the submitted question.

Ms Allen, Public Governor, had submitted the following question:

"Has the Trust received any more feedback from the Care Quality Commission (CQC) following their inspection? What is the process for any actions to be addressed?"

Ms Allen confirmed that her question had been covered by Dr Tolcher's presentation.

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

"What assurance can the NEDs give us that the Clinical Commissioning Group (CCG) Board fully appreciates the financial situation that they are creating for the Trust?"

As Chair of the Resources Committee, Mrs Taylor responded by stating the CCG were aware but acknowledged that the two organisations were in a different position. There was an understanding however that whilst the two organisations were not always in agreement, they continued to have discussions to reach the best outcome.

Mr Coulter confirmed that financial information was submitted every month to NHSI and copied to the CCG. The principle was to work together to strive for joint financial and clinical sustainability.

Mrs Schofield referred to the meetings that she and Dr Tolcher had attended with the CCG. Non-Executive Directors from the Trust had met with CCG Lay Members to focus on relationships and financial issues.

Mrs Webster clarified that the meetings with the CCG contained some challenges yet discussions were productive.

There were no further questions.

12. Any other relevant business not included on the agenda

Mrs Clelland requested that best wishes were sent to a fellow Governor on behalf of the Council. Mrs Schofield thanked Mrs Clelland and agreed that she and Ms Allen would action this.

Ms Allen thanked everyone for their contribution to the meeting and she welcomed Mr Russell who was in attendance.

On behalf of the Council she thanked Dr Tolcher for her wonderful leadership and presented her with flowers wishing her all the very best for the future.

In response, Dr Tolcher thanked everyone for her flowers and to Ms Allen for her kind words; she added that it was a privilege working with Governors who volunteered their time and commitment to the organisation, and people who use its services.

13. Member Evaluation

Mrs Schofield sought views about the meeting.

In general comments about the meeting were positive. The air conditioning was noisy and Mr Batt stated that the hearing loop was not working. Mrs Colvin agreed to feed this back to her contact at the Council.

Mr Treece felt a little detached from the members of public who were sat at the back of the room.

Dr Fisher stated that it was really good to have time for questions; she asked for items that could not be resolved in the meeting to be reflected in the agenda next time.

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 Wednesday, 1 May 2019 at 5.45 – 8.00pm (to note, the private meeting would take place at 5 – 5.45pm), venue to be confirmed.

* Post meeting note – it had been agreed by Mrs Foster and Dr Wood to seek feedback from stakeholders via email rather than hold a meeting to discuss the Trust's quality work and the quality improvement priorities to be highlighted in the Quality Report for the coming year. Such meetings in previous years had been poorly attended and it was considered that an email would allow more stakeholders to comment.

Paper 4.0



HDFT Council of Governor Meeting Actions Log – May 2019
Completed Actions

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date of completion	Confirm action complete
1	07.11.18	Update on the recruitment process	Angela Wilkinson, Director of Workforce and Organisational Development	26.01.19	Complete
2	26.01.19	Dr Tolcher to follow-up the issues with collecting splints for Mr Newton	Dr Tolcher, Chief Executive	04.02.19	Complete

HDFT Council of Governor Meeting Actions Log – May 2019

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

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

Ref	Meeting Date	Item Description	Director/Manager Responsible	Date due to go to Council of Governor meeting or when a confirmation of completion/progress update is required	Detail of progress
1	26.01.19	Look at alternative wheelchair models	Mr Rob Harrison, Chief Operating Officer		When wheelchairs are due for replacement
2	26.01.19	Signage for wheelchair use	Mr Rob Harrison, Chief Operating Officer	1 May 2019	
3	26.01.19	Follow-up the concerns in relation to the fridge and the café closing early	Mr Rob Harrison, Chief Operating Officer	1 May 2019	

Date of Meeting:	1 May 2019	Agenda item:	Paper 6.0								
Report to:	Council of Governors										
Title:	Timetable for Non-Executive Director Appointments										
Sponsoring Director:	Mrs Angela Schofield, Chairman										
Author(s):	Mr Andrew Forsyth, Interim Company Secretary										
Report Purpose:	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓
Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓				
Executive Summary:	Non-Executive Directors of the Trust are appointed by the Council of Governors. The task of carrying out the duties of Governors with respect to the appointment of Non-Executive Directors has been delegated to the Remuneration, Nominations and Conduct Committee. Two Non-Executive Directors have indicated that they will retire on 31 December 2019 and 29 February 2020. This paper lays out an indicative timetable for recruitment of their replacements.										
Related Trust Objectives											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
Key implications											
Risk Assessment:	None identified.										
Legal / regulatory:	The Trust is required to have a minimum of six Non-Executive Directors										
Resource:	The Trust will identify resources to allow the Committee to recruit Non-Executive Directors of appropriate standing.										
Impact Assessment:	Not applicable.										
Conflicts of Interest:	None identified.										
Reference documents:	The Trust Constitution, Articles 16.1.1.2 and 16.2										

Action Required by the Board of Directors:	
<ul style="list-style-type: none"> The Council of Governors is invited to comment on and note the proposed timetable and arrangements for the appointment of two Non-Executive Directors to fill two anticipated vacancies on the Board of Directors. The Council of Governors is invited to endorse the proposal that an election be held to fill two vacancies on the Remuneration, Nominations and Conduct Committee. 	

Timetable and process for the appointment of Non-Executive Directors

1. The Trust's Constitution requires the Board of Directors to be composed of Executive and Non-Executive Directors. It stipulates that there is to be a minimum number of six Non-Executive Directors. The next two Non-Executive Directors whose terms of office expire – in each case at the end of their second term of three years – have indicated that they do not wish to seek a third term. The responsibility for the appointment of Non-Executive Directors lies with the Council of Governors.
2. Following the decision of the Council of Governors to establish the Remuneration, Nominations and Conduct Committee, the task of carrying out the duties of Governors with respect to the appointment of Non-Executive Directors has been delegated to this Committee. The Trust Constitution requires the Committee to give consideration to succession planning for Non-Executive Directors, taking into account the future challenges, risks and opportunities facing the Trust, and the skills and expertise required to meet them, and to recommend no more than one individual for each Non-Executive Director vacancy.
3. The terms of office of the two Non-Executive Directors expire on 31 December 2019 and 29 February 2020 respectively. As was the case when two Non-Executive Directors retired previously within a relatively short period, it is proposed that a single recruitment process be established by the Committee and that two preferred candidates are selected, each for appointment at the appropriate time. The process to be followed for the recruitment is laid down in article 16.2 of the Trust Constitution.
4. On the most recent previous occasion when two Non-Executive Directors indicated that they would not seek a further term of office, the process from the first meeting of the (then) Nominations Committee to the selection of the two preferred candidates spanned a period of almost three months (January to late March). This included agreement of the Job Description and Person Specification (as agreed by the Board of Directors), advertisement, longlisting, shortlisting and interview. The interviews included sessions with focus groups and a formal interview.
5. The Council of Governors will be aware of comments in the most recent Care Quality Commission report that there was a lack of diversity at senior level, specifically BME, in the Trust. This recruitment presents an early opportunity to address this shortcoming and this will almost certainly require accessing sources of applicants which may elongate the process. It is therefore expected that the equivalent recruitment process could take up to four months to reach the preferred candidate stage; in addition, pre-employment checks may take up to six weeks.
6. The Council of Governors will need to consider at least the first of the recommended candidates at the meeting scheduled for 6 November 2019, in order that he or she can take up the role on 1 January 2020.
7. The process for recruitment of two preferred candidates for Non-Executive Director of the Trust should therefore start no later than mid-May 2019. The detailed programme and timetable for the recruitment process will be agreed by the Remuneration, Nominations and Conduct Committee.

Membership of the Remuneration, Nominations and Conduct Committee

8. The membership of the Remuneration, Nomination and Conduct Committee is defined in its Terms of Reference. The Committee will be appointed by the Council of Governors and will consist of the Chairman (subject to any conflict of interest, for example when the Committee is considering the Chairman's re-appointment or remuneration) and a minimum of five Governors, at least two being Public Governors. The quorum is any four members of the Committee.

9. The elected membership of the Committee, as at 1 May 2019, consists of:

- The Chairman
- Mr Doveston (Public Governor)
- Miss Eddleston (Public Governor)
- Ms Edgar (Staff Governor)
- Mrs Fisher (Public Governor)
- Vacancy following resignation of Ms Allen.

10. Mrs Fisher has indicated that she must resign as a Governor on 21 May 2019, following a relocation which means she is no longer resident in the constituency for which she was elected. This will leave the Committee with two vacancies.

11. As a result it is **proposed** that an election be held as soon as practicable to fill the two vacancies on the Committee. Those elected will hold the position until their term of office as a Governor expires.

12. Subsequently, for the purposes of considering the appointment of Non-Executive Directors the interview panel must include the Chairman, three Governors (at least one of whom must be a Public Governor), an independent external assessor and the Chief Executive acting in an ex-officio capacity. The external assessor and the Chief Executive will have no vote in the process. The membership of the interview panel will be determined at a later date, as part of the recruitment process.

Date of Meeting:	1 May 2019	Agenda item:	7.0								
Report to:	Council of Governors										
Title:	HDFT quality priorities for 2019/20										
Sponsoring Director:	Jill Foster, Chief Nurse										
Author(s):	Sylvia Wood, Deputy Director Governance										
Report Purpose:	<table border="1"> <tr> <td>Decision</td> <td>✓</td> <td>Discussion/ Consultation</td> <td>✓</td> <td>Assurance</td> <td>✓</td> <td>Information</td> <td>✓</td> </tr> </table>			Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓
Decision	✓	Discussion/ Consultation	✓	Assurance	✓	Information	✓				
Executive Summary:	<ul style="list-style-type: none"> We have consulted with our external stakeholders, Governors and within the Trust about the priorities for quality improvement during 2019/20. The final indicators reflect national and local priorities for improvement, current performance and objectives and will be approved by the Board of Directors. We will set targets for achievement and will monitor progress regularly at the Quality Committee. 										
Related Trust Objectives											
<table border="1"> <tr> <td>To deliver high quality care</td> <td>✓</td> <td>To work with partners to deliver integrated care:</td> <td>✓</td> <td>To ensure clinical and financial sustainability:</td> <td>✓</td> </tr> </table>				To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓		
To deliver high quality care	✓	To work with partners to deliver integrated care:	✓	To ensure clinical and financial sustainability:	✓						
Key implications											
Risk Assessment:	None identified.										
Legal / regulatory:	There is a requirement to identify quality priorities for next year in the NHS Improvement guidance: Detailed requirements for quality reports 2018/19.										
Resource:	None identified.										
Impact Assessment:	The work related to the quality priorities is expected to have a positive impact on equality and quality.										
Conflicts of Interest:	None identified.										
Reference documents:	None										
Assurance:	Baseline and progress reports will be received by Quality Committee and the results included in the quality report 2018/19.										
Action Required by the Council of Governors:											
It is recommended that the Council of Governors note the content of the report.											

PRIORITIES FOR IMPROVEMENT 2019/20

We have consulted with our external stakeholders and within the Trust about the priorities for quality improvement during 2019/20. We have considered the range of services provided by Harrogate and District NHS Foundation Trust (HDFT) including the extended range of children's community services that joined the Trust during 2018.

The final indicators reflect national and local priorities for improvement, current performance and objectives and have been discussed internally but have yet to be approved by the Board of Directors. The priorities are:

1. Embedding new reporting processes and the culture of learning from events, complaints and deaths

We will continue work to embed the new reporting processes, encouraging learning from events and increased awareness of the human factors involved in patient safety. There will be a greater focus this year on improving our responses to complaints, and ensuring learning from complaints and reviews of deaths.

2. Developing a sustainable model of acute care

We will continue work started during 2018/19 to improve the clinical model of care for acute services including:

- Increased same day assessment facilities.
- A sustainable model of acute medical input for the Medical Admissions Unit (MAU) and the Clinical Assessment Team (CAT).
- Developing a Hospital at Night model for Harrogate to support resilience and safety.
- Achieving the national target of 40% reduction in the 2017/18 baseline for long stay patients (those in hospital over 21 days) by maximising the efficiencies of the recently developed discharge pathways and improving links with the emerging Harrogate and Rural Alliance work.

3. Increasing patient and public participation in the development of services

We will be introducing and embedding the new Patient and Public Participation Strategy, and the Hopes for Healthcare across services.

4. Promoting equality and reducing inequalities in access to services and information for staff and patients

We will be clarifying the specific workstreams but will be aiming to progress work already started including:

- Ensuring consistent and effective compliance with the Accessible Information Standard.
- Guidance and staff awareness in relation to transgender patients and staff.
- Resources and staff awareness to support patients with hearing and visual impairment.

HDFT QUALITY PRIORITIES – AMBITION AND LEADS

The detail of the ambition, work plans and leads will be clarified and presented to Quality Committee in June 2019. Targets for achievement will be agreed and progress against these will be monitored regularly. The information below is the initial draft

Quality priority	Ambition	Lead/s
1. Embedding new reporting processes and the culture of learning from events, complaints and deaths	<p>We aim to be able to evidence:</p> <ul style="list-style-type: none"> Increased reporting of incidents, near misses, concerns and good practice using the new reporting processes; A “just culture” where staff speak up and report concerns in order that the organisation can learn and improve; Increasing understanding of human factors within the organisation and the role they play in patient safety; Improving our responses to complaints; Ensuring learning from complaints, events and reviews of deaths. 	<p>Andrea Leng, Head of Risk Management;</p> <p>Rebecca Wixey, Patient Safety Manager;</p> <p>Will Peat, Consultant in Anaesthetics and Critical Care and HF lead;</p> <p>Sylvia Wood, Deputy Director of Governance and Freedom to Speak Up Guardian.</p>
2. Developing a sustainable model of acute care	<p>We aim to:</p> <ul style="list-style-type: none"> Increase same day assessment facilities; Achieve a sustainable model of acute medical input for the Medical Admissions Unit (MAU) and the Clinical Assessment Team (CAT); Develop a Hospital at Night model for Harrogate to support resilience and safety; Achieve the national target of 40% reduction in the 2017/18 baseline for long stay patients (those in hospital over 21 days) by maximising the efficiencies of the recently developed discharge pathways and improving links with the emerging Harrogate and Rural Alliance work. 	<p>Mike Forster, Operational Director for Long Term and Unscheduled Care.</p>
3. Increasing patient and public participation in the development of services	<p>We aim to:</p> <ul style="list-style-type: none"> Introduce and embed the new Patient and Public Participation Strategy, and the Hopes for Healthcare across services. 	<p>Mike Forster, Operational Director for Long Term and Unscheduled Care</p> <p>Jonny Hammond, Operational Director Planned and Surgical Care</p> <p>Richard Chillery, Operational Director Children and County wide Community Care</p>

<p>4. Promoting equality and reducing inequalities in access to services and information for staff and patients</p>	<p>We aim to clarify work required to promote equality and reduce inequalities in access to services and information for staff and patients, but in particular to:</p> <ul style="list-style-type: none"> • Ensure consistent and effective compliance with the Accessible Information Standard; • Introduce guidance and staff awareness in relation to transgender patients and staff; • Introduce resources and staff awareness to support patients with hearing and visual impairment. 	<p>To be confirmed</p>
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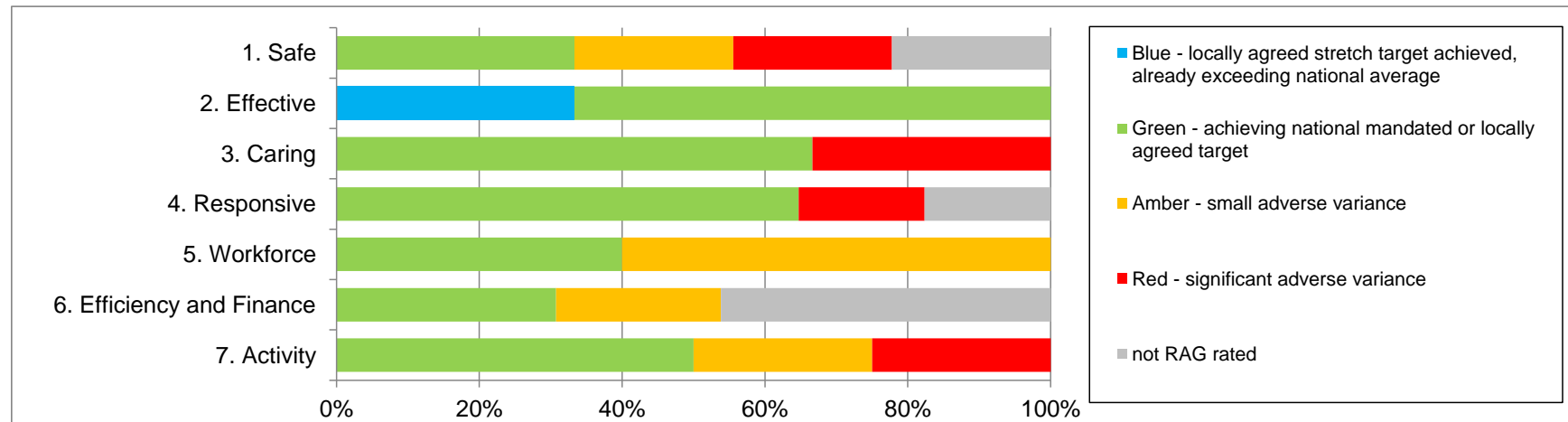


Integrated board report - March 2019


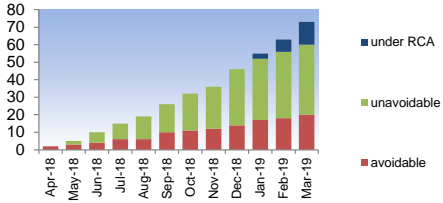

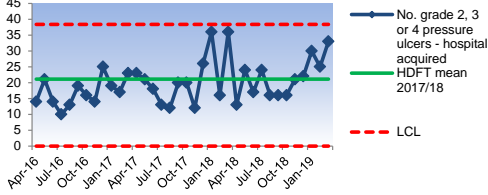

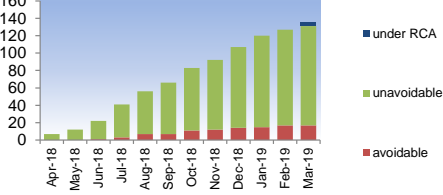

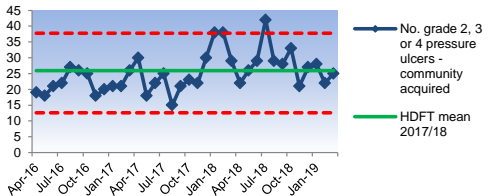
Key points this month

1. The Trust reported a surplus in March of £4,965k. This included significant benefits in relation to PSF achievement as a result of A&E performance, non recurrent non clinical income and other accounting adjustments.
2. HDFT's performance against the A&E 4-hour standard was above 95% in March at 96.3%.
3. The Trust's 18 weeks performance remained below the 92% standard in March with performance at 87.8%.
4. Provisional data indicates that all applicable cancer waiting times standards were achieved for March, with the exception of the 14 day breast symptomatic standard (79.7%). All standards were delivered for Q4 and 2018/19 with the exception of the breast symptomatic standard.
5. The harm free percentage for March was 94.6%.

Summary of indicators - current month



Section 1 - Safe - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.1a	 Pressure ulcers hospital acquired		<p>There were 10 hospital acquired unstageable or category 3 pressure ulcers reported in March, bringing the year to date total to 73 (including one category 4 hospital acquired pressure ulcer in June 2018). This is slightly higher than last year with an average of 6 per month reported in 2018/19, compared to 5 per month in 2017/18.</p> <p>For the 73 cases reported in 2018/19 to date, 20 have been assessed as avoidable, 40 as unavoidable and 13 are still under root cause analysis (RCA).</p>
1.1b	 Pressure ulcers hospital acquired		<p>The number of hospital acquired category 2-4 (or unstageable) pressure ulcers reported in March was 33, an increase of 8 compared to February (25).</p>
1.2a	 Pressure ulcers community acquired		<p>There were 8 community acquired unstageable or category 3 pressure ulcers reported in March (compared to 7 last month). There were no category 4 pressure ulcers reported. The average per month reported in 2017/18 was 12.</p> <p>For the 135 cases reported in 2018/19 to date, 17 have been assessed as avoidable, 114 as unavoidable and 4 are still under root cause analysis (RCA).</p>
1.2b	 Pressure ulcers community acquired		<p>The number of community acquired category 2-4 (or unstageable) pressure ulcers reported in March was 25, a increase of 3 from February.</p>

Section 1 - Safe - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.3	Safety Thermometer - harm free care DQ		The harm free percentage for March was 94.6%. There were 6 new pressure ulcers and 2 new VTEs reported this month.
1.4	Safety thermometer - harm free care - Community Care Teams DQ		The harm free percentage for March was 98.0%, an increase on last month and remaining above 95%.
1.5	Falls DQ		The rate of inpatient falls was 6.26 per 1,000 bed days in March, an increase on last month and higher than the average HDFT rate for 2017/18 (6.10)
1.6	Infection control DQ		There were 2 cases of hospital apportioned C. difficile reported in March, bringing the year to date total to 19. 17 of the 19 cases have had root cause analysis completed and shared with HARD CCG, and two RCAs are in process. The outcome for 16 out of 17 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.

Section 1 - Safe - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
1.7	Incidents - all DQ		The latest published national data (for the period Apr 18 - Sept 18) shows that Acute Trusts reported an average ratio of 46 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 22, an increase on the last publication but remaining in the bottom 25% of Trusts nationally. HDFT's latest local data gives a ratio of 17, a deterioration on this position. The focus going forward is to improve our incident reporting rate particularly encouraging staff to report no harm/ near miss incidents.
1.8	Incidents - SIRIs and never events DQ		There were no comprehensive SIRI reported in March. 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 99.6% in March. 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
Safer staffing

The table below summarises the average fill rate on each ward during March 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 March was 7.95 care hours per patient per day.

Section 1 - Safe - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation				
	Mar-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	96.8%	100.0%	99.2%	98.9%	4.32	2.70	7.02
Byland	88.7%	97.6%	92.3%	123.7%	2.63	3.43	6.07
CATT	98.7%	95.2%	106.5%	96.8%	5.02	2.64	7.66
Farnedale	92.1%	84.4%	101.6%	124.2%	3.26	3.19	6.45
Granby	111.2%	132.3%	100.0%	98.4%	3.21	3.04	6.25
Harlow	102.4%	98.4%	103.2%	-	6.52	2.02	8.54
ITU/HDU	107.9%	-	116.1%	-	22.28	1.02	23.30
Jervaulx	98.9%	98.8%	90.6%	119.9%	2.84	3.44	6.28
Lascelles	96.7%	92.3%	100.0%	100.0%	4.40	3.86	8.27
Littondale	97.5%	103.2%	98.9%	132.3%	4.02	2.61	6.63
Maternity Wards	97.1%	83.9%	98.1%	93.5%	15.61	4.23	19.84
Nidderdale	100.9%	96.2%	100.0%	106.5%	3.76	2.14	5.91
Oakdale	85.6%	119.9%	91.9%	132.3%	4.29	3.38	7.67
Special Care Baby Unit	92.1%	67.7%	96.8%	-	16.06	3.18	19.24
Trinity	101.4%	100.6%	100.0%	98.4%	3.77	4.18	7.95
Wensleydale	87.5%	107.3%	100.0%	104.8%	3.83	2.74	6.57
Woodlands	81.5%	83.9%	97.8%	77.4%	10.43	2.76	13.19
Trust Total	95.9%	100.2%	100.2%	110.1%	4.93	3.01	7.95

Section 1 - Safe - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
Further information to support the March safer staffing data			
<p>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.</p> <p>On CATT, Granby and Harlow Suite the increase in RN hours above plan was to support the opening of additional escalation beds in March, when required.</p> <p>On Farndale ward the daytime RN and care staff hours were less than planned due to vacancies and sickness.</p> <p>The ITU/HDU staffing levels reflect periods of increased activity within the unit during March.</p> <p>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 March; however a professional assessment was made on a shift by shift basis to ensure that nurse staffing numbers matched the activity.</p> <p>In some wards the actual care staff hours show additional hours used for enhanced care for those patients who require intensive support. In March this is reflected on the wards; Byland, Farndale, Granby, Jervaulx, Oakdale, Littondale and Wensleydale.</p> <p>For the Special Care Baby Unit (SCBU) although the 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</p> <p>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 March and the care staff hours less than planned due to vacancy and sickness, 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.</p>			

Section 2 - Effective - March 2019


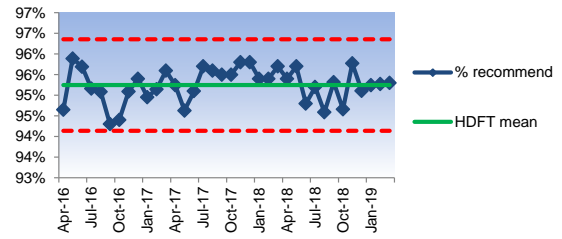

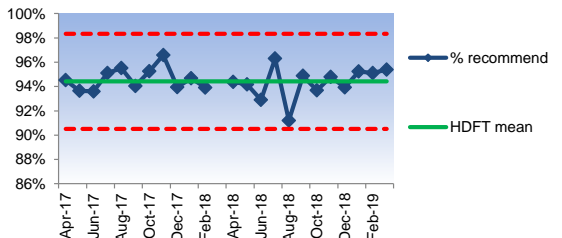

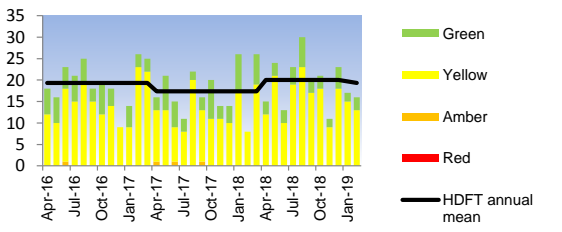
Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
2.1	Mortality - HSMR DQ		<p>HDFT's HSMR for the rolling 12 months ending December 2018 was 98.89, a decrease on last month but remaining within expected levels.</p> <p>At specialty level, 2 specialties have a higher than expected standardised mortality rate - Geriatric Medicine and General Medicine.</p>
2.2	Mortality - SHMI DQ		<p>SHMI data is now available on HED up to end of December 2018. HDFT's SHMI for the most recent rolling 12 months was 94.11. This remains below expected levels.</p> <p>At specialty level, 5 specialties (Trauma and Orthopaedics, Gastroenterology, Respiratory Medicine, Geriatric Medicine, and General Medicine) have a standardised mortality rate above expected levels.</p>
2.3	Readmissions DQ		<p>The number of emergency readmissions in March (after PbR exclusions are applied) was 247. 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.</p>

Narrative

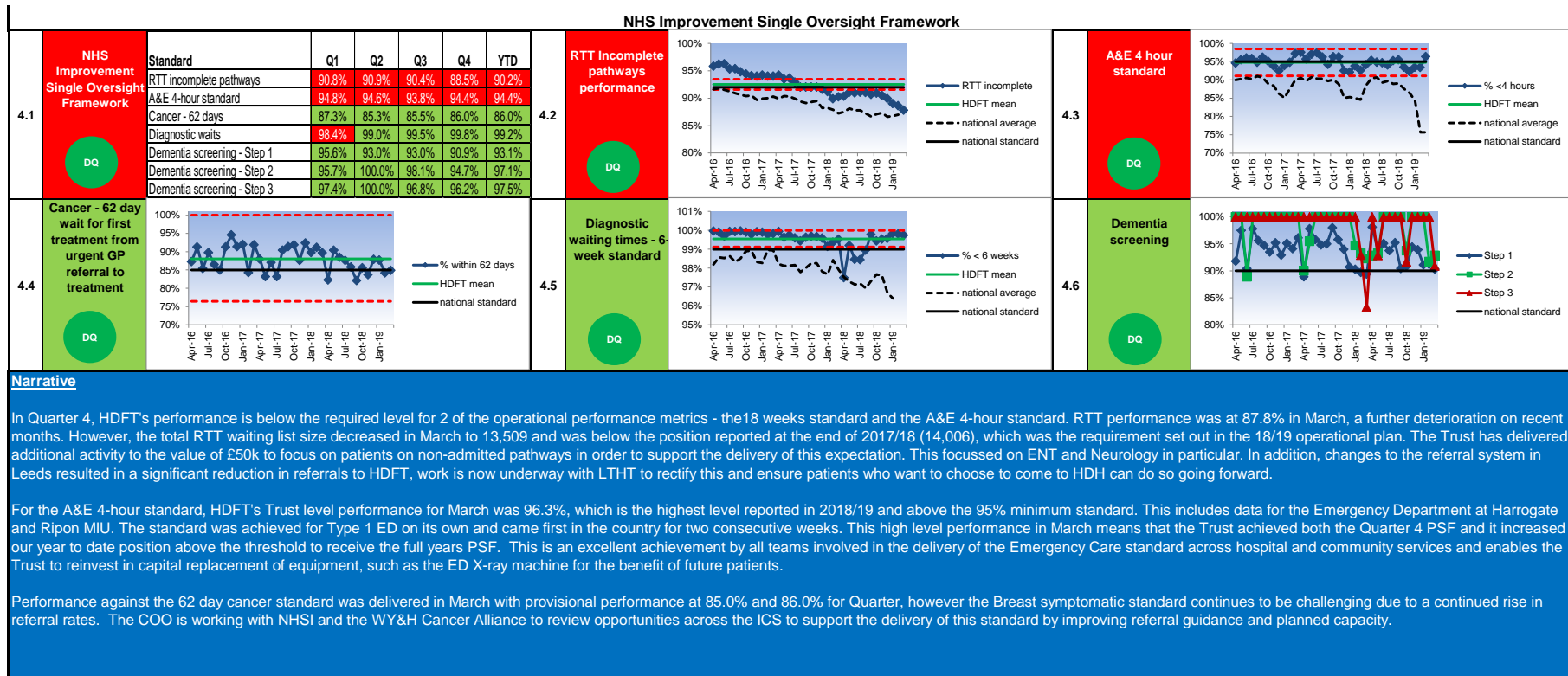
Stroke

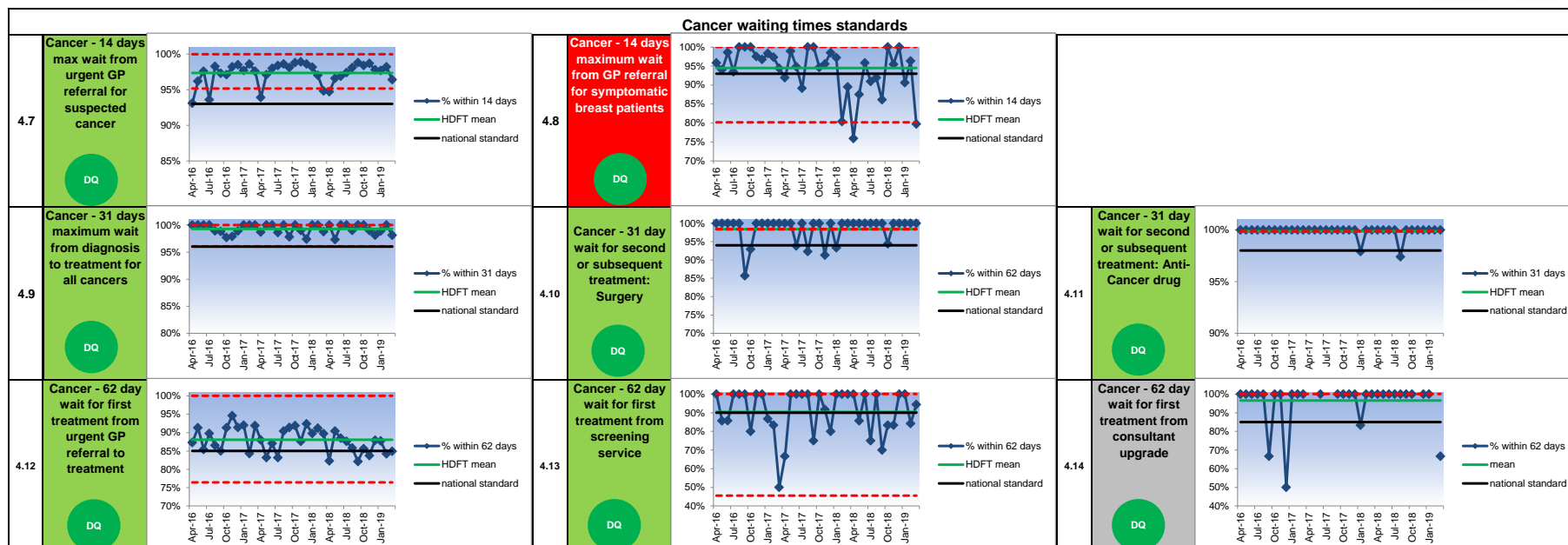
The transfer of HASU services went ahead as planned on the 3rd April 2019. The teams continue to work with both Leeds and York Teaching Hospitals to ensure the transfer goes smoothly, including the management of TIAs on weekends and timely repatriation of patients following the initial Hyper Acute phase. Thank you to both Trusts clinical teams for their support to the Harrogate population to ensure they continue to receive high quality specialist stroke care going forward.

Section 3 - Caring - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
3.1	Friends & Family Test (FFT) - Patients 		<p>95.3% of patients surveyed in March would recommend our services, an increase on last month and remaining above the latest published national average (93.6%).</p> <p>Around 5,200 patients responded to the survey this month.</p>
3.2	Friends & Family Test (FFT) - Adult community services 		<p>95.4% of patients surveyed in March would recommend our services, a slight increase on last month (95.1%) and remaining below the national average performance for community services (95.9%). 455 patients from our community services responded to the survey this month.</p>
3.3	Complaints 		<p>24 complaints were received in March, an increase on last month and above the average for 2018/19. No complaints were classified as amber or red this month.</p>
Narrative			

Section 4 - Responsive - March 2019



Section 4 - Responsive - March 2019

Narrative

Provisional data indicates that all cancer waiting times standards were achieved in March, with the exception of the 14 day breast symptomatic standard. There were 56.5 accountable 62 day treatments in the month with 8.5 breaches, meaning performance was at the standard of 85.0%. The standard was delivered for Quarter 4 and for 2018/19 with performance at 86.0% and 86.2% respectively.

There were 64 non-cancer related breast symptomatic attendances in March, with 13 patients seen after day 14 in March (79.7%). The standard was also not delivered for Quarter 4 (88.7%) or for 2018/19 (91.3%).

For the main 62 day standard, of the 11 tumour sites, 5 had performance below 85% in March - Haematological (1.0 breach), Lung (0.5), Other (1.0), Upper GI (0.5), and urological (3.5). 4 patients waited over 104 days for treatment in March - 3 were complex pathways and 1 was a combination of a complex pathway and elective capacity for surgery at Leeds.

Section 4 - Responsive - March 2019


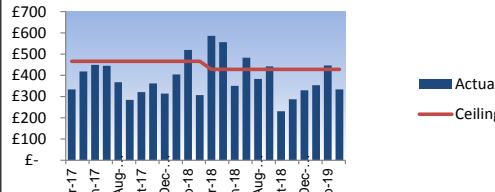
Children's Services metrics				
4.15	<div>Children's Services - 10-14 day new birth visit</div> <div>DQ</div> <p>% within 14 days of birth mean</p>	4.16	<div>Children's Services - 2.5 year review</div> <div>DQ</div> <p>% within 2.5 years of age mean</p>	Done
<div>Narrative</div> <p>Teams across the 0-19 services continue to perform highly, although there are some high areas of sickness and therefore the directorate are focussing on ensuring staff are well supported and strategies to support them in maintaining high quality and efficient services are being developed with the teams.</p>				
Adult Community Services metrics				
4.17	<div>OPEL level - Community Care Teams</div> <div>DQ</div> <p>OPEL HDFT mean</p>	4.18	<div>Community Care Teams - patient contacts</div> <div>DQ</div> <p>No. contacts HDFT mean</p>	Done
<div>Narrative</div> <p>The development of the Harrogate Alliance continues with the move into the mobilisation phase. This includes the deployment of new IT equipment and the work to enable hot desking between all health and social care estate. Significantly the partnership has appointed to the post of Alliance Director, Chris Watson, who is well known to the partnership as he is currently a local Practice Manager and Director at Yorkshire Health Network.</p>				

Section 5 - Workforce - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation																		
5.1	Staff appraisal rates <div>DQ</div>		The appraisal period for 2019 commenced in April will close 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 85.3% in March 2019.																		
5.2	Mandatory training rates <div>DQ</div>	<table><thead><tr><th>Competence Name</th><th>Compliance %</th></tr></thead><tbody><tr><td>Data Security Awareness - Level 1</td><td>95%</td></tr><tr><td>Equality, Diversity and Human Rights - 3 Years</td><td>93%</td></tr><tr><td>Fire Safety - Level 1</td><td>88%</td></tr><tr><td>Infection Control - No Renewal</td><td>99%</td></tr><tr><td>Safeguarding Children (Version 2) - Level 1 - 3 Years</td><td>93%</td></tr><tr><td>Risk Awareness - No Renewal</td><td>98%</td></tr><tr><td>Health, Safety and Welfare - 5 Years</td><td>96%</td></tr><tr><td>Manual Handling eLearning</td><td>93%</td></tr></tbody></table>	Competence Name	Compliance %	Data Security Awareness - Level 1	95%	Equality, Diversity and Human Rights - 3 Years	93%	Fire Safety - Level 1	88%	Infection Control - No Renewal	99%	Safeguarding Children (Version 2) - Level 1 - 3 Years	93%	Risk Awareness - No Renewal	98%	Health, Safety and Welfare - 5 Years	96%	Manual Handling eLearning	93%	Mandatory % Report – Trust exc HIF 01.04.19 The data shown is for the end of March and excludes the Harrogate Integrated Facilities (HIF) staff who transferred into the new organisation on the 1st March 2018. The overall training rate for mandatory elements for substantive staff is 94% and has increased 1st since the last reporting cycle.
Competence Name	Compliance %																				
Data Security Awareness - Level 1	95%																				
Equality, Diversity and Human Rights - 3 Years	93%																				
Fire Safety - Level 1	88%																				
Infection Control - No Renewal	99%																				
Safeguarding Children (Version 2) - Level 1 - 3 Years	93%																				
Risk Awareness - No Renewal	98%																				
Health, Safety and Welfare - 5 Years	96%																				
Manual Handling eLearning	93%																				
5.3	Sickness rates <div>DQ</div>		Trustwide sickness absence for March 2019 is recorded as 4.79%. This is a decrease on the February position and reflects expected seasonal variations.																		
5.4	Staff turnover rate <div>DQ</div>		Turnover has seen a marginal decrease from January into March 2019, with combined turnover being reported as 13.10% (13.26% in January). 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.																		



Section 5 - Workforce - March 2019

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

Narrative

Sickness Absence

The Trust sickness absence rate for March 2019 is 4.79%, which has seen a reduction from February's rate of 4.91%. This remains above the Trust target of 3.9%. A review of sickness absence data has been undertaken and will be shared at Directorate Boards in April for further discussion. The report and associate recommendations will be provided to SMT in May.

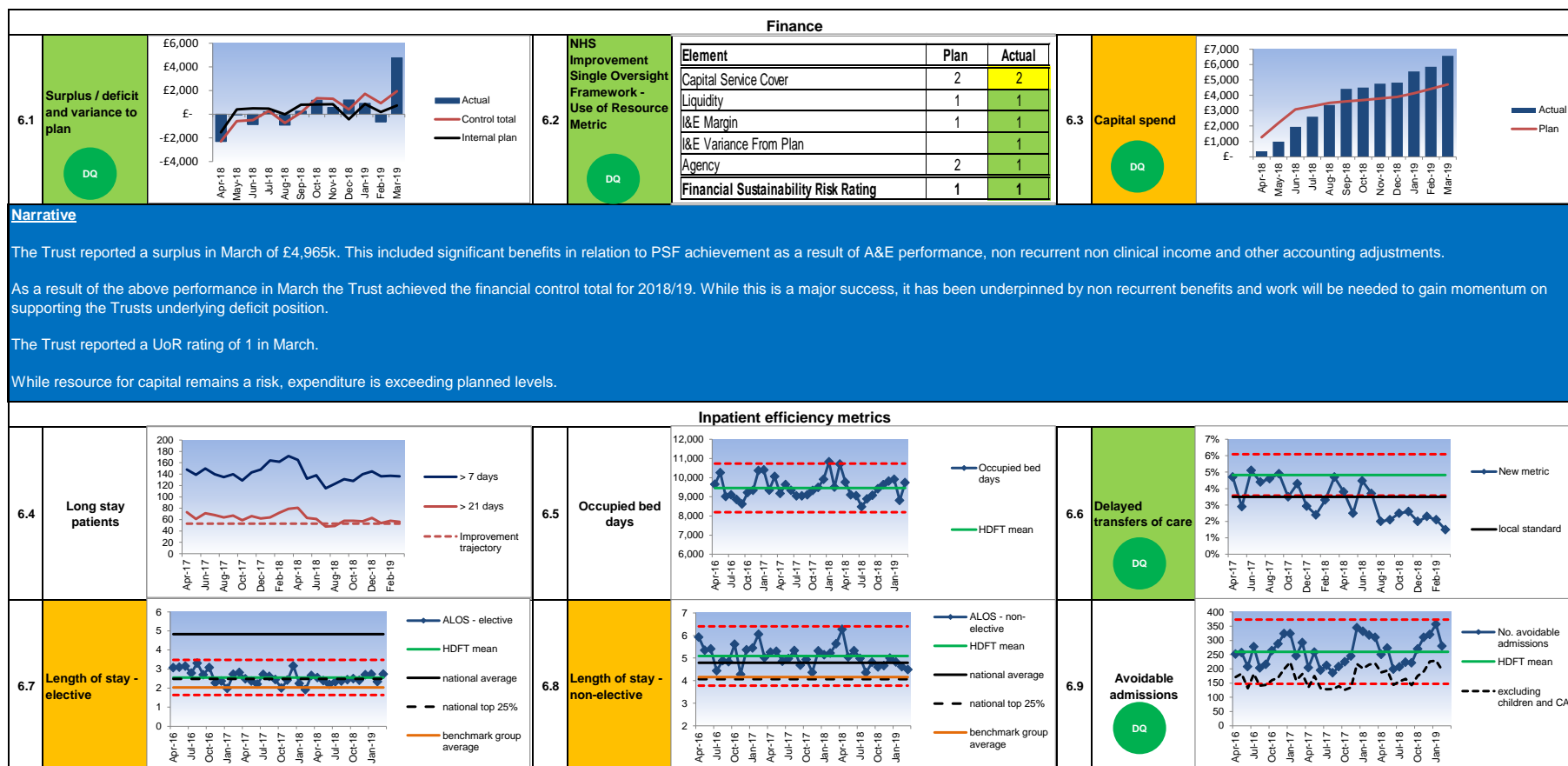
Turnover

Turnover has seen a further decrease from 13.10% in February 2019 to 12.97% in March 2019. The recruitment and retention group continue to meet on a monthly basis to discuss a number of initiatives.

Appraisal Rate

There has been an increase in the appraisal rate to 84.77% in March 2019. The Appraisal window opened on the 1 April 2019, with the aim of ensuring 90% of staff are appraised during this period. Communications with staff have commenced to highlight the launch of this year's appraisal window which offers tips for managers and signposts staff to the relevant appraisal resources in the HR Toolkit.

Section 6 - Efficiency and Finance - March 2019



Section 6 - Efficiency and Finance - March 2019

Narrative

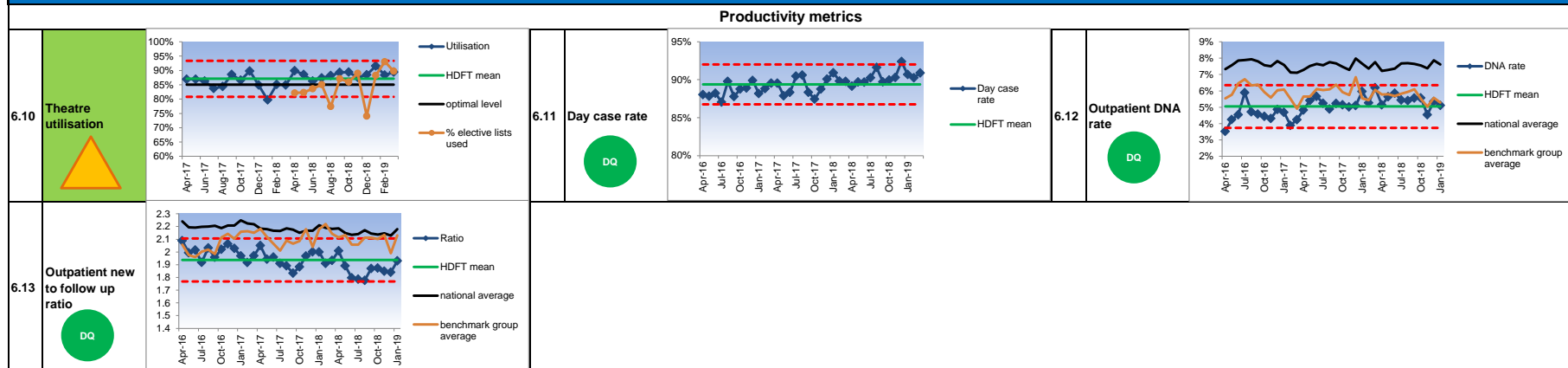
The number of long stay patients (>21 days) at HDFT was 56 in March (54 in January). NHS Improvement has set improvement trajectories for Trusts to reduce the number of super-stranded patients by around 25% by Quarter 4 2018/19. HDFT's trajectory has been set at 53, which equates to a 27% improvement 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 March, there were 9,735 occupied bed days, an increase on last month and below the level reported last March (10,708). This reflects a reduction on average of 31 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 March, 1.5% of bed days were lost due to delayed transfers of care, a decrease on last month and remaining below the local standard of 3.5%.

HDFT's average elective length of stay for March was 2.7 days, a slight increase 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 March was 4.5 days, a slight decrease on 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 280 avoidable admissions in February, an decrease on last month and below the level reported in February last year. Adult avoidable admissions (excluding CAT attendances) also decreased slightly this month (196 vs. 229).



Elective theatre utilisation was at 89.4% in March, an increase 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 March, 89.7% of elective lists were used. This is a decrease on last month.

The day case rate was 90.8% in March, an increase on last month and remaining above the HDFT average.

HDFT's DNA rate was 5.1% in January, a slight decrease on last month 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 1.94 in January, 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.

Section 7 - Activity - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
7.1	Outpatient activity against plan 		<p>Outpatient activity was 0.5% below plan in March and was at 1.6% below plan at year end.</p>
7.2	Elective activity against plan 		<p>Elective activity was 5.3% below plan in March and was 2.4% below plan at year end.</p>
7.3	Non-elective activity against plan 		<p>Non-elective activity was 1% above the plan in March and was 0.3% above plan for 2018/19.</p>
7.4	A&E activity against plan 		<p>A&E attendances were 1.4% above plan in March. The year end position is 3.4% above plan. The figures presented include patients streamed to primary care.</p>



Section 7 - Activity - March 2019

Indicator number	Indicator name / data quality assessment	Trend chart	Interpretation
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Narrative

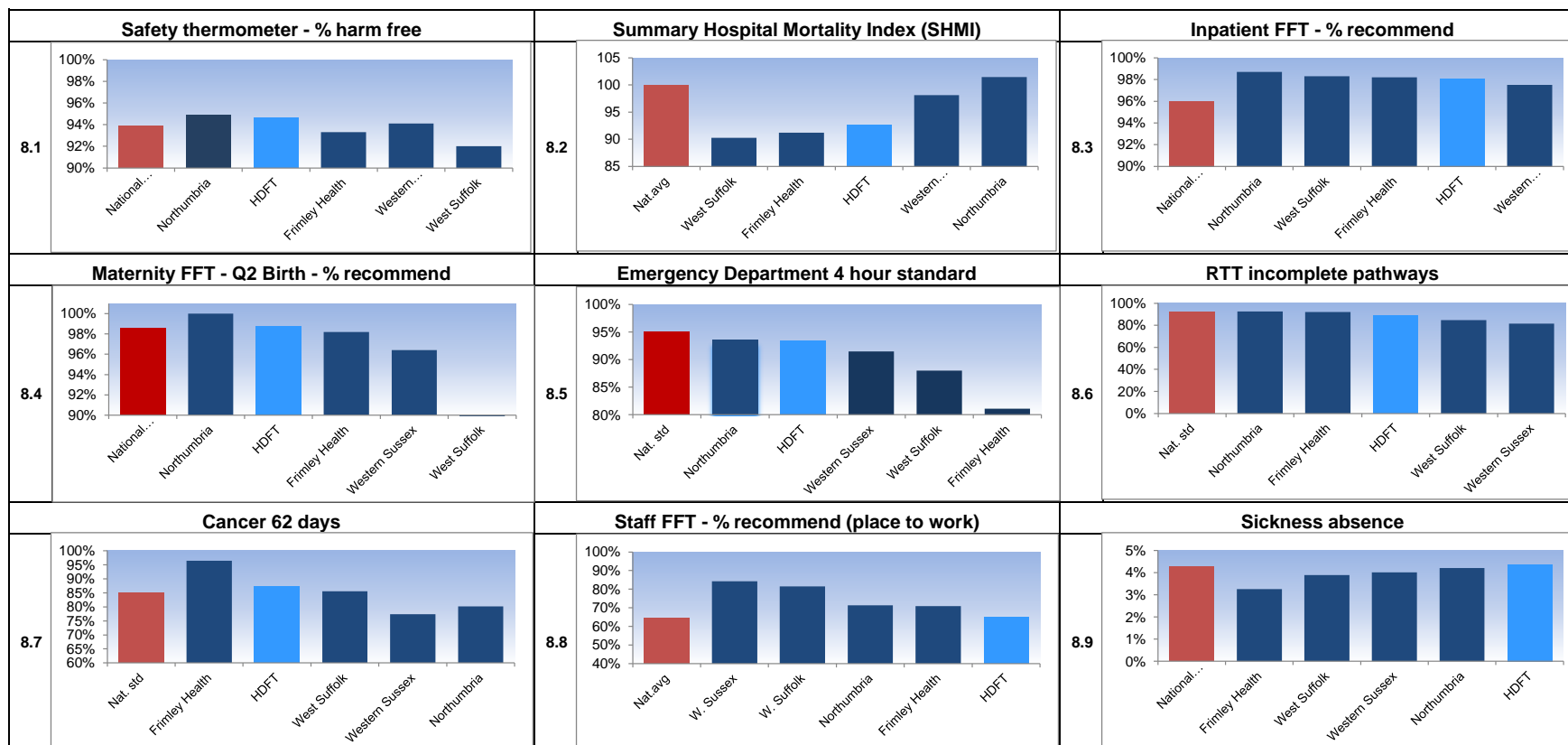
Elective inpatient activity was 4.3% behind plan at the end of 2018/19, and follow-up outpatient appointments were 3.5% behind plan for the year. Elective day case activity was 2.1% behind plan at March YTD. This was largely due to Endoscopy, which did not fully deliver the plan due to the later handover of the new unit in year and some staffing difficulties. However, the second half of the year has seen an improved trajectory and is now at the level expected and set out in the 19/20 plan.

Activity Summary - Trust total

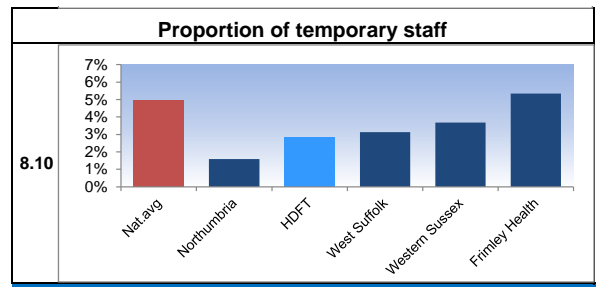
	Mar-18 YTD			Feb-19			Mar-19			Mar-19 YTD		
Activity type	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
New outpatients	96516	97612	-1.1%	7767	7922	-2.0%	8414	8273	1.7%	100793	98622	2.2%
Follow-up outpatients	187252	195770	-4.4%	15356	15742	-2.5%	16177	16435	-1.6%	189018	195897	-3.5%
Elective inpatients	3470	3962	-12.4%	291	287	1.6%	282	315	-10.3%	3426	3581	-4.3%
Elective day cases	29070	31525	-7.8%	2691	2819	-4.5%	2813	2944	-4.4%	32196	32885	-2.1%
Non-electives	22461	21734	3.3%	1827	1739	5.1%	2002	1982	1.0%	22676	22615	0.3%
A&E attendances	49469	48507	2.0%	3841	3834	0.2%	4306	4245	1.4%	51675	49982	3.4%

Activity Summary - HARD CCG

	Mar-18 YTD			Feb-19			Mar-19			Mar-19 YTD		
Activity type	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance	Actual	Plan	Variance
New outpatients	65866	60625	8.6%	5498	5238	5.0%	5976	5471	9.2%	68621	65230	5.2%
Follow-up outpatients	132099	117677	12.3%	10948	10379	5.5%	11488	10844	5.9%	133613	129307	3.3%
Elective inpatients	2191	2203	-0.5%	206	179	15.0%	183	198	-7.6%	2202	2234	-1.4%
Elective day cases	19907	18412	8.1%	1717	1659	3.5%	1814	1730	4.9%	20876	19456	7.3%
Non-electives	16924	16135	4.9%	1432	1291	10.9%	1567	1471	6.5%	17403	16792	3.6%
A&E attendances	35864	34969	2.6%	2841	2831	0.4%	3219	3134	2.7%	37532	36902	1.7%

Section 8 - Benchmarking - March 2019







Section 8 - Benchmarking - March 2019



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.

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

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 pressure 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.		
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.	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.
2.3	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.		



NHS
Harrogate and District
NHS Foundation Trust


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 performance 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

NHS
Harrogate and District
NHS Foundation Trust

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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.	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.
6.12	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.		
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.	Green if on or above plan in month, amber if below plan by < 3%, red if below plan by > 3%.	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 patients who are streamed to primary care.		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

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	Red	 major data quality issue with no improvement as yet/ data confidence low/ figures not			